

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

Bureau of Primary Health Care
Health Center Program

Service Area Competition–Additional Area (SAC-AA) (Anchorage, AK)

Announcement Type: New and Competing Continuation
Announcement Number: HRSA-12-169

Catalog of Federal Domestic Assistance (CFDA) No. 93.224

FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2012

**Application Due Date in Grants.gov:
*February 21, 2012***

**Supplemental Information Due Date in EHB:
*March 6, 2012***

*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: January 12, 2012
Issuance Date: January 12, 2012**

Cheri Daly
Public Health Analyst
Bureau of Primary Health Care
Office of Policy and Program Development
Telephone: 301-594-4300
E-mail: BPHCSAC@hrsa.gov
<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-Additional Area (SAC-AA) eligibility requirements, review criteria, and awarding factors for organizations seeking a grant for operational support for fiscal year (FY) 2012 under the Health Center Program authorized by section 330 of the Public Health Service (PHS) Act, as amended (42 CFR 254b) (i.e., Community Health Centers (CHC – section 330 (e)), Migrant Health Centers (MHC – section 330 (g)), Health Care for the Homeless (HCH – section 330 (h)) Centers, and Public Housing Primary Care (PHPC – section 330 (i)) Centers).

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 the Anchorage, AK service area and its associated population(s) identified in [Table 6](#), including:
 - A current Health Center Program grantee whose project period ends on, or after, October 31, 2011 and before October 1, 2012 that seeks to continue serving its current service area.
 - A health center not currently funded through the Health Center Program that seeks to serve an entire announced service area.
 - A current Health Center Program grantee that seeks to serve an entire 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 a health care facility in the service area to be fully operational within 120 days of Notice of Award.

Program Requirements/Expectations (Refer to [Section I.3](#) for more information.)

Competing organizations must:

- a. Provide services to the entire announced service area.
- b. Provide services to the same target population currently being served (i.e., applicants may not propose to serve only a segment of the existing population being served) in an announced service area.
- c. Provide the same or comparable comprehensive primary health care services presently being provided.
- d. Request an equal or lesser amount of Federal funding than currently received by the Health Center Program grantee in an 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://www.bphc.hrsa.gov/about/requirements>.

Application Submission

HRSA uses a two-tier submission process for SAC-AA 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.

Please Note: Applicants may only begin Phase 2 of their submission process in HRSA EHB after Phase 1 has been successfully completed in Grants.gov by the applicable due date and HRSA has assigned the application a tracking number. Applicants will be notified by e-mail when the application is ready within HRSA EHB. This e-mail notification will be sent approximately seven business days following the successful completion of Phase 1 submission.

To ensure adequate time to successfully submit the application, HRSA recommends that applicants register immediately in Grants.gov since the registration process can take up to one month. For information on registering for Grants.gov, refer to <http://www.grants.gov> or contact the Grants.gov Contact Center 24 hours a day, 7 days a week (excluding Federal holidays) at 1-800-518-4726 or support@grants.gov. **Applicants are strongly encouraged to register multiple authorized organization representatives.**

For information on registering in HRSA EHB, refer to <http://www.hrsa.gov/grants/userguide.htm> or contact the HRSA Call Center at 1-877-464-4772 or CallCenter@hrsa.gov.

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.**

Table 1: Summary of Two-Tiered Application Submission Process

| Phase | Due Date | Helpful Hints |
|---|-----------------------------------|--|
| <p>Phase 1 (Grants.gov):</p> <p>Complete and submit the following by the Grants.gov deadline (all forms are available in the Grants.gov application package):</p> <ul style="list-style-type: none"> • SF-424 • Project Abstract (uploaded on line 15 of the SF-424) • Project/Performance Site Location(s) Form • Grants.gov Lobbying Form | <p>8:00 PM ET on the due date</p> | <p>Complete Phase 1 as soon as possible. Phase 2 (HRSA EHB) may not begin until the successful submission of Phase 1.</p> <p>Refer to http://www.hrsa.gov/grants/apply for detailed application and submission instructions.</p> <p>Registration in Grants.gov is required. As registration may take up to a month, please start the process as soon as possible.</p> <p>Central Contractor Registration (CCR) is an annual process. Verify your organization’s CCR well in advance of the Grants.gov submission deadline.</p> <p>The Grants.gov registration process involves three basic steps:</p> <ol style="list-style-type: none"> A. Register your organization. B. Register yourself as an Authorized Organization Representative (AOR). C. Get authorized as an AOR by your organization. <p>Visit http://www.grants.gov/applicants/get_registered.jsp or contact the Grants.gov Contact Center 24 hours a day, 7 days a week (excluding Federal holidays) at 1-800-518-4726 or support@grants.gov for technical assistance on the registration process.</p> |

| Phase | Due Date | Helpful Hints |
|---|-----------------------------------|--|
| <p>Phase 2 (HRSA EHB):</p> <p>Complete and submit the following by the HRSA EHB deadline:</p> <ul style="list-style-type: none"> • SF-424A: Budget Information – Non-Construction Programs • Program Narrative • Budget Justification • SF-424B: Assurances – Non-Construction Programs • SF-424 LLL: Disclosure of Lobbying Activities (as applicable) • Program Specific Forms • Program Specific Information Forms • Attachments <p>All referenced forms are available for preview at http://www.hrsa.gov/grants/apply/assistance/sac. Refer to Appendix A for Program Specific Forms instructions and Appendix B for Program Specific Information instructions.</p> | <p>8:00 PM ET on the due date</p> | <p>Phase 1 (Grants.gov) must be completed prior to starting Phase 2.</p> <p>Registration in HRSA EHB is required.</p> <p>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.</p> <p>Refer to http://www.hrsa.gov/grants/apply for process instructions/frequently asked questions.</p> <p>The Authorizing Official (AO) must complete submission of the application in Phase 2.</p> |

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 SF-424 included in the application package must be electronically submitted by the applicant's authorized representative (most often the Executive Director, Program Director, or Board Chair). 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-AA 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-AA 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

The application deadlines are:

Grants.gov: February 21, 2012 at 8:00 PM ET

HRSA EHB: March 6, 2012 at 8:00 PM ET

Application Contact

If you have questions regarding the FY 2012 SAC-AA 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 1,100 health centers that operate more than 8,100 service delivery sites in every State, the District of Columbia, Puerto Rico, the Virgin Islands, and the Pacific Basin. In 2010, more than 19 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) details the Service Area Competition–Additional Area (SAC-AA) eligibility requirements, review criteria, and awarding factors for organizations seeking a grant for operational support 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 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 PHPC) supported under section 330 of the PHS Act, as amended.

2. BACKGROUND

The SAC-AA application is a request for Federal financial assistance to support comprehensive primary health care services for a competitively announced underserved area or population (see [Table 6](#)). It is the intent of HRSA to continue to support health services in this underserved area given the unmet need inherent in the provision of services to medically underserved populations. Health centers must make services available and accessible promptly, and in a manner that will assure continuity of service to the individuals in the service area. Each SAC-AA application submitted to serve this service area, 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.

Specific Program Requirements/Expectations

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. 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.

Applicants requesting funding to support one or more health center types must demonstrate compliance 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>.

In addition, all applicants must:

- a. Provide services to the entire announced service area.
- b. Provide services to the same target population currently being served (i.e., applicants may not propose to serve only a segment of the existing population being served) in an announced service area.
- c. Provide the same or comparable comprehensive primary health care services presently being provided.
- d. Request an equal or lesser amount of Federal funding than currently received by the Health Center Program grantee in an announced service area, including funding for special populations (i.e., MHC, HCH, and/or PHPC).

COMMUNITY HEALTH CENTER APPLICANTS:

- Compliance with section 330(e) and program regulations.
- 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:

- Compliance with section 330(g), section 330(e), and, as applicable, program regulations.
- A plan that ensures (1) the availability and accessibility of required primary and preventive health services to migratory and seasonal farm workers and their families in the service area; (2) how adjustments will be made for service delivery during peak and off-season cycles; and (3) how special occupational and environmental health concerns will be addressed.

HEALTH CARE FOR THE HOMELESS APPLICANTS:

- Compliance with section 330(h), section 330(e), and, as applicable, program regulations.
- A plan that ensures the availability and accessibility of required primary and preventive health services to homeless persons in the service area.

- A mechanism for delivering comprehensive substance abuse services to homeless patients (i.e., detoxification, risk reduction, outpatient treatment, residential treatment, and rehabilitation provided in settings other than hospitals).

PUBLIC HOUSING PRIMARY CARE APPLICANTS:

- Compliance with section 330(i), section 330(e), and, as applicable, program regulations.
- A plan that ensures the availability and accessibility of required primary and preventive health services to residents of public housing in the service area.
- A mechanism for consulting with public housing residents in the preparation of the SAC-AA application and the ongoing planning and administration of the program.

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 annual level of Federal section 330 funding currently provided to the service area. Current Health Center Program grantees, whether applying to continue serving their current service area or to begin serving a new service area, must propose a five-year project period. New applicants (those who are not current Health Center Program grantees) must propose a two-year project period.

Approximately \$1,349,604 is expected to be available in FY 2012 to fund one SAC-AA grant. **Awards to support projects beyond the first budget year will be contingent 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 currently approved base level of funding for the announced service area. See [Section IV.2.iii](#) for further information and instruction on the development of the application budget. Federal funding levels for newly funded applicants may be adjusted based on an analysis of the budget and cost factors.

III. Eligibility Information

1. ELIGIBILITY REQUIREMENTS

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-AA 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 the Anchorage, AK service area and its associated population(s) identified in [Table 6](#), including:
 - A current Health Center Program grantee whose project period ends on, or after, October 31, 2011 and before October 1, 2012 that seeks to continue serving its current service area.
 - A health center not currently funded through the Health Center Program that seeks to serve an entire announced service area.
 - 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-AA announcement number.
- 4) Applicant requests section 330 funds to support the operation of a health center for the provision of required comprehensive primary, preventive, enabling, and additional 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 health services.
- 5) Applicant proposes access to services for all individuals in the service area or 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; gay, lesbian, bisexual, or 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 a health care facility in the service area to be fully operational within 120 days of Notice of Award.

Interested organizations should refer to [Table 6](#) for information regarding the specific available service area and its 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 fails to satisfy the deadline requirements referenced in [Section IV.3](#) will be deemed non-responsive and will not be considered for funding.

Applicants currently receiving section 330 funding and applying to continue serving their current service area must ensure that their application reflects the current approved scope of project. Any proposed changes in scope requiring prior approval **MUST** be submitted through HRSA EHB accessible at <https://grants.hrsa.gov/webexternal>. Please refer to the Scope of Project documents at <http://bphc.hrsa.gov/policiesregulations/policies> for additional information.

IV. Application and Submission Information

1. ADDRESS TO REQUEST APPLICATION PACKAGE

Application Materials and Required Submission Information

HRSA *requires* applicants for this funding opportunity announcement to apply electronically through Grants.gov. This 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 their 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; the organization's DUNS number; the name, address, and telephone number of the organization; the name and telephone number of the Project Director; the Grants.gov Tracking Number (GRANTXXXX) assigned to the submission; and a copy of the "Rejected with Errors" notification from Grants.gov. **HRSA and its Grants Application Center (GAC) will only accept paper applications from applicants that received prior written approval.** However, the application must still be submitted by the deadline. Applicants that fail to allow ample time to complete registration with CCR and/or Grants.gov will not be eligible for a deadline extension or waiver of the electronic submission requirement.

Note: It is suggested that applicants submit their applications to Grants.gov at least two days before the deadline to allow for unforeseen circumstances.

Applicants are responsible for reading the instructions included in the *HRSA Electronic Submission User Guide*, available at <http://www.hrsa.gov/grants/apply>. This guide includes detailed application and submission instructions for both Grants.gov and HRSA 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 must submit proposals according to the instructions in the Guide and this FOA in conjunction with Application Form SF-424. The SF-424 forms and instructions may be obtained by:

- (1) Downloading from <http://www.grants.gov> or
- (2) Contacting the HRSA Grants Application Center at:
910 Clopper Road
Suite 155 South
Gaithersburg, MD 20878
Telephone: 877-477-2123
HRSAGAC@hrsa.gov

Each HRSA funding opportunity contains a unique set of forms, and only the specific forms package posted with the SAC-AA funding opportunity will be accepted for this opportunity. Specific instructions for preparing portions of the application that must accompany Application Form SF-424 appear in the Application Format 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, or a total file size of 20 MB. See [Tables 2-5](#) for information about the application components included in the page limit.

Applications that exceed the specified limits (approximately 20 MB, or 150 pages when printed by HRSA) will be deemed non-responsive. All application materials must be complete prior to the application deadline. Applications that are modified after the posted deadline will also be deemed non-responsive. Non-responsive applications will not be considered under this funding announcement. It is recommended that applicants print out their applications before submitting electronically to ensure that they are within the 150-page limit.

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 “E-Form” refers to forms that are completed online in Grants.gov or EHB and therefore do not require downloading or uploading. The word “Document” refers to materials that must be downloaded, completed in the template provided, and then uploaded. The word “Fixed” refers to forms that cannot be altered.

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 for funding under this FOA.
- For electronic submissions, applicants only have to 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.

| Application Section | Form Type | Instruction | Guidelines |
|---|-----------|--|-------------------------------|
| Application for Federal Assistance (SF-424) | E-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 on page 2, Box 15 of the SF-424. See instructions in Section IV.2.viii . | Counted in the page limit |
| Project Performance Site Location(s) | E-Form | Current Health Center Program grantees 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 | E-Form | Provide the requested contact information at the bottom of the form. | 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.
- 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.
- When providing an electronic attachment with several pages, add a table of contents page specific to the attachment. This page will **not** count toward the page limit.

| Application Section | Form Type | Instruction | Guidelines |
|---|-----------|---|--|
| Program Narrative | 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, C, and E. Complete Section F if applicable. See instructions in Appendix C . | Not counted in the page limit |
| Budget Justification | Document | Upload the Budget Justification in the Budget Narrative Attachment Form field. See instructions in Appendix C . | Counted in the page limit |
| SF-424B: Assurances – Non-Construction Programs | E-Form | Complete the Assurances form. | Not counted in the page limit |
| SF-424 LLL: Disclosure of Lobbying Activities | E-Form | Complete the form only if lobbying activities are conducted. | As applicable; not 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 into a single document. When providing an electronic attachment with several pages, add a table of contents page specific to the attachment. This page will **not** count toward the page limit.

| Attachment | Form Type | Instruction | Guidelines |
|---|-----------|--|---------------------------|
| Attachment 1: Service Area Map (required) | 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 Federally Qualified Health Centers (FQHCs), FQHC Look-Alikes, or other health care providers serving the same population(s). For more information on MUAs or MUPs, see the Form 1A instructions in Appendix A . | Counted in the page limit |
| Attachment 2: Corporate Bylaws (required) | 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) | 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) | 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 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. | Counted in the page limit |

| Attachment | Form Type | Instruction | Guidelines |
|--|-----------|--|---------------------------|
| Attachment 5: Biographical Sketches for Key Management Staff (required) | 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 (required for Public Center ¹ Applicants that have a co-applicant board) (as applicable) | 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. The co-applicant agreement must stipulate roles, responsibilities, the delegation of authorities, and any shared roles and responsibilities of each party in carrying out the governance functions. | Counted in the page limit |
| Attachment 7: Summary of Contracts and Agreements (as applicable) | 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: <ul style="list-style-type: none"> • Name and contract information for each affiliated agency. • 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 agreement/contract/affiliation. If a contract or agreement will be attached to Form 8 (e.g., for a substantial portion of the proposed project), denote this with an asterisk (*). | Counted in the page limit |

¹ Public centers were referred to as “public entities” in the past.

| Attachment | Form Type | Instruction | Guidelines |
|--|-----------|---|-------------------------------|
| Attachment 8: Independent Financial Audit (required) | Document | Upload the most recent audit. Audit submission 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 must provide a detailed explanation of the situation, including supporting documentation as relevant (e.g., organization was formed for the purposes of this grant application). | Not counted in the page limit |
| Attachment 9: Articles of Incorporation – Signed Seal Page (required) | 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) | Document | Upload current dated letters of support addressed to the appropriate organization contact (e.g., board, CEO) to document commitment to the project. In particular, applicants must secure a letter of support from any existing FQHCs (section 330 grantees and FQHC Look-Alikes), rural health clinics, critical access hospitals, and health departments in the service area or provide explanation for why such letters could not be obtained. Support from local community stakeholders, patients, and collaborating organizations is as important as letters of support from elected officials. 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) | Document | Upload the current or proposed sliding fee discount schedule(s). This scale must correspond to a schedule of charges for which discounts are adjusted based on the patient's ability to pay. The sliding fee discount schedule(s) must 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 12: Evidence of Nonprofit or Public Center Status (as applicable) | Document | Upload evidence of nonprofit or public center status only if evidence is not on file with an agency of HHS. Private Nonprofit: Consistent with the instructions provided in Part D of the | Counted in the page limit |

| Attachment | Form Type | Instruction | Guidelines |
|------------|-----------|---|------------|
| | | <p>HHS Checklist, a private, nonprofit organization must submit evidence of its nonprofit status. Any of the following is acceptable:</p> <ul style="list-style-type: none"> • 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. <p>Public Agency: Consistent with Policy Information Notice 2010-10 (http://bphc.hrsa.gov/policiesregulations/policies/pin201001.html): Confirming Public Agency Status under the Health Center Program and FQHC Look-Alike Program, 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:</p> <ol style="list-style-type: none"> 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. | |

| Attachment | Form Type | Instruction | Guidelines |
|---|-----------|---|---------------------------|
| Attachment 13: Floor Plans (as applicable) | 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 | Include other relevant documents to support the proposed project plan (e.g., charts, organizational brochures, lease agreements). | Counted in the page limit |
| Attachment 15: Other Relevant Documents (as applicable) | Document | 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.
- All Program Specific Information will be completed online in HRSA EHB. All Program Specific Information e-forms are required.
- 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.
- Note that 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 2: Staffing Profile (for first year of project period only) | E-Form | Complete the form online. |
| Form 3: Income Analysis (for first year of project period only) | Document | 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. |
| 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. |
| 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. |

| Program Specific Form/Information | Form Type | Instruction |
|--|---------------------|---|
| 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 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 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 included in the scope of project. |
| 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. |
| Clinical Performance Measures | E-Forms | Complete the forms online. |
| Financial Performance Measures | E-Forms | Complete the forms online. |

Applicants are reminded that failure to include all required forms and documents as part of the application may result in an application being considered incomplete or non-responsive.

Application Preparation

Applicants are encouraged to work with the appropriate PCA, PCO, and/or NTAs (refer to lists available at <http://www.bphc.hrsa.gov/technicalassistance/partnerlinks>) to prepare quality, competitive applications.

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 not meeting all requirements may not be accepted for review or may receive a low rating from the Objective Review Committee (ORC).**

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

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>.

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).
Note: Ensure that the EHB submission corresponds to the last Grants.gov application package submitted before the Grants.gov deadline.
- *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 11: Catalog of Federal Domestic Assistance Number:* 93.224
- *Box 14: Areas Affected by Project:* Provide a broad summary of the areas served (e.g., if counties are served, cities do need to be listed). If information will not fit in the box provided, attach 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-Additional Area) 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 project period. This information must be consistent with the total provided in the SF-424A: Budget Information – Non-Construction Programs.
- *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-AA 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. 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 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 be counted in the page limit.

iii. Budget

A complete budget presentation in HRSA EHB will include the following:

- **SF 424A: Budget Information – Non-Construction Programs:** Complete sections A, B, and C 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.
- **Form 2 - Staffing Profile:** Complete this form for the **first year** of the proposed project. See [Appendix A](#) for detailed instructions.
- **Form 3 - Income Analysis:** Complete this form for the **first year** of the proposed project. See [Appendix A](#) 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 and cooperative agreements. Award funds may not be used to pay the salary of an individual at a rate in excess of Executive Level II. The Executive Level II salary of the Federal Executive Pay scale is \$179,700. This amount reflects an individual’s base salary exclusive of fringe 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 subawards/subcontracts under a HRSA grant or cooperative agreement.

As an example of the application of this limitation: If an individual’s base salary is \$350,000 per year plus fringe benefits of 25% (\$87,500) and that individual is devoting 50% of their time to this award, their base salary should be adjusted to \$179,700 plus fringe of 25% (\$44,925) and a total of \$112,312.50 may be included in the project budget and charged to the award in salary/fringe benefits for that individual. See the breakdown below:

| | |
|---|---------------------|
| Individual’s <i>actual</i> 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 that may be claimed on the application budget due to the legislative salary limitation: | |
| Individual’s base full time salary <i>adjusted</i> to Executive Level II: \$179,700 50% of time will be devoted to the project | |
| Direct salary | \$89,850 |
| Fringe (25% of salary) | \$22,462.50 |
| Total amount | \$112,312.50 |

iv. Budget Justification

Provide a justification in HRSA EHB that explains the amounts requested for each line in the budget. The budget period is for ONE year. However, the applicant must submit one-year budget justifications for each budget period within the project period (up to 5 years) at the time of application. See [Appendix C](#) for a detailed explanation of cost categories to be included as well as a sample budget justification. **The budget justification must clearly describe each cost element and explain how each cost contributes to meeting the project’s objectives/goals.** 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.

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 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 2: Staffing Profile, Attachment 3: Organizational Chart, Attachment 4: Position Descriptions, and Attachment 5: Biographical Sketches. When applicable, biographical sketches should include training, language fluency, and experience working with the cultural and linguistically diverse populations served.

Reminder: Award funds may not be used to pay the salary of an individual at a rate in excess of Executive Level II or \$179,700. An individual’s base salary, per se, is NOT constrained by the legislative provision for a limitation of salary. The rate limitation simply limits the amount that may be awarded and charged to HRSA grants and cooperative agreements. Please provide an individual’s actual base salary if it exceeds the cap. See the sample below.

Sample:

| 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

vi. Assurances

In HRSA EHB, complete Application Form SF-424B: Assurances – Non-Construction Programs.

vii. *Certifications*

In HRSA EHB, complete the Disclosure of Lobbying Activities form, if applicable.

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
- Contact Name
- Contact 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 be a brief synopsis of the community and target population, the applicant organization, and the proposed project. 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 health services in the community and target population.
- Number of current or 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-AA project. The Program Narrative must be succinct, consistent with other application components, and well organized so that reviewers can fully understand the proposed project. It must provide a detailed picture of the community and target population served, the applicant organization, and the applicant's plan for addressing the identified health care needs/issues of the community and target population.

Applicants should review <http://bphc.hrsa.gov/about/requirements> for information on program requirements. The Program Narrative should:

- Ensure that the specific elements in the Review Criteria are completely addressed in the areas specified in the Program Narrative (i.e., Program Narrative section, 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 the current service area** must ensure that the Program Narrative reflects the current approved scope of project. Any change in scope requires prior approval and **MUST** be submitted through HRSA EHB. Refer to the Scope of Project documents at <http://bphc.hrsa.gov/policiesregulations/policies> for the most recent information on scope of project.

A **current grantee applying to serve a new service area** must ensure that the Program Narrative reflects the proposed scope of project for the new service area. However, reference may be made in the Program Narrative to current services, sites, 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.

Note: See [Section V](#) for the detailed Review Criteria that specify required elements of a complete response to each item in the Program Narrative.

NEED

- 1) Complete Form 9: Need for Assistance Worksheet according to the instructions in [Appendix A](#). Form 9 replaces much of the quantitative information requested in the ***NEED*** section of the Program Narrative in previous SAC FOAs.
- 2) Describe the characteristics of the target population within the proposed service area that affect access to primary health care, health care utilization, and health status. **Do not restate data cited in Form 9**, but rather describe additional aspects of need not captured by the form. Reference Attachment 1: Service Area Map.
- 3) **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). **Applicants who are not requesting special population funding** but

currently serve or may serve these populations in the future: Describe the specific health care needs and access issues of these populations.

- 4) Describe other primary health care services currently available in the service area, any gaps in service, and the role and location of other providers who serve the target population.
- 5) Describe the health care environment, including any significant changes that affect the availability of health care services—both within the service area and provided by the applicant—or the applicant’s fiscal stability.

Information provided on need 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 serve the health care needs identified in ***NEED*** section, including the specific needs of any special populations for which funding is sought (MHC, HCH, and/or PHPC). The description must include the location and type of all sites (consistent with Form 5B) and other locations (consistent with Form 5C), hours of operation, and arrangements for after-hours care/coverage. Reference Attachment 1: Service Area Map.

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)² and other activities (consistent with Form 5C) are appropriate for the needs of the target population and are available and accessible to all regardless of ability to pay.

Note: Health Care for the Homeless (HCH) applicants must document that substance abuse services will be made available.

- 3) Describe how the service delivery model(s) assures the integration of enabling services, continuity of care, and access to a continuum of care.
- 4) Describe the proposed clinical team staffing plan with respect to the projected number of patients and the plan for providing the required and additional clinical and non-clinical services either directly or through established arrangements and referrals. Reference Form 2: Staffing Profile and Form 5A: Services Provided.

Note: If the clinical team staffing plan includes contracted providers, include a summary of all current or proposed contracts and agreements in Attachment 7. If a contract/agreement is

²A current grantee applying to continue serving its current service area must obtain prior approval for any change in scope through EHB (<https://grants.hrsa.gov/webexternal>).

for a substantial portion of the proposed scope of project for core primary care providers, 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 delivery.
- 6) Describe the development of the sliding fee discount schedule(s), including an explanation of the establishment of nominal or no fees for eligible patients. Reference Attachment 11: Sliding Fee Discount Schedule(s). Describe the policies, procedures, and processes used to implement the sliding fee discount schedule(s) to ensure that no patient will be denied services due to inability to pay.

Note: Ability to pay is determined by a patient's annual income and family size according to the Federal Poverty Guidelines available at <http://aspe.hhs.gov/poverty>.

- 7) Describe the organization's ongoing quality improvement/quality assurance (QI/QA) and risk management plan(s), including management and staff roles in oversight and implementation and any previous significant adjustments in practice based on QI/QA findings. Additionally, describe any national quality recognition the organization has received.

Note: QI/QA may include but not be limited to clinical, financial, and administrative areas.

- 8) Describe the organization's board-approved policies and procedures that support the QI/QA and risk management plan(s).
- 9) **NEW APPLICANTS AND CURRENT GRANTEEES APPLYING TO SERVE A NEW SERVICE AREA ONLY (current grantees applying to continue serving the same service area should indicate "Not Applicable"):** Describe the implementation plan, with appropriate and reasonable time-framed tasks, to assure that within 120 days of receipt of a SAC-AA grant award, the 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.

Reference applicable attachments and 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 services³ with other health care providers. Specifically describe collaboration and coordination with existing section 330 grantees, FQHC Look-Alikes, rural health clinics, critical access hospitals, other federally supported grantees, State and local health departments, private providers, and programs serving the same target population.

Migrant Health Center (MHC), Health Care for the Homeless (HCH), and/or Public Housing Primary Care (PHPC) applicants must discuss formal agreements with other organizations that provide services or support to the special population(s) for which funding is sought.

Note: Formal collaboration (contracts, agreements, and/or arrangements) should also be summarized in Attachment 7.

- 2) Document support for the proposed project through current dated letters of support⁴ from FQHCs (section 330 grantees and Look-Alikes), rural health clinics, critical access hospitals, and health departments located in the service area. If such letters cannot be obtained, 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 collaboration and/or coordinated activities with community organizations in support of the proposed provision of primary health care services.

Note: All letters of support from Items 2 and 3 above must be merged into a single document and submitted as Attachment 10: Letters of Support.

EVALUATIVE MEASURES

- 1) Within the Clinical Performance Measures forms (see detailed instructions in [Appendix B](#)), outline time-framed and realistic goals with baselines that are responsive to the health needs identified in the **NEED** section. *If baselines are not yet available for new applicants and current grantees applying to serve a new service area, state when data will be available.* Goals should be specific to the proposed project period (2 years for new applicants and 5 years for current grantees). Specifically include:
 - a) Goals for advancing quality of care, improving health outcomes, and eliminating disparities in the required areas.

³ Review Program Assistance Letter 2011-02: Health Center Collaboration available at <http://bphc.hrsa.gov/policiesregulations/policies/pal201102.html> for information on maximizing opportunities to collaborate with other health care safety net providers.

⁴ Letters of support should NOT be addressed to HRSA. They should be addressed to the organization's board, CEO, or other appropriate key management staff member (e.g., Medical Director).

- b) Goals relevant to the needs of migrant populations, 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 and measures reflecting the needs of these populations.
 - c) Corresponding measures for all goals and data collection methodology for measuring progress.
 - d) A summary of the key factors anticipated to contribute to or restrict progress on the stated performance measure goals, and action steps planned for addressing described factors.
- 2) Within the Financial Performance Measures forms (see detailed instructions in [Appendix B](#)), outline time-framed and realistic goals with baselines that are responsive to the financial needs identified through strategic planning. *If baselines are not yet available for new applicants and current grantees applying to serve a new service area, state when data will be available.* Goals should be specific 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) Corresponding measures for all goals and data collection methodology for measuring progress.
 - c) A summary of the key factors anticipated to contribute to or restrict progress on the stated performance measure goals, and action steps planned for addressing described factors.
- 3) Provide a brief description of additional evaluation activities planned to enhance the assessment of progress throughout the project period, if any, including tools utilized to collect and analyze relevant data.

RESOURCES/CAPABILITIES

- 1) Describe how the organizational structure (including any sub-recipients) is appropriate for the operational needs of the project, including how lines of authority are maintained from the governing board to the CEO/Executive Director down through the management structure and are in accordance with Health Center Program requirements (<http://bphc.hrsa.gov/about/requirements>). Reference Attachment 2: Corporate Bylaws, Attachment 3: Project Organizational Chart, and, as applicable, Attachment 6: Co-Applicant Agreement (for public organizations that have a co-applicant board)⁵ and Attachment 7: Summary of Contracts and Agreements.
- 2) Describe how the organization maintains appropriate oversight and authority in accordance with Health Center Program requirements over all contracted services, including any sub-recipient arrangement(s)⁶ referenced in Form 8: Health Center Agreements. All current or

⁵ 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, detailing any shared roles and the responsibilities of each party in carrying out governance functions.

⁶ A sub-recipient is an organization that receives a subaward from a health center 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

proposed contracts and agreements must be summarized in Attachment 7: Summary of Contracts and Agreements.

Note: Any negative response to the Form 8 Governance Checklist must be explained.

- 3) Describe how the organization maintains a fully staffed management team that is appropriate and adequate for the operational and oversight needs and scope of the proposed project in accordance with Health Center Program requirements. Provide position descriptions in Attachment 4 that include roles, responsibilities, and qualifications, and note if key management positions are combined and/or part time (e.g., CFO and COO roles are shared). Provide biographical sketches for key management positions in Attachment 5.
- 4) Describe the plan for recruiting and retaining key management staff and health care providers necessary for achieving the proposed staffing plan and discuss any key management staff changes in the last year.

Note: Current Health Center Program grantees must receive prior approval from HRSA via the EHB Prior Approval Module to change the Project Director/CEO.

- 5) Describe how the service site(s) within the proposed scope of project are appropriate for implementing the service delivery plan and reasonable in terms of the projected number of patients and visits. New applicants and current grantees applying to serve a new service area must attach floor plans for all proposed sites in Attachment 13. Lease/intent to lease documents may be included in Attachment 14 or 15, if desired.
- 6) Discuss expertise in working with the target population, describing experience 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 were involved in the development of the application and will be involved in administration of the proposed project.

- 7) Describe the organization's strategic planning process and how the target population's health care needs and the related program evaluation objectives and data measures have been or will be incorporated into ongoing strategic planning.
- 8) Describe any current or planned acquisition/development and implementation of certified EHR technology systems used for tracking patient and clinical data to achieve meaningful

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 enhanced reimbursement, 340b drug pricing, and FTCA coverage. All sub-recipient arrangements must be documented through a formal written contract/agreement (Section 330(a)(1) of the PHS Act), and a copy must be provided to HRSA as an attachment to Form 8. The grantee must demonstrate to HRSA 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.

use. Meaningful use encourages the use of Electronic Health Records (EHR) to improve the patient's experience of care and provider care coordination, reduce per capita health care costs, and increase population health. More information about meaningful use is available at http://www.cms.gov/EHRIncentivePrograms/30_Meaningful_Use.asp.

- 9) Describe the financial information systems used for collecting, organizing, and tracking key performance data for supporting management decision making and reporting the organization's financial status.
- 10) Describe the processes in place to maximize collection of payments and reimbursement for services, including written policies and procedures for billing, credit, and collection.
- 11) Document financial management capability by describing accounting and control systems, policies, and procedures that are appropriate for the size and complexity of the organization. Generally Accepted Accounting Principles (GAAP) must be reflected and duties/functions must be separated appropriate to the organization's size to safeguard assets and maintain financial stability.
- 12) Describe the organization's annual independent auditing process performed in accordance with Federal audit requirements. The most recent financial audit and management letter (or a signed statement that no letter was issued with the audit) must be provided as Attachment 8.⁷ 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.
- 13) 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: Annual Emergency Preparedness Report 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.⁸ Such applicants should select N/A on Form 6B: Request for Waiver of Governance Requirements.

- 1) Discuss how the signed bylaws and/or other relevant attachments demonstrate compliance with the Health Center Program requirements.⁹ Specifically, describe how the bylaws

⁷ Current grantees are reminded that the annual audit must also be provided to the Federal Audit Clearinghouse and submitted to HRSA via EHB. For more information, see PAL 2009-06: New Electronic Process for Submitting Required Annual Financial Audits located at <http://bphc.hrsa.gov/policiesregulations/policies/pal200906.html>.

⁸ 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.

(Attachment 2), Articles of Incorporation (Attachment 9), and/or Co-Applicant Agreement (Attachment 6)¹⁰ document that the organization has an independent governing board that meets the following criteria:

- a) Meets at least once a month (this requirement may be waived for eligible applicants; see Form 6B and refer to [Appendix B](#) for instructions).
 - b) Ensures that minutes are captured for all 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 long-range viability.
 - 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 (only a public center may retain responsibility for establishing general fiscal and personnel policies).
 - j) Establishes policies that include provisions that prohibit conflict of interest.
- 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 must be individuals who are or will receive their primary health care from the organization (this requirement may be waived for eligible applicants; see Form 6B and refer to [Appendix B](#) for instructions).
 - b) As a group, board members represent the individuals served by the organization in terms of race, ethnicity, and gender. Reference Form 6A: Current Board Member Characteristics.¹¹
 - c) Non-patient members are representative of the community in which the center's service area is located and are selected for their expertise.
 - d) Board has a minimum of 9 but no more than 25 members, as appropriate for the complexity of the organization.
 - e) No more than half (50%) of the non-patient members derive more than 10 percent of their annual income from the health care industry.

⁹ Section 330(k)(3)(H) of the PHS Act as amended (42 U.S.C. 254b) and regulations (42 CFR 51c304 or 42 CFR 56.304, as applicable).

¹⁰ 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 that stipulates roles, responsibilities, and the delegation of authorities, including and any shared roles and responsibilities of each party in carrying out the governance functions for the health center.

¹¹ 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 and NOT the members of any advisory councils.

- 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 (HCH, MHC, and/or PHPC) must have appropriate board representation from these populations. At minimum, there must be at least one representative from each of the special population groups for which funding is requested. Special population representatives should be individuals that can clearly communicate the needs/concerns of the target populations to the board (e.g., current resident of public housing, a formerly homeless individual, an advocate for migrant or seasonal farm workers).

- 3) Discuss the effectiveness of the governing board by describing how the board:
- Operates, including the organization and responsibilities of board committees.
 - Monitors and evaluates its own (the board's) performance.
 - Provides board training, development, and orientation for **new members** to ensure that they have sufficient knowledge to make informed decisions.

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 or 51 percent patient majority requirement. **An approved waiver does not relieve the governing board from fulfilling all other board authorities and responsibilities required by statute.**

An applicant that currently receives or is applying to receive CHC funding must indicate "Not Applicable" for Item 4 below.

- 4) An applicant requesting a waiver for one or both of the governance requirements must indicate such on Form 6B: Request for Waiver of Governance Requirements and respond to the following:
- If the patient majority is requested to be waived, briefly discuss why the project cannot meet this requirement and describe in Form 6B the alternative mechanism(s) for gathering and utilizing patient input.
 - If monthly meetings are requested to be waived, briefly discuss why the project cannot meet this requirement and describe in Form 6B the alternative meeting schedule and how it will assure that the board will maintain appropriate oversight of the project.
- 5) INDIAN TRIBES OR TRIBAL, INDIAN, OR URBAN INDIAN GROUPS ONLY:
Describe the 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 and detailed budget presentation (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.
- 3) Describe how the proportion of requested Federal grant funds is appropriate given other sources of income.

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 on completing them.

3. SUBMISSION DATES AND TIMES

Application Due Date

[Table 6](#) indicates the due dates for applications under the FY 2012 SAC-AA 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 HRSA deadline date and time.

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 6: Application/Service Area Details

| Project Period Start Date | Service Area (Current Grantee's Administrative Site Location) | State | Target Population | Grants.gov Deadline (8:00 PM ET) | EHB Deadline (8:00 PM ET) | Total Funding (CHC) | Service Area Zip Codes | Number of Patients in 2010 |
|---------------------------|---|-------|-------------------|----------------------------------|---------------------------|---------------------|------------------------|----------------------------|
| May 1, 2012 | Anchorage | AK | CHC | February 21, 2012 | March 6, 2012 | \$1,349,604 | 99591, 99660 | 645 |

Late Applications

Applications that do not meet the deadline criteria above will not be eligible for SAC-AA funding.

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 Part 100. Executive Order 12372 allows States the option of setting up a system for reviewing applications from within their States 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_spoec. 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 head 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 the coordination planned with the appropriate State or local health agencies.

Applicants should contact their state Primary Care Association (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/hhsgrantspolicy.pdf> includes information about allowable expenses. See [Appendix C](#) of this funding announcement for further information and instruction on the development of the application budget.

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.

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 the Grants.gov site.

It is essential that each applicant 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)
- Identify the organization's E-Business Point of Contact (E-Biz POC)
- Confirm the organization's CCR Marketing Partner ID Number (M-PIN) password
- Register 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 Frequently Asked Questions (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 SAC-AA 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 roles for all users 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 SAC-AA application.

For assistance with HRSA EHB registration, refer to <http://www.hrsa.gov/grants/apply> or contact the HRSA Call 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

Applications will be considered formally submitted when: (1) the application has been successfully transmitted electronically by the AOR to Grants.gov and has been validated by Grants.gov on or before the Grants.gov deadline date and time; and (2) the AO has submitted the additional required application components in HRSA EHB on or before the HRSA EHB deadline date and time.

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. Applicants are encouraged to submit early. If an application is rejected by Grants.gov due to errors, the applicant must correct and resubmit the application 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 deadline. 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 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 submission.

Application Tracking

It is incumbent on the applicant to track the application status using the Grants.gov tracking number (GRANTXXXXXXXX) provided in the confirmation e-mail from Grants.gov. More information about tracking an application can be found at <http://www.grants.gov/assets/TrackingYourApplicationPackage.pdf>. Applicants must ensure that their 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 facilitate the presentation of pertinent information and provide a standard for evaluation. Review criteria are outlined below. The review criteria specify the components required for complete responses in the Program Narrative.

In the event that only one application is received for a given 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 SAC-AA application will be evaluated on the following seven review criteria:

Criterion 1: NEED (15 Points)

- 1) The extent to which the applicant quantitatively establishes need by providing the required information related to core barriers, core health indicators, and other health indicators on Form 9.

- 2) The extent to which the applicant describes the characteristics of the target population within the proposed service area—citing local target population needs assessments when available—that affect access to primary health care, health care utilization, and health status, including:
 - a) Cultural/ethnic factors, including sexual orientation, language, attitudes, knowledge, and beliefs.
 - b) Socio-cultural determinants of health.
 - c) Geographical/transportation barriers.
 - d) Unemployment or educational factors.
 - e) Health disparities impacting the target population
 - f) Unique health care needs of the target population not previously addressed.

- 3) The extent to which an applicant requesting special population funding describes an understanding of the specific health care needs and access issues impacting the special population(s) by describing the following, as applicable:
 - a) Migrant and Seasonal Farm Workers (MHC) needs/access issues such as agricultural environment (e.g., crops and growing seasons, need for hand labor, number of temporary workers), approximate period(s) of residence of migratory 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, sanitation, 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 homeless individuals, 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.

The extent to which an applicant who is not requesting targeted funding to serve migrant and seasonal farm workers, people experiencing homelessness, and/or residents of public housing:

- a) States whether any/all of these special populations are currently served or will be served in the future.
 - b) Describes the specific health care needs and access issues of the special populations currently being served or to be served in the future.
- 4) The extent to which the applicant describes other existing primary health care services currently available in the service area, any gaps in service (e.g., provider shortages, population unmet needs), and the role and location of other providers who serve the target population.

 - 5) The extent to which the applicant demonstrates a thorough understanding of the health care environment by describing any significant changes that have affected the availability of

health care services—both within the service area and provided by the applicant—or 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 (e.g., hurricanes, flooding, terrorism).
- e) Changes affecting special populations.

Criterion 2: RESPONSE (20 Points)

- 1) The extent to which the applicant describes its service delivery model(s) and how the model(s) is/are appropriate and responsive to the identified health care needs, including the specific needs of any special populations for which the applicant is seeking funding, including:
 - a) Location(s) where services will be provided.
 - b) Service site type (e.g., fixed site, mobile van, school-based clinic) for each site.
 - c) Hours of operation, including how the hours will assure that services are accessible and available at times that meet the needs of the target population.
 - d) Professional care/coverage during hours when service location(s) is/are closed.
 - e) If applicable, the extent to which an applicant requesting targeted funds to serve residents of public housing (PHPC) describes how service sites are immediately accessible to the targeted public housing communities.
- 2) The extent to which the applicant describes how the proposed primary health care services and other activities are appropriate for the needs of the target population and are available and accessible to all without regard to ability to pay, including:
 - a) The provision of required and additional clinical and non-clinical services, including whether these are provided directly or by referral.
 - b) How services will be culturally and linguistically appropriate (e.g., availability of interpreter/translator services, bilingual/multicultural staff, training opportunities).
 - c) If applicable, the extent to which an applicant requesting targeted funds to serve people experiencing homelessness (HCH) describes how substance abuse services will be made available.
- 3) The extent to which the applicant describes how the service delivery model(s) assure(s):
 - a) Enabling services, including case management, outreach, and transportation, integrated into the primary health care delivery system. If applicable, enabling services designed to increasing access for targeted special populations should be described.
 - b) Continuity of care, including arrangements for admitting privileges for health center physicians at one or more hospitals. In cases where hospital privileges are not possible, the extent to which the applicant describes other arrangements to ensure continuity of care.
 - c) A seamless continuum of care, including discharge planning, 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) The extent to which the applicant describes the strength of the proposed clinical team staffing plan, including the number and mix of primary care physicians, nurse practitioners, physicians assistants, certified nurse midwives, oral health providers, behavioral health professionals, social workers, and other providers, as well as clinical support staff necessary for:
 - a) Providing services for the projected number of patients.
 - b) Assuring appropriate linguistic and cultural competence.
 - c) Carrying out required preventive, enabling, and additional health services as appropriate and necessary, either directly or through established arrangements and referrals.
 - d) If applicable, the extent to which an applicant included summaries of all contracts, arrangements, and/or agreements for clinical staff in Attachment 7 or copies of such contracts, arrangements, and/or agreements if they are for a substantial portion of the proposed project as attachments to Form 8.

- 5) The extent to which the applicant describes the current schedule of charges, including:
 - a) How it is consistent with local rates.
 - b) How it is designed to cover the reasonable cost of service delivery.

- 6) The extent to which the applicant describes the sliding fee discount schedule(s), including:
 - a) The process utilized to develop the discount schedule(s).
 - b) The policies, procedures, and processes used to implement the sliding fee discount schedule(s) to ensure that no patient will be denied services due to inability to pay, including evidence that the discount schedule(s):
 - Is/are utilized only for individuals and families with an annual income below 200 percent of the Federal Poverty Guidelines (available at <http://aspe.hhs.gov/poverty>).
 - Provides no charge or a nominal fee for individuals and families with an annual income at or below 100 percent of the poverty guidelines.
 - c) An explanation how any nominal fees were determined.
Note: Nominal fees may be collected from such patients when imposition of a nominal fee is consistent with project goals and **does not** pose a barrier to receiving care.
 - d) How often the governing board reviews and updates the sliding fee discount schedule(s).
 - e) How patients are made aware of available discounts, including:
 - Signs announcing the availability of discounts posted in accessible and visible locations.
 - Other methods (e.g., registration materials, brochures, verbal messages delivered by staff).

- 7) The extent to which the applicant describes any national quality recognition received (e.g., National Committee for Quality Assurance Patient-Centered Medical Home, Accreditation Association for Ambulatory Health Care, Joint Commission) and, consistent with the Clinical and Financial Performance Measures (<http://bphc.hrsa.gov/policiesregulations/performanceasures>), how the organization's ongoing QI/QA and risk management plan(s) include:

- a) Clinical services and management.
 - b) Maintenance of the confidentiality of patient records.
 - c) A clinical director whose supports the QI/QA program as integral to the provision of high quality patient care.
 - d) Periodic assessment of the appropriateness of service utilization, quality of services delivered, and/or patient outcomes, including that the assessment:
 - Is conducted by physicians or other licensed health professionals under the supervision of physicians.
 - Is based on the systematic collection and evaluation of patient records.
 - Utilizes appropriate information systems for tracking, analyzing, and reporting key performance data (e.g., electronic health records).
 - Results in the institution of documented changes in the provision of services (cite examples of implementation and any previous significant adjustments in practice based on QI/QA findings, if any).
 - Produces results that are used to improve organizational performance.
- 8) The extent to which the applicant describes board-approved policies and procedures appropriate to support the QI/QA and risk management plan(s) related to:
- a) Clinical standards of care
 - b) Peer reviews
 - c) Chart audits
 - d) Provider credentials and privileges
 - e) Risk management procedures
 - f) Patient grievance procedures
 - g) Patient satisfaction assessments
 - h) Incident management
 - i) Corporate compliance
 - j) Confidentiality of patient records
- 9) The extent to which a new applicant or current grantee applying to serve a new service area presents an 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 SAC-AA grant award, the 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.

Criterion 3: COLLABORATION (10 points)

- 1) The extent to which the applicant describes both formal (also documented in Attachment 7 and/or Form 8) and informal collaboration and coordination of services with other health care providers, specifically:

- 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)
 - i) If applicable, other 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)
- 2) The extent to which the applicant provides in Attachment 10 a letter or support, or documentation of efforts to obtain a letter of support along with an explanation for why a letter could not be obtained, from all of the following in the service area:
- a) FQHCs (current section 330 grantees and Look-Alikes)
 - b) Rural health clinics
 - c) Critical access hospitals
 - d) Health departments
- 3) The extent to which the applicant provides evidence of community support of the proposed project by providing in Attachment 10 letters of support, commitment, and/or investment that reference specific collaboration and/or coordinated activities from community organizations (e.g., neighboring health center/clinic, local school board, homeless shelter, advocacy group, other service provider).

Criterion 4: EVALUATIVE MEASURES (15 points)

- 1) The extent to which the applicant utilizes the Clinical Performance Measures forms to outline time-framed and realistic goals with baselines—or if baselines are not yet available for a new applicant or a current grantee applying to serve a new service area, the applicant states when data will be available—that are responsive to the health needs identified in the **NEED** section and specific to the proposed project period, including:
- a) Goals for advancing quality of care, improving health outcomes, and eliminating disparities in the required areas of Diabetes, Cardiovascular Disease, Cancer, Prenatal Health, Perinatal Health, Child Health, Behavioral Health, and Oral Health. *Although not required, applicants are encouraged to include goals that address the new measurement areas of Weight Assessment and Counseling for Children and Adolescents, Adult Weight Screening and Follow-Up, Tobacco Use Assessment, Tobacco Cessation Counseling, and Asthma – Pharmacological Therapy.*
 - b) Goals that demonstrate a thorough understanding of the needs of targeted special population(s), if any.
 - c) Appropriate measures for all goals and data collection methodology for measuring progress.

- d) An adequate summary of the key factors anticipated to contribute to or restrict progress on the stated performance measures goals, and action steps planned for addressing described factors.
- 2) The extent to which the applicant utilizes the Financial Performance Measures forms to outline time-framed and realistic goals with baselines—or if baselines are not yet available for a new applicant or a current grantee applying to serve a new service area, the applicant states when data will be available—that are responsive to the financial needs identified through strategic planning, including:
 - a) Goals for improving the organization’s status in terms of costs and financial viability.
 - b) Appropriate measures for all goals and data collection methodology for measuring progress.
 - c) An adequate summary of the key factors anticipated to contribute to or restrict progress on the stated performance measures goals, and action steps planned for addressing described factors.
 - 3) The extent to which the applicant provides a description of any additional planned project-related evaluation activities, including a discussion of tools utilized to collect and analyze relevant data (e.g., patient satisfaction, quality and process improvement).

Criterion 5: RESOURCES/CAPABILITIES (20 points)

- 1) The extent to which the applicant, referencing appropriate attachments, describes how the organizational structure (including any sub-recipients) is appropriate for the operational and oversight needs of the project, including how lines of authority are:
 - a) Maintained from the governing board to the CEO/Executive Director down through the management structure.
 - b) In accordance with Health Center Program requirements.
- 2) The extent to which the applicant describes how it maintains appropriate oversight and authority in accordance with Health Center Program requirements over all contracted services, including:
 - a) Sub-recipient arrangement(s) or affiliation arrangement(s) noted in Form 8 (any negative response to the Form 8 Governance Checklist must be explained).
 - b) Contracts and agreements summarized in Attachment 7.
- 3) The extent to which the applicant describes how the organization maintains a fully staffed management team (CEO, CCO, CFO, CIO, and COO, as applicable) that:
 - a) Is appropriate and adequate for the operational and oversight needs and scope of the proposed project in accordance with Health Center Program requirements.
 - b) Has appropriately defined roles based on Attachment 4: Position Descriptions.
 - c) Possesses needed skills and experience for the defined roles based on Attachment 5: Biographical Sketches.
- 4) The extent to which the applicant describes the following related to key management staff:

- a) The plan for recruiting and retaining key management staff and health care providers as appropriate for achieving the proposed staffing plan.
 - b) Any key management staff changes in the last year.
- 5) The extent to which the applicant describes how its proposed service site(s):
 - a) Are appropriate for the service delivery plan, including provision of all required site-related documentation (e.g., floor plans).
 - b) Are reasonable in terms of the projected number of patients and visits.
 - 6) The extent to which the applicant demonstrates why the applicant is an appropriate organization to receive funding by describing:
 - a) Expertise in working with the target population.
 - b) Experience and expertise in developing and implementing appropriate systems and services for addressing the target population's identified health care needs.
 - c) For an applicant applying for (PHPC) funding, the role of residents of public housing in:
 - The development of the SAC-AA application.
 - The administration of the proposed project.
 - 7) The extent to which the applicant describes the strategic planning process and how the target population's health care needs (as described in the **NEED** section) and related performance goals and objectives (e.g., Clinical and Financial Performance Measures, patient satisfaction survey results) have been or will be incorporated into the organization's ongoing strategic planning process.
 - 8) The extent to which the applicant describes any current or planned acquisition/development and implementation of certified EHR technology systems used for tracking patient and clinical data to achieve meaningful use. More information about meaningful use is available at http://www.cms.gov/EHRIncentivePrograms/30_Meaningful_Use.asp.
 - 9) The extent to which the applicant describes the financial information systems in place for collecting, organizing, and tracking key performance data for:
 - a) Supporting management decision making.
 - b) Reporting the organization's financial status (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).
 - 10) The extent to which the applicant describes the processes in place to maximize collection of payments and reimbursement for costs in providing health care services, including written policies and procedures for billing, credit, and collection.
 - 11) The extent to which the applicant documents its financial management capability by describing accounting and control systems, policies, and procedures appropriate for the size and complexity of the organization that:
 - a) Reflect Generally Accepted Accounting Principles (GAAP).
 - b) Separate functions/duties appropriate to the organization's size to safeguard assets and maintain financial stability.

- 12) The extent to which the applicant does one of the following:
- a) Describes how its annual independent financial audit is performed in accordance with Federal audit requirements and provides the audit (including management letter or signed statement that no letter was issued) as Attachment 8.
 - b) Provides monthly financial statements for the most recent six-month period (if the organization has been operational for less than one year and does not have an audit).
 - c) Provides a detailed explanation of the financial situation, including supporting documentation (if the organization was formed to apply for this grant and currently has no audit/financial information).
- 13) The extent to which the applicant discusses its emergency preparedness planning efforts and development of emergency management plan(s), including efforts to participate in State and local emergency planning. The extent to which the applicant explains any negative responses on Form 10.

Criterion 6: GOVERNANCE (10 points)

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

- 1) The extent to which the applicant discusses how its signed bylaws and/or other relevant attachments demonstrate compliance with the Health Center Program requirements. Specifically, the extent to which the applicant describes how the bylaws (Attachment 2), Articles of Incorporation (Attachment 9), and/or Co-Applicant Agreement (Attachment 6) demonstrate that the organization has an independent governing board that meets the following criteria:
- a) Meets at least once a month (this requirement may be waived for eligible applicants).
 - b) Ensures that minutes are captured for all 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 in meeting its annual and long-term programmatic and financial goals, 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, except in the case of a governing board of a public center.¹²

¹² The co-applicant health center board must meet all the size and composition requirements and perform all the duties of and retain all the authorities expected of governing boards except that the public center is permitted to retain responsibility 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) The extent to which the applicant documents how 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 must be individuals who are or will receive their primary health care from the organization (this requirement may be waived for eligible applicants).
 - b) As a group, board members represent the individuals served by the organization in terms of race, ethnicity, and gender (reference Form 6A).
 - c) Non-patient members are representative of the community in which the center's service area is located and are 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 9 but no more than 25 members, as appropriate for the complexity of the organization.
 - e) No more than half (50%) of the non-patient 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.)
 - g) Board includes a minimum of one representative from each special population for which funding is requested for applicants requesting CHC and special population (HCH, MHC, and/or PHPC) funding.
 - 3) The extent to which the applicant discusses 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 (i.e., identifies and develops processes for assessing and addressing board weaknesses, challenges, training needs, and communication issues).
 - c) Provides board training, development, and orientation for **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.
 - 4) The extent to which an eligible applicant (MHC, HCH, and/or PHPC only) requesting a waiver for one or both governance requirements indicates such on Form 6B and describes the following:
 - a) If the patient majority is requested to be waived, the strength of the applicant's discussion regarding why the requirement cannot be met and description of the alternative mechanism(s) for gathering 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, the strength of the applicant's discussion regarding why the requirement cannot be met and description of the alternative meeting schedule and how it will assure that the board will maintain appropriate oversight of the project.
- 5) The extent to which an Indian tribe or tribal, Indian, or urban Indian group describes the 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.

Criterion 7: SUPPORT REQUESTED (10 points)

- 1) The extent to which the applicant provides a complete and detailed budget presentation (SF-424A, budget justification, Form 2: Staffing Profile, and Form 3: Income Analysis).
- 2) The extent to which the applicant describes how the total budget is aligned and consistent with the proposed service delivery plan and number of patients to be served.
- 3) The extent to which the applicant describes how the proportion of requested Federal grant funds is appropriate given other sources of income specified in Form 3.

2. REVIEW AND SELECTION PROCESS

HRSA's Division of Independent Review is responsible for managing objective reviews. With the exception of situations in which only one SAC-AA application is received for a given service area, applicants 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 SAC-AA 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 only one SAC-AA application is received 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 2012 SAC-AA awards:

- *RURAL/URBAN DISTRIBUTION OF AWARDS*: Aggregate awards in FY 2012 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 2012 to support the various types of health centers (CHC, MHC, HCH, and 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

Applications received by the appropriate Grants.gov and HRSA EHB deadline dates and times will be reviewed with funding decisions announced prior to the applicable project period start date.

VI. Award Administration Information

1. AWARD NOTICES

For applications that receive external objective review but are not selected for funding, 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 merits and weaknesses. 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, terms and conditions of the grant award, effective date of the award, budget period for which initial support will be given, and 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 award start date.

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).

Cultural and Linguistic Competence

HRSA is committed to ensuring access to quality health care for all. Quality care means access to services, information, and 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 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 the 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>.

Trafficking in Persons

Awards issued under this funding opportunity announcement 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>. If you are unable to access this link, please contact the Grants Management Specialist identified in this funding opportunity to obtain a copy of the term.

PUBLIC POLICY ISSUANCE

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 the 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>.

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.

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 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 (PMS). The report identifies cash expenditures against the authorized grant funds. 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 SF-425, required within 90 days of the end of each budget period, is an accounting of expenditures under the project that year. Financial reports must be submitted electronically through HRSA EHB. 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 Special Population Grant Report annually. The Universal Report provides data on services, staffing, and financing across all section 330 health centers.

3) **Progress Report** – Submission and HRSA approval of a yearly Budget Period Progress Report (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 measure the progress and impact of the project.

d. Transparency Act Reporting Requirements

Type 1 awards (those made to new applicants) issued under this FOA 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 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 sub-recipient’s five most highly compensated executives as outlined in Appendix A to 2 CFR Part 170 (available online at <http://www.hrsa.gov/grants/ffata.html>). Type 2 and 3 awards (those made to current grantees) may be subject to this requirement. If so, grantees will be 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
Division of Grants Management Operations, HRSA
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
Bureau of Primary Health Care, HRSA
5600 Fishers Lane, Room 17C-20
Rockville, MD 20857
301-594-4300
BPHCSAC@hrsa.gov
<http://www.hrsa.gov/grants/apply/assistance/sac>

Additional technical assistance regarding this funding announcement may be obtained by contacting the appropriate PCA, PCO, or NCA (see <http://www.bphc.hrsa.gov/technicalassistance/partnerlinks> for a list of PCAs, PCOs, and NCAs).

Applicants may need assistance when completing their applications electronically. For assistance with submitting the application in Grants.gov, contact Grants.gov 24 hours a day, seven days a week, excluding Federal holidays:

Grants.gov Contact Center
1-800-518-4726
support@grants.gov
<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
877-974-2742

BPHCHelpline@hrsa.gov

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

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 SAC-AA 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/pin201101.html> 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, which is 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 can be accessed 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 Grants Policy Statement available at <http://www.hrsa.gov/grants/hhsgrantspolicy.pdf>.

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 and available via the online application. Portions of the forms that are “blocked/grayed” out are not relevant to the SAC-AA application and DO NOT need to be completed. To preview the forms to be completed online, visit <http://www.hrsa.gov/grants/apply/assistance/sac>.

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 in which the applicant organization’s fiscal year ends.

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 changes are required, they must be made on the SF-424A.

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 and provide all relevant identification numbers. 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 should note that requested current numbers may be different than what was reported in the most recent UDS submission due to additional funding received and/or change in scope.
- A new applicant or current grantee applying to serve a new service area should report the requested current numbers based on services the applicant is currently providing in the proposed service area or, if not currently operational in the service area, list the current numbers as zero.

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 smaller than or equal to service area numbers.

Provider FTEs by Type:

1. Provide a count of current provider full-time equivalents (FTEs), paid and voluntary, by staff type. **Include only billable provider FTEs** (e.g., physician, nurse practitioner, physician assistant, certified nurse midwife, psychiatrist, psychologist, dentist, dental hygienist, social worker). Do not report provider FTEs functioning outside the proposed scope of project.
2. Project the number of billable 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 level of funding.

Patients and Visits by Service Type:

1. Provide the unduplicated number of current patients and visits by service type. Do not report patients and visits for services outside the proposed scope of project.
2. Project the number of patients and visits anticipated 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 the Program Narrative.**
3. Do not report patients and visits for services outside the proposed scope of project.

When providing an unduplicated count of patients and visits¹³, note the following:

- a. Visit is defined as 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 documented in the patient's record.
- b. Patient is defined as an individual who had at least one visit in the previous year.

¹³ See the UDS Reporting Manual available at <http://www.hrsa.gov/data-statistics/health-center-data/reporting/index.html> for more information on reporting an unduplicated count of patients and visits.

- c. 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 by population type. Do not report patients and visits for services outside the proposed scope of project.
2. Follow instructions 2-3 under ***Patients and Visits by Service Type.***

FORM 2 – STAFFING PROFILE (REQUIRED)

Report personnel salaries supported by the total budget for the **first 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 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 (Section B, row 6b) 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 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 the UDS does not count as visits) must be discussed in the Comments/Explanatory Notes box at the bottom of page 2 of the form and, if necessary, detailed in the budget justification.

Note: This form may not include funds from pending supplemental grants or unapproved changes in sites, services, or capacity.

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.
- **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., pharmacy), applicants may add lines for any additional income sources. Explanations for such additions must be noted in the Comments/Explanatory Notes box at the bottom of page 2 of the form.

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.

PART 1: PROGRAM INCOME

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.-3c. 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.

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, averages may be calculated 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 average adjustment to the average charge per visit listed in column (b). A negative number reduces and a positive number increases the Net Charges calculated in column (e). (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 column (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 after completion of a cost reimbursement report
4. Any other applicable adjustments. These must be discussed in the Comments/Explanatory Notes box at the bottom of page 2 of the form.

Column (e): Enter the total Net Charges by payment source calculated as [column (c) - columns (a)*(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 amount actually billed. 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 at the bottom of page 2 of the form.

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. Any significant variance between projected income in column (g) and actual accrued income in column (h) must be explained in 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): Member months are 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 at the bottom of page 2 of the form.

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 Adjustment (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 the enrolled members. The estimate is usually for a prior period, but must be accounted for in the period it is received. Describe risk pools in the Comments/Explanatory Notes box at the bottom of page 2 of the form. Risk pools may be estimated using the average risk pool receipt PMPM over an appropriate prior period selected by the applicant.

FQHC and Other 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 9: Enter income generated by the applicant through the expenditure of its own assets, such as income from reserves or realized sale of property.

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 column under New or Revised Budget; Section C: Non-Federal Resources).

FORM 4 – COMMUNITY CHARACTERISTICS (REQUIRED)

The Community Characteristics form reports service area and target population data for the entire scope of the project (i.e., all sites) for the most recent period for which data are available. When completing this form, please note that all information provided regarding race and/or 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 include the total number of persons for each characteristic (percentages will automatically calculate in EHB). Service area data must be specific to the proposed SAC-AA project. If information for the service area is not available, utilize 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 reflect the population the applicant will target for service. Target population data must include the number of persons the applicant **targets** for each characteristic (percentages will automatically calculate in EHB). ***Do not utilize patient data to report target population data since patients are typically a subset of all individuals targeted for service.***

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**. The Special Populations section does not have a row for total numbers; individuals that represent multiple special population categories should be counted in all applicable categories.

RACE

- Report the number of individuals in each racial category.
- All individuals must be classified in one of the racial categories. This includes individuals who also consider themselves Hispanic or Latino. If your data system 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, or other Pacific Islands.
 - 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.

HISPANIC OR LATINO IDENTITY

- 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.
- If ethnicity is unknown, report individuals as Unreported/Refused to Report.

FORMS 5A, 5B, AND 5C—GENERAL NOTES

- These forms will be pre-populated for current grantees applying to continue serving their current service area, with no opportunity for modification. The SAC-AA application should reflect only the current scope of project. Any desired changes to services, sites, and other activities/locations require prior approval through a change in scope request submitted in EHB.
- These forms must be completed by new applicants and current grantees applying to serve a new service area for only the scope of project in the proposed service area.

- Only the services, sites, and other activities/locations included on Forms 5A, 5B, and 5C respectively 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 5A – SERVICES PROVIDED (REQUIRED)

Identify how the required and additional services will be provided through the proposed project. Only one form is required regardless of the number of proposed sites. Refer to the Scope of Project documents available at <http://bphc.hrsa.gov/policiesregulations/policies> for the most recent information on defining services. If the project is funded, only 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)

Provide requested data for each proposed service site. Refer to the Scope of Project documents available at <http://bphc.hrsa.gov/policiesregulations/policies> for the most recent information on defining sites, including special instructions for recording mobile, intermittent, or 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)

Provide requested data for any 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 included within the scope of project should be listed on this form. Refer to the Scope of Project documents available at <http://bphc.hrsa.gov/policiesregulations/policies> for the most recent information on the types of activities/locations that should be including in the scope of project. 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.

- **Tribal organizations are not required to complete this form.**
- 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).
- All *ex officio* members must be listed. If the CEO is serving in this capacity, list him/her as a board member.

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

All applicants must complete Question 1 (including 1a). For question 1a:

- Tribal organizations should select Not Applicable.

- An applicant that currently receives or is applying to receive CHC funding must select No.

Only applicants requesting a waiver for the patient majority and/or monthly meetings requirements should complete the remainder of the form. Current grantees with an existing governance waiver must reapply for approval. See the [Governance Review Criteria, Item 4](#) for details on the types 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 to determine if limits or compromises to the governing board’s authorities, functions, and responsibilities exist based on current or proposed agreements or arrangements. 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 in the appropriate field.

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 or (2) impacts the governing board’s composition, authorities, functions, or responsibilities (as described in Part I and 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 **will 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 entire proposed SAC-AA project.

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 CHC funding to serve **ONLY the medically underserved population of a service area** must provide responses that reflect the health care needs of the target population. When the service area is a sub-county area (made up of groups 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 service area population.
- Applicants requesting MHC, HCH, and/or PHPC funding to serve **ONLY a homeless population, a migrant/seasonal farm workers population, and/or residents of public housing** may use an extrapolation technique to appropriately modify available data to reflect the specific 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 population to be served. In calculating responses, applicants may use extrapolation techniques to appropriately modify available data to reflect the special population(s), then combine this with data about the general population within the service area. Where sub-county data are not available, applicants may use an extrapolation technique to modify available data.

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/or analysis methods.
- Applicants must provide the following information for all data sources:
 1. Name of data source
 2. The year(s) in which data were collected
 3. Description of the methodology utilized (e.g., extrapolation)
 4. Additional information of relevance, if any

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 Patients and/or Uninsured Patients

SECTION 2: CORE HEALTH INDICATORS

A response is required for **one indicator within each of 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 service area or target population, the applicant may propose an Other indicator for that category. In such a case, the applicant must specify the indicator’s definition and data source used and provide a 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 ¹⁴ | 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 ¹⁵ | 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 |
| 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 ¹⁶ | Percent |
| 5(d) Other | Provided by Applicant |

¹⁴Number 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).

¹⁵ Total number of deaths per 100,000 reported as due to heart disease (includes ICD-9 Codes I00-I09, I11, I13, and I20-I51).

¹⁶ 4 DTap, 3 polio, 1 MMR, 3 Hib, 3 hepatitis B

| CORE HEALTH INDICATOR CATEGORIES | Format/Unit of Analysis |
|--|-------------------------|
| 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 and data source used and providing a 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 ¹⁷ | 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 |
| (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. 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-AA submission.

¹⁷ Three year average number of deaths per 100,000 due to pneumonia (includes ICD-9 Codes 480-486).

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://bphc.hrsa.gov/policiesregulations/performanceasures>. In addition, applicants may wish to consult the most recent UDS Reporting Manual available at <http://www.hrsa.gov/data-statistics/health-center-data/reporting/index.html> (see the box on the right side of the page) for specific measurement details (e.g. exclusionary criteria).

Important Details about the Performance Measures Forms

- Applicants **must include** one **behavioral health** (e.g., mental health, substance abuse) and one **oral health** (e.g., screenings and exams, referrals, dental caries) performance measure of their choice in the Clinical Performance Measures forms. Applicants should note that although the behavioral health and oral health measures are referred to as “additional measures” on <http://bphc.hrsa.gov/policiesregulations/performanceasures>, they are **required measures**. For Behavioral Health measures, applicants may wish to focus on areas such as behavioral health screening, treatment, and referral or behavioral health patient outcomes (including services provided by behavioral health or primary care providers).
- Applicants applying for funds to target special populations (i.e., migrant/seasonal farm workers, homeless persons 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/seasonal farm workers then the applicant must propose to measure “*the percentage of migrant/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 quantified and systematically tracked over time.

New 2011 UDS Performance Measures

For the 2011 UDS Report (to be submitted by March 31, 2012), grantees will be required to report on new and revised Clinical Performance Measures. In preparing the SAC-AA application, applicants are encouraged to include the new Clinical Performance Measures

(Weight Assessment and Counseling for Children and Adolescents, Adult Weight Screening and Follow-Up, Tobacco Use Assessment, Tobacco Cessation Counseling, and Asthma – Pharmacological Therapy) to establish baseline data. Applicants who select “Not Applicable” for these measures should note that if they receive SAC-AA funding, they will be required to report on these measures in the 2011 UDS Report.

The revised Clinical Performance Measures (Diabetes and Childhood Immunizations) have not been included in the SAC-AA to allow current grantees applying to continue serving their current service area to report progress on the **unrevised** versions of these measures. However, applicants may begin collecting and reporting information on the revised measures in the SAC-AA application if desired (**applicants choosing to report on one or both revised measures must note this in the Comments field of the appropriate measure**). Reporting data on the revised measures will be required in the 2011 UDS Report. More information on the new and revised Clinical Performance Measures is available at <http://www.hrsa.gov/data-statistics/health-center-data/reporting/index.html>.

Overview of the Performance Measures Form Fields

In Table 10, the asterisk (*) denotes a field that will be pre-populated from the 2010 UDS submission ONLY for current grantees applying to continue serving their current service area.

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. The EHB system will not allow applicants to edit information in this field. However, applicants may specify an additional focus area by choosing Other for a new performance measure being added or when specifying Oral Health and Behavioral Health measures. |
| Performance Measure | YES | NO | This field defines each measure. The system will not allow applicants to edit information in this field for required measures. However, this field 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 (Weight Assessment and Counseling for Children and Adolescents, Adult Weight Screening and Follow-Up, Tobacco Use Assessment, Tobacco Cessation Counseling, and Asthma – Pharmacological Therapy) may be marked “Not Applicable” for the 2012 SAC-AA only. Applicants are encouraged to mark these measures “Applicable” and report available baseline data. Prenatal Health and Perinatal Health Clinical |

| Field Name | Is this Field Pre-Populated? | Can I Edit this Field? | Notes |
|-------------------------|------------------------------|------------------------|---|
| | | | <p>Performance Measures can be marked “Not Applicable” on an ongoing basis. Such designation requires justification regarding referral and tracking practices (required regardless of applicability) in the Comments field. Applicants that assume primary responsibility for some or all of a patient’s prenatal/perinatal care services (those who have selected the first or second columns on Form 5A for these services) are required to include these performance measures.</p> <p>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. These applicants may choose to include substitute measures limited to the scope of Federal project (e.g., surplus or loss as a percent of total cost).</p> |
| 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 | <p>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 individual organizational measure.</p> <p>If this field is pre-populated, it can be edited for only Oral Health, Behavioral Health, and Other Performance Measures. All edits require justification in the Comments field.</p> |
| Denominator Description | YES* | NO | <p>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 individual organizational measure.</p> <p>If this field is pre-populated, it can be edited for only Oral Health, Behavioral Health, and Other Performance Measures. All edits require justification in the Comments field.</p> |

| Field Name | Is this Field Pre-Populated? | Can I Edit this Field? | Notes |
|--|------------------------------------|-----------------------------------|---|
| Baseline Data Baseline Year Measure Type Numerator Denominator | YES* YES* YES* YES* | YES YES YES YES | 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). All edits require justification in the Comments field (e.g., revised data from a recently installed EHR system). |
| 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). |
| Data Source and Methodology | YES* | YES | This field provides information about the data sources used to develop the performance measures. Applicants are required to cite data sources and discuss the methodology used to collect and analyze data (e.g., electronic health records, disease registries, chart sampling). Data must be valid, reliable, and derived from currently established management information systems whenever possible. |
| Key Factors and Major Planned Actions Key Factor Type Key Factor Description Major Planned Action Description | YES* YES* NO | YES YES YES | The Key Factor Type subfield allows applicants to select Contributing and/or Restricting factor categories. Applicants must specify at least one key factor. The Key Factor Description subfield allows applicants to describe the factors predicted to contribute to or restrict progress toward stated goals. Applicants must describe at least one key factor. The Major Planned Action Description subfield allows applicants to describe the major actions planned for addressing key factors. Current grantees applying to continue serving their current service area must use this subfield to provide information regarding the past year's progress and future major action steps and strategies to be used to achieve each performance measure. New applicants and current grantees applying to serve a new service area must use this subfield to provide detailed major action steps and strategies to be used to achieve 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 supplementary information. Information exceeding the character limit should be placed in the EVALUATIVE MEASURES section of the Program Narrative. |

Other Performance Measures

In addition to providing the required HRSA Clinical and Financial Performance Measures, applicants may identify other measures relevant to their health center and/or target population. For example, applicants may add Clinical Performance Measures that focus on the quality of care for key provided services. Any additional Financial Performance Measures must focus on the organization's financial performance. Additional measures 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 their 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.

Current grantees are encouraged to use their Health Center Trend Report and/or their Site Summary Report and consider how improvements to their past performance can be undertaken. Applicants may find it useful to examine the performance measures of other health centers that serve similar target populations. Additionally, state and national performance UDS benchmarks and comparison reports (available <http://www.hrsa.gov/data-statistics/health-center-data/reporting/index.html>) may be helpful when developing health center performance measures.

Uniform Data System and Healthy People 2020

Grantees that have a UDS Trend Report that reflects their performance on a particular measure may use these data to assist in establishing and/or updating performance measure goals. Additionally, applicants may benefit from using the Healthy People 2020 goals as a guide when developing their organization's performance measures. Additional information about Healthy People 2020 can be found in [Section IV.2](#).

SAMPLE CLINICAL PERFORMANCE MEASURE

| | | | |
|---|--|---|-----|
| 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 | 04/01/2012 - 03/31/17 | |
| 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: 2010 Measure Type: Percentage Numerator: 2200 Denominator: 4000 | Projected Data (by End of Project Period) | 65% |
| Data Source & Methodology | Representative sample of patient records. (Data run on 1/10/2011). | | |
| Key Factor and Major Planned Action #1 | Key Factor Type: <input checked="" type="checkbox"/> Contributing <input type="checkbox"/> Restricting <input type="checkbox"/> 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: <input checked="" type="checkbox"/> Contributing <input type="checkbox"/> Restricting <input type="checkbox"/> 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. | | |

| | |
|---|---|
| | <p>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.</p> |
| <p>Key Factor and Major Planned Action #3</p> | <p>Key Factor Type: <input type="checkbox"/> Contributing <input checked="" type="checkbox"/> Restricting <input type="checkbox"/> Not Applicable</p> <p>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.</p> <p>Major Planned Action Description: Hire an additional clinical staff person to provide additional "non-clinical" review time for the agency-wide team members.</p> |
| <p>Comments</p> | |
| | |

SAMPLE FINANCIAL PERFORMANCE MEASURE

| | | | |
|--|---|--|-----------------------------|
| 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 | | 04/01/2012 - 03/31/2017 |
| 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: 2010 Measure Type: Ratio Numerator: 492000 Denominator: 4000 | Projected Data (by End of Project Period) | 164.83 |
| Data Source & Methodology | UDS | | |
| Key Factor and Major Planned Action #1 | Key Factor Type: <input checked="" type="checkbox"/> Contributing <input type="checkbox"/> Restricting <input type="checkbox"/> Not Applicable Key Factor Description: Recent addition of nurse practitioner providers increased to XYZ encounters. Major Planned Action Description: Continue assessing current patient/provider mix to best utilize resources. | | |
| Key Factor and Major Planned Action #2 | Key Factor Type: <input type="checkbox"/> Contributing <input checked="" type="checkbox"/> Restricting <input type="checkbox"/> 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 repayer to address the shortage. | | |
| Key Factor and Major Planned Action #3 | Key Factor Type: <input type="checkbox"/> Contributing <input type="checkbox"/> Restricting <input type="checkbox"/> Not Applicable Key Factor Description: Major Planned Action Description: | | |
| Comments | | | |

Appendix C: Budget Presentation Instructions

This appendix explains the requirements for developing and presenting the Standard Form 424A and the budget justification. For instructions on completing Form 2: Staffing Profile and Form 3: Income Analysis, see [Appendix A](#).

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, C, E, and F (if F is applicable) of the SF-424A: Budget Information – Non-Construction Programs. As necessary, utilize a separate column in Section B and a separate row in Sections A, C, and E to list funds by 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 upon the current level of support for each 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. All budget amounts must be rounded to the nearest whole dollar.

The following guidelines must be used in the completion of the SF-424A. In addition, please review the sample 424A located in this appendix. **Complete only the sections of the 424A referenced below.**

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 (e.g., MHC on row 1, CHC on row 2). Complete columns (e), (f), and (g). **For the purposes of this application, column (e) refers to only the Federal section 330 grant funding requested, not all Federal grant funding that an applicant may receive.**

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. Each column should reflect the total budget by object class category for each section 330 program for which funding is requested (e.g., MHC in column 1, CHC in column 2). Note that row 7 (Program Income) must be consistent with the Total Program Income presented in Form 3: Income Analysis.

SECTION C – NON-FEDERAL RESOURCES

Provide a categorization of non-Federal resources for the first 12-month budget period broken down by each section 330 program for which funding is requested (e.g., MHC on row 1, CHC on row 2).

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 (e.g., MHC on row 1, CHC on row 2). **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 (ONLY IF APPLICABLE)

Line 21: Explain amounts for individual direct object class categories that may appear to be out of the ordinary.

Line 22: 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.

Line 23: 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, independent home health program), the basis for the allocation of costs between federally supported programs and independent 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: Budget Information – Non-Construction Programs. It is important to **ensure that the budget justification contains detailed calculations explaining how each line-item expense is derived** (e.g., number of visits, cost per unit). Refer to the HHS Grants Policy Statement available at <http://www.hrsa.gov/grants/hhsgrantspolicy.pdf> 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 along with the following information for each staff member within the proposed scope of project: position title, percent full time equivalency (FTE), and annual salary. For larger applicant organizations, it is acceptable to group staff as long as such aggregations are sufficiently explained (i.e., list position title(s), percent FTE, and annual salary). 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.

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. (If an individual's base salary exceeds the legislative salary cap, please adjust fringe accordingly.)

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: List articles of nonexpendable, tangible property having a useful life of more than one year and an acquisition cost of \$5,000 or greater (unless the capitalization level established by the organization is lower, in which case, the organization's definition for equipment prevails). 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.

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).

Contractual: To the extent possible, all contract budgets should be standardized using the same object class categories contained in the SF-424A. 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 and non-patient care 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 consistent with the Federal procurement standards set forth 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.

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, dues and membership fees,¹⁸ and insurance fall under this category if they are not included in an approved indirect cost rate.

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). For institutions subject to OMB Circular A-122, the term “facilities and administration” is used to denote indirect costs. If an organization does not have an indirect cost rate, the applicant may wish to obtain one through HHS’s 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.**

¹⁸ Dues and membership fees are allowable as an indirect cost for organizational membership in business, professional, or technical organizations or societies. Payment of dues or membership fees for an individual’s membership in a professional or technical organization is allowable as a fringe benefit or an employee development cost, if paid according to an established organizational policy consistently applied regardless of the source of funds.

SAMPLE SF-424A FOR SERVICE AREA COMPETITION-ADDITIONAL AREA (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. Migrant Health Centers - 330 (g) | 93.224 | | | \$1,253,113 | \$3,452,704 | \$4,705,817 |
| 2. Community Health Centers- 330 (e) | 93.224 | | | \$2,758,334 | \$7,599,486 | \$10,357,820 |
| 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) Migrant | (2) Community | | | | |
| a. Personnel | \$2,937,060 | \$6,464,540 | | | | \$9,401,600 |
| b. Fringe Benefits | \$676,241 | \$1,488,424 | | | | \$2,164,665 |
| c. Travel | \$41,924 | \$92,276 | | | | \$134,200 |
| d. Equipment | \$211,044 | \$464,513 | | | | \$675,557 |
| e. Supplies | \$146,828 | \$323,172 | | | | \$470,000 |
| f. Contractual | \$294,031 | \$647,169 | | | | \$941,200 |
| g. Construction | \$0 | \$0 | | | | \$0 |
| h. Other | \$398,752 | \$877,663 | | | | \$1,276,415 |
| i. Total Direct Charges (sum of 6a-6h) | \$4,705,880 | \$10,357,757 | | | | \$15,063,637 |
| j. Indirect Charges | \$0 | \$0 | | | | \$0 |
| k. TOTALS (sum of 6i and 6j) | \$4,705,880 | \$10,357,757 | | | | \$15,063,637 |
| 7. Program Income | \$3,294,427 | \$7,251,113 | | | | \$10,545,540 |

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

SAMPLE BUDGET JUSTIFICATION

The sample line-item budget justification shown below is provided as a broad outline. A detailed budget justification is required for all items within each category for which funds are requested.

| Budget Justification | Year 1 CHC MCH | | Year 2 | Year 3 | Year 4 | Year 5 |
|---|-------------------|--|-----------|-----------|-----------|-----------|
| REVENUE – Should be consistent with information presented in Form 3: Income Analysis. | | | | | | |
| PROGRAM INCOME (fees, premiums, 3rd party reimbursements, and payments generated from the projected delivery of services) | | | | | | |
| LOCAL & STATE FUNDS (including local, foundation, and state grants) | | | | | | |
| OTHER SUPPORT (including contributions and fundraising) | | | | | | |
| FEDERAL 330 GRANT | | | | | | |
| OTHER FEDERAL FUNDING (break out by source — e.g., HUD, CDC) | | | | | | |
| TOTAL REVENUE | | | | | | |
| EXPENSES: Object class totals should be consistent with those presented in Section B of the SF-424A. | | | | | | |
| PERSONNEL – Salary Total from FORM 2: Staffing Profile may not match the total below due to some salaries being charged as indirect costs. | | | | | | |
| ADMINISTRATION | | | | | | |
| MEDICAL STAFF | | | | | | |
| DENTAL STAFF | | | | | | |
| BEHAVIORAL HEALTH STAFF | | | | | | |
| ENABLING STAFF | | | | | | |
| OTHER STAFF | | | | | | |
| TOTAL PERSONNEL (Section B, line 6a of the SF-424A) | | | | | | |
| FRINGE BENEFITS | | | | | | |
| FICA | | | | | | |
| Medical | | | | | | |
| Retirement | | | | | | |
| Dental | | | | | | |
| Unemployment and Workers Compensation | | | | | | |
| TOTAL FRINGE (Section B, line 6b of the SF-424A) | | | | | | |
| TRAVEL | | | | | | |
| Provider Training:2 trainings in QI/QA @ \$XXX per person x 2 FTEs 5 hotel nights @\$XX per night x 2 FTEs x 2 trainings | | | | | | |
| Outreach (50,000 miles @ \$.XX per mile) | | | | | | |
| TOTAL TRAVEL (Section B, line 6c of the SF-424A) | | | | | | |

| Budget Justification | Year 1 CHC MCH | Year 2 | Year 3 | Year 4 | Year 5 |
|---|-------------------|--------|--------|--------|--------|
| EQUIPMENT | | | | | |
| Outreach and Enrollment: 4 laptop computers @ \$XXX each | | | | | |
| Clinical: 2 blood pressure machines @ \$XXXX each 4 dental chairs @ \$XXX each | | | | | |
| TOTAL EQUIPMENT (Section B, line 6d of the SF-424A) | | | | | |
| SUPPLIES | | | | | |
| Office Supplies (\$XX per month x 12 months x 3 sites) | | | | | |
| Printing Costs (\$X.XX per brochure x 5 brochures x 1,000 copies) | | | | | |
| Medical Supplies (\$X.XX per visit x 12,000 visits) | | | | | |
| Dental Supplies (\$X.XX per visit x 3,000 visits) | | | | | |
| TOTAL SUPPLIES (Section B, line 6e of the SF-424A) | | | | | |
| CONTRACTUAL – Include sufficient detail to justify costs. Summaries of contracts must be included in Attachment 7. Contracts for a significant portion of the scope of project must be attached to Form 8. | | | | | |
| Pharmacy Services (3 pharmacies x \$XXX per contract) | | | | | |
| Laboratory Services (\$XX per sample x 1,500 samples) | | | | | |
| Housekeeping Services (\$XX per month x 12 months x 3 sites) | | | | | |
| Ophthalmology Services (\$XX per patient x 500 patients) | | | | | |
| TOTAL CONTRACTUAL (Section B, line 6f of the SF-424A) | | | | | |
| OTHER – Include sufficient detail to justify each item. Note: Federal funding CANNOT support grant-writing, fundraising, or lobbying costs. | | | | | |
| Audit Services with X Firm | | | | | |
| Dues for X Memberships (specify membership organizations and cost per each) | | | | | |
| Property Insurance | | | | | |
| Rent (\$XXX per month x 12 months x 3 sites) | | | | | |
| TOTAL OTHER (Section B, line 6h of the SF-424A) | | | | | |
| TOTAL DIRECT CHARGES (Sum of all TOTAL Expenses rows above (e.g., Personnel, Fringe Benefits, Travel); Section B, line 6i of the SF-424A) | | | | | |
| INDIRECT CHARGES – Include approved indirect cost rate. (Section B, line 6J of the SF-424A) | | | | | |
| X.XX% indirect rate (includes utilities and accounting services) | | | | | |
| TOTALS (Total of TOTAL DIRECT CHARGES and INDIRECT CHARGES above; Section A, line 5 and Section B, line 6k of the SF-424A) | | | | | |

| Budget Justification | Year 1 CHC MCH | Year 2 | Year 3 | Year 4 | Year 5 |
|--------------------------------|-------------------|-----------|-----------|-----------|-----------|
| Additional Narrative (if any): | | | | | |