

Notice of Funding Opportunity

**Application due Monday, September 22, 2025**

# HRSA

Health Resources & Services Administration

Bureau of Primary Health Care

Health Center Program

# Service Area Competition

Opportunity number: HRSA-26-002



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# Before you begin

If you believe you are a good candidate for this funding opportunity, secure your [SAM.gov](#) and [Grants.gov](#) registrations now. If you are already registered, make sure your registrations are active and up-to-date.

## **SAM.gov registration (this can take several weeks)**

You must have an active account with SAM.gov. This includes having a Unique Entity Identifier (UEI).

[See Step 2: Get Ready to Apply](#)

## **Grants.gov registration (this can take several days)**

You must have an active Grants.gov registration. Doing so requires a Login.gov registration as well.

[See Step 2: Get Ready to Apply](#)

## **Apply by the application due date**

Applications are due by 11:59 p.m. Eastern Time on Monday, September 22, 2025.



To help you find what you need, this NOFO uses internal links. In Adobe Reader, you can go back to where you were by pressing Alt + Left Arrow (Windows) or Command + Left Arrow (Mac) on your keyboard.



# Step 1:

## Review the Opportunity

### In this step

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# Basic information

## Health Resources and Services Administration (HRSA)

Bureau of Primary Health Care

Health Center Program

## Summary

The FY 2026 Health Center Program Service Area Competition (SAC) funding improves the health of underserved communities and populations by providing grants to support the delivery of comprehensive, high-quality primary health care services in the United States and its territories.

For each SAC Notice of Funding Opportunity (NOFO), service areas available for competition are announced in the [Service Area Announcement Table \(SAAT\)](#). Throughout the year, we may announce additional service areas in a Service Area Competition-Additional Area (SAC-AA) if an awarded health center cannot continue to provide services in the funded service area.

## Funding details

**Application Types:** Competing Continuation, Competing Supplement, New

**Expected total available funding:** \$232,000,000

**Expected number and type of awards** 93 grants

**Funding range per award:** Funding amounts vary per award

Awards may be made for one or four 12-month budget periods.

Award recipients are granted a period of performance with the following dates:

- If you receive a one-year period of performance, your period of performance will be from March 1, 2026, to February 28, 2027. Please see additional guidance on a one-year period of performance in the post-award requirements and administration sections.
- If you receive a four-year period of performance, your period of performance will be from March 1, 2026, to February 28, 2030. Your funding request for years two through four cannot exceed your year one funding request.

The program and estimated awards depend on the future appropriation of funds and are subject to change based on the availability and amount of appropriations.

You may apply for funding up to the Total Funding listed in the [SAAT](#) for the proposed service area.



Have questions?  
Go to [Contacts and Support](#)

## Key facts

**Opportunity name:**  
Service Area Competition

**Opportunity number:**  
HRSA-26-002

**Announcement version:**  
Initial announcement

**Federal assistance listing:**  
93.224

## Key dates

**NOFO issue date:** July 22, 2025

**Phase 1 Application deadline in Grants.gov:**  
September 22, 2025

**Phase 2 Supplemental information deadline in HRSA Electronic Handbooks (EHBs):**  
October 22, 2025

**Expected award date is by:**  
February 1, 2026

**Expected start date:** March 1, 2026

See [other submissions](#) for other time frames that may apply to this NOFO.

You must propose to serve at least 75% of the [SAAT](#) Patient Target in the patient target assessment period. If you propose to serve fewer patients than listed in the [SAAT](#), reduce the grant funding portion of your budget request by the amount in Table 1. If you do not reduce your funding request, HRSA will reduce your award by the amount in Table 1. You can use the [funding calculator](#) to determine if you must reduce funding.

**Table 1: Funding Reduction by Proposed Patients**

| Patient Projections Compared to SAAT Patient Target (Rounded to the Nearest Tenth) | Funding Request Reduction |
|------------------------------------------------------------------------------------|---------------------------|
| At least 95% of patients listed in the <a href="#">SAAT</a>                        | No reduction              |
| At least 90% but less than 95% of patients listed in the <a href="#">SAAT</a>      | 1.25%                     |
| At least 85% but less than 90% of patients listed in the <a href="#">SAAT</a>      | 2.5%                      |
| At least 80% but less than 85% of patients listed in the <a href="#">SAAT</a>      | 3.75%                     |
| At least 75% but less than 80% of patients listed in the <a href="#">SAAT</a>      | 5%                        |
| Less than 75% of patients listed in the <a href="#">SAAT</a>                       | Not eligible for funding  |

We will assess your performance and determine if you are meeting your patient target based on the Budget Period Progress Report (BPR), site visits, and Uniform Data System (UDS) data. In the future, we may adjust service area funding amounts, patient targets, or ZIP codes as needed to ensure continuity of care in the communities and populations served by the Health Center Program.

[45 CFR part 75 - Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards](#), and any successor regulation, applies to all HRSA awards.

# Eligibility

## Who can apply

A Health Center Program (H80) award is funded under §§ 330(e) of the PHS Act. Awards may include funding to support health centers to serve a population that is medically underserved (community health center or CHC funding) or to serve one or more special medically underserved populations as defined in §§ 330 (g) Migratory and Seasonal Agricultural Workers (MSAW funding), (h) Homeless Population (HP funding), and/or (i) Residents of Public Housing (RPH funding). You can apply if you propose to serve a service area listed in the SAAT and you meet the criteria in the [Other Eligibility Criteria](#) section.

- You can apply as a Competing Continuation applicant if you are a current Health Center Program (H80) award recipient, and you are applying to continue serving your current service area.
- You can apply as a Competing Supplement applicant if you are a current Health Center Program (H80) award recipient that will serve an announced service area by adding one or more new, full-time, permanent service delivery sites to serve the additional area.
- You can apply as a New applicant if you are not currently funded through the Health Center Program, and you are applying to serve a service area listed in the SAAT. If you are a Health Center Program Look-Alike, you can apply as a new applicant. If awarded, you will stop being a look-alike and become a funded health center (H80).

## Types of eligible organizations

These types of domestic\* organizations may apply.

- Nonprofits with or without 501(c)(3) IRS status
- State, county, city, township, and special district governments, including the District of Columbia, domestic territories, and freely associated states
- Native American tribal governments
- Native American tribal organizations

\* “Domestic” means the 50 states, the District of Columbia, the Commonwealth of Puerto Rico, the Northern Mariana Islands, American Samoa, Guam, the U.S. Virgin Islands, the Federated States of Micronesia, the Republic of the Marshall Islands, or the Republic of Palau.

**Individuals are not eligible applicants under this NOFO.**



## Other eligibility criteria

| Eligibility Requirement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | What We Check                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| You must be a private, nonprofit entity or a public agency in the United States or its territories. Tribal and urban Indian organizations may apply. Refer to <a href="#">Chapter 1: Health Center Program Eligibility of the Compliance Manual</a> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <ul style="list-style-type: none"> <li><a href="#">Attachment 11: Evidence of Nonprofit</a> or Public Agency Status for new applicants</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| You must propose to provide all required health services as outlined on <a href="#">Form 5A: Services Provided</a> . All services must be provided without regard for the ability to pay. You may not propose to provide only a single service or any subset of the required primary health care services.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <ul style="list-style-type: none"> <li><a href="#">Form 5A: Services Provided</a> (Columns 1, 2, and 3)</li> <li>Sliding Fee Discount Schedule</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                             |
| You must provide general primary medical care directly and/or through contracts that the health center pays for.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <ul style="list-style-type: none"> <li><a href="#">Form 5A: Services Provided</a> (Columns 1 and 2)</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <p>You must perform a substantive role in the project. When determining if you perform a substantive role in the project, HRSA will consider whether:</p> <ul style="list-style-type: none"> <li>Most of your clinical and administrative functions are provided through direct employment, contractors, or a single affiliated or related organization.</li> <li>Most of your key management staff (CEO, CMO, CFO, etc.) are directly employed by you. (Note: the CEO must be directly employed by you.)</li> <li>Your relationships or agreements with other entities restrict or infringe upon your board's required authorities and functions.</li> <li>Your key management staff or board members also work for an organization that provides financial or other support that creates any type of ownership, control, or operational relationship (parent company, affiliated subsidiary), which may create conflicts of interest.</li> </ul> | <ul style="list-style-type: none"> <li>Project Narrative <a href="#">Capacity</a> section</li> <li><a href="#">Budget Narrative</a></li> <li><a href="#">Attachment 2: Bylaws</a></li> <li><a href="#">Attachment 6: Co-Applicant Agreement</a></li> <li><a href="#">Attachment 7: Summary of Contracts and Agreements (as applicable)</a></li> <li><a href="#">Attachment 8: Articles of Incorporation (as applicable)</a></li> <li><a href="#">Form 5A: Services Provided</a> (Column 1)</li> <li><a href="#">Form 8: Health Center Agreements and their attachments</a></li> </ul> |
| You must make services accessible to all. You may not propose to serve only a single age group or address a single health issue or disease. If you propose a site that targets only a sub-population (for example, a school-based site), you must explain how you will make all required services available to the entire underserved population in the service area.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <ul style="list-style-type: none"> <li>Project Narrative <a href="#">Response</a> section</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| You must provide continuity of care to patients in an announced service area. You must:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <ul style="list-style-type: none"> <li><b>Service Area ID:</b> Project Abstract and <a href="#">Summary Page</a></li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

| Eligibility Requirement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | What We Check                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>• <b>Service Area ID:</b> Include the three-digit service area ID number from the <a href="#">SAAT</a> that is announced under this NOFO.</li> <li>• <b>Patients:</b> Project to serve at least 75% of the <a href="#">SAAT</a> Patient Target.</li> <li>• <b>Services:</b> Project to serve patients in all service types listed on the SAAT for your proposed service area (Medical, Dental, Mental Health, Substance Use Disorder, Vision, Enabling).</li> <li>• <b>Service Area ZIP Codes (New or Competing Supplement Applicants):</b> On Form 5B, enter a combination of SAAT Service Area ZIP codes that total at least 75% of the ZIP Code Patient Percentage column. If the SAAT does not advertise ZIP codes where 75% of current patients reside, you must propose to serve all SAAT-advertised ZIP codes for the service area. <b>Current Service Area ZIP codes will auto-populate for Competing Continuation applicants.</b></li> <li>• <b>Special Medically Underserved Populations:</b> Propose to maintain services to all currently funded medically underserved populations, including homeless populations, residents of public housing, and migratory and seasonal agricultural workers. You will do this by maintaining the funding distribution of those population types listed in the <a href="#">SAAT</a> where the funding level is not \$0, and by proposing patients for each funded population type.</li> </ul> | <ul style="list-style-type: none"> <li>• <b>Patients:</b> The total number of unduplicated patients for the assessment period on <a href="#">Form 1A: General Information Worksheet</a></li> <li>• <b>Services:</b> The patients listed for each service type on <a href="#">Form 1A: General Information Worksheet</a></li> <li>• <b>Service Area ZIP Codes:</b> The ZIP codes listed on <a href="#">Form 5B: Service Sites</a> (administrative-only sites will not be considered)</li> <li>• <b>Special Medically Underserved Populations:</b> The funding distribution on the <a href="#">SF-424A: Budget Information Form</a> and number of patients for each population type on Form 1A: General Information Worksheet.</li> </ul> |
| <p><b>New or competing supplement applicants</b> must propose at least one new full-time (open at least 40 hours per week) permanent, fixed building service site.</p> <ul style="list-style-type: none"> <li>• “Service site” is defined in <a href="#">Policy Information Notice 2008-01</a>.</li> <li>• You may not propose a site that is in the same building as a site that is included in the Scope of Project of an existing Health Center Program Awardee or a Health Center Program Look-Alike.</li> <li>• If you propose to serve only migratory and seasonal agricultural workers, you may propose a full-time seasonal (rather than permanent) site.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <ul style="list-style-type: none"> <li>• The valid street address for each proposed site on <a href="#">Form 5B: Service Sites</a>, and the proposed hours of operation for each site</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <p><b>RESIDENTS OF PUBLIC HOUSING (RPH) APPLICANTS: New or competing supplement applicants</b> applying for RPH funding must show that you consulted with public housing residents as you plan your new site(s). You must also explain how you will have ongoing input from public housing residents.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <ul style="list-style-type: none"> <li>• Project Narrative <a href="#">Collaboration</a> section</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |

| Eligibility Requirement                                                                                                                                                                                                                                                                                                                        | What We Check                                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| HOMELESS POPULATION (HP) and RESIDENTS OF PUBLIC HOUSING (RPH) APPLICANTS: <b>New or competing supplement applicants</b> applying for HP or RPH funding must use this funding to supplement, and not supplant, the expenditures of the health center and the value of in-kind contributions for the delivery of services to these populations. | <ul style="list-style-type: none"> <li>Attestation on the <a href="#">Summary Page</a></li> </ul> |

\*In limited circumstances, we may use other information in the application to confirm your eligibility.

## Post-award requirements

Before you apply, make sure you understand the requirements that come with an award.

See [Step 6: Learn What Happens After Award](#) for information on regulations that apply, reporting, and more.

# Completeness and responsiveness criteria

We will review your application to make sure it meets these basic requirements to move forward in the competition.

We will not consider your application if it:

- Is from an organization that does not meet all [eligibility criteria](#).
- Does not meet both [deadlines](#) for Phase 1: Grants.gov and Phase 2: EHBs.
- Requests more than the Total Funding amount listed on the SAAT for Year 1.
- Does not include a [Project narrative](#).
- Does not include [Attachment 6: Co-Applicant Agreement](#) if you are a public agency.
- Does not include [Attachment 11: Evidence of Nonprofit or Public Center Status](#) if you are a new applicant.
- Does not include [Attachment 12: Operational Plan](#) if you are a new or competing supplement applicant.

## Application limits

You may submit multiple applications under the same [Unique Entity Identifier](#) (UEI), if each proposes to serve a different service area. We will only review your last validated application for each announced service area before the Grants.gov due date. If you plan

to apply to serve two or more service areas announced under this NOFO, you must contact the SAC Team through the [BPHC Contact Form](#) for guidance.

# Program description

## Purpose

The purpose of the FY 2026 Health Center Program Service Area Competition (SAC) improves the health of underserved communities and populations by providing grants to support the delivery of comprehensive, high-quality primary health care in the United States and its territories.

## Background

The Health Center Program is authorized by [42 U.S.C. 254b](#) ([330 of the Public Health Service \(PHS\) Act](#)).

Through the SAC, organizations compete for Health Center Program funding to provide comprehensive primary health care services in service areas and to populations served by the Health Center Program.

In alignment with the President's Make American Healthy Again (MAHA) priorities, this funding opportunity supports health centers, which are trusted resources in their communities, to prevent and manage chronic illness and disease in rural and urban communities across the United States. This includes:

- Support for services integral to the prevention and management of chronic conditions in both children, adults, and older adults
- Cancer screening
- Health and nutrition education
- Mental health services
- Patient support services such as services to support patients' access to healthy foods and other resources that can address barriers to health and wellbeing

These services are essential to both improving health outcomes in the populations served by health centers and reducing the costs of chronic disease. Health Center Program awardees provide all services on a sliding fee scale and regardless of a patient's ability to pay.

HRSA considers the Patient Centered Medical Home (PCMH) model foundational for the provision of high-quality primary health care, with numerous studies documenting the benefits of PCMH to address chronic disease management, which further positions health centers to advance MAHA priorities.

Service areas and patient populations listed in the [FY 2026 SAC Service Area Announcement Table](#) (SAAT) are currently served by Health Center Program award recipients whose periods of performance end in FY 2026. The areas are defined by a list of ZIP codes where an applicant must propose to provide services. Each service area also has specific requirements that may include special medically underserved populations and service types you must provide. The full list of eligibility criteria is outlined in this NOFO and on our [TA website](#).

We have assigned a unique Service Area Identification Number (SAC ID) to each service area. You must enter the SAC ID on the [Summary Page](#) to identify the service area which you are proposing to serve. You must describe how you will make primary health care services accessible in an announced service area. This includes providing services to the SAAT Patient Target and special population type(s) with available funding. We will make only one award for each announced service area.

## Program requirements and expectations

### Required services

You must demonstrate that you will provide and make all Health Center Program required primary health services available and accessible in the service area regardless of the patient's ability to pay. You must also provide all additional service types that are listed in the SAAT for your service area. See [Health Center Program Compliance Manual](#) and the [Service Descriptors for Form 5A: Services Provided](#) for details about these services. You may provide these services directly, through a contract, or through a formal referral arrangement.

### Service delivery sites

You must show that at least one of your proposed service delivery sites will be a full-time (open for patient care at least 40 hours per week) permanent, fixed-building service site.

### Patient target

You must demonstrate that you will make every reasonable effort to provide services to the number of unduplicated patients you project to serve on [Form 1A: General Information Worksheet](#) in the assessment period.

We will track progress toward meeting the total unduplicated projection using the Uniform Data System (UDS) report. Your total projection may include patient projections from other awards through the Health Center Program. For more information, visit the [Patient Target FAQs](#).

If there is a downward three-year patient trend or evidence of a significant shift in the need for access to health center services in the service area for two consecutive SAC periods of performance, HRSA may compete the area in the next SAC competition with a different funding allocation, patient target, or service area ZIP codes.

## Health Center Program compliance

You must demonstrate in your application that you will comply with all Health Center Program requirements, including providing required and additional services as described in the [Health Center Program Compliance Manual](#). You must also comply with all applicable laws, regulations, and Executive Orders. Failure to comply with Health Center Program requirements may jeopardize Health Center Program award funding per Uniform Guidance [2 CFR Part 200](#), as codified by the United States Department of Health and Human Services (HHS) at [45 CFR Part 75](#). [Appendix A: Health Center Program Compliance](#) outlines the required responses and documentation.

### Additional requirements for new and competing supplement applicants

- Open all proposed sites within 120 days of the Notice of Award (NoA). Staff and systems must be in place to deliver all the required primary health services and proposed additional services to the target population. Sites and services must be consistent with [Form 5B: Service Sites](#), [Form 5A: Services Provided](#), the [Project Narrative](#) and [Attachment 12: Operational Plan](#).
- If you do not verify that all sites are operational within 120 days of award, HRSA will place a condition on your award that will allow 180 days for resolution. If you do not resolve a site-related condition within the specified time frame, HRSA may terminate all, or part, of your SAC award per [45 CFR 75.371](#).
- Open all proposed sites for the proposed hours of operation within one year of the Notice of Award. Sites and services must be consistent with [Form 5A: Services Provided](#), [Form 5B: Service Sites](#), the [Project Narrative](#), and [Attachment 12: Operational Plan](#).

### Additional requirements for applicants planning to serve one or more special medically underserved populations

- Comply with additional requirements of [42 U.S.C. 254b](#) (section 330 of the PHS Act):
  - Section 330(g) for Migratory and Seasonal Agricultural Workers (MSAW funding) applicants.

- Section 330(h) for Homeless Population (HP funding) applicants.
- Section 330(i) for Residents of Public Housing (RPH funding) applicants.
- Use HP and RPH funding to supplement, and not supplant, other resources for the delivery of services to these populations.

# Statutory authority

Statutory authority: [42 U.S.C. 254b](#) ([Section 330 of the Public Health Service \(PHS\) Act](#))

## Award information

### Funding policies and limitations

#### Changes in HHS regulations

As of October 1, 2025, HHS will adopt [2 CFR 200](#), with some modifications included in 2 CFR 300. These regulations replace those in 45 CFR 75.

#### Policies

- To make an award, funding must be available and allocated for this program and purpose, at which point we will move forward with the review and award process.
- We will only make awards if this program receives funding.
- Support beyond the first budget year will depend on:
  - Appropriation of funds.
  - Your satisfactory progress in meeting the project's objectives.
  - A decision that continued funding is in the government's best interest.
- You must comply with all Health Center Program requirements as described in the [Health Center Program Compliance Manual](#) and applicable law and regulations.
- All uses of funds must align with your H80 scope of project.
- If we receive more funding for this program, we may:
  - Fund more applicants from the rank order list.
  - Extend the period of performance.
  - Award supplemental funding.

## General limitations

- For guidance on some types of costs we do not allow or restrict, see Project Budget Information in Section 3.1.4 of the [Application Guide](#). You can also see [2 CFR Part 200 Subpart E](#) - General Provisions for Selected Items of Cost .
- You cannot earn profit from the federal award. See [2 CFR 200.400\(g\)](#).
- Current appropriations law includes a salary limit of \$225,700 as of January 2025 that applies to this program. You may pay salaries at a higher rate if the rate beyond the salary rate limit (Executive Level II) is paid with non-HHS funds not associated with the HHS awarded project.

## Program-specific statutory or regulatory limitations

- You may not spend funds for
  - Costs already paid for by any other federal awards
  - Costs not aligned with the Health Center Program purpose
  - Costs for services and activities that are not provided directly by or on behalf of the health center and health center project
  - Purchase or upgrade of an electronic health record (EHR) that is not certified by the Office of the National Coordinator for Health Information Technology's [Health IT Certification Program](#).
  - Construction and alteration/renovation of facilities
  - Purchase and installation of trailers and prefabricated modular units
  - Concrete or asphalt paving of new areas outside of a building
  - Facility or land purchases
  - Purchase of vehicles, except for mobile units
- Under existing law, and consistent with Executive Order 13535 (75 FR 15599), you must not use federal funds to provide abortions, except in cases of rape or incest, or when a physician certifies that the woman has a physical disorder, physical injury, or physical illness that would place her in danger of death unless an abortion is performed. This includes all funds awarded under this notice and is consistent with past practice and long-standing requirements.

See [Manage Your Grant](#) for other information on costs and financial management.

## Indirect costs

Indirect costs are costs you charge across more than one project that cannot be easily separated by project.

To charge indirect costs, you can select one of two methods:



**Method 1 – Approved rate.** You currently have an indirect cost rate approved by your cognizant federal agency at the time of award.

**Method 2 – *De minimis* rate.** Per [2 CFR 200.414\(f\)](#), if you have never received a negotiated indirect cost rate, you may elect to charge a *de minimis* rate. If you choose this method, costs included in the indirect cost pool must not be charged as direct costs.

This rate is 15% of modified total direct costs (MTDC). See [2 CFR 200.1](#) for the definition of MTDC. You can use this rate indefinitely.

## Program income

Program income is money earned as a result of your award-supported project activities. You must use any program income you generate from awarded funds for approved project-related activities. Find more about program income at [2 CFR 200.307](#).

The non-federal share of the project budget includes all program income sources such as fees, premiums, third-party reimbursements, and payments generated from the delivery of services. The non-federal share also includes other revenue sources such as:

- state, local, or other federal grants or contracts
- private support, donations, or contributions
- income generated from fundraising

In accordance with [42 USC 254b \(e\)\(5\)\(D\)](#) of the PHS Act, health centers must use non-grant funds, including funds in excess of those originally expected, “as permitted under this section,” and may use such funds “for such other purposes as are not specifically prohibited under this section if such use furthers the objectives of the project.”



# Step 2:

## Get Ready to Apply

### In this step

|                              |                           |
|------------------------------|---------------------------|
| Get registered               | <a href="#"><u>19</u></a> |
| Find the application package | <a href="#"><u>19</u></a> |
| Application writing help     | <a href="#"><u>20</u></a> |

# Get registered

## SAM.gov

You must have an active account with SAM.gov to apply. This includes having a Unique Entity Identifier (UEI). SAM.gov registration can take several weeks. Begin that process today.

To register, go to [SAM.gov Entity Registration](#) and click Get Started. From the same page, you can also click on the Entity Registration Checklist for the information you will need to register. If you have already registered in SAM.gov, make sure your account is active. You must renew each year.

When you register or update your SAM.gov registration, you must agree to the [financial assistance general certifications and representations](#). You must agree to those for grants specifically, as opposed to contracts, because the two sets of agreements are different. You will have to maintain your registration throughout the life of any award.

## Grants.gov

You must also have an active account with [Grants.gov](#). You can see step-by-step instructions at the Grants.gov [Quick Start Guide for Applicants](#).

If you have already registered on Grants.gov, make sure your account is active and your Authorized Organization Representative (AOR) is approved.

**Need help?** Go to [Contacts and Support](#).

## HRSA Electronic Handbooks (EHBs)

You must also have a user account in [EHBs](#).

# Find the application package

The application package has all the forms you need for phase 1 of the application process. You can find it online. Go to [Grants Search at Grants.gov](#) and search for opportunity number HRSA-26-002.

After you select the opportunity, we recommend that you click the Subscribe button to get updates.

# Application writing help

Visit [HHS Tips for Preparing Grant Proposals](#).

Visit [HRSA's How to Prepare Your Application](#) page for more guidance.

The [Apply for Service Area Competition \(SAC\)](#) TA webpage includes:

- Resources to help you develop your application
- Answers to frequently asked questions
- Details about our pre-application TA webinar
- Contact information

The [Health Center Program Compliance Manual](#) explains the Health Center Program requirements. You need to understand the requirements and show how you meet them in your application.

The HRSA-supported [Health Center Resource Clearinghouse](#) includes links to many health center resources.

## Join the webinar

Visit the [Apply for Service Area Competition \(SAC\)](#) TA webpage to view a pre-recorded webinar for applicants seeking funding through this opportunity.

Have questions? Go to [Contacts and Support](#).



# Step 3:

# Prepare Your Application

## In this step

|                                 |                           |
|---------------------------------|---------------------------|
| Application checklist           | <u><a href="#">22</a></u> |
| Application contents and format | <u><a href="#">24</a></u> |

# Application checklist

Make sure that you have everything you need to apply:

## Phase 1: Grants.gov

| Component                                                            | Included in page limit? |
|----------------------------------------------------------------------|-------------------------|
| <input type="checkbox"/> <a href="#">Project Abstract</a>            | No                      |
| <a href="#">Standard Forms</a>                                       |                         |
| <input type="checkbox"/> Application for Federal Assistance (SF-424) | No                      |
| <input type="checkbox"/> Project/Performance Site Locations(s) Form  | No                      |
| <input type="checkbox"/> Grants.gov Lobbying Form                    | No                      |
| <input type="checkbox"/> Key Contacts Form                           | No                      |

## Phase 2: EHBs

| Component                                                                                              | Included in page limit? |
|--------------------------------------------------------------------------------------------------------|-------------------------|
| <input type="checkbox"/> <a href="#">Project Narrative</a>                                             | Yes                     |
| <input type="checkbox"/> <a href="#">SF-424A Budget Information Form for Non-Construction Programs</a> | No                      |
| <input type="checkbox"/> <a href="#">Budget Narrative</a>                                              | Yes                     |
| <a href="#">Attachments</a>                                                                            |                         |
| <input type="checkbox"/> 1. Service Area Map and Table                                                 | No                      |
| <input type="checkbox"/> 2. Bylaws                                                                     | No                      |
| <input type="checkbox"/> 3. Project Organizational Chart                                               | Yes                     |
| <input type="checkbox"/> 4. Position Descriptions for Key Management Staff                             | Yes                     |
| <input type="checkbox"/> 5. Biographical Sketches for Key Management Staff                             | Yes                     |
| <input type="checkbox"/> 6. Co-Applicant Agreement (Public agency applicants only)                     | No                      |
| <input type="checkbox"/> 7. Summary of Contracts and Agreements                                        | No                      |

| Component                                                                                        | Included in page limit?                       |
|--------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> 8. Articles of Incorporation (New applicants only)                      | Yes                                           |
| <input type="checkbox"/> 9. Collaboration Documentation                                          | No                                            |
| <input type="checkbox"/> 10. Sliding Fee Discount Schedule                                       | No                                            |
| <input type="checkbox"/> 11. Evidence of Nonprofit or Public Agency Status (New applicants only) | No                                            |
| <input type="checkbox"/> 12. Operational Plan (New and Competing Supplement applicants only)     | Yes                                           |
| <input type="checkbox"/> 13. Health Center Program Compliance                                    | No                                            |
| <input type="checkbox"/> 14. Other Relevant Documents                                            | Yes (except for Indirect Cost Rate Agreement) |
| <a href="#">Standard and Program-Specific Forms</a>                                              |                                               |
| <input type="checkbox"/> Project Overview Form                                                   | No                                            |
| <input type="checkbox"/> Form 1A: General Information Worksheet                                  | No                                            |
| <input type="checkbox"/> Form 1C: Documents on File                                              | No                                            |
| <input type="checkbox"/> Form 2: Staffing Profile                                                | No                                            |
| <input type="checkbox"/> Form 3: Income Analysis                                                 | No                                            |
| <input type="checkbox"/> Form 5A: Services Provided Form                                         | No                                            |
| <input type="checkbox"/> Form 5B: Service Sites                                                  | No                                            |
| <input type="checkbox"/> Form 5C: Other Activities/Locations                                     | No                                            |
| <input type="checkbox"/> Form 6A: Current Board Member Characteristics                           | No                                            |
| <input type="checkbox"/> Form 6B: Request for Waiver of Board Member Requirements                | No                                            |
| <input type="checkbox"/> Form 8: Health Center Agreements                                        | No                                            |
| <input type="checkbox"/> Form 12: Organization Contacts                                          | No                                            |
| <input type="checkbox"/> Summary Page                                                            | No                                            |

# Application contents and format

This section includes guidance on each component found in the application checklist.

This program has a 2-phase submission process. You will submit phase 1 information in Grants.gov, then follow with phase 2 information in EHBs.

There is a 120-page limit for the overall application. The [Application checklist](#) specifies what counts in this limit.

Submit your information in English and express budget figures using U.S. dollars.

## Required format

You must format your narratives and attachments using our required formatting guidelines for fonts, size, color, format, and margins. Visit the [Apply for Service Area Competition \(SAC\)](#) TA webpage for additional guidance.

## Phase 1: Grants.gov

| Forms                                                      | Submission Requirement                               |
|------------------------------------------------------------|------------------------------------------------------|
| Application for Federal Assistance (SF-424)                | With application.                                    |
| Project Abstract Summary Form                              | With application.                                    |
| Budget Information for Non-Construction Programs (SF-424A) | With application.                                    |
| Disclosure of Lobbying Activities (SF-LLL)                 | If applicable, with the application or before award. |
| Budget Narrative Attachment Form                           | With application.                                    |
| Project/Performance Site Location(s)                       | With application.                                    |
| Grants.gov Lobbying Form                                   | With application.                                    |
| Key Contacts                                               | With application.                                    |

## Form instructions

Follow the instructions for Application for Federal Assistance in section 3.1 of the [Application Guide](#) and any additional instructions provided here.



## Project abstract summary form instructions

Complete the information in this form. Include a short description of your proposed project. Include the needs you plan to address and the proposed services.

## SF-424 Application for Federal Assistance

This is your application for federal assistance. Follow the instructions in section 3.1.2 of the [Two-Tier Application Guide](#) and the form instructions in [Grants.gov Forms](#).

## Project/Performance Site Locations(s)

Follow the form instructions in [Grants.gov Forms](#). Use the “Next Site” option rather than “Additional Location(s)” to add more than one project/performance site location.

## Key contacts

Follow the Key contacts form instructions in [Grants.gov Forms](#).

## Grants.gov Lobbying Form

Follow the form instructions in [Grants.gov Forms](#).

## Other attachments

You will not use this form to upload attachments. Attachments can be uploaded during phase 2 in EHBs.

## Phase 2: EHBs

You will submit the following components through EHBs by the Phase 2 EHBs deadline:

| Components                                           | Submission Format                                                                            |
|------------------------------------------------------|----------------------------------------------------------------------------------------------|
| <a href="#">Project narrative</a>                    | Use the Project Narrative Attachments form                                                   |
| <a href="#">Budget</a>                               | Use the Budget Information for Non-Construction Programs (SF-424A) form                      |
| <a href="#">Budget narrative and Personnel table</a> | Use the Budget Narrative Attachment form to upload your budget narrative and Personnel Table |
| <a href="#">Attachments</a>                          | Upload each attachment individually in the Appendices                                        |
| <a href="#">Other program-specific forms</a>         | Use the required program-specific forms.                                                     |

**Important: public information**

When filling out your SF-424 form, pay attention to Box 15: Descriptive Title of Applicant's Project.

We share what you put there with [USAspending](#). This is where the public goes to learn how the federal government spends their money.

Instead of just a title, insert a short description of your project and what it will do.

[See instructions and examples.](#)

## Project narrative

In this section, you will describe all aspects of your project.

Use the section headers and the order listed. Number your responses in each section. Make sure that you include all forms and attachments and that you've addressed everything.

### Need

See merit review criterion 1: [Need](#)

1. Describe the proposed service area (consistent with [Attachment 1: Service Area Map and Table](#)), including:
  - a. The service area boundaries.
  - b. If it is located in an [Opportunity Zone](#).
  - c. How the boundaries of the service area ensure that services are available and accessible to the residents of the area.
  - d. How the overlap of political subdivisions, school districts, and areas served by Federal and State health and social programs affect access to primary health care services in the service area.
  - e. How you will annually review the proposed service area to identify where your patients reside, available health resources, and unmet need.
  - f. If your urban/rural selection on Form 1A is different from the service area type listed for the proposed service area on the SAAT, explain why, including data sources.
  - g. **Competing continuation applicants:** Using Uniform Data System (UDS) data, describe changes to the service area since your last SAC application.
2. Describe health care needs in the announced service area, including those that you are meeting or which are met by the current Health Center Program award recipient. If your service area includes HP, RPH, and/or MSAW funding, include the

needs of each special medically underserved population. Address needs related to the following:

- a. Comprehensive primary health care services, including in-scope nutrition, chronic disease management, preventive health education, cancer screening, and mental health services.
  - b. Patient support services (for example, services that enable patients to access health center services, health and nutrition education services, and case management and care coordination services that can address health-related social factors such as those related to food insecurity, housing insecurity, and financial strain).
  - c. Any other significant needs that impact health status or needs for primary care services.
3. Describe any recent or potential changes in the local health care landscape and how those changes may affect the needs of the target population.
  4. Describe how you determined the number of:
    - a. Unduplicated patients that you project to serve in the assessment period. If your projection is different than the Patient Target advertised in the [SAAT](#), explain why.
    - b. Patients that you project to serve for each service type that is required for the service area (listed in the Service Type column of the [SAAT](#)).
  5. Describe how you will:
    - a. Conduct and update your needs assessment.
    - b. Regularly update your Scope of Project in response to the needs for additional services.
    - c. Use patient and community input to inform and improve your service delivery.

## Response

See merit review criterion 2: [Response](#)

1. Describe how the proposed service delivery sites on [Form 5B: Service Sites](#) will support access to your services (consistent with [Form 5A: Services Provided](#)) and minimize barriers within the proposed service area, including:
  - a. Where your service delivery sites are located, compared to where the target population lives and works.
  - b. How you will address geographic barriers, location of sites, and hours of operation.
  - c. **Competing supplement applicants:** If the proposed service area is not contiguous with the Health Center Program service area for which you are

currently funded, how you will make all required and additional services accessible to all patients in the resulting combined service area.

Note: Your new service area will be the combination of your current service area and the new service area that you are applying for. HRSA may not fund an application for an announced service area if the applicant would not make all required services available and accessible to residents of the area, if the service area would not conform to boundaries of political subdivisions, school districts, and areas served by Federal and State health and social service programs, and if the service area would not eliminate barriers to access. See [Chapter 3: Needs Assessment](#) of the Compliance Manual.

- 1.
2. Document how you will provide all required services and any proposed additional services on [Form 5A: Services Provided](#) directly, through formal written contracts or agreements in which the health center pays or through formal written referral arrangements. In the narrative, address the following:
  - a. How all age groups will have access to all required services and any additional services that are identified in your needs assessment.
  - b. Which required services on [Form 5A: Services Provided](#) you will not provide in-person at all service delivery sites and how you will make those services accessible to all patients.
  - c. How you will provide in-scope patient-centered chronic disease prevention and management, preventive health services and education, cancer screening, nutrition, mental health, and patient support services.
  - d. How you will support continuity, clinical effectiveness, and patient-centered care coordination.
  - e. How you will provide patient support services (for example, services that enable patients to access health center services, health and nutrition education services, and case management and care coordination services) to address health-related social factors such as those related to food insecurity, housing insecurity, and financial strain.
  - f. How your services will account for patient-centered care that is tailored to the individual, empowers them to make informed decisions about their health and to actively participate in their care, and supports the development of a comprehensive care plan to support patients in meeting their health goals.
  - g. How the additional services you provide will address any other unique needs that impact health status.
3. Describe how you will expand access to additional services such as nutrition counseling and wellness promotion in response to your needs assessment.

4. Describe how you will keep providing the services that HRSA has previously supported through a supplemental award. Address all supplements awarded since FY 2023. If you have questions about the supplemental services provided in your service area, contact us using the [BPHC Contact Form](#). In your narrative, include:
  - a. What level of services you currently provide and how you will continue to provide, change, or expand these services to meet the needs you identified in your needs assessment.
  - b. **Competing supplement and new applicants:** Describe how you plan to ensure patients continue to have access to the services that the current Health Center Program award recipient received funding to expand, including services supported by one-time funding for infrastructure improvements.
5. Describe the following aspects of your sliding fee discount program policies:
  - a. How you assess all patients for sliding fee discount eligibility based only on income and family size. See income definition in [Chapter 9: Sliding Fee Discount Program](#) of the Compliance Manual.
  - b. How you adjust patient charges based on the ability to pay (consistent with [Attachment 10: Sliding Fee Discount Schedule](#)).
  - c. Whether you have a nominal charge for patients with incomes at or below 100% of the [Federal Poverty Guidelines \(FPG\)](#). If so, describe how the amount is nominal from the perspective of the patient and would not reflect the actual cost of the service being provided.
  - d. How you evaluate your sliding fee discount program to ensure that it reduces financial barriers to care.
6. Describe how you provide care that:
  - a. Engages patients to participate in their care and maximize their experience of their care.
  - b. Involves families and caregivers, as appropriate.
  - c. Aligns with the needs of the underserved populations in the area.
7. Describe your process to ensure continuity of care for patients. Include:
  - a. Communication tools, referral processes, and electronic exchange of patient health records.
  - b. Hospital admitting privileges.
  - c. Receipt, follow-up, and recording of medical information from referral sources.
  - d. Follow-up for patients who are hospitalized or visit a hospital's emergency department.

8. **New or competing supplement applicants:** Describe plans to limit disruption for patients that may result from the transition of the award to a new recipient (consistent with [Attachment 12: Operational Plan](#)).

Note: Nominal charges are not minimum fees, minimum charges, or co-pays. They must be flat and cannot reflect the actual cost of services. See [Chapter 9: Sliding Fee Discount Program](#) of the Compliance Manual.

For health centers located in Puerto Rico, the U.S. Virgin Islands, American Samoa, Guam, the Republic of the Marshall Islands, the Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, and Palau, the health center may choose whether to use the contiguous-states-and-D.C. guidelines for those jurisdictions or to follow the separate poverty guidelines for Alaska or Hawaii.

Note: The current award recipient's health center sites do not transfer to the new recipient unless the organizations agree to this. Regulations concerning recordkeeping and disposition and transfer of equipment are found at [45 CFR 75.320\(e\)](#). If HRSA awards a new or competing supplement applicant through this NOFO, HRSA may consider a request by the current award recipient for up to a 120-day period of performance extension, with commensurate funding, to support the orderly phase-out of award activities and transition of patients.

## Collaboration

See merit review criterion 3: [Collaboration](#)

1. Describe how you collaborate with community partners to increase awareness of and address the community's health and health-related needs.
2. Describe your efforts to collaborate and coordinate services with other providers and community organizations. In [Attachment 9: Collaboration Documentation](#), provide Letters of Support from providers you work with. You should also note providers on [Attachment 1: Service Area Map and Table](#). Include documentation from:
  - a. Other HRSA-supported health centers, including look-alikes. If you cannot obtain a requested letter of support from other health centers, provide evidence of your request for the letter of support.
  - b. Providers of specialty services and other services not available through your organization.
  - c. Local hospitals, to reduce non-urgent use of hospital emergency departments.

- d. Others that serve similar populations (such as health departments, schools, community organizations, homeless shelters, and [Indian Health Service](#) health facilities).
  - e. Describe how you collaborate with the Primary Care Association (PCA) in your state or region and access training and technical assistance resources available to improve programmatic, clinical, and financial performance. If you are a participating health center in a Health Center Controlled Network (HCCN), also describe how you work with that HCCN to improve patient care with information technology and data.
3. **Applicants requesting RPH Funding**, describe:
- a. How residents of the targeted public housing helped develop the service delivery plan
  - b. How residents of the targeted public housing will be involved in administration of the proposed project.
4. **Competing supplement applicants:** If your proposed service area is not contiguous with your currently funded Health Center Program service area, describe how the target population in the new service area provided input into the service delivery plan.

## Capacity

See merit review criterion 4: [Capacity](#)

Based on your Response section and Budget Narrative, describe:

1. Your organizational structure. Refer to [Attachment 3: Project Organizational Chart](#).
  - a. If you are a public agency with a co-applicant board, describe the relationship between your organization and the co-applicant board (consistent with [Attachment 6: Co-Applicant Agreement](#)).
  - b. If you have subrecipients or contractors, describe how they will help carry out the proposed project (consistent with current Attachments [2: Bylaws](#) and [3: Project Organizational Chart](#), and, as applicable, Attachments [6: Co-Applicant Agreement](#) and [7: Summary of Contracts and Agreements](#)). If you will contract for a majority of the required health services, attach the contract to [Form 8: Health Center Agreements](#).
  - c. Describe how you will play a substantive role in your Health Center Program project, if you are part of a parent, affiliate, or subsidiary organization, or have a contract with another organization to provide a majority of the proposed required health services on your behalf (consistent with [Form 8: Health Center Agreements](#)). Include whether key staff are directly employed by you, whether most clinical and administrative staff are directly employed

by you, and how your board carries-out its required functions and executes its authorities over the project, including a description of how any agreements do not restrict your board's authorities and functions.

2. Your management team, including the project director (PD)/chief executive officer (CEO), clinical director (CD), and chief financial officer (CFO). Reference [Attachment 4: Position Description](#) and [Attachment 5: Biographical Sketches for Key Management Staff](#)) as needed.
  - a. How the team will support the operation and oversight of your Health Center Program project, including accountability, policies, and risk management.
  - b. How the team will promote innovation and a culture of quality improvement that is responsive to the needs of the community.
3. How you recruit, develop, engage, and retain the appropriate staffing mix of qualified providers to provide care to your target population.
4. How your financial accounting and internal control systems, and policies:
  - a. Ensure effective control over all health center funds, property, and other assets.
  - b. Track the financial performance of the health center.
  - c. Separate accounting for this award from other federal awards, including documentation of the receipt and expenditure of SAC funds.
  - d. Mitigate conflict of interest by board members, employees, and others when buying supplies, property, equipment, and services.
5. Your experience and plans for maintaining continuity of services and responding to urgent primary health care needs during natural or man-made disasters and public health emergencies. Your response should be consistent with all applicable Federal, state, and local laws and regulations.
6. **Competing continuation applicants:** Citing your UDS data for the number of unduplicated patients served in calendar year 2024, describe factors that have affected your patient trend since your last SAC application. Explain any downward trend in your total unduplicated patients.

## Impact/Evaluative measures

See merit review criterion 5: [Impact/Evaluative measures](#)

1. Describe how your Quality Improvement/Quality Assurance (QI/QA) program:
  - a. Follows clinical guidelines and standards of care.
  - b. Addresses patient safety.
  - c. Improves patient experience and satisfaction.



- d. Uses systems such as electronic health records or population management systems to monitor and track risk factors that impact health.
- 2. Describe how you will improve clinical quality and health outcomes within your patient population, including within the following specified areas:
  - a. Body Mass Index (BMI) screening and follow-up plan
  - b. Breast, cervical, and colorectal cancer screenings
  - c. Diabetes and hypertension control
  - d. Screening for depression and follow-up planning, including depression remission
  - e. Tobacco use screening and cessation intervention
  - f. Weight assessment and counseling for nutrition and physical activity for children and adolescents

## Governance

See merit review criterion 6: [Governance](#)

**Items 1 and 2 do not apply to Native American tribal or urban Indian organizations.**

- 1. Describe how your governing board reflects the community you serve and how board members engage with patients to ensure that the health center is responsive to patient needs. Reference [Form 6A: Current Board Member Characteristics](#).
- 2. Describe how you have implemented effective governance to ensure that the health center board meets its fiduciary responsibilities and continually promotes excellence in the delivery of care to your community. Specifically address:
  - How the governing board leverages their expertise (consistent with [Form 6A: Current Board Member Characteristics](#)) to improve patient-centered care provided by the health center.
  - How the governing board provides oversight and strategic direction as needs and opportunities evolve.
  - How the governing board evaluates the organization's financial health and performance on quality improvement activities.
- 3. **Native American tribal or urban Indian organization applicants only:** Describe your governance structure and how you:
  - a. Get input from the community/target population on health center priorities.
  - b. Ensure fiscal and programmatic oversight of the proposed project.
- 4. **Competing supplement applicants:** Describe how you will make sure that your board composition reflects the community and target population of your new service area. The new service area is the combination of the currently announced

service area and your currently funded service area. Document that at least one board member lives or works in the currently announced service area.

5. **Public agency applicants:** If you will meet the Health Center Program governance requirement by using a co-applicant, describe the co-applicant's roles and responsibilities consistent with [Attachment 6: Co-Applicant Agreement](#).

## Support requested

See merit review criterion 7: [Support requested](#)

Describe how your budget is appropriate for the proposed project and will support your planned increases in patients and services. Your budget should:

1. Be consistent across all documents, including the Budget Narrative and SF-424A
2. Align with the proposed work plan
3. Support patient projections and services in your scope of project.
  - a. Support patient projections and services in your scope of project. If your patient projection on [Form 1A: General Information Worksheet](#) is greater than the [SAAT](#) patient target, describe in the Project Narrative how you will accomplish this increase with the funding amount announced in the [SAAT](#).
  - b. If your federal funding amount will be reduced based on a patient projection that is less than 95% of the patient target, explain how the reduction will affect your overall budget.

## Budget instructions

HHS now uses the definitions for [equipment](#) and [supplies](#) in 2 CFR 200.1. The new definitions change the threshold for equipment to the lesser of the recipient's capitalization level or \$10,000 and the threshold for supplies to below that amount.

The total budget for this project is all allowable (direct and indirect) costs used for the Health Center Program project. This includes costs charged to the award and non-federal funds used to support the project.

Your total budget must:

- Include the amount of Health Center Program funds announced for your service area in the [SAAT](#).
- Include all non-federal funds that will support your proposed project.
- Directly relate to and support the proposed project.
- Comply with all related HHS policies and other federal requirements.

You can decide how to allocate the total budget between federal funds under this program and other funding that supports the project if you follow policies and federal requirements.

## Budget Information Form (SF-424A)

Complete the Budget Information Form in EHBs. The budget information in these sections must correspond to the total cost of your project for year one, except Section E, which records years two through four.

**Section A – Budget Summary:** Under New or Revised Budget, in the Federal column, enter the federal funding requested for year one for each type of Section 330 funding listed in the SAAT for the service area. We will award funding based on the advertised SAAT proportions. The types of funding are:

- Section 330 (e) Community Health Center
- Section 330 (g) Migratory and Seasonal Agricultural Workers
- Section 330 (h) Homeless Population
- Section 330 (i) Residents of Public Housing

The federal amount refers only to the Health Center Program funding requested, not all federal funding that you receive. Enter other support for the Health Center Program project in the Non-Federal column. Leave the Estimate Obligated Funds column blank.

**Section B – Budget Categories:** Enter an object class category (line item) budget for year 1 broken out by federal and non-federal funding. The amounts for each category in the Federal and Non-Federal columns, as well as the totals, should align with the Budget Narrative.

**Section C – Non-Federal Resources:** Enter all sources of funding for year one except for the federal funding request. The total in Section C must match the Non-Federal Total in Section A.

When providing Non-Federal Resources by funding source, include other federal funds supporting the proposed project in the “other” category. Program Income should be consistent with the Total Program Income (patient service revenue) presented on [Form 3: Income Analysis](#).

**Section D – Forecasted Cash Needs:** Enter the forecasted cash needs from federal funding for each quarter of year one.

**Section E – Budget Estimates of Federal Funds Needed for Balance of the Project:** Enter the federal funding request for year two in the first column and the federal funding request for years three and four in the second and third columns. **New applicants applying for a one-year project period should leave this section blank.**

**Section F – Other Budget Information:** If applicable, explain amounts for individual object class categories that may appear to be out of the ordinary in Direct Charges.

Enter the type of indirect rate (provisional, predetermined, final, fixed, or *de minimis*) that will be in effect during the period of performance.

## Budget narrative

The budget narrative supports the information you provide in Section B: Object Class Categories of the Budget Information Form (SF-424A). It includes an itemized breakdown and a clear justification of the costs you request. The merit review committee reviews both.

See the [Apply for Service Area Competition \(SAC\)](#) TA webpage for a sample Budget Narrative.

Submit a detailed budget narrative that outlines federal and non-federal costs for each requested 12-month period (budget year) of the period of performance. For years two through four, highlight the changes from year one or clearly indicate that there are no substantive changes.

The sum of line-item costs for each category must align with those in your SF-424A Budget Information Form.

Your budget narrative must:

- Demonstrate that you will use awarded funds to meet the program objectives.
- Clearly detail proposed costs for each line item on your SF-424A Budget Information Form, section B, with calculations for how you estimated each cost.
- Not include [ineligible costs](#).
- Demonstrate that you will use SAC funds separately and distinctly from other Health Center Program support.
- Provide us with enough information to determine that you will use awarded funds separately and distinctly from other Health Center Program support.
- Include a personnel table attachment.
- Explain the purpose of any contracts and subawards, including how you estimated the costs. You must provide oversight of services provided through such arrangements to assure compliance with Section 330 requirements. See [Chapter 12: Contracts and Subawards](#) in the [Compliance Manual](#).

## Attachments

Upload your attachments in EHBs in the order that we list them and clearly label each attachment.

### Attachment 1: Service Area Map and Table (Required)

Upload a map of the service area for the proposed project, indicating the:

- Proposed health center site(s) listed on [Form 5B: Service Sites](#)
- Proposed service area ZIP codes consistent with the ZIP codes on your Form 5B
- All medically underserved areas (MUAs) and/or medically underserved populations (MUPs)
- Health Center Program award recipients and look-alikes
- Other health care providers serving the proposed ZIP codes, as described in the [Collaboration](#) section of the Project Narrative

Create the map and table using the [Health Center Program GeoCare Navigator](#). Make sure to include the corresponding data table, which lists relevant information for each ZIP Code Tabulation Area (ZCTA) in the service area. (ZCTAs are geographical areas developed by the U.S. Census Bureau to align census data with residential areas.) On the GeoCare Navigator site, click the Resources tab to access the user guide and other helpful tools.

## Attachment 2: Bylaws (Required)

Upload a complete copy of your organization's most recent bylaws.

- Bylaws must be **signed and dated**, as proof of approval by the governing board, and they must be presented in English.
- If you are a public agency with a co-applicant, you must submit the co-applicant governing board's bylaws.
- Bylaws should demonstrate compliance with Health Center Program requirements in [Chapter 19: Board Authority](#) and [Chapter 20: Board Composition](#) of the [Compliance Manual](#).

## Attachment 3: Project Organizational Chart (Required)

Upload a one-page document that shows your current organizational structure. Include the governing board, key personnel, and any subrecipients or affiliated organizations.

## Attachment 4: Position Descriptions for Key Management Staff (Required)

Upload current position descriptions for key management staff:

- Project Director (PD)/ Chief Executive Officer (CEO)
- Clinic Director (CD)
- Chief Financial Officer (CFO)
- Chief Information Officer (CIO)
- Chief Operating Officer (COO)

Indicate if positions are combined and/or part-time (consistent with [Form 2: Staffing Profile](#)). At a minimum, include qualifications, duties, and functions.

The PD/CEO position description **must address** the following:

- Direct employment by the health center.
- Reports directly to the governing board.
- Oversees other key management staff in carrying out the day-to-day activities necessary for the proposed project.

## Attachment 5: Biographical Sketches for Key Management Staff (Required)

Upload current biographical sketches for key management staff: PD/CEO, CD, CFO, CIO, and COO. Identify if someone will fill more than one position. Include training, language fluency, and experience working with underserved populations. Keep it to two pages or less per person.

## Attachment 6: Co-Applicant Agreement (Required for public agencies as indicated on Form 1A)

Public agencies that have a co-applicant board **must** submit the most recent complete and current copy of the formal co-applicant agreement, signed by both the co-applicant governing board and the public agency. The co-applicant agreement must detail the required authorities and functions of the co-applicant board and lay out the roles and responsibilities of the public agency and the co-applicant in carrying out the Health Center Program project. Refer to [Chapter 19: Board Authority](#) of the [Compliance Manual](#).

If you are a public applicant and meet the board requirements without a co-applicant, include a statement that describes how your attached bylaws, board composition, and Governance narrative demonstrate compliance with all Health Center Program governing board requirements in place of this attachment.

## Attachment 7: Summary of Contracts and Agreements (Required)

Upload a summary describing:

- All current or proposed patient service-related contracts and agreements, consistent with [Form 5A: Services Provided](#), Columns II and III. The summary must address the following items for each contract or agreement:
  - Name of contractor or referral organization.
  - If it is a contract or referral organization.

- Brief description of the services to be provided, how and where they will be provided, and the timeframe of the agreement.
- The process for tracking patients for follow-up care.
- Other contracts and agreements for a substantial portion of the project. For example, if you contract with one entity for the majority of health care providers, or if you have a subrecipient agreement, you must include the contract or agreement in [Form 8: Health Center Agreements](#). (Include an asterisk next to these providers.)
- Lease agreement(s) if applicable.

## Attachment 8: Articles of Incorporation (Required for new applicants)

Upload your Articles of Incorporation official signatory page (including state seal or stamp).

- A public agency with a co-applicant must upload the co-applicant's Articles of Incorporation signatory page, if incorporated.
- A Native American tribal organization must reference its designation in the Federally Recognized Tribal Entity List maintained by the Bureau of Indian Affairs.

## Attachment 9: Collaboration Documentation (Required)

Upload letters of support and other documentation that show collaboration specific to the project. See the [Collaboration](#) section for more detailed requirements. Letters of support should be addressed to the organization's board, PD/CEO, or other appropriate key management staff.

**Note:** Reviewers will only consider documentation submitted with your application.

## Attachment 10: Sliding Fee Discount Schedule(s) (Required)

Upload your current sliding fee discount schedule (SFDS). It must be consistent with the policy described in the [Response](#) section of the Project Narrative and the [Sliding Fee Discount Program](#) section of [Appendix A: Health Center Program Compliance](#). Your SFDS must provide discounts as follows:

- Discounts based on the [FPG](#) at the time you submitted your application. For health centers located in Puerto Rico, the U.S. Virgin Islands, American Samoa, Guam, the Republic of the Marshall Islands, the Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, and Palau, the health center may choose whether to use the contiguous-states-and-D.C. guidelines for those jurisdictions or to follow the separate poverty guidelines for Alaska or Hawaii.

- A full discount for people with annual incomes at or below 100% of the current FPG, unless you have a nominal charge, which would be less than the fee paid by a patient in the first sliding fee discount pay class above 100% of the FPG.
- Partial discounts for people with incomes above 100% of the current FPG and at or below 200% of the current FPG.
- Include at least three discount pay classes based on income levels.
- Not provide discounts to people with annual incomes above 200% of the current FPG.

Upload each SFDS if you have more than one, such as for medical and dental. For more information about sliding fee requirements, see [Chapter 9: Sliding Fee Discount Program](#) of the [Compliance Manual](#).

## Attachment 11: Evidence of Nonprofit, Public Agency, or Tribal or Urban Indian Organization Status (Required for new applicants)

**Private, Nonprofit Organization:** Upload one of the following as evidence of your nonprofit status:

- A copy of your currently valid Internal Revenue Service (IRS) tax exemption letter or certificate.
- A statement from a state taxing body, state attorney general, or other appropriate state official certifying that your organization has a nonprofit status and that none of the net earnings accrue to any private shareholders or individuals.
- A certified copy of your organization's certificate of incorporation or similar document (for example, Articles of Incorporation). It must have the state or tribal seal and clearly show the nonprofit status of the organization.
- Any of the above documentation for a state or local office of a national parent organization and a statement signed by the parent organization that your organization is a local nonprofit affiliate.

**Public Agency Organization:** Upload one of the following as evidence of your public entity status:

- A "letter ruling" which provides a positive written determination by the Internal Revenue Service of the organization's exempt status as an instrumentality under Internal Revenue Code section 115.
- A current dated letter affirming the organization's status as
  - a state, territorial, county, city, or municipal government;
  - a health department organized at the state, territory, county, city, or municipal level; or



- a subdivision or municipality of a United States or its territories (U.S.) affiliated sovereign State (for example, Republic of Palau).
- A copy of the law that created the organization and that grants one or more sovereign powers (for example, the power to tax, eminent domain, police power) to the organization (for example, a public hospital district). If you choose to provide this, clearly indicate the part of the law that specifically names your organization.
- A ruling from the state Attorney General affirming your legal status as either a political subdivision or instrumentality of the state (for example, a public university).

If you are a Native American tribal organization as defined under the Indian Self-Determination Act, reference your designation in the Federally Recognized Tribal Entity List maintained by the Bureau of Indian Affairs to demonstrate that you qualify as a public agency. If you are an Urban Indian Organization as defined under the Indian Health Care Improvement Act, submit evidence of your nonprofit status as described above or submit evidence that you are a public agency as part of a tribal organization.

## Attachment 12: Operational Plan (Required for new and competing supplement applicants)

### New or competing supplement applicants:

- Include reasonable and time-framed activities to demonstrate that within 120 days of release of the NoA, all sites will have the necessary staff and providers in place to begin operating and delivering services. Make sure that sites and services are consistent with [Form 5B: Service Sites](#) and [Form 5A: Services Provided](#).
- Include plans to hire, contract, and/or establish formal written referral arrangements with providers to be able to provide all services at all sites for the stated number of hours within 1 year of release of the NoA. Make sure your plan is consistent with Forms [2: Staffing Profile](#), [5A: Services Provided](#), [5B: Service Sites](#) and [8: Health Center Agreements](#), and [Attachment 7: Summary of Contracts and Agreements](#).

Refer to the [Apply for Service Area Competition \(SAC\)](#) TA webpage for detailed instructions and a sample.

### New or competing supplement applicants with special medically underserved population funding:

If you apply for **Homeless Population** funding, describe your plan to ensure the availability and accessibility of required primary health care services and substance use disorder services to individuals:

- Who lack housing.

- Whose main residence during the night is a supervised public or private facility that provides temporary lodging.
- Who live in transitional housing.
- Who live in permanent supportive housing or other housing programs that are targeted to homeless populations.
- Who are children and youth at risk of homelessness, homeless veterans, and veterans at risk of homelessness.

If you apply for **Residents of Public Housing** funding, describe your plan to ensure the availability and accessibility of required primary health care services to residents of public housing and individuals living in areas immediately accessible to public housing.

- Public housing is low-income housing that is developed, owned, or assisted by a public housing agency, including mixed finance projects.

Public housing does not include housing units that accept Section 8 housing vouchers but do not receive other support from a public housing agency. (For the purpose of funding under section 330(i) of the PHS Act, and as presented in the [Glossary](#) of the [Compliance Manual](#), “public housing” is defined in 42 U.S.C. 1437a(b)(1).)

If you apply for **Migratory and Seasonal Agricultural Workers** funding, describe your plan to ensure the availability and accessibility of required primary health care services to migratory and seasonal agricultural workers and their families in the service area, which includes:

- Migratory agricultural workers whose main job has been in agriculture within the last 24 months, and who have a temporary home because of that job.
- Seasonal agricultural workers whose main job is in agriculture on a seasonal basis and who do not meet the definition of a migratory agricultural worker.
- People who are no longer employed in migratory or seasonal agriculture because of age or disability who are within your service area.
- Family members of those described above.

Note: Agriculture refers to farming in all its branches ([Section 330\(g\) of the PHS Act](#)), as defined by the [North American Industry Classification System](#) under codes 111, 112, 1151, and 1152

## Attachment 13: Health Center Program Compliance (Required)

Upload an attachment with the narrative sections detailed in [Appendix A](#) to demonstrate your compliance with Health Center Program requirements. Each

compliance section notes the additional forms and other attachments which we will reference as part of the compliance review.

## Attachment 14: Other Relevant Documents (as applicable)

Upload an indirect cost rate agreement, if applicable, and include other relevant documents to support the proposed project (for example, charts, organizational brochures, lease agreements). You are permitted a maximum of two uploads.

**New or competing supplement applicants:** Lease/intent to lease documentation must be included in this attachment if a proposed site is or will be leased.

## Program-specific forms

You will need to complete some program-specific forms. Complete the forms in EHBs.

Each of the following forms (except Form 5C: Other Activities/Locations) is required. Refer to the [Apply for Service Area Competition \(SAC\)](#) TA webpage for samples and instructions. The forms that HRSA will use to assess your compliance with program requirements are noted as *Compliance Assessment*.

- [Form 1A: General Information Worksheet](#)
- [Form 1C: Documents on File](#)
- [Form 2: Staffing Profile](#) (*Compliance Assessment*)
- [Form 3: Income Analysis](#) (*Compliance Assessment*)
- [Form 5A: Services Provided](#)
- [Form 5B: Service Sites](#)
- [Form 5C: Other Activities/Locations \(if applicable\)](#)
- [Form 6A: Current Board Member Characteristics](#) (*Compliance Assessment*)
- [Form 6B: Request for Waiver of Board Member Requirements](#) (*Compliance Assessment*)
- [Form 8: Health Center Agreements](#) (*Compliance Assessment*)
- [Form 12: Organization Contacts](#)
- [Summary Page](#)

## Important: public information

When filling out your SF-424 form, pay attention to Box 15: Descriptive Title of Applicant's Project.

We share what you put there with [USAspending](#). This is where the public goes to learn how the federal government spends their money.

Instead of just a title, insert a short description of your project and what it will do.

[See instructions and examples.](#)



# Step 4:

# Learn About Review and Award

## In this step

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| Selection process  | <a href="#">51</a> |
| Award notices      | <a href="#">53</a> |

# Application review

## Initial review

We review each application to make sure it meets [eligibility](#) criteria, including the [completeness and responsiveness criteria](#). If your application does [not](#) meet these criteria, it will not be funded.

We will not review any pages over the page limit.

## Merit review

A panel reviews all applications that pass the initial review. The members use these criteria.

| Criterion                     | Total number of points = 100 |
|-------------------------------|------------------------------|
| 1. Need                       | 10 points                    |
| 2. Response                   | 25 points                    |
| 3. Collaboration              | 10 points                    |
| 4. Capacity                   | 20 points                    |
| 5. Impact/Evaluative measures | 15 points                    |
| 6. Governance                 | 10 points                    |
| 7. Support requested          | 10 points                    |

## Criterion 1: Need (10 points)

See Project Narrative [Need](#) section.

The panel will review your application for:

- How well you have described access barriers in the service area; the overlap with political subdivisions, school districts, and areas served by Federal and State health and social programs and services in the area; the urban or rural selection if it is different from what is listed in the SAAT; and your plan to annually identify changes in available services and residential patterns in the area. (Response should be consistent with [Attachment 1: Service Area Map and Table](#), and [Form 5B: Service Sites](#))
  - **Competing continuation applicants:** How well you have used UDS data to describe changes in the service area since the last SAC application.

- The strength of the documented unmet health care needs in the service area and target population as they relate to comprehensive health care services, chronic disease prevention and management, patient support services, and any other unique service area needs that affect health status.
- How well and clearly you describe recent or potential changes in the local health care landscape that may affect the needs of the target population.
- How reasonable the patient projection is (based on [Form 1A: General Information Worksheet](#)).
- The strength of your plan to update the needs assessment and your Scope of Project, including how well you use patient and community input to inform and improve service delivery.

## Criterion 2: Response (25 points)

See Project Narrative [Response](#) section.

The panel will review your application for:

- How well your proposed service delivery sites will support equitable access to services and minimize access barriers.
  - **Competing supplement applicants** (if your proposed service area is not contiguous with your currently funded service area): the strength of your plan to make all required services available and accessible to all patients in the resulting combined announced and currently funded service area.
- The strength of your plan to provide all required services (consistent with Form 5A: Services Provided) and any proposed additional services to your target population. The plan must address:
  - Access to services among all age groups.
  - Access to services that will not be provided in-person at all delivery sites.
  - How you will provide in-scope chronic disease prevention and management, preventive health, cancer screening, nutrition, mental health services, and patient support services.
  - Continuity, clinical effectiveness, and care coordination.
  - Support services that enable patients to access services.
  - How services provide patient-centered care tailored to individuals, empowering them to make informed decisions and supporting a comprehensive care plan to support patients in meeting their health goals.
  - Requirements and consideration for additional services that address any other unique needs you identified in the [Need](#) section.

- The strength of your plan to expand access to services such as nutrition counseling, health and wellness promotion.
- The strength of your plan to continue to provide access to expanded services provided through supplemental awards since FY 2023.
  - **Competing supplement and new applicants:** the strength of your plan to maintain continued access to all services that are provided by the current Health Center Program award recipient received funding to expand.
- How well the sliding fee discount program meets the requirements (consistent with [Attachment 10: Sliding Fee Discount Schedule](#)).
- The strength of your approach to ensure that care is responsive to individual needs.
- The strength of your approach to ensure continuity of care for patients.
- **New and competing supplement applicants:** The strength of your plan to limit disruption for patients that may result from the transition of the award to a new recipient (consistent with [Attachment 12: Operational Plan](#)).

## Criterion 3: Collaboration (10 points)

See Project Narrative [Collaboration](#) section and Attachment 9: Collaboration Documentation.

The panel will review your application for:

- The strength of your efforts to collaborate with partners in the service area.
- How well you coordinate services with other health service delivery providers and programs. This includes the extent to which you document support from other providers and/or efforts to work with them (consistent with [Attachment 9: Collaboration Documentation](#)).
- How well you collaborate with the Primary Care Association (PCA) in the state or region and, if applicable, the Health Center Controlled Network (HCCN) to improve patient care using information technology and data.
- **Applicants requesting RPH funding:** How well you worked with residents of the targeted public housing to develop the service delivery plan, and the strength of their involvement in the administration of the proposed project.
- **Competing supplement applicants** (if your proposed service area is not contiguous with your currently funded service area): How well you worked with the target population in the new service area to develop the service delivery plan.

## Criterion 4: Capacity (20 points)

See Project Narrative [Capacity](#) section.



The panel will review your application for:

- The appropriateness of your organizational structure and how well you have explained any applicable special circumstances (for example, co-applicant agreements; subrecipients and contractors; or parent, affiliate, or subsidiary organizations).
- The capabilities of the management team to support the operation and oversight of the project, promote innovation, and promote a culture of quality improvement that is responsive to the needs of the community.
- The strength of your plan to ensure that providers will be in place to carry out required and any proposed additional services. This includes workforce recruitment and retention of clinically aligned and culturally competent staff.
- The strength of your financial accounting and internal control systems and policies. This includes showing that your systems can mitigate conflicts of interest by board members and employees.
- The strength of your emergency preparedness abilities and/or plans for maintaining continuity of services and responding to urgent primary health care needs during disasters and public health emergencies.
- **Competing continuation applicants:** How well and clearly you describe the factors that have contributed to your patient trend since the most recent SAC application. You must also explain any downward patient trend.

## Criterion 5: Impact/Evaluative measures (15 points)

See Project Narrative [Impact/Evaluative measures](#) section.

The panel will review your application for:

- How strongly your QI/QA program addresses standards of care, patient safety, quality of services, systems for monitoring performance, and UDS reporting.
- The strength of your efforts to improve clinical quality and health outcomes and to reduce health disparities within the patient population, including in each of the specified areas.

## Criterion 6: Governance (10 points)

See Project Narrative [Governance](#) section.

**The first two items do not apply to Native American tribal or urban Indian organizations.**

The panel will review your application for:

- How well the board reflects the community (consistent with [Form 6A: Current Board Member Characteristics](#)) and engages with patients to ensure that the health center is responsive to their needs.
- The extent to which the governing board:
  - Leverages their expertise to improve patient-centered care provided by the health center.
  - Provides oversight and strategic direction as needs and opportunities evolve.
  - Evaluates the organization's financial health and performance on quality improvement activities.
- **Native American tribal or urban Indian organization applicants only:** How well you describe your governance structure, how you get input from the community/target population, and how you will oversee the SAC project.
- **Competing supplement applicants:** How well the board reflects the community/targeted population of the combined announced and currently funded service area. This includes documenting that at least one board member resides or works in the announced service area.
- **Public agency applicants:** How well you describe your relationship with your co-applicant (consistent with [Attachment 6: Co-Applicant Agreement](#)).

## Criterion 7: Support requested (10 points)

See the Project Narrative [Support requested](#) and [budget instructions](#) section.

The panel will review your application for:

- The extent to which you provide a detailed and consistent budget presentation across the [SF-424A](#), [Budget Narrative](#), [Form 2: Staffing Profile](#), and [Form 3: Income Analysis](#). This includes its alignment with the proposed project and number of projected patients (consistent with [Form 1A: General Information Worksheet](#)).
- The extent to which you explain how you will serve any projected increase in patients with the funding amount advertised for the service area or how you will manage with reduced funding if you project less than 95% of the patient target (if applicable).

## Risk review

Before making an award, we review your award history to assess risk. We need to ensure all prior awards were managed well and demonstrated sound business practices. We:

- Review any applicable past performance.
- Review audit reports and findings.

- Analyze the budget.
- Assess your management systems.
- Ensure you continue to be eligible.
- Make sure you comply with any public policies.

We may ask you to submit additional information.

As part of this review, we use SAM.gov Entity Information [Responsibility/Qualification](#) to check your history for all awards likely to be more than \$250,000 over the period of performance. You can comment on your organization's information in SAM.gov. We'll consider your comments before deciding about your level of risk.

If we find a significant risk, we may choose not to fund your application or to place specific conditions on the award. For more details, see [2 CFR 200.206](#).

## Selection process

When making funding decisions, we consider:

- The amount of available funds.
- Assessed risk.
- Merit review results. These are key in making decisions but are not the only factor.
- The funding priorities, funding preferences, and special considerations listed.

We may:

- Consider the larger portfolio of HRSA-funded projects, including project type and geographic distribution.
- Fund out of rank order.
- Decide not to allow a recipient to subaward if they may not be able to monitor and manage subrecipients properly.
- Choose to fund no applications under this NOFO.
- Adjust the final award amounts or number of awards based on the number of fundable applications and final available funding in FY 2026.

You cannot appeal a denial, or the amount of funds awarded.

## Funding priorities

A funding priority adds points to the score assigned through merit review if you meet specified criteria. HRSA staff adjust the score by a set, pre-determined number of points. To minimize potential service disruptions, maximize the effective use of federal dollars, and recognize the past performance of providers in a service delivery program,

this program includes the potential for the award of priority points for competing continuation applicants. The Health Center Program has two funding priority/priorities. You will be eligible for one or both funding priorities if you are a competing continuation applicant and if you have no active conditions related to Health Center Program requirements at the time of award decisions. If you meet these two eligibility factors, the criteria for the funding priorities are as follows:

- **Patient Trend (5 points):** You will be granted a funding priority if you have a positive or neutral (does not exceed a 5% decrease) three-year patient trend, as documented in UDS. HRSA calculates the patient trend as  $[(2024 \text{ UDS Total Patients value} - 2022 \text{ UDS Total Patients value}) / 2022 \text{ UDS Total Patients value}] \times 100$ .
- **Patient-Centered Medical Home (PCMH) Recognition (5 points):** You will be granted a funding priority if you have one or more sites with PCMH recognition at the time HRSA reviews applications.

## Compliance status

HRSA reserves the right to review fundable applicants for compliance with HRSA program requirements through reviews of site visit reports, audit data, Uniform Data System (UDS) or similar reports, Medicare/Medicaid cost reports, external accreditation, and other performance reports, as applicable. The results of this review may impact final funding decisions. For example, if you have a federal award and have not submitted the required audit to the [Federal Audit Clearinghouse](#), we may not fund your application.

Results may also be used to determine the length of an awarded period of performance. See [Chapter 2: Health Center Program Oversight](#) of the [Compliance Manual](#).

- We will award all new applicants a one-year period of performance and will conduct an operational site visit (OSV) to monitor compliance and performance with Health Center Program requirements within two to four months of the award start date.
- If you are a competing continuation applicant and have conditions related to Health Center Program requirements set forth in section 330(k)(3) of the PHS Act at the time SAC award decisions are made, we will award a one-year period of performance.
- If you are a competing continuation or competing supplement applicant and areas of non-compliance with Health Center Program requirements are identified, HRSA will contact your AOR to provide 14 calendar days to submit additional information documenting compliance with program requirements prior to making final award decisions. Such information submissions do not guarantee that HRSA

will make an award to your organization but are necessary to determine the organization's eligibility for such award.

- If you are a competing continuation applicant and we make an award but you have not resolved the conditions, HRSA will award a one-year period of performance if you did NOT have two consecutive one-year periods of performance in FY 2024 and FY 2025.
- We will NOT issue an FY 2026 SAC award if you had two consecutive one-year periods of performance in FY 2024 and FY 2025, and you are still not compliant with all Health Center Program Requirements at the time we make award decisions. If no fundable applications are received, the service area will be re-competed.

IMPORTANT: You can see the service areas where the current award recipient is in a first or second consecutive one-year period of performance in the [SAAT](#).

## Award notices

We issue Notices of Award (NOA) on or around the [start date](#) listed in the NOFO.

By drawing down funds, you accept the terms and conditions of the award.



# Step 5:

# Submit Your Application

## In this step

Application deadline [55](#)

# Application deadline

Your organization's authorized official must certify your application. See the section on [finding the application package](#) to make sure you have everything you need.

## Deadlines

This program has a 2-phase submission process:

- **Phase 1:** You must submit your application in Grants.gov by September 22, 2025 at 11:59 p.m. ET.
- **Phase 2:** You must submit your application in EHBs by October 22, 2025 at 5 p.m. ET.

If you wish to change information submitted in Grants.gov, you may do so in [EHBs](#) (phase 2).

## Submission method

You will submit your Phase 1 required components in Grants.gov and Phase 2 components in EHBs. See the [Application Checklist](#) for what is required in each phase.

## Grants.gov

You must submit phase 1 of your application through Grants.gov.

For instructions on how to submit in Grants.gov, see [Quick Start Guide for Applicants](#). Make sure you click the "Check for Errors" button in Grants.gov or we may not get it. Do not encrypt, ZIP, or password protect any files.

**Need help?** Go to [Contacts and Support](#).

## EHBs

After submitting in Grants.gov, you must complete phase 2 of your application in EHBs.

**Need help?** Go to [Contacts and Support](#).

## Intergovernmental review

The Health Center Program must follow the terms of [Executive Order 12372](#) in 45 CFR part 100.

If your state has a process, you will need to submit application information for intergovernmental review under [Executive Order 12372](#). Under this order, states may design their own processes for obtaining, reviewing, and commenting on some applications. Some states have this process, and others do not.

To find out your state's approach, see the list of state single points of contact. If you find a contact on the list for your state, contact them as soon as you can to learn their process. If you do not find a contact for your state, you do not need to do anything further.

This requirement never applies to American Indian and Alaska Native tribes or tribal organizations.





# Step 6:

# Learn What Happens After Award

## In this step

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| Reporting                                  | <a href="#"><u>59</u></a> |

# Post-award requirements and administration

## Administrative and national policy requirements

There are important rules you need to know if you get an award. You must follow:

- All terms and conditions in the Notice of Award (NOA). We incorporate this NOFO by reference.
- The regulations at [2 CFR 200](#), Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards, modifications at 2 CFR 300, and any superseding regulations.
- The HHS [Grants Policy Statement \(GPS\) \[PDF\]](#). Your NOA will reference this document. If there are any exceptions to the GPS, they'll be listed in your NOA.
- All federal statutes and regulations relevant to federal financial assistance, including those highlighted in [HHS Administrative and National Policy Requirements](#).
- The requirements for performance management in [2 CFR 200.301](#) (before October 1, 2025: [45 CFR 75.301](#)).

## Subawards

If you receive an award, you'll be responsible for how the project, program, or activity performs; how you and others spend award funds; and all other duties.

In general, subrecipients must comply with the award requirements that apply to you. You must make sure your subrecipients comply with these requirements. See [45 CFR 75.101 Applicability](#) for details.

If you make subawards, you must document that the subrecipient meets all the Health Center Program requirements. This includes, but is not limited to:

- The policy requirements listed above,
- Requirements in Section 330 of the PHS Act ([42 U.S.C. 254b](#)), and
- Program regulations found in [42 CFR part 51c](#) (for CHC) and [42 CFR part 56](#) (for MSAW).

## Compliance Monitoring

- If you do not demonstrate compliance in your SAC application, you may receive a condition on your award and a one-year period of performance.
- If you do not resolve conditions that you received prior to your SAC award through the progressive action process outlined in [Chapter 2: Health Center Program Oversight](#) of the [Health Center Program Compliance Manual](#), you will receive a one-year period of performance, or HRSA may terminate your award.
- On the [Summary Page](#) form, you must attest that if you receive a one-year period of performance, you will submit a Compliance Achievement Plan for HRSA approval within 120 days of award. If you do not provide the attestation, HRSA may place a condition on your award.
- If you receive a one-year period of performance and you do not submit the required Compliance Achievement Plan within 120 days of award or demonstrate good cause for not submitting it, HRSA will terminate your award (refer to Section 330(e)(1)(B) of the PHS Act.)
- If you have received two consecutive one-year periods of performance and you are still not compliant with all Health Center Program requirements at the time we make award decisions, we will not award you Health Center Program funding for a new project period.

## Cybersecurity

If awarded, you must develop plans and procedures, modeled after the NIST Cybersecurity framework, to protect HHS systems and data. See [details here](#).

## Reporting

If you receive an award, you will have to follow the reporting requirements described in your NOA will provide specific details.

You must also follow these program-specific reporting requirements:

1. **Federal Financial Report:** The Federal Financial Report (SF-425) is required. The report is an accounting of expenditures under the project for that year. Financial reports must be submitted electronically. Visit [Reporting Requirements | HRSA](#). More specific information will be included in the NOA.
2. **Uniform Data System (UDS) Report:** The UDS collects data on all health centers to ensure compliance with legislative and regulatory requirements, improve health center performance and operations, and report overall program accomplishments. Award recipients are required to submit UDS reports consistent with HRSA guidance.

Failure to submit a complete UDS report by the specified deadline may result in conditions or restrictions being placed on your award, such as requiring prior approval of drawdowns of your Health Center Program award funds and/or limiting eligibility to receive future supplemental funding.

3. **Non-Competing Continuation (NCC):** Recipients must submit, and we must approve, an NCC progress report to release year two, year three, and year four funding. Funding depends upon congressional appropriation, satisfactory performance, and a determination that continued funding would be in the government's best interest..
4. **Integrity and Performance Reporting.** The NOA will contain a provision for integrity and performance reporting in [FAPIS](#), as [45 CFR part 75 Appendix I, E.3](#), and [45 CFR part 75 Appendix XII](#) require.



# Contacts and Support

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| Agency contacts  | <a href="#"><u>62</u></a> |
| Grants.gov       | <a href="#"><u>62</u></a> |
| SAM.gov          | <a href="#"><u>62</u></a> |
| Helpful websites | <a href="#"><u>63</u></a> |

# Agency contacts

## Program and eligibility

Ashley Vigil or Julia Tillman

Public Health Analysts

Attn: Service Area Competition

Bureau of Primary Health Care

Health Resources and Services Administration

Email your questions to this program's in-box: [BPHC Contact Form](#)

301-594-4300

## Financial and budget

Joi Grymes-Johnson

Grants Management Specialist

Division of Grants Management Operations, OFAAM

Health Resources and Services Administration

Email address: [jgrymes@hrsa.gov](mailto:jgrymes@hrsa.gov)

301-443-2632

## HRSA Contact Center

Open Monday – Friday, 7 a.m. – 8 p.m. ET, except for federal holidays.

Call: 877-464-4772 / 877-Go4-HRSA

TTY: 877-897-9910

## Grants.gov

Grants.gov provides 24/7 support. You can call 800-518-4726, search the [Grants.gov Knowledge Base](#), or [email Grants.gov for support](#). Hold on to your ticket number.

## SAM.gov

If you need help, you can call 866-606-8220 or live chat with the [Federal Service Desk](#).

# Helpful websites

- The [Apply for Service Area Competition \(SAC\)](#) TA webpage – resources that may support the development of your application.
- The [Health Center Program Compliance Manual](#) – direction for demonstrating compliance with program requirements.
- [Policy Information Notice 2008-01](#) – guidance for health centers on defining and updating their Scope of Project.
- The HRSA-supported [Health Center Resource Clearinghouse](#) – outlines training and TA resources for health centers nationwide.
- The [HRSA Primary Health Care Digest](#) – a weekly email newsletter with Health Center Program information and updates, including competitive funding opportunities. We encourage you to have several staff subscribe.
- [FTCA Health Center Policy Manual](#) – Federal Tort Claims Act (FTCA) coverage for new services and sites which is dependent, in part and where applicable, on HRSA approval of a post-award change in the scope of the project.
- The [Office of Pharmacy Affairs webpage](#) – an overview of the 340B Drug Pricing Program which helps certain safety net providers stretch limited federal resources by providing discounts on some covered outpatient drugs.

# Appendix A: Health Center Program Compliance

HRSA assesses health centers for Health Center Program compliance on a regular basis, including during the SAC application review.

Upload a narrative as Attachment 13, including the sections detailed below, to demonstrate your compliance with program requirements as outlined in the [Health Center Program Compliance Manual](#). HRSA will use this attachment, along with the other related attachments and forms – including the Budget and the Budget Narrative – to assess your compliance with program requirements. The narrative portions of Attachment 13 will not be included in your application’s merit review. All forms and attachments that support your Project Narrative will be included in the merit review.

| Compliance Element           | Compliance Narrative                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Required Attachments and Forms                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Sliding Fee Discount Program | <p>You must describe the following aspects of the sliding fee discount program (SFDP):</p> <ul style="list-style-type: none"> <li>Uniform applicability to all patients.</li> <li>Definitions of income and family.</li> <li>Alignment with the current Federal Poverty Guidelines (FPG).</li> <li>Methods for assessing all patients for sliding fee discount eligibility based only on income and family size.</li> <li>Assurance that patient charges are adjusted based on ability to pay and consistent with the SFDS.</li> <li>Policies related to nominal charges for patients with incomes at or below 100% of the current FPG.</li> </ul> | <p>Upload the current sliding fee discount schedule (SFDS) as <a href="#">Attachment 10: Sliding Fee Discount Schedule</a> for services provided directly (consistent with <a href="#">Form 5A: Services Provided</a>, Column I). The SFDS structure must be consistent with the policy described in the Sliding Fee Discount Program and provide discounts as follows:</p> <p>A full discount is provided for individuals and families with annual incomes at or below 100% of the current FPG, unless a health center elects to have a nominal charge, which would be less than the fee and/or discount paid by a patient in the first sliding fee</p> |



| Compliance Element   | Compliance Narrative                                                                                                                                                                                                                                                                            | Required Attachments and Forms                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                      | <p>(Describe whether the nominal charge is flat, is set at a level that is nominal from the perspective of the patient, or does not reflect the actual cost of the service being provided. Or state if you do not have a nominal charge for patients with incomes at or below 100% of FPG.)</p> | <p>discount pay class above 100% of the FPG.</p> <p>Partial discounts are provided for individuals and families with incomes above 100% of the current FPG and at or below 200% of the current FPG, and those discounts adjust based on gradations in income levels and include at least three discount pay classes.</p> <p>No discounts are provided to individuals and families with annual incomes above 200% of the current FPG.</p> <p>Ensure the SFDS has incorporated the last available <a href="#">FPG</a>. If you have more than one SFDS for services provided directly (for example, medical, dental), upload all SFDSs.</p> |
| Key Management Staff | <p>No narrative required beyond the narrative included in the attachments and forms.</p>                                                                                                                                                                                                        | <p>You must use <a href="#">Attachment 4: Position Descriptions for Key Management Staff</a> to describe the training and experience qualifications for each key management position as well as the duties or functions for each key management staff position.</p> <p>You must also use <a href="#">Form 2: Staffing Profile</a>, <a href="#">Attachment 3: Project Organizational Chart</a>, and <a href="#">Attachment 4: Position Descriptions for Key Management Staff</a> to document the following:</p> <p>The health center's Project Director/CEO is directly employed by the health center.</p>                                |

| Compliance Element          | Compliance Narrative                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Required Attachments and Forms                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|-----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | The health center's Project Director/CEO reports to the health center's governing board and is responsible for overseeing other key management staff in carrying out the day-to-day activities of the project.                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Contracts and Subawards     | <p>You must describe your oversight of all contracts and subawards to ensure:</p> <p>The applicability of all Health Center Program requirements to the subrecipient.</p> <p>The applicability to the subrecipient of any distinct statutory, regulatory, and policy requirements of other Federal programs associated with their HRSA- approved scope of project.</p> <p>That all costs paid for by the Federal subaward are allowable consistent with Federal Cost Principles.</p> | <p>You must use <a href="#">Attachment 7: Summary of Contracts and Agreements</a> and <a href="#">Form 8: Health Center Agreements</a> to demonstrate that all contracts and subawards include the following required provisions:</p> <p>The specific activities or services to be performed or goods to be provided.</p> <p>Mechanisms for the health center to monitor contractor performance.</p> <p>Requirements for the contractor to provide data necessary to meet the recipient's applicable Federal financial and programmatic reporting requirements, as well as provisions addressing record retention and access, audit, and property management.</p> |
| Collaborative Relationships | No narrative required beyond the narrative included in the attachments and forms.                                                                                                                                                                                                                                                                                                                                                                                                    | You must document in <a href="#">Attachment 9: Collaboration Documentation</a> efforts to coordinate and integrate your activities with other federally-funded entities, as well as state and local health service delivery projects and programs serving similar patient populations in the service area (consistent with                                                                                                                                                                                                                                                                                                                                        |

| Compliance Element          | Compliance Narrative                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Required Attachments and Forms                                                                                                                                                                                                                                                                                                                                   |
|-----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <p><a href="#">Attachment 1: Service Area Map and Table</a>).</p> <p>At a minimum, this includes establishing and maintaining relationships with other health centers (including look-alikes) in the service area. If you cannot obtain a requested letter of support from other health centers, include documentation of efforts made to obtain the letter.</p> |
| Billing and Collections     | <p>You must describe how you conduct billing and collections, including:</p> <p>Your participation in Medicare, Medicaid, Children's Health Insurance Program (CHIP) and as appropriate, other public or private assistance programs or health insurance, as applicable. This description should be supported by <a href="#">Form 3: Income Analysis</a>.</p> <p>Your board-approved policies, as well as your procedures for waiving or reducing fees, to ensure that fees or payments will be waived or reduced based on specific circumstances due to any patient's inability to pay.</p> | <a href="#">Form 3: Income Analysis</a>                                                                                                                                                                                                                                                                                                                          |
| Budget                      | No additional narrative required beyond the Budget Narrative included in the application.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Complete the SF-424A.                                                                                                                                                                                                                                                                                                                                            |
| Governance: Board Authority | You must describe where in <a href="#">Attachment 2: Bylaws</a> and/or <a href="#">Attachment 8: Articles of Incorporation</a> (new applicants                                                                                                                                                                                                                                                                                                                                                                                                                                               | <p><a href="#">Attachment 2: Bylaws</a></p> <p><a href="#">Attachment 3: Project Organizational Chart</a></p>                                                                                                                                                                                                                                                    |

| Compliance Element | Compliance Narrative                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Required Attachments and Forms                                                                                                                                                     |
|--------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                    | <p>only) (and, if applicable, <a href="#">Attachment 6: Co-Applicant Agreement</a>) you document the following board authority requirements:</p> <p>Holding monthly meetings.</p> <p>Approving the selection (and dismissal or termination, as appropriate) of the PD/CEO.</p> <p>Approving the annual Health Center Program project budget and applications.</p> <p>Approving proposed health center services and the locations and hours of operation of health center sites.</p> <p>Evaluating the performance of the health center.</p> <p>Establishing or adopting policies related to the operations of the health center.</p> <p>Assuring the health center operates in compliance with applicable federal, state, and local laws and regulations.</p> <p>Referencing specific sections in <a href="#">Attachment 2: Bylaws</a>, <a href="#">Attachment 6: Co-Applicant Agreement</a>, <a href="#">Attachment 8: Articles of Incorporation</a> (new applicants only), and <a href="#">Form 8: Health Center Agreements</a>, describe how your governing board maintains the authority for oversight of the proposed Health Center Program project. Specifically address the following:</p> | <p><a href="#">Attachment 6: Co-Applicant Agreement</a></p> <p>Attachment <a href="#">8: Articles of Incorporation</a></p> <p><a href="#">Form 8: Health Center Agreements</a></p> |

| Compliance Element            | Compliance Narrative                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Required Attachments and Forms                                                                                                                                                                                                                               |
|-------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                               | <p>No other individual, entity, or committee (including, but not limited to, an executive committee authorized by the board, and consistent with <a href="#">Attachment 3: Project Organizational Chart</a>) reserves approval authority or has veto power over the board with regard to the required authorities and functions.</p> <p>In cases where you collaborate with other entities in fulfilling the health center's proposed scope of project, such collaboration or agreements with other entities do not restrict or infringe upon the board's required authorities and functions.</p> <p>Public agency applicants with a co-applicant board: The health center has a co-applicant agreement that delegates the required authorities and functions to the co-applicant board and delineates the roles and responsibilities of the public agency and the co-applicant in carrying out the project (consistent with <a href="#">Attachment 6: Co-Applicant Agreement</a>).</p> |                                                                                                                                                                                                                                                              |
| Governance: Board Composition | <p>You must describe where in <a href="#">Attachment 2: Bylaws</a> (and, if applicable,) you document the following board composition requirements:</p> <p>Board size is at least 9 and no more than 25 members, with either a</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <p><a href="#">Attachment 2: Bylaws</a></p> <p><a href="#">Attachment 6: Co-Applicant Agreement</a></p> <p><a href="#">Form 6A: Current Board Member Characteristics</a></p> <p><a href="#">Form 6B: Request for Waiver of Board Member Requirements</a></p> |

| Compliance Element | Compliance Narrative                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Required Attachments and Forms |
|--------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
|                    | <p>prescribed number or range of board members.</p> <p>At least 51% of board members are patients served by the health center.</p> <p>Patient members of the board, as a group, represent the individuals served by the health center in terms of demographic factors (for example, sex, race, ethnicity).</p> <p>Non-patient members are representative of the community served by the health center or the health center's service area.</p> <p>Non-patient members are selected to provide relevant expertise and skills (for example, community affairs, local government, finance and banking, legal affairs, trade unions and other commercial and industrial concerns, social services).</p> <p>No more than one-half of non-patient board members may earn more than 10% of their annual income from the health care industry.</p> <p>Health center employees and immediate family members (i.e., spouses, children, parents, or siblings through blood, adoption, or marriage) of employees may not be health center board members.</p> |                                |