U.S. Department of Health and Human Services

HRSA
Health Resources & Services Administration

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2025

Bureau of Primary Health Care

Health Center Program

Service Area Competition

Funding Opportunity Number: HRSA-25-015

Funding Opportunity Type(s): Competing Continuation, Competing Supplement, New

Assistance Listing Number: 93.224

PHASE 1: Application Due Date in Grants.gov: September 24, 2024

PHASE 2: Supplemental Information Due Date in HRSA EHBs: October 24, 2024

Ensure your SAM.gov and Grants.gov registrations and passwords are current immediately!
We won't approve deadline extensions for lack of registration.
Registration in all systems may take up to 1 month to complete.

Issuance Date: July 25, 2024

Ashley Vigil & Julia Tillman
Public Health Analysts, Office of Policy and Program Development
Bureau of Primary Health Care
Call: 301-594-4300
Contact: BPHC Contact Form
Service Area Competition technical assistance webpage

See Section VII for a complete list of agency contacts.

Authority: 42 U.S.C. § 254b (Title III, § 330 of the Public Health Service (PHS) Act)

508 COMPLIANCE DISCLAIMER

Persons using assistive technology may not be able to fully access information in this file. For assistance, email or call one of the HRSA staff listed in Section VII. Agency Contacts.

SUMMARY

Funding Opportunity Title:	Service Area Competition
Funding Opportunity Number:	HRSA-25-015
Assistance Listing Number:	93.224
Due Date for Applications – **Grants.gov**:	**Phase 1:** September 24, 2024 (11:59 p.m. ET)
Due Date for Supplemental Information – **HRSA Electronic Handbooks (EHBs)**:	**Phase 2:** October 24, 2024 (5 p.m. ET)
Purpose:	To ensure continuity of affordable, accessible, and high-quality primary health care in the communities and populations currently served by the Health Center Program.
Program Objective(s):	1. Improve the health of underserved populations, including individuals and families experiencing homelessness, migratory and seasonal agricultural workers, and residents of public housing by delivering comprehensive, culturally competent, high-quality primary health care and supportive services. 2. Provide services regardless of the patient's ability to pay.
Eligible Applicants:	Your organization must be a private, non-profit entity or public agency in the United States or its territories. Tribes, tribal, or community-based organizations may apply. See Section III of this notice of funding opportunity (NOFO) for complete eligibility information.

Anticipated Available Funding:	Approximately $274,773,800 *We're issuing this notice to ensure that, should funds become available for this purpose, we can process applications and award funds appropriately. You should note that we may cancel this program notice before award if funds are not appropriated.*
Estimated Number and Type of Award(s):	Up to 71: competing continuation, competing supplement, and new awards
Estimated Annual Award Amount:	Varies
Cost Sharing or Matching Required:	No
Period of Performance:	April 1, 2025 through March 31, 2028 (up to 3 years)
Agency Contacts:	**Business, administrative, or fiscal issues:** Joi Grymes-Johnson Grants Management Specialist Division of Grants Management Operations, OFAM Health Resources and Services Administration Call: 301-443-2632 Email: jgrymes@hrsa.gov **Program issues or technical assistance:** Ashley Vigil & Julia Tillman Public Health Analysts Attn: Service Area Competition Bureau of Primary Health Care Health Resources and Services Administration Call: 301-594-4300 Contact: BPHC Contact Form • Under *Funding*, select *Applications for Notice of Funding Opportunities* • Select *Service Area Competition* Web: Apply for SAC

Application Guide

You (the applicant organization/agency) are responsible for reading and complying with the instructions included in this NOFO and the *HRSA Two-Tier Application Guide*. Visit HRSA's How to Prepare Your Application page for more information.

Technical Assistance

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 SAC TA webpage (https://bphc.hrsa.gov/program-opportunities/sac) includes:

- Application resources, such as sample forms, attachments, and instructions.
- Answers to frequently asked questions.
- Applicant TA webinar and slides.
- Contact information for questions.

The HRSA-supported Health Center Resource Clearinghouse includes links to many health center resources.

Summary of Changes Since the FY 2024 SAC Funding Opportunity

- The page limit is reduced to 90 pages. This does not include required forms or the following attachments: Attachment 1: Service Area Map and Table, Attachment 2: Bylaws, Attachment 6: Co-Applicant Agreement, Attachment 9: Collaboration Documentation, Attachment 11: Evidence of Nonprofit or Public Center Status, or Attachment 13: Health Center Program Compliance.
- We moved elements of the Project Narrative related to compliance with Health Center Program requirements to Appendix A: Health Center Program Compliance.
- The Funding Reduction by Proposed Patients table has been updated to include a new funding request reduction scale.
- Patient targets have been updated to reflect the most recent total number of unduplicated patients reported in the 2023 Uniform Data System (UDS).

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I. Program Funding Opportunity Description

1. Purpose

This Notice of Funding Opportunity (NOFO) announces the opportunity to apply for funding under the Health Center Program's Service Area Competition (SAC). The purpose of this funding is to ensure continuity of care in the communities and populations currently served by the Health Center Program.
See Program Requirements and Expectations for more details.

2. Background

The Health Center Program is authorized by 42 U.S.C. § 254b (Title III, § 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 patient populations already served by the Health Center Program.

Service areas and patient populations listed in the FY 2025 SAC Service Area Announcement Table (SAAT) are currently served by Health Center Program award recipients whose periods of performance end in FY 2025. Each announced service area has been assigned a unique Service Area Identification Number (SAC ID). 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 population type(s) with available funding. Only one award will be made for each announced service area.

II. Award Information

1. Type of Application and Award

Application type(s): Competing Continuation, Competing Supplement, New

- Competing continuation – A current Health Center Program award recipient with a March 31, 2025 period of performance end date that will continue serving its current service area.
- Competing supplement – A current Health Center Program award recipient that will serve an announced service area by adding one or more new, full-time, permanent service delivery sites within the announced service area in addition to its current service area.

- New – An organization that is not currently funded through the Health Center Program that will serve an announced service area through one or more permanent service delivery sites.[1]

If your application is successful, we will fund you via a grant.

2. Summary of Funding

HRSA estimates that $274,773,800 will be available to fund 71 recipients.

The period of performance is April 1, 2025 through March 31, 2028. You may receive funding for up to 3 years.

This program notice depends on the appropriation of funds. If funds are appropriated for this purpose, we will proceed with the application and award process.

Support beyond the first budget year will depend on:

- Appropriation
- Satisfactory progress in meeting the project's objectives
- A decision that continued funding is in the government's best interest

You may apply for funding up to the Total Funding listed in the SAAT for the proposed service area.

You must propose to serve at least 75 percent of the SAAT Patient Target in calendar year 2026 (January 1 through December 31, 2026). If you propose to serve fewer patients than listed in the SAAT, your funding request must reflect the reductions noted below. If you do not reduce your funding request, HRSA will reduce the award accordingly. You can use the funding calculator to determine if a funding reduction is required.

Table 1: Funding Reduction by Proposed Patients

Patient Projections Compared to SAAT Patient Target	Funding Request Reduction
95-100% of patients listed in the SAAT	No reduction
90-94.9% of patients listed in the SAAT	1.25% reduction
85-89.9% of patients listed in the SAAT	2.5% reduction
80-84.9% of patients listed in the SAAT	3.75% reduction
75-79.9% of patients listed in the SAAT	5% reduction
< 75% of patients listed in the SAAT	Not eligible for funding

[1] A Health Center Program look-alike must apply as a new applicant.

We will assess your performance 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 applies to all HRSA awards.

III. Eligibility Information

1. Eligible Applicants

Eligibility Requirement	What We Check
1) Your organization must be a private, non-profit entity or a public agency in the United States or its territories. Tribal and urban Indian organizations may apply.[2]	• Attachment 11: Evidence of Nonprofit or Public Center Status[3] for new applicants
2) Your organization must provide all required health services[4] available and accessible in the service area without regard for ability to pay. You may not propose to provide only a single service or any subset of the required primary health care services.	• Project Narrative RESPONSE section • Form 5A: Services Provided (Columns 1, 2, and 3)
3) Your organization must provide General Primary Medical Care directly and/or through contracts the health center pays for.	• Form 5A: Services Provided (Columns 1 and 2)
4) Your organization must perform a substantive role in the project.	• Budget Narrative • Attachment 2: Bylaws • Form 5A: Services Provided (Column 1) • Form 8: Health Center Agreements and its attachments
5) 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	• Project Narrative RESPONSE section

[2] Refer to Chapter 1: Health Center Program Eligibility of the Compliance Manual.
[3] Only public agency health centers can have a co-applicant. The co-applicant functions as the health center's governing board when the public agency cannot meet the Health Center Program governing board requirements directly (Section 330(r)(2)(A) of the Public Health Service Act).
[4] Refer to the Service Descriptors for Form 5A: Services Provided, for details regarding required primary health care services.

Eligibility Requirement	What We Check
disease. If you propose a site that targets only a sub-population (e.g., a school-based site), you must explain how you will make all required services available to the entire underserved population in the service area.	
6) Your organization must provide continuity of care to patients in an announced service area. You must: • **Service Area ID:** Include the three-digit service area ID number from the SAAT that is announced under this NOFO. • **Patients:** Project to serve at least 75 percent of the SAAT Patient Target. • **Services:** Project to serve patients in all of the service types listed on the SAAT for your proposed service area (e.g., Medical, Dental, Mental Health, Substance Abuse, Vision, Enabling). • **Service Area Zip Codes: (New or Competing Supplement Applicants)** Enter zip codes for service delivery sites that include a combination of SAAT Service Area Zip Codes in which patient percentages total at least 75 percent. If the sum of all zip code patient percentages is less than 75 percent, you must include all SAAT Service Area Zip Codes for the proposed service area. **Current Service Area Zip codes will auto-populate for Competing Continuation applicants.** • **Special Populations:** Propose to maintain services to all currently served population types (Community Health Centers (CHC), Migrant Health Centers (MHC), Health Care for the Homeless (HCH), Public Housing Primary Care (PHPC). You will do this by maintaining the funding distribution of those population	• **Service Area ID:** Project Abstract and Summary Page • **Patients:** The total number of unduplicated patients for calendar year 2026 (January 1 – December 31, 2026) on Form 1A: General Information Worksheet • **Services:** The patients listed for each service type on Form 1A: General Information Worksheet • **Service Area Zip Codes:** The zip codes listed on Form 5B: Service Sites (administrative-only sites will not be considered)[5] • **Special Populations:** The funding distribution on the SF-424A: Budget Information Form

[5] We consider service area overlap when making funding determinations for new or competing supplement applicants if you propose zip codes on Form 5B: Service Sites that are not listed in the SAAT. For more information about service area overlap, refer to Policy Information Notice 2007-09.

Eligibility Requirement	What We Check
types listed in the SAAT where the funding level is not $0.	
7) **New or competing supplement applicants** must propose at least one new full-time (open at least 40 hours per week) permanent, fixed building service site.[6] [7]	• The valid street address for each proposed site on Form 5B: Service Sites and the proposed hours of operation for each site
8) PUBLIC HOUSING PRIMARY CARE APPLICANTS: **New or competing supplement applicants** applying for PHPC 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.	• Project Narrative COLLABORATION section
9) HEALTH CARE FOR THE HOMELESS AND PUBLIC HOUSING PRIMARY CARE APPLICANTS: **New or competing supplement applicants** applying for HCH or PHPC 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.	• Attestation on the Summary Page

2. Cost Sharing or Matching

Cost sharing or matching is not required for this program.

3. Other

We may consider your application ineligible for review if it:

- Requests more than the Total Funding amount listed on the SAAT for Year 1.
- Does not include the Project Narrative as described.
- Does not include Attachment 6: Co-Applicant Agreement, if you are a public agency with a co-applicant.
- Does not include Attachment 11: Evidence of Nonprofit or Public Center Status.

[6] Policy Information Notice 2008-01: Defining Scope of Project and Policy for Requesting Changes describes and defines the term "service sites."
[7] If you propose to serve only migratory and seasonal agricultural workers, you may propose a full-time seasonal (rather than permanent) service site.

- Fails to satisfy the deadline requirements referenced in Section IV.4.

Multiple Applications

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.

IV. Application and Submission Information

1. Address to Request Application Package

We ***require*** you to apply online through Grants.gov **and** EHBs. Use the SF-424 application package associated with this NOFO. You must use a **two-phase** submission process. Follow these directions: How to Apply for Grants **and** those in EHBs.

- **Phase 1 – Grants.gov** – You must submit your application via Grants.gov by ***September 24, 2024,*** **at 11:59 p.m. ET**; **and**
- **Phase 2 – EHBs** – You must submit supplemental information via EHBs by ***October 24, 2024,*** **at 5 p.m. ET**.

Only applicants who successfully submit the application package associated with this NOFO in Grants.Gov (Phase 1) by the due date may submit the additional required information in EHBs (Phase 2). If you wish to change attachments submitted in Grants.gov, you may do so in the EHBs application phase. If you wish to change information you submitted in EHBs, you may reopen and revise your application before the EHBs deadline. For more details, see Sections 3 and 4 of the *Two-Tier Application Guide.*

Note: Grants.gov calls the NOFO "Instructions."

Select "Subscribe" and enter your email address for HRSA-25-015 to receive emails about changes, clarifications, or instances where we republish the NOFO. You will also be notified by email of documents we place in the RELATED DOCUMENTS tab that may affect the NOFO and your application. *You're responsible for reviewing all information that relates to this NOFO.*

2. Content and Form of Application Submission

Application Format Requirements

Follow the instructions in Sections 4 and 5 of the Two-Tier Application Guide and this NOFO. Write your application in **English. Use U.S. dollars for your budget.** There's an Application Completeness Checklist in the Two-Tier Application Guide to help you.

Application Page Limit

The page limit for your application is **90 pages**. We will not review any pages that exceed the page limit. Using the pages within the page limit, we will determine eligibility using Section III. Eligibility Information of the NOFO.

These items do not count toward the page limit:

- Standard OMB-approved forms you find in the NOFO's application package, including the program-specific forms in EHBs
- Attachments that are uploaded to program-specific forms in EHBs
- Abstract (standard form (SF) "Project Abstract Summary")
- Indirect Cost Rate Agreement
- Attachments to determine eligibility (Attachment 6: Co-Applicant Agreement and Attachment 11: Evidence of Nonprofit or Public Center Status if applicable)
- Attachment 1: Service Area Map and Table
- Attachment 2: Bylaws
- Attachment 9: Collaboration Documentation
- Attachment 13: Health Center Program Compliance

If you use an OMB-approved form that isn't in the HRSA-25-015 workspace application package or EHBs application, it may count toward the page limit. Therefore, we recommend you only use the forms available in Grants.gov and EHBs.

Applications must be complete, validated by Grants.gov, and submitted under HRSA-25-015 before the Grants.gov and EHBs deadlines.

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

- When you submit your application, you certify that you and your principals[8] (e.g., program director) can participate in receiving award funds to carry out a proposed project. That is, no federal department or agency has debarred, suspended, proposed for debarment, claimed you ineligible, or you have voluntarily excluded yourself from participating.
- If you fail to make mandatory disclosures, we may take an action like those in 45 CFR § 75.371. This includes suspending or debarring you.[9]
- If you cannot certify this, you must explain why in *Attachment 14: Other Relevant Documents*.

See Section 5.1.viii – Certifications of the *Two-Tier Application Guide*.

Program Requirements and Expectations

Funding Requirements

[8] See definitions at eCFR :: 2 CFR 180.995 -- Principal. and eCFR :: 2 CFR 376.995 -- Principal (HHS supplement to government-wide definition at 2 CFR 180.995).
[9] See also 2 CFR parts 180 and 376, 31 U.S.C. § 3354, and 45 CFR § 75.113.

Your application must document an understanding of the need for primary health care services in the service area. You must also propose a comprehensive plan to ensure the availability and accessibility of primary health care services to all individuals in the service area and target population, regardless of ability to pay. Your plan must include collaborative and coordinated delivery systems for the provision of health care to the underserved.

We expect SAC award recipients to make every reasonable effort to provide services to the number of unduplicated patients you project to serve on Form 1A: General Information Worksheet in calendar year 2026. We will track progress toward meeting the total unduplicated patient projection, which may include projections from other funded applications, using the Uniform Data System (UDS) report. For more information, visit the Patient Target FAQs. **If there is a downward three-year patient trend in the service area for two consecutive SAC periods of performance (e.g., 6 years), HRSA may compete the area in the next SAC competition with a different funding allocation, patient target, or service area zip codes.**

You must comply with all Health Center Program requirements as described in the Health Center Program Compliance Manual and applicable law and regulations. Failure to fulfill 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.

- If you do not demonstrate compliance, you may receive a condition on your award and a 1-year period of performance.
- If you do not resolve conditions through the progressive action process outlined in Chapter 2: Health Center Program Oversight of the Health Center Program Compliance Manual, HRSA will terminate your award.
- You must attest on the Summary Page form that if you receive a 1-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 1-year period of performance and you do not submit the required Compliance Achievement Plan[10] within 120 days of award or demonstrate good cause for not submitting it, HRSA will terminate your award.
- HRSA will not award funding for a third consecutive 1-year period of performance unless we determine that you are compliant with all program requirements.

[10] Refer to Section 330(e)(1)(B) of the PHS Act.

New and competing supplement applicants must also meet the following requirements:

- Open all proposed sites within 120 days of the Notice of Award (NoA). Staff and systems must be in place to deliver all 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.[11]

- 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 5B: Service Sites, Form 5A: Services Provided, the Project Narrative, and Attachment 12: Operational Plan.

Applicants for special populations funding must also meet the following requirements:

- Comply with additional requirements of the PHS Act:
  - Section 330(g) for Migrant Health Center applicants.
  - Section 330(h) for Health Care of the Homeless applicants.
  - Section 330(i) for Public Housing Primary Care applicants.
- Use Health Care for the Homeless (HCH) and Public Housing Primary Care (PHPC) funding to supplement, and not supplant, other resources for the delivery of services to these populations.

Program-Specific Instructions

Include application requirements and instructions from Section 5 of the *Two-Tier Application Guide* (budget, budget narrative, staffing plan and personnel requirements, assurances, certifications, and abstract). Also include the following:

i. *Project Abstract*

Use the Standard OMB-approved Project Abstract Summary Form that you'll find in the workspace application package. Do not upload the abstract as an attachment or it may count toward the page limit. For information you must include in the Project Abstract Summary Form, see Section 5.1.ix of the *Two-Tier Application Guide.*

[11] HRSA may release NoAs up to 60 days prior to the period of performance start date.

The abstract must include:

- Your Health Center Program award number if available (H80CSXXXXX)
- The proposed service area identification number (ID), city, and state (available in the SAAT), and
- The total number of unduplicated patients that you project to serve in calendar year 2026.

NARRATIVE GUIDANCE

The following table ensures the application aligns with the review criteria. Make sure you've addressed everything. We will consider any forms or attachments you reference in a narrative section during the merit review.

Narrative Section, Forms, Attachments	Review Criteria
• Need section of the Project Narrative • Attachment 1: Service Area Map and Table, Form 5B: Service Sites	*Criterion 1: NEED*
• Response section of the Project Narrative • Form 5A: Services Provided, Form 5B: Service Sites, Attachment 12: Operational Plan	*Criterion 2: RESPONSE*
• Collaboration section of the Project Narrative • Attachment 9: Collaboration Documentation	*Criterion 3: COLLABORATION*
• Resources and Capabilities section of the Project Narrative • Attachment 2: Bylaws, Attachment 3: Project Organizational Chart, Attachment 6: Co-Applicant Agreement, Attachment 7: Summary of Contracts and Agreements, Form 8: Health Center Agreements	*Criterion 4: RESOURCES/CAPABILITIES*
• Impact section of the Project Narrative	*Criterion 5: IMPACT*

Narrative Section, Forms, Attachments	Review Criteria
• Governance section of the Project Narrative • Form 6A: Current Board Member Characteristics	*Criterion 6: GOVERNANCE*
• Support Requested section of the Project Narrative • Form 1A: General Information Worksheet	*Criterion 7: SUPPORT REQUESTED*

ii. *Project Narrative*

This section must describe all aspects of the proposed project. Responses should be brief and clear.

Provide information in the order described in the sections below. Use the section headers to ensure that reviewers can understand your proposed project.

- **For competing continuations**, the Project Narrative must reflect your approved scope of project. You must request any needed changes in scope separately through EHBs.[12]
- **For competing supplements**, the Project Narrative must reflect the proposed project for the announced service area. In addition to the required new full-time permanent site, you may propose additional sites and include current sites in scope if they will provide services to new patients in the announced service area. You may reference current services, policies, procedures, and capacity (e.g., experience, resources) if they relate to the announced service area.[13]
- **For new applicants**, the Project Narrative must reflect your entire proposed project for the announced service area.

NEED – Corresponds to Section V's Review Criterion 1

1) Describe the proposed service area (consistent with Attachment 1: Service Area Map and Table), including:
   a. The service area boundaries.
   b. If the service area is located in an Opportunity Zone (if applicable).[14]
   c. How you determined and will annually review the proposed service area, including the zip codes listed on Form 5B: Service Sites, based on where the proposed patients reside. Your explanation should include how the boundaries of

[12] Refer to the Scope of Project guidance for details.
[13] If a competing supplement's application is successful, the resulting service area will include both the announced service area and the currently funded service area.
[14] The lists of Qualified Opportunity Zones are available at IRS Notices 2018-48 and 2019-42.

the announced service area 1) ensure that the services provided are available and accessible to the residents of the area, 2) overlap with political subdivisions, school districts, and areas served by Federal and State health and social service programs; and 3) eliminate barriers to access.

Competing continuation applicants must provide updates consistent with data reported in the Uniform Data System (UDS) (e.g., service area zip codes listed on Form 5B: Service Sites represent those where 75 percent of current patients reside). **Competing supplement applicants** must address how you annually review the combined announced and currently funded service areas.

2) Describe how you determined the number of:
   a. Unduplicated patients that you project to serve in calendar year 2026. 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. (Services listed in the Service Type column of the SAAT).

3) Describe health care needs in the announced service area, including those that are met by the current Health Center Program award recipient. Address the needs of each special population identified in the SAAT, if applicable. Cite relevant data and their sources, which may include the unmet need score. Address the following:
   a. Comprehensive health care services.
   b. Enabling services (e.g., outreach, transportation, translation/interpretation).
   c. Patient-centered care coordination, including health-related social needs.
   d. Any other unique needs that impact health status (e.g., food insecurity, housing insecurity, neighborhood and the built environment, environmental issues or changes, intimate partner violence, human trafficking).

4) Describe any recent or potential changes in the local health care landscape and how those changes affect the needs of the target population.

5) Describe how you will conduct and update the needs assessment and regularly update your Scope of Project to reflect needs for additional services. Include how you will use patient and community input to inform and improve service delivery.

RESPONSE – Corresponds to Section V's Review Criterion 2

1) Describe how the proposed service delivery sites on Form 5B: Service Sites assure equitable availability and accessibility of services (consistent with Form 5A: Services Provided) and minimize barriers within the proposed service area, including:
   a. Your plans for service delivery sites in relation 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. (The combined

service area will include both the announced service area and your currently funded service area.[15])

2) Describe how your services will be comprehensive, affordable, and culturally and linguistically appropriate for all patients. Include how you will provide:
   a. Comprehensive services, including those that are required on Form 5A: Services Provided and, as appropriate and feasible, other additional services that are identified in your needs assessment.
   b. Enabling services (e.g., outreach, transportation, translation/interpretation) to address health-related social needs, enhance patient experience, and facilitate access to care.
   c. Patient-centered care coordination, informing patients about public and private health insurance options, helping patients apply for government assistance programs, and linking to community partners.
   d. Additional services to address unique needs that impact health status (e.g., food insecurity, housing insecurity, neighborhood and the built environment, environmental issues or changes, intimate partner violence, and human trafficking).

3) Describe how you will maintain access to any expanded services that HRSA has previously supported through a supplemental award in the announced service area. Address supplements awarded since FY 2020, as listed on the SAC TA webpage. Include:
   a. What level of services you currently provide and how you will continue to provide, change, or expand these services to meet the ongoing needs of your patients and your service area as identified in your needs assessment.
   b. **Competing supplement and new applicants:** Describe your plans for maintaining continued access to the services the Health Center Program award recipient currently serving the announced service area provides.

4) Describe how your sliding fee discount policies and schedule ensure that services are affordable for your target population. Describe how you will inform the public that you offer services on a sliding fee discount schedule and without regard to the ability to pay.

5) Describe how you provide care that is respectful of and responsive to individual preferences, cultures, needs, and values. Include how you will:
   a. Engage patients to participate in their care and maximize their experience of their care.
   b. Create partnerships with families and caregivers.
   c. Train providers on cultural competence and working with underserved populations.

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[15] HRSA may not fund an application for an announced service area if the applicant would not make 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.

6) Describe your communication tools and protocols, referral processes, and electronic exchange of patient health records that support continuity of care, including:

   a. Hospital admitting privileges.
   b. Receipt, follow-up, and recording of medical information from referral sources.
   c. Follow-up for patients who are hospitalized or visit a hospital's emergency department.

7) **New or competing supplement applicants**: Describe plans to limit disruption for patients (as noted in the SAAT) that may result from transition of the award to a new recipient[16] (consistent with Attachment 12: Operational Plan).

COLLABORATION – Corresponds to Section V's Review Criterion 3

1) Describe your collaboration with diverse partners to increase awareness of the community's health needs and social risk factors.

2) Describe how you coordinate services with other providers in your service area and submit Letters of Support from the providers you work with in Attachment 9: Collaboration Documentation. Include:
   a. Other community health centers, including look-alikes. (If you cannot obtain a requested letter of support from other health centers, include documentation of efforts made to obtain the letter).
   b. Providers of specialty services and other services not available through your health center.
   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, environmental organizations, homeless shelters, and Indian Health Services health facilities).

3) Describe how you collaborate with the Primary Care Association (PCA) in your state or region and, if you are a participating health center in a Health Center Controlled Network (HCCN), how you engage with that network to leverage information technology and data to improve patient care.

4) **Applicants requesting PHPC Funding:** Describe how the service delivery plan was developed in consultation with residents of the targeted public housing, and how residents of public housing will be involved in administration of the proposed project.

RESOURCES AND CAPABILITIES – Corresponds to Section V's Review Criterion 4

1) Describe your organizational structure, including:

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[16] The current award recipient's health center sites do not transfer to the new recipient unless the organizations have entered into agreements for this type of transfer. Regulations concerning record-keeping and disposition and transfer of equipment are found at 45 CFR § 75.320(e). **Note**: If a new or competing supplement applicant is awarded a service area through this NOFO, HRSA may consider a request by the current award recipient for up to a 120-day period of performance extension, with a commensurate level of funding, to support the orderly phase-out of award activities and transition of patients, as appropriate.

a. How your organization will play a substantive role in the implementation of the health center project and will not pass the award through to another organization.
b. How any subrecipients and contractors will assist in carrying out the proposed project (consistent with Attachments 2: Bylaws and 3: Project Organizational Chart, and, as applicable, Attachments 6: Co-Applicant Agreement, and 7: Summary of Contracts and Agreements).
c. If your organization is part of a parent, affiliate, or subsidiary organization (consistent with Form 8: Health Center Agreements), describe these relationships.

2) Describe the key management team, including the project director (PD) or chief executive officer (CEO), clinical director (CD), and chief financial officer (CFO) (consistent with Attachment 5: Biographical Sketches for Key Management Staff). Include:
   a. Why this team is best qualified to guide operations and provide oversight of the project.
   b. How they will promote innovation and a culture of quality improvement that is responsive to needs of the community.

3) Describe how you recruit, develop, engage, and retain the appropriate staffing mix of qualified providers to provide care to your target population.

4) Describe 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) Describe your past 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.[17] [18]

6) **Competing continuation applicants:** Citing your UDS data for the number of unduplicated patients served in calendar year 2023, describe factors that have affected your 3-year patient trend since your last SAC application. Explain any downward trend in your total unduplicated patients.

IMPACT – Corresponds to Section V's Review Criterion 5

1) Describe how the health center's Quality Improvement/Quality Assurance program:
   a. Addresses patient safety.
   b. Improves patient experience and satisfaction.

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[17] Including natural or manmade disasters, as well as emergent or established public health emergencies.
[18] Consistent with the Center for Medicare & Medicaid Services (CMS) national emergency preparedness requirements. See details at https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Emergency-Prep-Rule.

c. Uses systems such as electronic health records or population management systems to monitor and track social risk factors that impact health and collect UDS data.

2) Describe how you will improve clinical quality, health outcomes, and reduce health disparities within your patient population, including within the following specified areas:
   a. Hypertension (e.g., controlling high blood pressure)
   b. Diabetes (e.g., hemoglobin A1c (HbA1c) poor control (>9%))
   c. Mental health (e.g., screening for depression and follow-up plan, depression remission at 12 months).
   d. Substance use disorder (e.g., access to medication-assisted treatment (MAT)).
   e. Maternal and child health (e.g., early entry into prenatal care, low birth weight, childhood immunization status, dental sealants).
   f. Ending the HIV epidemic (e.g., HIV screening, HIV linkage to care, pre-exposure prophylaxis (PrEP)).
   g. Cancer screening (e.g., cervical cancer screening, breast cancer screening, colorectal cancer screening).

GOVERNANCE – Corresponds to Section V's Review Criterion 6
Items 1 and 2 do not apply Native American tribes or tribal, Native American 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.

2) Describe how you have implemented effective governance to continually promote excellence in the delivery of care to your community. Specifically address:

   a. 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.
   b. How the governing board ensures that operations are compliant, cohesive, and function optimally and how they promote innovation, a community-minded approach, and a culture of quality improvement.
   c. How the governing board builds and maintains capacity to strengthen governance performance.

3) **Native American tribes or tribal, Native American, or Urban Indian Applicants Only:** Describe your governance structure and process for assuring adequate:
   a. Input from the community/target population on health center priorities.
   b. 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.

SUPPORT REQUESTED – Corresponds to Section V's Review Criterion 7

1) If your patient projection on Form 1A: General Information Worksheet is greater than the SAAT patient target, describe how you will accomplish this increase with the funding amount announced in the SAAT. If your federal funding amount will be reduced based on a patient projection that is less than 95 percent of the patient target, explain how the reduction will affect your overall budget.
2) Describe how you manage revenue and maintain financial viability. Specifically address:
   a. Management of liquidity.
   b. Your ability to meet current and future obligations.
   c. Financial viability to maintain and enhance operations.
   d. Financial agility and how you have managed your revenue.

iii. *Budget*

Follow the instructions in Section 5.1.iv Budget of the Two-Tier Application Guide and the specific instructions listed in this section. Your budget should show a well-organized plan.

A health center's total budget includes the Health Center Program federal award funds and all other sources of revenue in support of the health center scope of project.

The total project or program costs are all allowable (direct **and** indirect) costs used for your SAC award. This includes costs charged to the award and non-federal funds used to support the project.

If you've never received a negotiated indirect cost rate, you may elect to charge a *de minimis* rate of 10 percent of modified total direct costs (MTDC)*. You may use this for the life of the award. If you choose this method, you must use it for all federal awards until you choose to negotiate for a rate. You may apply to do so at any time. See Section 5.1.v. Budget Narrative in the *Two-Tier Application Guide*.

**Note*: One exception is a governmental department or agency unit that receives more than $35 million in direct federal funding.

Program Income

The non-federal share of the project budget includes all program income sources such as fees, premiums, third party reimbursements, and payments that are generated from the delivery of services. The non-federal share also includes other revenue sources such as state, local, or other federal awards or contracts and income from fundraising, donations, and contributions.

In accordance with § 330(e)(5)(D) of the PHS Act relating to the use of non-grant funds, health centers shall use non-grant funds, including funds in excess of those originally expected, "as permitted under this section [§ 330]," and may use such funds "for such

other purposes as are not specifically prohibited under this section [§ 330] if such use furthers the objectives of the project."

Specific Instructions

Your total budget must:

- Include the amount of Health Center Program funds announced for your service area (as included in the SAAT).
- Include all non-federal funds that will support your proposed project.
- Comply with all related HHS policies and other federal requirements. You have discretion about how you propose to allocate the total budget between Health Center Program federal funds and other funding that supports the project if you are following the outlined policies and federal requirements. See 45 CFR part 75 and the HHS Grants Policy Statement.
- Directly relate to and support the proposed project.

You must carry out all activities consistent with Health Center Program requirements as described in the Health Center Program Compliance Manual, including those associated with Chapter 9: Sliding Fee Discount Program and Chapter 17: Budget.

As required by the Consolidated Appropriations Act, 2023 (P.L. 117-328), Division H, § 202, "None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II." Effective January 2024, the salary rate limitation is $221,900. As required by law, salary rate limitations may apply in future years and will be updated.

Budget Information Form (SF-424A)

Complete the Budget Information Form in EHBs. The budget information in these sections must match the total cost of your SAC project for year 1, except Section E, which records year 2.

- Section A – Budget Summary: Under New or Revised Budget, in the Federal column, enter the federal funding requested for year 1 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. Enter all other project costs 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 1 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: Leave this section blank.
- Section E – Budget Estimates of Federal Funds Needed for Balance of the Project: Enter the federal funding request for year 2 in the First column and the federal funding request for year 3 in the Second column. The other columns must remain $0. **New applicants applying for a 1-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.

iv. *Budget Narrative*

You must provide a detailed budget narrative that outlines federal and non-federal costs by object class category for **each requested 12-month period** (budget year) of the period of performance. The sum of line-item costs for each category must align with those presented on the SF-424A Budget Information Form. See Section 5.1.v. of the *Two-Tier Application Guide*. **New applicants must provide the budget for a 1-year period of performance. Competing continuation and competing supplement applicants must provide the budget for a 3-year period of performance.**

For subsequent budget years, the narrative should highlight the changes from year 1 or clearly indicate that there are no substantive changes. See the Service Area Competition TA webpage for an example Budget Narrative.

Your budget narrative must:

- Demonstrate that you will use SAC funds to meet Health Center Program objectives and requirements.
- 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.
- Include a Table of Personnel to be Paid with Federal Funds, as shown in the example in the Two-Tier Application Guide.

You must assure that all health services are provided in a manner that is compliant with the requirements of Section 330. In particular, when services are provided through

contractual arrangements, you must maintain appropriate oversight to assure that all applicable Section 330 requirements are met.

Format the budget narrative to have all columns fit on an 8.5 x 11" page when printed.

v. *Program-Specific Forms*

For **Phase 1**, you will submit the required SF-424 information through Grants.gov. For **Phase 2**, you will submit supplemental information through the EHBs. All forms except Form 5C: Other Activities/Locations are required. Refer to the SAC technical assistance 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 4: Community Characteristics (*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

vi. *Attachments*

Provide the following attachments in the order we list them.

Most attachments count toward the application page limit. The service area map and table, bylaws, collaboration documentation, proof of nonprofit or public center status (if it applies), health center program compliance, and indirect cost rate agreement are the only exceptions. They will not count toward the page limit.

Clearly label each attachment. Upload attachments into the application. Reviewers won't open any hyperlinks in the attachments.

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
- Any 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. The HCP-GeoCare Navigator-User-Guide is available under the Resources tab.

Attachment 2: Bylaws (Required)

Upload a complete copy of your organization's most recent bylaws. Bylaws must be **signed and dated**, indicating review and approval by the governing board, and they must be presented in English. A public center with a co-applicant must submit the co-applicant governing board's bylaws. See the Governance section of the Project Narrative for details.

Attachment 3: Project Organizational Chart (Required)

Upload a one-page document that shows your current organizational structure, including the governing board, key personnel, staffing, 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), and Chief Operating Officer (COO). Indicate if key management positions are combined and/or part time (consistent with Form 2: Staffing Profile). Limit each position description to **one page** and include training and experience qualifications, duties, and functions.

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

- Is directly employed by the health center.
- Reports directly to the health center's governing board.
- Oversees other key management staff in carrying out the day-to-day activities necessary to carry out 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 a person will fill more than one key management position. Limit sketches to **two pages** each. Include training, language fluency, and experience working with the cultural and linguistically diverse populations to be served, as applicable.

Attachment 6: Co-Applicant Agreement (Required for new applicants)

Public center applicants with a co-applicant board **must** submit the most recent complete copy of the formal co-applicant agreement, signed by both the co- applicant

governing board and the public center.[19] See the Resources and Capabilities section of the Project Narrative and the Governance: Board Authority Section of Appendix A for more details.

Attachment 7: Summary of Contracts and Agreements (As applicable)

Upload a brief summary describing:

- All current or proposed patient service-related contracts and agreements, consistent with Form 5A: Services Provided, Columns II and III.
- Agreements for a substantial portion of the project. If you contract with one entity for the majority of health care providers, or 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.

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 arrangement.
- Brief description of the services the contractor or referral organization will provide, how and where they will provide these services, and the timeframe for the agreement.
- The process for tracking and referring patients back to the health center for appropriate follow-up care.

Attachment 8: Articles of Incorporation (As applicable)

New applicants: Upload the official signatory page (seal page) of your Articles of Incorporation.

- A public center with a co-applicant must upload the co-applicant's Articles of Incorporation signatory page, if incorporated.
- A 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 current dated documentation of collaboration specific to the project. Letters of support should be addressed to the organization's board, PD/CEO, or other appropriate key management staff member.

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

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

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[19] See the definition of a co-applicant in the Eligible Applicants footnotes for details.

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:

- Be based on the most current FPG.[20]
- Provide a full discount for people with annual incomes at or below 100 percent of the current FPG. You may have a nominal charge if it is less than the fee paid by a patient in the first pay class above 100 percent of the FPG.
- Provide partial discounts for people with incomes above 100 percent of the current FPG and at or below 200 percent 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 percent 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 or Public Center Status (Required for new applicants)

Upload evidence of nonprofit or public center status. If you are a private, nonprofit applicant, you must submit one of the following as evidence of your nonprofit status:

- A copy of your organization's currently valid Internal Revenue Service (IRS) tax exemption letter/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 (e.g., Articles of Incorporation) showing the state or tribal seal that clearly establishes 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.

If you are a public agency applicant, provide documentation to demonstrate that you qualify as a public agency (e.g., state or local health department) by submitting one of the following:

- 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 (e.g., Republic of Palau).

[20] In assessing compliance with sliding fee discount requirements, HRSA will take into consideration that the FPG may have been updated during the SAC open application period.

- A copy of the law that created the organization and that grants one or more sovereign powers (e.g., the power to tax, eminent domain, police power) to the organization (e.g., a public hospital district).
- A ruling from the State Attorney General affirming the legal status of an entity as either a political subdivision or instrumentality of the state (e.g., a public university).
- 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.

If you are a 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: Upload a detailed Attachment 12: Operational Plan.

- 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 and 8: Health Center Agreements, and Attachment 7: Summary of Contracts and Agreements) and Form 5B: Service Sites).

Refer to the SAC Technical Assistance webpage for detailed instructions and a sample.

New or competing supplement applicants with special populations funding:

If you apply for **Migrant Health Center** 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 (48 CFR § 219.303).

If you apply for **Health Care for the Homeless** 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 **Public Housing Primary Care** 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 vouchersbut do not receive other support from a public housing agency. [21]

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 will be referenced 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 (e.g., charts, organizational brochures, lease agreements). You are permitted a maximum of two uploads.

[21] 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).

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.

3. Unique Entity Identifier (UEI) and System for Award Management (SAM)

A UEI is required to apply for this funding. You must register in the SAM.gov to receive your UEI.

You cannot use a DUNS number to apply. For more details, visit the following webpage: General Service Administration's UEI Update

After you register with SAM, maintain it. Keep your information updated when you have an active federal award, application, or plan that an agency is considering.[22]

When you register, you must submit a notarized letter naming the authorized Entity Administrator.

We won't make an award until you comply with all relevant SAM requirements. If you haven't met the requirements by the time we're ready to make an award, we will not make an award to you.

If you already registered on Grants.gov, confirm that your registration is active and that your Authorized Organization Representative (AOR) is approved.

To register in Grants.gov, submit information in two systems:

- System for Award Management (SAM) (SAM Knowledge Base)
- Grants.gov

Effective March 3, 2023, individuals assigned a SAM.gov Entity Administrator role must be an employee, officer, or board member, and cannot be a non-employee. This change is to ensure entities are in control of who has permission to control roles within their entity.[23]

Here's what this means:

- Entity Administrators assigning roles to non-employees will only be able to assign a Data Entry role or lower.

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[22] Unless 2 CFR § 25.110(b) or (c) exempts you from those requirements or the agency approved an exemption for you under 2 CFR § 25.110(d)).

[23] Entity Administrators assigning roles to non-employees will only be able to assign a Data Entry role or lower. Any entities assigning Entity Administrator roles using an Entity Administrator Role Request Letter (formerly called "notarized letter") will no longer be able to assign the Entity Administrator role to a non-employee. Entity Administrator roles assigned to non-employees will be converted to Data Entry roles. With a Data Entry role, non-employees can still create and manage entity registration data entry but cannot manage roles.

- Any entities assigning Entity Administrator roles using an Entity Administrator Role Request Letter (formerly called "notarized letter") will no longer be able to assign the Entity Administrator role to a non-employee.
- Entity Administrator roles assigned to non-employees will be converted to Data Entry roles. With a Data Entry role, non-employees can still create and manage entity registration data entry but cannot manage roles.

If you are an entity using a non-employee or if you are a non-employee working with an entity to manage registrations, please read (and share) BUY.GSA.gov blog to know what to expect.

For more details, see Section 3.1 of the *Two-Tier Application Guide.*

Note: Allow enough time to register with SAM and Grants.gov. We don't grant application extensions or waivers if you fail to register in time.

4. Submission Dates and Times

Application Due Dates

Your application is due in Grants.gov (**Phase 1**) on ***September 24, 2024, at 11:59 p.m. ET.*** All other required information is due in EHBs (**Phase 2**) on ***October 24, 2024, at 5 p.m. ET.*** We suggest you submit your application to Grants.gov at least 3 calendar days before the deadline to allow for any unexpected events. See the *Two-Tier Application Guide's* Section 9.2.5 – Summary of emails from Grants.gov.

5. Intergovernmental Review

The Health Center Program must follow the terms of Executive Order 12372 in 45 CFR part 100.

See Section 5.1 ii of the *Two-Tier Application Guide* for more information.

6. Funding Restrictions

The General Provisions in Division H of the Consolidated Appropriations Act, 2023 (P.L. 117-328) apply to this program. See Section 5.1 of the *Two-Tier Application Guide* for information. Note that these and other restrictions will apply in fiscal years that follow, as the law requires.

Program-specific Restrictions

You can't use funds under this notice for the following:

- Costs not aligned with the Health Center Program purpose.
- New construction activities, including additions or expansions.

Under existing law, and consistent with Executive Order 13535 (75 FR 15599), health centers are prohibited from using 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 applicable to awards to health centers.

You must have policies, procedures, and financial controls in place. Anyone who receives federal funding must comply with legal requirements and restrictions, including those that limit specific uses of funding.

- Follow the list of statutory restrictions on the use of funds in Section 5.1 (**Funding Restrictions**) of the *Two-Tier Application Guide.* We may audit the effectiveness of these policies, procedures, and controls.
- 2 CFR § 200.216 prohibits certain telecommunications and video surveillance services or equipment. For details, see the HRSA Grants Policy Bulletin Number: 2021-01E.

If you generate income with awarded funds, that income must be used for approved project-related activities. You can find post-award requirements for program income at 45 CFR § 75.307. The non-federal share of the project budget includes all program income sources such as fees, premiums, third party reimbursements, and payments that are generated from the delivery of services, and from other revenue sources such as state, local, and other federal awards or contracts; private support; and income generated from fundraising and donations/contributions.

In accordance with section 330(e)(5)(D) of the PHS Act relating to the use of non-grant funds, health centers must use non-grant funds, including funds in excess of those originally expected, "as permitted under this section [section 330]," and may use such funds "for such other purposes as are not specifically prohibited under this section [section 330] if such use furthers the objectives of the project."

V. Application Review Information

1. Review Criteria

We review your application on its technical merit. Our process helps you understand the criteria we use in our review. We have measures for each review criterion to help you present information and to help reviewers evaluate the applications.

Criterion 1: NEED (10 Points) – Corresponds to Section IV.2.ii NEED

1) How well and how completely the applicant describes the proposed service area and boundaries (consistent with Attachment 1: Service Area Map and Table and Form 5B: Service Sites), and the process for determining and reviewing the service area. (Applicants must explain how the boundaries ensure access; overlap with political subdivisions, school districts, and areas served by Federal and State health and social service programs; and eliminate barriers to access.)
2) How well and how completely the applicant describes how they determined the number of patients they project to serve, the proportion of the Patient Target that

they expect to serve, and, if applicable, their rationale for why their projection differs from the target advertised in the SAAT.

3) The strength and completeness of the applicant's description of the needs of the target population as they relate to comprehensive health care services, enabling services, patient-centered care coordination, and any other unique service area needs which affect health status. Applicants should cite data sources, which may include the unmet need score for the area.

4) How well and how clearly the applicant describes recent or potential changes in the local health care landscape which may affect service area/target population need.

5) The strength and completeness of the applicant's description of its process for updating the needs assessment and using patient and community input to inform and improve service delivery. Applicants must also address using the updated needs assessment to make relevant changes to their Scope of Project.

Criterion 2: RESPONSE (25 Points) – Corresponds to Section IV.2.ii RESPONSE.

1) The strength and completeness of the applicant's description of how the service delivery sites on Form 5B: Service Sites will ensure equitable access to and availability of services within the service area (consistent with Form 5A: Services Provided). Applicants must relate the response to where the target populations live, and they must address geographic barriers, location of sites, and hours of operation. **Competing supplement applicants** must also explain how all services will be available and accessible to all patients in the resulting combined announced and currently funded service area if the service areas are not contiguous.

2) How well and how clearly the applicant describes how services will be comprehensive, affordable, and culturally and linguistically appropriate for all patients. Applicants should address all required services (consistent with Form 5A: Services Provided) and additional services that were identified in the needs assessment. They should discuss enabling services and patient-centered care coordination (e.g., informing patients about insurance options, helping patients apply for government assistance programs, and linking to community partners) and any other services to address unique service area needs (e.g., food insecurity, housing insecurity, neighborhood and the built environment, environmental issues or changes, intimate partner violence, and human trafficking).

3) How well the applicant describes plans to maintain access to any expanded services provided through supplemental awards since FY 2020 as listed on the SAC TA webpage. Applicants should detail plans to continue, change, or expand those services to meet the needs of the patients and service area based on the needs assessment. **Competing supplement and new applicants** must describe plans to maintain continued access to all expanded services that are

provided by the Health Center Program award recipient currently serving the announced service area.

4) How clearly the applicant describes how its sliding fee discount program policies and schedule reduce financial barriers to care and their approach to informing the public about their payment policies.

5) The strength of the applicant's approach to ensuring that care is responsive to individual needs by engaging patients in managing their own health, by creating partnerships with families and caregivers, and by training their providers.

6) The strength and completeness of how the applicant describes communication tools, referral processes, and electronic exchange of patient health records to facilitate continuity of care for patients.

7) **New and competing supplement applicants:** The completeness and effectiveness of the detailed operational plan (Attachment 12: Operational Plan) that ensures that 1) within 120 days of release of the NoA, all proposed site(s) in the announced service area will have necessary staff and providers in place; 2) within one year release of the NoA, all proposed sites will be open and providing services for the stated number of hours; and 3) potential impacts of award recipient transition will be minimized for patients currently served.

Criterion 3: COLLABORATION (10 points) – Corresponds to Section IV.2.ii COLLABORATION

1) The strength of the applicant's collaboration with diverse community-level partners to increase awareness of the community's health needs and social risk factors.

2) The strength and effectiveness of the applicant's coordination of services with other health service delivery providers and programs that serve similar patient populations in the service area. The application must include letters of support from other health centers, including look-alikes, or documentation that letters were requested in Attachment 9: Collaboration Documentation.

3) The strength and effectiveness of the applicant's collaboration with the Primary Care Association (PCA) in the state or region and, if applicable, its engagement with a Health Center Controlled Network (HCCN) to leverage information technology and data to improve patient care.

4) **Applicants requesting PHPC funding**: The strength with which the applicant describes how the service delivery plan was developed in consultation with residents of the targeted public housing and how residents will be involved in administration of the proposed project.

Criterion 4: RESOURCES AND CAPABILITIES (20 points) – Corresponds to Section IV.2.ii RESOURCES/CAPABILITIES

1) How well the organizational structure demonstrates that the applicant will play a substantive role in the health center project, details how any subrecipients and contractors will assist in carrying out the project (consistent with Attachment 2: Bylaws, Attachment 3: Project Organizational Chart, and, as applicable, Attachment 6: Co-Applicant Agreement, and Attachment 7: Summary of Contracts and Agreements), and, if applicable, describes relationships with parent, affiliate, or subsidiary organizations (consistent with Form 8: Health Center Agreements).

2) The capabilities of the key management team to guide 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 (consistent with Attachment 5: Biographical Sketches for Key Management Staff).

3) The strength of the applicant's plan to ensure that providers will be in place to carry out required and any proposed additional services. Applicants must address workforce recruitment and retention of clinically aligned and culturally competent staff.

4) The clarity with which the applicant establishes that its financial accounting and control systems have the capacity to account for all federal award(s) and assure that expenditures of the federal funds are allowable. Applicants must also demonstrate that its systems can mitigate conflicts of interest by board members and employees.

5) The strength and effectiveness with which the applicant describes 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.

6) **Competing continuation applicants**: How well and how clearly the applicant describes the factors that have contributed to its 3-year patient trend since the most recent SAC application. Applicants must also explain any downward patient trend.

Criterion 5: IMPACT (15 points) – Corresponds to Section IV.2.ii IMPACT

1) How well and how clearly the applicant describes its QI/QA program to address adherence patient safety standards and improved patient experience. Applicants must also include how its data systems monitor social risk factors that impact health.

2) The strength of the applicant's efforts to improve the 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) – Corresponds to Section IV.2.ii GOVERNANCE

1) How well the applicant describes a board which 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.

2) How well and how clearly the applicant describes effective governance, leadership, and management to continually promote excellence in the delivery of care.

3) **Native American tribes or tribal, Native American, or Urban Indian Groups Only**: How well and how clearly the applicant demonstrates that the governance structure will assure adequate input from the community/target population, as well as fiscal and programmatic oversight of the proposed project.

4) **Competing supplement applicants:** How well and how clearly the applicant describes a board composition which accurately reflects the community/target population of the combined announced and currently funded service area, to include documenting that at least one board member resides or works in the announced service area.

Criterion 7: SUPPORT REQUESTED (10 points) – Corresponds to Section IV.2.ii SUPPORT REQUESTED

1) The completeness and clarity of the budget presentation (e.g., SF-424A Budget Information form, Budget Narrative) and its alignment with the proposed project and number of projected patients (consistent with Form 1A: General Information Worksheet).

2) The strength of the applicant's description of how it manages diverse revenue sources to maintain financial viability.

2. Review and Selection Process

Subject matter experts provide an impartial evaluation of your application. Then, they pass along the evaluations to us, and we decide who receives awards. See Section 6.3 of the *Two-Tier Application Guide* for details. When we make award decisions, we consider the following when selecting applications for award:

- How high your application ranks
- Funding availability
- Risk assessments
- Other pre-award activities, as described in Section V.3 of this NOFO
- Other factors as described below

Priority Point(s)

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 safety net 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 of the 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 application submission. 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 percent decrease) 3-year patient trend, as documented in UDS.[24]
- **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 visits, 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.[25]

- We will award new applicants a 1-year period of performance[26] and will conduct an operational site visit (OSV) to monitor compliance and performance with Health Center Program requirements within 2-4 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[27] at the time SAC award decisions are made, we will award a 1-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

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[24] HRSA calculates the patient trend as [(2023 UDS Total Patients value – 2021 UDS Total Patients value)/2021 UDS Total Patients value] x 100.
[25] See Chapter 2: Health Center Program Oversight of the Compliance Manual.
[26] New applicant awardees will be awarded a 1-year period of performance regardless of the presence or absence of conditions related to Health Center Program requirements to be placed on the award based on information included in this application and Assessment of Risk.
[27] Current unresolved conditions related to Health Center Program requirements carried over into the new period of performance or new conditions related to Health Center Program requirements to be placed on the award based on information available at time of review including but not limited to this application and the Assessment of Risk.

information documenting compliance with program requirements prior to making final award decisions.[28] 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 we make an award but you have not resolved the conditions, HRSA will award a 1-year period of performance if you did NOT have two consecutive 1-year periods of performance in FY 2023 and FY 2024.

- We will NOT issue an FY 2025 SAC award if you had two consecutive 1-year periods of performance in FY 2023 and FY 2024.[29]

IMPORTANT: You can see the service areas where the current award recipient is in a first or second consecutive 1-year period of performance in the SAAT.

3. Assessment of Risk

If you have management or financial instability that directly relates to your ability to carry out statutory, regulatory, or other requirements, we may decide not to fund your high-risk application (45 CFR § 75.205).

First, your application must get a favorable merit review. Then we:

- Review past performance (if it applies)
- Analyze the cost of the project/program 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 (e.g., an updated budget) or to begin activities (e.g., negotiating an indirect cost rate) as you prepare for an award.

However, even at this point, we do not guarantee that you'll receive an award. After a full review, we will decide whether to make an award, and if so, if special conditions are required, and what level of funding is appropriate.

Award decisions are discretionary and final. You cannot appeal them to any HRSA or HHS official or board.

As part of this review, we use SAM.gov Entity Information Responsibility/Qualification (formerly named FAPIIS) to check your history for all awards likely to be over $250,000. You can comment on your organization's information in SAM.gov. We'll consider your comments before making a decision about your level of risk.

VI. Award Administration Information

[28] Not applicable to new applicants that are only eligible to receive a 1-year period of performance. See the Period of Performance Length Criteria for details.
[29] If no fundable applications are received, the service area will be re-competed.

1. Award Notices

The Notice of Award (NOA) is issued on or around the start date listed in the NOFO. See Section 6.4 of the *Two-Tier Application Guide* for more information.

2. Administrative and National Policy Requirements

See Section 2.1 of the *Two-Tier Application Guide.*

If you receive an NOA and accept the award, you agree to conduct the award activities in compliance/accordance with:

- All provisions of 45 CFR part 75, currently in effect or started during the award period, with the exception of the termination provisions, which have been superseded by 2 CFR § 200.340(a)(1)-(4), effective on or after August 13, 2020.
- Other federal regulations and HHS policies in effect at the time of the award or started during the award period. In particular, the following provision of 2 CFR part 200, which became effective on or after August 13, 2020, is incorporated into this NOFO: 2 CFR § 200.301 Performance measurement.
- Any statutory provisions that apply.
- The Assurances (standard certification and representations) included in the annual SAM registration.

Accessibility Provisions and Non-Discrimination Requirements

If you receive an award, you must follow all applicable nondiscrimination laws. You agree to this when you register in SAM.gov. You must also submit an Assurance of Compliance (HHS-690). To learn more, see the HHS Office for Civil Rights website.

Please contact the HHS Office for Civil Rights for more information about obligations and prohibitions under federal civil rights laws or call 1-800-368-1019 or TDD 1-800-537-7697.

The HRSA Office of Civil Rights, Diversity, and Inclusion (OCRDI) offers technical assistance, individual consultations, trainings, and plain language materials to supplement OCR guidance and assist HRSA recipients in meeting their civil rights obligations. Visit OCRDI's website to learn more about how federal civil rights laws and accessibility requirements apply to your programs or contact OCRDI directly at HRSACivilRights@hrsa.gov.

Executive Order on Worker Organizing and Empowerment

Executive Order on Worker Organizing and Empowerment (E.O. 14025) encourages you to support worker organizing and collective bargaining. Bargaining power should be equal between employers and employees.

This may include developing policies and practices that you could use to promote worker power. Describe your plans and activities to promote this in the application narrative.

Subaward Requirements

If you receive an award, you must follow the terms and conditions in the NOA. You'll also 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 (including public policy requirements) that apply to you. You must make sure your subrecipients comply with these requirements. 45 CFR § 75.101 Applicability gives details.

If you make subawards, you are required to document that the subrecipient meets all Health Center Program requirements which apply to your Health Center Program federal award. This includes, but is not limited to, those requirements found in Section 330 of the PHS Act (42 U.S. Code § 254b), implementing program regulations found in 42 CFR Part 51c and 42 CFR Part 56 (for CHC and MHC, respectively), and award s regulations found in 45 CFR Part 75. Consistent with 45 CFR 75.351(a), entities that receive a subaward for the purpose of carrying out a portion of a federal award are responsible for adherence to applicable federal program requirements specified in the federal award.

Health Information Technology (IT) Interoperability Requirements

Successful applicants under this NOFO agree that:

Where award funding involves:	Recipients and subrecipients are required to:
Implementing, acquiring, or upgrading health IT for activities by any funded entity	Use health IT that meets standards and implementation specifications adopted in 45 CFR part 170, Subpart B, if such standards and implementation specifications can support the activity. Visit https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-D/part-170/subpart-B to learn more.
Implementing, acquiring, or upgrading health IT for activities by eligible clinicians in ambulatory settings, or hospitals, eligible under Sections 4101, 4102, and 4201 of the HITECH Act	Use health IT certified under the ONC Health IT Certification Program if certified technology can support the activity. Visit https://www.healthit.gov/topic/certification-ehrs/certification-health-it to learn more.

If standards and implementation specifications adopted in 45 CFR part 170, Subpart B cannot support the activity, recipients, and subrecipients are encouraged to utilize

health IT that meets non-proprietary standards and implementation specifications developed by consensus-based standards development organizations. This may include standards identified in the ONC Interoperability Standards Advisory, available at https://www.healthit.gov/isa/.

3. Reporting

Award recipients must comply with Section 7 of the *Two-Tier Application Guide* **and** the following reporting and review activities:

1) **Federal Financial Report**: The Federal Financial Report (SF-425) is required. The report is an accounting of expenditures under the project 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 2 funding (dependent upon congressional appropriation, satisfactory performance, and a determination that continued funding would be in the government's best interest). You will receive an email via EHBs when it is time to begin working on the NCC.

4) **Integrity and Performance Reporting.** The NOA will contain a provision for integrity and performance reporting in FAPIIS, as 45 CFR part 75 Appendix I, F.3. and 45 CFR part 75 Appendix XII require.

VII. Agency Contacts

Business, administrative, or fiscal issues:

Joi Grymes-Johnson
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
Call: 301-443-2632
Email: jgrymes@hrsa.gov

Program issues or technical assistance:

Ashley Vigil & Julia Tillman
Public Health Analysts
Attn: Service Area Competition
Bureau of Primary Health Care
Health Resources and Services Administration
Call: 301-594-4300
Contact: BPHC Contact Form
- Under *Funding*, select *Applications for Notice of Funding Opportunities*
- Select *Service Area Competition*

Web: Apply for SAC

You may need help applying through Grants.gov. Always get a case number when you call.

Grants.gov Contact Center (24 hours a day, 7 days a week, excluding federal holidays)
Call: 1-800-518-4726 (International callers: 606-545-5035)
Email: support@grants.gov
Search the Grants.gov Knowledge Base

HRSA Contact Center (Monday–Friday, 7 a.m. – 8 p.m. ET, excluding federal holidays)

Once you apply or become an award recipient, you may need help submitting information and reports through HRSA's Electronic Handbooks (EHBs). Always get a case number when you call.
Call: 877-464-4772 / 877-Go4-HRSA
TTY: 877-897-9910
Electronic Handbooks Contact Center

The **EHBs login process** changed on May 26, 2023, for applicants, recipients, service providers, consultants, and technical analysts. To enhance EHBs' security, the EHBs now uses **Login.gov** and **two-factor authentication**. Applicants, recipients, service providers, consultants, and technical analysts must have a Login.gov account for the new login process. For step-by-step instructions on creating a Login.gov account refer to the EHBs Wiki Help page.

VIII. Other Information

Technical Assistance

Visit the Service Area Competition technical assistance webpage for resources that may support developing your application. See TA details in Summary.

HRSA Primary Health Care Digest

The HRSA Primary Health Care Digest is a weekly email newsletter with Health Center

Program information and updates, including competitive funding opportunities. We encourage you and your staff to subscribe at HRSA Primary Care Digest Subscription.

Federal Tort Claims Act (FTCA) Coverage

Organizations that receive operational funds under the Health Center Program are eligible for liability protection for certain claims or suits under the Federally Supported Health Centers Assistance Acts of 1992 and 1995 (42 U.S.C. 233(g)-(n)) (FSHCAA). Under FSHCAA, health centers and any associated statutorily eligible personnel may be deemed as Public Health Service (PHS) employees and thereby afforded protections of the Federal Tort Claims Act (FTCA) for the performance of medical, surgical, dental, or related functions within the scope of their deemed employment. Health Center volunteers may be eligible for FTCA coverage under 42 U.S.C. 233(q).

Once funded and you have met all FTCA deeming requirements, your health center can apply annually through EHBs to become a deemed PHS employee for purposes of FTCA coverage as described above; however, you must maintain private malpractice coverage until the effective date of such coverage (and may maintain private gap insurance for health-related activities not covered by FTCA after the effective date of FTCA coverage). The search for malpractice insurance, if necessary, should begin as soon as possible.

Deemed PHS employee status is not guaranteed or automatic. The Notice of Deeming Action (NDA) for an individual health center and additional NDAs for sponsored volunteer health professionals provide documentation of HRSA will issue a deeming determination only after review and approval of deeming applications. You are encouraged to review the deeming requirements outlined in the Compliance Manual and the most current FTCA Deeming Application Program Assistance Letter. Other information on FTCA deeming requirements for health centers and their eligible officers, employees, and contractors can be found at https://bphc.hrsa.gov/ftca/index.html. You can find deeming requirements for health center volunteer health professionals at https://bphc.hrsa.gov/ftca/about/health-center-volunteers.html. Contact Health Center Program Support for additional information.

For more information, review the FTCA Health Center Policy Manual.

340B Drug Pricing Program

The 340B Drug Pricing Program was created in 1992 and helps certain safety net providers known as covered entities stretch limited federal resources to reach more eligible patients and provide more comprehensive services. Eligible covered entities obtain discounts on covered outpatient drugs from drug manufacturers and are listed at section 340B (a)(4) of the Public Health Service Act. These providers include Federal Qualified Health Centers, AIDS Drug Assistance Programs, and certain disproportionate share hospitals. Manufacturers participating in the Medicaid Drug Rebate Program agree to charge covered entities a price that will not exceed the amount determined

under the statute (ceiling price) when selling covered outpatient drugs. Covered entities receive these drugs at significantly reduced prices. Covered entities, including HRSA-funded health centers, must first register and be approved by HRSA's Office of Pharmacy Affairs before they can participate in the Program. Once enrolled, the entity must comply with all 340B Program requirements. For additional information and to register, visit the Office of Pharmacy Affairs webpage at **http://www.hrsa.gov/opa**.

Tips for Writing a Strong Application

See Section 5.7 of the *Two-Tier Application Guide.*

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	You must describe the following aspects of the sliding fee discount program (SFDP): ▪ Uniform applicability to all patients. ▪ Definitions of income and family. ▪ Alignment with the current Federal Poverty Guidelines (FPG). ▪ Methods for assessing all patients for sliding fee discount eligibility based only on income and family size. ▪ Assurance that patient charges are adjusted based on ability to pay and consistent with the SFDS. ▪ Policies related to nominal charges for patients with incomes at or below 100 percent of the current FPG. (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	Upload the current sliding fee discount schedule (SFDS) as Attachment 10: Sliding Fee Discount Schedule for services provided directly (consistent with Form 5A: Services Provided, Column I). The SFDS structure must be consistent with the policy described in the Sliding Fee Discount Program and provide discounts as follows: ▪ A full discount is provided for individuals and families with annual incomes at or below 100 percent 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 discount pay class above 100 percent of the FPG. ▪ Partial discounts are provided for individuals and families with incomes above 100 percent of the current FPG and at or below 200 percent

	being provided. Or state if you do not have a nominal charge for patients with incomes at or below 100 percent of FPG.)	of the current FPG, and those discounts adjust based on gradations in income levels and include at least three discount pay classes. ▪ No discounts are provided to individuals and families with annual incomes above 200 percent of the current FPG. Ensure the SFDS has incorporated the current FPG. If you have more than one SFDS for services provided directly (e.g., medical, dental), upload all SFDSs.
Key Management Staff	No narrative required beyond the narrative included in the attachments and forms.	You must use Attachment 4: Position Descriptions for Key Management Staff 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. You must also use Form 2: Staffing Profile, Attachment 3: Project Organizational Chart, and Attachment 4: Position Descriptions for Key Management Staff to document the following: ▪ The health center's Project Director/CEO is directly employed by the health center. ▪ 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	You must describe your oversight of all contracts and subawards to ensure: ▪ The applicability of all Health Center Program requirements to the subrecipient. ▪ 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. ▪ That all costs paid for by the Federal subaward are allowable consistent with Federal Cost Principles.	You must use Attachment 7: Summary of Contracts and Agreements and Form 8: Health Center Agreements to demonstrate that all contracts and subawards include the following required provisions: ▪ The specific activities or services to be performed or goods to be provided. ▪ Mechanisms for the health center to monitor contractor performance. ▪ 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.
Collaborative Relationships	No narrative required beyond the narrative included in the attachments and forms.	You must document in Attachment 9: Collaboration Documentation efforts to coordinate and integrate your activities with other federally-funded entities, as well as state and local health services delivery projects and programs serving similar patient populations in the service area (consistent with Attachment 1: Service Area Map and Table). 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.
Billing and Collections	You must describe how you conduct billing and collections, including: ▪ 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 Form 3: Income Analysis. ▪ 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.	Form 3: Income Analysis
Budget	No additional narrative required beyond the Budget Narrative included in the application.	Follow the instructions in Section 5.1.iv. Budget of the Two-Tier Application, Budget Narrative specific instructions and Budget Forms SF-424A | Budget Narrative
Governance: Board Authority	You must describe where in Attachment 2: Bylaws and/or Attachment 8: Articles of Incorporation (new applicants only) (and, if applicable, Attachment 6: Co-Applicant Agreement) you document the following board authority requirements: ▪ Holding monthly meetings. ▪ Approving the selection (and dismissal or termination, as appropriate) of the PD/CEO.	Attachment 2: Bylaws Attachment 3: Project Organizational Chart Attachment 6: Co-Applicant Agreement Attachment 8: Articles of Incorporation Form 8: Health Center Agreements

	▪ Approving the annual Health Center Program project budget and applications. ▪ Approving proposed health center services and the locations and hours of operation of health center sites. ▪ Evaluating the performance of the health center. ▪ Establishing or adopting policies related to the operations of the health center. ▪ Assuring the health center operates in compliance with applicable federal, state, and local laws and regulations. Referencing specific sections in Attachment 2: Bylaws, Attachment 6: Co-Applicant Agreement, Attachment 8: Articles of Incorporation (new applicants only), and Form 8: Health Center Agreements, describe how your governing board maintains the authority for oversight of the proposed Health Center Program project. Specifically address the following: ▪ No other individual, entity, or committee (including, but not limited to, an executive committee authorized by the board, and consistent with Attachment 3: Project Organizational Chart) reserves approval authority or has veto power over the board with regard to the required authorities and functions.	

	▪ 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. ▪ 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 Attachment 6: Co-Applicant Agreement).	
Governance: Board Composition	You must describe where in Attachment 2: Bylaws (and, if applicable, Attachment 6: Co-Applicant Agreement) you document the following board composition requirements: ▪ Board size is at least 9 and no more than 25 members, with either a prescribed number or range of board members. ▪ At least 51 percent of board members are patients served by the health center. ▪ Patient members of the board, as a group, represent the individuals served by the health center in terms of demographic factors (e.g., gender, race, ethnicity). ▪ Non-patient members are representative of the community served by the	Attachment 2: Bylaws Attachment 6: Co-Applicant Agreement Form 4: Community Characteristics (new applicants only) Form 6A: Current Board Member Characteristics Form 6B: Request for Waiver of Board Member Requirements

	health center or the health center's service area. ▪ Non-patient members are selected to provide relevant expertise and skills (e.g., community affairs, local government, finance and banking, legal affairs, trade unions and other commercial and industrial concerns, social services). ▪ No more than one-half of non-patient board members may earn more than 10 percent of their annual income from the health care industry. ▪ 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.	

Appendix B: Page Limit Worksheet

Use this worksheet to ensure that the number of pages you upload into your application is within the 90-page limit. Do not submit this worksheet with your application.

Reminders

- Standard Forms listed in Column 1 **do not** count against the page limit.
- Attachments listed in Column 2 **do** count toward the page limit unless noted.
- Program-specific forms in EHBs and attachments to those forms do **not** count against the page limit. For example, the documents you attach to your Project Cover Page do not count against the page limit. But if you upload them under Attachment 12, they do count toward the page limit.
- Attachments 1: Service Area Map and Table, 2: Bylaws, 6: Co-applicant Agreement, 9: Collaboration Documentation, 11: Evidence of Nonprofit or Public Center Status, and 13: Health Center Program Compliance and your indirect cost rate agreement **do not** count against the page limit.

Submitted in Grants.gov or EHBs	**Document Name** *Unless otherwise noted, attachments count against the page limit*	**Optional or Required**	**# of Pages** *Enter the number of pages of the attachment*
Grants.gov Application for Federal Assistance (SF-424 - Box 14)	Areas Affected by Project (Cities, Counties, States)	Optional	*My attachment = ___ pages*
Grants.gov Application for Federal Assistance (SF-424 - Box 16)	Additional Congressional District	Optional	*My attachment = ___ pages*
Grants.gov Application for Federal Assistance (SF-424 - Box 20)	Is the Applicant Delinquent on Any Federal Debt?	Required if "Yes"	*My attachment = ___ pages*
Grants.gov Project/Performance Site Location Form	Additional Performance Site Location(s)	Optional	*My attachment = ___ pages*
EHBs	Project Narrative (Required for eligibility)	Required	*My attachment = ___ pages*
EHBs	Budget Narrative	Required	*My attachment = ___ pages*

EHBs Appendices	Attachment 3: Project Organizational Chart	Required	*My attachment = ___ pages*
EHBs Appendices	Attachment 4: Position Descriptions	Required	*My attachment = ___ pages*
EHBs Appendices	Attachment 5: Biographical Sketches	Required	*My attachment = ___ pages*
EHBs Appendices	Attachment 7: Summary of Contracts and Agreements	Required as Applicable	*My attachment = ___ pages*
EHBs Appendices	Attachment 8: Articles of Incorporation	Required as Applicable	*My attachment = ___ pages*
EHBs Appendices	Attachment 10: Sliding Fee Discount Schedule	Required	*My attachment = ___ pages*
EHBs Appendices	Attachment 12: Operational Plan	Required if Applicable	*My attachment = ___ pages*
EHBs Appendices	Attachment 14: Other Relevant Documents	As Applicable	*My attachment = ___ pages*
Page Limit for HRSA-25-015 is 90 pages		**My total =**	