U.S. Department of Health and Human Services

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2024

Bureau of Primary Health Care

Health Center Program

Service Area Competition

Funding Opportunity Number: HRSA-24-071

Funding Opportunity Types: Competing Continuation, Competing Supplement, New
Assistance Listings Number: 93.224

Application Due Date in Grants.gov:

November 3, 2023

Supplemental Information Due Date in EHBs: December 4, 2023

Ensure your SAM and Grants.gov registrations and passwords are current immediately!

HRSA will not approve deadline extensions for lack of registration.

Registration in all systems may take up to one month to complete.

Issuance Date: August 31, 2023

Modified on October 24, 2023 to extend the application due dates, due to Grants gov downtime October 28 – 31, 2023.
Modified on 10/30/2023 to update Grants.gov Links on Page 9.

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Phone: (301) 594-4300
Service Area Competition Technical Assistance webpage

See Section VII for a complete list of agency contacts.

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

508 COMPLIANCE DISCLAIMER

Note: 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.

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2024 Service Area Competition (SAC) under the Health Center Program. The purpose of this program is to improve the health of the Nation's underserved communities and populations by assuring continued access to comprehensive, culturally competent, high-quality primary health care services.

Funding Opportunity Title:	Service Area Competition (SAC)
Funding Opportunity Number:	HRSA-24-071
Due Date for Applications – **Grants.gov**:	November 3, 2023 (11:59 p.m. ET)
Due Date for Supplemental Information – **HRSA Electronic Handbooks (EHBs)**:	December 4, 2023 (5 p.m. ET)
Anticipated FY 2024 Total Available Funding:	Approximately $412,967,055
Estimated Number and Type of Awards:	Up to 163 grants
Estimated Annual Award Amount:	Varies and is subject to the availability of funds.
Cost Sharing/Match Required:	No
Period of Performance:	June 1, 2024, through May 31, 2027 (up to 3 years)
Eligible Applicants:	Domestic public or private, nonprofit entities, including Tribes and tribal, faith-based, or community-based organizations are eligible. See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information.

Application Guide

You (the applicant organization/agency) are responsible for reading and complying with the instructions included in this NOFO and in HRSA's *SF-424 Two-Tier Application Guide.SF-424 Two-Tier Application Guide*. Visit HRSA's How to Prepare Your Application page for more information.

Technical Assistance

Application resources, as well as forms, instructions, samples, and frequently asked questions are available at the SAC Technical Assistance webpage. Refer to "How to Apply for a Grant", available at https://www.hrsa.gov/grants/apply-for-a-grant, for general (i.e., not SAC specific) information on a variety of application and submission components.

The HRSA Primary Health Care Digest is a weekly email newsletter containing information and updates pertaining to the Health Center Program, including competitive funding opportunities. Organizations interested in seeking funding under the Health Center Program are encouraged to have several staff subscribe at https://public.govdelivery.com/accounts/USHHSHRSA/subscriber/new?topic_id=USHHSHRSA_118.

HRSA-supported Primary Care Associations (PCAs) and/or National Health Center Training and Technical Assistance Partners (NTTAPs) are available to assist you in preparing a competitive application. For a listing of HRSA-supported PCAs and NTTAPs, refer to HRSA's Strategic Partnerships webpage.

Other Federal Benefits

Other federal benefits are described in Section VIII.

Summary of Changes since the FY 2023 SAC Funding Opportunity

- The NOFO describes updated pre-award processes for competing continuation or competing supplement applicants that have areas of non-compliance with Health Center Program requirements identified during their SAC application review. See Section V.2 for details.
- The NEED section of the Project Narrative includes added requirements for new and competing supplement applicants to describe how the size and boundaries of the proposed/announced service area ensure access and eliminate barriers.
- The GOVERNANCE section of the Project Narrative includes a question for competing supplement applicants to describe how board composition accurately reflects the community and target population for the service area.

Table of Contents

I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the Health Center Program's Service Area Competition (SAC). The Health Center Program supports domestic public or private, nonprofit community-based and patient-directed organizations that provide primary health care services to the Nation's medically underserved populations. The purpose of the SAC notice of funding opportunity (NOFO) is to ensure continued access to comprehensive, culturally competent, high-quality primary health care services for communities and populations currently served by the Health Center Program.

2. Background

The Health Center Program is authorized by section 330 of the Public Health Service (PHS) Act, as amended (42 U.S.C. § 254b). Through the SAC, organizations compete for Health Center Program operational support to provide comprehensive primary health care services to defined service areas and patient populations already being served by the Health Center Program.

Service areas and target populations listed in the Service Area Announcement Table (SAAT) are currently served by Health Center Program award recipients whose periods of performance end in FY 2024. You must demonstrate how you will make primary health care services accessible in an announced service area, including the provision of services to the SAAT Patient Target and population type(s) for which funding is available. Only one award will be given to provide services for each announced service area.

Funding Requirements

Your application must document an understanding of the need for primary health care services in the service area and propose a comprehensive plan that demonstrates compliance with the Health Center Program requirements.[1] The plan must 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.

If you are a new or competing supplement applicant, you must demonstrate readiness to meet the following requirements:

[1] Requirements are stated in 42 U.S.C. § 254b (section 330 of the PHS Act) and corresponding program regulations (42 CFR parts 51c and 56), and are reflected in the Health Center Program Compliance Manual (Compliance Manual).

- Within 120 days of release of the Notice of Award (NoA), all proposed sites (as noted on Form 5B: Service Sites and described in the Project Narrative) must have the necessary staff and providers in place to begin operating and delivering services as described on Form 5A: Services Provided and in the Project Narrative and Attachment 12: Operational Plan.[2]
- Within 1 year of release of the NoA, all proposed sites on Form 5B: Service Sites must be open for the proposed hours of operation, with services as indicated on Form 5A: Services Provided delivered in a manner that will support the provision of care to the number of patients listed on Form 1A: General Information Worksheet.

HRSA expects SAC award recipients to make every reasonable effort to provide services to the number of unduplicated patients projected to be served on Form 1A: General Information Worksheet in calendar year 2025. HRSA will track progress toward meeting the total unduplicated patient projection in calendar year 2025 (the patient projection from this application, plus other patient projections from funded supplemental applications for which the projections can be monitored in calendar year 2025) using the Uniform Data System (UDS) report. For more information, visit the Patient Target FAQs. **If you do not serve the number of patients projected in calendar year 2025, funding for the service area in the next competed SAC may be reduced.**

Applicants for Health Care for the Homeless (HCH) and Public Housing Primary Care (PHPC) funding must use such grant 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. In accordance with this requirement, New and Competing Supplement applicants requesting funding for the first time to serve individuals experiencing homelessness (330(h) funding) and/or individuals in public housing (330(i) funding) must demonstrate that by receiving these funds, they will increase the level of services provided to these populations.

HRSA assesses health centers for Health Center Program compliance on a regular basis, including via SAC application reviews. Health Centers must demonstrate compliance with the program requirements either by submitting documentation as described in the Demonstrating Compliance sections of the Compliance Manual, or by the health center proposing an alternative means of demonstrating compliance with the specified requirements, which would include submitting an explanation and documentation that explicitly demonstrates compliance. All responses to conditions are subject to review and approval by HRSA. Failure to fulfill applicable SAC funding and Health Center Program requirements may jeopardize Health Center Program grant 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. If you fail to

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

resolve conditions through the progressive action process outlined in Chapter 2: Health Center Program Oversight of the Compliance Manual HRSA will withdraw support through termination of the award.

You must attest on the Summary Page form that if you receive a 1-year period of performance (see details in the Period of Performance Length Criteria section), you will submit a Compliance Achievement Plan for HRSA approval within 120 days of release of the SAC NoA. If you do not provide the required attestation, HRSA will not award grant funding. If you receive a 1-year period of performance and you do not submit the required Compliance Achievement Plan within 120 days of release of the SAC NoA or demonstration of good cause as to why you have not submitted the Compliance Achievement Plan[3], HRSA will withdraw support through termination of the award.

HRSA will not award funding under this NOFO for a third consecutive 1-year period of performance unless the Health Center Program determines that the health center is in compliance with all program requirements (see the Period of Performance Length Criteria section for details).

Service areas where the current award recipient is in a 1-year period of performance are highlighted in the SAAT. The SAAT distinguishes between first and second consecutive 1-year periods of performance. This distinction is necessary because a service area where the current award recipient is in a second consecutive 1-year period of performance is in jeopardy of having a gap in Health Center Program funding and services if HRSA does not receive an eligible, fundable application.

Failure to verify that all sites are operational within 120 days of the release of the NoA will also result in the placement of a condition of award, with 180 days for resolution. If you fail to successfully resolve this site-related condition within the specified time frame, HRSA may withdraw support through termination of all, or part, of the SAC grant award.

In addition to the general Health Center Program requirements discussed above, specific requirements for funding under each population type are outlined below.

COMMUNITY HEALTH CENTER (CHC) APPLICANTS:

- Ensure compliance with PHS Act section 330(e) and program regulations, requirements, and policies.
- Provide a plan that ensures the availability and accessibility of required primary health care services[4] to underserved populations in the service area.

MIGRANT HEALTH CENTER (MHC) APPLICANTS:

- Ensure compliance with PHS Act section 330(g); and, as applicable, section 330(e), program regulations, requirements, and policies.

[3] Refer to Section 330(e)(1)(B) of the PHS Act.
[4] Refer to the Service Descriptors for Form 5A: Services Provided, for details regarding required primary health care services.

- Provide a plan that ensures 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 who are individuals whose principal employment is in agriculture, who have been so employed within the last 24 months, and who establish for the purposes of such employment a temporary abode;
  - Seasonal agricultural workers who are individuals whose principal employment is in agriculture on a seasonal basis and who do not meet the definition of a migratory agricultural worker;
  - Individuals who are no longer employed in migratory or seasonal agriculture because of age or disability who are within such catchment area; and/or
  - Family members of the individuals 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).

HEALTH CARE FOR THE HOMELESS (HCH) APPLICANTS:

- Ensure compliance with PHS Act section 330(h); and, as applicable, section 330(e), program regulations, requirements, and policies.
- Provide a plan that ensures the availability and accessibility of required primary health care services to individuals:
  - Who lack housing (without regard to whether the individual is a member of a family);
  - Whose primary residence during the night is a supervised public or private facility that provides temporary living accommodations;
  - Who reside in transitional housing;
  - Who reside in permanent supportive housing or other housing programs that are targeted to homeless populations; and/or
  - Who are children and youth at risk of homelessness, homeless veterans, and veterans at risk of homelessness.
- Provide substance use disorder services.

PUBLIC HOUSING PRIMARY CARE (PHPC) APPLICANTS:

- Ensure compliance with PHS Act section 330(i); and, as applicable, section 330(e), program regulations, requirements, and policies.
- Provide a plan that ensures 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 includes public housing agency-developed, owned, or assisted low-income housing, including mixed finance projects, but excludes housing units with no public housing agency support other than Section 8 housing vouchers.[5]

[5] 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).

- Consult with residents of the proposed public housing sites regarding the planning and administration of the program.

II. Award Information

1. Type of Application and Award

Types of applications sought:

- Competing continuation – A current Health Center Program award recipient whose period of performance ends May 31, 2024, 2024 and that seeks to continue serving its current service area.
- New – An organization that is not currently funded through the Health Center Program that seeks to serve an announced service area through the proposal of one or more permanent service delivery sites.[6]
- Competing supplement – A current Health Center Program award recipient that seeks to serve an announced service area through the addition of one or more new permanent service delivery sites within the announced service area in addition to its current service area.

HRSA will provide funding in the form of a grant.

2. Summary of Funding

HRSA estimates approximately $412,967,055 to be available annually to fund 163 recipients. The actual amount available will not be determined until enactment of the final FY 2024 federal appropriation. You may apply for a ceiling amount of up to the Total Funding listed in the SAAT for the proposed service area in total cost annually (reflecting direct and indirect costs) per year. This program notice is subject to the appropriation of funds and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately.

The period of performance is June 1, 2024 through May 31, 2027 (up to 3 years). Funding beyond the first year is subject to the availability of appropriated funds for the Health Center Program in subsequent fiscal years, satisfactory progress, and a decision that continued funding is in the best interest of the Federal Government.

You must propose to serve at least 75 percent of the SAAT Patient Target in calendar year 2025 (January 1 through December 31, 2025). If you propose to serve fewer than the total number of patients indicated in the SAAT, the request for federal funding on the SF-424A and Budget Narrative must reflect the required reductions noted below. If you

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

do not reduce the funding request as noted below, HRSA will reduce the award accordingly. A funding calculator is available to help you determine if a funding reduction is required.

Table 1: Funding Reduction by Patients Projected to Be Served

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	0.5% reduction
85-89.9% of patients listed in the SAAT	1% reduction
80-84.9% of patients listed in the SAAT	1.5% reduction
75-79.9% of patients listed in the SAAT	2% reduction
< 75% of patients listed in the SAAT	Not eligible for funding

The amount of funds awarded in any fiscal year may not exceed the costs of health center operations for the budget period less the total of state, local, and other operational funding provided to the center and the fees, premiums, and third-party reimbursements, which the center may reasonably be expected to receive for its operations in the fiscal year. Health Center Program award funds must be used in compliance with applicable federal statutes, regulations, and the terms and conditions of the federal award. Nongrant funds from state, local and other operational funding provided to the center and from fees, premiums, and third-party reimbursements, which the center may reasonably be expected to receive for its operations in the fiscal year shall be used as permitted under section 330 of the PHS Act and may be used for such other purposes as are not specifically prohibited under section 330, if such use furthers the objectives of the project.[7]

Note: The federal cost principles apply to use of grant funds, but do not apply to use of nongrant funds.

All HRSA awards are subject to the Uniform Administrative Requirements, Cost Principles, and Audit Requirements at 45 CFR Part 75. See Section IV.2.iii for instructions on the development of the application budget.

[7] Section 330(e)(5)(D) of the PHS Act.

III. Eligibility Information

1. Eligible Applicants

1) You must be a domestic public or private, nonprofit entity, as demonstrated through the submission of the Evidence of Non-profit/Public Center Status (Attachment 11), outlined in Section IV.2.vi.[8] Faith-based and community-based organizations, Tribes, and tribal organizations are eligible to apply.[9]

2) You must propose in the RESPONSE section of the Project Narrative to operate a health center that makes all required primary health care services (see footnote 4) available and accessible in the service area, either directly or through established arrangements, 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.

3) You must propose on Form 5A: Services Provided to make General Primary Medical Care available directly (Column I) and/or through formal written contractual agreements in which the health center pays for the service (Column II).

4) You must provide continuity of services, ensuring availability and accessibility of services to residents of the service area, by proposing to serve an announced service area, as well as:

   a) **Patients**: The total number of unduplicated patients that you project to serve in calendar year 2025 (January 1 – December 31, 2025) as entered on Form 1A: General Information Worksheet must be at least 75 percent of the SAAT Patient Target.
   b) **Services**: You must project patients on Form 1A: General Information Worksheet for each Service Type (e.g., Medical, Mental Health, Enabling) listed for the service area in the SAAT.
   c) **Service Area**: If you are a **new or competing supplement applicant**, you must enter Service Area Zip Codes on Form 5B: Service Sites for service delivery sites (administrative-only sites will not be considered) that:[10]

      - Include a combination of SAAT Service Area Zip Codes where zip code patient percentages total at least 75 percent of the current patients served; or

[8] Only public agency health centers can demonstrate compliance with governance requirements through a co-applicant structure. A co-applicant is the established body that serves 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). However, status as a co-applicant is limited to this purpose and does not confer awardee rights to the co-applicant organization.
[9] Refer to Chapter 1: Health Center Program Eligibility of the Compliance Manual.
[10] HRSA considers service area overlap when making funding determinations for new or competing supplement applicants if zip codes are proposed on Form 5B: Service Sites beyond those listed in the SAAT. For more information about service area overlap, refer to Policy Information Notice 2007-09.

- Include all SAAT Service Area Zip Codes for the proposed service area, if the sum of all zip code patient percentages is less than 75 percent of the current patients served.

d) **Populations**: You must propose to serve all population types listed in the SAAT (i.e., CHC, MHC, HCH, and/or PHPC) and maintain the funding distribution from the SAAT in the federal funding request on the SF-424A. You may not add new population types (those noted in the SAAT with $0 in funding).

5) If you are a **new or competing supplement applicant**, you must propose at least one new full-time (operational 40 hours or more per week) permanent, fixed building service site on Form 5B: Service Sites.[11, 12] You must provide a verifiable street address for each proposed site on Form 5B: Service Sites.

6) You must propose to provide access to services for all individuals in the service area and target population, as described in the RESPONSE section of the Project Narrative. In instances where one or more services will be provided at a location that targets a sub-population (e.g., a school-based site that targets school-aged children), you must ensure that all health center services will be made available and accessible to others who seek services at the proposed site(s). You may **not** propose to serve **only** a single sub-population.

7) *PUBLIC HOUSING PRIMARY CARE APPLICANTS*: If you are a **new or competing supplement applicant** applying for 330(i) funding, you must demonstrate that you have consulted with residents of public housing in the preparation of the SAC application. You must also ensure ongoing consultation with the residents regarding the planning and administration of the health center, as documented in the COLLABORATION section of the Project Narrative.

8) *HEALTH CARE FOR THE HOMELESS AND PUBLIC HOUSING PRIMARY CARE APPLICANTS*: If you are a new or competing supplement applicant applying for 330(h) or 330(i) funding for the first time, you must attest on the Summary Page that you will 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.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

[11] Policy Information Notice 2008-01: Defining Scope of Project and Policy for Requesting Changes describes and defines the term “service sites.”

[12] If you propose to serve only migratory and seasonal agricultural workers, you may propose a full-time seasonal (rather than permanent) service site.

3. Other

HRSA will not consider an application for funding if it contains any of the non-responsive criteria below:

- Exceeds the funding ceiling amount (the amount of Total Funding available in the SAAT) on the SF-424A and Budget Narrative.
- Does not include all documents indicated as "required for completeness" in Section IV.2.ii and Section IV.2.vi. This includes the Project Narrative, as well as Attachments 6: Co-Applicant Agreement (as applicable) and 11: Evidence of Nonprofit or Public Center Status.
- Applicant organization (as listed on the SF-424) does not propose to perform a substantive role in the project (consistent with application components, such as the Budget Narrative, Attachment 2: Bylaws, and Form 8: Health Center Agreements and its attachments). **Note:** Evidence that the applicant organization is performing a substantive role in the delivery of health services may include, but is not limited to, providing general primary medical care directly through the applicant organization's employees and sites. Applications in which the applicant organization proposes to perform a substantive role in the project in addition to conducting a portion of the project through a subrecipient arrangement are allowable.
- Fails to satisfy the deadline requirements referenced in Section IV.4.

Multiple Applications

Multiple applications from an organization with the same Unique Entity Identifier (UEI) are allowed if the applications propose to serve different service areas announced under this notice. 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.

HRSA will only accept and review your first validated electronic submission under the correct funding opportunity number, in Grants.gov. Applications submitted after the first submission will be marked as duplicates and considered ineligible for review. If you wish to change attachments submitted as part of your Grants.gov application, you may do so in the HRSA Electronic Handbooks (EHBs) application phase.

IV. Application and Submission Information

1. Address to Request Application Package

HRSA ***requires*** you to apply electronically through Grants.gov and the EHBs. You must use a two-phase submission process associated with this NOFO and follow the directions provided at Grants.gov: HOW TO APPLY FOR GRANTS **and** the EHBs.

- **Phase 1 – Grants.gov** – Required information must be submitted and validated via Grants.gov with a due date of ***November 3, 2023*** at 11:59 p.m. ET; **and**
- **Phase 2 – EHBs** – Supplemental information must be submitted via EHBs with a due date of ***December 4, 2023*** at 5 p.m. ET.

Only applicants who successfully submit the workspace 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).

The NOFO is also known as "Instructions" on Grants.gov. You must select "Subscribe" and provide your email address for HRSA-24-071 in order to receive notifications, including modifications, clarifications, and/or republications of the NOFO on Grants.gov. You will also receive notifications of documents placed in the RELATED DOCUMENTS tab on Grants.gov that may affect the NOFO and your application. *You are ultimately responsible for reviewing the For Applicants page for all information relevant to this NOFO.*

2. Content and Form of Application Submission

Application Format Requirements

Section 5 of HRSA's *SF-424 Two-Tier Application Guide* provides general instructions for the budget, budget narrative, staffing plan and personnel requirements, assurances, and certifications. You must submit the information outlined in Application Guide in addition to the program-specific information below. You are responsible for reading and complying with the instructions included in this NOFO and HRSA's *SF-424 Two-Tier Application Guide*. You must submit the application in the English language and budget figures expressed in U.S. dollars (45 CFR § 75.111(a)).

The following application components must be submitted in Grants.gov:

- Application for Federal Assistance (SF-424)
- Project Abstract Summary form
- Project/Performance Site Locations (Enter information for the site that you consider to be your primary service delivery site.)
- Grants.gov Lobbying Form
- Key Contacts

The following application components must be submitted in EHBs:

- Project Narrative
- Budget Information – Non-Construction Programs (SF-424A)
- Budget Narrative and Table of Personnel Paid with Federal Funds
- Program-Specific Forms
- Attachments

See Section 9.5 of HRSA's *SF-424 Two-Tier Application Guide* for the Application Completeness Checklist to assist you in completing your application.

Application Page Limit

The total of uploaded pages that count toward the page limit shall be no more than **160 pages** when we print them. HRSA will not review any pages that exceed the page limit. Using the pages within the page limit, HRSA will determine eligibility using Section III. Eligibility Information of the NOFO.

These items don't count toward the page limit:

- Standard OMB-approved forms you find in the NOFO's workspace application package
- Abstract (standard form (SF) "Project Abstract Summary")
- Indirect Cost Rate Agreement
- Proof of non-profit status (if it applies)
- Attachment 6: Co-Applicant Agreement (if it applies)

If there are other attachments that do not count toward the page limit, this will be clearly marked in Section IV.2.vi Attachments.

If you use an OMB-approved form that isn't in the **HRSA-24-071** workspace application package, it may count toward the page limit. We recommend you only use Grants.gov and EHBs workspace forms related with this NOFO to avoid going over the page limit.

Applications must be complete and validated by Grants.gov under HRSA-24-071 before the deadline.

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

1) You certify on behalf of the applicant organization, by submission of your proposal, that neither you nor your principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.

2) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR Parts 180 and 376, and 31 U.S.C. § 3354.)

3) If you are unable to attest to the statements in this certification, you must include an explanation in Attachment 13: Other Relevant Documents.

See Section 5.1.viii of HRSA's *SF-424 Two-Tier Application Guide* for additional information on all certifications.

Program-Specific Instructions

In addition to application requirements and instructions in Sections 4 and 5 of HRSA's *SF-424 Two-Tier Application Guide* (including the budget, budget narrative, staffing plan and personnel requirements, assurances, certifications, and abstract), include the following:

i. Project Abstract *(Submit in Grants.gov)*

Use the Standard OMB-approved Project Abstract Summary Form that is included in the workspace application package. Do not upload the abstract as an attachment or it may count toward the page limit. For information required in the Project Abstract Summary Form, see Section 5.1.ix. of HRSA's *SF-424 Two-Tier Application Guide*.

Additionally, include 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 2025.

NARRATIVE GUIDANCE

To ensure that you fully address the review criteria, the table below provides a crosswalk between the narrative language and where each section falls within the review criteria. Any forms or attachments referenced in a narrative section may be considered during the objective review.

Narrative Section, Forms, and Attachments[13]	**Review Criteria**
Need section of the Project Narrative	(1) Need
Response section of the Project Narrative Attachment 10: Sliding Fee Discount Schedule Attachment 12: Operational Plan	(2) Response
Collaboration section of the Project Narrative	(3) Collaboration

[13] Forms and attachments in the table are included within a specific review criteria element. All forms and attachments referenced throughout the NOFO will be considered during application review.

Narrative Section, Forms, and Attachments[13]	Review Criteria
Evaluative Measures section of the Project Narrative	(4) Evaluative Measures
Resources/Capabilities section of the Project Narrative Form 8: Health Center Agreements	(5) Resources/Capabilities
Governance section of the Project Narrative Form 6B: Request for Waiver of Board Member Requirements	(6) Governance
Support Requested section of the Project Narrative SF-424A Budget Narrative	(7) Support Requested

ii. Project Narrative *(Submit in EHBs – required for completeness)*
This section provides a comprehensive framework and description of all aspects of the proposed project. It should be succinct, self-explanatory, **consistent with forms and attachments**, and organized in alignment with the sections and numbering format below so that reviewers can understand the proposed project and, where applicable, HRSA can assess compliance with Health Center Program requirements, consistent with the Compliance Manual.

The application content that HRSA will use, in whole or in part, in the SAC-based assessment of compliance is noted with a bolded, underlined asterisk (***__**). Refer to the SAC Compliance Assessment Guide at the SAC Technical Assistance webpage for the specific Compliance Manual chapters and elements that relate to items with a bolded, underlined asterisk.

Successful applications will contain the information below. Use the following section headers for the Project Narrative: Need, Response, Collaboration, Evaluative Measures, Resources/Capabilities, Governance, and Support Requested.

If you are a **competing continuation applicant**, ensure that the Project Narrative reflects your approved scope of project. You must request any needed changes in scope separately through EHBs.[14]

[14] Refer to the Scope of Project guidance for details.

If you are a **new applicant**, ensure that the Project Narrative reflects your entire proposed project for the proposed service area.

If you are a **competing supplement applicant**, ensure that the Project Narrative reflects the proposed project for the announced service area. In addition to the required new full-time site, you may propose additional new sites, and include current sites in scope if they will provide services to the new patients in the announced service area. You may reference current services, policies, procedures, and capacity (e.g., experience, resources) to the extent that they relate to the announced service area.[15]

NEED *– Corresponds to Section V.1 Review Criterion 1: NEED*

Information provided in the NEED section must:

- Serve as the basis for, and align with, the activities and goals described throughout the application.
- Be used to inform and improve the delivery of health center services.

1) Describe the proposed service area (consistent with Attachment 1: Service Area Map and Table), including:
   a) The service area boundaries.
   b) If it is located in an Opportunity Zone (if applicable).[16]
   c) If you are a:
      - **New or competing supplement applicant**: How you determined and intend to annually review the proposed service area, including the zip codes listed on Form 5B: Service Sites, based on where the proposed patients reside. Such explanation should include how the boundaries of the proposed (or combined announced and currently funded, for a competing supplement applicant) service area 1) ensure that the services provided are available and accessible to the residents of the area, 2) ensure that the boundaries conform, to the extent practicable, to relevant boundaries of political subdivisions, school districts, and areas served by Federal and State health and social service programs; and 3) eliminate, to the extent possible, barriers to access.
      - **Competing continuation applicant**: How you annually review and, if necessary, update your service area based on where patients reside. Such updates should be 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).

[15] 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.
[16] The lists of Qualified Opportunity Zones are available at IRS Notices 2018-48 and 2019-42.

2) Describe your process for assessing proposed service area/target population need,[17] including:
   a) How often you conduct or update the needs assessment.
   b) How you use the results to inform and improve service delivery.
   c) Using and citing current data (including data for each special population (MHC, HCH, PHPC) identified in the SAAT, if applicable), address the following:
      - Factors associated with access to care and health care utilization (e.g., geography, transportation, occupation, transience, unemployment, income level, educational attainment).
      - Any unique health care needs or characteristics that impact health status (e.g., language barriers, food insecurity, housing insecurity, financial strain, lack of transportation, neighborhood and the built environment, environmental issues/changes, intimate partner violence, human trafficking).[18]

3) Describe how the COVID-19 public health emergency impacted service area/target population need.

RESPONSE *– Corresponds to Section V.1 Review Criterion 2: RESPONSE*

1) Describe how you provide access to all required and proposed additional services (consistent with Form 5A: Services Provided), including how you will address health care access and utilization barriers (e.g., geography, transportation, occupation, transience, unemployment, income level, educational attainment) and other factors that impact health status (e.g., language barriers, food insecurity, housing insecurity, financial strain, lack of transportation, neighborhood and the built environment, environmental issues/changes, intimate partner violence, human trafficking).

   Note: If you are requesting HCH funding, you must provide substance use disorder services (documented on Form 5A: Services Provided) to this population directly (Column I) and/or through contractual agreement (Column II).

2) Describe how the proposed service delivery sites on Form 5B: Service Sites assure the availability and accessibility of services (consistent with Form 5A: Services Provided) within the proposed service area, relative to where the target population lives and works (e.g., areas immediately accessible to public housing for health centers targeting residents of public housing). Specifically address:

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[17] In addition to your needs assessment, the Service Area Status (SAS) can be useful in understanding service area need. SAS describes the health, social, and economic status of a health center's service area using a standardized methodology and public data sources. See the Health Center Program Strategic Initiatives webpage for details.

[18] Social determinants of health (SDOH) include factors like socioeconomic status, neighborhood and physical environment, social support networks, community violence, and intimate partner violence. SDOH affect a wide range of health, functioning, and quality-of-life outcomes and risks. Addressing SDOH, such as intimate partner violence, is a HRSA objective to improve the health and well-being of individuals and the communities in which they reside.

a) Access barriers (e.g., distance or travel time for patients, physical geographic barriers, residential patterns, economic and social groupings).
b) How the following service delivery site factors facilitate access: total number and type (e.g., fixed, mobile, school-based), hours of operation, and overall location (e.g., proximity to public housing). **Note:** Ensure information aligns with Form 5B: Service Sites.
c) **If you are a competing supplement applicant:** If the proposed service area is not contiguous with the current Health Center Program service area for which you are funded, explain how all required and additional services will be made accessible to all patients in the resulting combined service area that will include both the announced service area and your currently funded service area.[19]

3) Describe how you educate patients on affordable insurance options, including how you inform them of third-party coverage options (e.g., determine their eligibility for federal, state, and local programs that provide support for medical and enabling services; information to support patients' informed decision making, including potential out-of-pocket costs), and provide enrollment assistance.

4) Describe your communication tools and protocols, referral processes, and electronic exchange of patient health records that facilitate 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.

5) ***** Describe the following aspects of the sliding fee discount program (SFDP) policies to complement the more specific information you will provide in your sliding fee discount schedule (SFDS) attachment to document that both your SFDP and SFDS are compliant with all Health Center Program requirements:
a) How they apply uniformly to all patients.
b) Definitions of income and family
c) They align with the current Federal Poverty Guidelines[20] (FPG).
d) Methods for assessing all patients for sliding fee discount eligibility based only on income and family size.
e) How the structure of each SFDS ensures that patient charges are adjusted based on ability to pay (consistent with Attachment 10: Sliding Fee Discount Schedule).

[19] 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 relevant 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.
[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.

f) If you have a nominal charge[21] for patients with incomes at or below 100 percent of the current FPG,[22] whether the nominal charge: (1) is flat, (2) is set at a level that is nominal from the perspective of the patient, and (3) does not reflect the actual cost of the service being provided. State if you do not have a nominal charge for patients with incomes at or below 100 percent of FPG.

6) Describe how you determined the number of:
   a) Unduplicated patients that you project to serve in calendar year 2025, as documented on Form 1A: General Information Worksheet.
   b) Patients that you project for each service type, as documented on Form 1A: General Information Worksheet, in alignment with the services currently provided in the service area (as listed in the Service Type column of the SAAT).

   Include how these projections took into consideration recent or potential changes in the local health care landscape and resulting impacts to patient health (e.g., after-effects of the COVID-19 public health emergency, potential changes in insurance coverage), organizational structure, and/or workforce.

7) **New or competing supplement applicants only:** Describe plans to minimize disruption for patients (as noted in the SAAT) that may result from transition of the award to a new recipient (consistent with Attachment 12: Operational Plan).[23]

COLLABORATION *– Corresponds to Section V.1 Review Criterion 3: COLLABORATION*

1) ***** Describe efforts to collaborate with other providers or programs in the service area (consistent with Attachment 1: Service Area Map and Table), including local hospitals, specialty providers, and social service organizations (including those that serve special populations), to provide access to services not available through the health center, to support:
   a) Continuity of care across community providers.
   b) Access to other health or community services that impact the patient population.
   c) A reduction in the use of hospital emergency departments for non-urgent health care.

[21] Nominal charges are not minimum fees, minimum charges, or co-pays. See Chapter 9: Sliding Fee Discount Program of the Compliance Manual.
[22] FPG are available at https://aspe.hhs.gov/poverty-guidelines.
[23] The current award recipient's health center sites do not transfer to the new awardee, 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 grant activities and transition of patients, as appropriate.

2) __*__ Describe and 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.

3) Describe your efforts to collaborate and ensure that health center services are coordinated with, and complement, services provided by each of the following entities in the area (if not present in the proposed service area, state this):
   a) Social service agencies that address social determinants of health (e.g., language barriers, food insecurity, housing insecurity, financial strain, lack of transportation, neighborhood and the built environment, environmental issues/changes, intimate partner violence, human trafficking).
   b) Local hospitals, including critical access hospitals.
   c) Rural health clinics.
   d) State and local health departments.
   e) Home visiting programs.
   f) State and local tuberculosis programs.
   g) Clinics supported by the Indian Health Service.
   h) Community-based organizations (e.g., organizations funded under the Ryan White HIV/AIDS Program, Aging and Disability Resource Centers).

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.

EVALUATIVE MEASURES *– Corresponds to Section V.1 Review Criterion 4: EVALUATIVE MEASURES*

1) Describe how the health center's Quality Improvement/Quality Assurance (QI/QA) program addresses:
   a) Adherence to current clinical guidelines and standards of care in the provision of services.
   b) Proactive identification and analysis of patient safety issues and adverse events, including metrics, transparent information sharing, and action plans for improvement, as necessary.
   c) Assessment of patient satisfaction.
   d) Use of patient records data to inform modifications to the provision of services.
   e) Oversight of and decision-making regarding the provision of services by key management staff and the governing board.

2) Describe how your electronic health record (EHR) system will:

a) Protect the confidentiality of patient information and safeguard it, consistent with federal and state requirements.
b) Facilitate performance monitoring and improvement of patient outcomes.
c) Track social risk factors that impact patient and population health.

3) Describe how you will focus efforts to improve clinical quality and/or 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) Improving maternal and child health (e.g., early entry into prenatal care, low birth weight, childhood immunization status).
   f) Ending the HIV epidemic (e.g., HIV screening, HIV linkage to care, pre-exposure prophylaxis (PrEP)).

RESOURCES/CAPABILITIES – *Corresponds to Section V.1 Review Criterion 5: RESOURCES/CAPABILITIES*

1) Describe your organizational structure, including:
   a) How any subrecipients/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).
   b) Whether your organization is part of a parent, affiliate, or subsidiary organization (consistent with Form 8: Health Center Agreements).
   c) How your organization will play a substantive role in the implementation of the health center project.

2) Describe the key management team (e.g., project director (PD)/chief executive officer (CEO), clinical director (CD), chief financial officer (CFO), chief information officer (CIO), chief operating officer (COO)), including:
   a) How the makeup and distribution of functions among key management staff, and their qualifications (consistent with Attachments 4: Position Descriptions for Key Management Staff and 5: Biographical Sketches for Key Management Staff), support the operation and oversight of the proposed project, consistent with scope and complexity.[24]
   b) ***** Responsibilities of the PD/CEO for reporting to the health center governing board and overseeing other key management staff in carrying out the day-to-day

[24] The PD/CEO must be a direct employee of the health center.

activities of the proposed project (consistent with Attachment 4: Position Descriptions for Key Management Staff).

3) Describe the following related to the staffing plan (consistent with Form 2: Staffing Profile):
   a) How it ensures that clinical staff, contracted providers, and/or referral providers/provider organizations will carry out all required and any proposed additional services (consistent with Form 5A: Services Provided and Attachment 12: Operational Plan).
   b) How the comprehensive plan addresses recruitment, development, engagement, and retention of clinically and culturally competent staff that is appropriate for the size, demographics, and health care needs of the service area/patient population.
   c) How you maintain documentation of licensure, credentialing verification, and applicable privileges for clinical staff (e.g., employees, individual contractors, volunteers).

4) Describe your financial accounting and internal control systems and how they will:
   a) Account for all federal award(s) in order to identify the source (receipt) and application (expenditure) of funds for federally-funded activities in whole or in part, including maintaining related source documentation pertaining to authorizations, obligations, unobligated balances, assets, expenditures, income, and interest under the federal award(s).
   b) Assure that expenditures of the federal funds are allowable in accordance with the terms and conditions of the federal award and Federal Cost Principles (e.g., 45 CFR Part 75 Subpart E: Cost Principles).

5) ***** Describe how you conduct billing and collections, including:
   a) How board-approved policies, as well as operating procedures, ensure that fees or payments will be waived or reduced based on specific circumstances due to any patient's inability to pay.
   b) Participating in Medicare, Medicaid, Children's Health Insurance Program (CHIP), and, as appropriate, other public or private assistance programs or health insurance, as applicable (consistent with Form 3: Income Analysis).

6) Describe how you use or plan to use telehealth[25] to:

[25] You are strongly encouraged to use telehealth in your proposed service delivery plans when feasible or appropriate. Telehealth is defined as the use of electronic information and telecommunications technologies to support and promote, at a distance, health care, patient and professional health-related education, health administration, and public health. Additional information on telehealth can be found at https://telehealth.hhs.gov. In addition, if you use broadband or telecommunications services for the provision of health care, HRSA strongly encourages you to seek discounts through the Federal Communication Commission's Universal Service Program. For information about such discounts, see Rural Health Care Program. Qualified low-income patients may also be eligible for a monthly discount on

a) Provide in-scope services[26] (list all services that are, or will be provided via telehealth).
b) Communicate with providers and staff at other clinical locations.
c) Receive or perform clinical consultations.
d) Send and receive health care information from mobile devices to remotely monitor patients.[27]

7) Describe your current ability and/or plans for maintaining continuity of services and responding to urgent primary health care needs during natural or man-made disasters and public health emergencies,[28, 29] including:
   a) Preparation, response, and recovery plans.
   b) Backup systems to facilitate communications.
   c) Patient records access.
   d) Integration into state and local preparedness plans.
   e) Provision of status updates to HRSA-supported Primary Care Associations (PCAs).

8) If you do not have plans to seek Federal Tort Claims Act (FTCA) coverage (see Section VIII for details), describe plans for maintaining or obtaining private malpractice insurance.

9) **Competing continuation applicants:** Citing the number of unduplicated patients you served in 2022 (aligned with your 2022 UDS report) and your previous patient target, describe factors that restricted and contributed to your ability to achieve your patient target.

   The previous patient target may be different from the patient target in the SAAT.[30]

GOVERNANCE *– Corresponds to Section V.1 Review Criterion 6: GOVERNANCE*

Health centers operated by Native American tribes or tribal, Native American, or Urban Indian groups are ONLY required to respond to Item 5 below.

1) ***** Describe where in Attachment 2: Bylaws (and, if applicable, Attachment 6: Co-Applicant Agreement) you document the following board composition requirements:

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phone, internet, or bundled package bills, which can give them the tools to access telehealth through Lifeline. The Affordable Connectivity Program also helps ensure that households can afford the broadband they need for healthcare. Patients living on tribal lands may be eligible for additional benefits.

[26] For information about telehealth and the health center scope of project, see Program Assistance Letter (PAL) 2020-01.

[27] For more information, see http://www.telehealthtechnology.org/toolkits/mhealth.

[28] Including natural or manmade disasters, as well as emergent or established public health emergencies.

[29] 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.

[30] To obtain the previous patient target, access the Home Page of your H80 Grant Folder in EHBs and click the Patient Target Management link under the Others heading.

a) Board size is at least 9 and no more than 25 members, with either a prescribed number or range of board members.[31]
b) At least 51 percent of board members are patients served by the health center.[32, 33, 34]
c) 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).[35]
d) Non-patient members are representative of the community served by the health center or the health center's service area.
e) 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).
f) 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.
g) 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.[36, 37]

2) __*__ Describe where in Attachments 2: Bylaws and/or 8: Articles of Incorporation (new applicants only) (and, if applicable, Attachment 6: Co-Applicant Agreement) you document the following board authority requirements:
a) Holding monthly meetings.
b) Approving the selection (and dismissal or termination, as appropriate) of the PD/CEO.
c) Approving the annual Health Center Program project budget and applications.
d) Approving proposed health center services and the locations and hours of operation of health center sites.
e) Evaluating the performance of the health center.
f) Establishing or adopting policies related to the operations of the health center.
g) Assuring the health center operates in compliance with applicable federal, state, and local laws and regulations.

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[31] List board members on Form 6A: Current Board Member Characteristics.
[32] For the purposes of board composition, a patient is an individual who has received at least one service in the past 24 months that generated a health center visit, where both the service and the site where the service was received are within the proposed scope of project.
[33] You will include representative(s) from or for each of the target special population(s) on Form 6A: Current Board Member Characteristics.
[34] You may request a waiver of this requirement on Form 6B: Request for Waiver of Board Member Requirements if you are requesting funding to serve only special populations (i.e., HCH, MHC, and/or PHPC funding). If this request is granted, it will be valid for the period of performance.
[35] Board representation is demonstrated on Form 6A: Current Board Member Characteristics.
[36] Refer to Chapter 20: Board Composition of the Compliance Manual.
[37] In the case of public agencies with co-applicant boards, this includes employees or immediate family members of either the co-applicant organization or of the public agency component in which the health center project is located (e.g., employees within the same department, division, or agency).

3) __*__ Referencing specific sections in Attachments 2: Bylaws, 6: Co-Applicant Agreement, 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:
   a) 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.
   b) 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.
   c) **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).

4) Describe how the voting members of the governing board leverage their areas of expertise (consistent with Form 6A: Current Board Member Characteristics) to actualize patient-centered care for the service area.

5) **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.

6) **Competing supplement applicants:** Describe how you will ensure that board composition accurately reflects the community/target population of the resulting combined announced and currently funded service area, to include documenting that at least one board member resides or works in the announced service area.

SUPPORT REQUESTED *– Corresponds to Section V.1 Review Criterion 7: SUPPORT REQUESTED*

1) Describe any identified adverse financial or workforce-related challenges (e.g., payer mix changes, temporary site closures, reduction in billable visits, workforce recruitment or retention challenges) and how you have planned for mitigating the adverse impacts.

2) If the patient projection on Form 1A: General Information Worksheet reflects an increase compared to the SAAT patient target, describe how you will accomplish this increase with the funding amount announced in the SAAT.

iii. __*__ ***Budget*** *(Submit in EHBs)*

Follow the instructions included in Section 5.1.iv of HRSA's *SF-424 Two-Tier Application Guide* and the additional budget instructions provided below. A budget that follows the *Guide* will ensure that, if HRSA selects your application for funding, you will have a well-organized financial plan and, by carefully following the approved plan, may avoid audit issues during the implementation phase. Note that you must classify costs in section B of the SF-424A Budget Information form for Year 1 into federal and non-federal resources.

Reminder: The Total Project or Program Costs are the total allowable costs (inclusive of direct **and** indirect costs) you incur to carry out a HRSA-supported project or activity. Total project or program costs include costs charged to the award and costs borne by you.

The total budget represents all proposed expenditures that directly relate to and support in-scope activities. Therefore, the total budget must reflect projections from **all** anticipated revenue sources. In addition, the Health Center Program requires the budget presentation to be formulated in alignment with section 330(e)(5)(A) of the PHS Act.

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 2023, the salary rate limitation is **$212,100.** Note that these or other salary rate limitations may apply in the following fiscal years, as required by law.

iv. _*_ Budget Narrative *(Submit in EHBs)*

The SAC NOFO requires a detailed budget narrative for **each requested 12-month period** (budget year) of the period of performance (1-year period of performance for new applicants and 3-year period of performance for competing continuation and competing supplement applicants). See Section 5.1.v of HRSA's *SF-424 Two-Tier Application Guide*. In addition, classify Year 1 of the budget narrative into federal and non-federal resources, and provide a table of personnel to be paid with federal funds, per the example provided in HRSA's *SF-424 Two-Tier Application Guide*. For subsequent budget years, if applicable, the narrative should highlight the changes from Year 1 or clearly indicate that there are no substantive changes during the period of performance. See the SAC Technical Assistance webpage for a sample Budget Narrative.

Note: Format the budget narrative to have all columns fit on an 8.5 x 11 page in portrait orientation when printed.

v. Program-Specific Forms *(Submit in EHBs)*

Phase 2 of your application requires the submission of supplemental information through the EHBs. All of the following forms, with the exception of Form 5C: Other Activities/Locations, are required. You must complete these OMB-approved forms

directly in EHBs. The forms that HRSA will use in its assessment of compliance, as detailed in the Compliance Manual, are noted with a bolded, underlined asterisk below (*****).

Refer to the SAC Technical Assistance webpage for Program-Specific Forms samples and instructions.

Form 1A: General Information Worksheet
Form 1C: Documents on File
***** Form 2: Staffing Profile
***** Form 3: Income Analysis
***** Form 4: Community Characteristics
Form 5A: Services Provided
Form 5B: Service Sites
Form 5C: Other Activities/Locations (if applicable)
***** Form 6A: Current Board Member Characteristics
***** Form 6B: Request for Waiver of Board Member Requirements
***** Form 8: Health Center Agreements
Form 12: Organization Contacts
***** Summary Page

vi. Attachments *(Submit in EHBs)*

Provide the following items in the order specified below. HRSA will assess compliance as detailed in the Compliance Manual by using the attachments noted with a bolded, underlined asterisk (*****).

Unless otherwise noted, attachments count toward the application page limit. Your indirect cost rate agreement (provided in Attachment 13: Other Relevant Documents), proof of non-profit status (Attachment 11: Evidence of Nonprofit or Public Center Status), and the co-applicant agreement (Attachment 6: Co-Applicant Agreement) will not count toward the page limit. **Clearly label each attachment** according to the number and title below (e.g., Attachment 2: Bylaws). Merge similar documents (e.g., collaboration documentation) into a single file. You must upload attachments into the application. HRSA and the objective review committee will not open/review any hyperlinked attachments.

Applications that do not include attachments marked "C" (required for completeness) will be considered incomplete or non-responsive, and will not be considered for funding under this notice. Failure to include attachments marked "R" (required for review) may negatively affect the objective review score or result in conditions on your award.

Attachment 1: Service Area Map and Table (R)

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 UDS Mapper, available at http://www.udsmapper.org/. You may need to manually place markers for the locations of major private provider groups serving low income/uninsured patients. Note that the table will display Zip Code Tabulation Areas (ZCTAs)[38] and not zip codes.

For a tutorial, see Specific Use Cases: Create a Service Area Map and Data Table, available at https://udsmapper.org/tutorialsandresources.

__*__ *Attachment 2: Bylaws (R)*

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. 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 (R)*

Upload a one-page document that depicts 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 (R)*

Upload current position descriptions for key management staff: PD/CEO, CD, CFO, CIO, and COO. Indicate on the position descriptions 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, at a minimum, training and experience qualifications, duties, and functions.

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

- Direct employment 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 (R)

[38] ZCTAs are generalized areal representations of United States Postal Service ZIP Code service areas. ZCTAs were created to differentiate between areal service areas and mail delivery routes. See https://www.census.gov/programs-surveys/geography/guidance/geo-areas/zctas.html for more information.

Upload current biographical sketches for key management staff: PD/CEO, CD, CFO, CIO, and COO. Identify if the individual will fill more than one key management position. Biographical sketches should not exceed **two pages** each. Biographical sketches must include training, language fluency, and experience working with the cultural and linguistically diverse populations to be served, as applicable.

__*__ *Attachment 6: Co-Applicant Agreement (as applicable) (new applicants: C) (competing continuation and competing supplement applicants: R)*

Public center applicants with a co-applicant board **must** submit the most recent copy of the formal co-applicant agreement, in its entirety, signed by both the co-applicant governing board and the public center.[39] See the RESOURCES/CAPABILITIES and GOVERNANCE sections of the Project Narrative for more details.

Attachment 7: Summary of Contracts and Agreements (as applicable) (R)

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, respectively. The summary must address the following items for each contract or agreement:

- Name of contract/referral organization.
- Type of contract or agreement (e.g., contract, referral agreement, Memorandum of Understanding or Agreement).
- Brief description of the type of services provided and how and where services are provided.
- Timeframe for each contract or agreement (e.g., ongoing contractual relationship, specific duration).

If a contract or agreement will be attached to Form 8: Health Center Agreements, denote this with an asterisk (*). Contracts for substantive programmatic work and subrecipient agreements[40] **must** be included in Form 8.

__*__ *Attachment 8: Articles of Incorporation (as applicable) (new applicants: R)* (competing continuation and competing supplement applicants: N/A)

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.

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

[40] Contracting for substantive programmatic work applies to contracting with a single entity for the majority of health care providers. The acquisition of supplies, material, equipment, or general support services is not considered programmatic work.

- 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 (R)*

Upload current dated documentation of collaboration activities to provide evidence of commitment to the project. See the COLLABORATION section of the Project Narrative for details on required documentation. Letters of support should be addressed to the organization's board, PD/CEO, or other appropriate key management staff member.

Note: While reviewers will only consider letters of support and other documentation of collaboration submitted with the application, you are encouraged to consider the impact on your application's page length when providing non-required documentation of collaboration.

_*_ *Attachment 10: Sliding Fee Discount Schedule(s) (R)*

Upload the current sliding fee discount schedule (SFDS) for services provided directly (consistent with Form 5A: Services Provided, Column I). The SFDS structure must be consistent with the policy (as described in the RESPONSE section of the Project Narrative) 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 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.

Attachment 11: Evidence of Nonprofit or Public Center Status (new applicants: C) (competing continuation and competing supplement applicants: N/A)

Upload evidence of nonprofit or public center status.

A private, nonprofit organization must submit one of the following as evidence of its 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.

A public agency applicant must provide documentation demonstrating that the organization qualifies 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 (U.S.) affiliated sovereign State (e.g., Republic of Palau).
- 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.

Tribal Organizations, as defined under the Indian Self-Determination Act, must reference their designation in the Federally Recognized Tribal Entity List maintained by the Bureau of Indian Affairs as documentation demonstrating that the organization qualifies as a public agency. Urban Indian Organizations, as defined under the Indian Health Care Improvement Act, must either submit evidence of their nonprofit status as described above for all private, nonprofit organizations, or submit evidence that they are a public agency as part of a tribal organization.

Attachment 12: Operational Plan (new and competing supplement applicants: R) (competing continuation applicants: N/A)

New or competing supplement applicants: Upload a detailed Operational Plan. The plan must include reasonable and time-framed activities which assure that within 120 days of release of the NoA, all sites on Form 5B: Service Sites (all sites described in the Project Narrative must be included on Form 5B) will have the necessary staff and providers in place to begin operating and delivering services as described on Form 5A: Services Provided. Also include plans to hire, contract, and/or establish formal written referral arrangements with all providers (consistent

with Forms 2: Staffing Profile, 5A: Services Provided and 8: Health Center Agreements, and Attachment 7: Summary of Contracts and Agreements) and begin providing services at all sites for the stated number of hours (consistent with Form 5B: Service Sites) within 1 year of release the NoA and how your organization will ensure capacity to meet the patient projection for the announced service area, consistent with Form 1A: General Information Worksheet.

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

Attachment 13: Other Relevant Documents (as applicable) (R)

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.

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)

Effective April 4, 2022:

- The UEI assigned by SAM has replaced the Data Universal Numbering System (DUNS) number.
- Register at SAM.gov and you will be assigned a UEI.

You must register with SAM and continue to maintain active SAM registration with current information at all times when you have: an active federal award, an active application, or an active plan under consideration by an agency (unless you are an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), or have an exception approved by the agency under 2 CFR § 25.110(d)). For your SAM registration, you must submit a notarized letter appointing the authorized Entity Administrator.

Your business entity selection on Form 1A: General Information Worksheet must align with your equivalent selection in SAM.

If you are chosen as a recipient, HRSA will not make an award until you have complied with all applicable SAM requirements. If you have not fully complied with the requirements by the time HRSA is ready to make an award, you may be deemed not qualified to receive an award, and HRSA may use that determination as the basis for making an award to another applicant.

If you have already completed Grants.gov registration for HRSA or another federal agency, confirm that the registration is still active and that the Authorized Organization Representative (AOR) has been approved.

- The Grants.gov registration process requires information in two separate systems: System for Award Management (SAM) (https://sam.gov/content/home | SAM Knowledge Base)
- Grants.gov (https://www.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.

Here's what this means:

- 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.

  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) more about this change on the BUY.GSA.gov blog to know what to expect.

For more details, see Section 3.2 of HRSA's *SF-424 Two-Tier Application Guide*.

If your registration with SAM or Grants.gov is not complete before your application is due, you will not be eligible for a deadline extension or waiver of the electronic submission requirement.

4. Submission Dates and Times

Application Due Date

The application due date under this NOFO in Grants.gov (Phase 1) is ***November 3, 2023, at 11:59 p.m. ET***. The due date to complete all other required information in EHBs (Phase 2) is ***December 4, 2023 at 5 p.m. ET***. HRSA suggests you submit your application to Grants.gov at least **3 calendar days before the deadlines** to allow for any unforeseen circumstances. See Summary of emails from Grants.gov of HRSA's *SF-424 Two-Tier Application Guide*, Section 9.2.5 for additional information.

5. Intergovernmental Review

The Health Center Program is subject to the provisions of Executive Order 12372, as implemented by 45 CFR Part 100. See Section 5.1.ii of HRSA's *SF-424 Two-Tier Application Guide* for additional information.

6. Funding Restrictions

You may request funding for a period of performance of up to 3 years, at no more than the amount listed as Total Funding for the service area in the SAAT per year (inclusive of Federal direct and indirect costs). This program notice is subject to the appropriation of funds and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately. Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government. HRSA will not award funding to a competing continuation applicant for a third consecutive 1-year period of performance (see the Period of Performance Length Criteria section for details).

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 HRSA's *SF-424 Two-Tier Application Guide* for additional information. Note that these or other restrictions will apply in the following fiscal years, as required by law.

45 CFR Part 75 includes information about allowable expenses. Note that funds under this notice may not be used for fundraising or the construction of facilities.

Pursuant to 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.

You are required to have the necessary policies, procedures, and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding, including statutory restrictions on specific uses of funding. It is imperative that you review and adhere to the list of statutory restrictions on the use of funds detailed in Section 5.1 of HRSA's *SF-424 Two-Tier Application Guide*. Like all other applicable grants requirements, the effectiveness of these policies, procedures, and controls is subject to audit.

Be aware of the requirements for HRSA recipients and subrecipients at 2 CFR § 200.216 regarding prohibition on certain telecommunications and video surveillance services or equipment. For details, see the HRSA Grants Policy Bulletin Number: 2021-01E.

All program income generated as a result of awarded funds 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, or other federal grants or contracts; private support; and income generated from fundraising and donations/contributions.

In accordance with Sections 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 [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

HRSA has procedures for assessing the technical merit of applications to provide for an objective review and to assist you in understanding the standards against which your application will be reviewed. HRSA has indicators for each review criterion to assist you in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation.

Reviewers will evaluate and score the merit of your application based upon these criteria. The information presented in the application will be used to determine the length of the Period of Performance Length Criteria, if funding is awarded.

Seven review criteria are used to review and rank SAC applications. Below are descriptions of the review criteria and their scoring points.

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

- The extent to which the applicant describes the proposed service area and boundaries based on the application type.
- The extent to which the applicant describes the needs assessment process for the proposed service area/target population, including any targeted special populations.
- The extent to which the applicant describes how the COVID-19 public health emergency impacted service area/target population need.

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

- The extent to which the applicant demonstrates the service delivery sites will ensure access to, and availability of, all required and proposed services and that clinical capacity will meet the needs of the target population when considering barriers to care. If HCH funding is requested, the applicant must propose substance use disorder services. A competing supplement applicant must 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.

- The extent to which the applicant describes how patients will be educated on affordable insurance options, including third-party coverage options (if applicable) and how they will be provided with enrollment assistance.
- The extent to which the applicant describes the communication tools and protocols, referral processes, and electronic exchange of patient health records that facilitate continuity of care.
- The extent to which the applicant describes the SFDP policies, including how they apply uniformly to all patients, definitions of income and family size, eligibility assessment methods based on income and family size, how the SFDS ensures charges are based on ability to pay, and any nominal charge (if applicable).
- The extent to which the SFDS (Attachment 10) is consistent with SFDP policies described in the RESPONSE section of the Project Narrative and demonstrates that discounts are applied for individuals and families based only on their annual income and the current FPG.
- The extent to which the applicant describes how the unduplicated patient projection (number of patients projected to be served in calendar year 2025) and the service type projections were determined and the factors that went into that determination.
- **New or competing supplement applicants**: The extent to which the applicant provides a detailed operational plan (Attachment 12) 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) all proposed sites in the announced service area will be open for the proposed hours of operation with proposed services delivered in a manner that will support the provision of care to the number of patients projected for the announced service area within 1 year of release of the NoA; 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

- The extent to which the applicant describes collaboration with other providers or programs in the service area to provide access to services not available through the health center, and those services are coordinated and complement those provided by other entities in the area.
- The extent to which the applicant describes efforts to coordinate and integrate activities with other health services delivery projects and programs that serve similar patient populations in the service area and documents that they requested a letter of support or provides letter(s) of support (Attachment 9: Collaboration Documentation). At a minimum, this includes other health centers in the service area.

- **Applicants requesting PHPC funding**: The extent to which the applicant describes that 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: EVALUATIVE MEASURES (15 points) – Corresponds to Section IV.2.ii EVALUATIVE MEASURES

- The extent to which the applicant describes how the QI/QA program addresses adherence to current clinical guidelines and standards of care, patient safety and adverse events, patient satisfaction assessment, patient records data to inform service provision, and oversight and decision-making.
- The extent to which the applicant describes how the EHR system will protect confidentiality of and safeguard patient records, facilitate performance monitoring and improvement of patient outcomes, and track social risk factors.
- The extent to which the applicant describes how efforts will be focused to improve the clinical quality and/or health outcomes, and reduce health disparities within the patient population, including with the specified areas.

Criterion 5: RESOURCES/CAPABILITIES (20 points) – Corresponds to Section IV.2.ii RESOURCES/CAPABILITIES

- The extent to which the applicant establishes that the organizational structure and key management team, including oversight and reporting responsibilities of the PD/CEO, are appropriate for operation and oversight of the proposed project, including any contractors and subrecipients.
- The extent to which the staffing plan ensures providers will be in place to carry out required and any proposed additional services and addresses workforce recruitment and retention of clinically aligned and culturally competent staff, as well as that documentation of licensure, credentialing verification, and applicable privileges for clinical staff (e.g., employees, individual contractors, volunteers) will be maintained.
- The extent to which the applicant establishes that appropriate 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 in accordance with the terms and conditions of the federal award and federal cost principles (e.g., 45 CFR Part 75 Subpart E: Cost Principles).
- The extent to which the applicant describes how it conducts billing and collections, including: board-approved policies, as well as operating procedures for fee or payment reduction and waivers; and participation in public and private assistance programs or insurance.

- The extent to which the applicant describes current and planned uses of telehealth.
- The extent to which the applicant describes emergency preparedness ability and/or plans for maintaining continuity of services and responding to urgent primary health care needs during disasters and emergencies.
- If applicable, the extent to which the applicant describes plans for maintaining or obtaining private malpractice insurance.
- The extent to which the applicant demonstrates on Form 8: Health Center Agreements and in any attached agreements 1) the specific activities or services to be performed; 2) that the contractor or subrecipient will perform in accordance with all applicable award terms, conditions, and requirements; 3) how the applicant will monitor contractor or subrecipient compliance and performance; and 4) the requirements for the contractor or subrecipient to provide data necessary to meet reporting requirements.
- **Competing continuation applicants:** The extent to which the applicant describes contributing and restricting factors of achieving the previous patient target.

Criterion 6: GOVERNANCE (10 points) – Corresponds to Section IV.2.ii GOVERNANCE

- The extent to which the applicant documents the board composition requirements, including board representation that can communicate needs and concerns of targeted special populations, and board authority requirements in the Bylaws.
- The extent to which the applicant describes how the governing board effectively operates within the organization's structure to ensure that the board maintains authority and oversight of the project.
- The extent to which the applicant describes how voting members of the governing board leverage their areas of expertise to actualize patient-centered care for the service area.
- **Public agency applicants with a co-applicant board**: The extent to which the applicant documents delegation of the required authorities and functions to the co-applicant board and delineation of the respective roles and responsibilities of the public agency and the co-applicant.
- **Applicants targeting only special populations and requesting a waiver of the 51 percent patient majority board composition requirement**: The extent to which Form 6B: Request for Waiver of Board Member Requirements provides 1) a reasonable statement of need for the request ("good cause"), and 2) a plan

for appropriate alternative mechanisms for assuring patient participation in the direction and ongoing governance of the center.

- **Native American tribes or tribal, Native American, or Urban Indian Groups Only**: The extent to which 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.
- **Competing supplement applicants:** The extent to which the applicant describes how they will ensure that board composition 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

- The extent to which the applicant provides a detailed budget presentation (e.g., SF-424A Budget Information form, Budget Narrative) that aligns with the proposed project (e.g., services, sites, staffing).
- The extent to which the applicant describes plans to mitigate adverse impacts of financial or workforce-related challenges.
- If the patient projection exceeds the SAAT patient target, the extent to which the applicant describes how the patient projection will be accomplished with the announced funding amount.

2. Review and Selection Process

The objective review process provides an objective evaluation of applications to the individuals responsible for making award decisions. The highest ranked applications receive consideration for award within available funding ranges. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below. In addition to the ranking based on merit criteria, HRSA approving officials will apply other factors described below in selecting applications for award.

See Section 6.3 of HRSA's *SF-424 Two-Tier Application Guide* for more details.

For this program, HRSA will use period of performance length criteria and a funding priority as described below.

Period of Performance Length Criteria[41]
The length of an awarded period of performance is determined by a comprehensive evaluation of compliance with program requirements by HRSA.

[41] See Chapter 2: Health Center Program Oversight of the Compliance Manual.

- New applicant awardees will be awarded a 1-year period of performance[42] and will receive an operational site visit (OSV) 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[43] at the time SAC award decisions are made, you will receive 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 information documenting compliance with program requirements prior to making final award decisions.[44] 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 an award is made but the conditions are not resolved, you will be awarded a 1-year period of performance if you did NOT have consecutive 1-year periods of performance in FY 2022 and FY 2023.
- You will NOT receive an FY 2024 SAC award if you had consecutive 1-year periods of performance in FY 2022 and FY 2023. [45]

IMPORTANT: Service areas where the current award recipient is in a first or second consecutive 1-year period of performance are highlighted in the SAAT. The SAAT distinguishes between first and second consecutive 1-year periods of performance. A service area where the current award recipient is in a second consecutive 1-year period of performance is in jeopardy of having a gap in Health Center Program funding and services if HRSA does not receive an eligible, fundable application.

Funding Priority

To minimize potential service disruptions and maximize the effective use of federal dollars, this program includes a two-part funding priority for competing continuation applicants. A funding priority is the favorable adjustment of combined review scores of individually approved applications when applications meet specified criteria. HRSA staff adjusts the score by a set, pre-determined number of points. **You do not need to request the funding priority.**

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[42] 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.

[43] 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.

[44] 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.

[45] If no fundable applications are received, the service area will be re-competed.

- **Eligibility factors for funding priority:** You will be eligible for the funding priority if you:
    - Are a competing continuation applicant, and
    - 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 priority 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 growth trend, as documented in UDS.[46]

- **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.

3. Assessment of Risk

HRSA may elect not to fund applicants with management or financial instability that directly relates to the organization's ability to implement statutory, regulatory, or other requirements (45 CFR § 75.205).

HRSA reviews applications receiving a favorable objective review for other considerations that include past performance, as applicable, cost analysis of the project/program budget, assessment of your management systems; ensuring continued applicant eligibility, and compliance with any public policy requirements, including those requiring just-in-time submissions. HRSA may ask you to submit additional programmatic or administrative information (such as an updated budget or "other support" information) or to undertake certain activities (such as negotiation of an indirect cost rate) in anticipation of an award. Following review of all applicable information, HRSA's approving and business management officials will determine whether HRSA can make an award, if special conditions are required, and what level of funding is appropriate.

Award decisions, including funding level and period of performance length, are discretionary and are not subject to appeal to any HRSA or HHS official or board.

HRSA is required to review and consider any information about your organization that is in the Federal Awardee Performance and Integrity Information System (FAPIIS). You may review and comment on any information about your organization that a federal awarding agency previously entered. HRSA will consider your comments, in addition to other information in FAPIIS in making a judgment about your organization's integrity, business ethics, and record of performance under federal awards when completing the

[46] HRSA calculates the patient trend as [(2022 UDS Total Patients value – 2020 UDS Total Patients value)/2020 UDS Total Patients value] x 100.

review of risk as described in 45 CFR § 75.205 HHS Awarding Agency Review of Risk Posed by Applicants.

HRSA will report to FAPIIS a determination that an applicant does not meet the minimum qualification standards in 45 CFR § 75.205 (a)(2) (45 CFR § 75.212).

VI. Award Administration Information

1. Award Notices

HRSA will release the NoA on or around the start date of June 1, 2024. See Section 6.4 of HRSA's *SF-424 Two-Tier Application Guide* for additional information.

2. Administrative and National Policy Requirements

See Section 2.1 of HRSA's *SF-424 Two-Tier Application Guide*.

If you are successful and receive a NoA, in accepting the award, you agree that the award and any activities thereunder are subject to:

- all provisions of 45 CFR part 75, currently in effect or implemented during the period of the award,
- other regulations and HHS policies in effect at the time of the award or implemented during the period of the award, and
- applicable statutory provisions.

Accessibility Provisions and Non-Discrimination Requirements

Should you successfully compete for an award, recipients of federal financial assistance (FFA) from HHS will be required to complete an HHS Assurance of Compliance form (HHS 690) in which you agree, as a condition of receiving the grant, to administer your programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, age, sex and disability, and agreeing to comply with federal conscience laws, where applicable. This includes ensuring that entities take meaningful steps to provide meaningful access to persons with limited English proficiency; and ensuring effective communication with persons with disabilities. Where applicable, Title XI and Section 1557 prohibit discrimination on the basis of sexual orientation, and gender identity. The HHS Office for Civil Rights provides guidance on complying with civil rights laws enforced by HHS. See https://www.hhs.gov/civil-rights/for-providers/provider-obligations/index.html and https://www.hhs.gov/civil-rights/for-individuals/nondiscrimination/index.html.

- For guidance on meeting your legal obligation to take reasonable steps to ensure meaningful access to your programs or activities by limited English proficient individuals, see https://www.hhs.gov/civil-rights/for-individuals/special-

topics/limited-english-proficiency/fact-sheet-guidance/index.html and https://www.lep.gov.

- For information on your specific legal obligations for serving qualified individuals with disabilities, including providing program access, reasonable modifications, and to provide effective communication, see http://www.hhs.gov/ocr/civilrights/understanding/disability/index.html.
- HHS funded health and education programs must be administered in an environment free of sexual harassment, see https://www.hhs.gov/civil-rights/for-individuals/sex-discrimination/index.html.
- For guidance on administering your project in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws, see https://www.hhs.gov/conscience/conscience-protections/index.html and https://www.hhs.gov/conscience/religious-freedom/index.html.

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

Pursuant to the Executive Order on Worker Organizing and Empowerment (E.O. 14025), HRSA strongly encourages applicants to support worker organizing and collective bargaining and to promote equality of bargaining power between employers and employees. This may include the development of policies and practices that could be used to promote worker power. Applicants can describe their plans and specific activities to promote this activity in the application narrative.

Requirements of Subawards

The terms and conditions in the NoA apply directly to the recipient of HRSA funds. The recipient is accountable for the performance of the project, program, or activity; the appropriate expenditure of funds under the award by all parties; and all other obligations of the recipient, as cited in the NoA. In general, the requirements that apply to the recipient, including public policy requirements, also apply to subrecipients under awards, and it is the recipient's responsibility to monitor the compliance of all funded subrecipients. See 45 CFR § 75.101 Applicability for more details.

Health Center Program award recipients that make subawards are required to document that, at the time a subaward is made, the subrecipient meets all of the Health Center Program requirements applicable to the award recipient's 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.C. § 254b), implementing program regulations found in 42 CFR Part 51c and 42 CFR Part 56 (for CHC and MHC, respectively), and grants 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)[47] 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 use health IT that meets non-proprietary standards and implementation specifications developed by consensus-based standards development organizations. This may include standards

[47] Health information technology is defined in Section 3000 of the PHSA. HHS has substantially adopted and codified that definition at 45 CFR 170.102. The regulation defines health information technology as hardware, software, integrated technologies or related licenses, IP, upgrades, or packaged solutions sold as services that are designed for or support the use by health care entities or patients for the electronic creation, maintenance, access, or exchange of health information.

identified in the ONC Interoperability Standards Advisory, available at https://www.healthit.gov/isa/.

3. Reporting

Award recipients must comply with Section 7 of HRSA's *SF-424 Two-Tier Application Guide* **and** the following reporting and review activities:

1) **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 a UDS Universal Report and, if applicable, a UDS Grant Report annually, by the specified deadline. The Universal Report provides data on patients, services, staffing, and financing across all health centers. The Grant Report provides data on patients and services for special populations served (MHC, HCH, and/or PHPC). 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.

2) **Progress Report** – The Budget Period Progress Report (BPR) non-competing continuation (NCC) submission documents progress within the period of performance. Submission and HRSA approval of a BPR NCC will result in the release of an award for the subsequent year of funding (dependent upon Congressional appropriation, program compliance, organizational capacity, and a determination that continued funding would be in the best interest of the Federal Government).

3) **Integrity and Performance Reporting** – The NoA will contain a provision for integrity and performance reporting in FAPIIS, as required in 45 CFR part 75 Appendix XII.

Note that the OMB revisions to Guidance for Grants and Agreements termination provisions located at 2 CFR § 200.340 - Termination apply to all federal awards effective August 13, 2020. No additional termination provisions apply unless otherwise noted.

VII. AGENCY CONTACTS

You may request additional information and/or technical assistance regarding business, administrative, or fiscal issues including budget development related to this NOFO by contacting:

Terry Hatchett
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
Phone: (301) 443-7525
Email: THatchett@hrsa.gov

You may request additional information regarding the overall program issues and/or technical assistance related to this NOFO by contacting:

Julia Tillman or Chrissy James
Public Health Analysts
Bureau of Primary Health Care (BPHC), OPPD
Health Resources and Services Administration
Phone: (301) 594-4300
Contact: BPHC Contact Form
Web: SAC Technical Assistance webpage

You may need assistance when working online to submit your application forms electronically. Always obtain a case number when calling for support. For assistance with submitting the application in Grants.gov, contact Grants.gov 24 hours a day, 7 days a week, excluding federal holidays at:

Grants.gov Contact Center
Telephone: 1-800-518-4726, (International callers, dial 606-545-5035)
Email: support@grants.gov
Self-Service Knowledge Base

You may need assistance when working online to submit your application electronically through the EHBs. Always obtain a case number when calling for support. For assistance with submitting the remaining information in the EHBs, contact the HRSA Contact Center, Monday–Friday, 7 a.m. to 8 p.m. ET, excluding federal holidays at:

HRSA Contact Center
Phone: (877) 464-4772 / (877) Go4-HRSA
TTY: (877) 897-9910
Web: http://www.hrsa.gov/about/contact/ehbhelp.aspx

The EHBs login process changed 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

A technical assistance webpage has been established to provide you with instructions for, and copies of, forms, FAQs, and other resources that will help you submit a competitive application. To review available resources, visit the SAC Technical Assistance webpage.

HRSA Primary Health Care Digest

The HRSA Primary Health Care Digest is a weekly email newsletter containing information and updates pertaining to the Health Center Program, including release of all competitive funding opportunities. You are encouraged to have several staff subscribe.

Federal Tort Claims Act Coverage/Medical Malpractice Insurance

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.

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 HRSA's *SF-424 Two-Tier Application Guide*.