

**FY 2015 Health Center Expanded Services (ES)
Supplemental Funding Opportunity HRSA-15-153
Frequently Asked Questions (FAQs)**

Below are common questions and corresponding answers for the FY 2015 Health Center Expanded Services (ES) supplemental funding opportunity. New FAQs will be added as needed, so please check the ES technical assistance (TA) Web page (<http://bphc.hrsa.gov/programopportunities/fundingopportunities/ExpandedServices/index.html>) frequently for updates.

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General Information (includes **NEW items)**

1. What is the purpose of the Expanded Services (ES) funding opportunity?

The purpose of ES funding is to increase access to comprehensive primary health care services, including medical, oral health, behavioral health, pharmacy, vision, and/or enabling services at existing health center sites. Health Center Program grantees requesting ES funds must demonstrate how these funds will be used to expand the provision of comprehensive primary care services to underserved populations in their service areas.

2. When can I start my ES application?

ES applications will be available in the HRSA Electronic Handbook (EHB) on **June 26, 2015**. Emails will be sent via EHB to the individuals listed as Project Directors, Authorizing Officials, and Business Officials in the health center’s EHB grant folder for all eligible grantees indicating the availability of the ES application in EHB. There is no Grants.gov submission

requirement for the ES application. Applications are due in EHB by 5:00 p.m. ET on **July 20, 2015**.

3. How is the ES funding opportunity different in FY 2015 than the ES opportunity released in FY 2014?

Differences include a streamlined application, the addition of a Summary Verification form, inclusion of the option to expand enabling services, adjustments to the eligibility criteria, and revised scope modification options for Form 5A.

4. How much funding is available to support ES grants in FY 2015?

HRSA will award approximately \$350 million in ES funding through formula-based supplements to existing Health Center Program grantees.

5. How much ES funding is each grantee eligible to receive?

Each eligible Health Center Program grantee will receive an email on June 26, 2015 indicating the availability of the ES application and the maximum amount of supplemental funds each grantee may receive annually. See the [Funding Information](#) section of the FAQs for details on the formula used to determine funding allocations.

6. If a grantee receives multiple Health Center Program funding streams (i.e., CHC, MHC, HCH, and PHPC), must the ES application include all of these populations?

Yes. ES funding must be requested in the same special population funding proportion(s) as existing operational grant funding. The email that HRSA will send to eligible grantees with the maximum amount of ES funds they may request will include a breakdown of the current special population funding streams that the grantee receives with the ES funding amount split proportionately. This distribution must be shown on the SF-424A (Section A – Budget Summary).

7. What should I do if the funding stream distribution levels included in the ES email notification are not correct?

If the ES funding distribution percentages do not match your current Health Center Program (H80) grant funding distribution, contact BPHC at bphc-es@hrsa.gov.

8. NEW: What is required for the Project Description attachment in the SF-424 Part 2 section of the ES application?

Applicants must upload a placeholder document to meet system requirements. Include a brief sentence indicating that this attachment is not required for the ES opportunity. For example, the document may include the following statement: “Per the FY 2015 Expanded Services instructions document, the Project Description attachment is not required.”

Eligibility

9. What types of organizations are eligible for ES funding?

ES supplemental funding is open to current Health Center Program grantees. Organizations that received **initial** Health Center Program grant funding (as a new grantee) in FY 2015 via

a New Access Point, Service Area Competition, or Service Area Competition – Additional Area grant award are **not eligible** for ES supplemental funding (i.e., FY 2015 newly funded/new start grantees).

10. My organization received an FY 2015 NAP award to add a new access point site to our existing scope. Are we eligible to apply for ES funding?

Yes, existing grantees that were awarded FY 2015 NAP funding under HRSA-15-016 as satellite/supplemental applicants (i.e., organizations that were already receiving Health Center Program operational funding at the time of NAP application and award) are eligible for the ES funding opportunity.

11. The ES instructions note that HRSA will not award ES supplemental funding to grantees with 5 or more active 60-day conditions or 1 or more active 30-day conditions. Does this include all conditions, including scope verification and construction/alteration-related conditions?

HRSA will only consider progressive action conditions related to Health Center Program requirements when determining if grantees are able to receive ES funding (i.e., scope verification and construction/alteration-related conditions will not be included). Please contact your Project Officer for any questions regarding the current status of conditions on your grant award.

12. Is the ES application subject to review by State Executive Order 12372?

Yes, ES awards are subject to the provisions of Executive Order 12372, as noted on page 9 of the ES Instructions. Applicants in states that have a Single Point of Contact (SPOC) should contact the SPOC to alert them that you will be submitting an application. The list of SPOCs is available at http://www.whitehouse.gov/omb/grants_spoc. For applicants in states that do not have a SPOC, you may contact your Primary Care Office (PCO) for guidance. See <http://bhpr.hrsa.gov/shortage/hpsas/primarycareoffices.html> for the list of PCOs.

13. Can subrecipients/subcontractors apply for ES funding?

No, only current Health Center Program grantees are eligible to apply for the ES funding opportunity. However, if a site that is operated by a subcontractor/subrecipient is included in a grantee's approved scope of project (on Form 5B), the grantee may submit an application for ES funding that will support ES activities at that site.

Funding Information

14. How are maximum funding amounts calculated?

Funding allocations were determined based on each Health Center Program grantee's 2014 Uniform Data System (UDS) report. The maximum amount of funding that can be requested through the ES opportunity per year was derived from the following formula:

- A base amount of \$220,000, plus
- An additional \$2.00 per health center patient, plus
- An additional \$4.00 per health center uninsured patient.

Depending on the number of approvable applications, HRSA may adjust award amounts consistent with funds available for this supplemental opportunity. Cost sharing or matching is not a requirement for this funding.

15. If I received FY 2014 ES funding last year, may I apply for additional ES funding in FY 2015?

Yes, but applicants must ensure that the patient projections included in the FY 2015 ES application do not duplicate other patient projections, including those from the FY 2014 ES application, and that they are realistic and achievable by December 31, 2017. Refer to the Service Area Competition (SAC) technical assistance Web page (<http://bphc.hrsa.gov/programopportunities/fundingopportunities/SAC/index.html>) for details on how patient commitments from supplemental awards factor into the total patient target for your service area.

16. What period of time does the ES funding request cover?

The funding amount included in the email from HRSA is the maximum amount of ES funding that each health center is eligible to request per 12-month period. Awards will be adjusted to match each grantee's current budget period and will be ongoing (added to the base award) in future fiscal years dependent upon Congressional appropriation and satisfactory performance.

Program Requirements

17. How can I expand access to services?

Applicants may propose to use ES funding to expand access to existing and/or new primary care services by hiring medical, oral health, behavioral health, pharmacy, or vision providers; hiring enabling staff (e.g., case managers, translation staff, eligibility assistance workers); expanding hours of operations; and/or establishing or increasing services either through direct provision of the service or via formal contract where the health center pays for the service.

18. How many services are applicants required to expand?

Applicants must propose to expand medical, oral health, behavioral health, pharmacy, and/or vision services with at least 80 percent of the total ES budget, and may propose to expand access to enabling services with up to 20 percent of the ES budget. At least one service must be selected for expansion in the ES application.

19. Can I use ES funds targeted for oral health expansion to do multiple activities (e.g., hire staff and purchase equipment)?

Yes, applicants are permitted to propose more than one type of activity within each area of expansion (e.g., hiring providers, increasing hours, equipment purchases).

Sites

20. Can I propose an ES project at a site that I plan to bring into scope at a later date?

No. All services must be proposed at sites (including mobile vans) that are in a health center's approved scope of project (i.e., listed as a service delivery site on the grantee's Form 5B¹).

21. My organization submitted a change in scope (CIS) request to add a new site that is pending approval. Can I propose to implement ES-supported activities at that site?

No. Proposed new providers/services must be aligned with sites currently in scope at the time of application. However, once the new site is added to scope, ES funding can be utilized to support expansion at that time. Please keep in mind that the ES application does not ask applicants to specify sites targeted for expansion.

22. Can I use ES funding to begin providing services at a site that is currently only an administrative location?

If the site is listed on Form 5B as an administrative site only, you may not propose to begin service provision activities at that site with ES funding. Locations where ES-supported activities will occur must be service delivery sites listed in the currently approved Form 5B.

23. Do I have to propose to provide ES-funded services at all sites in scope?

No. In-scope services listed on Form 5A are defined for the organization/entity, not by individual site. While not all services must be available at every service site, you must ensure that health center patients have reasonable access to the full complement of in-scope services offered by the organization, either directly or through formal established arrangements.² Health centers developing ES proposals that include adding new eligible services to scope should ensure that all of their patients will have reasonable access to all proposed new services.

Services

24. Are there any services that cannot be added to scope through ES?

Applicants may not add the following services to scope or modify the service delivery method through the ES funding opportunity if these services are already in scope.³

- Additional Medical Services (i.e., recuperative care, environmental health services, occupational therapy, physical therapy, speech language pathology/therapy, nutrition, and complementary alternative medicine); or
- Other Additional and/or Specialty Services.

¹ Administrative-only sites as listed on Form 5B: Service Sites are not eligible ES project sites.

² See PIN 2008-01: Defining Scope of Project and Policy for Requesting Changes (<http://bphc.hrsa.gov/programrequirements/policies/pin200801.html>) for specific guidelines around Form 5A and Form 5B. Additional scope resources and information are available at BPHC's Scope of Project Web page (<http://bphc.hrsa.gov/programrequirements/scope.html>).

³ Applicants may propose to expand access to these services if they are in scope as of the date of application and the mode of service delivery will not change.

25. We have a specialty service in our scope of project and are providing the service directly onsite. May we add another provider of this specialty service with ES funding?

Health centers may propose to utilize ES funds to increase the availability of any service that is already within the approved scope of project. Applicants should ensure that their proposed projects address demonstrated needs in the service area/target population and meet the expectation of ES funding to expand comprehensive primary care services to underserved populations, thereby increasing the number of patients served.

26. Can ES funds be used to expand access to in-house diagnostic laboratory or radiology services?

To the extent that certain costs and/or staff are reasonable, appropriate, and support the grantee's ability to meet the needs of its service area, such costs are allowable uses of ES funding. Applicants should consider how the overall proposal will meet the ES goal of increasing access to comprehensive primary health care services for underserved populations.

27. How does HRSA define "behavioral health" in reference to ES funding?

For the purposes of the ES funding opportunity, behavioral health includes mental health and substance abuse services.

28. Can I use ES funding to add or expand access to medication assisted treatment/therapy, such as Methadone, Buprenorphine, or Naltrexone?

Yes. Applicants may propose to add or increase access to substances abuse services, which may include medication-assisted treatment (e.g., Methadone, Buprenorphine, extended-release injectable Naltrexone), as part of a proposal that responds to the demonstrated need in the community and supports an overall increase in health center patients.⁴

Applicants proposing to use ES funding to expand medication-assisted treatments must add substance abuse services to scope via the ES application if not already reflected in Columns I or II in the current approved Form 5A.

29. Can I use ES funding on outreach and enrollment?

Yes. Outreach and enrollment activities fall under the enabling services category, and are eligible for expansion (with up to 20 percent of the total ES budget) as part of the FY 2015 ES funding opportunity.

30. Can I delete a service that I currently provide through the ES application?

No. Applicants may not delete any currently approved services nor may they begin providing a service via referral only if the service is currently provided directly by the health center. Any plans to delete a service should be discussed separately with your Project Officer and proposed via a formal Change in Scope (CIS) request.

⁴ Use of these treatments should occur consistent with federal statutes and regulations.

31. If I recently submitted a Change in Scope request to add a new service, will I be able to propose to use ES funds to support this service if it is approved?

As long as the new service is approved by HRSA prior to the ES application due date and is an eligible service, an applicant can propose to use ES funding to support the expansion of the new service.

32. Are applicants required to add new services to scope?

No. Applicants may propose to use ES funding to support the expansion of existing services in scope with no changes to Form 5A required.

33. Are there additional resources available for completing Form 5A?

Many applicants will not need to update Form 5A to reflect their ES plans. Form 5A should only be updated if the method by which the services are delivered will change as a result of ES funding (e.g., applicants would check Column I on Form 5A if ES funding will result in a service being provided directly by the health center that was not provided directly before).

Additional resources on scope of project, including descriptions of service delivery methods and service descriptors are available at

<http://bphc.hrsa.gov/programrequirements/scope.html>.

34. Will my proposed changes to Form 5A automatically update in the EHB or do I need to submit an official Change in Scope (CIS) request through the CIS module?

The ES application will serve as the CIS request. To verify implementation of an approved change to scope, applicants must respond to a related scope verification condition in EHB signifying that the service is being provided. New services added to scope through the ES application must be available within 120 days of award.

35. Part of my ES application includes providing Additional Dental services. I submitted a CIS request to add the service to scope before the ES funding opportunity was announced and it is still under review. May I add the service to scope via the ES application instead?

Yes. In-process CIS requests will not be listed in the Form 5A section of the ES application, but you can add the new service to scope via the ES application, as long as it is relevant to the proposed project.

36. Can we use ES funds to add a new service to scope that will be provided by a referral?

No. Since referrals to services (Column III) do not involve costs to the health center, applicants may not propose them through the ES application. Health centers can propose to add Column III referrals at any time via a Change in Scope request.

Staff/Providers

37. Should I include staff on the Staffing Impact form that are not being supported by ES funding?

No. For purposes of the ES funding opportunity, the Staffing Impact form captures only direct hire staff and contracted providers that will be supported through ES funding.

Applicants may discuss additional staff members that will contribute to the ES-funded projects but are supported through other funding sources in the Project Narrative.

38. What positions can be included with the ES application?

The staff/provider types that are eligible to be supported by ES funding are outlined in Appendix A of the ES application. For information on how HRSA defines the staffing categories and positions listed on that form, refer to the 2014 UDS Manual: <http://bphc.hrsa.gov/datareporting/reporting/2014udsmanual.pdf>.

39. Can I use ES funds to increase the salaries of our existing providers?

No. ES funds must be used to expand capacity and increase access to services for underserved populations in a health center's service area. HRSA expects that applicants will use ES funds to hire new FTEs or increase the hours of existing staff in order to meet this goal. ES funds must not be used to supplant existing resources.

40. Can I use ES funds for recruitment bonuses to improve our success in securing qualified providers for this project?

Recruitment bonuses may be part of the providers' salary package supported by ES funding, if consistent with the health center's standard practice.

41. Can I use ES funds to cover recruitment agency fees?

Costs or fees associated with an outside recruitment agency to hire providers to support the ES funded project are allowable.

42. Can I begin to expand capacity by hiring a new staff member prior to award?

ES applications must demonstrate that ES funding will result in an increase in FTEs and expanded access to services within 120 days of award. Plans to increase staff or contractor FTEs should be implemented based on need and available resources, taking into consideration that the application submitted to HRSA is a request, not an approved plan, for the activities proposed. ES funds may not be used to support costs incurred prior to award.

43. How should I propose staff that will begin at 0.5 FTE and increase to 1.0 FTE after the first year of the project?

On the Staffing Impact form, the salaries should be annualized and the form should reflect the number of FTEs at full capacity. For example, if the position is 0.5 FTE when filled and increases to 1.0 FTE, you would enter the full capacity total (1.0 FTE) on the Staffing Impact form, and then provide clarifying details in the Budget Justification.

44. Are applicants required to recruit and hire new staff? Can existing staff be supported through ES funding?

Applicants are not required to hire new individuals and may instead increase hours for existing part-time FTEs. Note that ES funding may not support staff above 1.0 FTE or be used to supplant existing resources.

45. We have lost a number of providers in recent years and recruitment efforts are moving slowly. Can we use ES funding to bring our staffing levels back up?

ES funds must be used to expand services to underserved populations in a health center's service area and increase patients. HRSA expects that applicants will use ES funds to hire new FTEs or increase the hours of existing staff in order to meet this goal. The intent of ES funding is to increase capacity, not to fill existing gaps.

46. Can applicants use ES funding to increase administrative capacity (e.g., front desk staff, records management staff)?

All proposed staff must be relevant to the proposed project. Non-clinical support staff and administrative staff, such as front desk and records or data management staff, are allowable to the extent that those positions support the grantee's ability to meet the needs of its service area and expand access to services.

47. In addition to expanding access to care, may applicants support positions focused on improving the delivery of care?

In addition to direct care staff, applicants may include in the ES proposal staff that support quality improvement, practice transformation, health informatics, clinical data analytics, or workforce development/training, to the extent that the FTEs are necessary to ensure increased access to the proposed ES services. Such staff must be included under the relevant service category to be supported (e.g., enabling services, medical services) on the Federal Budget Information Form, and a description of how these staff will contribute to the expansion of services must be included in the Project Narrative.

Budget Presentation (includes UPDATED items)

48. Can ES funding be used to cover costs incurred prior to the award date?

No. ES funds are intended to support the costs incurred after the project start date. HRSA anticipates awarding ES funds on or about September 1, 2015.

49. Are there activities that are ineligible for ES funding?

Yes. The following uses of funds are not eligible under ES:

- Construction costs, including minor alterations and renovation,
- Fixed/installed equipment, and
- Facility, land, or vehicle purchases.

50. Are there any formatting guidelines for the Budget Justification attachment? Can I submit a Microsoft Excel document?

Please use an easily readable font, such as Times New Roman, Arial, Courier, or CG Times. The font should be no less than a 10-point font and you should use 1.0 line spacing. When the application is printed by HRSA, documents will print as they are formatted by the applicant. Applicants are encouraged to limit Excel documents to one worksheet only (i.e., one tab in the spreadsheet) and to make sure that the print area is set to the information that must appear in the submission.

51. Are equipment purchases allowable?

Moveable equipment is an allowable cost under ES. Equipment is defined as any article of tangible, nonexpendable, personal property having a useful life of more than 1 year and an acquisition cost of \$5,000 or more per unit. Moveable equipment includes non-expendable items with a useful life of more than 1 year that are not permanently affixed and can be easily moved, such as x-ray equipment, freezers, autoclaves, medical exam tables, dental chairs, computers, and modular workstations. Applicants may not propose to spend more than \$100,000 of the total ES annual funding on equipment costs. Funds may not be spent on fixed equipment. For applications that include equipment costs, applicants are required to complete an Equipment List form.

Applicants may only request ES funding to cover moveable equipment costs in Year 1 (9/1/2015 – 8/31/2016). Applicants proposing to use ES funds in Year 1 on equipment will be prompted in the ES application to provide a description of how funds that went toward equipment costs in Year 1 will be spent in future years, during which ES funds may not support equipment costs, but may be used in other eligible cost categories.

52. How should I request equipment purchases that are less than \$5,000 per unit?

All items with an acquisition cost per unit less than \$5,000 are considered supplies.

53. Is a dental chair considered moveable equipment? Can I use ES funding to cover dental chair installation costs?

Dental chairs are considered movable equipment and are therefore allowable as part of the ES funding opportunity. However, the costs of affixing a dental chair (e.g., running electrical and/or plumbing lines) are classified as alteration/renovation activities, and would not be permitted through ES.

54. Can I use ES funding toward costs associated with an Electronic Health Record system?

ES funding may be used to optimize or upgrade your existing EHR System as needed to support the proposed ES project. Applicants may request up to \$100,000 of Year 1 funding to support the purchase of relevant equipment, including EHR equipment. Applicants must provide details about how these items will be used as a necessary part of the proposed ES project in the Budget Justification. Applicants must also detail the EHR equipment costs in the Equipment List form. EHR-related provider licensing costs should be included in the Other cost category, not under Equipment. See Appendix C of the ES instructions for details.

55. UPDATED: Are applicants required to include program income in the ES application budget presentation?

Applicants are required to include total budget information (i.e., federal and non-federal support) in the ES application, which may include program income that supports the ES project. Total budget information must be included in the SF-424A, the Federal Object Class Categories Form, and the Budget Justification.

56. Are marketing costs allowable?

ES funding may support activities that make the community aware of new services/hours made available through ES funding. You must provide details about how these activities will be a necessary part of the proposed ES project in the Budget Justification.

57. Can I use ES funding to purchase equipment to expand access to services using telemedicine?

The purchase of telemedicine equipment is allowable. You must provide details in the Budget Justification regarding how telehealth equipment will be used to support access to services proposed through the ES project at sites currently approved on Form 5B. In addition, you must clearly indicate how funding used to support equipment costs in Year 1 will be used to support operations in future years. You will also have to detail the equipment costs in the Equipment List form as part of the ES application.

Performance Impact (includes NEW items)

58. How do I calculate the patient projections across all of the services proposed for expansion through the ES funding opportunity?

Applicants should consider all relevant factors, including internal patient, clinical, and financial data, knowledge of the service area and target population needs, local and state trends, and other factors to ensure that the ES application patient projections are realistic and achievable. New patient projections should include the total number of new patients who will receive any combination of services directly through the activities proposed in the ES application and should be achievable by December 31, 2017.

Refer to the sample new patient breakout detailed on page 7, of the ES instructions as an example. Applicants will enter the new and existing patient projections in the Patient Impact form, and then must verify at the end of the ES application that the cumulative new patient projection total is correct in the Summary Form. Applicants should ensure that they are not double-counting patients across services targeted for expansion and that their patient projections are realistic, achievable, and not duplicative of current new patient projections (e.g., FY 2014 ES or FY 2015 NAP satellite new patient projections). As a reminder, ES applications must demonstrate an overall increase in new patients, and if funded, grantees will be expected to achieve the new patient projection by December 31, 2017.

59. How can I provide projections for new or existing patients for services that will be provided for the first time as a result of ES funding?

Health centers proposing a new service through the ES opportunity may consider local area average cost per patient data specific to the proposed service to assist in determining patient projections. In the absence of local level data, applicants may refer to national

average cost data.⁵ Applicants must provide a brief written explanation of how the patient projection was determined in the Project Narrative section of the ES application.

60. What is the definition of a “new patient”?

For the purposes of ES, a “new patient” is an individual not currently being seen by the health center that will be served as a result of the increased funding offered through the ES award. Achievement of new patient projections will be reflected in unduplicated patient counts in 2017 UDS data.

61. What is the definition of an “existing patient”?

For the purposes of ES, an “existing patient” is a current health center patient that will be accessing a new service as a result of ES funding. For example, if a health center’s ES application proposes to expand access to oral health services, the applicant should project how many of its current medical patients will access oral health services from the health center for the first time in the “Existing Patients” table in the Patient Impact section of the ES application.

62. I received ES funding in FY 2014 and we are working toward meeting the patient projections we included in that application. Should I consider those patients as counting toward my FY 2015 ES patient targets?

No. Your FY 2015 ES patient impact projections should be independent from, and additive to, any other previous patient projections (e.g., FY 2014 ES new patient targets, NAP patient projections) and should be achievable by December 31, 2017.

63. NEW: Is there a minimum number of new patients that must be proposed?

The intent of the ES funding opportunity is to increase access to comprehensive primary health care services for underserved populations. ES funding must result in new patients being served and can also result in increasing services to current patients. Therefore, applications must include projections for the number of new and existing patients that the health center will serve as a result of ES funding, with a requirement to demonstrate an overall increase in new patients. Patient projections should be consistent with the identified need in the service area, proposed project, and requested funding. Applicants are encouraged to develop patient projections that are realistic and achievable. A detailed justification for how the patients projections were developed must be provided in the application.

64. NEW: How will achievement of the patient projection be measured and what happens if progress is made but the target is not met?

Applicants should provide realistic ES patient projections that can be achieved by December 31, 2017. Please note that the ES patient projection is additive with other new patient projections (e.g., New Access Point patient projection) and will be included in the SAC

⁵ State and Regional Primary Care Associations (PCAs) and National Cooperative Agreements (NCAs) may serve as resources for support in accessing state, regional, and/or national average cost data (see <http://bphc.hrsa.gov/qualityimprovement/supportnetworks/index.html>).

Patient Targets beginning in FY 2017. For more information, see the Patient Target FAQs and SAC Patient Target Methodology Overview available at <http://bphc.hrsa.gov/programopportunities/fundingopportunities/SAC/index.html>.

65. NEW: I have a Service Area Competition (SAC) application due in FY 2016. How does my ES patient projection relate to the Patient Target listed in the SAC Service Area Announcement Table (SAAT)?

The FY 2016 SAC SAAT will not include your FY 2015 ES patient projection. HRSA will add any new patient projections from the FY 2015 ES application and the FY 2016 SAC application to calculate the new Patient Target for the service area. For example, if the FY 2016 SAC SAAT lists 10,000 as your Patient Target, and you propose through the FY 2016 SAC application to serve 10,000 patients and through the FY 2015 ES application to serve 2,000 patients, your new Patient Target – to be achieved by December 31, 2017 – is 12,000 patients. For more information, see the Patient Target FAQs and SAC Patient Target Methodology Overview available at <http://bphc.hrsa.gov/programopportunities/fundingopportunities/SAC/index.html>.

Award Information and Reporting Requirements

66. When are ES applications due in EHB?

The due date for ES submissions is 5:00 p.m. ET on July 20, 2015.

67. When will ES funding be awarded?

HRSA anticipates announcing ES supplements in September 2015.

68. Are there specific reporting requirements for ES funded activities?

Health centers are required to provide updates on their progress in meeting established ES goals in Budget Period Progress Report (BPR) submissions.

69. What is the length of the ES project?

Patient projections included in the ES application should be reached by December 31, 2017. Budget details are reported per 12-month period starting September 1, 2015. Dependent upon Congressional appropriation and satisfactory performance, ES funding will be ongoing.

70. Will the health center be expected to meet all of its proposed patient projections?

Yes. Proposed patient projections should be realistic and achievable by December 31, 2017. HRSA may withdraw ES support, in part or in total, if ES projections are not met. HRSA will monitor achievement of these projections via the 2017 UDS report. Applicants must also ensure that their proposed ES projects will not result in a reduction of the level or quality of health services currently being provided to the current patients they serve.

Technical Assistance and Contact Information

71. Who should I contact with programmatic questions concerning the ES application requirements and process?

If you have questions regarding the FY 2015 ES application, please contact the Expanded Services Team at bphc-es@hrsa.gov.

72. Who should I contact if I have specific questions about allowable costs, the ES budget, or the budget justification?

Questions concerning allowable costs or other fiscal issues regarding the ES application should be directed to Clare Oscar in HRSA's Office of Federal Assistance Management, Division of Grants Management Operations at coscar@hrsa.gov.

73. If I encounter technical difficulties when trying to submit my application in EHB, who should I contact?

Contact the BPHC Helpline Monday through Friday, 8:30 a.m. to 5:30 p.m. ET (excluding federal holidays) at 1-877-974-2742 or submit a Web request (<http://www.hrsa.gov/about/contact/bphc.aspx>).

74. What technical assistance is available as I develop my application?

Technical assistance materials, including FAQs and an ES Application User Guide, are available at the ES technical assistance Web page (<http://bphc.hrsa.gov/programopportunities/fundingopportunities/ExpandedServices/index.html>). HRSA will update materials as needed throughout the application period to address new questions, so please check back periodically.