



**FY 2017 Service Area Competition (SAC)  
New, Competing Continuation, and Competing Supplemental Funding Opportunity  
Announcement (FOA)  
Frequently Asked Questions (FAQs)**

**HRSA-17-050, HRSA-17-051, HRSA-17-052,  
HRSA-17-053, HRSA-17-054, HRSA-17-055**

Below are common questions and corresponding answers for the Fiscal Year (FY) 2017 Service Area Competition (SAC) funding opportunity. New FAQs will be added as necessary. Refer to the SAC Technical Assistance Web page (<http://bphc.hrsa.gov/programopportunities/fundingopportunities/SAC/index.html>) often for updates. The FAQs are organized under the following topics:

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## General Information

### 1. What is the purpose of the SAC funding opportunity?

The purpose of the SAC funding opportunity is to continue comprehensive primary health care services in areas that are currently served by Health Center Program award recipients whose project periods are ending in FY 2017 (October 1, 2016 – September 30, 2017).

Within these service areas, Health Center Program award recipients provide services to:

- The general underserved community: Community Health Center (CHC – section 330(e) **and/or**
- One or a combination of special populations: Migrant Health Center (MHC – section 330 (g)), Health Care for the Homeless (HCH – section 330 (h)), and/or Public Housing Primary Care (PHPC – section 330 (i)).

## **2. What are special populations?**

“Special populations” refers to three population groups and the legislatively-mandated health center types that serve them:

- Migratory and seasonal agricultural workers and families – Migrant Health Center (MHC)
- Individuals experiencing homelessness – Health Care for the Homeless (HCH)
- Individuals living in public housing and areas immediately accessible to such public housing – Public Housing Primary Care (PHPC)

## **3. If our organization receives a SAC award, do we automatically become a Federally Qualified Health Center (FQHC)?**

No, once a SAC grant is awarded and the health center is operational, you must apply to the Medicare Program and to the State Medicaid Program to be enrolled and reimbursed as an FQHC. For more information on the Medicare application process and timeline, refer to PAL 2011-04: Process for Becoming Eligible for Medicare Reimbursement under the FQHC Benefit (<http://bphc.hrsa.gov/programrequirements/policies/pal201104.html>).

## **4. How do the applicant types differ?**

- “New” applicants are not currently funded through the Health Center Program.
- “Competing continuation” applicants are current Health Center Program award recipients applying to continue serving their current service area.
- “Competing supplement” applicants are current Health Center Program award recipients applying to serve a new service area.

## **5. Will competing continuation applicants be notified if other organizations compete for the same service area?**

No, HRSA does not notify any applicants of competitors. All applicants are encouraged to prepare high-quality SAC applications, since there may be competition for any announced service area.

## **6. Can an organization that submitted an FY 2017 New Access Point (NAP) application submit the same application for FY 2017 SAC funding?**

You should use caution in repurposing a NAP application when applying for SAC funding. The NAP and SAC funding opportunities have different purposes and application requirements. NAP supports the operation of health centers that will provide comprehensive primary health care services to currently unserved/underserved service areas (to expand the reach of the Health Center Program), while the purpose of SAC is to continue the provision of comprehensive primary health care services in service areas that are already served by Health Center Program award recipients.

## **Award Information**

### **7. When will SAC funds be awarded?**

SAC awards will be issued on or around the project period start date provided in each FOA.

**8. Can a competing continuation applicant apply for a SAC award if we had a 1-year project period in each of the previous 2 years?**

Yes, you may apply as a competing continuation applicant to the FY 2017 SAC, but HRSA will not award an FY 2017 SAC grant if the application meets the criteria for a third consecutive 1-year project period. See Section V.2 of the FOA for details.

## Eligibility

**9. Is our organization eligible to apply for FY 2017 SAC funding if it does not currently receive Health Center Program funding?**

Yes, eligible applicants include both new organizations that are not currently receiving Health Center Program funding and organizations that are currently funded through the Health Center Program.

**10. Are organizations located outside of the United States eligible to apply for SAC funding?**

Eligible organizations must be located in the United States or its territories, or be part of a Compact of Free Association (i.e., Federated States of Micronesia, Republic of the Marshall Islands, and Republic of Palau).

**11. Can an organization apply to serve multiple service areas?**

Yes, you must submit one application for each service area.

If you intend to apply for two or more service areas announced under a single announcement number (e.g., HRSA-17-050), you **must** contact the Office of Policy and Program Development at 301-594-4300 or [BPHCSAC@hrsa.gov](mailto:BPHCSAC@hrsa.gov) for guidance well in advance of the Grants.gov submission deadline.

**12. Does the eligibility criterion regarding proposing service area zip codes from which at least 75 percent of current patients reside apply to competing continuation applicants?**

No. HRSA pre-populates and locks all data on Form 5B: Services Sites for competing continuation applicants, including the service area zip codes. However, if you are a competing continuation applicant, you are encouraged to review your current scope of project and submit any necessary updates through the change in scope process in EHB prior to the application deadline. If a SAC application is already underway when a change in scope request is approved, you can update the pre-populated information on Forms 5A: Services Provided, 5B: Service Sites, and Form 5C: Other Activities/Locations by clicking the Refresh from Scope button on each form in EHB.

**13. *New!* If the zip code patient percentages for an announced service area in the SAAT do not total at least 75 percent, how do new and competing supplement applicants comply with the zip code percentage eligibility criterion 3b?**

If the total percentage of patients that reside in zip codes listed for an announced service area in the SAAT do not equal at least 75 percent, then you must propose to serve all zip codes that are listed in the "Zip Codes" column of the SAAT for the proposed service

area on Form 5B: Service Sites of your SAC application. If all zip codes from the SAAT are not entered, the application will be deemed ineligible for funding consideration.

**14. If Health Center Program funding currently supports multiple populations within a service area (e.g., CHC and HCH), should the SAC application target the same populations?**

Yes, all populations currently served with Health Center Program funds in an announced service area are considered to be in the current scope of project and must be included in the SAC application. Refer to the Service Area Announcement Table (SAAT) (<http://bphc.hrsa.gov/sac/>) to identify the populations targeted with Health Center Program funding in each announced service area, indicated with a dollar value greater than \$0.

**15. What are the site requirements for new and competing supplement applicants?**

New and competing supplement applicants should propose the number and types of sites appropriate for providing access to comprehensive primary health care services to the proposed number of patients within the proposed service area. At a minimum, you **must** propose at least one full-time (operational 40 hours or more per week) permanent (or seasonal, if only MHC funding is requested), fixed building service delivery site on Form 5B: Service Sites. A verifiable street address must be provided for each proposed site on Form 5B: Service Sites.

**16. Can we propose a mobile medical van as a service delivery site?**

A mobile medical van may be proposed only if at least one full-time permanent (or seasonal for those requesting only MHC funding), fixed service delivery site is also proposed in the application.

**17. What are the most common reasons that an application is deemed ineligible?**

These application errors result in the most ineligible applications:

- Not applying to serve a service area announced in the SAAT or applying to the incorrect FOA number.
- Projecting to serve less than 75 percent of the SAAT Patient Target on Form 1A: General Information Worksheet.
- Entering zip codes on Form 5B: Service Sites where less than 75 percent of current patients reside.
- Not proposing to serve all currently targeted populations.
- The Project Narrative does not contain the requested information in the five required sections: Need, Response, Collaboration, Resources/Capabilities, and Governance.
- Not providing an attachment required for completeness.

## Program Requirements

**18. Do we have to be compliant with the Health Center Program requirements at the time of application?**

Yes, you must be compliant with all Health Center Program requirements (<http://bphc.hrsa.gov/programrequirements/index.html>) at the time of application. Throughout the project period, you will be routinely assessed for program compliance. In

circumstances where you are determined to be non-compliant with one or more of the Health Center Program requirements, HRSA will place a condition on the award and will follow the Progressive Action policy and process outlined in PAL 2014-08: Health Center Program Requirements Oversight

(<http://bphc.hrsa.gov/programrequirements/policies/pal201408.html>).

#### **19. What readiness requirements apply to sites proposed by new and competing supplement applicants?**

New and competing supplement applicants must meet the following requirements.

- Within 120 days of receipt of the Notice of Award, 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 noted on Form 5A: Services Provided) to the proposed service area and/or target population.
- Within 1 year of receipt of the Notice of Award, all proposed providers must be in place and all sites must be delivering services for the proposed hours of operation.

If you fail to become operational at all sites within 120 days, HRSA will place a condition on the award and will follow the Progressive Action policy and process. For more information, review the Progressive Action PAL 2014-08: Health Center Program Requirements Oversight (<http://bphc.hrsa.gov/programrequirements/policies/pal201408.html>).

#### **20. Does a tribal organization have to meet all of the Health Center Program requirements?**

If you are an Indian tribe or tribal or Indian organization under the Indian Self-Determination Act or urban Indian organization under the Indian Health Care Improvement Act (25 U.S.C. 1651), you must meet all statutory and regulatory requirements except Health Center Program governance requirements.

## **Service Areas**

#### **21. How do we know which service areas are available in FY 2017?**

Available service areas are listed in the SAAT (<http://bphc.hrsa.gov/sac/>). Note that the SAAT will be updated throughout the fiscal year as new FY 2017 FOAs are released, so check periodically for additions.

The BPHC 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. Organizations interested in seeking funding under the Health Center Program are encouraged to subscribe

([https://public.govdelivery.com/accounts/USHHSHRSA/subscriber/new?topic\\_id=USHHSHR SA\\_118](https://public.govdelivery.com/accounts/USHHSHRSA/subscriber/new?topic_id=USHHSHR SA_118)) several staff.

#### **22. How do we know which populations must be targeted for each service area?**

Refer to the SAAT (<http://bphc.hrsa.gov/sac/>) to determine the required targeted populations within each service area (e.g., CHC, MHC, HCH, and/or PHPC), indicated with a funding amount greater than \$0.

### 23. How do we search for available service areas in the SAAT?

In the SAAT (<http://bphc.hrsa.gov/sac/>), there are two search options available: drop-down lists and a zip code search feature.

Use the drop-down lists to select any combination of project period end date, city, and/or state to create a customized list of available service areas. Only the cities and states with available service areas announced to date will be available for selection from the drop-down lists. Note that the cities available for selection are based on the location of the current Health Center Program award recipient's administrative site.

Use the zip code search by typing a five-digit zip code into the search field. All service areas containing the zip code will be included in the results.

### 24. What criteria were used to select the zip codes in the SAAT?

Zip codes and associated percentages were obtained from the 2015 UDS data. The listed zip codes represent those where 11 or more patients reside and the percentages listed are rounded to the tenth percent. Shaded zip codes represent the current Health Center Program award recipient's self-defined service area as listed on its Form 5B: Service Sites.

### 25. **Updated!** How does the Patient Origin Map align with the zip codes listed in the SAAT?

The Patient Origin Map displays: (1) the zip code tabulation areas (ZCTAs), which are generalized representations of United States Postal Service zip codes and (2) the percentage of the current patients from each ZCTA. Note that ZCTAs may contain several zip codes.

For a list of zip codes and related ZCTAs, refer to the Zip Code to ZCTA Table ([http://www.udsmapper.org/docs/zip\\_to\\_zcta\\_2015.xlsx](http://www.udsmapper.org/docs/zip_to_zcta_2015.xlsx)). **To ensure eligibility**, new and competing supplement applicants must list the zip codes (not ZTCAs) from which at least 75 percent of the current patients reside as service area zip codes on Form 5B: Service Sites. If the total percentage of patients that reside in zip codes listed for an announced service area in the SAAT do not equal at least 75 percent, then you must propose to serve all zip codes that are listed in the "Zip Codes" column of the SAAT for the proposed service area on Form 5B: Service Sites of your SAC application.

### 26. Where can I access more information about the Patient Target column in the SAAT?

Reference the Patient Target FAQs (<http://bphc.hrsa.gov/programopportunities/fundingopportunities/sac/patienttarget.pdf>) for more information.

## Application Preparation and Submission Requirements

### 27. What is the difference between the six announcement numbers (e.g., HRSA-17-050, HRSA-17-051)?

Each of the six FY 2017 SAC announcement numbers has a unique (1) set of due dates, (2) project period start date, and (3) subset of the total available services areas as shown in the SAAT (<http://bphc.hrsa.gov/sac/>). **You must download and submit the Grants.gov**

**application package for the appropriate announcement number, based on the desired service area to ensure eligibility.**

**28. Is there a page limit for the SAC application?**

Yes, the page limit is 160 pages (approximately 20 MB), when printed by HRSA. Refer to Section IV of the FOA for details.

**29. Does HRSA have guidelines (e.g., font type, font size) for the Project Narrative of the SAC application?**

Yes, you should submit single-spaced narrative documents with 12 point, easily readable font (e.g., Times New Roman, Arial, Courier), and 1-inch margins. Smaller font (no less than 10 point) may be used for tables, charts, and footnotes. For more information, reference the SF-424 Two-Tier Application Guide (<http://www.hrsa.gov/grants/apply/applicationguide/sf424programspecificappguide.pdf>).

## **Project Narrative and Review Criteria**

**30. How does the Project Narrative differ from the Review Criteria?**

The proposal is described through the Project Narrative, attachments, and forms submitted to HRSA. The Review Criteria are used by grant reviewers on the Objective Review Committee (ORC) to evaluate how well the Project Narrative, attachments, and forms submitted to HRSA respond to the information requested in the FOA. Review the Project Narrative, forms and attachments instructions, and Review Criteria when developing your application.

**31. What types of data should we use to describe the service area, target population, and special populations (if applicable) for the Need section of the Project Narrative and related forms (e.g., Form 4: Community Characteristics)?**

Information about the service area, target population, and/or special populations should come from external, valid data sources (e.g., census data). In cases where data are not available at the service area or target population level, the use of extrapolation methodology is preferred over the use of aggregate data (e.g., state data) that may not accurately reflect the target population.

Refer to the Available Data Sources document on the SAC Technical Assistance Web page (<http://bphc.hrsa.gov/programopportunities/fundingopportunities/SAC/index.html>) for recommended data sources for the following information requested in the Need section of the Project Narrative: 1) distance (miles) OR travel time to the nearest primary care provider accepting new Medicaid and uninsured patients; 2) percent of the target population that is uninsured; 3) and number of individuals in the target population for every one full-time equivalent (FTE) primary care physician.

**32. *New!* How should we provide information on activities supported with the recent one-time Quality Improvement (QI) supplemental award?**

One-time QI funds should **not** be included in the SAC application federal funding request that is entered on the SF-424A or in the Budget Narrative. You may discuss QI activities in your SAC application Project Narrative as they relate to your proposed project. Additionally,

please note that your next Budget Period Progress Report (BPR) will specifically request information on activities supported with QI funding.

## Funding Priority

### 33. Can new or competing supplement applicants receive SAC funding priority points?

No, the funding priority applies only to current Health Center Program award recipients applying to continue serving their current service area (competing continuation applicants) that also demonstrate satisfactory program compliance and that have a positive or neutral three-year patient growth trend.

### 34. How is the funding priority patient growth trend calculated?

The three most recent years of patient data, as reported in the Universal Data System (UDS) are utilized to calculate the patient growth trend. The calculation is as follows:  $[(\text{Most current total patient data} - \text{total patient data from 2 years prior}) / \text{total patient data from 2 years prior}] \times 100 = \text{patient growth trend percentage}$ .

For example,  $[(2015 \text{ Total Patients} - 2013 \text{ Total Patients}) / 2013 \text{ Total Patients}] \times 100 = \text{patient growth trend \%}$ .

A competing continuation applicant is eligible for the patient trend portion of the priority if the patient growth percentage is positive or neutral (+/- 5%). Health Center Profile data is available at <http://bphc.hrsa.gov/uds/datacenter.aspx?q=d> for point in time reference.

## Performance Measures

### 35. Where can I find more information on the performance measures?

Refer to Appendix B of the FOA for instructions on how to complete the Performance Measures Forms. Samples of the Performance Measures Forms that are completed in EHB are posted at the SAC Technical Assistance Web page (<http://bphc.hrsa.gov/programopportunities/fundingopportunities/SAC/index.html>).

The Uniform Data System (UDS) Reporting Manual (<http://bphc.hrsa.gov/datareporting/reporting/2015udsmanual.pdf>) provides additional measurement details such as exclusionary criteria for six of the required Clinical Performance Measures that have not been updated. The Performance Measures Crosswalk (<http://bphc.hrsa.gov/programopportunities/fundingopportunities/sac/performance Measures crosswalk.pdf>) provides details for the ten Clinical Performance Measures that have been updated.

Refer to the Uniform Data System Resources (<http://bphc.hrsa.gov/datareporting/reporting/index.html>) for useful information and training materials on UDS.



**36. Which performance measures must be included in the application?**

You are required to include the 16 Clinical Performance Measures and three Financial Performance Measures listed in Appendix B of the FOA.

You may define as many additional measures as desired (both clinical and financial). Note that all measures defined in the application will be reported annually for the duration of the project period if the application is funded.

**37. How should performance measures be adjusted for targeted special populations (i.e., MHC, HCH, PHPC)?**

If you are applying for funds to target special populations, you **must include** additional performance measures that address the unique health care needs of these populations. In providing additional performance measures specific to a special population, you must reference the target group in the performance measure. For example, if you are seeking funds to serve migratory and seasonal agricultural workers, then you must propose to measure *“the percentage of migratory and seasonal agricultural workers who...”*

**38. What should a competing continuation applicant do if a previously self-defined additional measure is no longer relevant or will be replaced with a new, more relevant measure?**

If you are a competing continuation applicant and wish to stop tracking an additional measure, mark the additional measure as not applicable and explain why it will no longer be tracked in the Comments field. This will prevent the measure from appearing in future Budget Period Progress Reports (BPRs) and SAC applications. This option is not available for required Clinical and Financial Performance Measures.

**39. How should competing continuation applicants develop their baselines for the performance measures?**

Competing continuation applicants cannot change the pre-populated baseline data for the six required Clinical Performance Measures that have not changed since the 2015 UDS report and all required Financial Performance Measures. For the 10 Clinical Performance Measures that have been updated, baseline data will not be pre-populated and must be provided by the applicant.

**40. How should we develop baselines and goals for the performance measures?**

Baselines should be developed using data that are valid, reliable, and whenever possible, derived from currently established management information systems. Data sources may include electronic health records, disease registries, and/or chart sampling. Refer to the SAC Technical Assistance Web page (<http://bphc.hrsa.gov/programopportunities/fundingopportunities/SAC/index.html>) for technical assistance resources.

If data are not available to develop baselines, you may enter zeros in the Numerator and Denominator subfields of the Baseline Data field and provide an explanation in the Comments field describing why baseline data is not yet available and stating when it will be available. The remaining fields must be completed.

Goals (projected data) should be realistic for achievement by December 31, 2018 (in calendar year 2018). They should be based on data trends and expectations, factoring in predicted contributing and restricting factors as well as past performance.

**41. What is the best way to integrate data from Healthy People 2020 in the performance measures?**

Healthy People 2020 (HP 2020)

(<http://www.healthypeople.gov/2020/topicsobjectives2020/default.aspx>) objectives may be used as a guide when setting goals for Clinical Performance Measures. However, it is important to keep in mind that HP 2020 data and targets are for the United States as a *whole*, while health centers are serving underserved populations. Several of the HP 2020 objectives can be compared directly to UDS Clinical Performance Measures. A table outlining the HP 2020 objectives related to these performance measures is available at the SAC Technical Assistance Web page (<http://bphc.hrsa.gov/programopportunities/fundingopportunities/SAC/index.html>).

**42. My organization provides preventive dental services only via formal referral (Form 5A, Column III). Is the Dental Sealants performance measure applicable to my organization?**

The Dental Sealants performance measure is currently only applicable to health centers that provide preventive dental services directly or by a formal arrangement in which the health center pays for the service (Form 5A, Columns I and II). A health center that only provides preventive dental services via a formal referral (Form 5A, Column III) may set the goal for this performance measure as zero. However, if the goal for the Dental Sealants performance measure will be set to 0, you must track at least one additional (self-defined) Oral Health measure.

**43. Does the new Dental Sealants performance measure apply to services provided by medical providers?**

The Dental Sealants performance measure applies only to services provided by dentists, dental students, and dental hygienists, since sealant placement is a dental procedure.

**44. If our health center doesn't presently treat patients living with HIV, can the goal be set to zero for the HIV Linkage to Care performance measure?**

Although you may not currently treat patients living with HIV, a goal greater than zero should be entered and tracked for the HIV Linkage to Care performance measure for potential future patients that may be newly diagnosed with HIV. Achievement of the goal is not expected if no patients are diagnosed with HIV during the reporting period.

## Budget

**45. What are federal budget regulations to which we must adhere?**

You must adhere to the Uniform Guidance 2 CFR 200 as codified by HHS at 45 CFR 75 (<http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=a819a4f7e71965c4eaaf01d556522d85&r=PART&n=pt45.1.75>).

#### 46. How much federal funding can we request?

Requested funding cannot exceed the amount in the proposed service area's Total Funding column in the SAAT (<http://bphc.hrsa.gov/sac/>). Check the SAAT periodically during the open application period and prior to application submission, since Total Funding announced may be adjusted due to supplemental award(s) for the announced service area.

If you are proposing to serve fewer than the total number of patients indicated in the SAAT (<http://bphc.hrsa.gov/sac/>), you must reduce your funding request according to the following table. A funding calculator to determine the necessary reduction is available at the SAC Technical Assistance Web page (<http://bphc.hrsa.gov/programopportunities/fundingopportunities/SAC/index.html>).

Funding Reduction by Patients Projected to Be Served

Patient Projections Compared to SAAT (%)	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

#### 47. Should competing continuation applicants apply for the funding amount in the SAAT even if the most current Notice of Award lists a different amount of funding?

Yes, the Total Funding amount listed in the SAAT (<http://bphc.hrsa.gov/sac/>) includes all applicable supplements and adjustments to date. You must reference the Total Funding listed in the SAAT (<http://bphc.hrsa.gov/sac/>) to obtain the maximum FY 2017 funding amount available for the service area. Total Funding announced in the SAAT may be adjusted while a funding opportunity is open, due to supplemental award(s) for the announced service area.

Please note, the Total Funding listed in the SAAT may not equal the amount of Recommended Future Support in the most recent NoA due to proration of current awards.

#### 48. What should be included in the Budget Narrative?

A detailed budget narrative and table of personnel to be paid with federal funds for **each 12-month period** (budget year) of the three-year project period must be submitted. Year 1 of the budget narrative should be classified into federal and non-federal resources. For subsequent budget years, the budget narrative should highlight the changes from Year 1 or clearly indicate that there are no substantive changes during the project period. A sample Budget Narrative is available at the SAC Technical Assistance Web page (<http://bphc.hrsa.gov/programopportunities/fundingopportunities/SAC/index.html>).

**49. What should we do if the budget figures change between the Grants.gov submission and the EHB submission?**

You can view the original budget information submitted on the SF-424 in Grants.gov and make adjustments as needed in EHB. You must provide additional budget information in EHB, including the SF-424A and Budget Narrative. Ensure that all provided budget information matches.

**50. How should the SF-424A, Section E: Federal Funds Needed for Balance of the Project be completed?**

In Section E, enter the federal funds requested for Project Period Year 2 in the “First” column and Project Period Year 3 in the “Second” column under Future Funding Periods (Years) for each proposed sub-program. The “Third” and “Fourth” columns must be \$0, since these correspond to years beyond the announced SAC three-year project period.

**51. Does the salary limitation apply to individuals performing services on behalf of the Health Center Program award recipient via a contract?**

The salary limitation does not apply to the typical types of contractual arrangements into which Health Center Program award recipients enter. The exception is if you contract with other organizations for core provider staff and/or key management staff (i.e., a substantial portion of the health center project is being carried out via a contract). In these cases, the salary limitation applies only when amounts paid by you, the Health Center Program award recipient, are based solely on an FTE percentage that is applied to an individual rate of pay and these details are clearly specified within the terms of the contract.

Refer to Uniform Guidance 2 CFR 200 as codified by HHS at 45 CFR 75 (<http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=a819a4f7e71965c4eaaf01d556522d85&r=PART&n=pt45.1.75>) for the definition of “substantial” and characteristics of a subrecipient or contractor agreement. Use judgment in classifying each agreement as a subaward or a procurement contract, based on the substance of the relationship.

**52. Since application budgets reflect multiple revenue sources in addition to the Health Center Program grant, consistent with authorizing statute, is it permissible for a budget to contain salaries at a rate in excess of Executive Level II (i.e., \$185,100.)?**

Yes, budgets may contain salaries at a rate in excess of \$185,100 if the differences are supported by program income. Consulting with the applicant’s auditor regarding appropriate accounting of income sources for such expenditures is recommended. In addition, HRSA recommends that health centers retain documentation that salary levels above the cap have been approved by the governing board as being reasonable and consistent with local and prevailing salary levels for such positions and furthering the objectives/mission of the project.

**53. If our organization has an indirect cost rate, what needs to be included in the application?**

The current federal indirect cost rate agreement must be provided in Attachment 14: Other Relevant Documents.

**54. How much information does HRSA need on staff supported by the SAC grant (Health Center Program funding) versus those supported solely with non-federal funds (not paid with Health Center Program funding)?**

Refer to the bottom of the Sample Budget Narrative posted at the SAC Technical Assistance Web page (<http://bphc.hrsa.gov/programopportunities/fundingopportunities/SAC/index.html>) for the information that must be provided. This includes the name of the staff person (if applicable), the position, percentage of full-time equivalent (FTE), base salary, adjusted annual salary (if the salary must be adjusted to conform to the salary limitation of \$185,100), and federal amount requested (SAC funding requested to support the position).

## Forms

**55. How can we change SF-424 information submitted in Grants.gov?**

All sections of the SF-424 are transferred into the EHB under the Basic Information, Budget Information, and Other Information sections. Any necessary updates to the SF-424 can be made in these sections of the EHB application.

**56. How can we change the abstract submitted in Grants.gov?**

In EHB, go to the SF-424, Part 2, under the Project Description section, to delete or replace the project abstract.

**57. On Form 1A: General Information Worksheet, what is meant by “general underserved community” under the Unduplicated Patients and Visits by Population Type section?**

On Form 1A: General Information Worksheet, “general underserved community” refers to anyone anticipated to be served who does not fall into one of the listed special population categories (homeless individuals, migratory and seasonal agricultural workers, and/or public housing residents).

**58. Should the patient projection from our organization’s FY 2016 Oral Health Service Expansion (OH) award be included in the unduplicated patient projection on Form 1A: General Information Worksheet of our SAC application?**

No, based on the timing of the FY 2016 OH awards, and to ensure consistency for the FY 2017 SAC cohort, competing continuation applicants should **not** include new patients projected to be served through supplemental funding awarded after June 1, 2016 (e.g., the FY 2016 OH award). HRSA will add the new patient commitment from such supplemental awards to the total projected unduplicated patients from this FY 2017 SAC application (Projected Patients to be served January 1 – December 31, 2018) to determine the updated Patient Target for the service area.

**59. Should all staff be included on Form 2: Staffing Profile?**

List all direct hire staff, whether paid with federal or non-federal resources, on Form 2: Staffing Profile in the Direct Hire FTE column, including staff whose salaries are paid through an indirect cost rate and volunteers. Select the relevant boxes for contracted staff in the Contract/Agreement FTE column, as needed. Contracted staff numbers should not be included in the Direct Hire FTE column.

**60. How are total patients reported on Form 3: Income Analysis?**

The Form 3 total patient number is the projected number of patients to be served in Year 1 of the proposed project period.

**61. Where can data be found to complete Form 4: Community Characteristics?**

Applicants can find population, economic, and geographic information from the U.S. Census Bureau (<http://www.census.gov/>). Click the Data tab for state and county Quick Facts or the American FactFinder that provides a searchable database of U.S. Census information.

**62. What Specialty or Other Additional Services can be proposed through the SAC application?**

If you are a competing continuation applicant, you will see your current scope, inclusive of Specialty and Other Additional Services, pre-populated on Form 5A: Services Provided.

If you are a new or competing supplement applicant, you may not propose Specialty or Other Additional Services through the SAC application. Once awarded, you may request prior approval for Specialty and/or Other Additional Services through a Change in Scope request.

**63. The Project Performance Site Location(s) Form, to be completed in Grants.gov, and Form 5B: Service Sites, to be completed in EHB, seem to be asking for the same information. Does the same information have to be provided in both places?**

If you are a competing continuation applicant, Form 5B: Service Sites will be pre-populated and the Project Performance Site Location(s) Form should be utilized to provide information on the administrative site only.

If you are a new or competing supplement applicant, all proposed sites must be listed on both Form 5B: Service Sites and the Project Performance Site Location(s) Form.

**64. What are “Other Activities/Locations” and how should these be recorded on Form 5C: Other Activities/Locations?**

Form 5C: Other Activities/Locations is used to document activities that support the health center's scope of project that:

- Take place at locations that do not meet the definition of a service site,
- Are conducted on an irregular timeframe/schedule, and
- Offer a limited activity from within the full complement of health center activities included in the scope of project.

For further information on Other Activities and Locations, review PIN 2008-01: Defining Scope of Project and Policy for Requesting Changes (<http://bphc.hrsa.gov/programrequirements/policies/pin200801.html>).

**65. What organizations are eligible for a waiver of the governance requirements on Form 6B: Request for Waiver of Board Member Requirements?**

If you are requesting funding for only MHC, HCH, and/or PHPC and are not requesting funding for CHC, you may request a waiver of the governance requirement that board composition has a 51 percent consumer/patient majority.

**66. On Form 8: Health Center Agreements, what qualifies as an agreement for a substantial portion of the proposed project?**

Agreements for a substantial portion of the award include contracting with another organization (including agreements with a parent or subsidiary) for the majority of core primary care services and/or health center key management positions (e.g., Chief Executive Officer (CEO), Chief Financial Officer (CFO), Clinical Director (CD)). It always includes subawards to another organization to carry out a portion of the health center project through a subrecipient arrangement. It does not include contracts for the acquisition of supplies, material, equipment, or general support services (e.g., janitorial services, contracts with individual providers).

Refer to Uniform Guidance 2 CFR 200 as codified by HHS at 45 CFR 75

([http://www.ecfr.gov/cgi-](http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=a819a4f7e71965c4eaaf01d556522d85&r=PART&n=pt45.1.75)

[bin/retrieveECFR?gp=&SID=a819a4f7e71965c4eaaf01d556522d85&r=PART&n=pt45.1.75](http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=a819a4f7e71965c4eaaf01d556522d85&r=PART&n=pt45.1.75))

for the definition of “substantial” and characteristics of a subrecipient agreement. You must use judgment in classifying each agreement as a subaward or a procurement contract, based on the substance of the relationship. Agreements that do not rise to the threshold of “substantial portion” should be kept onsite and summarized in Attachment 7: Summary of Contracts and Agreements.

**67. For new and competing supplement applicants, should forms be specific only to the proposed project?**

Yes, forms should be completed with information specific to only the proposed project. If you are a competing supplement applicant, you may include information about your current project in the Project Narrative, as requested/appropriate.

## Attachments

**68. How should attachments be formatted?**

HRSA will accept PDF, Microsoft Word, and/or Excel files. If using Excel or other spreadsheet documents, be aware that reviewers will only see information that is set in the “Print Area” of the document. Upload the attachments in portrait orientation.

**69. What is the purpose of Attachment 1: Service Area Map and Table?**

The primary purpose of the Service Area Map and Table is to depict the service area and the local health care environment. The map is a visual representation of the service area demonstrating opportunities for collaboration described in the narrative. The table is a companion to the service area map, providing additional information on need.

**70. My proposed service area is the county, but the zip codes that make up the county have significant area located outside the county. Should Attachment 1: Service Area Map and Table reflect only the county? Should the data collected for application forms match the map and accompanying information table?**

The Service Area Map should reflect the proposed service area. Applicants can draw the boundary lines on the map to reflect partial zip codes by outlining only the county. If the data for the table in UDS Mapper does not match the data used for the forms and other parts of the application, explain why in the Need section of the Project Narrative. The data reported in Form 4: Community Characteristics should reflect the service area and target population, as appropriate.

**71. For Attachment 3: Project Organizational Chart, who are considered key personnel?**

Key personnel include key management staff, such as the Chief Executive Officer (CEO), Chief Financial Officer (CFO), Clinical Director (CD), and Chief Operating Officer (COO), as well as other individuals directly involved in oversight of the proposed project (e.g., Project Director), as determined by the applicant.

**72. What should a public center applicant submit for Attachment 8: Articles of Incorporation and Attachment 11: Evidence of Nonprofit or Public Center Status?**

If you are a public center applicant and have a co-applicant, submit the co-applicant's Articles of Incorporation (Attachment 8), if incorporated.

As a public center applicant, you must upload documentation to Attachment 11: Evidence of Nonprofit or Public Center Status demonstrating that the organization qualifies as a public agency (e.g., health department, public university health system). See Section IV.2.vi of the FOA for details.

**73. What should a Tribal entity submit for Attachment 2: Corporate Bylaws and Attachment 8: Articles of Incorporation?**

For Attachment 2: Corporate Bylaws, as a Tribal applicant, you may provide a work plan/document that explains:

- How you are going to establish a governing body over the health center (if one does not already exist);
- How you will incorporate community/target population/patient input into health center operations, including input from the total population to be served by the health center; and
- How you will maintain fiscal and programmatic oversight over the Health Center Program grant project.

For Attachment 8: Articles of Incorporation, the Tribal Constitution, or Health Center Board Charter is an acceptable submission, if you do not have Articles of Incorporation.

**74. To whom should letters of support be addressed and how should they be provided?**

Letters of support should be addressed to the appropriate applicant organization contact person (e.g., board, CEO). They should **not** be addressed to HRSA or mailed separately from the application. Letters of support must be included with the application as Attachment 9: Letters of Support or they will **not** be considered by objective reviewers.



### **75. What is the Implementation Plan – Attachment 13?**

The Implementation Plan outlines planned activities required to bring your organization into operational readiness within 120 days of the Notice of Award (NoA). The Implementation Plan is required for new and competing supplement applicants. You should choose from the list of focus areas in Appendix C of the FOA and/or include other focus areas and goals as appropriate. An example of the Implementation Plan format is available at the SAC Technical Assistance Web page (<http://bphc.hrsa.gov/programopportunities/fundingopportunities/SAC/index.html>).

### **76. When outlining goals and action steps for Attachment 13: Implementation Plan, do we need to be fully operational within 120 days of the issue date of the Notice of Award?**

All proposed sites are expected to be open and operational within 120 days of Notice of Award, defined as:

- Being operational and begin providing services for the proposed population/community.
- Having appropriate staff and providers in place.
- Delivering services as proposed (consistent with Forms 5A: Services Provided and 5C: Other Locations/Activities) to the proposed target population(s).

### **77. Our health center is currently operational at all proposed sites. What should be included in Attachment 13: Implementation Plan?**

If you are already operational, ensure that the application as a whole demonstrates this. Additionally, changes in access to care that will occur, planned service expansion and outreach, new collaborations/partnerships, and any other changes that would come as a result of the award should be included.

## **Application Submission**

### **78. Where can we access the SAC funding opportunity announcement (FOA)?**

Follow the instructions below:

- Go to Grants.gov (<http://www.grants.gov/>).
- Select the SEARCH GRANTS tab.
- Type the Funding Opportunity Number into the Opportunity Number field (e.g., HRSA-17-051) and click the SEARCH button. Refer to the SAC Technical Assistance Web page (<http://bphc.hrsa.gov/programopportunities/fundingopportunities/SAC/index.html>) to determine the correct announcement number.
- Click the Opportunity Number to get to the View Grant Opportunity page.
- Click the PACKAGE tab.
- Under Actions, click Select Package.
- Provide the requested email information to ensure that you receive updates if the FOA changes, or check the box to indicate that you would not like to provide an email address, and click the Submit button.
- Click the Download Instruction link to download the FOA.

### **79. How can I access an application in Grants.gov?**

There are two options to access and submit an application in Grants.gov.

Option 1: After completing the steps in question 77, click the Download Package link to download the Grants.gov application forms.

Option 2: After completing the steps in question 77, click Login for Workspace Features. Workspace is a shared, online environment where members of the same organization may simultaneously access and edit different forms within an application. For each funding opportunity announcement (FOA), you can create individual instances of a workspace.

#### **80. When can we begin the EHB submission process?**

You can begin Phase 2 in EHB only after Phase 1 in Grants.gov has been successfully submitted by the Grants.gov due date and HRSA has issued an email confirmation containing the application tracking number to the Authorizing Official. The Authorizing Official(s) registered in Grants.gov will be notified by email when the application is ready within EHB.

#### **81. How will we be notified if our application was not successfully submitted in Grants.gov and/or EHB?**

Monitor your e-mail accounts, including spam folders, for e-mail notifications and/or error messages from Grants.gov. Grants.gov will send a series of email messages to the Authorizing Official, Project Director, and Single Point of Contact listed on the Grants.gov application to notify the applicant once the Grants.gov application has been validated or if there are errors. If there are errors, you must correct the errors and re-submit the application in Grants.gov prior to the deadline. Workspace is also a valuable option to reduce errors since it shows errors in real time (prior to submission).

In EHB, all validation errors must be resolved before the application can be submitted to HRSA by the Authorizing Official. The status of the application in EHB will appear as "Application Submitted to HRSA" once it has been submitted successfully by the Authorizing Official.

## **Technical Assistance and Contact Information**

#### **82. Who can assist with technical difficulties encountered when trying to submit an application in Grants.gov?**

Contact the Grants.gov Contact Center 24 hours a day, 7 days a week (excluding federal holidays) at 1-800-518-4726, or [support@grants.gov](mailto:support@grants.gov). Register as early as possible since registration in all systems, including SAM and Grants.gov, may take up to 1 month to complete.

#### **83. Who can assist with technical difficulties encountered when trying to submit an application in EHB?**

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 BPHC Helpline Web form (<http://www.hrsa.gov/about/contact/bphc.aspx>). You may also refer to the SAC Application EHB User Guide (<http://bphc.hrsa.gov/programopportunities/fundingopportunities/sac/fy17sacuserguide.pdf>).

**84. Who can assist with programmatic questions concerning the SAC application requirements and application process?**

Refer to the SAC Technical Assistance Web page (<http://bphc.hrsa.gov/programopportunities/fundingopportunities/SAC/index.html>) for Technical Assistance slides, a replay of the Applicant Technical Assistance call, FAQs, and samples of the Program Specific Forms, among other resources. You may also contact Beth Hartmayer in the Bureau of Primary Health Care's Office of Policy and Program Development at [BPHCSAC@hrsa.gov](mailto:BPHCSAC@hrsa.gov) or 301-594-4300.

**85. Who can assist with budget-related questions?**

Contact Donna Marx in the Division of Grants Management Operations at 301-594-4245, or [dmarx@hrsa.gov](mailto:dmarx@hrsa.gov).

**86. Are there other sources for technical assistance?**

You are encouraged to contact the appropriate Primary Care Associations (PCAs), Primary Care Offices (PCOs), and/or National Cooperative Agreements (NCAs) to develop a SAC application. Refer to Strategic Partnerships (<http://bphc.hrsa.gov/qualityimprovement/supportnetworks/index.html>) for a complete listing of PCAs, PCOs, and NCAs.

Applicants are also encouraged to use available resources related to How to Apply for a Grant (<http://www.hrsa.gov/grants/apply/index.html>).

**87. How do I receive Health Center Program updates?**

The BPHC Primary Care Digest is a weekly email-based newsletter that provides updates, including announcements of new funding opportunities. All organizations, including those interested in becoming a Health Center Program grantee, are encouraged to subscribe to receive the Digest at [https://public.govdelivery.com/accounts/USHHSHRSA/subscriber/new?topic\\_id=USHHSHRSA\\_118](https://public.govdelivery.com/accounts/USHHSHRSA/subscriber/new?topic_id=USHHSHRSA_118).