Fiscal Year (FY) 2016
Service Area Competition (SAC)
New, Competing Continuation, and Competing Supplement

HRSA-16-003, HRSA-16-004, HRSA-16-005,
HRSA-16-006, HRSA-16-007, HRSA-16-008

SAC Technical Assistance Web Page
(http://bphc.hrsa.gov/programopportunities/fundingopportunities/SAC/index.html)

- Funding Opportunity Announcement (FOA) Overview

- Eligibility

- Application Process and Content

- Award Decision Factors

- Wrap Up

- Grantees are now referred to as "award recipients"
- Supplemental applicants are now referred to as "competing supplement" applicants

Health Center Program award recipients whose project period **does not end in FY 2016** (October 1, 2015 - September 30, 2016) should complete a Budget Period Progress Report (BPR) rather than a Service Area Competition (SAC) application.

FOA OVERVIEW

- SAC ensures continued access to comprehensive, culturally competent, quality primary health care services for communities and vulnerable populations currently served by the Health Center Program

- Authorized by Section 330 of the Public Health Service (PHS) Act, as amended (42 U.S.C. 254b)

Award Information

- Available funding varies by announced service area

- Project period
  - Up to 3 years
  - Start date varies by service area throughout FY 2016 (January 1 through June 1, 2016)

Service Area Announcement Table (SAAT) (http://bphc.hrsa.gov/sac/)

- The SAAT lists all service areas announced for SAC competition and includes the:

  - Patient Target for each service area (information provided in the Patient Target FAQs [http://bphc.hrsa.gov/programopportunities/fundingopportunities/SAC/index.html])

  - Service area Zip Codes for each service area and the percentage of patients that reside within each

  - Total Funding available for each service area and the target population(s) served

FY 2016 SAC Service Area Announcement Table (SAAT)

Project period end date: [▼]

State: [▼]

City: [Birmingham ▼]

Zip Code: [ ]

[Search] [Reset]

Results include all service areas that contain the requested zip code.

Service Area Identification Number	Current Project Period End Date[1]	City[2] (Click the City to access the Patient Origin Map)	State	Funding Opportunity Number	Total Funding	CHC Funding	MHC Funding	HCH Funding	PHPC Funding	Zip Codes[3]	Percentage of Patients from Zip Code[4]	Patient Target[5]
003	12/31/2015	Birmingham	AL	HRSA-16-003	$4,280,132	$949,615	$0	$2,317,157	$1,013,360	35205	6.0 %	15,721
										35215	5.9 %	
										35206	5.8 %	
										35211	5.3 %	
										35234	5.2 %	
										35204	4.6 %	
										35020	4.4 %	
										35209	4.2 %	
										35207	4.1 %	
										35212	4.0 %	

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Tentative SAC Schedule

Current Project Period End Date	HRSA Announcement Number	FOA Release Date	Grants.gov Deadline (11:59 PM ET)	HRSA EHB Deadline (5:00 PM ET)
Dec 31, 2015	HRSA-16-003	Jun 16, 2015	Aug 18, 2015	Sep 1, 2015
Jan 31, 2016	HRSA-16-004	Jun 30, 2015	Aug 31, 2015	Sep 15, 2015
Feb 29, 2016	HRSA-16-005	Jul 28, 2015	Sep 28, 2015	Oct 14, 2015
Mar 31, 2016	HRSA-16-006	Sept 1, 2015	Nov 2, 2015	Nov 17, 2015
Apr 30, 2016	HRSA-16-007	Sept 29, 2015	Dec 2, 2015	Dec 17, 2015
May 31, 2016	HRSA-16-008	Oct 27, 2015	Jan 6, 2016	Jan 20, 2016

ELIGIBILITY

- Public or nonprofit private entities such as tribal, faith-based, or community-based organizations

- Propose to provide required comprehensive primary, preventive, and enabling health care services without regard to patients' ability to pay

- Project to serve at least 75% of patients for a defined service area as identified in the SAAT by December 31, 2017

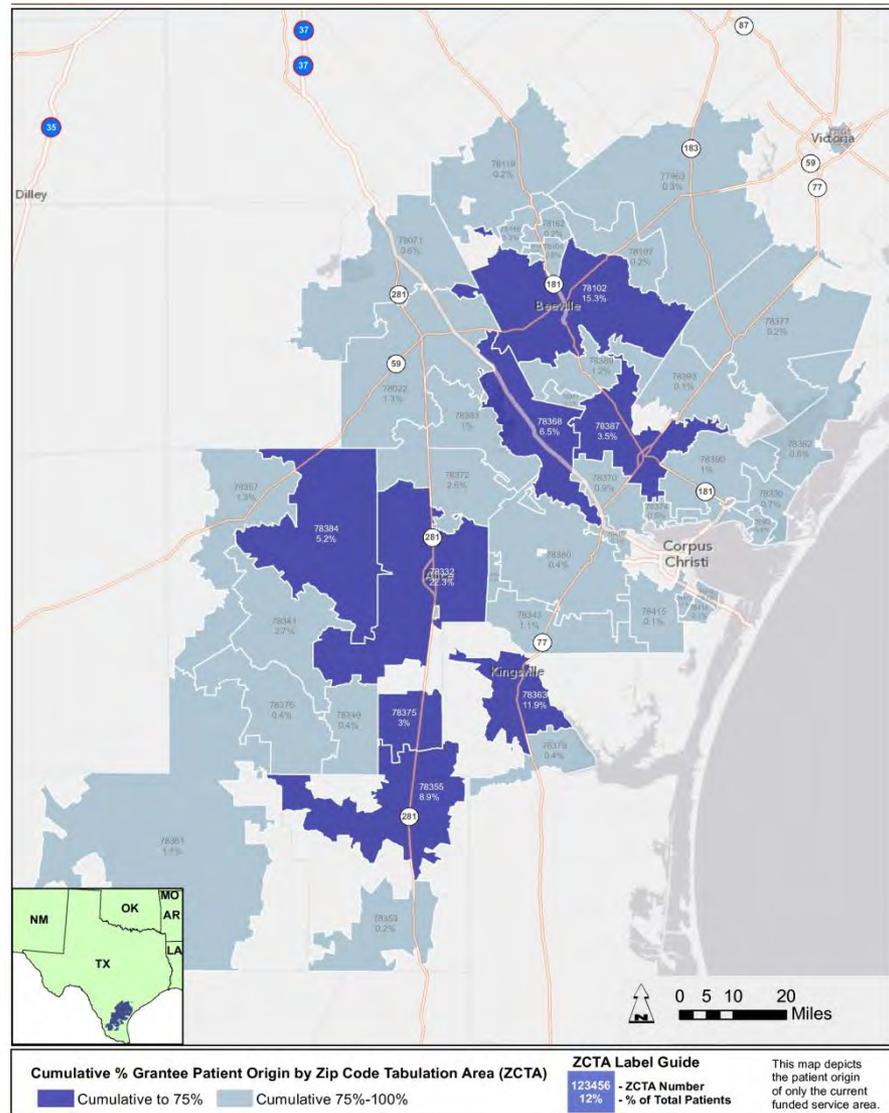- Propose to serve the zip codes where at least 75% of current patients reside as identified in the SAAT

- Propose access to services for all individuals in the service area and to serve current target populations (i.e., CHC, MHC, HCH, PHPC), as identified in the SAAT

- Annual budget request must not exceed the Total Funding available for a service area, as identified in the SAAT

- Application contains all forms, attachments, and narrative information required for completeness

- Applicant does not apply on behalf of another organization

Refer to Section III of the SAC FOA for complete eligibility details

Dark Blue: At least 75% of the patients served

Light Blue: Remainder of zip codes where patients reside

Cumulative % Grantee Patient Origin by Zip Code Tabulation Area (ZCTA)

Cumulative to 75%   Cumulative 75%-100%

ZCTA Label Guide
123456 - ZCTA Number
12% - % of Total Patients

This map depicts the patient origin of only the current funded service area.

Applicants must propose on Form 1A to serve at least 75% of patients as listed in the SAAT by **December 31, 2017**

SAAT service area Patient Target

Zip Codes[3]	Percentage of Patients from Zip Code[4]	Patient Target[5]
35205	6.0 %	15,721
35215	5.9 %	
35206	5.8 %	
35211	5.3 %	
35234	5.2 %	
35204	4.6 %	
35020	4.4 %	
35209	4.2 %	

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration	FOR HRSA USE ONLY	
	Grant Number	Application Tracking Number
Form 1A: GENERAL INFORMATION WORKSHEET		

Unduplicated Patients and Visits by Population Type

Population Type	UDS/Baseline Value		Projected by December 31, 2017	
	Patients	Visits	Patients	Visits
Total				
General Underserved Community (Includes all patients/visits not reported in the rows below.)				
Migratory and Seasonal Agricultural Workers				
Public Housing Residents				
People Experiencing Homelessness				

- Community Health Centers (CHC)
  - PHS Act Section 330(e)
  - Underserved individuals
- Migrant Health Centers (MHC)
  - PHS Act Section 330(g)
  - Migratory and seasonal agricultural workers
- Health Care for the Homeless (HCH)
  - PHS Act Section 330(h)
  - Individuals and families experiencing homelessness
- Public Housing Primary Care (PHPC)
  - PHS Act Section 330(i)
  - Residents of, and individuals living immediately adjacent to, public housing

Funding Eligibility

- Request no more than the current level of support being provided to the service area

- Request all funding types currently supporting the service area in the same proportion announced in the SAAT

Current level of support provided to the service area as listed in the SAAT

Total Funding	CHC Funding	MHC Funding	HCH Funding	PHPC Funding
$4,000,000	$2,000,000	$1,000,000	$500,000	$500,000

a.   b.   c.   d.   e.

SF-424A Budget Information: Section A – Budget Summary

Section A – Budget Summary

Grant Program Function or Activity	CFDA Number	Estimated Unobligated Funds		New or Revised Budget		
		Federal	Non-Federal	Federal	Non-Federal	Total *will auto-calculate in EHB*
Community Health Centers	93.224	N/A	N/A	$2,000,000	←	b.
Health Care for the Homeless	93.224	N/A	N/A	$1,000,000	←	d.
Migrant Health Centers	93.224	N/A	N/A	$500,000	←	c.
Public Housing	93.224	N/A	N/A	$500,000	←	e.
Total *will auto-calculate in EHB*				$4,000,000	←	a.

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Patient Projection and Funding Request

Patient Projection as Percentage of 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
0-74.9% of patients listed in the SAAT	Ineligible application

- A calculator tool is available to determine the maximum allowable funding request based on the Patient Projection at http://bphc.hrsa.gov/programopportunities/fundingopportunities/SAC/index.html

- Failure to meet projections by December 31, 2017, may result in proportionate funding decrease in future years

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Applicants must propose on Form 5B the service area zip codes from which at least 75% of the current patients reside

SAAT service area zip codes and the percentage of patients that reside in each zip code

Zip Codes[3]	Percentage of Patients from Zip Code[4]	Patient Target[5]
35205	6.0 %	15,721
35215	5.9 %	
35206	5.8 %	
35211	5.3 %	
35234	5.2 %	
35204	4.6 %	
35020	4.4 %	
35209	4.2 %	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Health Resources and Services Administration

FORM 5B: SERVICE SITES

	FOR HRSA USE ONLY	
	Grant Number	Application Tracking Number

	[ ] This site has a Medicare billing number		
FQHC Site National Provider Identification (NPI) Number (Optional field)		Total Hours of Operation (when patients will be served per week)	
Months of Operation			
Service Area Zip Codes			
Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type)		Number of Intermittent Sites (Required only for 'Intermittent Site' Type)	

APPLICATION PROCESS AND CONTENT

- Step 1: Grants.gov (http://www.grants.gov/)

  – First register in the System for Award Management (SAM) (https://www.sam.gov/portal/SAM/#1) and Data Universal Numbering System (DUNS) (http://fedgov.dnb.com/webform)

    o Applicants are required to maintain active SAM registration throughout the application and project period, if a grant is awarded

    o SAM registration must be renewed every 12 months

  – Then register in Grants.gov

    o Receive a series of validation emails from Grants.gov following successful submission

Refer to the SF-424 Two-Tier Application Guide (http://www.hrsa.gov/grants/apply/applicationguide/sf424programspecificappguide.doc) for details.

- Step 2: HRSA Electronic Handbooks (EHB) (https://grants.hrsa.gov/webexternal)

  – Register in EHB as soon as possible

  – Authorizing Official receives a tracking number for accessing EHB via email no more than 7 business days after successful Grants.gov submission

  – Receive a confirmation message in EHB following successful submission

Refer to the SF-424 Two-Tier Application Guide (http://www.hrsa.gov/grants/apply/applicationguide/sf424programspecificappguide.doc) for details.

Grants.gov (http://www.grants.gov/)

- SF-424: Application for Federal Assistance

    - Upload Project Abstract on page 2, box 15

- SF-424B: Assurances – Non-Construction Programs

- Project/Performance Site Location(s) Form

- Grants.gov Lobbying Form

    - Certification Regarding Lobbying

- SF-LLL: Disclosure of Lobbying Activities

    - As applicable

Refer to the SF-424 Two-Tier Application Guide (http://www.hrsa.gov/grants/apply/applicationguide/sf424programspecificappguide.doc) for details.

New: Applicant not currently funded through the Health Center Program

Application for Federal Assistance SF-424		
* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):
☐ Preapplication	☒ New	
☒ Application	☐ Continuation	* Other (Specify):
☐ Changed/Corrected Application	☐ Revision	
* 3. Date Received:	4. Applicant Identifier:	
Completed by Grants.gov upon submission.		

Continuation: Current award recipient applying to continue serving its current service area (competing continuation)

Application for Federal Assistance SF-424

* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):
☐ Preapplication	☐ New	
☒ Application	☒ Continuation	* Other (Specify):
☐ Changed/Corrected Application	☐ Revision	

* 3. Date Received:	4. Applicant Identifier:
Completed by Grants.gov upon submission.	H80CSXXXXX

Revision/Supplement: Current award recipient applying to serve a new service area (competing supplement)

Application for Federal Assistance SF-424

* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):
☐ Preapplication	☐ New	E: Other (specify)
☒ Application	☐ Continuation	* Other (Specify):
☐ Changed/Corrected Application	☒ Revision	Supplement:H80CSXXXXX

* 3. Date Received:	4. Applicant Identifier:
Completed by Grants.gov upon submission.	H80CSXXXXX

EHB (https://grants.hrsa.gov/webexternal)

- Project Narrative

- Attachments

- SF-424A: Budget Information

- Budget Justification Narrative

- Program Specific Forms

- Performance Measures

- Project Narrative components correspond to Review Criteria
  - Need (15 points)
  - Response (20 points)
  - Collaboration (10 points)
  - Evaluative Measures (15 points)
  - Resources/Capabilities (20 points)
  - Governance (10 points)
  - Support Requested (10 points)

- All attachments, whether required for completeness or review, collectively demonstrate a well-supported application

- Applications without an attachment **Required for Completeness** will be considered incomplete or non-responsive and will not be considered for funding

- Applications without an attachment **Required for Review** may be scored down by the objective review committee

- Competing continuation and competing supplement applicants are no longer required to submit Attachment 8: Articles of Incorporation

- All attachments are counted toward the page limit except Attachment 11: Evidence of Non-Profit or Public Center Status

Attachments required for completeness for **new applicants**:

- Attachment 2: Corporate Bylaws

- Attachment 6: Co-Applicant Agreement (if applicable)

  o Only public center applicants who require a co-applicant to ensure compliance with governance requirements

- Attachment 8: Articles of Incorporation

- Attachment 11: Evidence of Nonprofit of Public Center Status (as applicable)

- Attachment 13: Implementation Plan

Competing Continuation & Competing Supplement Applicant Attachments

Attachments required for completeness for:

- **Competing supplement applicants**

  – Attachment 2: Corporate Bylaws

  – Attachment 13: Implementation Plan

- **Competing continuation applicants**

  – Attachment 2: Corporate Bylaws

- Attachment 6: Co-Applicant Agreement

  – Only public center applicants who require a co-applicant to ensure compliance with governance requirements

- Attachment 7: Summary of Contracts and Agreements

  – Only if health service-related contracts and agreements exist

- Attachment 11: Evidence of Non-Profit or Public Center Status

  – All new applicants

- Attachment 12: Floor Plans

  – All new and competing supplement applicants or competing continuation applicants with significant changes to existing floor plans

- Attachment 13: Implementation Plan

  – All new applicants and competing supplement applicants

- Attachment 14: Other Relevant Documents

  – As applicable, upload any cost rate agreements or lease documentation.

  – If advisory councils or patient representatives are proposed when requesting a waiver of board member requirements on Form 6B, include a list of the members and their reasons/qualifications for participation on the advisory council or as governing board representatives

  – Additional documents in support of your application, not otherwise requested or required

SAMPLE SF-424A FOR SERVICE AREA COMPETITION (First Page Only)

BUDGET INFORMATION – Non-Construction Programs

SECTION A – BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Fed Domestic Assist No. (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. Community Health Centers- 330(e)	93.224			$2,758,334	$7,599,486	$10,357,820
2. Migrant Health Centers - 330(g)	93.224			$1,253,113	$3,452,704	$4,705,817
3.						
4.						
5. TOTALS				$4,011,447	$11,052,190	$15,063,637

SECTION B - BUDGET CATEGORIES

6. Object Class Category	Grant Program Function or Activity					Total (5)
	(1) Federal	(2) Non-Federal				
a. Personnel	$2,400,000	$7,001,600				$9,401,600
b. Fringe Benefits	$552,586	$1,612,079				$2,164,665
c. Travel	100,000	34,200				$134,200
d. Equipment	300,000	375,557				$675,557
e. Supplies	50,000	420,000				$470,000
f. Contractual	500,000	441,200				$941,200
g. Construction	0	0				$0
h. Other	108,861	1,167,554				$1,276,415
i. Total Direct Charges (sum of 6a-6h)	$4,011,447	$11,052,190				$15,063,637
j. Indirect Charges	$0	$0				$0
k. TOTALS (sum of 6i and 6j)	$4,011,447	$11,052,190				$15,063,637
7. Program Income						$10,545,540

Standard Form 424A

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- Equipment and supplies may be purchased for the provision of primary care services

- Ineligible uses of SAC funding include:

  - Construction of facilities

  - Fundraising

  - Lobbying efforts

Budget Justification Narrative

- Present a line-item budget and narrative justification for each 12-month budget period of the 3-year project period

- Year 1 in the Budget Justification Narrative must show the federal and non-federal shares – not required for Years 2 and 3

- Each category presented in Section B – Budget Categories of the SF-424A Budget Information form must be addressed in the Budget Justification Narrative

- Provide sufficient information to demonstrate that costs are reasonable and necessary to implement the proposed project

- Provide a table of all federally funded personnel

  - Federal funds may not be used to pay the salary of an individual at a rate in excess of $183,300

- Include the required budget reduction if proposing to serve fewer patients than the Patient Target listed in the SAAT

- Total Federal request must align with the SF-424A

Refer to the SF-424 Two-Tier Application Guide (http://www.hrsa.gov/grants/apply/applicationguide/sf424programspecificappguide.doc) for details.

HRSA EHB Forms

- 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 10: Emergency Preparedness Report

- Form 12: Organization Contacts

- Summary Page

- Clinical Performance Measures

- Financial Performance Measures

- All forms are required except Form 5C: Other Activities/Locations

- Refer to SAC FOA Section IV.2.v and Appendix A for complete form instructions

- Form 1A: General Information Worksheet

  - Simplified

  - Collects the Patient Projection by December 31, 2017

- Form 2: Staffing Profile

  - No longer collects salary or federal funding data to reduce overlap with the Budget Narrative Justification

  - New fields collect information on contracted staff

- Form 8: Health Center Agreements
  - Simplified
  - Some items relocated to Project Narrative: Governance section

- Form 9: Need for Assistance Worksheet
  - Removed
  - Some items relocated to Project Narrative: Need section

- Summary Page
  - Collects additional service area information to enable auto-calculation of the percentage of the Patient Target to be served

- Diabetes

  - Revised: Adult patients with a hemoglobin A1c greater than 9%

- Cardiovascular Disease

- Cancer

- Prenatal Health

- Perinatal Health

- Child Health

- Oral Health

  - New: Percentage of children, age 6-9 years, at moderate to high risk for caries who received a sealant on a first permanent molar during the reporting period

- Weight Assessment and Counseling for Children and Adolescents

- Adult Weight Screening and Follow-Up

- Tobacco Use Screening and Cessation

- Asthma: Pharmacological Therapy

- Coronary Artery Disease: Lipid Therapy

- Ischemic Vascular Disease: Aspirin Therapy

- Colorectal Cancer Screening

- HIV Linkage to Care

  – Renamed from New HIV Cases with Timely Follow-Up

- Depression Screening and Follow-up

- Other

Financial Performance Measures

- Total Cost per Patient

- Medical Cost per Medical Patient

- Health Center Program Grant Cost per Patient (new)

- Measures no longer tracked:

  – Change in Net Assets to Expense Ratio

  – Working Capital to Monthly Expense Ratio

  – Long Term Debt to Equity Ratio

Performance Measures: General Information

- Performance measures have been added, discontinued, and revised

  – SAC FOA Appendix B provides complete performance measure instructions

- Applicants applying for special populations funding (MHC, HCH, and/or PHPC) are required to create performance measures specific to the targeted special population(s)

- Key Factor Type - Applicants must specify at least one contributing and one restricting factor

- Information that will not fit on the performance measures forms should be included in Project Narrative: Evaluative Measures

Current award recipients applying to continue serving their current service area:

- Baseline data are pre-populated and are not editable

- If desired, more current baseline data can be included in the Comments field

- If a previously-defined Other measure is no longer tracked, mark it Not Applicable and provide a justification in the Comments field

- The "Progress" field captures progress since the last submission

AWARD DECISION FACTORS

Project Period Length Criteria

- Project period length is determined by health center performance as described in Section V.2 of the FOA

- A one-year project period will be awarded if any of the following are met

  - 10 or more Health Center Program requirements conditions

    o applied via application review and/or

    o in 90, 60, or 30-day phase of Progressive Action

  - 3 or more Health Center Program requirements conditions in the 60-day phase of Progressive Action

  - 1 or more Health Center Program requirements conditions in the 30-day phase of Progressive Action

HRSA will not make a SAC award to any competing continuation applicant that has been awarded one-year project periods in the previous two award cycles and meets the criteria for a third one-year project period in FY 2016.

- A funding priority is the favorable adjustment of review scores when applications meet specified criteria

- The FY 2016 SAC funding opportunity has one funding priority for high-performing grantees

- HRSA will assess the Health Center Profile (http://bphc.hrsa.gov/uds/datacenter.aspx?q=d&year=2013) of all competing continuation applicants within the fundable range for eligibility to receive points for the one FY 2016 funding priority

- Maximum 10 points possible

  - Program Compliance: 5 points

    o If no Health Center Program requirements conditions (refer to PAL 2014-08 [http://bphc.hrsa.gov/programrequirements/policies/pal201408.html]) in 60-day, 30-day, or default status phase of Progressive Action at the time of application

  - Patient Trend: 5 more points

    o If the applicant has a positive or neutral 3-year patient growth trend (+/- 5%)

WRAP UP

- Applications may not exceed 160 pages or 20 MB

  – Tables 2 and 3, and Section IV.2.vi in the SAC FOA provide items excluded from the page count

- Submit single-spaced narrative documents with 12 point, easily readable font and 1-inch margins

  – e.g., Times New Roman, Arial, Courier

- Applications failing to meet all eligibility requirements will not be considered for funding

Technical Assistance Contacts

- SAC Technical Assistance (TA) Web page (http://bphc.hrsa.gov/programopportunities/fundingopportunities/SAC/index.html)

- Program related questions
  - Beth Hartmayer: BPHCSAC@hrsa.gov or
    301- 594-4300

- Budget related questions
  - Donna Marx: dmarx@hrsa.gov or 301-594-4245

- Grants.gov related questions
  - support@grants.gov or 800-518-4726

- EHB related questions
  - BPHC Helpline Web Form (http://www.hrsa.gov/about/contact/bphc.aspx) or 877-974-2742