

Capital Improvement Program Announcement Number: HRSA-09-244

1. PURPOSE

The American Recovery and Reinvestment Act (ARRA or Recovery Act), signed into law February 17, 2009, provides \$1.5 billion in grants to support construction, renovation and equipment, and the acquisition of health information technology systems, for health centers including health center controlled networks receiving operating grants under section 330 of the Public Health Service (PHS) Act, as amended (42 U.S.C. 254b).

The Recovery Act was enacted to:

- preserve and create jobs;
- promote economic recovery;
- help people most impacted by the recession;
- increase economic efficiency by investing in technological advances in science and health;
- promote long-term economic benefits by investing in transportation, environmental protection and other infrastructure; and
- preserve essential services in States and local governments.

Additional information on the Recovery Act can be found at <http://www.recovery.gov>. Information on activities related to the Recovery Act at the U.S. Department of Health and Human Services (HHS) can be accessed at <http://www.hhs.gov/recovery>. Information related to Health Center funding opportunities under the Recovery Act can be found at <http://bphc.hrsa.gov/recovery>.

Funds made available by the Recovery Act will support health centers to expand their capacity to provide primary and preventive health care services to medically underserved populations nationwide as well as create employment opportunities in underserved communities over the next 2 years. This announcement details the funding opportunity available for existing Health Center Program grantees under the Capital Improvement Program (CIP) initiative to address pressing capital improvement needs in health centers, such as construction, repair, renovation, and equipment purchases, including health information technology systems.

Health center grantees requesting CIP grants must demonstrate how their proposal will lead to improvements in access to health services for underserved populations and create health center and construction-related jobs. CIP grants are **one-time awards** and there is no ongoing support of CIP grant activities after the end of the 2-year project/budget period.

Health center applicants must comply with applicable requirements of section 330 of the PHS Act, implementing regulations, and guidelines, including the Health Center Program Requirements available at <http://bphc.hrsa.gov/about/requirements.htm>. Recovery Act grants administered by the Health Resources and Services Administration (HRSA) will have separate reporting requirements and funding categories (i.e., grantees will need to be able to track CIP grant funds separately from current section 330 funds and any other funds received under the Recovery Act). Reporting requirements and expectations related to CIP projects and Recovery Act funding are discussed below.

2. SUMMARY OF FUNDING

HRSA will award approximately \$850 million, through limited competition grants, for one-time CIP grant funding in fiscal year (FY) 2009 to support existing section 330 funded health centers. CIP grant funding will be awarded in a single Notice of Grant Award (NGA) (i.e., all funds will be made available at the start of the project/budget period) for a **2-year project/budget period**. Consistent with intent of the Recovery Act, grantees are encouraged to implement projects that address immediate and pressing health center facility and equipment needs.

This funding will be awarded in a 2-year project/budget period from July 1, 2009 through June 30, 2011. There is no ongoing support of CIP grant activities after the end of the 2-year project/budget period. CIP grant funding will be provided to each grantee at the same program distribution level (i.e., special population funding proportions) as its existing operational grant funding.

In a separate correspondence through the Electronic HandBook (EHB) system, HRSA will communicate to each health center grantee a maximum request amount for this opportunity. CIP grant proposals will be submitted through HRSA's EHB. Each grantee will be allowed to propose one or more projects to be supported under the CIP grant.

Grantees will need to submit the following items; some items will need to be submitted for each CIP project (see Appendix 5):

- Application for Federal Assistance/Face Sheet SF-424
- SF-424D Assurances—Construction Programs
- Proposal Overview
- Project Details
- SF-424C Budget Information—Construction Programs
- Budget Justification
- Schematic Drawings (as applicable)
- Environmental Information and Documentation Checklist
- Facility Owner—Statement of Agreement (as applicable)
- EHR Readiness Checklist (as applicable)

The proposed projects for Federal support under the CIP grant must be reasonable and appropriate based on existing need and on the information provided in this announcement. The completed CIP project(s) proposed in the application must result in a scope of project that is consistent with the Health Center Program's mission—to provide comprehensive, culturally competent, quality primary health care services to medically underserved communities and vulnerable populations—and must be supported without additional section 330 operational grant funds.

3. ELIGIBILITY

The following types of existing health centers that have had applications approved for grant support in FY 2009 under the Health Center Program are eligible for CIP grant fund:

- Community Health Centers (CHC) - section 330(e)
- Migrant Health Centers (MHC) - section 330(g)
- Health Care for the Homeless (HCH) - section 330(h)

- Public Housing Primary Care (PHPC) - section 330(i)

4. COST SHARING/MATCHING

There are no matching requirements. However, grantees must indicate the total cost of the CIP projects and any sources of additional funding in the Project Details section and in the Budget Justification(s) of the application. If the total CIP proposal cost exceeds the maximum amount of the CIP grant, grantees must demonstrate sufficient additional sources of funds beyond the requested CIP grant funding to successfully complete the proposed project(s).

5. METHODOLOGY

Maximum funding allocations were determined based on the patient information submitted by each Health Center Program grantee in their respective calendar year (CY) 2008 Uniform Data System (UDS) report. Under the formula allocation, each health center grantee is eligible to apply for and receive between \$250,000 (the base amount) and \$2.5 million (the award ceiling). All section 330 grantees, to the extent supported by qualifying CIP applications, will receive the base amount of \$250,000 with an additional \$35 for every patient served—as exhibited on their CY 2008 UDS submission as of April 24, 2009—up to the award ceiling of \$2.5 million.

In the event that CY 2008 UDS data were not available, CY 2007 UDS data were used in determining the funding allocation. For those grantees with neither CY 2007 nor CY 2008 UDS reports on file with the Bureau of Primary Health Care (BPHC), the maximum amount that can be requested is the base amount of \$250,000.

6. ELIGIBLE USE OF FUNDS

Current section 330 grantees may submit a request for financial assistance to support one or more capital improvements in health center facilities such as: alteration/repair/renovation (may include equipment); construction of a new site or expansion of an existing site (may include equipment); and/or information technology (IT)/equipment purchase, including health information technology (HIT) systems and Electronic Health Record (EHR) related enhancements that are certified by an organization recognized by the Secretary of Health and Human Services (HHS). Funds awarded through CIP grants must be **fully obligated** by the end of the 2-year project/budget period.

It is expected that CIP grants will be used to support the objectives of the Recovery Act, as stated above, and to support the mission of the Health Center Program, which is to improve the health of the Nation's underserved communities and vulnerable populations by assuring access to comprehensive, culturally competent, quality primary health care services.

Existing section 330 grantees may propose to change their Federal scope of project to add a new site as part of the CIP grant funding opportunity.¹ A CIP alteration/repair/renovation or construction project that proposes a new site not currently in the grantee's scope will automatically require the grantee to complete Form 5B and the Add Site Checklist for the proposed new site, as part of the EHB application process. Grantees may not add a new site as part of an IT/equipment-only, HIT, or certified EHR-related project, although they may propose that these types of projects occur at a site

¹ Please refer to Policy Information Notice (PIN) 2008-01: Defining Scope of Project and Policy for Requesting Changes available at <http://bphc.hrsa.gov/policy/pin0801/>.

added previously as part of an alteration/repair/renovation or construction project in the same application. Any proposed new site will require an evaluation of whether the resulting scope of project and service area are appropriate to the existing need and Federal resources in the proposed communities. The results of such an evaluation may impact the eligibility of a proposal.

For alteration/repair/renovation and construction projects, grantees may propose use of an administrative-only site, which is already within grantee's scope, for delivering services as part of the project being proposed. Grantees wishing to propose an administrative-only site should add the "administrative-only" site from their scope in Form 5B; however, grantees must also mention in their Project Details section that they wish to convert the administrative-only site to a service delivery site, and must also submit a separate Change in Scope request to reflect this scope change. If a CIP project will result in a new service **currently NOT in the grantee's scope of project**, the grantee must follow the procedures outlined in PIN 2008-01, available at <http://bphc.hrsa.gov/policy/pin0801/>, and submit a Change in Scope request separately from the CIP application process.

The following uses of grant funds are **examples** of costs that are **NOT** eligible under CIP grants (additional guidance on allowable versus unallowable costs can be found in Appendix 3):

1. Operating costs (e.g., funding direct services, clinical full-time equivalents, rent, mortgage payments, refinanced credit facilities).
2. Purchase of EHR systems that are not certified by a certifying body recognized by the Secretary of HHS.
3. Land or facility purchase costs are **not** eligible uses of CIP grant funding. Eligible projects may contain land/facility purchase costs; **however**, individual project budgets must show sufficient resources **other than** CIP funding to cover those expenses.
4. Per Section 1604 of the Recovery Act: None of the funds appropriated or otherwise made available under the Recovery Act may be used by any State or local government, or any private entity, for any casino or other gambling establishment, aquarium, zoo, golf course, or swimming pool.
5. Costs incurred prior to February 17, 2009.

Health centers may propose one or more of the following types of CIP projects (definitions and examples of types of CIP grants projects are described in Appendix 1):

1. Alteration/repair/renovation, with or without IT/equipment
2. Construction (new site or expansion of existing site), with or without IT/equipment
3. IT/equipment-only purchase
4. HIT-only purchase (non-EHR equipment)
5. Certified EHR-related purchase

Grantees will be required to file a Notice of Federal Interest (NFI) for:

- All CIP construction projects
- Each CIP alteration/renovation project having a total (Federal and non-Federal) allowable project cost of more than \$500,000, **excluding equipment costs**

These filings state that the approval of the Associate Administrator of the Office of Federal Assistance Management, HRSA, must be given before the property can be mortgaged, sold,

transferred, or used for a purpose inconsistent with the application. The period of the NFI is in perpetuity. When the project begins, a notarized NFI must be filed in the appropriate public records office of the jurisdiction in which the property is located and, upon filing, a copy must be provided to the appropriate HRSA Grants Management Specialist. See Appendix 2 for a sample NFI.

Leasehold Improvements

If the proposed project site is leased and the project is:

- a construction project, or
- an alteration/renovation project with a net project cost (total project cost less equipment costs) of **greater than \$500,000**; then,

The grantee must either:

- a. Provide a signed statement of agreement from the facility owner; or,
- b. Certify in the application that a statement of agreement from the facility owner will be submitted to HRSA prior to expending CIP project grant funds.

The statement of agreement from the facility owner referenced above must address the following components:

1. Approval of the scope of the CIP project.
2. Agreement to provide the grantee health center reasonable control of the project site for at least 10 years.
3. Agreement to file an NFI in the land records of the local jurisdiction when the project begins.

If the project site is leased and the project is an alteration/repair/renovation project with a net project cost (total project cost less equipment costs) of **\$500,000 or less, then the application must include a certification by the health center grantee that the existing lease gives the health center reasonable control of the project site and is consistent with the scope of the CIP project.**

IT/Equipment Purchase

The purchase of any equipment may be an eligible use of grant funding in conjunction with a facility improvement project or as a stand-alone equipment-only project. Fixed equipment (any equipment that will require installation or renovation) should be included as part of an alteration/repair/renovation or construction project. Projects that include the purchase of equipment must provide a detailed equipment list. Equipment should be pertinent to health center operations and should serve an identified user group.

HIT and Certified EHR Purchase

For HIT and certified EHR-related purchases, health center grantees within the scope of a current HRSA-funded health center controlled network are encouraged to work with their network to enhance their existing system. CIP funds cannot supplant HRSA funds that have been allocated for certified EHR-related activities (i.e., other HRSA grants that have been awarded to health center controlled networks for certified EHR adoption).

Grantees are encouraged to work with others who have successfully procured, adopted, and used certified EHRs and other HIT systems, and to use up to 2 percent of the CIP project budget for HIT and certified EHR implementation technical assistance.

EHR-only projects such as pre-implementation/readiness costs, certified systems, and enhancements to existing certified EHR systems are allowable; however, grantees must demonstrate readiness to purchase a certified EHR system prior to expending CIP funds. EHR systems purchased with CIP grants must be certified by an organization recognized by the Secretary of HHS.² If readiness gaps exist, grantees will need to certify that certified EHR purchase will occur once readiness is achieved within the 2-year period.

Implementing an Electronic Health Record (EHR) is a very complex process and will require a comprehensive planning and readiness process that will:

- Identify goals for the EHR project
- Create a strategic plan that guides the certified EHR procurement and identifies key milestones to achieving “meaningful use”
- Include a completed feasibility analysis
- Include a completed comprehensive organizational readiness assessment
- Include a completed comprehensive staff skills assessment
- Assess and inventory current resources (staff, hardware, software, etc.)
- Outline an implementation strategy for the EHR project that will achieve “meaningful use”
- Inventory all additional hardware, software, and staff expertise needed to implement the certified EHR project
- Identify a multidisciplinary committee to oversee the readiness, due diligence, selection, and implementation of the certified EHR project
- Identify a plan to address the decrease in productivity during training and implementation
- Develop a plan to protect patient’s health information

Please note that equipment must be maintained, tracked, and disposed of in accordance with 45 CFR Parts 74.34 and 92.32.

7. BUDGET

Each individual project in a CIP application must contain a completed Standard Form-424C budget (SF-424C) for the 2-year project/budget period. Each project must also include an accompanying budget justification in narrative form. The budget justification provides a written description of the budget. It must clearly describe each cost element and explain how each cost contributes to meeting the CIP proposal’s goals and objectives.

² The Recovery Act provides for a process whereby the definition of “meaningful use of certified EHRs” is set forth and adopted. The Act also requires the Secretary to specify the means by which health professionals can demonstrate that they are meaningfully using EHRs. Until such time as these definitions and requirements have been finalized, grantees are expected—as part of assessing their EHR readiness and formulating their strategic plans—to time their EHR procurement appropriately to ensure that the EHRs purchased with this grant funding are able to support the meaningful use of certified EHRs.

Applicants may propose to supplement the CIP grant with other **non-section 330 funds** to ensure the success of the proposed project(s).

Please refer to the sample project budgets in Appendix 3 for further details.

8. CIP PROPOSAL

The CIP proposal, to be completed in EHB, includes an overview of the proposal as well as detail for each individual project. The CIP proposal should provide a framework and explanation of all aspects of each project supported wholly or in part by the CIP grant, including a timeline and how the funds will be used. Please be aware that information presented in the description is publishable and may be used to provide information to the public and Congress. Grantees are expected to describe the impact the CIP grant funding will achieve by the end of the 2-year project/budget period, as well as the projected impact on access to care.

As grantees prepare to develop CIP proposals, they should consider:

- What is most appropriate given the immediate needs of the communities served
- The amount of funding available to support the project(s)
- The capacity to complete the project(s) within the 2-year project/budget period
- That equipment to be purchased must be utilized within the health center's scope of project
- Any significant environmental and/or historic preservation issues that may delay implementation

The following project types must be proposed as site-specific.

- Alteration/repair/renovation, with or without IT/equipment
- Construction (new site or expansion of existing site), with or without IT/equipment

Alteration/repair/renovation and construction projects should clearly identify all anticipated equipment that will be purchased and used/located at the specific site.

The following project types can be proposed either as site-specific, multi-site, or organization-wide (inclusive of all sites):

- IT/equipment-only purchase
- HIT-only purchase (non-EHR equipment)
- Certified EHR-related purchase

CIP Grant Application Elements

a. Proposal Overview

1. **Purpose.** Explain how the CIP proposal will appropriately address your community's immediate needs and how it will enhance the health center's effectiveness, efficiency, quality of care, and patient outcomes.
2. **Sustainability Plan.** Describe the overarching impact of the CIP proposal on the ongoing operational budget. Explain how the center will maintain the improved access/services

resulting from the CIP project(s) **within** its existing operational budget/grant support. CIP grant funds **cannot** be used to support direct-service providers.

3. **Green/Sustainable Design Practices.** Indicate whether or not the health center will implement green/sustainable design practices for this proposal. If yes, please briefly summarize.
 4. **Service Impact.** As a result of the CIP grant, health centers should be able to project impacts of this funding on the health center's service delivery. Projections should reflect expected levels upon completion of all projects in the proposal.
 - a. Projected number of additional health center service provider FTEs (medical, dental, behavioral health, pharmacy, other professional, and enabling)
 - b. Total number of additional, unduplicated patients served
 - c. Total number of additional visits
- b. **Project Details.** Grantees may propose more than one project; however, the following information will be required for **EACH** project proposed.
1. **Title.** Identify the title for this CIP project.
 2. **Type.** Identify the type of project from the list below (pick one):
 - a. Alteration/repair/renovation, with or without IT/equipment
 - b. Construction (new site or expansion of existing site), with or without IT/equipment
 - c. IT/equipment-only purchase
 - d. HIT-only purchase (non-EHR equipment)
 - e. Certified EHR-related purchases

For certified EHR-related purchases:

Applicants will need to certify EHR readiness within the 2-year project/budget period. For applicants that cannot certify readiness to purchase a certified EHR system within the project period, EHR system costs are not eligible uses of CIP funds. Grantees proposing all other EHR-related purchases (e.g., pre-implementation/readiness, enhancements to an existing EHR system) may proceed to the next section.

(1) Do you plan to purchase a certified EHR system? Yes/No

If grantees propose to purchase a certified EHR system, one of the following self-certifications must be provided, based on the completion of the EHR readiness checklist included in Appendix 5 (the checklist must also be uploaded as part of the application):

- Certify immediate readiness for certified EHR system purchase.
- Certify purchase of the certified EHR system will occur once readiness is achieved within the 2-year project period.

Please visit the HRSA Health IT Toolbox to access additional guidance on EHR readiness at <http://healthit.ahrq.gov/toolbox>.

3. Current Square Footage of Facility

4. **Project Management.** Explain the administrative structure and oversight for the project, including the qualifications of the individual (the Project Manager) who will be responsible for managing the project. Describe the ongoing institutional (e.g., governing board, management) commitment to the proposed improvement or enhancements.
5. **Project Manager.** Identify the individual at the health center who will be responsible for managing this project.
6. **Need.** Clearly identify and describe the deficiencies or the needs to be addressed with this project (e.g., fire/life safety issues, overcrowding, insufficient space, outdated/ineffective equipment, inefficient design for patient flow needs, accommodation of new or enhanced services, HIT and EHR readiness gaps). State concisely the importance of this improvement project to the organization's mission and the population it serves.
7. **Implementation.** Describe proposed improvements in relation to the existing situation (e.g., current versus proposed number of exam rooms, square footage improved/added, access redesign and related patient flow improvements, enhanced services resulting from new equipment purchased, implementation of a certified EHR or enhanced HIT). Explain how the proposed improvements will expand or improve your organization's effectiveness, efficiency, quality of care, and patient outcomes.
8. **Timeline.** Indicate the timeframe for demonstrating progress with this CIP project by identifying the start and end dates for each of the following critical milestones: planning, project development, implementation, and project completion.
9. **Project Impact.** As a result of the completed project, health centers should be able to demonstrate the impact of the improvements on the health center's effectiveness, efficiency, quality of care, and patient outcomes. Forecast the following outcomes, as they apply, of the **completed** CIP project.
 - a. Total square feet improved
 - b. Total square feet increased³
 - c. Projected number of administrative and facility health center FTEs⁴ created as a result of the project
 - (1) Management and support staff
 - (2) Fiscal and billing staff
 - (3) IT staff
 - (4) Facility staff
 - (5) Patient support staff
 - d. Projected number of administrative and facility health center FTEs retained as a result of the project
 - (1) Management and support staff

³ Total square feet increased and total square feet improved are mutually exclusive categories (i.e., square foot counted as increased cannot also be counted as improved, and vice versa).

⁴ Grantees should project full-time equivalent (FTE) estimates cumulatively created or retained. FTE calculations are based on aggregate hours worked to ensure temporary or part-time labor is not overstated.

- (2) Fiscal and billing staff
- (3) IT staff
- (4) Facility staff
- (5) Patient support staff
- e. Projected number of construction-related FTEs created as a result of the project
- f. Projected number of providers using the certified EHR or enhanced HIT system as a result of this project
- g. Projected number of patients with an electronic health record as a result of this project

10. Equipment List. Identify the following elements for **each** piece of equipment (including non-expendable supplies that are less than \$5,000⁵) to be purchased with CIP funds. Equipment type will be categorized as: clinical, non-clinical, or HIT/EHR.

Item Description	Unit Price	Quantity	Total Price	Equipment Type

11. Budget. For each CIP project, grantees will be required to complete a SF-424C for the 2-year project/budget period. Please see Appendix 3.

12. Sources of Other Funding. Identify other sources of funding as well as the amounts that will be used to cover the total cost associated with this project:

- a. Federal BPHC CIP grant
- b. State grants
- c. Local funding
- d. Other Federal funding
- e. Private/third party funding
- f. Other project financing

13. Site(s)⁶

- a. For alteration/repair/renovation and construction projects, propose an existing site from the current scope OR add a new site² (not currently in scope). Only one site (new site OR site from scope) per project is allowed for alteration/repair/renovation and construction projects.
- b. For IT/equipment-only, HIT-only, and certified EHR-related purchases projects, propose one or more site(s) from current scope and/or from the list of new sites which have been already added as part of an alteration/repair/renovation or construction project.

14. Site Control. Identify the current status of the property and whether it is owned or leased.

15. Leased Property—Federal Interest

If the proposed project site is leased and the project is:

- a construction project, or

⁵ Certain items of supply individually have a useful life of more than 1 year but generally do not have an acquisition cost greater than \$5,000 (e.g., generator and personal computer).

⁶ Once a CIP project involving a new site has been completed (i.e., the new site is operational), grantees will be required to verify the site is operational.

- an alteration/renovation project with a net project cost (total project cost less equipment costs) **greater than \$500,000**;

Then the grantee must either:

- Provide a signed statement of agreement from the facility owner containing the elements required by HRSA; or,
- Certify in the application that a signed statement of agreement from the facility owner containing the elements required by HRSA will be submitted to HRSA prior to expending CIP project grant funds.

If the project is an alteration/renovation with a net project cost (total project cost less equipment costs) of **\$500,000 or less**, then the application must provide the following certification:

- The existing lease gives the health center reasonable control of the project site, and is consistent with the scope of the CIP project.

16. Historic Preservation Considerations. For alteration and renovation CIP projects only, please respond to the following questions:

- Is the project facility 50 years or older?
- Does the project include any alteration/renovation to the exterior of the facility?
- Does the project involve alteration/renovation to a project facility that is architecturally, historically, or culturally significant?
- Is the site located on Native American, Alaskan Native, Native Hawaiian, or equivalent culturally significant lands?

17. Environmental Information and Documentation (EID) Checklist. ALL GRANTEES MUST COMPLETE the Environmental Information and Documentation checklist to identify any potential extraordinary circumstances for each CIP project. In addition, grantees must complete the EID checklist for equipment projects that involve either (1) modifications or renovations to a facility or (2) equipment using mercury (except ultra-violet and energy efficient lighting), radioactive sources, ozone depleting, or other hazardous substances or materials (NOTE: These constitute extraordinary circumstances since these types of equipment projects may require an Environmental Assessment because of the potential to cause a significant environmental effect).

- 18. Attachments.** Grantees must include the following with their CIP submission, each as a separate attachment **as applicable**. Please clearly identify the filename for each of the attachments identified below. **NOTE: Each project-specific attachment may be given a filename using the headings below (e.g., BudgetJustificationProject1).** Do not use spaces or special characters in naming files.
- Budget Justification(s):** Grantees will provide a separate budget and budget justification for each project to be supported through the CIP grant. Clearly label each budget justification to be uploaded (e.g., if two projects are proposed, two separate budget justifications must be provided).
 - Schematic Drawings:** For each CIP project for alteration/repair/renovation and construction of a site (whether an expansion of an existing site or construction of a new site), grantees must submit simple line drawings and must include square footage. These

drawings should not be blueprints and do not need to be completed by an architect. Upload these drawings as .pdf files on 8.5” x 11” sheets of paper.

- c. EHR Readiness: For certified EHR CIP projects only, attach a completed EHR Readiness Checklist (see Appendix 5).
- d. Statement of Agreement from facility owner.
- e. Environmental Information and Documentation Checklist: Attach a completed EID Checklist (see Appendix 5).

9. REVIEW

CIP proposals will be subject to an internal review for completeness, eligibility, service area overlap, architectural/engineering reasonableness, and for additional criteria related to the Recovery Act. The applicable laws, regulations, and policies include, but are not limited to, those listed below and at <http://www.hrsa.gov/hcofconstruction/fedconstructionreq.htm>

1. Wage Rate Requirements under Section 1606 of the Recovery Act: All laborers and mechanics employed by contractors and subcontractors on projects funded directly by or assisted in whole or in part by and through this HRSA grant shall be paid wages at rates not less than those prevailing on projects of a character similar in the locality as determined by the Secretary of Labor in accordance with subchapter IV of chapter 31 of title 40, United States Code. Pursuant to Reorganization Plan No. 14 and the Copeland Act, 40 U.S.C. 3145, the Department of Labor has issued regulations at 29 CFR Parts 1, 3, and 5 to implement the Davis-Bacon and related Acts.
2. Required Use of American Iron, Steel, and Manufactured Goods—Section 1605 of the Recovery Act: No HRSA grant funds may be used for a project for the construction, alteration, maintenance, or repair of a public building or public work unless all of the iron, steel, and manufactured goods used in the project are produced in the United States.

All alteration/repair/renovation and construction projects will require the completion of a HRSA environmental impact review and an architectural and engineering (A&E) review before a health center may expend CIP project funds.

Immediately upon completion of each CIP project, the grantee shall, at a minimum, provide the same type of insurance coverage as it maintains for other property it owns, consistent with the minimum coverage specified in the HHS Grants Policy Statement.

10. SUSTAINABLE/GREEN DESIGN PRACTICES

On the EID checklist and the proposal overview, it is important to note actions that may mitigate the environmental impacts of the proposed projects:

a. Alteration/Repair/Renovation or Construction

For design practices for medical facilities, refer to the latest edition of the document “Guidelines for Design and Construction of Health Care Facilities.”⁷ The document references the U.S. Green

⁷ Available for purchase at https://aia-timssnet.uapps.net/timssnet/products/TNT_Products.cfm?SR=1&action=long&primary_id=157165013X.

Building Council's LEED Green Building Rating System (<http://www.usgbc.org>) and the Green Guide for Health Care (<http://www.gghc.org>).

Grantees are encouraged to incorporate sustainable design considerations when planning any building. Sustainable design considerations shall be included to the maximum extent feasible in alteration/repair/renovation or construction grants with total project costs of \$1 million or more. Examples of such design considerations include use of low-impact materials, ensuring energy efficiency, and maximizing reuse/recycling capabilities.

b. Equipment

The selection of all equipment to be purchased through the CIP is to be based on a preference for recycled content, non-hazardous substances, non-ozone depleting substances, energy and water efficiency, and consideration of final disposal (disposed in a manner that is safe, protective of the environment, and compliant with all applicable regulations) unless there are conflicting health, safety, and performance considerations.

Grantees are encouraged to employ the standards established by either the Electronic Product Environmental Assessment Tool (EPEAT) or Energy Star, where practicable, in the procurement of IT equipment. Following these standards will mitigate many of the negative effects on human health and the environment from the proliferation, rapid obsolescence, low recycling rate, high energy consumption, and potential to contain hazardous materials, and increased liability from improper disposal. Additional information for these standards can be found online at the following sites:

1. For EPEAT at <http://www.epeat.net>
2. For Energy Star at <http://www.energystar.gov>

11. ENVIRONMENTAL REVIEW

ALL GRANTEES MUST SUBMIT A COMPLETED Environmental Information and Documentation (EID) Checklist (Appendix 5) to indicate whether any potential extraordinary circumstances exist. HRSA requires that grantees provide information on anticipated environmental impact as part of their CIP submission (see page 11). If the project has received an Environmental Assessment at the Federal, State, or local level, a copy of the assessment must be sent to HRSA. Please contact the Bureau of Primary Health Care's Office of Policy and Program Development (OPPD) at bphcrecovery@hrsa.gov to determine how to submit this information.

The National Environmental Policy Act of 1969 (NEPA), 42 U.S.C 4321 (P.L. 91-190, Sec. 2, Jan. 1, 1970, 83 Stat. 852), including Public Disclosure, Section 102 of NEPA, and Executive Order 11514 require Federal agencies to assess the environment impacts of Federal actions, including construction projects supported in whole or in part through Federal contracts, grants, subsidies, loans, or other forms of funding assistance.

For equipment only or alteration/repair/renovation projects, if it has been determined by HRSA, after reviewing the EID and the project proposal, that the project may have a significant impact on

the environment⁸, HRSA will contact the grantee and require that they initiate and prepare a draft Environmental Assessment (EA) or communicate this through the NGA.

All grantees proposing CIP construction projects will be required to prepare a draft EA if not previously prepared. The cost for hiring a qualified environmental consultant to prepare the draft EA is an eligible cost under this program. Until the environmental review is completed by HRSA, grantees are not authorized to acquire equipment or initiate work beyond the design and permitting stage of the construction project.

Based on a review of the draft EA, HRSA will determine if there is a Finding of No Significant Impact (FONSI) or a significant impact on the environment. If the EA reveals no significant impact on the environment, the grantee will prepare a draft FONSI document briefly presenting the reasons why an action, not otherwise excluded, will not have a significant effect on the environment and for which an Environmental Impact Statement (EIS) need not be prepared. The FONSI will be forwarded to the HRSA for review and approval.

If HRSA determines that there is a significant impact on the environment, the grantee will be required to prepare a draft EIS. HRSA will: provide advice and assistance to the grantee, as necessary, concerning review procedures; evaluate the results of the review; and make the final decision on environmental impact as required by NEPA. Upon receipt and review of the draft EIS, HRSA will issue a Record of Decision before action is taken on the proposal addressed by the EA.

12. CULTURAL RESOURCE ASSESSMENT AND HISTORIC PRESERVATION (HP) SECTION 106 REVIEW

Under section 106 of the NHPA, Federal agencies must consider the effect on historic properties before making a decision on whether to fund a project. Under section 106, prior to the expenditure of CIP funds, an assessment must be made of the potential effects of undertakings on historic properties (which include any prehistoric or historic district, site, building, structure, or object), that are eligible for listing or are listed on the National Register of Historic Places (NRHP). Pursuant to the regulations at 36 CFR Part 800, the responsible Federal official must make a decision regarding the project's effect on historic properties in consultation with the State Historic Preservation Officers (SHPO), Tribal Historic Preservation Officers (THPO), representatives of the local government, affected Indian tribes and Native Hawaiian organizations, and other interested parties. SHPO information is available at <http://www.ncshpo.org/index.htm> and THPO information can be found at <http://www.nathpo.org/mainpage.html>.

HRSA will provide applicants with the results of the agency's historic preservation assessment through the NGA. If HRSA determines that additional review by the SHPO is necessary, HRSA will authorize applicable grantees to initiate consultation with the SHPO.

⁸ Equipment using mercury (except ultra-violet and energy efficient lighting), radioactive sources, ozone depleting, or other hazardous substances or materials constitute extraordinary circumstances that may require an Environmental Assessment because of the potential to cause a significant environmental effect. Equipment installation involving alteration/repair/renovation (demolition of walls, reconfiguring rooms), setting up temporary trailers, etc., from the list of Categorical Exclusions would trigger an Environmental Assessment.

CIP funds may be used to hire consultants to complete the grantee's section 106 and other related historic preservation responsibilities. A grantee should discuss with the SHPO whether to hire a consultant to assist with the section 106 review. In most cases, it would be advantageous to the grantee. The SHPO should have a list of qualified consultants in the area. When consulting with SHPOs, the grantee should identify the organization they are representing, include an appropriate contact person within the organization, and describe the undertaking that requires the section 106 review.

For projects that require additional review, CIP project funds may not be drawn down until HRSA receives documentation from the SHPO/THPO concurring whether the property:

- is not historic; or
- is historic, with the project causing no potential adverse effects; or
- is historic and the project may cause adverse effects and provide a resolution to the adverse effects through a fully executed MOA finalized by all parties.

13. ADMINISTRATIVE REQUIREMENTS

Grantees must comply with the administrative requirements outlined in 45 CFR Part 74 (non-governmental) available at <http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&sid=9de47029ddc8d5924737e389e539f183&rgn=div5&view=text&node=45:1.0.1.1.3.5&idno=45> or 45 CFR Part 92 (governmental) available at http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&tpl=/ecfrbrowse/Title45/45cfr92_main_02.tpl, as appropriate. Please note that all procurement transactions—whether they are equipment purchases, or alteration/repair/renovation or construction projects—should provide competition to ensure that the cost of the project is reasonable.

HRSA grant awards will be subject to the requirements of the HHS Grants Policy Statement (HHS GPS) that are applicable to the grant based on recipient type and purpose and award. The HHS GPS is available at <http://www.hrsa.gov/grants/>. The general terms and conditions in the HHS GPS will apply as indicated unless there are statutory, regulatory, or award-specific requirements to the contrary (as specified in the Notice of Grant Award). For example, HHS policies regarding the protection of the Federal interest in real property acquired by a HHS award as described in HHS Grants Policy Directive 3.04 “Property” are applicable.

14. SUBMISSION DATE AND TIME

Submission of the CIP proposal will be completed through HRSA's EHB system. The due date for submission of proposals is **June 2, 2009** at 8:00 P.M. ET. Submissions will be considered as meeting the deadline if they are electronically marked on or before the due date.

15. REPORTING

Grantees must continue to comply with the usual and customary reporting requirements of the Health Center Program, in addition to specific Recovery Act reporting. Recipients of Recovery Act funding will be required to provide periodic reports to ensure that funds are used for authorized purposes and instances of fraud, waste, error, and abuse are mitigated. Recovery Act funds can be used in conjunction with other funding as necessary to complete projects, but tracking and reporting must be separate to meet the reporting requirements of the Recovery Act.

Health center grantees will be required to provide periodic reports on the impact of CIP grant funding including:

1. Number of new/improved sites
2. Projected number of health center jobs created and retained
3. Projected number of construction-related jobs created
4. Project completion status (% complete)
5. Actual versus projected budget information—uses of CIP grant funds

Generally, as required by the Recovery Act, recipients are required to report the following information to the Federal agency providing the award 10 days after the end of each calendar quarter; submission dates will be July 10, October 10, January 10, and April 10. These reports will include the following data elements, as prescribed by the Recovery Act:

1. The total amount of Recovery Act funds.
2. The amount of Recovery Act funds received that were obligated and expended to projects or activities. This reporting will also included unobligated allotment balances to facilitate reconciliations.
3. A detailed list of all projects or activities for which Recovery Act funds were obligated and expended, including
 - a. The name of the project or activity;
 - b. A description of the project or activity;
 - c. An evaluation of the completion status of the project or activity;
 - d. An estimate of the number of jobs created and the number of jobs retained by the project or activity.
4. Detailed information on any subcontracts or subgrants awarded by the recipient to include the data elements required to comply with the Federal Funding Accountability and Transparency Act of 2006 (P.L. 109-282), allowing aggregate reporting on awards below \$25,000 or to individuals, as prescribed by the Director of the Office of Management and Budget.

16. AGENCY CONTACTS

Type of Assistance Needed	Please Contact
Business, administrative, or fiscal issues related to this announcement	Health Resources and Services Administration Office of Federal Assistance Management Division of Grants Management Operations Neal Meyerson, Telephone: 301-443-5906; Email: NMeyerson@hrsa.gov LaShawna Smith, Telephone: 301-443-4241; Email: LSmith3@hrsa.gov
Program issues	Health Resources and Services Administration Bureau of Primary Health Care Office of Policy and Program Development Marie Legaspi, Telephone: 301-594-4319 Meghan Ochal, Telephone: 301-594-2096

Type of Assistance Needed	Please Contact
	Beth Tchinski, Telephone: 301-443-1389 Email: BPHCRecovery@hrsa.gov
Electronic submission issues	<p>BPHC Help Desk—electronic reporting questions BHCMISSYS@hrsa.gov or 1-301-443-7356</p> <p>HRSA Call Center—EHB accounts and user access questions CallCenter@hrsa.gov or 1-877-464-4772</p>

Appendix 1

PROJECT TYPES

The table below identifies the various types of projects eligible for support under CIP grant funding.

PROJECT TYPES	DEFINITION	EXAMPLES
Alteration/repair/renovation (existing facility)	<ul style="list-style-type: none"> – Work required to change the interior arrangements or other physical characteristics of an existing facility or installed equipment (does not increase square footage) – May also include equipment purchase 	<ul style="list-style-type: none"> – Renovation of medical exam rooms – Installation of built-in sterilizers – Installation of uninterruptible power supply
Construction (new site, or expansion of existing site)	<ul style="list-style-type: none"> – Adding a new structure to an existing site that increases the total square footage of the facility – Adding structure to real property (i.e., land) – May also include equipment purchase 	<ul style="list-style-type: none"> – Addition of a new wing to the health center – Building a new facility at a new site
IT/Equipment purchase	<ul style="list-style-type: none"> – Is an article of tangible nonexpendable personal property that has a useful life of more than 1 year and an acquisition cost of \$5,000 or more per unit or the capitalization threshold established by the recipient, whichever is less – For the purpose of the CIP grant, this type of project includes nonexpendable supplies costing less than \$5,000 (e.g., personal computer) 	<ul style="list-style-type: none"> – Purchase of generator – Purchase of computers – Telecommunication system upgrades – Upgrade or purchase of mobile van – Purchase of dental x-ray equipment – Practice management system enhancements
HIT purchase	<ul style="list-style-type: none"> – Includes hardware, software, integrated technologies or related licenses, intellectual property, upgrades, or packaged solutions sold as services that are designed for or support the use by health care entities or patients for the electronic creation, maintenance, access, or exchange of health information. 	<ul style="list-style-type: none"> – Telehealth-related equipment – Registries – Electronic prescribing – Enhancements necessary to interface between HIT/EHR and other electronic systems
Certified EHR-related purchase	<ul style="list-style-type: none"> – This term refers to computer software that providers use to track all aspects of patient care. – For CIP, allowable costs include pre-implementation and readiness, software, infrastructure/clinical facility, data center infrastructure, and implementation staffing. 	<ul style="list-style-type: none"> – Certified EHR software costs: EHR application costs, maintenance, computer-based training – Infrastructure clinical facility costs: wireless LAN infrastructure, LAN switches, tablets, desktop PCs, cameras, printers – Data infrastructure costs: servers, routers, switches, back-up software, fire suppression, cooling/HVAC, physical security, power upgrades – Implementation staffing: core team training, vendor project management, data migration, paper chart conversion, CIO, network administration

Appendix 2

SAMPLE NOTICE OF FEDERAL INTEREST

On *insert date*, the Health Resources and Services Administration’s Bureau of Primary Health Care awarded Grant No. _____ to *insert name of recipient*. The grant provides Federal funds for *describe purpose of grant, e.g., construction, alteration/repair/renovation**, which is located on the property described below in _____ County, State of _____:

(GRANTEE INSERT LEGAL DESCRIPTION OF PROPERTY)

The Notice of Grant Award for this grant includes conditions on use of the aforementioned property and provides for a continuing Federal interest in the property. Specifically, the property may not be (1) used for any purpose inconsistent with the statute and any program regulations governing the award under which the property was acquired; (2) mortgaged or otherwise used as collateral without the written permission of the Office of Federal Assistance Management (OFAM), Health Resources and Services Administration (HRSA), or designee; or (3) sold or transferred to another party without the written permission of Office of Federal Assistance Management (OFAM), Health Resources and Services Administration (HRSA), or designee, or its designee. These conditions are in accordance with the statutory provisions set forth in the American Recovery and Reinvestment Act, Title 45 CFR part 74 or 92 (as appropriate), the HHS Grants Policy Statement, and other terms and conditions of award.

These grant conditions and requirements cannot be nullified or voided through a transfer of ownership. Therefore, advance notice of any proposed change in usage or ownership must be provided to the Associate Administrator, Office of Federal Assistance Management (OFAM), Health Resources and Services Administration (HRSA), or designee.

Signature: _____

Typed Name: _____

Title: _____

Date: _____

*** Description should include specificity to determine if the Federal interest applies to the land, building, or part thereof. Street or campus address should be included whenever possible.**

Appendix 3

SF-424C BUDGET INFORMATION—CONSTRUCTION PROGRAMS

1. Instructions for Completing SF-424C

Please complete the Budget Information—Construction Programs (SF-424C) for each type of project. **ALL PROJECT TYPES MUST USE THIS FORM.** Do NOT use the non-construction forms, SF-424A and SF-424B.

Column A—Total Cost: Indicate the total cost of the project as defined for each individual CIP project. For all CIP projects, the entire cost of the project should be shown in this column.

Column B—Costs Not Allowable for Participation: Only costs defined as non-allowable in the chart below should be entered in Column B. For example, contingency costs exceeding the 5% limit must be entered in Column B; however, most applications will have no costs entered in column B. Do not include costs in Column B merely to reduce Column C to the award amount. CIP funds may not be used to cover these costs.

Column C—Total Allowable Costs: Subtract Column B from Column A.

CIP grant funds can not exceed the amount in line 16 (columns A and C). Grantees will be entering the portion of the CIP grant to be allocated to each project in line 17 C. The entry in line 17 (A/B) is a calculated field based on the Federal share percentage. The percentage is restricted to whole numbers (no decimals).

2. Allowable and Unallowable Costs

The chart below lists the allowable and unallowable costs for CIP grants.

	ALLOWABLE COSTS	UNALLOWABLE COSTS
Line 1—Administrative and legal expenses	<ul style="list-style-type: none"> – Environmental analysis and costs associated with evaluation of the environmental effects of proposed activities and producing the Environmental Assessment; – Salary of grantee’s staff and consultant fees that are directly related to the administration of the technical aspects of the proposed project. Generally, administrative and legal expenses should be less than 10% of total project costs; – Costs of obtaining required data for the environmental analysis report; and – Bonding and insurance costs. 	<ul style="list-style-type: none"> – Operating costs (e.g., funding direct services, clinical full-time equivalents, rent, mortgage payments, refinanced credit facilities); – Salary of grantee’s staff and consultant fees that are not related to the administration of the technical aspects of the proposed project; – Bonus payments to construction contractors; – Costs of groundbreaking and dedication ceremonies and items such as plaques; – Indirect expenses such as general department operations and maintenance; – Expendable office, medical, and laboratory supplies; – Fund-raising expenses; and

	ALLOWABLE COSTS	UNALLOWABLE COSTS
		<ul style="list-style-type: none"> – Supplantation of HRSA funds that have been allocated for certified EHR/HIT (i.e., other HRSA grants that have been awarded to health center controlled networks for EHR or HIT adoption).
Line 2—Land, structures, right-of-way, appraisals, etc.	<ul style="list-style-type: none"> – The cost of conducting an appraisal. 	<ul style="list-style-type: none"> – Land or the cost of purchasing a building.
Line 3—Relocation expenses and payments	<ul style="list-style-type: none"> – Relocation payments to be made to displaced persons, business concerns, and nonprofit organizations for moving expenses and replacement housing; and – Relocation advisory assistance and the net amounts for replacement (last resort) housing. This line is limited to approved grantees whose project involves the displacement of persons and businesses that must comply with the provisions of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (42 U.S.C. 4601 et seq.), 84 Stat.1894, and 49 CFR Part 24. 	<ul style="list-style-type: none"> – The cost of relocating the grantee’s office.
Line 4—Architectural and engineering fees	<ul style="list-style-type: none"> – Fees associated with architectural and engineering professional services; – Associated expenses for preparation of specifications and reproduction of design documents; and – For construction projects, costs incurred before an award for architect’s fees and consultant’s fees necessary to the planning and design of the project if the project is approved and funded. 	<ul style="list-style-type: none"> – Architectural and engineering fees for work that is not within the scope of the approved project; – Costs of abandoned designs (costs associated with a design that will not be used to construct the building); and – Elaborate or extravagant designs, materials, or projects that are above the known local costs for comparable buildings.
Line 5—Other architectural and engineering fees	<ul style="list-style-type: none"> – Other architectural and engineering services, such as surveys, tests, and borings; and – Preliminary expenses associated with the approved award. 	
Line 6—Project inspection fees	<ul style="list-style-type: none"> – Clerk-of-the-works, inspection fees, structural certification, etc., to be provided by architectural engineering firm or the grantee’s staff. 	<ul style="list-style-type: none"> – Fees not associated with the requested project.
Line 7—Site work	<ul style="list-style-type: none"> – See line 9. 	<ul style="list-style-type: none"> – Costs associated with the development of land where the primary purpose of the award is land improvement.
Line 8—Demolition and removal	<ul style="list-style-type: none"> – Costs of demolition or removal of structures or improvements. Reduce the costs on this line by the amount of expected proceeds from the sale of salvage. 	<ul style="list-style-type: none"> – Costs not associated with the requested award.

	ALLOWABLE COSTS	UNALLOWABLE COSTS
<p>Line 9—Construction</p>	<ul style="list-style-type: none"> – Costs of fixed equipment necessary for the functioning of the facility. FIXED EQUIPMENT is equipment that requires modification of the facility for its satisfactory installation or removal and is included in the construction contract. Examples include: fume hoods, linear accelerator, laboratory casework, sinks, fixed shelving, built-in sterilizers, built-in refrigerators, and drinking fountains; – Costs of constructing new building(s) to be used for the program. This includes costs of materials and labor within the local range of comparable buildings; – Construction costs for expanding, remodeling, alteration, and renovating existing buildings, which will be used for the program; – Sanitary sewer, storm sewer, and portable water connections, providing that such municipal utilities are located in streets, roads, and alleys contiguous to the site; – Costs of connecting to existing central utility distribution systems contiguous to the site, such as steam and chilled water that service a campus from centrally located boiler and refrigeration plants. Prorated costs for new boilers and chillers to serve the proposed facility are acceptable; – Site clearance, grading, land improvement costs, including reasonable costs for landscaping, sidewalks, drives, and parking areas which are located on the site and are essential for the use and operation of an approved project. – Reasonable landscaping costs for seeding and sodding; – Special features for earthquake resistance code requirements. Use nationally recognized codes adopted by authorities having jurisdiction; – Costs of eliminating architectural barriers to the handicapped; and – Costs of pollution-control equipment for the facility’s boilers, incinerators, waste water treatment, etc., which may 	<ul style="list-style-type: none"> – Relocation of utilities that are off site and off-site improvements; – Prorated cost of existing central utility plant and distribution systems, which serve the proposed facility; – Works of art; – Construction of casino or other gambling establishment, aquarium, zoo, golf course, swimming pool; and – Fixed equipment if it is not part of the construction contract.

	ALLOWABLE COSTS	UNALLOWABLE COSTS
	be required by local, State, or Federal regulations. The facility must meet requirements of both current and future pollution abatement regulations as described in currently approved pollution plans.	
Line 10—Equipment	<ul style="list-style-type: none"> – Equipment that is pertinent to health center operations and serves an identified user group; – Tangible personal property (i.e., moveable equipment); and – Real property that is permanently attached to the building. 	<ul style="list-style-type: none"> – Donated equipment, leased equipment, or equipment purchased through a conditional sales contract (lease purchasing); and – EHR systems that are not certified by an organization recognized by the Secretary of HHS.
Line 11—Miscellaneous	<ul style="list-style-type: none"> – Certain items of supply that individually have a useful life of more than 1 year but generally do not have an acquisition cost greater than \$5,000; – Enter amounts for items not specifically mentioned above that are directly related to the project. If line 11c is more than 10% of line 16c (total cost), the grantee must explain what this line consists of in the Budget Narrative section; and – The cost of alternate bid work up to the amount of the original bid submitted. 	<ul style="list-style-type: none"> – Costs incurred prior to February 17, 2009; – Additional expenses resulting from the rejection of an alternate bid at the start of construction and later reinstating the bid at an increased cost due to escalation; and – Sales taxes, Federal excise taxes, and other taxes when the grantee is exempt from such taxes or is entitled to a refund by the State or Federal Government after payment.
Line 12—SUBTOTAL	The sum of lines 1 through 11	
Line 13—Contingencies	<ul style="list-style-type: none"> – The contingency of this program is limited to 5% of line 9c and line 10c. However, if the facility has already been awarded a construction contract, the contingency is limited to 2% of the construction line. If equipment is already purchased, there is no contingency for that line. 	
Line 14—SUBTOTAL	The sum of lines 12 and 13	
Line 15—Project (program) income		<ul style="list-style-type: none"> – This is not applicable to this program.
Line 16—TOTAL PROJECT COSTS	Enter the amount in line 14	
Line 17	Enter the portion of your CIP grant that you are allocating to this project (Note: please round to the nearest whole dollar amount)	

3. Budget Examples

Please look over the next two pages for examples of completed SF-424C budget forms.

SF-424C Budget Example #1: Budget Includes Costs Not Allowable For Participation

OMB Approval No. 0348-0041

BUDGET INFORMATION—Construction Programs

NOTE: Certain Federal assistance programs require additional computations to arrive at the Federal share of project costs eligible for participation. If such is the case you will be notified.

COST CLASSIFICATION	a. Total Cost	b. Costs Not Allowable for Participation	c. Total Allowable Costs (Column a- b)
1. Administrative and legal expenses	\$ 21000.00	\$ (1) 500.00	\$ 20500.00
2. Land, structures, rights-of-way, appraisals, etc.	\$ 38000.00	\$ (2) 38000.00	\$ 0.00
3. Relocation expenses and payments	\$.00	\$.00	\$.00
4. Architectural and engineering fees	\$ 12000.00	\$ (3) 4000.00	\$ 8000.00
5. Other architectural and engineering fees	\$.00	\$.00	\$.00
6. Project inspection fees	\$ 2000.00	\$.00	\$ 2000.00
7. Site work	\$.00	\$.00	\$.00
8. Demolition and removal	\$ 9000.00	\$.00	\$ 9000.00
9. Construction	\$ 200000.00	\$.00	\$ 200000.00
10. Equipment	\$ 35000.00	\$.00	\$ 35000.00
11. Miscellaneous	\$ 10000.00	\$.00	\$ 10000.00
12. SUBTOTAL (sum of lines 1- 11)	\$ 327000.00	\$ 42500.00	\$ 284500.00
13. Contingencies	\$ 17250.00	\$ (4) 5500.00	\$ 11750.00
14. SUBTOTAL	\$ 344250.00	\$ 48000.00	\$ 296250.00
15. Project (program) income	\$.00	\$.00	\$.00
16. TOTAL PROJECT COSTS (subtract #15 from #14)	\$ 344250.00	\$ 48000.00	\$ 296250.00
FEDERAL FUNDING			
17. Federal assistance requested, calculate as follows: (Consult Federal agency for Federal percentage share). Enter the resulting Federal share. Enter eligible costs from line 16c Multiply X (include decimal point in number)			\$ 248850.00
<u>84%</u>			

Standard Form 424C (Rev. 7-97); Prescribed by OMB Circular A-102

Ineligible Examples Included in the Budget Sample Above

1. Bonus payment to contractor
2. Land purchase
3. Cost of abandoned designs
4. Maximum contingency of 5% allowed on lines 9 (if new construction) and 10 (equipment)

SF-424C Budget Example #2: Equipment Only (No Construction Proposed)

OMB Approval No. 0348-0041

BUDGET INFORMATION—Construction Programs

NOTE: Certain Federal assistance programs require additional computations to arrive at the Federal share of project costs eligible for participation. If such is the case you will be notified.

COST CLASSIFICATION	a. Total Cost	b. Costs Not Allowable for Participation	c. Total Allowable Costs (Column a- b)
1. Administrative and legal expenses	\$	\$	\$
2. Land, structures, rights-of-way, appraisals, etc.	\$.00	\$.00	\$.00
3. Relocation expenses and payments	\$.00	\$.00	\$.00
4. Architectural and engineering fees	\$.00	\$.00	\$.00
5. Other architectural and engineering fees	\$.00	\$.00	\$.00
6. Project inspection fees	\$.00	\$.00	\$.00
7. Site work	\$.00	\$.00	\$.00
8. Demolition and removal	\$.00	\$.00	\$.00
9. Construction	\$.00	\$.00	\$.00
10. Equipment	\$ 2787000.00	\$.00	\$ 2787000.00
11. Miscellaneous	\$.00	\$.00	\$.00
12. SUBTOTAL (sum of lines 1- 11)	\$ 2787000.00	\$.00	\$ 2787000.00
13. Contingencies	\$.00	\$.00	\$.00
14. SUBTOTAL	\$ 2787000.00	\$.00	\$ 2787000.00
15. Project (program) income	\$.00	\$.00	\$.00
16. TOTAL PROJECT COSTS (subtract #15 from #14)	\$ 2787000.00	\$.00	\$ 2787000.00
FEDERAL FUNDING			
17. Federal assistance requested, calculate as follows: (Consult Federal agency for Federal percentage share). Enter the resulting Federal share. Enter eligible costs from line 16c Multiply X (include decimal point in number)			\$ 1811550.00
_____ 65%			

Standard Form 424C (Rev. 7-97); Prescribed by OMB Circular A-102

Appendix 4

DEFINITIONS

Equipment: Is an article of tangible nonexpendable personal property that has a useful life of more than 1 year and an acquisition cost of \$5,000 or more per unit or the capitalization threshold established by the recipient, whichever is less (HHS Grants Policy). If the equipment is intended to be “fixed” rather than “movable,” it must be classified as “real property” (HHS Awarding Agency Grants Administration Manual). Real property is defined as land, including land improvements, structures, and appurtenances but not movable machinery and equipment.

Health Information Technology (HIT): The term “health information technology” means hardware, software, integrated technologies or related licenses, intellectual property, upgrades, or packaged solutions sold as services that are designed for or support the use by health care entities or patients for the electronic creation, maintenance, access, or exchange of health information.

Information Technology (IT): Deals with the use of electronic computers and computer software to convert, store, protect, process, transmit, and securely retrieve information.

Leasehold Improvement: Leasehold improvement is an improvement on property acquired under a lease which reverts back to the lessor at the termination of the lease.

Telehealth: Often referred to as telemedicine, is the delivery of health-related services and information via telecommunications technologies in the support of patient care, administrative activities, and health education.

Appendix 5

CIP FORMS

The following forms will be completed in the EHB for the CIP funding opportunity:

1. Proposal Cover Page
2. Assurances
3. Project Cover
4. EHR Readiness
5. Project Impact
6. Equipment List
7. Budget
8. Funding Sources
9. Form 5 B: Service Sites
10. Add Site Checklist
11. Other Requirements Checklist
12. Environment and Information Documentation (EID) Checklist

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration PROPOSAL COVER PAGE	FOR HRSA USE ONLY		
	Grantee Name		
	Grant Number		Application Tracking #
1. Purpose			
Explain how the CIP proposal will appropriately address your community’s immediate needs and how it will enhance the health center’s effectiveness, efficiency, quality of care, and patient outcomes. (Maximum 2000 characters)			
2. Sustainability Plan			
Describe the overarching impact of the CIP proposal on the ongoing operational budget. Explain how the center will maintain the improved access/services resulting from the CIP project(s) within its existing operational budget/grant support. CIP grant funds cannot be used to support direct-service providers. (Maximum 2000 characters)			
3. Green/Sustainable Design Principles			
Indicate whether or not the health center will implement green/sustainable design practices for this proposal. If yes, please briefly summarize. (Maximum 2000 characters)			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
4. Service Impacts			
As a result of the CIP grant, health centers should be able to project impacts of this funding on the health center’s service delivery. Projections should reflect expected levels upon completion of all projects in the proposal.			
Projected number of additional health center service provider FTEs (medical, dental, behavioral health, pharmacy, other professional, and enabling)			
Total number of additional patients served			
Total number of additional visits			

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration ASSURANCES	FOR HRSA USE ONLY		
	Grantee Name		
	Grant Number		Application Tracking #
ASSURANCES - CONSTRUCTION PROGRAMS			
<p>1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.</p>			
<p>2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the assistance; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.</p>			
<p>3. Will not dispose of, modify the use of, or change the terms of the real property title, or other interest in the site and facilities without permission and instructions from the awarding agency. Will record the Federal interest in the title of real property in accordance with awarding agency directives and will include a covenant in the title of real property acquired in whole or in part with Federal assistance funds to assure non-discrimination during the useful life of the project.</p>			
<p>4. Will comply with the requirements of the assistance awarding agency with regard to the drafting, review and approval of construction plans and specifications.</p>			
<p>5. Will provide and maintain competent and adequate engineering supervision at the construction site to ensure that the complete work conforms with the approved plans and specifications and will furnish progress reports and such other information as may be required by the assistance awarding agency or State.</p>			
<p>6. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.</p>			
<p>7. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or represents the appearance of personal or organizational conflict of interest, or personal gain.</p>			
<p>8. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).</p>			
<p>9. Will comply with the Lead-Based Paint poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.</p>			
<p>10. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686) which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794) which prohibit discrimination of the basis of handicaps; (d) the Age Discrimination Act 1975, as amended (42 U.S.C. §§6101-6107) which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L.93-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (PL 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other non-discrimination provisions in the specific statute(s) under which application for Federal assistance is being made, and (j) the requirements on any other nondiscrimination Statute(s) which may apply to the application.</p>			

11. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (PL 91-646) which provides for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal and federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.

12. Will comply with the provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employee whose principal employment activities are funded in whole or in part with Federal funds.

13. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a- 7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333) regarding labor standards for Federal assisted construction sub-agreements.

14. Will comply with the flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (PL 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.

15. Will comply with environmental standards which may be prescribed pursuant to the following: **(a)** institution of environmental quality control measures under the National Environmental Policy Act of 1969 (PL 91-190) and Executive Order (EO) 11514; **(b)** Environmental Policy Act of 1969 (PL 91-190) and Executive Order (EO) 11514; **(c)** notification of violating facilities pursuant to EO 11738; **(d)** protection of wetlands pursuant to EO 11990; **(e)** evaluation of flood hazards in flood plains in accordance with EO 11988; **(f)** assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); **(g)** conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); **(h)** protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (PL 93-523); and **(i)** protection of endangered species under the Endangered Species Act of 1973, as amended, (PL 93-205).

16. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.

17. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and preservation of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).

18. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984.

19. Will comply with all applicable requirements of all other Federal laws, Executive Orders, regulations and policies governing this program.

Name of Authorized Certified Official	
Title	
Applicant Organization	
Date Submitted	

Proof of Certification

AGREE DO NOT AGREE

I certify that I have read and agree to comply with the requirements of Form SF 424D upon award of funds.

<p>DEPARTMENT OF HEALTH AND HUMAN SERVICES</p> <p>Health Resources and Services Administration</p> <p>PROJECT COVER</p>	FOR HRSA USE ONLY		
	Grantee Name		
	Grant Number		Application Tracking #
	Project #		Project Type
	Project Title		
1. Site Information			
Current Square Footage			
2. Project Management			
<p>Explain the administrative structure and oversight for the project, including the project manager's qualifications. Describe the ongoing institutional (e.g., governing board, management) commitment to the proposed improvement or enhancements. (Maximum 2000 Characters)</p>			
3. Contact Information			
<p>Identify the individual at the health center who will be responsible for managing this project. (Maximum 2000 Characters)</p>			
Project Manager			
First Name		Last Name	Middle Initial
Phone #		Email	
Street Address Line 1			
Street Address Line 2			
City		Urbanization (Used only for Puerto Rico)	
State		Zip Code	
4. Need			
<p>Clearly identify and describe the deficiencies or the needs to be addressed with this project (e.g., fire/life safety issues, overcrowding, insufficient space, outdated/ineffective equipment, inefficient design for patient flow needs, accommodation of new or enhanced services, HIT and EHR readiness gaps). State concisely the importance of this improvement project to the organization's mission and the population it serves. (Maximum 2000 Characters)</p>			
5. Implementation			
<p>Describe proposed improvements in relation to the existing situation (e.g., current versus proposed number of exam rooms, square footage improved/added, access redesign and related patient flow improvements, enhanced services resulting from new equipment purchased, implementation of an EHR or enhanced HIT). Explain how the proposed improvements will expand or improve your organization's effectiveness, efficiency, quality of care, and patient outcomes. (Maximum 2000 Characters)</p>			
6. Timeline			
Project Completion Date (MM/YYYY)			
<p>Indicate the timeframe for demonstrating progress with this CIP project by identifying the start and end</p>			

dates for each of the following critical milestones: planning, project development, implementation, and project completion. (Maximum 1000 Characters)

7. EHR System Readiness (applicable for 'Certified EHR Related Purchase' projects only)

Do you plan to purchase a certified EHR system?

Yes No N/A

If 'Yes', please complete the EHR Readiness Checklist and certify ANY ONE of the following:

- We, _____, certify immediate readiness for EHR system purchase.
- We, _____, certify purchase of the EHR system will occur once readiness is achieved within the 2-year period.

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration EHR READINESS CHECKLIST	FOR HRSA USE ONLY		
	Grantee Name		
	Grant Number		Application Tracking #
	Project #		Project Type
	Project Title		
<p>1. Why are you purchasing a certified EHR or enhancing your current system? (Please check one)</p> <p><input type="checkbox"/> Move from paper system to electronic <input type="checkbox"/> Reimbursement purposes, e.g., Medicare and Medicaid incentive payments <input type="checkbox"/> Clinical technology to achieve workflow efficiencies <input type="checkbox"/> Primarily as a technology to enable quality care improvement goals</p>			
<p>2. Do you have organizational wide commitment from: (Check all that apply)</p> <p><input type="checkbox"/> Leadership (CEO, COO, CMO, CFO) <input type="checkbox"/> Board Members <input type="checkbox"/> All Providers <input type="checkbox"/> IT Staff <input type="checkbox"/> Support Staff <input type="checkbox"/> Other; please identify: _____</p>			
<p>3. Has your center identified business and clinical goals for adopting a certified EHR system? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
<p>4. Has your center identified a clinical champion and other staff to oversee the readiness process? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
<p>5. Have you used the EHR Selection Guidelines for Health Centers developed by HRSA to select the functionality for your EHR? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
<p>6. Have you considered the ongoing expenses required for a certified EHR system? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
<p>7. Are all key staff members willing to use computers in their daily work? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
<p>8. Do you have IT staff or access to a Health Center Controlled Network or IT consultant to provide support for troubleshooting your current and proposed IT/HIT infrastructure? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
<p>9. Do the exam rooms in your center have networked computers? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
<p>10. Does your center have a broadband/high speed internet connection? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			

<p>DEPARTMENT OF HEALTH AND HUMAN SERVICES</p> <p>Health Resources and Services Administration</p> <p>PROJECT IMPACT</p>	FOR HRSA USE ONLY		
	Grantee Name		
	Grant Number		Application Tracking #
	Project #		Project Type
	Project Title		
DIRECT IMPACT			
Total square feet improved		Total square feet increased	
Projected number of providers using the EHR or enhanced HIT system as a result of this project		Projected number of patients with an EHR as a result of this project	
Projected FTEs			
Staff Type	FTEs Created	FTEs Retained	
1. Health Center Administrative and Facility FTEs			
a. Management and support staff			
b. Fiscal and billing staff			
c. IT staff			
d. Facility staff			
e. Patient support staff			
2. Construction-related FTEs			

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration EQUIPMENT LIST		FOR HRSA USE ONLY			
		Grantee Name			
		Grant Number		Application Tracking #	
		Project #		Project Type	
		Project Title			
Type	Description	Unit Price	Quantity	Total Price	
TOTAL					

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration BUDGET		FOR HRSA USE ONLY			
		Grantee Name			
		Grant Number		Application Tracking #	
		Project #		Project Type	
		Project Title			
No.	Cost Classification	Total Cost (a)	Costs Not Allowable for Participation (b)	Total Allowable Costs (c = a- b)	
1	Administrative and legal expenses	\$	\$	\$	
2	Land, structures, rights-of-way, appraisals, etc.	\$	\$	\$	
3	Relocation expenses and payments	\$	\$	\$	
4	Architectural and engineering fees	\$	\$	\$	
5	Other architectural and engineering fees	\$	\$	\$	
6	Project inspection fees	\$	\$	\$	
7	Site work	\$	\$	\$	
8	Demolition and removal	\$	\$	\$	
9	Construction	\$	\$	\$	
10	Equipment	\$	\$	\$	
11	Miscellaneous	\$	\$	\$	
12	SUBTOTAL (sum of lines 1- 11)	\$	\$	\$	
13	Contingencies	\$	\$	\$	
14	SUBTOTAL (sum of lines 12 and 13)	\$	\$	\$	
15	Project (program) income	\$ 0.00	\$ 0.00	\$ 0.00	
16	TOTAL PROJECT COSTS	\$	\$	\$	
17	Federal assistance requested			\$	
	Federal Percentage Share: ____%				

NOTE: Certain Federal assistance programs require additional computations to arrive at the Federal share of project costs eligible for participation. If such is the case you will be notified.

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration FUNDING SOURCES	FOR HRSA USE ONLY		
	Grantee Name		
	Grant Number		Application Tracking #
	Project #		Project Type
	Project Title		
Funding Sources Information			
Program Name			
1. Total Project Costs (From cell 16c of Budget form)	\$		
2. Federal BPHC CIP grant (From cell 17c of Budget form)	\$		
3. Other Funding Sources	\$		
3a. State Grants	\$		
3b. Local Funding	\$		
3c. Other Federal Funding	\$		
3d. Private/Third Party Funding	\$		
3e. Other Project Financing	\$		

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration FORM 5B: SERVICE SITES	FOR HRSA USE ONLY		
	Grantee Name		
	Grant Number		Application Tracking #
	Project #		Project Type
Project Title			

Site Information			
Name of Service Site		Service Site Type	
Location Type		Location Setting	
Number of Contract Service Delivery Locations (Voucher Screening Only)		Number of Intermittent Sites (Intermittent Only)	
Web URL			
Site Operated by	<input type="checkbox"/> Applicant <input type="checkbox"/> Contractor <input type="checkbox"/> Sub-Recipient		

If Site is operated by Sub-recipient or Contractor please provide the organization information below:

Organization	
Organization Name	
Address (Physical)	
Address (Mailing)	
EIN	
Comments	

Date Site was Opened		Date Site was Added to Scope	
Site Operational By		Medicare Billing Number	
Medicaid Billing Number		Medicaid Pharmacy Billing Number	
Site Phone Number		Site Fax Number	
Site Physical Address			
Site Mailing Address (Including Mailstop Code, Division/Department Name, and Company)			
Administration Phone		Service Area Population	<input type="checkbox"/> Urban <input type="checkbox"/> Rural
Service Area Zip Codes			
Service Area Census Tracts			
Operational Schedule	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Calendar Schedule	<input type="checkbox"/> Year-Round <input type="checkbox"/> Seasonal
Total Hours of Operation when Patients will be Served per Week (include extended hours)		Months of Operation	

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration ADD SITE CHECKLIST	FOR HRSA USE ONLY		
	Grantee Name		
	Grant Number		Application Tracking #
	Project #		Project Type
	Project Title		
Questions for Addition of Site			
Site Name		Site Address	
1. Why do you want to add the service site?			
<input type="checkbox"/> Needs assessment indicated a high need for services at this location. Needs assessment completed on (mm/dd/yyyy): _____ <input type="checkbox"/> Community asked us to provide services and provided supporting needs data <input type="checkbox"/> An existing clinic is closing and we have an opportunity to continue those services in the area. <input type="checkbox"/> Other (Describe within 3000 characters in the space provided below): <div style="border: 1px solid black; height: 100px; width: 100%;"></div>			
(Please provide any supporting documents)			
2. Describe how adding this site will benefit your health center and the patients it will serve? (Please provide a summary within 3000 characters.)			
2a. When do you plan to add the site? Specify effective date for site addition (mm/dd/yyyy)			
3. Information about target population to be served at the new service site			
3a. Number of patients to be served			

3b. Percentage of patients below 200% of Federal Poverty Level	
3c. Percentage of uninsured patients	
4. Will this site serve patients currently being served or targeted to be served by other health centers (funded FQHCs or FQHC Look-Alikes)?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
4a. If Yes, provide below, the name and addresses of these health centers. (Maximum 3000 Characters)	
4b. If available, append a letter of cooperation and/or support from all other health centers' governing boards who currently serve patients that the proposed new site will also serve.	
(Final action cannot be taken on this request for a new site without careful consideration of the impact of this site on the operation of health centers currently serving patients that the proposed new site will also serve)	
5. Does your Board of Directors currently have representation from the area of the newly proposed site?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
5a. If No, describe how you plan to obtain Board representation from the new area. (Maximum 3000 Characters)	
6. Does the budget include any special grant, foundation or other funding that is time-limited, i.e., will only be available for 1 or 2 years?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
6a. If Yes, how will you support the site when these funds are no longer available? <i>(Please provide a summary within 3000 characters.)</i>	

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration OTHER REQUIREMENTS FOR SITES	FOR HRSA USE ONLY		
	Grantee Name		
	Grant Number		Application Tracking #
	Project #		Project Type
	Project Title		
Site Control and Federal Interest			
1a. Identify current status of property (If 'Leased', please answer question 1b)			
<input type="checkbox"/> Owned <input type="checkbox"/> Leased			
Federal Interest			
1b. Is the project type: <ul style="list-style-type: none"> • construction project, or • alteration/renovation project with a net project cost (total project cost less equipment costs) greater than \$500,000? 			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
If ' Yes ', please select ANY ONE of the following: <ul style="list-style-type: none"> <input type="checkbox"/> We are providing a statement of agreement from the facility owner with this application <input type="checkbox"/> We, _____, certify that we will submit a statement of agreement to HRSA from the facility owner prior to expending project grant funds. 			
If ' No ', please certify the following: <ul style="list-style-type: none"> <input type="checkbox"/> We, _____, certify that the existing lease for the proposed will give the health center reasonable control of the project site and is consistent with the scope of the CIP project. 			
2. Historic Preservation Considerations (For alteration and renovation projects ONLY)			
2a. Is the project facility 50 years or older?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
2b. Does the project include any renovation/modification to the exterior of the facility?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
2c. Does the project involve renovation to a project facility that is architecturally, historically, or culturally significant?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
2d. Is the site located on Native American, Alaskan Native, Native Hawaiian, or equivalent culturally significant lands?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Statement of Agreement			
Please include Facility Owner Statement of Agreement with this application—if applicable			

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration ENVIRONMENTAL INFORMATION AND DOCUMENTATION (EID)	FOR HRSA USE ONLY		
	Grantee Name		
	Grant Number		Application Tracking #
	Project #		Project Type
	Project Title		

Grantee Authorized Official:
Phone:
Email:

Grantee EID Preparer:
Phone:
Email:
Address:

A. USE OF NATURAL RESOURCES

This set of criteria is concerned with the use and accessibility of nonrenewable natural resources such as land, minerals, and fuels as well as the flow resources (water and air) which are constantly renewed but in which short-term or local shortages might occur.

1. Is there a controversy with respect to environmental effects of the action based on reasonable and substantial issues?
 Yes No
 If yes explain:

2. Will the action *not comply* with local and State land use planning?
 Yes No
 If yes explain:

3. Is the action significantly greater in scope than normal for the area, or will it have significant unusual characteristics?
 Yes No
 If yes explain:

4. Will the action change traditional use of the land parcel (by rezoning, etc.)?
 Yes No
 If yes, complete the following:
 Present Zoning: _____

 Present Use of Site: _____

 Proposed Zoning: _____

5. Will the action involve the purchase, construction or lease of new facilities (including portable facilities and trailers), or substantially increase the capacity of an existing health care facility?
 Yes No
 If yes explain:

6. Will the action alter the use of other land by related development of stores, roads or site changes?

Yes No

If yes explain:

a) Generate new stores?

Yes No

If yes explain:

b) Cause new roads?

Yes No

If yes explain:

c) Cause new parking?

Yes No

If yes explain:

7. Is the action located in either a 100-year or, for critical actions, a 500-year floodplain?

Yes No

Attach a Flood Insurance Rate Map to this document. Clearly mark the location of the facility, and the NFIP Panel Number. FIRMettes can be generated electronically at no cost at <http://www.msc.fema.gov>. The FIRMette module is located in the upper left hand corner, while the tutorial is at the lower right hand corner of the webpage. (If Flood Insurance Rate Maps do not exist for the project site, a floodplain survey or consultation may be required.)

8. Will the proposed action adversely impact flood flows in a floodplain or support development in a floodplain?

Yes No

If yes explain:

9. Will the action include the use of wetlands (swamps, marshes, etc.)?

Yes No

If yes explain:

10. Will the action decrease the volume of water in a lake, river table, reservoir, etc.?

Yes No

If yes explain:

11. Will the action change traditional use of a body of water?

Yes No

If yes explain:

<p>12. Will the action violate a Section 404 (Clean Water Act) permit for actions in a wetland and/or Section 10 (Rivers and Harbors Act) permit for actions in a stream or river? (Activities in or near a wetland or river may require a permit from the U.S. Army Corps of Engineers or U.S. Coast Guard. Includes: construction in or near any wet or dry waterway, stream crossings, intake structures, outfalls, etc.)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes explain:</p>
<p>13. Will the action use land for purposes unsuitable to its physical characteristics? Consider these items: Soil borings have/have not been completed. Proposed facility will/will not have foundations similar to other facilities in the area. The facility is/is not in a flood plain.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes explain:</p>
<p>14. Will the action adversely impact a Wilderness Area (Wilderness Areas are specifically designated areas of land)?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes explain:</p>
<p>15. Will the action have significant adverse direct or indirect effects on park land, other public lands, or areas of recognized scenic or recreational value? (For example, consider how your activity will affect the view?)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes explain:</p>
<p>16. Will the action block access to known mineral deposits? (Sand, gravel, clay, stone, or other common building materials are not considered mineral deposits.)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes explain:</p>
<p>17. Will the action increase fuel and mineral consumption in State by more than 1% annually?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Est. annual fuel requirements:</p> <p>_____ gallons of fuel</p> <p>_____ cubic feet of natural gas</p> <p>_____ tons of coal</p> <p>_____ kWh of electricity</p> <p>Expected source(s) of these fuels:</p>
<p>B. POLLUTION</p>
<p>This set of criteria concerns the processes that generate pollution. These include the introduction of pollutants into the environment, changes in the flow of energy through the environment, and changes in</p>

the composition of environments through the augmentation or deletion of substances that are naturally present. The criteria are also directly concerned with the production and one-time use of materials and the proper disposal of wastes.

1. Will the action increase identifiable ambient air pollution levels from a new emission source or from existing sources?

Yes No

If yes explain:

2. Will the action increase identifiable ambient air pollution levels through a major increase in the number of or use of automobiles, trucks, etc.?

Yes No

Approximate number of new employees: _____

3. Will the action exceed city or State health standards with exhausts from fume hoods?

Yes No

If yes explain:

4. Will the action require major sedimentation and erosion control measures? (Consider earth disturbing activities including construction or expansion of a parking lot.)

Yes No

If yes explain:

5. Will the action involve:

a) Dredging or swamp drainage?

Yes No

If yes explain:

b) Construction of a waste treatment plant?

Yes No

If yes describe capacity and location:

c) Discharge of untreated human waste directly into a lake, river, etc.?

Yes No

If yes explain:

d) Discharge of laboratory wastes or biohazard wastes directly into a lake, river, etc.?

If Yes Describe:

6. Will the action overload existing waste treatment plants due to new loads (water volume, chemicals, toxicity, etc.)?

Yes No

If yes, please obtain and submit a connection permit or other approval from local sewer authority.

<p>7. Will the action cause soil erosion (after completion of construction phase) or leaching of foreign substances (such as salt) into soil? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes explain:</p>
<p>8. Will the action allow seepage of contaminants into the water table? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes explain:</p>
<p>9. Will the action place stress upon an identified earthquake fault? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please include a statement from a structural engineer.</p>
<p>10. Will the action create an identifiable change in aquatic life by discharge of hot water? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes explain:</p>
<p>11. Will the action impact an EPA designated sole source aquifer? (Designation of sole source aquifer puts restrictions and conditions on Federal expenditures, projects, and grants.) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes explain:</p>
<p>12. Will the action decrease the percolation on more than one acre of land? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes explain:</p>
<p>13. Will the action violate a storm water permit or a wastewater discharge permit either for construction or on-going operations? (Earth disturbing activities may require a Notice of Intent (NOI) to be covered under a storm water general permit or individual permit from the EPA or other agency and a storm water control plan, including some parking lot construction activities. A discharge of wastewater to the environment may require a permit from Tribal, local or State authorities, or EPA.) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes explain:</p>
<p>14. Will the action involve the sale or transfer of real property, on which any hazardous substance was stored for one year or more, known to have been released, or disposed of? (Provide relevant documentation for any hazardous substance releases. See 40 CFR 373.2(b), 302.4, and 261.30 for reportable quantities.) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes explain:</p>
<p><i>Consider the following statements prior to answering questions 17-19: Facility will/will not emit noises in</i></p>

excess of local noise standards. Is facility near a wildlife sanctuary? Are outdoor animal facilities included? Facility will/will not contain x-ray machines. Facility will/will not meet Atomic Energy Commission standards.

15. Will the action produce noises considered offensive to a human population?
 Yes No
 If yes explain:

16. Will the action create sounds that result in changes in behavior patterns of animals?
 Yes No
 If yes explain:

17. Will the action introduce major new sources of unshielded radiation?
 Yes No
 If yes explain:

18. Will the action cause shock waves and/or vibration (after construction phase)?
 Yes No
 If yes explain:

19. Will the action change the direction and wind velocity as to affect the local population (i.e., high-rise building)?
 Yes No
 If yes explain:

20. Will the action cause a new, large volume of production of non-recycled items?
 Yes No
 If yes explain:

21. Will the action result in the non-recycling of recyclable items such as laboratory glassware, animal cages, and office paper?
 Yes No
 If yes explain:

If no, indicate number of:
 Glassware-washing machines: _____
 Cage-washing machines: _____

22. Will the action generate solid wastes that cannot be properly disposed of by existing facilities?
 Yes No
 If yes, describe proposed methods and disposal sites.

23. Will the action dispose of solid wastes in polluting landfills, wells, caves, etc.?
 Yes No
 If yes explain:

24. Will the action require storage of waste pending technology for safe disposal?
 Yes No
 If yes explain:

25. Will the action not comply with Federal, State, and local requirements for waste handling, transportation, or disposal methods?
 Yes No
 If yes, describe proposed methods:

C. POPULATIONS

This section of the initial criteria addresses changes in human and plant populations. NOTE: For these criteria, the affected area is defined as being greater than 160 acres in size.

1. Will the action result in a 5% change in the density of the local population?
 Yes No
 If yes:
 Est. local population: _____
 Number of new employees: _____

2. Will the action result in an alteration of transportation, health, education, and/or welfare service?
 Yes No
 If yes explain:

3. Will the action result in a change in social service needs by altering the population's age pattern (new schools, etc.)?
 Yes No
 If yes explain:

4. Will the action result in a 5% change in the transient population?
 Yes No
 If yes, include estimated number of:
 Visitors: _____
 Patients: _____
 Students: _____

5. Will the action result in changes in genetic engineering directed at the human population?
 Yes No
 If yes explain:

6. Will the action result in a violation of local, State, or Federal standards pertaining to population densities or conservation of plants and animals?

<input type="checkbox"/> Yes <input type="checkbox"/> No If yes explain. <u>Also describe any approvals needed or submit those already obtained:</u>
D. HUMAN SERVICES
As society has evolved, traditional self-sufficient human communities have given way to dense populations that depend upon the development and application of technology. Man's highly complex, technological environments are maintained by a variety of services, ranging from the provision of the basic necessities of food and water to complex systems of economic exchange. These services are largely interdependent, and their complexities must be considered. NOTE: In this section, the human environment impacted upon is defined as less than 160 acres in size.
1. Could the action disrupt food supplies for over 48 hours? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes explain:
2. Could the action disrupt water supplies for over 48 hours? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes explain:
3. Could the action disrupt electrical power for over 48 hours? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes explain:
4. Could the action disrupt heating supplies (natural gas, heating oil) for over 48 hours? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes explain:
5. Could the action deprive population of housing for over 48 hours? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes explain:
6. Could the action disrupt removal of sewage for over 12 hours? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes explain:
7. Could the action disrupt removal of solid waste (trash) for over 7 days? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes explain:
8. Could the action disrupt existing health services' response in case of a disaster?

<p><input type="checkbox"/> Yes <input type="checkbox"/> No If yes explain:</p>
<p>9. Could the action disrupt telephone, telegraph, radio, or mail service for over 2 weeks? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes explain:</p>
<p>10. Could the action disrupt transit service for over 2 weeks? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes explain:</p>
<p>11. Will the action use more than 5% of remaining electrical capacity? (<u>Will the project require electrical upgrades?</u>) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Estimated daily usage is ____ kWh. <u>Please obtain and submit an approval letter from local utility or plant engineer.</u></p>
<p>12. Will the action use more than 5% of remaining water? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Estimated daily usage is ____ gallons. <u>Please obtain and submit an approval letter from local utility or plant engineer.</u></p>
<p>13. Will the action use more than 5% of available capacity of the sewage treatment system (branch lines, mains, plants)? <input type="checkbox"/> Yes <input type="checkbox"/> No No Estimated daily flow is ____ gallons. <u>Please obtain and submit an approval letter from local utility.</u></p>
<p>14. Will the action use more than 5% of available capacity of trash disposal system (collection, incinerator plant, and landfill)? Also clearly explain proposed handling and disposal of chemical wastes, biohazards, syringes, and other special wastes. <input type="checkbox"/> Yes <input type="checkbox"/> No If yes explain:</p>
<p>15. Will the action use more than 5% of available heating fuel (gas, coal or heating oil)? <input type="checkbox"/> Yes <input type="checkbox"/> No Annual quantities have already been described. Explain which of these fuels, if any, are in short supply.</p>
<p>16. Will the action decrease by 5% the food delivery system by removal of retail food stores etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes explain:</p>
<p>17. Will the action decrease by 5% the area's domestic housing by demolition, closing, etc.?</p>

<p><input type="checkbox"/> Yes <input type="checkbox"/> No If yes explain: Will any housing be demolished, closed, etc.?</p>
<p>18. Will the action decrease by more than 5% the use of existing transit systems (bus, train, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes explain: Relate to extent of new employment.</p>
<p>19. Will the action decrease accessibility to routine health services by altering point-of-service delivery? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes explain:</p>
<p>20. Will the action increase by more than 5% the patient load of the area's routine care services? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes explain:</p>
<p>21. Will the action change the availability of social services by opening or closing facilities? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes explain:</p>
<p>22. Will the action increase by more than 5% the number of social services recipients (through unemployment)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes explain:</p>
<p>23. Will the action cause discontinuation of existing stops or train stations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes explain:</p>
<p>24. Will the action increase by more than 5% the annual volume of telephone, telegraph, or mail? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes explain:</p>
<p>25. Will the action eliminate employment sources for 10% of the population? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes explain:</p>
<p>26. Will the action change school enrollment by more than 5%? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

<p>If yes explain:</p>
<p>E. HUMAN VALUES</p>
<p>The fifth set of criteria is directed toward human values concerning the environmental qualities generally agreed upon to the extent that they are stated in statutes, standards, or regulations.</p>
<p>1. Will the action involve the purchase, construction, alteration, renovation, or lease of real property or portion of real property that is more than 50 years old? Will the action encroach upon any historical, architectural, or archeological cultural property? Will the proposed action adversely affect properties listed, or eligible for listing, on the National Register of Historic Places? [Buildings, archaeological sites, National Historic Landmarks; objects of significance to a Tribe including graves, funerary objects, and traditional cultural properties.] <input type="checkbox"/> Yes <input type="checkbox"/> No If yes explain: <u>Obtain and submit clearance letters from State Historic Preservation Officer. For assistance, consult with the State Historic Preservation Officer (SHPO) or the Tribal Historic Preservation Officer (THPO).</u></p>
<p>2. Will the action be likely to adversely affect a plant or animal species listed on the Federal or applicable State list of endangered or threatened species or a specific critical habitat of an endangered or threatened species? (Discovering an endangered or threatened species in the project area will stop the project, and the Endangered Species Act has significant fines and penalties for violations.) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes explain: <u>For assistance, consult with the State Historic Preservation Officer (SHPO) or the Tribal Historic Preservation Officer (THPO).</u></p>
<p>3. Will the action convert significant agricultural lands to non-agricultural uses and exceed 160-point score on the farmland impact rating? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes explain:</p>
<p>4. Will the action directly affect a Coastal Zone in a manner inconsistent with the State Coastal Zone Management Plan? (All Federal programs or projects in the coastal zone must comply with the consistency provisions of the Act. Each coastal State should have a State office to manage its coastal zone development and use.) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes explain:</p>
<p>5. Will the action adversely affect a wild, scenic, or recreational river area or create conditions inconsistent with the character of the river? (A consideration for activities that are in or near any wild and scenic waterway including construction of stream/river crossings, intake structures, outfalls, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes explain:</p>

F. Mitigative Measures			
Please discuss any mitigative measures undertaken to minimize any environmental impacts. For example, utilizing EPEAT or EnergyStar guidance as part of IT selection and purchase criteria, or incorporating Sustainable Design or Leadership in Energy and Environmental Design (LEED) standards into alteration/repair/renovation or new construction project.			
Discuss mitigative measures:			
ENVIRONMENTAL INFORMATION AND DOCUMENTATION CERTIFICATION			
[] I certify that to the best of my knowledge and ability the information presented herein is true and correct (enter appropriate information in the shaded blanks):			
Signature (Type Full Name)	Title or Position	Phone #	Date
<i>(Grantee or responsible, knowledgeable person who completed this document)</i>			
Signature (Type Full Name)	Title or Position	Phone #	Date
<i>(Grantee Authorized Representative)</i>			