

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Health Resources and Services Administration**

*Bureau of Primary Health Care*

*Health Center Program*

American Recovery and Reinvestment Act of 2009 Funding Opportunity

***Facility Investment Program (FIP)***

*Announcement Type: New Competitive Funding Opportunity*

**Announcement Number: HRSA-10-029**

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**PROGRAM GUIDANCE**

Fiscal Year 2009

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## EXECUTIVE SUMMARY

Funds made available by the American Recovery and Reinvestment Act (ARRA or Recovery Act) will support health center efforts to expand their capacity to provide primary and preventive health services to medically underserved populations nationwide as well as create employment opportunities in underserved communities over the next 2 years. The Recovery Act provides \$1.5 billion in grants to address significant and pressing capital improvement needs in health centers, including major construction and renovation. This funding opportunity will award approximately \$515 million, through competitive grants, for a one-time facility improvement opportunity to support existing section 330 funded health centers. This announcement details the funding opportunity available for existing Health Center Program grantees under the Facility Investment Program (FIP) initiative to address significant and pressing capital improvement needs in health centers, including construction and renovation.

The proposed projects for Federal support under the FIP grant must be reasonable and appropriate based on existing need and on the information provided in this announcement. There are no matching requirements. Health center grantees requesting FIP 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. FIP grants are **one-time awards**, and there will be no ongoing support of FIP 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>.

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# Facility Improvement Program

## Announcement Number: HRSA-10-029

### I. Funding Opportunity Description

#### 1. Purpose

Funds made available by the American Recovery and Reinvestment Act (ARRA or Recovery Act) will support health center efforts to expand their capacity to provide primary and preventive health services to medically underserved populations nationwide as well as create employment opportunities in underserved communities over the next 2 years. This announcement details the competitive funding opportunity available for existing Health Center Program grantees under the Facility Investment Program (FIP) initiative to address significant and pressing capital improvement needs in health centers, including modernization, renovation, and construction.

Health center grantees applying for FIP 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. FIP grants are **one-time awards** and there will be no ongoing support of FIP 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 FIP grant funds separately from current section 330 funds and any other funds received under the Recovery Act or other sources). Reporting requirements and expectations related to FIP projects and Recovery Act funding are discussed in section VI-4.

#### 2. Background

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 and health center controlled networks. The FIP initiative targets facility modernization and construction for eligible health centers.

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 and technical assistance (Frequently Asked Questions, sample budget justification, templates, etc.) related to Health Center funding opportunities under the Recovery Act can be found at <http://bphc.hrsa.gov/recovery>.

## II. Award Information

### 1. Type of Award

HRSA will award approximately \$515 million, through competitive grants, for one-time FIP grant funding in fiscal year (FY) 2010 to support existing section 330 funded health centers. A floor of \$750,000 and a ceiling of \$12 million have been established for this funding opportunity. FIP 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 the intent of the Recovery Act, grantees are encouraged to implement projects that address immediate and pressing health center facility needs.

### 2. Summary of Funding

This funding will be awarded in a 2-year project/budget period from November 1, 2009 through October 31, 2011. There will be no ongoing support of FIP grant activities after the end of the 2-year project/budget period. HRSA anticipates making approximately 100 awards under this funding opportunity.

The proposed projects for Federal support under the FIP grant must be reasonable and appropriate based on existing need and on the information provided in this announcement. The completed FIP 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 healthcare services to medically underserved communities and vulnerable populations—and **must be supported without additional section 330 operational grant funds**. FIP cannot be expended on any approved Capital Improvement Program (CIP) project activities; FIP awards must not replace any funds that have been awarded for a CIP project. The proposed FIP project must be separate and distinct from projects funded under the CIP initiative.

## III. Eligibility Information

### 1. Eligible Applicants

An application submitted under announcement number HRSA-10-029 will be considered eligible if it meets **all** applicable eligibility requirements listed below. **Applications that do not meet the eligibility requirements will be considered non-responsive and will not be considered for funding under this announcement.**

1. Applicant is an existing health center that has had an application approved for grant support in FY 2009 under the Health Center Program:
  - 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)
  - Native Hawaiian Health Care Systems (NHHCS) grantees

2. Application request for FIP funding as presented on Public Health Service Form 5161-1: Standard Form-424C is equal to or greater than \$750,000 and DOES NOT exceed \$12,000,000.
3. Application proposes to support the costs of the alteration/renovation or construction of a facility that is consistent with the Health Center Program’s mission—to provide comprehensive, culturally competent, quality primary healthcare services to medically underserved communities and vulnerable populations.

## 2. Cost Sharing/Matching

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

## 3. Other

### a. Eligible Uses of Funds

Current section 330 grantees may apply for financial assistance to support one or more capital improvements in health center facilities such as alteration/renovation (including related equipment) or construction of a new site or expansion of an existing site (including related equipment). **While eligible health center applicants may only submit one FIP application, an application may propose up to 3 distinct, site-specific, stand-alone facility projects.** Funds awarded through FIP grants must be **fully obligated** by the end of the 2-year project/budget period. As was stated above, applicants are encouraged to implement projects that address **immediate** health center facility needs and create construction-related jobs.

It is expected that FIP grants will be used to support the objectives of the Recovery Act, as stated in section I-2, 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 healthcare services.

Existing section 330 grantees may propose to change their current Federal scope of project to add a new site as part of the FIP grant funding opportunity.<sup>1</sup> A FIP alteration/renovation or construction project that proposes a new site not currently in the grantee’s scope will automatically require the applicant to complete Form 5B **and** the Add Site Checklist for the proposed new site, as part of the Electronic HandBook (EHB) application process. 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/renovation and construction projects, applicants may propose use of an administrative-only site which is already within an applicant’s scope. Applicants wishing to propose an administrative-only site should select the “administrative-only” site from their scope in

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<sup>1</sup> 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/>.

Form 5B. If the applicant wishes to convert the administrative-only site for service delivery, the applicant must mention this in their Project Cover section, and must also submit a separate Change in Scope request to reflect this scope change. If a FIP project will result in a new service **currently NOT in the applicant's scope of project**, the applicant 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 FIP application process.

**Health centers may propose up to three of the following types of FIP projects:**

1. **Alteration/renovation:** This project type includes work required to modernize, improve, and/or change the interior arrangements or other physical characteristics of an existing facility or install equipment. This type of project should not increase square footage.
2. **Construction (new site or expansion of existing site):** This project type includes—(i) adding a new structure to an existing site that increases the total square footage of the facility; and (ii) permanently affixing structure (e.g., modular units, prefabricated buildings) to real property (i.e., land).

**b. Federal Interest**

The Federal Government always retains interest in property constructed, acquired, or improved with Federal funds. In addition:

1. For alteration/renovation projects, Federal interest exists for the useful life attributable to the alteration/renovation funded under this grant. Each FIP alteration/renovation project having a total (Federal and non-Federal) allowable project cost of more than \$500,000, excluding equipment costs, is required to file a Notice of Federal Interest (NFI). The Federal interest would depreciate with the fair market value of the alteration/renovation made to the asset:
  - Applicants will need to provide a depreciation schedule (i.e., estimate the useful life) of each alteration/renovation project.
  - Lessors would need to agree to deed restrictions; after the useful life of the asset expires through depreciation, the Federal government would no longer have an interest in the asset.
  - Applicants will need to continue to meet terms and conditions required for section 330 of the PHS Act (i.e., remain a federally-qualified health center) to benefit. NOTE: the Federal interest depreciates in accordance with the useful life of the identified project and would be retained even if the facility is no longer in use in accordance with section 330 of the PHS Act.
2. For **all** FIP construction projects, applicants are required to file a NFI; Federal interest does not expire.
3. Applicants that are not required to file a Notice of Federal Interest (NFI) understand that the Federal interest exists irrespective of the filing of the NFI and for projects less than \$500,000, the award recipient shall maintain adequate documentation regarding protection of all Federal interest. This will include communications with a lessor related to protecting such interest, in accordance with the standard award terms and conditions. Such documentation should be available for subsequent review.

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

transferred, or used for a purpose inconsistent with the application. 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 once filed, upon filing, a copy must be provided to the appropriate HRSA Grants Management Specialist. See Appendix 2 for a sample NFI.

### c. Leasehold Improvements

Leasehold improvements are allowed under the FIP. For the purposes of leased properties under the FIP funding opportunity, please note:

- Funds for a leased property cannot address needs that are part of the terms of the lease (are the obligation of the lessor).
- If funds address improvements that would impact terms of the lease (e.g., a photovoltaic (PV) roof system or double paned windows) applicants must have evidence of negotiated offset in the rent.
- Funds requested cannot exceed 25 percent of the fair market value of the property or 50 percent of the remaining lease.

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

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

The applicant must either:

1. Provide a signed Statement of Agreement from the facility owner; or,
2. Certify in the application that a Statement of Agreement from the facility owner will be submitted to HRSA prior to expending FIP 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 FIP project.
2. Agreement to provide the applicant 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 before the project begins (if the proposed project is greater than \$500,000).

For alteration/renovation projects less than \$500,000, the award recipient shall maintain adequate documentation regarding protection of all Federal interest. This will include communications with a lessor related to protecting such interest, in accordance with the standard award terms and conditions. Such documentation should be available for subsequent review.

If the project site is leased and the project is an alteration/renovation project with a net project cost (total project cost less equipment costs) of **\$500,000 or less, the health center applicant must certify that the existing lease gives the health center reasonable control<sup>2</sup> of the project site, is consistent with the scope of the FIP project,** and is in compliance with all terms and conditions affecting the federal interest.

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<sup>2</sup> “Reasonable control” for the purpose of the FIP is considered the ability to implement the project and realize the benefits of the project without unnecessary demands to the health center.

**d. Equipment Purchase**

The purchase of any equipment may be an eligible use of grant funding **ONLY IN** conjunction with an alteration/renovation or construction project. Applicants must provide a detailed equipment list to identify the equipment to be purchased with the FIP project. Any equipment purchased through the FIP project should be pertinent to health center operations and serve an identified user group. Please note that equipment must be maintained, tracked, and disposed of in accordance with 45 CFR Parts 74.34 and 92.32.

**e. Green/Sustainable Design Principles**

For design practices for medical facilities, refer to the latest edition of the document “Guidelines for Design and Construction of Health Care Facilities.”<sup>3</sup> The document references the U.S. Green Building Council’s Leadership in Energy and Environmental Design (LEED) Green Building Rating System (<http://www.usgbc.org>) and the Green Guide for Health Care (<http://www.gghc.org>).

Applicants are encouraged to incorporate sustainable design considerations when planning a FIP alteration/renovation or construction project. Sustainable design considerations must be included to the maximum extent feasible in FIP 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.

**f. Equipment Energy Standards**

The selection of all equipment to be purchased through the FIP 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.

Applicants 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>

**IV. Application and Submission Information****1. Application Materials and Required Electronic Submission Information**

HRSA is *requiring* applicants for this funding opportunity to apply electronically through EHB. All applicants *must* submit in this manner unless the applicant is granted a written exemption from this requirement in advance by the Director of HRSA’s Division of Grants Policy or designee. Applicants must request an exemption in writing from [DGPWaivers@hrsa.gov](mailto:DGPWaivers@hrsa.gov) and provide details

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<sup>3</sup> Available for purchase at [https://aia-timssnet.uapps.net/timssnet/products/TNT\\_Products.cfm?SR=1&action=long&primary\\_id=157165013X](https://aia-timssnet.uapps.net/timssnet/products/TNT_Products.cfm?SR=1&action=long&primary_id=157165013X).

as to why they are technologically unable to submit electronically through the EHB portal. Applicants must identify the announcement number and indicate specific information, including any tracking or anecdotal information received from the HRSA Call Center, in the justification request. As indicated in this guidance, **HRSA and its Grants Application Center (GAC) will only accept paper applications from applicants that received prior written approval.**

Applicants must submit proposals according to the instructions in HRSA's Electronic Submission User Guide, using this guidance in conjunction with Public Health Service (PHS) Application Form 5161-1. **Applicants must use Standard Forms 5161-1 and 424C budget for this funding opportunity.** These forms contain additional general information and instructions for grant applications, proposal narratives, and budgets. These forms may be obtained from the following sites by:

(1) Downloading from <http://www.hrsa.gov/grants/forms.htm>

Or

(2) Contacting the HRSA Grants Application Center at:

The Legin Group, Inc.  
910 Clopper Road  
Suite 155 South  
Gaithersburg, MD 20878  
Telephone: 877-477-2123  
[HRSAGAC@hrsa.gov](mailto:HRSAGAC@hrsa.gov)

Instructions for preparing portions of the application that must accompany Application Form 5161-1 appear in the "Application Format" section below. Note that the PHS Form 5161-1 is a compilation of forms that are used primarily for the competitive application process.

## **2. Content and Form of Application Submission**

Refer to HRSA's Electronic Submission User Guide, section 5 for detailed application submission instructions available at <http://www.hrsa.gov/grants/userguide.htm>. These instructions **MUST** be followed. In a separate correspondence through the EHB system, HRSA will communicate to each eligible health center applicant that they may initiate the FIP application. FIP grant proposals will be submitted through the EHB. Each applicant will be allowed to submit one (1) application.

The total size of all uploaded files **may not exceed the equivalent of 80 pages when printed by HRSA, approximately 10 MB. This 80-page limit includes the abstract, budget narrative, and attachments.** Standard forms are NOT included in the page limit. **Applications that exceed the specified limits (approximately 10 MB or exceed 80 pages when printed by HRSA) will be deemed non-compliant. All non-compliant applications will be returned to the applicant without further consideration.**

### **Application Format**

Applications for FIP funding must consist of the following documents in the order specified below.

 **It is mandatory to follow the instructions provided in this section to ensure that the application can be printed efficiently and consistently for review.**

 **Failure to follow the instructions may make the application non-compliant. Non-compliant applications will not be given any consideration and those particular applicants will be notified.**

 **For electronic submissions no table of contents is required for the entire application. HRSA will construct an electronic table of contents in the order specified.**

 **When providing any electronic attachment with several pages (other than those standard attachment identified below), add table of contents page specific to the attachment. Such page will not be counted towards the page limit.**

 **For paper submissions (when allowed), number each section sequentially, resetting the page number for each section. i.e., start at page 1 for each section. Do not attempt to number standard OMB approved form pages.**

 **For paper submissions ensure that the order of the forms and attachments is as specified below.**

Applicants will need to submit the following items; some items will need to be submitted for each FIP project (see Appendix 4):

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

Note the following specific information related to the FIP submission.

**i. *Application Face Page***

Applications for the FIP funding opportunity must use PHS Application Form 5161-1 and the Standard Form (SF)-424C. Prepare this page according to instructions provided in the form itself. For information pertaining to the Catalog of Federal Domestic Assistance, the Catalog of Federal Domestic Assistance Number is 93.703.

**DUNS Number**—All applicant organizations are required to have a Data Universal Numbering System (DUNS) number to apply for an award from the Federal Government. The DUNS number is a unique nine-character identification number provided by the commercial company, Dun and Bradstreet. There is no charge to obtain a DUNS number. Information about obtaining a DUNS number can be found at <http://www.hrsa.gov/grants/dunsccr.htm> or by calling 866-705-5711. Include the DUNS number in item 8c on the application face page. **The application will not be reviewed without a DUNS number.**

Additionally, the applicant organization is required to register with the Federal Government's Central Contractor Registry (CCR) in order to do electronic business with the Federal Government. Visit <http://www.hrsa.gov/grants/dunsccr.htm> for registration information.

**Employer Identification Number (EIN)**—Enter the applicant’s nine-digit IRS taxpayer identification number used to submit the organization’s payroll taxes to the IRS. The organization’s Chief Financial Officer/Accounting or Business Department would have this information. Attach a copy of either the IRS letter identifying the EIN or a copy of the payroll tax report which displays the EIN to this application. The EIN with documentation is essential to establishing an account for the organization in the HHS Payment Management System (PMS).

**ii. Application Checklist**

Applications for the FIP funding opportunity must use Public Health Service (PHS) Application Form 5161-1 (available for reference at <http://www.hhs.gov/forms/PHS-5161-1.pdf>) and the SF 424C (available for reference at <http://apply07.grants.gov/apply/forms/sample/SF424C-V1.0.pdf>). Applicants will be completing these forms in the EHB.

**iii. Assurances**

Review and submit the SF-424D, pages 17-18 of the PHS 5161-1. The Davis-Bacon Act listed in item #13 on the SF-424D applies to this program.

**iv. FIP Grant Application**

This section provides a comprehensive framework and description of all aspects of the FIP proposal. It should be succinct, self-explanatory, and well organized so that reviewers can understand the proposed project. As a reminder, applicants may only submit **one** FIP application.

**FIP Grant Application Elements**

**a. Proposal Cover Page**

- 1. Purpose.** Explain how the FIP proposal will appropriately address the community’s immediate needs and how it will enhance the health center’s effectiveness, efficiency, quality of care, and patient outcomes. Describe how the FIP proposal will promote economic recovery. Provide an overview and justification for the FIP proposal, including goals and objectives.
- 2. Sustainability Plan.** Describe the overarching impact of the FIP proposal on the operational budget and how the proposal will impact the organization and promote organizational sustainability once the project has been completed. This plan should outline how the health center will support operating costs including utilities, maintenance, repair, and capital reinvestment costs for the proposed projects. Explain how the center will maintain the improved access/services resulting from the FIP project(s) **within** its existing operational budget/grant support in the long-term—**applicants must demonstrate that no ongoing section 330 support is required.** FIP grant funds **cannot** be used to support direct-service providers. If appropriate, describe how the organization will pay or retire the capital debt related to the FIP proposal.
- 3. Green/Sustainable Design Practices.** Describe how potential adverse impacts on the environment will be reduced with the FIP proposal. Indicate whether or not the health center will implement green/sustainable design practices for this proposal. Explain how

the health center will be implementing green/sustainable principles (e.g., using project materials, construction approaches, equipment selection).

4. **Service Impact.** As a result of the FIP 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.

5. **Financial Management and Control.** Describe the health center’s financial management and control policies and procedures. Provide the following indicators over the past 3 years: net assets, debt/equity ratio, and working capital.

Indicator	FY 2006	FY 2007	FY 2008
a. Net Assets			
b. Debt/Equity Ratio			
c. Working Capital			

6. **Proposal Abstract.** Provide a summary of the application. Because the abstract is often distributed to provide information to the public and Congress, prepare this so that it is clear, accurate, concise, and without reference to other parts of the application. It must include a brief description of the proposed grant project including the needs to be addressed, the proposed services, and the population group(s) to be served.

The project abstract must be single-spaced and limited to one page in length. Place the following at the top of the abstract for the FIP application:

- Project Title
- Applicant Name
- Address
- Contact Phone Numbers (Voice, Fax)
- E-Mail Address
- Web Site Address, if applicable

- b. **Project Cover.** Applicants may propose more than one project (maximum number of FIP projects is 3); however, the following information (items 1 through 17) will be required for **EACH** project proposed.

1. **Title.** Identify the title for this FIP project.

2. **Type.** Identify the type of project from the list below (pick one):
  - a. Alteration/renovation
  - b. Construction (new site or expansion of existing site)

3. **Current Square Footage of Facility**

- 4. Project Management.** In this section, applicants will need to:
  - a. Explain the administrative structure and oversight for the project, including the role and responsibilities of the health center's key management staff and governing board regarding the proposed FIP project.
  - b. Indicate the qualifications of the individual (the Project Manager) who will be responsible for managing the project and the individuals (Project Team) who will be implementing the project.
  - c. Describe how the Project Team has the expertise and experience necessary to successfully manage the project within the timeline outlined and achieve the goals and objectives established for this project.
  - d. If the organization is at an early stage in the development of the project, indicate how the team will manage the project.
  - e. Describe the ongoing institutional (e.g., governing board, management) commitment to the proposed improvement or enhancements.
  - f. Maintain documentation that an alternatives analysis was conducted; the documentation should show at least three alternatives were considered and the rationale for selection of the proposed project.
  - g. Maintain documentation of the organization's acquisition strategy; if the strategy does not include competition, provide a rationale.
  
- 5. Project Manager/Team.** Identify the individual at the health center who will be responsible for managing this project and the individuals (name and title) who comprise the project team.
  
- 6. Need.** In this section, applicants will need to:
  - a. 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).
  - b. Describe the extent to which the existing facility is inadequate to provide effective, efficient, quality care, and optimal patient outcomes for the target population.
  - c. Identify and discuss the target service area.
  - d. Identify the target population and describe the need for the proposed primary care services (e.g., demographic data, health status, barriers to care issues). State concisely the importance of this project to the organization's mission and the population it serves.
  
- 7. Implementation and Monitoring.** In this section, applicants will need to:
  - a. 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).
  - b. Explain how the proposed improvements will expand or improve the organization's effectiveness, efficiency, quality of care, and patient outcomes.

- c. Identify any additional sources of funding that have been secured or committed (provide the source of those funds, amount, and date committed/secured).
  - d. Identify the resources available to cover start-up costs (such as staff recruitment and training), operating costs, and any debt obligations.
  - e. Provide key qualifications and relevant experience of contractors that the applicant may contract with to facilitate the implementation of the project.
  - f. Explain how the organization will manage any unexpected difficulties and/or challenges that may arise.
  - g. Describe the methodology that will be used to track progress with (i) developing the facility and (ii) bringing about the service delivery impacts anticipated.
  - h. Explain the risk management plan; include identification of barriers and strategies to resolve issues. Identify and list potential challenges and mitigation strategies. Quantify the probability of occurrence and the level of impact (high, medium, low).
  - i. Report on Earned Value Management, if possible<sup>4</sup>.
- 8. Timeline.** Indicate the timeframe for demonstrating progress with this FIP project by identifying the start and end dates for each of the following critical milestones: planning, project development, alteration/renovation or construction phase, and project completion. Describe the current status of the project including any steps that may have been accomplished to date and identify the person or entity accountable for each milestone. **Applicants must keep in mind that the project/budget period for FIP awards is 2 years (24 months).**
- 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** FIP project.
- a. Indicate total square feet improved, as applicable
    - (1) Administrative space
    - (2) Clinical space
    - (3) Other (describe)
  - b. Indicate total square feet increased, as applicable (for construction projects only)
    - (1) Administrative space
    - (2) Clinical space
    - (3) Other (describe)
  - c. Projected number of administrative and facility health center FTEs<sup>5</sup> created as a result of the project
    - (1) Management and support staff
    - (2) Fiscal and billing staff
    - (3) IT staff
    - (4) Facility staff

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<sup>4</sup> Earned Value Management (EVM) is defined by the Project Management Institute as a “technique used to integrate the project’s scope, schedule, and resources and to measure and report project performance from initiation to closeout.” Additional information on EVM is available at <http://evm.nasa.gov/> and <http://guidebook.dcmamail.com/79/EVMIG.doc>.

<sup>5</sup> Applicants 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.

- (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
  - (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<sup>6</sup> (for additional guidance on projecting construction-related FTEs, refer to Appendix 3)

**10. Equipment List.** Applicants must identify the following elements for **each** piece of equipment to be purchased with FIP funds; applicants must also include non-expendable supplies that are less than \$5,000 to be purchased with FIP funds<sup>7</sup>. Equipment type will be categorized as clinical or non-clinical.

Item Description	Unit Price	Quantity	Total Price	Equipment Type

**11. Budget.** For each FIP project, applicants will be required to complete a SF-424C for the 2-year project/budget period. Refer to Appendix 1 for additional information on completing the SF-424C.

**12. Budget Justification.** The Budget Justification must provide a written description of each line item under Columns A, B, and C of the Budget Page (SF-424C). Line item information must be provided to explain the costs entered in Application Form 5161-1. **The budget justification must clearly describe each cost element and explain how each cost contributes to meeting the project’s objectives/goals.** Be very careful about showing how each item in the “other” category is justified. The budget justification **MUST** be concise. Do NOT use the budget justification to expand the project narrative.

The Budget Justification **must** also discuss the non-Federal share being contributed to the project. The non-Federal share is considered to be any funding other than the amount being requested through the FIP application. If the FIP grant is not intended to cover the total project cost, describe, and provide by source, the dollar amount secured from the other sources of funding. If a fund raising campaign is to be utilized, details of the campaign must be provided.

**13. Funding Sources.** Identify and describe all private or other sources of funding for the project, including governmental agencies, or other grant funds or proposed debt. Describe the status of obtaining the full funding needed to undertake the project and the plan for securing the balance of the funds that are neither secured nor committed. Commitments that are contingent upon receipt of a FIP grant are acceptable.

<sup>6</sup> Projects supported with FIP funds must result in the creation of construction-related FTEs.

<sup>7</sup> 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).

Identify other sources of funding as well as the amounts that will be used to cover the total cost associated with this project and indicate when and whether the funds are secured, expected, or forthcoming (e.g., discuss the date, the source, and amount).

<b>Funding Sources</b>	<b>Amount Secured</b>	<b>Amount Expected</b>	<b>Amount Forthcoming</b>	<b>Total</b>
a. Federal BPHC FIP grant				
b. Other Funding Sources				
– State Grants				
– Local Government Funding				
– Other Federal Funding				
– Private/Third Party Funding				
– Other Project Financing				

**14. Site(s)<sup>8</sup>**

For alteration/renovation and construction projects, applicants may propose an existing site from the current scope, propose a site from a pending unapproved Change in Scope request, **OR** add a new site<sup>2</sup> (not currently in scope). Only one site (new site **OR** site from scope) per project is allowed for alteration/renovation and construction projects.

**15. Site Requirements: Site Control and Leased Property—Federal Interest**

- a. For alteration/renovation projects **ONLY**, applicants must estimate the average useful life of the project (in months) based upon standard engineering practices.
- b. Identify the current status of the property—whether it is owned or leased.
- c. 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) **greater than \$500,000**;
 Then the applicant 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 FIP project grant funds.

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<sup>8</sup> Once a FIP 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.

- 16. Cultural Resource Assessment and Historic Preservation Considerations.** For alteration/renovation FIP projects only (construction projects will undergo a **required** cultural resource assessment and historic preservation review), applicants are required to 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 (including the replacement of windows)?
  - 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 APPLICANTS MUST SUBMIT A COMPLETED Environmental Information and Documentation checklist to identify any potential extraordinary circumstances for each FIP project.

**v. Program Specific Forms**

See Appendix 4 for Program Specific Forms.

**vi. Attachments**

Applicants must include the items listed below with their FIP submission, each as a separate attachment **as applicable**. Clearly identify the filename for each attachment. **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. Where several pages are expected in the attachment, include a table of contents page specific to the attachment. Table of contents page will not be counted in the page limit for attachments.

**Applicants will be prompted to upload the following attachments as appropriate for each section of the FIP application in the EHB.**

- Attachment 1—Proposal Abstract: Applicants must provide an abstract of the proposal to be supported through the FIP grant.
- Attachment 2— Budget Justification(s): Applicants must provide a separate budget and budget justification for **each** project to be supported through the FIP grant. Clearly label each budget justification to be uploaded (e.g., if two projects are proposed, two separate budget justifications must be provided). Sample budget justifications are available at <http://bphc.hrsa.gov/recovery>.
- Attachment 3—Schematic Drawings: For each FIP project for alteration/renovation and construction of a site (whether an expansion of an existing site or construction of a new site), applicants must submit simple line drawings of current/existing and/or proposed modernization and construction projects. These drawings should not be blueprints and do not need to be completed by an architect; these drawings should indicate square footage. Upload these drawings as .pdf files on 8.5” x 11” sheets of paper.
- Attachment 4—Statement of Agreement from Facility Owner: Applicants proposing a FIP project on a leased property with a net project cost (total project cost less equipment costs) **greater than \$500,000** must provide a Statement of Agreement—either upload with the FIP application or certify that a Statement of Agreement will be provided before expending FIP funds.

- Attachment 5—Environmental Information and Documentation Checklist: Applicants must provide a completed EID Checklist (see Appendix 4).

## **vii. Other Requirements**

### **a. Environmental Review**

**ALL APPLICANTS MUST SUBMIT A COMPLETED Environmental Information and Documentation (EID) Checklist (Appendix 4) to indicate whether any potential extraordinary circumstances exist.** HRSA requires that applicants provide information on anticipated environmental impact as part of their FIP application. 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. Contact the Bureau of Primary Health Care's Office of Policy and Program Development (OPPD) at [bphcrecovery@hrsa.gov](mailto: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 alteration/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 environment<sup>9</sup>, HRSA will contact the applicant and require that they initiate and prepare a draft Environmental Assessment (EA) that is in compliance with NEPA or communicate this through the NGA.

**All applicants proposing FIP construction projects will be required to prepare a draft EA if not previously prepared.** Do NOT submit the draft EA as an attachment in the application, as this will count against the application page limit. The EA may be provided to HRSA after the application has been submitted. 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, applicants 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 draft EA reveals no significant impact on the environment, the applicant will prepare a draft FONSI document briefly presenting the reasons why the project will not have a significant effect on the environment. 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 applicant will be required to submit a draft Environmental Impact Statement (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

<sup>9</sup> 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. Categorically Excluded activities (equipment installation involving alteration/renovation (demolition of walls, reconfiguring rooms), setting up temporary trailers, etc.) trigger an Environmental Assessment.

and review of the draft EIS, HRSA will issue a Record of Decision before action is taken on the proposal addressed by the EA.

**b. Cultural Resource Assessment and Historic Preservation (HP) Section 106 Review**

Under section 106 of the National Historic Preservation Act (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 FIP 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.

FIP funds may be used to hire consultants to complete the applicant's section 106 and other related historic preservation responsibilities. For projects that require additional review, FIP 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 Memorandum of Agreement (MOA) finalized by all parties.

**c. Wage Rate Requirements**

Wage Rate Requirements under section 1606 of the Recovery Act stipulates that 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.

**d. Required Use of American Iron, Steel, and Manufactured Goods**

Under section 1605 of the Recovery Act, no grant funds may be used 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, unless HHS waives the application of this provision. The Office of Management and Budget (OMB) has further defined the term 'public building and public work' at 2 C.F.R. 176.140 available at

<http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr;sid=cbf005e1e174b25debd890aa5f355901;rgn=div5;view=text;node=2%3A1.1.1.2.3;i dno=2;cc=ecfr#2:1.1.1.2.3.2.1.9>.

### **3. Submission Dates and Times**

#### **a. Application Due Date**

The due date for applications under this grant announcement is August 6, 2009 at 8:00 P.M. ET through HRSA's EHB. Applications will be considered as meeting the deadline if they are submitted by the applicant's Authorizing Official (AO) on or before the due date.

The Chief Grants Management Officer (CGMO) or designee may authorize an extension of published deadlines when justified by circumstances such as acts of God (e.g., floods or hurricanes), widespread disruptions of mail service, or other disruptions of services, such as a prolonged blackout. The authorizing official will determine the affected geographical area(s).

#### **b. Late Applications**

Applications which do not meet the criteria above are considered late applications. HRSA shall notify each late applicant that its application will not be considered in the current competition.

### **4. Intergovernmental Review**

The FIP is subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100. Executive Order 12372 allows States the option of setting up a system for reviewing applications within their States for assistance under certain Federal programs. Information on States affected by the State Point of Contact (SPOC) may be obtained from the appropriate Grants Management Specialist or from <http://www.whitehouse.gov/omb/grants/spoc.html>.

All applicants, other than federally-recognized Native American Tribal Groups, should contact their SPOC as early as possible to alert them to the prospective applications and receive any necessary instructions on the State process used under this Executive Order. The SPOC will determine what needs to be submitted and how it should be submitted. Letters from the SPOC in response to Executive Order 12372 are due 60 days after the application due date.

### **5. Funding Restrictions**

Current section 330 grantees may submit an application for financial assistance to support one or more capital improvements in health center facilities such as an alteration/renovation project (including related equipment) or construction of a new site or expansion of an existing site (including related equipment). Funds awarded through FIP grants must be **fully obligated** by the end of the 2-year project/budget period.

It is expected that FIP 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 healthcare services.

The following uses of grant funds are **examples** of costs that are **NOT** allowable under FIP grants (additional guidance on allowable versus unallowable costs can be found in Appendix 1):

1. Costs incurred prior to February 17, 2009.
2. Any costs related to a Capital Improvement Program (CIP) project awarded under HRSA-09-224. FIP awards must not be used to replace any funds that have been awarded for a CIP project. As a reminder, the proposed FIP project must be separate and distinct projects from what was funded under the CIP initiative.
3. Operating costs (e.g., funding direct services, clinical full-time equivalents, rent, mortgage payments, refinanced credit facilities).
4. Land or facility purchase costs are **not** eligible uses of FIP grant funding. Eligible projects may contain land/facility purchase costs; **however**, individual project budgets must show sufficient resources **other than** FIP funding to cover those expenses.
5. 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.

## 6. Other Submission Requirements

As stated above in section IV-1, except in rare cases HRSA will no longer accept applications for grant opportunities in paper form. Applicants submitting for this funding opportunity are **required** to submit **electronically** through the EHB. Applications will be considered as having met the deadline if the application has been successfully transmitted electronically by the organization's Authorizing Official (AO) through the EHB on or before the deadline date and time.

**It is incumbent on applicants to ensure that the AO is available to submit the application to HRSA by the application due date. HRSA will not accept submission or re-submission of incomplete, rejected, or otherwise delayed applications after the deadline.**

**HRSA will not consider additional information and/or materials submitted after the initial application. Applicants must therefore ensure that all materials are submitted together. Further information on the HRSA electronic submission policy can be obtained at <http://www.hrsa.gov/grants/electronicsubmission.htm>.**

## V. Application Review Information

### 1. Review Criteria

Procedures for assessing the technical merit of grant applications have been instituted to provide for an objective review of applications and to assist the applicant in understanding the standards against which each application will be judged. Critical indicators have been developed for each review criterion to assist the applicant in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation. Review criteria are outlined below with specific detail and scoring points.

Review criteria are used to review and rank applications. The four (4) review criteria applicable to the FIP funding opportunity are listed below.

#### a. Need [25 points]

1. The application demonstrates a clear need for the proposal in the community (i.e., increase in patient base, increase in the number of patients that are under 200 percent of the Federal

poverty guidelines) as evidenced in Purpose section (item 1) of the Proposal Cover Page and Need section (item 6) of the Project Cover(s).

2. The proposal clearly addresses current facility deficiencies that inhibit the efficient and effective provision of primary and preventive health services (overcrowding, congested patient flow, patient satisfaction, etc.) as evidenced in Purpose section (item 1) of the Proposal Cover Page and Need section (item 6) of the Project Cover(s).

**b. Response/Impact [25 points]**

1. The proposal meets the goals and priorities of FIP. The application identifies the anticipated impacts (construction FTEs, health center FTEs, services, access, safety, promote economic recovery, etc.) of the project(s) as evidenced in as evidenced in Purpose section (item 1) and Service Impact section (item 4) of the Proposal Cover Page as well as Project Impact section (item 9) of the Project Cover(s).
2. The proposal can successfully be completed within 2 years of the FIP award. The proposed timeframe is reasonable for the project(s) as evidenced in Timeline section (item 8) of the Project Cover(s).
3. The proposal is responsive to the stated need for the facility as evidenced in Implementation/Monitoring section (item 7) of the Project Cover(s).
4. The proposal seeks to reduce adverse impacts on the environment. The application implements green/sustainable design principals as evidenced in Green/Sustainable Design Practices section (item 3) of the Proposal Cover Page.
5. Potential problems, alternative strategies, and benchmarks for success are presented as evidenced in Implementation/Monitoring section (item 7) of the Project Cover(s).
6. The risk management plan is adequate as evidenced in Implementation/Monitoring section (item 7) of the Project Cover(s).

**c. Resource/Capacity [25 points]**

1. The health center has the appropriate qualifications, competence, and resources to achieve the project goals and complete the proposal in a timely way as evidenced in Project Management section (item 4) and Project Manager/Team section (item 5) of the Project Cover(s).
2. There is evidence of commitment from key management staff and the health center's governing board as evidenced in Project Management section (item 4) and Project Manager/Team section (item 5) of the Project Cover(s).
3. The administrative management and oversight of the proposal are adequate as evidenced in Project Management section (item 4) and Project Manager/Team section (item 5) of the Project Cover(s).
4. The health center has appropriate financial management and control policies and procedures in place as evidenced in Financial Management and Control section (item 5) of the Proposal Cover Page.
5. The health center will be able to provide the resources to complete the project(s) on time and within budget as evidenced in the following sections of the Project Cover(s)—Budget (item 11), Budget Justification (item 12), and Funding Sources (item 13).
6. The health center can support operating costs including increases in utilities, daily maintenance and repair, and capital reinvestment for the project(s) as evidenced in Sustainability Plan section (item 2) of the Proposal Cover Page.

**d. Budget [25 points]**

1. The application provides a complete and reasonable budget(s) (SF-424C) as evidenced in Budget (item 11) of the Project Cover(s).
2. The budget justification(s) provide a clear, narrative description for each line item as evidenced in Budget Justification (item 12) of the Project Cover(s).
3. The budget justification(s) show how the costs contribute to the goals and objectives of the proposal as evidenced in Budget Justification (item 12) of the Project Cover(s).
4. The application provides a complete and reasonable equipment list that demonstrates how the costs contribute to the goals and objectives of the FIP project(s) as evidenced in Equipment List (item 10) of the Project Cover(s).
5. The proportion of requested Federal grant funds are appropriate given other sources of funds committed/available for the FIP project(s) as evidenced in Funding Sources (item 12) of the Project Cover(s).
6. No ongoing section 330 support is required to support the project once it has been completed as evidenced in Sustainability Plan (item 2) of the Proposal Cover Page. Since FIP funds can not support direct service, applicants will need to demonstrate that they will be able to cover all operational costs of the completed FIP project(s).

**2. Review and Selection Process****a. Review Process**

The Division of Independent Review is responsible for managing objective reviews within HRSA. Applications competing for Federal funds receive an objective and independent review performed by a committee of experts qualified by training and experience in particular fields or disciplines related to the program being reviewed. In selecting review committee members, other factors in addition to training and experience may be considered to improve the balance of the committee, e.g., geographic distribution. Each reviewer is screened to avoid conflicts of interest and is responsible for providing an objective, unbiased evaluation based on the review criteria noted above. The committee provides expert advice on the merits of each application to program officials responsible for final selections for award.

Applications for FIP funding will be reviewed for completeness and eligibility, service area overlap, architecture and engineering reasonableness, Federal interest, environmental evaluation, and historic and cultural preservation. Applications that pass the initial HRSA completeness and eligibility screening will be reviewed and rated by a panel and experts based on the program elements and review criteria presented in relevant sections of this program announcement. The review criteria are designed to enable the review panel to assess the quality of a proposed project and determine the likelihood of its success. The criteria are closely related to each other and are considered as a whole in judging the overall quality of an application.

**b. Other Awarding Factors**

HRSA intends to achieve a wide distribution of FIP awards. In general, HRSA may consider the following factor, in making awards for FIP:

**Rural/Urban Distribution of Awards:** FIP awards in rural and urban areas may be made to ensure that no more than 60 percent and no fewer than 40 percent of the people served come from either rural or urban areas.

## **VI. Award Administration Information**

### **1. Award Notices**

All applicants will be notified in writing of the actions taken on their application. If the application is approved and funds are available, a Notice of Grant Award (NGA) is issued. This document, which includes the Specifics of Award, Conditions of Award, and Approved Construction Budget, indicates the amount of Federal funds awarded, types of expenditures authorized, project description, award conditions, and other necessary information. Once signed by the Grants Management Officer, it is sent to the applicant agency's Authorized Representative and reflects the only authorizing document.

Each applicant will receive written notification of the outcome of the objective review process, including a summary of the expert committee's assessment of the application's merits and weaknesses, and whether the application was selected for funding. Applicants who are selected for funding may be required to respond in a satisfactory manner to Conditions placed on their application before funding can proceed. Letters of notification do not provide authorization to begin performance.

The Notice of Grant Award sets forth the amount of funds granted, the terms and conditions of the grant, the effective date of the grant, the budget period for which initial support will be given, the non-Federal share to be provided (if applicable), and the total project period for which support is contemplated. Once signed by the Grants Management Officer, it is sent to the applicant agency's Authorized Representative and reflects the only authorizing document. It will be sent prior to the start date of **November 1, 2009**.

### **2. Administrative and National Policy Requirements**

#### **a. Administrative Requirements**

Applicants 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=45:1.0.1.1.35&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](http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&tpl=/ecfrbrowse/Title45/45cfr92_main_02.tpl), as appropriate.

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. This includes, as applicable, any requirements in Parts I and II of the HHS GPS that apply to the award. The HHS GPS is available at [http://www.hhs.gov/grantsnet/docs/HHSGPS\\_107.doc](http://www.hhs.gov/grantsnet/docs/HHSGPS_107.doc). 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.

**Note that all procurement transactions—whether they are alteration/renovation or construction projects and related equipment purchases—must provide competition to ensure that the cost of the project is reasonable.**

**b. National Policy Requirements**

Awards issued under this guidance are subject to the requirements of section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104). For the full text of the award term, go to <http://www.hrsa.gov/grants/trafficking.htm> or contact the appropriate Grants Management Specialist to obtain a copy of this term.

**3. Reporting**

The successful applicant under this guidance must comply with the following reporting and review activities.

**a. Audit Requirements**

Comply with audit requirements of OMB Circular A-133. Information on the scope, frequency, and other aspects of the audits can be found at <http://www.whitehouse.gov/omb/circulars>;

**b. Payment Management Requirements**

Funds awarded under FIP will be paid using sub-accounts in the HHS Payment Management System (PMS), form PSC-272. **Funds can only be drawn down as project costs are incurred, in the same proportion as the award is to the projected total cost.**

For awardees that currently use PMS, the payment process is the same as for other awards; submit periodic cash requests to be reimbursed for allowable costs. Do not submit construction vouchers or other such documents to PMS. Awardees that do not currently have an account with PMS must establish one to access funds. Contact PMS for information about the process of establishing a PMS account. **Recognize that PMS will not create an account for the organization until an award notice has been issued.** Contact the Division of Payment Management for detailed drawdown information. Technical assistance with Payment Management System issues can be obtained by contacting PMS by at 1-877-614-5533 or online at [http://www.dpm.psc.gov/grant\\_recipient/shortcuts/shortcuts.aspx?explorer.event=true](http://www.dpm.psc.gov/grant_recipient/shortcuts/shortcuts.aspx?explorer.event=true).

PSC-272 reports are submitted quarterly via electronically through PMS. The report identifies cash expenditures against the authorized funds for the grant. Failure to submit the report may result in the inability to access grant funds. Only the certification page of the PSC-272 report should be faxed to the PMS contact at the fax number listed on the PSC-272 report, or it may be submitted to the:

Division of Payment Management  
HHS/ASAM/PSC/FMS/DPM  
PO Box 6021  
Rockville, MD 20852  
Telephone: 1-877-614-5533

**c. Status Reports**

1. Submit a **Financial Status Report**. A financial status report is required within 90 days of the end of each budget period. The report is an accounting of expenditures under the project for that year. More specific information will be included in the award notice;

2. Submit a **Progress Report(s)**. Further information will be provided in the award notice. Applicants 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 (i.e., quarterly) reports to ensure that funds are used for authorized purposes and to avoid 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 FIP grant funding including:
  - Number of new/improved sites
  - Projected number of health center jobs created and retained
  - Projected number of construction-related jobs created
  - Project completion status (percent complete)
  - Actual versus projected budget information—uses of FIP grant funds
  - Earned value management (for grants over \$1 million)
3. Submit a Closeout Report. A closeout report is required within 90 days of the completion of the FIP project. The report must include the following items:
  - Photos of the completed project, including “before” photos
  - A final budget
  - A certificate of occupancy<sup>10</sup>
  - A certificate of substantial completion<sup>11</sup>
  - Earned value management (for grants over \$1 million)
  - A letter stating that the project was completed in accordance with previously certified contract documents and in accordance with all applicable Federal statutes and regulations.

#### **4. Standard Terms and Conditions**

The following ARRA-specific requirements may appear on the NGA for FIP awards.

##### **a. Other Standard Terms and Conditions**

All other grant policy terms and conditions contained in applicable HHS GPS apply unless they conflict or are superseded by the following terms and conditions for implementing the Recovery Act requirements below. Recipients are responsible for contacting the appropriate HHS grant/program managers for any needed clarifications.

##### **b. Recipient Reporting**

Recipients of Federal awards from funds authorized under Division A of the ARRA must comply with all requirements specified in Division A of the ARRA (Public Law 111-005), [http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=111\\_cong\\_bills&docid=f:h1enr.pdf](http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=111_cong_bills&docid=f:h1enr.pdf), including reporting requirements outlined in section 1512 of the Act. For purposes of reporting, ARRA recipients must report on ARRA sub-recipient (sub-grantee and sub-contractor) activities as specified below.

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<sup>10</sup> The certificate of occupancy and the certificate of substantial completion are standard American Institute of Architects (AIA) forms.

Not later than 10 days after the end of each calendar quarter, starting with the quarter ending June 30, 2009 and reporting by July 10, 2009, the recipient must submit quarterly reports to HHS that will be posted to [Recovery.gov](http://Recovery.gov), containing the following information:

1. The total amount of ARRA funds received under this award;
2. The amount of ARRA funds received under this award that were obligated and expended to projects or activities;
3. The amount of unobligated award balances;
4. A detailed list of all projects or activities for which ARRA funds under this award 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; and
  - e. For infrastructure investments made by State and local governments, the purpose, total cost, and rationale of the agency for funding the infrastructure investment with funds made available under this Act, and the name of the person to contact at the agency if there are concerns with the infrastructure investment.
5. Detailed information on any sub-awards (sub-contracts or sub-grants) made by the grant recipient to include the data elements required to comply with the Federal Funding Accountability and Transparency Act of 2006 (Public Law 109-282), [http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=109\\_cong\\_public\\_laws&docid=f:publ282.109.pdf](http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=109_cong_public_laws&docid=f:publ282.109.pdf).
  - a. For any sub-award equal to or larger than \$25,000, the following information:
    - The name of the entity receiving the sub-award;
    - The amount of the sub-award;
    - The transaction type (sub-grant or sub-contract);
    - The North American Industry Classification System code or Catalog of Federal Domestic Assistance (CFDA) number;
    - Program source (if known);
    - An award title descriptive of the purpose of each funding action;
    - The location of the entity receiving the award;
    - The primary location of performance under the award, including the city, State, congressional district, or country (if non-U.S.); and
    - A unique identifier of the entity receiving the award and of the parent entity of the recipient, should the entity be owned by another entity.
6. All sub-awards less than \$25,000 or to individuals may be reported in the aggregate, as prescribed by HHS.
7. Recipients must account for each ARRA award and sub-award (sub-grant and sub-contract) separately. Recipients will draw down ARRA funds on an award-specific basis. Pooling or commingling of ARRA award funds with other funds for drawdown or other purposes is not permitted.
8. Recipients must account for each ARRA award separately by referencing the assigned CFDA number for each award.

The definition of terms and data elements, as well as any specific instructions for reporting, including required formats, will be provided in subsequent guidance issued by HHS.

**c. Buy American—Use of American Iron, Steel, and Manufactured Goods**

Recipients may not use any funds obligated under this award 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 unless HHS waives the application of this provision (ARRA Sec. 1605).

**d. Wage Rate Requirements**

Notwithstanding any other provision of law and in a manner consistent with other provisions of ARRA, all laborers and mechanics employed by contractors and subcontractors on projects funded directly by or assisted in whole or in part by and through the Federal Government pursuant to this award 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. With respect to the labor standards specified in this section, the Secretary of Labor shall have the authority and functions set forth in Reorganization Plan Numbered 14 of 1950 (64 Stat. 1267; 5 U.S.C. App.) and section 3145 of title 40, United States Code (ARRA Sec. 1606) to implement the Davis-Bacon and Related Acts.

**e. Preference for Quick Start Activities (ARRA)**

In using funds for this award for infrastructure investment, recipients shall give preference to activities that can be started and completed expeditiously, including a goal of using at least 50 percent of the funds for activities that can be initiated not later than 120 days after the date of the enactment of ARRA. Recipients shall also use grant funds in a manner that maximizes job creation and economic benefit (ARRA Sec. 1602).

**f. Limit on Funds (ARRA)**

None of the funds appropriated or otherwise made available in ARRA 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 (ARRA Sec. 1604).

**g. Disclosure of Fraud or Misconduct**

Each recipient or sub-recipient awarded funds made available under the ARRA shall promptly refer to the HHS Office of Inspector General any credible evidence that a principal, employee, agent, contractor, sub-recipient, subcontractor, or other person has submitted a false claim under the False Claims Act or has committed a criminal or civil violation of laws pertaining to fraud, conflict of interest, bribery, gratuity, or similar misconduct involving those funds. The HHS Office of Inspector General can be reached at <http://www.oig.hhs.gov/fraud/hotline/>.

**h. ARRA: One-Time Funding**

Unless otherwise specified, ARRA funding to existent or new awardees should be considered one-time funding.

**i. Schedule of Expenditures of Federal Awards**

Recipients agree to separately identify the expenditures for each grant award funded under ARRA on the Schedule of Expenditures of Federal Awards (SEFA) and the Data Collection Form (SF-SAC) required by OMB Circular A-133, “Audits of States, Local Governments, and Non-Profit Organizations.” This identification on the SEFA and SF-SAC shall include the Federal award number, the CFDA number, and amount such that separate accountability and disclosure is provided for ARRA funds by Federal award number consistent with the recipient reports required by ARRA section 1512(c) (2CFR 215.26, 45 CFR 74.26, and 45 CFR 92.26).

**j. Responsibilities for Informing Sub-Recipients**

Recipients agree to separately identify to each sub-awardee, and document at the time of sub-award and at the time of disbursement of funds, the Federal award number, any special CFDA number assigned for ARRA purposes, and amount of ARRA funds (2 CFR 215.26, 45 CFR 74.26, and 45 CFR 92.26).

**k. National Environmental Policy Act and National Historic Preservation Act**

All HRSA grants and cooperative agreements are made in compliance with applicable National Environmental Policy Act and National Historic Preservation Act requirements. If the application contemplates alterations/renovations or construction as well as the purchase of pertinent equipment, applicants will be asked to provide HRSA with relevant NEPA/NHPA information to ensure compliance with these Acts.

**l. DUNS/CCR**

Recipients must require that sub-awardees begin planning activities, including obtaining a DUNS number (or updating the existing DUNS record), and registering with the Central Contractor Registration (CCR) no later than the first time ARRA data requirements are due.

**m. Whistleblower Protection**

Each recipient or sub-recipient awarded funds made available under the ARRA shall promptly refer to the HHS Office of Inspector General any credible evidence that a principal, employee, agent, contractor, sub-recipient, subcontractor, or other person has submitted a false claim under the False Claims Act or has committed a criminal or civil violation of laws pertaining to fraud, conflict of interest, bribery, gratuity, or similar misconduct involving those funds (ARRA Sec. 1553). The HHS Office of Inspector General can be reached at <http://www.oig.hhs.gov/fraud/hotline/>.

## VII. Agency Contacts

Type of Assistance Needed	Please Contact
Business, administrative, or fiscal issues related to this announcement (e.g., Federal interest, SF-424C budget, allowable costs, indirect cost rates, procurement)	Health Resources and Services Administration Office of Federal Assistance Management Division of Grants Management Operations  Neal Meyerson, Telephone: 301-443-5906; Email: <a href="mailto:NMeyerson@hrsa.gov">NMeyerson@hrsa.gov</a> Carolyn Cobb, Telephone: 301-443-0829; Email: <a href="mailto:CCobb2@hrsa.gov">CCobb2@hrsa.gov</a>
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 Beth Tchinski, Telephone: 301-443-1389 Email: <a href="mailto:BPHCRecovery@hrsa.gov">BPHCRecovery@hrsa.gov</a>
Electronic submission issues	<b>BPHC Help Desk</b> —electronic reporting questions <a href="mailto:BHCMISYS@hrsa.gov">BHCMISYS@hrsa.gov</a> or 301-443-7356  <b>HRSA Call Center</b> —EHB accounts and user access questions <a href="mailto:CallCenter@hrsa.gov">CallCenter@hrsa.gov</a> or 1-877-464-4772

## VIII. Other Information

Applicants are strongly encouraged to refer to the Bureau of Primary Health Care’s Recovery Act technical assistance resources available at <http://bphc.hrsa.gov/recovery/>.

## IX. Tips for Writing a Strong Application

**Include DUNS Number.** A DUNS number must be included to have application reviewed. Applications *will not* be reviewed without a DUNS number. To obtain a DUNS number, access <http://www.dnb.com/US/index.asp> or call 1-866-705-5711. Include the DUNS number in the appropriate space on the application face page.

**Keep the audience in mind.** Reviewers will use only the information contained in the application to assess the application. Be sure the application and responses to the program requirements and expectations are complete and clearly written. Do not assume that reviewers are familiar with the applicant organization, service area, barriers to healthcare, or healthcare needs in the community. Keep the review criteria in mind when writing the application.

**Start preparing the application early.** Allow plenty of time to gather required information from various sources.

**Follow the instructions in this guidance carefully.** Place all information in the order requested in the guidance. Avoid the risk of having reviewers hunt through the application for information.

**Be brief, concise, and clear.** Make points understandable. Provide accurate and honest information, including candid accounts of problems and realistic plans to address them. If any required information or data is omitted, explain why. Make sure the information provided in each table, chart, attachment, etc., is consistent with the proposal narrative and information in other tables. The budget should reflect back to the proposed activities, and all forms should be filled in accurately and completely.

**Be organized and logical.** Many applications fail to receive a high score because the reviewers cannot follow the thought process of the applicant or because parts of the application do not fit together.

**Be careful in the use of attachments.** Do not use the attachments for information that is required in the body of the application. Be sure to cross-reference all tables and attachments to the appropriate text in the application. Be sure to upload the attachments in the order indicated in the forms.

**Carefully proofread the application.** Misspellings and grammatical errors will impede reviewers in understanding the application. Be sure that page limits are followed. Limit the use of abbreviations and acronyms, and define each one at its first use and periodically throughout application. Submit the application in final form, without markups.

**Print out and carefully review an electronic application to ensure accuracy and completion.** When submitting electronically, print out the application before submitting it to ensure appropriate formatting and adherence to page limit requirements. **Check to ensure that all attachments are included before sending the application forward.**

**Ensure that all information is submitted at the same time. HRSA will not consider additional information and/or materials after applications have been submitted nor will HRSA accept e-mailed applications or supplemental materials once applications have been received.**

## Appendix 1: SF-424C BUDGET INFORMATION—CONSTRUCTION PROGRAMS

### 1. Instructions for Completing SF-424C

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 or SF-424B.

**Column A—Total Cost:** Indicate the total cost of the project as defined for each individual FIP project. For all FIP 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 percent 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. FIP funds may not be used to cover these costs.

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

FIP grant funds can not exceed the amount in Line 16 (columns A and C). Applicants will be entering the portion of the FIP 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 FIP grants.

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

	<b>ALLOWABLE COSTS</b>	<b>UNALLOWABLE COSTS</b>
		– Fund-raising expenses.
<b>Line 2—Land, structures, right-of-way, appraisals, etc.</b>	– The cost of conducting an appraisal.	– Land or the cost of purchasing a building.
<b>Line 3—Relocation expenses and payments</b>	<ul style="list-style-type: none"> <li>– Relocation payments to be made to displaced persons, business concerns, and nonprofit organizations for moving expenses and replacement housing; and</li> <li>– Relocation advisory assistance and the net amounts for replacement (last resort) housing. This line is limited to approved applicants 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.</li> </ul>	– The cost of relocating the applicant’s office.
<b>Line 4—Architectural and engineering fees</b>	<ul style="list-style-type: none"> <li>– Fees associated with architectural and engineering professional services;</li> <li>– Associated expenses for preparation of specifications and reproduction of design documents; and</li> <li>– 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.</li> </ul>	<ul style="list-style-type: none"> <li>– Architectural and engineering fees for work that is not within the scope of the approved project;</li> <li>– Costs of abandoned designs (costs associated with a design that will not be used to construct the building); and</li> <li>– Elaborate or extravagant designs, materials, or projects that are above the known local costs for comparable buildings.</li> </ul>
<b>Line 5—Other architectural and engineering fees</b>	<ul style="list-style-type: none"> <li>– Other architectural and engineering services, such as surveys, tests, and borings; and</li> <li>– Preliminary expenses associated with the approved award.</li> </ul>	
<b>Line 6—Project inspection fees</b>	– Clerk-of-the-works, inspection fees, structural certification, etc., to be provided by architectural engineering firm or the applicant’s staff.	– Fees not associated with the requested project.
<b>Line 7—Site work</b>	– See line 9.	– Costs associated with the development of land where the primary purpose of the award is land improvement.
<b>Line 8—Demolition and removal</b>	– Costs of demolition or removal of structures or improvements. Reduce the costs on this line by the amount of	– Costs not associated with the requested award.

	ALLOWABLE COSTS	UNALLOWABLE COSTS
	<p>expected proceeds from the sale of salvage.</p>	
<b>Line 9—Construction</b>	<ul style="list-style-type: none"> <li>– Costs of fixed equipment necessary for the functioning of the facility. <b>FIXED EQUIPMENT</b> 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;</li> <li>– 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;</li> <li>– Construction costs for expanding, remodeling, alteration, and renovating existing buildings, which will be used for the program;</li> <li>– Sanitary sewer, storm sewer, and portable water connections, providing that such municipal utilities are located in streets, roads, and alleys contiguous to the site;</li> <li>– 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;</li> <li>– 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.</li> <li>– Reasonable landscaping costs for seeding and sodding;</li> <li>– Special features for earthquake resistance code requirements. Use nationally recognized codes adopted</li> </ul>	<ul style="list-style-type: none"> <li>– Relocation of utilities that are off site and off-site improvements;</li> <li>– Prorated cost of existing central utility plant and distribution systems, which serve the proposed facility;</li> <li>– Works of art;</li> <li>– Luxury finishings (deluxe carpet, crown molding, etc.);</li> <li>– Construction of casino or other gambling establishment, aquarium, zoo, golf course, swimming pool; and</li> <li>– Fixed equipment if it is not part of the construction contract.</li> </ul>

	<b>ALLOWABLE COSTS</b>	<b>UNALLOWABLE COSTS</b>
	by authorities having jurisdiction; <ul style="list-style-type: none"> <li>– Costs of eliminating architectural barriers to the handicapped; and</li> <li>– Costs of pollution-control equipment for the facility’s boilers, incinerators, waste water treatment, etc., which may 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.</li> </ul>	
<b>Line 10—Equipment</b>	<ul style="list-style-type: none"> <li>– Equipment that is pertinent to the FIP project and serves an identified user group;</li> <li>– Tangible personal property (i.e., moveable equipment); and</li> <li>– Real property that is permanently attached to the building.</li> </ul>	<ul style="list-style-type: none"> <li>– Donated equipment, leased equipment, or equipment purchased through a conditional sales contract (lease purchasing); and</li> <li>– Luxury furniture.</li> </ul>
<b>Line 11—Miscellaneous</b>	<ul style="list-style-type: none"> <li>– 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;</li> <li>– 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 applicant must explain what this line consists of in the Budget Narrative section;</li> <li>– Site licenses for certified Electronic Health Records<sup>11</sup>; and</li> <li>– The cost of alternate bid work up to the amount of the original bid submitted.</li> </ul>	<ul style="list-style-type: none"> <li>– Costs incurred prior to February 17, 2009;</li> <li>– 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</li> <li>– Sales taxes, Federal excise taxes and other taxes when the applicant is exempt from such taxes or is entitled to a refund by the State or Federal Government after payment.</li> </ul>
<b>Line 12—SUBTOTAL</b>	<b>The sum of lines 1 through 11</b>	
<b>Line 13—Contingencies</b>	<ul style="list-style-type: none"> <li>– The contingency of this program is limited to 10% 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.</li> </ul>	

<sup>11</sup> Only health centers with currently operational certified electronic health record systems (EHRs) may use FIP funds to purchase site licenses for the site proposed in the FIP project.

	ALLOWABLE COSTS	UNALLOWABLE COSTS
<b>Line 14—SUBTOTAL</b>	<b>The sum of lines 12 and 13</b>	
<b>Line 15—Project (program) income</b>		– This is not applicable to this program.
<b>Line 16—TOTAL PROJECT COSTS</b>	<b>Enter the amount in line 14</b>	
<b>Line 17</b>	<b>Enter the portion of the FIP grant that is allocated to this project</b> (Note: round to the nearest whole dollar amount)	

**3. Budget Examples**

Review the example of a completed SF-424C budget form on the following page. Refer to <http://bphc.hrsa.gov/recovery/> for a sample budget justification.

**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.

<b>COST CLASSIFICATION</b>	<b>a. Total Cost</b>	<b>b. Costs Not Allowable for Participation</b>	<b>c. Total Allowable Costs (Column a- b)</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	\$ .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
<b>FEDERAL FUNDING</b>			
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)

## 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. insert grant number to insert name of recipient. The grant provides Federal funds for describe purpose of grant, e.g., construction, alteration/renovation\*, which is located on the property described below in \_\_\_\_\_ County, State of \_\_\_\_\_:

*(APPLICANT: 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 its designee; or (3) sold or transferred to another party without the written permission of the Office of Federal Assistance Management (OFAM), Health Resources and Services Administration (HRSA), or its 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 its 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: FTE PROJECTIONS FOR FIP PROJECTS

This document provides additional guidance to health centers regarding projection of jobs required for the Facility Investment Program (FIP) funding opportunity [Announcement: HRSA 10-029]. Construction-related FTEs (full-time equivalents) and health center administrative and facility FTEs must be reported in the Project Impact section of the application for each project.

- Construction-related FTEs are any non-health center jobs that are supported by the FIP funding to complete proposed projects.
- Health center administrative and facility FTEs refer to employees of the health center that are supported by FIP funds to carry out a FIP project. FIP funds may not be used to support direct service provision.

For the purposes of the FIP funding under the Recovery Act, the following definitions will be used:

- Created FTEs include new positions created and filled or previously existing unfilled positions that are filled as a result of FIP funding.
- Retained jobs include those positions preserved from layoffs or terminations and those restored to full-time as a result of FIP funding.
- Created and retained FTEs include both direct hire and contractual staff.

#### Projecting Construction-Related FTEs

HRSA encourages applicants to utilize local resources, including architects and general contractors, to increase the accuracy of projections. The general formula for calculating FTEs is:

Annual FTE = Projected hours worked by all individuals in one year DIVIDED by 2,080 hours

*\*2,080 is the typical number of hours worked in one year. NOTE: The numerator should be the hours worked in ONE year. If the individual(s) will be employed for more than one year, do not count that FTE again.*

#### Examples

1. Estimate that 3 laborers will each work about 40 hours a week for 6 months to modernize one site. For this modernization project, projected FTEs would be: (3 laborers x 40 hours x 26 weeks)/2080 hours = **1.5 FTE**
2. Estimate that 10 laborers will each work 30 hours a week replacing the roof at one site. The project will take about 2 months. For this alteration/renovation project, projected FTEs would be: (10 laborers x 30 hours x 9 weeks)/2080 hours = **1.3 FTE**
3. Estimate that 8 painters will take 12 hours over 2 days to paint a site. For this modernization project, projected FTEs would be: (8 laborers x 24 hours)/2080 = **0.09 FTE**
4. Estimate that it will take 15 laborers, working 40 hours a week, 1.5 years to construct a new wing on one site. For this construction project, projected FTEs would be: (15 laborers x 40 hours x 52 weeks)/2080 hours = **15 FTEs**

## **Appendix 4: FIP FORMS**

The application for the FIP funding opportunity consists of the following forms:

1. Proposal Cover Page
2. Assurances (this document will be downloaded from the EHB; applicants will be prompted to upload a digitally signed assurances document)
3. Project Cover
4. Project Impact
5. Equipment List
6. Budget
7. Funding Sources
8. Form 5B: Service Sites
9. Add Site Checklist
10. Other Requirements Checklist
11. Environment and Information Documentation (EID) Checklist (this document will be downloaded from the EHB; applicants will be prompted to upload a completed EID)

<b>DEPARTMENT OF HEALTH AND HUMAN SERVICES</b>  <b>Health Resources and Services Administration</b>  <b>PROPOSAL COVER PAGE</b>	<b>FOR HRSA USE ONLY</b>		
	Grantee Name		
	Grant Number		Application Tracking #
<b>1. Purpose</b>			
<p>Explain how the FIP proposal will appropriately address the community’s immediate needs and how it will enhance the health center’s effectiveness, efficiency, quality of care, and patient outcomes. Describe how the FIP proposal will promote economic recovery. Provide an overview and justification for the FIP proposal, including goals and objectives. (Maximum 2000 characters) (Note: Please include Proposal Abstract with this application)</p>			
<b>2. Sustainability Plan</b>			
<p>Describe the overarching impact of the FIP proposal on the operational budget and how the proposal will impact the organization and promote organizational sustainability once the project has been completed. This plan should outline how the health center will support operating costs including utilities, maintenance, repair, and capital reinvestment costs for the proposed project(s). Explain how the center will maintain the improved access/services resulting from the FIP project(s) within its existing operational budget/grant support in the long-term—applicants must demonstrate that no ongoing section 330 support is required. FIP grant funds cannot be used to support direct-service providers. If appropriate, describe how the organization will pay or retire the capital debt related to the FIP proposal.(Maximum 2000 characters)</p>			
<b>3. Green/Sustainable Design Principles</b>			
<p>Describe how potential adverse impacts on the environment will be reduced with the FIP proposal. Indicate whether or not the health center will implement green/sustainable design practices for this proposal. Explain how the health center will be implementing green/sustainable principles (e.g., using project materials, construction approaches, equipment selection). (Maximum 2000 characters)</p>			
<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If 'Yes', please provide an explanation.</p>			
<b>4. Service Impacts</b>			
<p>As a result of the FIP 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.</p>			

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			
<b>5. Financial Management and Control</b>			
5a. Describe the health center's financial management and control policies and procedures. (Maximum 2000 characters)			
5b. Provide the following indicators over the past 3 years: net assets, debt/equity ratio, and working capital.			
<b>Indicator</b>	<b>FY 2006</b>	<b>FY 2007</b>	<b>FY 2008</b>
a. Net Assets			
b. Debt/Equity Ratio			
c. Working Capital	\$	\$	\$

<b>DEPARTMENT OF HEALTH AND HUMAN SERVICES</b>  <b>Health Resources and Services Administration</b>  <b>ASSURANCES</b>	<b>FOR HRSA USE ONLY</b>			
	Grantee Name			
	Grant Number		Application Tracking #	
<b>ASSURANCES—CONSTRUCTION PROGRAMS</b>				
<p><b>1.</b> 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><b>2.</b> 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><b>3.</b> 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><b>4.</b> 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><b>5.</b> 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><b>6.</b> Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.</p>				
<p><b>7.</b> 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><b>8.</b> 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><b>9.</b> 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><b>10.</b> Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: <b>(a)</b> 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>(b)</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; <b>(c)</b> section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794) which prohibit discrimination of the basis of handicaps; <b>(d)</b> the Age Discrimination Act 1975, as amended (42 U.S.C. §§6101-6107) which prohibits discrimination on the basis of age; <b>(e)</b> the Drug Abuse Office and Treatment Act of 1972 (P.L.93-255), as amended, relating to nondiscrimination on the basis of drug abuse; <b>(f)</b> 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; <b>(g)</b> §§523 and 527 of the Public Health</p>				

<p>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; <b>(h)</b> 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; <b>(i)</b> any other non-discrimination provisions in the specific statute(s) under which application for Federal assistance is being made, and <b>(j)</b> the requirements on any other nondiscrimination Statute(s) which may apply to the application.</p>	
<p><b>11.</b> 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.</p>	
<p><b>12.</b> 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.</p>	
<p><b>13.</b> 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.</p>	
<p><b>14.</b> 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.</p>	
<p><b>15.</b> Will comply with environmental standards which may be prescribed pursuant to the following: <b>(a)</b> institution of environmental quality control measures under the National Environmental Policy Act of 1969 (PL 91-190) and Executive Order (EO) 11514; <b>(b)</b> Environmental Policy Act of 1969 (PL 91-190) and Executive Order (EO) 11514; <b>(c)</b> notification of violating facilities pursuant to EO 11738; <b>(d)</b> protection of wetlands pursuant to EO 11990; <b>(e)</b> evaluation of flood hazards in flood plains in accordance with EO 11988; <b>(f)</b> 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.); <b>(g)</b> 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.); <b>(h)</b> protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (PL 93-523); and <b>(i)</b> protection of endangered species under the Endangered Species Act of 1973, as amended, (PL 93-205).</p>	
<p><b>16.</b> 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.</p>	
<p><b>17.</b> 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.).</p>	
<p><b>18.</b> Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984.</p>	
<p><b>19.</b> Will comply with all applicable requirements of all other Federal laws, Executive Orders, regulations and policies governing this program.</p>	
<b>Name of Authorized Certified Official</b>	
<b>Title</b>	
<b>Applicant Organization</b>	
<b>Date Submitted</b>	

**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><b>DEPARTMENT OF HEALTH AND HUMAN SERVICES</b></p> <p><b>Health Resources and Services Administration</b></p> <p><b>PROJECT COVER</b></p>	<b>FOR HRSA USE ONLY</b>		
	Grantee Name		
	Grant Number		Application Tracking #
	Project #		Project Type
	Project Title		
<b>1. Site Information</b>			
Current Square Footage		Cost per square foot	
<b>2. Project Management</b>			
<p>a. Explain the administrative structure and oversight for the project, including the role and responsibilities of the health center's key management staff and governing board regarding the proposed FIP project.</p> <p>b. Indicate the qualifications of the individual (the Project Manager) who will be responsible for managing the project and the individuals (Project Team) who will be implementing the project.</p> <p>c. Describe how the Project Team has the expertise and experience necessary to successfully manage the project within the timeline outlined and achieve the goals and objectives established for this project.</p> <p>d. If the organization is at an early stage in the development of the project, indicate how the team will manage the project.</p> <p>e. Describe the ongoing institutional (e.g., governing board, management) commitment to the proposed improvement or enhancements.</p> <p>f. Maintain documentation that an alternatives analysis was conducted; the documentation should show at least three alternatives were considered and the rationale for selection of the proposed project.</p> <p>g. Maintain documentation on the organization's acquisition strategy; if the strategy does not include competition, provide a rationale.</p> <p>(Maximum 4000 Characters)</p>			
<b>3. Contact Information</b>			
3a. Identify the individual at the health center who will be responsible for managing this project.			
<b>Project Manager</b>			
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	
3b. Identify the individuals who comprise the project team at the health center who will be responsible for managing this project. (Note: Please provide complete name and title of the team member) (Maximum 2000 Characters)			

<b>4. Need</b>	
<p>a. 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).</p> <p>b. Describe the extent to which the existing facility is inadequate to provide effective, efficient, quality care, and optimal patient outcomes for the target population.</p> <p>c. Identify and discuss the target service area.</p> <p>d. Identify the target population and describe the need for the proposed primary care services (e.g., demographic data, health status, barriers to care issues). State concisely the importance of this project to the organization's mission and the population it serves.</p>	
(Maximum 4000 Characters)	
<b>5. Implementation and Monitoring</b>	
<p>a. 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).</p> <p>b. Explain how the proposed improvements will expand or improve the organization's effectiveness, efficiency, quality of care, and patient outcomes.</p> <p>c. Identify any additional sources of funding that have been secured or committed (provide the source of those funds, amount, and date committed/secured).</p> <p>d. Identify the resources available to cover start-up costs (such as staff recruitment and training), operating costs, and any debt obligations.</p> <p>e. Provide key qualifications and relevant experience of contractors that the applicant may contract with to facilitate the implementation of the project.</p> <p>f. Explain how the organization will deal with any unexpected difficulties and/or challenges that may arise.</p> <p>g. Describe the methodology that will be used to track progress with developing the facility and (ii) bringing about the service delivery impacts anticipated.</p> <p>h. Explain the risk management plan; include identification of barriers and strategies to resolve issues. Identify and list potential challenges and mitigation strategies. Quantify the probability of occurrence and the level of impact (high, medium, low).</p> <p>i. Report on Earned Value Management, if possible.</p>	
(Maximum 4000 Characters)	
<b>6. Timeline</b>	
Project Completion Date (MM/YYYY)	
<p>Indicate the timeframe for demonstrating progress with this FIP project by identifying the start and end dates for each of the following critical milestones: planning, project development, procurement, implementation, and project completion. Describe the current status of the project including any steps that may have been accomplished to date and identify the person or entity accountable for each milestone. Applicants must keep in mind that the project/budget period for FIP awards is 2 years (24 months). (Maximum 1000 Characters)</p>	

<b>DEPARTMENT OF HEALTH AND HUMAN SERVICES</b>  <b>Health Resources and Services Administration</b>  <b>PROJECT IMPACT</b>	<b>FOR HRSA USE ONLY</b>		
	Grantee Name		
	Grant Number		Application Tracking #
	Project #		Project Type
	Project Title		
<b>DIRECT IMPACT</b>			
<b>Space Type</b>			
	<b>Square Feet Increased</b>	<b>Square Feet Improved</b>	
Administrative Space			
Clinical Space			
Other			
Please Describe: (Maximum 150 characters)			
<input style="width: 200px; height: 15px;" type="text"/>			
<b>Total</b>			
<b>Projected FTEs</b>			
<b>Staff Type</b>	<b>FTEs Created</b>	<b>FTEs Retained</b>	
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			

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

<b>DEPARTMENT OF HEALTH AND HUMAN SERVICES</b> <b>Health Resources and Services Administration</b> <b>BUDGET</b>		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.

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

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

<b>DEPARTMENT OF HEALTH AND HUMAN SERVICES</b>  <b>Health Resources and Services Administration</b>  <b>ADD SITE CHECKLIST</b>	<b>FOR HRSA USE ONLY</b>			
	Grantee Name			
	Grant Number		Application Tracking #	
	Project #		Project Type	
	Project Title			
<b>QUESTIONS FOR ADDITION OF SITE</b>				
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? <i>(Please provide a summary within 3000 characters.)</i>				
2a. When do you plan to add the site? Specify Effective Date for site addition. (mm/dd/yyyy)				

<b>3. Information about target population to be served at the new service site</b>	
3a. Number of patients to be served	
3b. Percentage of patients below 200% of Federal Poverty Level	
3c. Percentage of uninsured patients	
<b>4. Will this site serve patients currently being served or targeted to be served by other health centers (funded FQHCs or FQHC Look-Alikes)?</b>	
<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)	
<b>5. Does your Board of Directors currently have representation from the area of the newly proposed site?</b>	
<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)	
<b>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?</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
6a. If Yes, how will you support the site when these funds are no longer available? (Please provide a summary within 3000 characters.)	

<b>DEPARTMENT OF HEALTH AND HUMAN SERVICES</b>  <b>Health Resources and Services Administration</b>  <b>OTHER REQUIREMENTS FOR SITES</b>	<b>FOR HRSA USE ONLY</b>		
	Grantee Name		
	Grant Number		Application Tracking #
	Project #		Project Type
	Project Title		
<b>1. Site Control and Federal Interest</b>			
1a. Estimate the useful life of the project (for alteration/renovation projects ONLY)			
1b. Identify current status of property (If 'Leased', please answer question 1c)			
<input type="checkbox"/> Owned <input type="checkbox"/> Leased			
1c. Is the project type: <ul style="list-style-type: none"> <li>• Construction project, or</li> <li>• Alteration/Renovation project with a net project cost (total project cost less equipment costs) <b>greater than \$500,000?</b></li> </ul>			
<input type="checkbox"/> Yes <input type="checkbox"/> No  If ' <b>Yes</b> ', please select <b>ANY ONE</b> of the following: <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 of the project site prior to expending project grant funds.  If ' <b>No</b> ', please certify the following: <input type="checkbox"/> We, _____, certify that the existing lease will provide the health center reasonable control of the project site, is consistent with the scope of the approved FIP project, and that we are in compliance with all terms and conditions affecting the federal interest.			
<b>2. Cultural Resource Assessment and Historic Preservation Considerations (for alteration/renovation projects ONLY)</b>			
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 alteration/renovation 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	
<b>Statement of Agreement</b>			
Please include Statement of Agreement with this application—if applicable.			

<b>DEPARTMENT OF HEALTH AND HUMAN SERVICES</b>  <b>Health Resources and Services Administration</b>  <b>ENVIRONMENTAL INFORMATION AND DOCUMENTATION (EID)</b>	<b>FOR HRSA USE ONLY</b>		
	Grantee Name		
	Grant Number		Application Tracking #
	Project #		Project Type
	Project Title		
<b>Grantee Authorized Official:</b> <b>Phone:</b> <b>Email:</b>  <b>Grantee EID Preparer:</b> <b>Phone:</b> <b>Email:</b> <b>Address:</b>			
<b>A. USE OF NATURAL RESOURCES</b>			
This set of criteria is concerned with the use and <u>accessibility</u> 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.			
<b>1. Is there a controversy with respect to environmental effects of the action based on reasonable and substantial issues?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes explain:			
<b>2. Will the action <i>not comply</i> with local and State land use planning?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes explain:			
<b>3. Is the action significantly greater in scope than normal for the area, or will it have significant unusual characteristics?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes explain:			
<b>4. Will the action change traditional use of the land parcel (by rezoning, etc.)?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete the following: Present Zoning: _____ Present Use of Site: _____ Proposed Zoning: _____			
<b>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?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes explain:			

<p><b>6. Will the action alter the use of other land by related development of stores, roads or site changes?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No                  If yes explain:</p> <p>a) Generate new stores?  <input type="checkbox"/> Yes <input type="checkbox"/> No                  If yes explain:</p> <p>b) Cause new roads?  <input type="checkbox"/> Yes <input type="checkbox"/> No                  If yes explain:</p> <p>c) Cause new parking?  <input type="checkbox"/> Yes <input type="checkbox"/> No                  If yes explain:</p>
<p><b>7. Is the action located in either a 100-year or, for critical actions, a 500-year floodplain?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No                  Regardless of whether the project is in a known floodplain, please 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 <a href="http://www.msc.fema.gov">http://www.msc.fema.gov</a>. 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.)</p>
<p><b>8. Will the proposed action adversely impact flood flows in a floodplain or support development in a floodplain?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No                  If yes explain:</p>
<p><b>9. Will the action include the use of wetlands (swamps, marshes, etc.)?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No                  If yes explain:</p>
<p><b>10. Will the action decrease the volume of water in a lake, river table, reservoir, etc.?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No                  If yes explain:</p>
<p><b>11. Will the action change traditional use of a body of water?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No                  If yes explain:</p>

<p><b>12.</b> 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.)  <input type="checkbox"/> Yes <input type="checkbox"/> No                  If yes explain:</p>
<p><b>13.</b> 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.  <input type="checkbox"/> Yes <input type="checkbox"/> No                  If yes explain:</p>
<p><b>14.</b> Will the action adversely impact a Wilderness Area (Wilderness Areas are specifically designated areas of land)?  <input type="checkbox"/> Yes <input type="checkbox"/> No                  If yes explain:</p>
<p><b>15.</b> 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 the activity will affect the view?)  <input type="checkbox"/> Yes <input type="checkbox"/> No                  If yes explain:</p>
<p><b>16.</b> Will the action block access to known mineral deposits? (Sand, gravel, clay, stone, or other common building materials are not considered mineral deposits.)  <input type="checkbox"/> Yes <input type="checkbox"/> No                  If yes explain:</p>
<p><b>17.</b> Will the action increase fuel and mineral consumption in State by more than 1% annually?  <input type="checkbox"/> Yes <input type="checkbox"/> No                  Est. annual fuel requirements:                  _____ gallons of fuel                  _____ cubic feet of natural gas                  _____ tons of coal                  _____ kWh of electricity                  Expected source(s) of these fuels:</p>
<p><b>B. POLLUTION</b></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 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.</p>

<p><b>1. Will the action increase identifiable ambient air pollution levels from a new emission source or from existing sources?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No                  If yes explain:</p>
<p><b>2. Will the action increase identifiable ambient air pollution levels through a major increase in the number of or use of automobiles, trucks, etc.?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No                  Approximate number of new employees: _____</p>
<p><b>3. Will the action exceed city or State health standards with exhausts from fume hoods?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No                  If yes explain:</p>
<p><b>4. Will the action require major sedimentation and erosion control measures? (Consider earth disturbing activities including construction or expansion of a parking lot.)</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No                  If yes explain:</p>
<p><b>5. Will the action involve:</b></p> <p>a) Dredging or swamp drainage?  <input type="checkbox"/> Yes <input type="checkbox"/> No                  If yes explain:</p> <p>b) Construction of a waste treatment plant?  <input type="checkbox"/> Yes <input type="checkbox"/> No                  If yes describe capacity and location:</p> <p>c) Discharge of untreated human waste directly into a lake, river, etc.?  <input type="checkbox"/> Yes <input type="checkbox"/> No                  If yes explain:</p> <p>d) Discharge of laboratory wastes or biohazard wastes directly into a lake, river, etc.?                  If Yes Describe:</p>
<p><b>6. Will the action overload existing waste treatment plants due to new loads (water volume, chemicals, toxicity, etc.)?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No  <u>If yes, please obtain and submit a connection permit or other approval from local sewer authority.</u></p>
<p><b>7. Will the action cause soil erosion (after completion of construction phase) or leaching of foreign substances (such as salt) into soil?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No                  If yes explain:</p>

<p><b>8.</b> Will the action allow seepage of contaminants into the water table?  <input type="checkbox"/> Yes <input type="checkbox"/> No                  If yes explain:</p>
<p><b>9.</b> Will the action place stress upon an identified earthquake fault?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><u>If yes, please include a statement from a structural engineer.</u></p>
<p><b>10.</b> 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><b>11.</b> 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><b>12.</b> 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><b>13.</b> 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><b>14.</b> 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 15-19: Facility will/will not emit noises in 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.</i></p>

<p><b>15. Will the action produce noises considered offensive to a human population?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No                  If yes explain:</p>
<p><b>16. Will the action create sounds that result in changes in behavior patterns of animals?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No                  If yes explain:</p>
<p><b>17. Will the action introduce major new sources of unshielded radiation?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No                  If yes explain:</p>
<p><b>18. Will the action cause shock waves and/or vibration (after construction phase)?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No                  If yes explain:</p>
<p><b>19. Will the action change the direction and wind velocity as to affect the local population (i.e., high-rise building)?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No                  If yes explain:</p>
<p><b>20. Will the action cause a new, large volume of production of non-recycled items?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No                  If yes explain:</p>
<p><b>21. Will the action result in the non-recycling of recyclable items such as laboratory glassware, animal cages, and office paper?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No                  If yes explain:</p> <p>If no, indicate number of:                  Glassware-washing machines: _____                  Cage-washing machines: _____</p>
<p><b>22. Will the action generate solid wastes that cannot be properly disposed of by existing facilities?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No                  If yes, describe proposed methods and disposal sites.</p>
<p><b>23. Will the action dispose of solid wastes in polluting landfills, wells, caves, etc.?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No                  If yes explain:</p>

<p><b>24.</b> Will the action require storage of waste pending technology for safe disposal?  <input type="checkbox"/> Yes <input type="checkbox"/> No                  If yes explain:</p>
<p><b>25.</b> Will the action not comply with Federal, State, and local requirements for waste handling, transportation, or disposal methods?  <input type="checkbox"/> Yes <input type="checkbox"/> No                  If yes, describe proposed methods:</p>
<p><b>C. POPULATIONS</b></p>
<p>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.</p>
<p><b>1.</b> Will the action result in a 5% change in the density of the local population?  <input type="checkbox"/> Yes <input type="checkbox"/> No                  If yes:                  Est. local population: _____                  Number of new employees: _____</p>
<p><b>2.</b> Will the action result in an alteration of transportation, health, education, and/or welfare service?  <input type="checkbox"/> Yes <input type="checkbox"/> No                  If yes explain:</p>
<p><b>3.</b> Will the action result in a change in social service needs by altering the population's age pattern (new schools, etc.)?  <input type="checkbox"/> Yes <input type="checkbox"/> No                  If yes explain:</p>
<p><b>4.</b> Will the action result in a 5% change in the transient population?  <input type="checkbox"/> Yes <input type="checkbox"/> No                  If yes, include estimated number of:                  Visitors: _____                  Patients: _____                  Students: _____</p>
<p><b>5.</b> Will the action result in changes in genetic engineering directed at the human population?  <input type="checkbox"/> Yes <input type="checkbox"/> No                  If yes explain:</p>
<p><b>6.</b> 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></p>

<b>D. HUMAN SERVICES</b>
<p>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.</p>
<p><b>1. Could the action disrupt food supplies for over 48 hours?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No                      If yes explain:</p>
<p><b>2. Could the action disrupt water supplies for over 48 hours?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No                      If yes explain:</p>
<p><b>3. Could the action disrupt electrical power for over 48 hours?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No                      If yes explain:</p>
<p><b>4. Could the action disrupt heating supplies (natural gas, heating oil) for over 48 hours?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No                      If yes explain:</p>
<p><b>5. Could the action deprive population of housing for over 48 hours?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No                      If yes explain:</p>
<p><b>6. Could the action disrupt removal of sewage for over 12 hours?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No                      If yes explain:</p>
<p><b>7. Could the action disrupt removal of solid waste (trash) for over 7 days?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No                      If yes explain:</p>
<p><b>8. Could the action disrupt existing health services' response in case of a disaster?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No                      If yes explain:</p>

<p><b>9. Could the action disrupt telephone, telegraph, radio, or mail service for over 2 weeks?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No                  If yes explain:</p>
<p><b>10. Could the action disrupt transit service for over 2 weeks?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No                  If yes explain:</p>
<p><b>11. Will the action use more than 5% of remaining electrical capacity? (<u>Will the project require electrical upgrades?</u>)</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No                  If yes:                  Estimated daily usage is ____ kWh.   <u>If yes, please obtain and submit an approval letter from local utility or plant engineer.</u></p>
<p><b>12. Will the action use more than 5% of remaining water?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No                  If yes:                  Estimated daily usage is ____ gallons.   <u>If yes, please obtain and submit an approval letter from local utility or plant engineer.</u></p>
<p><b>13. Will the action use more than 5% of available capacity of the sewage treatment system (branch lines, mains, plants)?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No                  Estimated daily flow is ____ gallons.   <u>If yes, please obtain and submit an approval letter from local utility.</u></p>
<p><b>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.</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No                  If yes explain:</p>
<p><b>15. Will the action use more than 5% of available heating fuel (gas, coal or heating oil)?</b>  <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><b>16. Will the action decrease by 5% the food delivery system by removal of retail food stores etc.?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No                  If yes explain:</p>
<p><b>17. Will the action decrease by 5% the area's domestic housing by demolition, closing, etc.?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No                  If yes explain: Will any housing be demolished, closed, etc.?</p>

<p><b>18.</b> 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><b>19.</b> 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><b>20.</b> 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><b>21.</b> 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><b>22.</b> 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><b>23.</b> Will the action cause discontinuation of existing stops or train stations?  <input type="checkbox"/> Yes <input type="checkbox"/> No                  If yes explain:</p>
<p><b>24.</b> 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><b>25.</b> Will the action eliminate employment sources for 10% of the population?  <input type="checkbox"/> Yes <input type="checkbox"/> No                  If yes explain:</p>
<p><b>26.</b> Will the action change school enrollment by more than 5%?  <input type="checkbox"/> Yes <input type="checkbox"/> No                  If yes explain:</p>

<b>E. HUMAN VALUES</b>
<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><b>1.</b> 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>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.</u></p>
<p><b>2.</b> 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, contact the local State Fish and Wildlife Agency or the regional office of the US Fish and Wildlife Service.</u></p>
<p><b>3.</b> 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><b>4.</b> 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><b>5.</b> 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>
<b>F. Mitigative Measures</b>
<p>Please discuss any mitigative measures undertaken to minimize any environmental impacts. For example, utilizing the EPA's Energy Performance Environmental Assessment Tool (EPEAT) or EnergyStar guidance as part of IT selection and purchase criteria, using EPA's Environmentally Preferred Purchasing Guidance for 'green' products and services, or incorporating Sustainable Design or Leadership in Energy and Environmental Design (LEED) standards into alteration/renovation or new construction project.</p>

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):

<b>Signature (Type Full Name)</b>	<b>Title or Position</b>	<b>Phone #</b>	<b>Date</b>
<i>(Grantee or responsible, knowledgeable person who completed this document)</i>			

<b>Signature (Type Full Name)</b>	<b>Title or Position</b>	<b>Phone #</b>	<b>Date</b>
<i>(Grantee Authorized Representative)</i>			