



**FY 2019 Health Center Controlled Networks (HCCN)
Notice of Funding Opportunity (NOFO)
Frequently Asked Questions**

HRSA-19-011

This document provides responses to frequently asked questions (FAQs) about the fiscal year (FY) 2019 Health Center Controlled Networks (HCCN) funding opportunity. This document will be updated as necessary, so please check frequently for new versions on the HCCN technical assistance (TA) web page available at

<http://bphc.hrsa.gov/programopportunities/fundingopportunities/HCCN/index.html>.

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General Information

1. What is a Health Center Controlled Network?

HCCNs are networks of health centers working together to leverage health information technology (health IT) to improve access to care, enhance quality of care, improve operational and clinical practices, and achieve cost efficiencies through the redesign of practices to integrate services and optimize patient outcomes.

2. What makes an HCCN different from other groups of health centers that work together?

An HCCN is a network that is at least majority controlled and, as applicable, at least majority owned by Health Center Program award recipients (i.e., the majority of the governing board members are Health Center Program award recipients). See FAQ 8 for more information.

3. What is the purpose of the FY 2019 HCCN funding opportunity?

The purpose of the FY 2019 HCCN funding opportunity is to support health centers to leverage health IT to increase their participation in value-based care through:

- Enhancing the patient and provider experiences;

- Advancing interoperability; and
- Using data to enhance value.

4. How does this funding opportunity (HRSA-19-011) differ from the preceding HCCN funding opportunity HRSA-16-010?

See the Summary of Changes on page iii of the NOFO.

5. What is the deadline for submitting the HCCN application?

Applications will be submitted in two phases.

- Phase 1 – Grants.gov: January 3, 2019 (11:59 P.M. ET)
- Phase 2 – HRSA Electronic Handbooks (EHB): January 29, 2019 (5:00 P.M. ET)

6. How many HCCN awards will be made and when will HCCN funds be awarded?

The funding amount per award is dependent upon the number of participating health centers. As such, it is not possible to predict the exact number of awards that will be funded. HRSA estimates that approximately 50 HCCN awards will be issued on or around the project start date of August 1, 2019.

Eligibility

7. What organizations are eligible for the HCCN funding opportunity?

Eligible organizations include domestic public or private nonprofit entities. Domestic faith-based and community-based organizations, Tribes, and tribal organizations are also eligible to apply.

To be eligible, you must be:

- A network (referred to as an HCCN) that is **at least majority controlled** and, as applicable, at least majority owned **by Health Center Program award recipients** (i.e., the majority of the governing board members are Health Center Program award recipients); or
- A current Health Center Program **award recipient**, funded for at least the 2 consecutive preceding years, **applying on behalf of an HCCN**.

Additionally, the HCCN must have its **own governing board, independent** of the boards of its health center members.

8. How many Participating Health Centers (PHCs) are required for an HCCN?

To be eligible, an HCCN must propose at least 10 PHCs. A health center with multiple sites counts as only one PHC. A minimum of 51 percent of PHCs must be Health Center Program award recipients (e.g., if 10 PHCs are proposed, at least 6 must be Health Center Program award recipients and the remaining 4 may be look-alikes). If a Health Center Program award recipient is applying on behalf of an HCCN, the organization may elect to also be a PHC. HCCNs are required to maintain a minimum of 10 PHCs throughout the 3-year project period.

9. *New!* The NOFO states that 51% of the PHCs must be Health Center Program grantees. Can the remaining 49% of PHCs be a type other than look-alikes?

No, PHCs must be either Health Center Program award recipients or designated LALs.

10. New! Is a health center with 10 sites eligible to be an HCCN?

No. To be eligible, an HCCN must propose at least 10 PHCs. A single health center with multiple sites counts as one PHC.

11. Do I have to be an existing HCCN award recipient to be eligible?

No. New networks as well as and currently funded HCCNs are eligible.

12. Clarified! Are current Primary Care Association (PCA) or National Cooperative Agreement (NCA) award recipients eligible to apply to the HCCN funding opportunity?

A PCA or NCA is an eligible applicant if it:

- Meets all eligibility requirements as stated in Section III of the NOFO (e.g., is not a for-profit organization); and
- Is majority controlled by and acting on behalf of health centers funded under Section 330 of the PHS Act (as documented by the organization's bylaws).

13. Clarified! If a PCA applies to be an HCCN, are they still required to submit a letter of support from a PCA?

Yes, you must submit a letter of support from a PCA, even if your organization is a PCA applying to be an HCCN. The letter of support may be submitted by another PCA or your PCA. If you submit a letter of support from your own PCA, the letter must be signed by a PCA representative who is not part of the HCCN. For example, if the HCCN Project Director is separate from the PCA Project Director/CEO, then the PCA Project Director should sign the letter of support. If the HCCN project director also serves as PCA project director and CEO, this individual can sign the PCA letter of support, however, the letter requires a counter-signature of someone else in PCA leadership not directly involved with HCCN activities, such as a PCA Board chair.

14. Clarified! If a PCA is applying for HCCN funding, what is allowable and advisable in terms of the governance structure?

There are 2 types of eligible applicants for HCCN funding: HCCNs (networks majority controlled by Health Center Program grantees) and Health Center Program grantees applying on behalf of an HCCN. A PCA is an eligible applicant if the PCA is also a network that is majority controlled by Health Center Program grantees.

To clarify information shared during the TA call, a PCA may choose to have a governing board HIT subcommittee, dedicated to implementing and overseeing the activities performed under the HCCN grant. Such a committee alone, however, does not meet the eligibility requirements, and a PCA applying as an HCCN must demonstrate eligibility at the organization level.

Regarding the bylaws, if the applicant is a PCA, the PCA's bylaws must be submitted and must demonstrate compliance with HCCN eligibility requirements. If a health IT/HCCN oversight subcommittee is in place, this should be clear in the submitted bylaws.

15. Do the network bylaws (Attachment 9) have to be final?

Yes, network bylaws must be final, and signed and dated by the appropriate parties. Drafts are not acceptable.

16. What are the HCCN governance requirements?

You must be one of the following (see Section 330(e)(1)(C) of the Public Health Service Act, as amended):

- A network (referred to as an HCCN) that is at least majority controlled and, as applicable, at least majority owned by Health Center Program award recipients (i.e., the majority of the governing board members are Health Center Program award recipients); or
- A current Health Center Program award recipient, funded for at least the 2 consecutive preceding years, applying on behalf of an HCCN.

The HCCN must: (1) be at least majority controlled and, as applicable, at least majority owned by Health Center Program award recipients, and (2) have its own governing board, independent of the boards of its health center members.

In the HCCN NOFO, see the following for information on documenting HCCN governance requirements: Eligibility requirements in Section III, Project Narrative: Governance Section, and Attachment 9: Network Bylaws instructions.

Participating Health Center (PHCs)

17. What is a PHC?

PHCs are either Health Center Program award recipients or look-alikes that demonstrate a commitment to participating in HCCN activities for the entire 3-year project period. Health Center Program award recipients are organizations funded under Section 330 of the Public Health Service Act (42 U.S.C. 254b, as amended), while look-alikes are organizations with look-alike designation, meaning they meet all Health Center Program requirements but do not receive funding under Section 330. For more information on both award recipients and look-alikes, see <https://bphc.hrsa.gov/programopportunities/index.html>.

18. Can an organization be a PHC for two different HCCNs?

A Health Center Program award recipient or look-alike can only serve as a PHC for one FY 2019 HCCN award recipient. An organization that signs a Memorandum of Agreement (MOA) for more than one HCCN application because they do not know if 1 or both may be awarded risks making both applications ineligible or fundable at a reduced level if both applicants receive funding.

19. Can a PHC receive services from more than one HCCN?

While a health center can be a PHC for only one HCCN, it may receive services from any HCCN or other technical assistance provider.

20. What happens if we lose PHCs during the project period?

HCCNs are expected to maintain their proposed number of PHCs throughout the project period. If an HCCN maintains fewer PHCs than required for their funding tier for a period of longer than 90 days, HRSA may reduce funding in accordance with the funding tiers in Table 1 in the FY 2019 HCCN NOFO (see excerpt of table below). If an HCCN maintains fewer than 10 PHCs for a period of longer than 90 days, HRSA may reduce or discontinue funding.

Number of PHCs	Maximum Annual Award*
<10	Not eligible for funding
10-14	\$500,000
15-19	\$625,000
20-24	\$750,000
25-29	\$875,000

*HCCNs may apply for an additional \$125,000 for each 5 additional PHCs after 29 (e.g., 30-34, 35-39). See NOFO for full table.

21. When during the application process must PHCs be identified?

You will identify your PHCs in the HRSA Electronic Handbooks (EHB) via the PHC List form and Attachment 2: PHC Memorandum of Agreement (MOA). The proposed PHCs must be the same in both of these application components.

However, recruitment of PHCs should start immediately since PHCs need to sign an MOA and provide a variety of data to enable you to establish accurate baselines for each required objective. Additionally, the number of PHCs will determine your maximum allowed budget request, which you will enter in both Grants.gov and EHB.

22. Who from a health center can sign the MOA?

A health center’s CEO must provide confirmation of the health center’s commitment to the 3-year project by signing the MOA. For a health center with multiple sites, agreement from single site’s manager or director is not sufficient (unless that site manager/director is also the health center’s CEO).

23. New! Do all of the Attachment 2: PHC Memorandum of Agreement (MOA) pages count towards the 80-page application limit?

While the body of the MOA is included in the page limit, only the first PHC signature page is counted toward the page limit. All additional signature pages following the first one do not count toward the page limit.

24. New! Is it required for each PHC to participate in every proposed activity in the HCCN Work Plan?

The NOFO states that all PHCs should be engaged in all HCCN activities. The intent of this requirement is to ensure active participation of all PHCs as HCCNs strive to advance all required objectives. However, the level of engagement in each activity can vary across PHCs depending on each PHC’s unique needs and interest. For example, in some activity areas, you may find that a subset of PHCs are better suited to serve as peer mentors on an as-needed basis rather than T/TA recipients.

25. How many of the PHCs’ sites must be involved in the HCCN activities?

All sites of each PHC must participate in HCCN activities.

26. How will PHCs’ commitment to the HCCN project be documented in the application?

Attachment 2: PHC Memorandum of Agreement will document the commitment through compiled PHC CEO signatures. See page 14 of the NOFO for an example signature page, and keep in mind that the PHC List in EHB and Attachment 2 must include the same PHCs.

27. How should an agreement with a PHC involving unique elements be documented?

If the agreement with a PHC has unique elements, those details can be included in a clearly identified addendum to the Memorandum of Agreement provided in Attachment 2.

28. Other than Attachment 2: PHC Memorandum of Agreement, what other contracts or formal written agreements should be provided in the application?

No other contracts or agreements should be submitted. However, Attachment 7 should summarize any contracts and agreements that will substantially contribute to the success of the HCCN project beyond the activities included in Attachment 2. The contracts and agreements should be referenced in the budget documents, Project Work Plan, and Project Narrative, as appropriate. Attachment 2 should not be summarized in Attachment 7.

Project Work Plan

29. How should the Project Work Plan be submitted?

The Project Work Plan will be completed in EHB, as instructed in Appendix C of the NOFO. A sample work plan is available at <http://bphc.hrsa.gov/programopportunities/fundingopportunities/HCCN/index.html>.

30. Should the Project Work Plan cover 1 year or all 3 years of the proposed project?

The Project Work Plan must include target percentages for each objective that will be achieved by the end of the 3-year project period. You will then detail the activities that you will conduct in the first year (August 1, 2019 to July 31, 2020) to help you achieve the target percentages.

Additional details regarding planned Activities in years 2 and 3 must be included in the Project Narrative, Response Section, Item 2, which instructs you to “Provide a timeline for the subsequent 2 years of the 3-year project period, accompanied by narrative, as appropriate, that outlines how subsequent year activities will build upon those activities detailed in the Project Work Plan to achieve the 3-year target for each objective.” HCCN award recipients will annually provide an updated Project Work Plan through the Non-Competing Continuation Progress Report.

31. Can an application address only one goal or only one objective in a goal?

No. You must propose activities that will address all of the objectives within each goal.

32. Can an application propose additional objectives and/or goals?

No. You may only respond to the stated goals and objectives. Additions or modifications are not permitted. Note that for Objective C3, you will develop an objective and outcome measure to address an emerging issue based on the needs of your proposed PHCs (e.g., addressing substance use disorder, improving interoperability with Prescription Drug Monitoring Programs, utilizing telemedicine to improve access, participating in precision medicine initiatives).

33. What are the required goals and objectives?

See Appendix A: Goals and Objectives on page 25 of the HCCN NOFO.

34. How many activities should be proposed under each objective?

For each objective, propose 2-3 activities that will be conducted during the first year of the 3-year project period that will advance progress toward achieving the goal target by the end of the project period (July 31, 2022). Activities will vary based on identified PHCs' needs. Appendix D in the NOFO provides example activities for each objective.

35. *New!* If a PHC has a sub-recipient, should the sub-recipient's data be included when developing baseline data and assessing progress?

Yes, a PHC's sub-recipient is part of the health center's scope of project. Therefore it must be engaged in HCCN activities and its data must be included as part of the PHC's data.

36. For each objective, how are the numerators and denominators defined?

The FY 2019 Health Center Controlled Networks (HCCN) Goals and Objectives Development Guide, available on the [HCCN Technical Assistance webpage](#), provides definitions for the numerators and denominators.

37. Are there resources available to help develop the Project Work Plan?

See Appendix C: Project Work Plan Instructions, on page 27 of the HCCN NOFO, as well as the Project Work Plan sample on the [HCCN Technical Assistance Website](#).

Budget Presentation

38. Should the budget presentation include non-federal funding (i.e., program income)?

No. HCCN application budgets should include only the federal funding request and budget information related to the activities to be supported under the proposed HCCN project.

39. Are there expenses that are ineligible for HCCN funding?

Yes. For example, you cannot use these funds to purchase equipment, supplies, or staffing for use at the health center level or any other individual health center operational costs.

See Section XX of the NOFO and the HHS Grants Policy Statement available at <http://www.hrsa.gov/grants/hhsgrantspolicy.pdf> for more details.

40. Does the funding need to be evenly distributed over 3 years?

The maximum annual award in Table 1 of the HCCN NOFO is the annual funding limit based on the number of proposed PHCs. Budget requests are typically the same for each year of the project period based on this maximum annual award. However, the budget request can vary from year to year as long as it does not exceed the maximum annual award for which you are eligible.

41. If my organization already provides HCCN-type services for a charge, must we stop charging for those services despite the grant not covering all the expenses for providing the services?

Funds awarded under the HCCN funding opportunity must support activities specific to the project requirements as outlined in the NOFO. The HCCN grant activities must be kept separate and distinct from any of your other activities, services, and membership requirements. You are advised to propose new activities and services rather than duplicate those already offered. You may not require PHCs to

become members or pay to receive the services provided through the HCCN award.

42. Does HRSA require an Indirect Cost Rate Agreement?

No. You are only required to have an Indirect Cost Rate Agreement if you are budgeting for indirect costs. If you do not have an Indirect Cost Rate Agreement, costs that would fall into such a rate (e.g., administrative salaries) may be charged as direct line-item costs. If you wish to apply for an Indirect Cost Rate Agreement, more information is available at the HHS Division of Cost Allocation (DCA) webpage at <http://rates.psc.gov>.

43. If my organization has an indirect cost rate, what needs to be included in the application?

If indirect costs are requested, the Indirect Cost Rate Agreement must be provided as Attachment 10.

44. What should be included in the Budget Narrative?

A detailed Budget Narrative in line-item format must be completed for each budget period in the 3-year project period (i.e., Year 1, Year 2, and Year 3). The Budget Narrative must detail the costs of each line item within each object class category from the SF-424A: Budget Information – Non-Construction Programs form. Ensure that the Budget Narrative contains detailed calculations explaining how you derived each line-item expense. For subsequent budget years, the narrative explanation should highlight the changes from the preceding year or clearly indicate that there are no substantive changes.

45. Is there a required format for the Budget Narrative?

The Budget Narrative is file (e.g., Word, Excel, PDF) that will be uploaded in the Budget Narrative Form section in EHB. Both the line item information and narrative should be provided in the same file/document. A sample Budget Narrative is available on the [HCCN technical assistance webpage](#), but you may provide the Budget Narrative in another format as long as all required information is included.

Application Development

46. Clarified! Where can I access the HCCN application instructions?

To access the FY 19 HCCN NOFO in Grants.gov:

Go to: <https://www.grants.gov/web/grants> in the search bar, enter the NOFO number: "HRSA-19-011"

Click on the opportunity number hyperlink in the results.

Click on the tab called, "Package"

Under Actions, click "Preview", then "Download Instructions" to access the NOFO or click "Apply" to login and apply online.

Press the button, "Download Instructions."

47. Where is the project abstract submitted?

Upload the abstract as an attachment under Box 15 "Descriptive Title of Applicant's Project" on the SF-424 in Grants.gov. Should subsequent revisions be necessary, you may replace this abstract with a new version in the EHB application phase (you would then update the "Project Description" under the SF-424 – Part 2 tab).

48. How can I find out if my application is subject to review under Executive Order 12372 (SF-424 item 19)?

The [Executive Order 12372 website](#) provides a table of states that require review of federal funding applications prior to submission.

49. What is the page limit for HCCN applications?

There is an 80-page limit on the length of the total application when printed by HRSA. For information on what is included in the page limit, see page 6 of the NOFO. Please note that applications that exceed this page limit will be rejected by HRSA and will not move forward to eligibility screening or objective review.

50. Does HRSA have formatting guidelines (e.g., font type, font size) or upload requirements for attachments such as the Project Narrative and Budget Narrative?

Yes, you should submit single-spaced narrative documents with 12 point, easily readable font (e.g., Times New Roman, Arial, Courier), and 1-inch margins. Smaller font (no less than 10 point) may be used for tables, charts, and footnotes. HRSA will accept PDF, Microsoft Word, and/or Excel files. If using Excel or other spreadsheet documents, be aware that reviewers will only see information that is set in the “Print Area” of the document. Upload the attachments in portrait orientation. For more information, reference the SF-424 Two-Tier Application Guide (<http://www.hrsa.gov/grants/apply/applicationguide/sf424programspecificappguide.pdf>).

51. How will I be notified if my application was not successfully submitted in Grants.gov and/or EHB?

The Grants.gov Workspace feature checks for errors before submission in Grants.gov. More information on Grant.gov Workspace is available at <http://www.grants.gov/web/grants/applicants/workspace-overview.html>.

In EHB, all validation errors must be resolved before the application can be submitted to HRSA by the Authorized Official (AO) registered in EHB. For more information see [HRSA’s SF-424 Two-Tier Application Guide](#) and the HCCN EHB User Guide on the HCCN Technical Assistance Website.

52. *New!* Can I update my Grants.gov funding request when I start the EHB portion of my application?

Yes. You can update the amount requested in EHB in the budget information sections. See page 7 of the [EHB User Guide](#) for more information.

Technical Assistance and Contact Information

53. Who should I contact with programmatic questions concerning the HCCN submission requirements and process?

Refer to the HCCN technical assistance page available at <http://bphc.hrsa.gov/programopportunities/fundingopportunities/HCCN/index.html> for technical assistance webinar presentation slides and recording, sample application materials, and other resources. You may also contact the HCCN team in the Bureau of Primary Health Care’s Office of Policy and Program Development at 301-594- 4300 or online at <https://www.hrsa.gov/about/contact/bphc.aspx>.

54. Who should I contact with budget-related questions, including eligible costs?

Contact Christie Walker in HRSA's Division of Grants Management Operations at 301-443-7742 or cwalker@hrsa.gov.

55. If I encounter technical difficulties when trying to submit my application in Grants.gov, who should I contact?

For assistance with submitting the application in Grants.gov, contact Grants.gov at 1-800-518-4726 or support@grants.gov.

Register or update your SAM account as early as possible as registration may take up to one month and lack of registration will impact Grants.gov access.

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

Contact Health Center Program Support Monday through Friday, 8:30 AM to 5:30 P.M. ET (excluding federal holidays) at 1-877-464-4772 or online at <https://www.hrsa.gov/about/contact/bphc.aspx>.