FY 2017 New Access Point (NAP) Funding Opportunity Announcement (FOA)
Frequently Asked Questions (FAQs)

HRSA-17-009

Below are common questions and corresponding answers for the Fiscal Year (FY) 2017 NAP funding opportunity. New FAQs will be added as necessary, so please check the NAP Technical Assistance page located at http://bphc.hrsa.gov/programopportunities/fundingopportunities/nap/ for updates. The FAQs are organized under the following topics:

General Information

1. What is the purpose of the New Access Point (NAP) funding opportunity?

The purpose of this Health Center Program funding is to support comprehensive primary health care service delivery in areas that impact the Nation's underserved communities and vulnerable populations. Funding provides operational support for new Health Center Program service delivery sites.

2. What is a new access point?

A new access point is a new service delivery site for the provision of comprehensive primary and preventive medical health care services. New access points will increase access to comprehensive, culturally competent, quality primary health care services and improve the health status of medically underserved and vulnerable populations. See pages 1-4 in the funding opportunity announcement (FOA) for a detailed discussion of program expectations.

3. Can my organization request funding for more than one type of health center?

The term "health center" refers to four types of health centers (also called sub-programs) supported under section 330 of the PHS Act, as amended:

- Community Health Center (CHC – section 330(e))
- Migrant Health Center (MHC – section 330(g))

- Health Care for the Homeless (HCH – section 330(h))
- Public Housing Primary Care (PHPC – section 330(i))

You may request funding to support one or multiple types of health centers (i.e., CHC, MHC, HCH, PHPC) within a single application based on the population(s) to be served. For example, if you propose to serve both the general community and migratory and seasonal agricultural workers, you can submit a NAP application requesting both CHC and MHC funding. You are expected to demonstrate compliance with the specific requirements of each health center type for which funding is requested. See pages 2-3 of the FOA.

4. What are special populations?

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

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

5. How much funding is available to support NAP awards in FY 2017?

HRSA anticipates that approximately $50 million will be available to support an estimated 75 NAP awards in FY 2017. Of this total, approximately $40,750,000 is expected to be available for section 330(e) - CHC applicants, $4,300,000 for section 330(g) – MHC applicants, $4,350,000 for section 330(h) – HCH applicants, and $600,000 for section 330(i) – PHPC applicants. Pending the final Health Center Program appropriation funding level, HRSA may adjust the amount of funding and number of awards available under this funding opportunity announcement. In addition, all approvable but unfunded applications from the FY 2017 award cycle will remain eligible for potential funding for up to one year.

6. Can my organization request funding for more than one new access point site?

Yes. You may request funding to establish a single new access point site or multiple sites in a single NAP application as long as one proposed new access point site is a full-time, permanent site (with the exception of proposed NAP projects serving only migratory and seasonal agricultural workers, which may propose a seasonal rather than permanent site). An organization cannot request more than $650,000 in annual Federal funding regardless of the number of new access points proposed.

Eligibility

7. Who can apply for NAP funding?

Organizations eligible to compete for NAP funds include public or nonprofit private entities, including tribal, faith-based, and community-based organizations. (See the detailed list of eligibility requirements in Section III of the FOA on pages 6-9.) Applications may be submitted by organizations that do not receive Health Center Program operational funding (new start applicants) or organizations currently receiving Health Center Program funding (satellite applicants).

8. What is a new start applicant?

A new start applicant is an organization that is not currently a direct recipient of operational funding under the Health Center Program, including look-alikes. It is important that new start applicants correctly identify their application type as "New" for Item 2 on the Application for Federal Assistance SF-424 in Grants.gov.

9. What is a satellite applicant?

A satellite applicant is an organization that currently receives operational funding under the Health Center Program. It is important that satellite applicants correctly identify their application type for Item 2 on the Application for Federal Assistance SF-424 in Grants.gov. Satellite applicants should select "Revision" on SF-424, and then choose "Other" and type "Supplement" and the H80 grant number.

10. Are there new eligibility criteria compared to the FY 2015 NAP FOA?

Legislatively-mandated Public Housing Primary Care requirements were added to the eligibility criteria. Applicants applying for PHPC – section 330(i) funding must demonstrate, as documented in the Response section of the Project Narrative, that they have consulted with the public housing residents in the preparation of the NAP application and will ensure ongoing consultation with the residents regarding the planning and administration of the health center.

Additionally, several eligibility criteria were clarified:

- Applicants must provide a verifiable street address for each proposed site on Form 5B: Service Sites.
- Because comprehensive primary medical care is the main purpose of the NAP project, Form 5A: Services Provided must indicate that the applicant will provide General Primary Medical Care at the proposed NAP site either directly by the health center (Column I) and/or through formal written contractual agreements in which the health center pays for the service (Column II).

11. My organization is applying for Migrant Health Center funding. Can we propose a seasonal site?

Yes. The **only** exception to the requirement that a NAP application must propose to operate at least one permanent site 40 hours or more per week is for proposed NAP projects requesting **only** section 330(g) funding for MHC, which may propose a full-time (40 hours or more per week), seasonal service delivery site. Other applicants may request a seasonal site only in conjunction with a permanent site.

12. What is a Medically Underserved Area (MUA) or a Medically Underserved Population (MUP)?

A Medically Underserved Area (MUA) is a federally-designated geographic area in which residents have a shortage of personal health services. A Medically Underserved Population (MUP) is a federally-designated group of persons who face economic, cultural, or linguistic barriers to health care. For more information on the designation process, refer to http://www.hrsa.gov/shortage and/or contact your State Primary Care Office (listing available at http://bhpr.hrsa.gov/shortage/hpsas/primarycareoffices.html).

13. How do MUA and MUP designations affect my eligibility for NAP?

If requesting CHC funding, you must provide MUA or MUP designation information. If requesting only MHC, HCH, and/or PHPC funding, you are not required to have MUA/MUP designation for the proposed service area and/or target population.

Satellite applicants may list MUAs or MUPs currently served or indicate a different MUA or MUP designation for the proposed service area. New start NAP applicants requesting section 330(e) funding for CHC must propose to serve a defined geographic area that is officially designated, in whole or in part, as an MUA or MUP. Provide the MUA and/or MUP numbers that best describe the proposed service area.

To determine if the area is designated an MUA or an MUP, search on Find Shortage Areas at http://muafind.hrsa.gov/. You can also see MUAs and MUPs using the Basemaps and Optional Layers tool at www.udsmapper.org.

If the area is not currently an MUA or MUP, provide documentation that a request for designation has been submitted. MUA/MUP designation must be received prior to a final HRSA FY 2017 NAP funding decision. For more information on the designation process, refer to http://www.hrsa.gov/shortage/ and/or contact your State Primary Care Office (listing available at http://bhpr.hrsa.gov/shortage/hpsas/primarycareoffices.html).

14. Does the new access point have to be located in an MUA to be eligible for NAP funding?

Although the NAP site does not have to be located in an MUA, if requesting section 330(e) funding for CHC funding, you must demonstrate that the new access point will serve individuals that reside in an MUA or are a part of an MUP.

15. Does an organization have to be currently providing health services to be eligible to apply for NAP funding?

No. However, you must present a plan demonstrating that **all** proposed sites in the NAP application will be operational and fully compliant with the Health Center Program requirements within 120 days of Notice of Award. Also, in the Resources/Capabilities section of the Project Narrative, you must demonstrate the organizational capacity to open and operate the site.

16. Are organizations located outside of the United States eligible to apply for NAP funding?

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

17. Can I apply for NAP funding to provide a single service type (e.g., mental health services)?

No. To be eligible, you must propose to establish at least one full-time, permanent new access point for the provision of comprehensive primary health care services as its main purpose. You may **not** propose only one new access point to provide only a single service, such as dental, behavioral health, or prenatal services, or to address only a particular disease such as diabetes or HIV/AIDS.

18. Can New Access Point funding be used to operate a school-based health center?

Applicants may only propose to establish a school-based health center as a NAP site if it meets the following criteria:

- The school-based health center is a permanent, full time site that provides all required primary and preventive health care services to students of the school as well as the general underserved population in the service area without regard for ability to pay; OR
- The school-based health center is proposed in addition to a permanent, full time site that provides comprehensive primary health care, as proposed on Form 5B in the NAP application**.**

School-based health centers must demonstrate how members of the general community and students will have access to all required primary health care services, not only during school hours, but also when the school is closed. This can be accomplished through services at the school-based site, at other sites operated by the organization, or through other providers. All services must be available on a sliding fee scale.

19. Can New Access Point funding be used to operate a mobile van?

You may propose a mobile medical van as a new access point only if a permanent, full-time site is also proposed in the NAP application (with the exception of proposed NAP projects serving only migratory and seasonal agricultural workers, which may propose a seasonal rather than permanent site). A mobile van must be affiliated with a permanent or seasonal service site (a fixed building location) and fully equipped and staffed by health center clinicians providing direct primary care services. Proposals to expand the operation of an existing mobile van within the current scope of project (e.g., add new providers or services, expand hours of operation at current locations) are **NOT** eligible for consideration.

20. As an existing Health Center Program award recipient, may I propose to use NAP funding to consolidate two of my existing sites into a larger, centrally located new site?

No. NAP funding may not support the relocation or consolidation of current Health Center Program award recipient sites.

21. I recently submitted a Change in Scope request in EHB to operate a service site at 123 Main Street. May I propose to expand this site with NAP funding?

No. You cannot propose to support a site that is included in an active Change in Scope request at the time of application. Further, you cannot propose support for a site already in any Health Center Program award recipient's approved scope of project.

22. As a satellite applicant, can we include additional hours and services at one of our existing sites to serve our proposed NAP population?

No. The NAP application cannot propose the expansion of capacity (e.g., additional providers, additional patients, new services, new populations) at any site already in any Health Center Program award recipient's approved scope of project. Although new patients from the NAP site may be referred to existing sites for particular services, NAP funds cannot be used to support staff at sites that are not proposed NAP sites.

23. If a health center received a Health Infrastructure Investment Program or other Capital Development award, can we apply for NAP funding for this site?

As a satellite applicant, sites that were funded for construction and/or alteration/renovation projects under previous capital funding opportunities are included in the health center's scope of project and, therefore, are **not** eligible for NAP funding. Organizations that do not currently receive Health Center Program funding may propose a site previously funded through the School-Based Health Center Capital Program.

24. How do we determine if our proposed NAP site is located in another health center's scope of project?

Under the FY 2017 NAP, you cannot propose a physical site address already being operated by a current award recipient or one of its sub-recipients/contractors. Tools are available to assist you in determining the location of current Health Center Program award recipient sites, including the UDS Mapper (http://www.udsmapper.org) and Find a Health Center (http://findahealthcenter.hrsa.gov). Not all newly-established or pending health center service delivery sites are included in these resources. Applicants should leverage collaborations and partnerships to ensure that they are aware of the primary health care access needs in the proposed service area and local plans to meet those needs. As a resource, your state Primary Care Association may have conducted strategic planning to identify access needs and how to meet those needs in under or unserved areas.

25. Can I propose to serve zip codes in an existing health center's service area?

Yes, as long as you can demonstrate unmet need in the proposed service area, inclusive of all proposed zip codes.

26. If the health center proposed a new site for the Oral Health Service Expansion funding opportunity, can we apply for NAP funding for this site?

Satellite applicants will not receive a NAP award if they propose the same site(s) funded in July 2016 through the Oral Health Service Expansion funding opportunity.

27. Can a non-profit organization apply with a co-applicant?

Only public entities can apply with a co-applicant. When a public agency's board cannot independently meet all applicable health center governance requirements, the public agency may establish a separate co-applicant governing board that meets the Health Center Program governance requirements. For more information about co-applicants, refer to the Health Center Program Governance policy available at http://bphc.hrsa.gov/programrequirements/policies/pin201401.html.

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

These mistakes result in most ineligible decisions:

- Exceeding the 200-page limit.
- Missing a required attachment or uploading the wrong attachment (for example, uploading a duplicate budget justification narrative instead of the Project Narrative).
- Submitting an incomplete Project Narrative.

Program Requirements and Expectations

29. What are the program requirements for New Access Points?

Health Center Program requirements are established by section 330 of the PHS Act, as amended, and applicable regulations. See Appendix E in the FOA for a summary of the Health Center Program requirements and visit http://bphc.hrsa.gov/about/requirements/ for additional information.

30. Does the applicant organization have to be compliant with the program requirements at the time of application?

NAP applicants are expected to demonstrate compliance with the Health Center Program requirements and applicable regulations at the time of application, or provide a detailed plan demonstrating the steps that will be taken to become fully compliant within 120 days of award.

31. What is the timeframe for applicants to achieve the NAP patient projection?

HRSA will use the 2018 Uniform Data System (UDS) Report, submitted early in calendar year 2019, to determine whether applicants met the NAP unduplicated patient projection for calendar year January 1, 2018 to December 31, 2018.

32. Can we propose to use our mobile van at the location of the proposed permanent site or a temporary site located nearby to satisfy the requirement to provide services within 120 days of award?

No. All proposed NAP sites must be operational within 120 days of the Notice of Award. You should carefully consider the range of factors that may influence your ability to ensure that all proposed sites will meet this requirement when developing your proposal.

33. What is the Implementation Plan?

The Implementation Plan outlines plans for having all proposed sites open, operational, and compliant with all 19 Health Center Program requirements within 120 days of the Notice of Award (NoA). You can choose from the list of focus areas in Appendix D of the FOA and/or include other focus areas and goals as appropriate. For example, if you have a governing board of seven people at the time of application, you would detail the steps it will take to add additional board members to meet the minimum requirement of 9 members within the required 120 days. An Implementation Plan template is available at http://bphc.hrsa.gov/programopportunities/fundingopportunities/NAP/index.html.

34. Our health center is currently operational and compliant with all the program requirements. What do we include in the Implementation Plan?

Demonstrate your compliance with the program requirements, both in the Project Narrative and in the Implementation Plan. Specifically describe compliance at all proposed sites and highlight changes that will occur in areas such as access to care, services and outreach, and collaborations/partnerships as a result of the award. You have the option of setting your own goals in the Implementation Plan.

35. Does a tribal organization have to meet all of the program requirements?

No. Applicants that are Indian tribes or tribal or Indian organizations under the Indian Self-Determination Act or urban Indian organizations under the Indian Health Care Improvement Act (25 U.S.C. 1651) are not required to meet the governance requirements of the Health Center Program. However, tribal entities must meet all of the other statutory and regulatory requirements.

36. What organizations are eligible for a waiver of the board composition governance requirement?

Applicants requesting funding for special populations only (i.e., MHC, HCH, and/or PHPC) that do not currently receive or are not requesting CHC funding under section 330(e) are eligible for a waiver of the governance requirement that board composition has a 51 percent consumer/patient majority. An approved waiver does not relieve the organization's governing board from fulfilling all other statutory and regulatory board responsibilities and requirements. For detailed information regarding Health Center Program governance requirements, see Policy Information Notice 2014-01 at http://bphc.hrsa.gov/programrequirements/policies/pin201401.html.

Application Development

37. Where can I access the New Access Point funding opportunity announcement (FOA) and application package?

The New Access Point FOA and application package are available at http://www.grants.gov/. Follow the instructions below:

- Go to http://www.grants.gov.
- Under Search Grants, enter HRSA-17-009 in the Keyword or Funding Opportunity Number field and click SEARCH or GO.
- Click the Funding Opportunity Number link (HRSA-17-009).
- Click the Package tab (rightmost tab).
- Under Actions, click on Select Package, then enter your e-mail (to receive notification of changes) or select No, and click Submit.
- Under Download Instructions and Package:
  - Click the Download Instructions gray bar for the FOA.
  - Click the Download Package gray bar for the electronic application forms to be submitted in Grants.gov.

38. What technical assistance is available as I develop my application?

Application technical assistance resources, including webinars, samples, instructions, and contact information are posted on the NAP TA website at http://bphc.hrsa.gov/programopportunities/fundingopportunities/NAP/index.html.

Throughout the application development process, it may be helpful to discuss information specific to your state or region with your Primary Care Association (PCA) or Primary Care Office (PCO), and/or discuss data resources for special populations with our National Cooperative Agreements (NCAs) partners. For a listing of PCAs, PCOs, and NCAs, refer to http://bphc.hrsa.gov/qualityimprovement/strategicpartnerships/index.html.

39. Can more than one application be submitted by an organization?

No. An organization can submit only one application. You may request funding to establish one or more new access point sites in a single NAP application.

40. Is there a page limit for the NAP application?

Yes. There is a 200-page limit on the length of the total application when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments, letters of commitment and support, and implementation plan. Items not counted in the page limit include:

- Standard OMB-approved forms that are included in the application package.
- Program-specific forms completed in EHB.
- Attachments uploaded to Form 8 and the A/R forms.
- Attachment-specific tables of contents page(s).
- Independent financial audit.
- Indirect cost rate agreement.
- Proof of non-profit or public status.

It is critical that the page limit is strictly followed. Applications exceeding the page limit will be rejected by HRSA and will not be reviewed.

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

Yes. Narrative documents should be single-spaced in 12-point, easily readable font (e.g., Times New Roman, Ariel, Courier) with 1-inch margins. Smaller font (no less than 10-point) may be used for tables, charts, and footnotes. For more information, reference *HRSA's SF-424 Two-Tier Application Guide* available at http://bphc.hrsa.gov/programopportunities/fundingopportunities/NAP/index.html.

42. HRSA's SF-424 Two-Tier Application Guide seems to indicate that all attachments are submitted in Grants.gov, yet the FOA does not. Which instructions do I follow?

Follow the instructions in the funding opportunity announcement for the components to be submitted in Grants.gov and the Electronic Handbook (EHB). Page 9 in the FOA lists the forms to be submitted in Grants.gov and the forms and attachments to be submitted in EHB.

43. How does the Project Narrative differ from the Review Criteria?

The Project Narrative details the information you must include to provide a complete picture of the new access point proposed for this funding opportunity. The Review Criteria is the tool grant reviewers on the Objective Review Committee (ORC) will use to evaluate the information presented. You should review both the Project Narrative and Review Criteria when developing your application.

44. Why do the Project Narrative and Review Criteria repeatedly refer me to other sections of the application (e.g., appendices, attachments, forms)?

The Project Narrative and Review Criteria were written to guide applicants and reviewers to the relevant sections of the application where information should be presented. Both applicants and reviewers are expected to check the cross-referenced documents to ensure the application is providing complete and consistent information.

Budget Preparation

45. How much Federal funding can I request?

HRSA has established an annual cap of $650,000 for federal support of new access points regardless of the number and/or type of new access point sites proposed. As part of the $650,000, you may request up to $150,000 in Year 1 only for one-time minor capital costs for equipment and/or alterations/renovations.

46. Are there activities that are ineligible for NAP funding?

Yes. NAP funding may not be used for construction of facilities, fundraising, grant writing, or lobbying efforts. See page 32 in the NAP FOA for further information.

47. What should be included in the budget justification narrative?

The budget justification narrative must clearly describe each cost element and explain how each cost contributes to meeting the project's goals. In addition, it should explain how each line-item expense is derived (e.g., number of visits, cost per unit). A sample budget justification narrative is available at http://bphc.hrsa.gov/programopportunities/fundingopportunities/NAP/index.html.

48. What should be included in the Non-Federal funding information in the NAP application budget?

The NAP application requires the submission of a total project budget that shows all funding required for NAP project implementation. This includes Program Income (fees, premiums, third party reimbursements, and payments for services) and Other Income (State, Local, or other Federal grants or contracts; local or private support that is not generated from charges for services delivered) that will support the proposed NAP project.

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

Budget information submitted in Grants.gov may be updated in EHB.

50. How do I show my Year 2 funding request on the SF-424A?

Section E of the SF-424A (Federal Funds Needed for Balance of the Project) is used to request funding for Year 2 NAP funding (not to exceed $650,000). In Section E, enter the Federal funds requested for Year 2 only in the "First" column under Future Funding Periods (Years) for each proposed sub-program. Even though the column is labeled "First", it indicates Year 2 of the NAP project. The Second, Third, and Fourth columns must be $0, since these correspond to future funding years beyond the scope of the NAP project. See section 2 of the EHB NAP Applicant User Guide posted at http://bphc.hrsa.gov/programopportunities/fundingopportunities/NAP/index.html.

51. If the sub-program is incorrect on the SF-424A: Budget Information form, how can I change it?

In the Budget Information form, click on Change Sub-Program, then select the applicable sub-program(s). Once saved, the selected sub-program(s) (i.e., Community Health Center, Migrant Health Center, Health Care for the Homeless, and/or Public Housing Primary Care) will appear in the Budget forms and Form 1B.

52. Does NAP include funding for alteration/renovation or construction?

You may request one-time funding of up to $150,000 in Year 1 only to support minor alteration and renovation. NAP funds may not be used for construction or for major alteration and renovation.

53. Are equipment purchases allowable?

You may request one-time funding of up to $150,000 in Year 1 only for the purchase of equipment. Equipment is considered to be loose, moveable items that are non-expendable, tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost which equals or exceeds the lesser of (a) the capitalization level established by the applicant for its financial statement purposes, or (b) $5,000.

54. Can I purchase/enhance an EHR with NAP funding?

Electronic health record (EHR) systems are an allowable cost, as are site licenses and associated hardware. EHR costs, with the exception of licenses, fall under the one-time funding request. EHR licenses may be budgeted in the Other object class category.

55. Does the salary limitation apply to FY 2017 NAP awards?

Yes. The Consolidated Appropriations Act, 2016 (P.L. 114-113) includes provisions for a salary rate limitation. The law limits the salary amount that may be awarded and charged to HRSA grants. Award funds may not be used to pay the salary of an individual at a rate in excess of Executive Level II of the Federal Executive Pay scale. The Executive Level II salary is $185,100. This amount reflects an individual's base salary exclusive of fringe and any income that an individual may be permitted to earn outside of the duties to the applicant organization.

56. Does HRSA require applicant organizations to have an indirect cost rate?

No. If you do not have an indirect cost rate agreement, costs that would fall into such a rate (e.g., the cost of operating and maintaining facilities, 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 https://rates.psc.gov/.

57. If we have an indirect cost rate, what needs to be included in the application?

The current Federal indirect cost rate agreement must be provided in Attachment 15: Other Relevant Documents.

Forms

58. What forms are submitted in Grants.gov?

Complete the following forms in Grants.gov, under the Mandatory heading in the HRSA-17-009 Grant Application Package:

- Application for Federal Assistance (SF-424)
- Assurances for Non-Construction Programs (SF-424B)
- Project/Performance Site Location(s)

- Grants.gov Lobbying Form
- Key Contacts

Complete the Disclosure of Lobbying Activities (SF-LLL) if you have lobbying activities to disclose. Do not complete the Optional Other Attachments Form.

59. How should I complete the Type of Application field on the SF-424?

- ***New Start***: An organization that does not currently receive Health Center Program funding. Select "New" on the SF-424.
- ***Satellite***: An organization that currently receives Health Center Program funding. Select "Revision" on the SF-424, then choose "Other" and type "Supplement" and the H80 grant number.

60. How should I complete (4) Applicant Identifier, (5a) Federal Identity Identifier, and (5b) Federal Award Identifier fields on the SF-424?

On the SF-424 in Grants.gov, you can leave box 4 and box 5a blank. If you are submitting an application for a satellite, in box 5b, enter your Health Center Program grant number starting with H80 (i.e., H80CS00000).

61. What dates should be listed in Item 17 of the SF-424 for the Proposed Project Start Date and Proposed Project End Date?

Enter January 1, 2017 for the Proposed Project Start Date. Enter December 31, 2018 for the Project End Date.

62. How do I change the SF-424 information submitted in Grants.gov?

The SF-424 components are transferred into EHB under the Basic Information, Budget Information, and Other Information sections. You can update this information in EHB as desired. See sections 1 and 2 of the EHB NAP Applicant User Guide posted at http://bphc.hrsa.gov/programopportunities/fundingopportunities/NAP/index.html.

To change the abstract, go to the SF-424 Part 2 under the Basic Information section in EHB. The project abstract is attached in this form, under Project Description. You can view the original abstract submitted via Grants.gov, delete it, and replace it by uploading a revised abstract.

63. On Form 1A – General Information Worksheet, what is meant by "general underserved community"?

On Form 1A, "general underserved community" refers to anyone you anticipate serving who does not fall into one of the special population categories listed (people experiencing homelessness, migratory and seasonal agricultural workers, and/or public housing residents).

64. On Form 1A, do I enter the number of patients across the health center or just at the NAP site(s)?

Project the total annual number of patients and visits anticipated within each population type category for the NAP site(s) only for the calendar year January 1, 2018 – December 31, 2018. If funded, satellite applicants will have the total unduplicated patient projection from the NAP application added to their current Health Center Program Patient Target.

65. Should all staff be included on the Form 2 – Staffing Profile?

Only list the proposed staff for the NAP site(s) on Form 2, including staff whose salaries are paid through an indirect cost rate. In the Direct Hire column, only indicate the percentage FTEs for direct employees and volunteers. If contracts are used for a position, check yes in the Contract/Agreement FTE column. See Appendix A in the FOA for Form 2 instructions.

66. Where do I find data to complete Form 4 – Community Characteristics?

You can find population, economic, and geographic information at http://www.census.gov/. Under Data Tools & Apps, click the link for state and county Quick Facts or the American FactFinder that provides a searchable database of U.S. Census information. Other sources such as local government agencies or community organizations may be used for Form 4 data, as applicable.

67. Do the data for percent uninsured and percent population below 200% FPL need to match in Forms 4 and 9?

Due to variances in data sources, it is acceptable if the data on Form 9 and Form 4 do not match. Explain as appropriate in the Need section of the Project Narrative.

68. Why are only columns I and II permitted on Form 5A: Services Provided for General Primary Medical Care?

Because comprehensive primary medical care is the main purpose of the NAP project, Form 5A: Services Provided must indicate that the applicant will provide General Primary Medical Care at the NAP site(s) either directly by the health center (Column I) and/or through formal written contractual agreements in which the health center pays for the service (Column II). As long as one of the other modes of provision are selected, General Primary Medical Care can also be provided by referral arrangement (Column III).

69. As a current award recipient, how do I complete Form 5A if we are referring NAP patients to one of our existing sites for a particular service?

Form 5A should be completed to reflect the method by which the service will be delivered. If the service will be provided directly by the health center, even if the service is located at a different site in the health center's scope of project, then it should be indicated in column I on Form 5A. The Project Narrative should explain if the service will not be provided at the NAP site(s) and will instead be provided by the applicant at an existing Health Center Program site.

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

Proposed NAP sites must be listed on both Form 5B and the Project Performance Site Location(s) Form. However, only information on Form 5B will be used to determine eligibility and the scope of project.

71. Eligibility requirements state "Applicants must provide a verifiable street address for each proposed site on Form 5B: Service Sites." How do you define verifiable?

A verifiable street address is a street address (e.g., 123 Main Street, Suite 102), not a PO Box or intersection. "To be determined" is not acceptable.

72. What should be entered on Form 5B for the Medicaid Billing Number and the Medicare Billing Number?

Each service site should have its own Medicaid and Medicare numbers. If the site is not operational yet and you do not have a Medicaid or Medicare billing number, you may enter 00000.

73. What should be entered on Form 5B for the service area zip codes?

The service area zip codes entered on Form 5B should reflect those zip codes where the majority of patients of the proposed new access point reside. The site address zip code must be included in the service area zip codes.

74. How many board members should be listed on Form 6A – Current Board Member Characteristics?

Include all current board members on this form. Health Center Program regulations require there to be no less than 9 and no more than 25 board members. If the organization has less than 9 board members, input TBD as needed to get to 9 and include steps in the Implementation Plan for ensuring that the minimum number of board members is achieved within 120 days of award.

75. On Form 6A, how do we complete the gender, ethnicity, and race sections?

Enter the gender, ethnicity, and race numbers only for each board member that is a patient of the health center. See the instructions for Form 6A in Appendix A of the FOA for the definition of a patient board member.

76. On Form 8 – Health Center Agreements, what qualifies as a substantial portion of the proposed project?

Attach in Form 8 any contracts or memoranda of agreement/understanding for a substantial portion of the proposed project as well as any agreements that impact the governing board. This includes, but is not limited to, contracts for Chief Medical Officer, Chief Executive Officer, or Chief Financial Officer. It also includes any contract with an organization to provide a wide range of services on behalf of the health center to its patients (including any subrecipient/subaward arrangement).

Agreements that do not rise to the threshold of "substantial portion" should be summarized in Attachment 7, kept onsite, and, if funded, provided to HRSA for review upon request.

77. Why do I have to certify the Summary Page Form?

To ensure accurate information, the summary page requires you to verify key application data, including your commitments to achieving the goals proposed in the application. Specifically, funded applicants will be held accountable for reaching the total unduplicated patient projection made on Form 1A for calendar year January 1, 2018 to December 31, 2018. For current award recipients, these projections will be added to your current Health Center Program Patient Target. You must also verify that all NAP sites proposed on Form 5B will be operational within 120 days of award.

Form 9: Need for Assistance Worksheet

78. Why does HRSA require applicants to complete the Need for Assistance worksheet?

The Need for Assistance (NFA) worksheet provides a quantitative description of the need for services for the target population in a service area using objective and evidence-based indicators. Due to the high competition for funding, the NFA worksheet helps HRSA determine which applications demonstrate the greatest need. A portion of the application's final score (a maximum of 20 points) is based on the indicator and barrier data provided.

79. We plan to apply for NAP funding for more than one site. Do we need to submit a separate NFA Worksheet for each site?

No. If you propose multiple sites, the NFA Worksheet responses should represent the total combined population for all sites. Only one response may be submitted for each health indicator. Data values for different sites and/or populations should be combined into one aggregate response.

80. Is there any technical assistance for completing Form 9: NFA Worksheet?

The Data Resource Guide posted at the NAP TA webpage (http://bphc.hrsa.gov/programopportunities/fundingopportunities/NAP) provides data sources, data parameters, extrapolation instructions, and other resources for completing the NFA, including criteria for using alternate data sources. You should use the Data Resource Guide for step-by-step instructions for accessing data for each health indicator on the NFA worksheet. Also posted on the NAP TA webpage are sample extrapolation spreadsheets to use as a tool for data extrapolation, if applicable.

81. Can we use data sources that are not listed in the Data Resource Guide?

Alternate data sources are permitted if they meet the conditions listed on pages 4-5 of the Data Resource Guide. In the NFA worksheet, you must explain the data source and methodology used.

82. How many Core Barriers and Health Indicators must a health center complete?

A complete NFA Worksheet includes:

- Section 1: Data for three of the four Core Barriers
- Section 2: Data for one Core Health Indicator in each category: Diabetes, Cardiovascular Health, Cancer, Prenatal and Perinatal Health, Child Health, and Behavioral Health
- Section 3: Data for two of the 13 Other Health and Access Indicators

83. When completing the NFA Worksheet, should we provide responses based on data for our target population or the proposed service area?

All responses – with the exception of those for Core Barriers B, C, and D – should be based on data for the target population within the proposed service area to the extent possible. You should report data for the NFA Worksheet indicators based on the population groups specified in the Data Reporting Guidelines Table found on pages 61 and 62 of the FOA.

84. Our target population is homeless individuals. Can we complete the NFA using data for the low-income population in the service area?

Yes. You may also contact the National Health Care for the Homeless Council at http://www.nhchc.org/ for assistance in finding appropriate homeless data for your service area.

85. What if data are not available for my target population and/or service area?

In cases where data are not available for the specific service area or target population, you may use extrapolation techniques to make valid estimates using data available for related areas and population groups. The Data Resource Guide at http://bphc.hrsa.gov/programopportunities/fundingopportunities/NAP provides information on the use of extrapolation. Where data are not directly available and extrapolation is not feasible, use the best available data for the service area or target population and explain the data provided.

86. What is extrapolation?

For the purposes of the NFA, extrapolation is the process of using data that describes one population to estimate data for a comparable population, based on one or more common differentiating demographic characteristics. For information on using and documenting acceptable extrapolation techniques, refer to the Data Resource Guide and the Sample Extrapolation Spreadsheets posted at http://bphc.hrsa.gov/programopportunities/fundingopportunities/NAP.

87. How is the NFA Worksheet score calculated and incorporated into the overall application score?

The NFA Worksheet will be scored out of a total possible 100 points. See pages 63-67 in the FOA for point distributions. The NFA Worksheet score will be converted to a 20-point scale using the Conversion Table on page 68 of the FOA. The NFA will account for 20 of the 30 total points for the Need section of the Project Narrative.

88. What is the definition for "Data Response" which appears on the Need for Assistance Worksheet?

The Data Response is data you provide for each specified indicator. For instance, in Section I, the ratio you provide for the Population to One FTE Primary Care Physician Ratio for your service area and the percentage you provide for the Percent of Population Below 200% FPL would be the Data Responses. Data Responses are either ratios or percentages.

89. For Core Barrier A: Population to One FTE Primary Care Physician, the FOA states that applicants can use the target population to report the ratio; however, the Data Resource Guide says this data cannot be extrapolated. How do I report the ratio for my target population?

The data reported should reflect the providers available to the target population to the degree possible. Extrapolation from service area data to target population data does not work because there are often unique target population characteristics that result in reduced access in comparison to the service area population (i.e., extrapolation would result in numbers that make it appear that the target population has more access than it actually has). If your target population is a subset of the service area population, you must

directly assess the physician access of the target population for Core Barrier A: Population to One FTE Primary Care Physician. If the target population is a subset of the service area population, AND population-specific Health Professional Shortage Area (HPSA) data are not available for the target population, AND following the HPSA process is not possible, you should use service area level data as the basis for the ratio along with the instructions on pages 6-9 of the Data Resource Guide.

90. For Core Barrier A: Population to One FTE Primary Care Physician, can I use census tract-level data instead of Primary Care Service Area (PCSA) or HPSA data?

Yes. You can access census tract-level data at this link: http://datawarehouse.hrsa.gov/data/dataDownload/pcsa2010download.aspx, which provides the census tract-level data.

91. There are zero physicians in our proposed service area. How do I report this on Form 9?

If there are zero physicians in the entire proposed service area, enter 99999 as the data response for Core Barrier A: Population to One FTE Primary Care Physician.

92. For Core Barrier B: Percent of Population below 200% of Poverty, the Data Resource Guide provides the Map/Data utility as the primary data source based on Zip Code Tabulation Areas (ZCTAs). Can I use census tract-level data from the U.S. Census American Community Survey (ACS) instead?

Yes. You can use the ACS 5-year estimates for Percent of Population Below 200% FPL, available at http://www.census.gov/.

93. For Core Barrier C: Percent of Population Uninsured, the Data Resource Guide provides the ZCTA-level Map/Data utility as the primary data source. Can I use 5-year estimates from the ACS instead?

No. The 1-year 2014 ACS uninsurance data is more reflective of the current uninsurance rate than the 5-year estimates. It is acceptable to use the 1-year 2014 ACS - however, there must be a minimum of 65,000 population in an area to get 1-year ACS numbers. For smaller or less populated areas, match the ZCTAs on the Map/Data utility to the census tracts as closely as possible.

94. How do we measure distance to the nearest provider for Core Barrier D: Distance (miles) or Travel Time (minutes) to the Nearest Primary Care Provider Accepting New Medicaid Patients and Uninsured Patients?

Distance should be measured from the address of the proposed service site to the nearest provider accepting new Medicaid patients AND uninsured patients. If multiple sites are proposed, distance should be the average of the distance of the proposed sites to the nearest provider(s). See the Data Resource Guide at http://bphc.hrsa.gov/programopportunities/fundingopportunities/NAP/index.html for detailed instructions on completing this core barrier. For a provider to be counted as accepting uninsured patients, the provider must be willing to provide services to uninsured patients on a sliding fee scale or at no cost.

95. The recommended data source for the "Percent of children not tested for elevated blood lead levels by 72 months of age" indicator is the "CDC's State Surveillance Data." However, this report does not have a "Percent of Children Tested" column. What source should I use?

Unfortunately, the most recent data in the "CDC's State Surveillance Data" does not include the percent of children tested or the total number of children to calculate the percentage. Options for reporting this indicator include:

- Use an alternate data source, such as local health department data, if available. See alternate data source conditions on pages 4-5 in the Data Resource Guide.
- Use the CDC's State Surveillance Data from 2009 that shows the percentage.
- Determine the number of children less than 72 months of age in the service area (from local/state sources or the U.S. Census, Table B09001, Population under 18 years of age – click on add/remove geographies to set your service area and add the rows for under 3 years, 3 and 4 years, and 5 years: http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_14_5YR_B09001&prodType=table). Divide the number of children tested for blood lead in the most recent CDC State Surveillance Data by the total number of children less than 72 months of age, then multiply by 100 for the percentage.

96. What is the maximum number of points for an "Other" indicator? How many "Other" responses within Section II can be used?

The maximum score for an "Other" indicator is 4 points, rather than a maximum of 5 points for the indicators listed in the NFA. You are not restricted in the number of "Other" responses in Section II.

97. Is patient data an acceptable source of information for Form 9?

No. Form 9 is intended to work hand-in-hand with the Need section of the Project Narrative to quantitatively describe need in the target population. Patient data would be a subset of the target population and would not be appropriate to represent the entire target population.

98. Where can comparison data (e.g., state, national) be included on Form 9 so reviewers will better understand the severity of needs in a given service area?

Additional information beyond the benchmarks provided in the form can be included in Item 1 of the Need section of the Project Narrative.

Performance Measures

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

Refer to Appendix B of the FOA for instructions on how to complete the performance measure forms in EHB. The List of NAP Performance Measures, Performance Measure Fillable Form, and Clinical Performance Measure Form Field Guide and Sample are posted at http://bphc.hrsa.gov/programopportunities/fundingopportunities/NAP, as well as a webinar on the performance measures. The 2015 Uniform Data System (UDS) Reporting Manual (http://bphc.hrsa.gov/datareporting/reporting/2015udsmanual.pdf) provides additional measurement details, such as exclusionary criteria. Useful information

and training materials are available at http://www.hrsa.gov/data-statistics/health-center-data/reporting/index.html.

100. Many of the clinical performance measures have been revised for the 2016 UDS report. How do I set the baselines and goals for these measures in the NAP application?

Because of the timing of the NAP funding opportunity release and application module in EHB, the performance measures could not be updated to the recently approved measures for 2016 UDS. For the NAP application, continue to use the 2015 performance measure definitions based on the List of NAP Performance Measures to set baselines and goals. However, for calendar year 2016 UDS reporting, twelve clinical performance measures will be revised to align with the Centers for Medicare & Medicaid Services' electronic-specified Clinical Quality Measures (e-CQMs). Ongoing planning beyond the NAP application (e.g., EHR data collection) should take into account the revised measures referenced in Program Assistance Letter 2016-02 (http://bphc.hrsa.gov/programrequirements/policies/pal201602.html).

101. Can I include measures other than the required performance measures?

Yes. You may define as many additional measures as desired (both clinical and financial), by clicking on the Add Other Performance Measure button in the form in EHB. Please note that all measures defined in the application will be reported on yearly for the duration of the project period if the application is funded.

In addition, applicants who request MHC, HCH, and/or PHPC funding must include at least one measure that relates to each special population for which funding is requested.

102. Have changes been made to the performance measures since the FY 2015 NAP FOA?

Yes. Two performance measures have been updated. The Diabetes Clinical performance measure has been revised to adult patients with HbA1c levels > 9 percent and the HIV Cases with Timely Follow-up performance measure has been renamed HIV Linkage to Care. Additionally, two new performance measures have been added: Health Center Program Grant Cost per Patient and Oral Health Sealants.

103. Are the clinical and financial measures based on the entire organization or the NAP site(s) only?

The clinical and financial performance measures should address only the service area and target population of the proposed NAP site(s).

104. In general, how should I develop baselines for the performance measures?

Baselines for performance measures should be developed from current data that are valid, reliable, and derived from established management information systems wherever possible. Data sources could include electronic health records, disease registries, and/or chart sampling.

Refer to the 2015 Uniform Data System (UDS) Reporting Manual (http://bphc.hrsa.gov/datareporting/reporting/2015udsmanual.pdf) for exclusion criteria, baseline formulas (numerator and denominator), and sampling methodology for each measure.

If the proposed NAP is not operational, but you have comparable operations elsewhere, use comparable experience as a basis for estimating NAP baselines. Applicants with no operations should put zeros in the Numerator and Denominator subfields of the Baseline Data field and provide an explanation in the Comments field describing why baseline data are not yet available and stating when data will be available.

105. How do you calculate baseline data for a clinical or financial measure if you are a satellite applicant or current Health Center Program look alike?

Use data available from your existing site(s) and your UDS report as a starting point for estimating baselines for the NAP project.

106. How do I determine "Projected Data" for the performance measures?

Projected data are goals to be reached by the end of the 2-year project period. These goals (projected data) should be realistic for achievement by the end of the 2-year project period. They should be based on data trends and expectations, factoring in predicted contributing and restricting factors as well as past performance.

107. Can you clarify the age range for the Cervical Cancer Screening performance measure?

The measure is for women receiving a Pap test in the measurement year or two years prior, creating a "look-back period" (i.e., a woman who is currently 24 years old may have been 21 years old when she received a Pap test two years prior to the current measurement year). The data reflects women age 21-64, though the 24-64 age range is used to obtain the data.

108. What is the best way to integrate data from Healthy People 2020 in my health performance measures?

Healthy People 2020 (HP 2020) objectives, available at http://www.healthypeople.gov/2020/topics-objectives, may be used as a guide to assist you in setting goals for clinical performance measures. It is important to keep in mind that HP 2020 data and targets are for the United States *as a whole*, while health centers are serving a specific underserved population. Several of the HP 2020 objectives can be compared directly to UDS clinical performance measures. A table outlining the HP 2020 objectives related to these performance measures can be found at http://bphc.hrsa.gov/programopportunities/fundingopportunities/NAP.

Attachments

109. How should attachments be formatted?

HRSA will accept PDF, Microsoft Word, and/or Excel files. Do not use spaces or special characters when naming 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. Do not submit documents with multiple spreadsheets (tabs). Be sure to upload the attachments in the appropriate fields in EHB.

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

The Service Area Map should reflect the proposed service area. You can select county boundaries or draw the boundary lines on the map to reflect partial zip codes. The data reported in Forms 4 and 9 should reflect the service area and target population, as appropriate. Since the data in UDS Mapper is reported by Zip Code Tabulation Area (ZCTA), if you define your service area differently (e.g., by partial zip codes), data reported in the Attachment 1 table and Forms 4 and 9 may be different. You can explain differences in the data in the Need section of the Project Narrative by clearly explaining how the service area and target population are defined.

111. For Attachment 3: Applicant Organizational Chart, who is considered key personnel?

Key personnel may include key management staff such as the Chief Executive Officer (CEO), Chief Clinical Officer (CCO), Chief Financial Officer (CFO), Chief Information Officer (CIO), and Chief Operating Officer (COO), along with other individuals directly involved in oversight of the proposed new access point project (e.g., Project Director).

112. What is the difference between a Position Description (Attachment 4) and a Biographical Sketch (Attachment 5)?

A position description outlines the key aspects of a position (e.g., position title; description of duties and responsibilities; position qualifications; supervisory relationships; skills, knowledge, and experience requirements; travel requirements; salary range; work hours). A biographical sketch describes the key aspects of an individual that make him/her qualified for a position (e.g., past work experience; education/training; language fluency; experience working with the cultural and linguistically diverse populations to be served).

113. What should a public center submit for Attachment 8 (Audit), Attachment 9 (Articles of Incorporation), Attachment 12 (Evidence of Public Center Status), and Attachment 14 (Corporate Bylaws)?

A public center (also referred to as a public entity) is required to submit its annual audit (Attachment 8). If the public center has a co-applicant, submit the co-applicant's Articles of Incorporation (Attachment 9) and Bylaws (Attachment 14). You can also submit those of the public center. See page 30-31 of the FOA for acceptable proof of public center status (Attachment 12).

114. What should a Tribal entity submit for Attachment 8 (Audit), Attachment 9 (Articles of Incorporation), Attachment 12 (Evidence of Non-profit or Public Center Status), and Attachment 14 (Corporate Bylaws)?

A Tribal applicant is required to submit an annual audit (Attachment 8). For Attachments 9 and 12, Tribal organizations should reference the applicant's designation in the Federally Recognized Indian Tribe List maintained by the Bureau of Indian Affairs. For Attachment 14: Corporate Bylaws, a Tribal applicant may provide a work plan/document that explains:

- How it is going to establish a governing body over the health center (if one does not already exist);

- How it will incorporate community/target population/patient input into health center operations, including input from the total population to be served by the health center; and
- How it will maintain fiscal and programmatic oversight over the Health Center Program grant project.

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

Letters of support should be addressed to the appropriate applicant organization contact person (e.g., board, CEO) and submitted as Attachment 10. They should **not** be addressed to HRSA or mailed separately from the application. Letters of support sent directly to HRSA will not be considered by the Objective Review Committee.

116. What should be included in letters of support from state Medicaid agencies and health departments?

These entities can provide information to HRSA related to the need in the area where the new access point is being proposed and any details the agency may have regarding the ability of the applicant organization to carry out the project in compliance with Health Center Program requirements. See the list of key Health Center Program requirements at http://bphc.hrsa.gov/about/requirements/index.html.

117. Can I provide a letter of support from the local health department instead of the state health department or state Medicaid agency?

No. Applicants must provide letters of support for the proposed NAP project that demonstrate collaboration and coordination with both state and local entities as outlined in the FOA.

118. The State Medicaid agency, State Health Department, and State Primary Care Office are the same entity in my state. Is one letter from this agency acceptable?

If the State Medicaid Office, State Health Department, and/or State Primary Care Office are part of the same entity in your state, you can obtain one letter of support from an entity on behalf of the two or three offices/agencies/departments included as a part of that entity. The letter of support should make it clear which part(s) of the entity it represents.

119. What if I am not able to get a letter of support from one or more of the entities required in the FOA?

When efforts to obtain one or more letters of support are unsuccessful, provide documentation of the organization's efforts to obtain the letter(s) and any additional efforts toward collaboration and coordination.

120. Can I upload additional attachments?

Yes. You may upload additional relevant material in Attachment 15. Documents provided in this attachment will be included in the page limit.

One-Time Funding for Alteration/Renovation

121. What is the maximum amount I can request for one-time funding activities?

You may not request more than $150,000 in one-time funding in the first year of the project only, regardless of the scope of activities proposed.

122. What types of projects are appropriate for the NAP one-time funding?

You may propose minor alternation and renovation (A/R) (such as converting existing unused space into exam rooms or replacing the existing HVAC system) and/or equipment purchases relevant to the proposed project (such as an x-ray machine or dental chair).

123. What is the difference between Alteration/Renovation (A/R) and Construction?

Alteration/Renovation (eligible): Work required to modernize, improve, and/or reconfigure the interior arrangements or other physical characteristics of a facility; work to improve and/or replace exterior envelope; and work to improve accessibility (such as sidewalks and ramps) and/or life safety requirements in an existing facility. This type of project does not increase the total square footage of an existing building, and does not require ground disturbance or footings. Exceptions that would be considered minor A/R include:

- Minor parking lot renovation, such as resurfacing or restriping;
- Adding a covered walkway, which may require footing and ground disturbance; and/or
- Adding a sidewalk or an accessible ramp, which may require minimal footing and ground disturbance.

Construction (not eligible): A project that will increase physical square footage—either by building on to an existing facility or constructing a new facility from the ground up. This may include:

- Adding a wing to an existing facility;
- Adding a floor to an existing facility;
- Constructing a brand new structure;
- Demolishing a structure and building a new one in the same location;
- Permanently affixing a modular or prefabricated unit to an existing facility or land; and/or
- Expanding parking beyond an existing surfaced parking area.

124. Is it allowable to use the services of an architect that is a direct employee of the organization?

You must justify the use of your organization's work force (force account) by demonstrating that it will be cost effective and that qualified personnel are available to accomplish the work. Further information is available at http://bphc.hrsa.gov/policiesregulations/forcefaq.pdf.

125. Who should complete and sign the Environmental Information Documentation (EID) checklist?

The Authorizing Official of the applicant organization should complete and the sign the EID checklist. Because this is a certification of conditions and the potential impacts on and around a proposed project site, you are strongly encouraged to seek consultation from a qualified professional with experience with the National Environmental Policy Act (NEPA) to fully understand the information requested and ensure accurate responses.

126. If we propose to renovate a facility using one-time funds, what are the environmental and historic preservation requirements?

For information on environmental and historic preservation compliance requirements, see http://bphc.hrsa.gov/archive/policiesregulations/capital/environmentandhistoric/environmenthistoricfaq.pdf. Although applicants proposing renovation projects typically do not require preparation of a full Environmental Assessment under the National Environmental Policy Act (NEPA), you may need to comply with other requirements:

- If the proposed project involves exterior work, ground disturbance, or work on a building that is over 50 years old, the project may require State Historic Preservation Office (SHPO) consultation under Section 106 of the NEPA.
- Buildings constructed prior to 1985 may require submission of a hazmat study and abatement plan.
- If the site is located in a coastal state, the project may require compliance with the Coastal Zone Management Act.
- If the proposed project is in a 100 or 500 year floodplain, it may require compliance with E.O. 11988, Floodplain Management.

127. Can I propose A/R for a site that is leased?

Yes, leasehold improvements are allowed. Please note that NAP funds for a proposed site in a leased property cannot be used to address facility needs that are part of the terms of the lease (are the obligation of the lessor). If proposing A/R for a leased facility, you must attach in the Other Requirements for Sites form a signed Landlord Letter of Consent from the facility owner that addresses the following components:

- Approval of the scope of the project;
- Agreement to provide the health center reasonable control of the project site for the appropriate amount of time; and
- Acknowledgement that there will be Federal interest in the property.

See sample at http://bphc.hrsa.gov/programopportunities/fundingopportunities/NAP.

128. Would a Notice of Federal Interest be required for A/R projects completed through the NAP FOA?

The Notice of Federal Interest is required to be filed when an alteration/renovation project has a total (federal and non-federal) allowable project cost of more than $500,000, excluding moveable equipment costs. Eligible minor A/R for NAP cannot have a project cost over $500,000, therefore the NFI is not required.

129. What is the time-frame for recipients to use the one-time funding?

NAP award recipients must complete one-time funding activities within the first year of the project period. Regardless of the proposed A/R one-time funding activities, all new access points must be open and operational within 120 days of award.

130. Can one-time funding be used to pay for a portion of a large equipment purchase, like a mobile medical unit?

Yes. Mobile medical vans are considered equipment and are subject to the $150,000 cap on the use of one-time funding. You can use other sources of funding to cover the remaining costs of purchasing the equipment beyond the $150,000. Please note that you may propose a mobile medical van as a new access point only if a permanent, full-time site is also proposed in the NAP application (with the exception of proposed NAP projects

serving only migratory and seasonal agricultural workers, which may propose a seasonal rather than permanent site).

131. Can you provide more instruction on how to prepare the A/R project budget justification?

A budget justification is required for each site-specific project that will utilize one-time funding for A/R. The budget justification must provide a detailed break-out and description of each cost element in the budget, and provide sufficient narrative detail to explain each cost. If there are additional sources of funding, you should identify which costs will be covered by the one-time funding. A sample A/R budget justification is available at http://bphc.hrsa.gov/programopportunities/fundingopportunities/NAP.

Application Submission

132. How do I submit my application and when is it due?

There is a two-step application submission process via Grants.gov and the HRSA Electronic Handbooks (EHB).

- **Phase 1 – Grants.gov:** Application must be completed and successfully submitted via Grants.gov by 11:59 PM ET on June 17, 2016.
- **Phase 2 – HRSA EHB:** Application must be completed and successfully submitted by 5:00 PM ET on July 15, 2016.

HRSA recommends that applications be submitted in Grants.gov as soon as possible to ensure that maximum time is available to provide the extensive required information in EHB.

133. When can I begin the HRSA EHB submission process?

You can begin Phase 2 in HRSA EHB only after Phase 1 in Grants.gov has been successfully completed by the Grants.gov due date and HRSA has assigned the application a tracking number. The applicant's Authorizing Official (AO) will be notified by email when the application is ready within EHB for the completion of Phase 2. This email notification will be sent within a few days of the Grants.gov submission. If you do not receive the message with the tracking number within 3 business days, contact the BPHC Helpline at 877-974-2742.

134. How will I be notified if my application was successfully submitted in Grants.gov and/or EHB?

Grants.gov will send a series of four e-mails to the contacts listed on the Grants.gov application. **If there are errors, you must correct the errors and re-submit the application in Grants.gov prior to the due date/time. You are strongly encouraged to closely monitor your e-mail accounts, including spam folders, for e-mail notifications and/or error messages from Grants.gov.**

When submitting in EHB, all validation errors must be resolved before the application can be submitted to HRSA by the AO. The status of the application in EHB will appear as "Application Submitted to HRSA" once it has been successfully submitted and the AO will receive an email notification.

Please note that only the AO can submit the final EHB application to HRSA. You should allow proper time for this to occur before the due date/time.

135. When I view the PDF version of the submitted application in EHB, why does the cover page indicate a higher number of pages than I counted in the 200-page limit?

When the application is submitted in EHB, an automatic page count occurs, which counts all the pages, including the audit and other attachments not included in the page limit. This page count appears on the final PDF version of the application. However, be assured, that pages the FOA says do not count against the limit will be removed from the auto-page count.

Award Information

136. When will NAP funds be awarded?

NAP awards will be issued on or around January 1, 2017.

137. How many NAP awards does HRSA intend to fund?

Subject to the availability of appropriated funds, HRSA anticipates awarding approximately $50 million in FY 2017 for an estimated 75 NAP awards. Pending the final Health Center Program appropriation funding level, HRSA may adjust the amount of funding and number of awards available under this funding opportunity announcement.

138. What is the cap for Federal funds that can be requested?

NAP Federal funding requested cannot exceed $650,000 annually.

139. What is the formal notification of a NAP award?

HRSA will electronically transmit a formal notification to the applicant organization in the form of a Notice of Award (NoA).

140. If awarded, will Federal funding for the NAP award continue beyond the 2-year project period?

Continuation funding beyond the initial 2-year project period may be awarded in subsequent years on a competitive basis subject to availability of funds, satisfactory performance, and a determination that continued funding would be in the best interest of the Federal government.

141. If an organization receives a NAP award, does it automatically become a Federally Qualified Health Center (FQHC)?

No. After the NAP award is made and the new access point is verified as operational (within 120 days of Notice of Award), the health center must then apply to the Medicare Program and to their State Medicaid Program to be enrolled and reimbursed as an FQHC. For more information on the Medicare application process and timelines, see Program Assistance Letter 2011-04, available at http://bphc.hrsa.gov/programrequirements/policies/pal201104.html.

Funding Priorities

142. What are funding priorities and how do I get these points?

A funding priority is defined as the favorable adjustment of review scores when applications meet specified criteria. Prior to final funding decisions, HRSA will assess all NAP applications within the fundable range for eligibility to receive priority point adjustments. The FY 2017 NAP funding opportunity has three funding priorities:

- Unserved, High Poverty Population (10 points);
- Sparsely Populated Area (5 points); and
- Health Center Program Look-Alikes (5 points).

143. I realize that we do not need to request funding priorities, but may I still include a section in my application to specifically address the funding priorities?

You may address funding priorities within your application where appropriate. However, HRSA will determine whether funding priority points are awarded based on the criteria and conditions listed on pages 39-41 in the FOA.

144. What is the intent of the "Unserved, High Poverty Population" funding priority and can you provide an example of how is it calculated?

This funding priority aims to ensure that NAP funding goes to support high need, unserved communities and populations, as illustrated by data showing (1) limited access to health center services and (2) a large unserved low-income population.

Here is an example that helps to demonstrate how this funding priority is calculated: ABC Health Center proposed a new access point to serve the entire county. Based on data contained in UDS Mapper, ABC County has a total low-income population (less than 200% of the FPL) of 10,000 residents, 9,500 of whom are unserved. The health center already serves the remaining 500 low-income individuals as patients. Therefore, the **Percent Penetration of the Low Income Population** for the service area (ABC County) is only 5% (500 out of 10,000 residents).

ABC County projects that it can serve 5,000 of those 9,500 unserved residents at the NAP site. This means the **Percent of Unserved Low Income Population Compared to Proposed Patients** is 190% (9,500 unserved low-income residents compared to 5,000 proposed patients, which meets the threshold that unserved, low-income residents must be at least 150% of the proposed patients to be served).

Upon completing these calculations and assuming that ABC Health Center scored in the fundable range, HRSA would award ABC Health Center 10 priority points.

145. How does HRSA determine the Health Center Program penetration rate for the low-income population?

HRSA will use 2015 UDS data (the most recent UDS data submitted by Health Center Program award recipients and look-alikes) to determine the percentage of the low-income population served by the Health Center Program. The 2015 UDS data will be included in the UDS Mapper when it is updated in the summer of 2016. For more information on UDS Mapper data sources, refer to http://www.udsmapper.org/.

Application Review and Selection Process

146. Who will review NAP applications?

NAP applications will be subject to an internal and external review. The internal HRSA review assesses completeness, eligibility, service area overlap, funding priorities, environmental impact, and satellite applicants' program compliance. Applications deemed complete and eligible will also be externally reviewed by an Objective Review Committee (ORC). The ORC reviewers are selected based on training and experience in fields or disciplines related to the Health Center Program. Each reviewer provides an objective, unbiased evaluation based on the review criteria in the FOA and the guidelines in the HRSA scoring rubric located at http://bphc.hrsa.gov/programopportunities/fundingopportunities/NAP.

147. What criteria does the ORC use in assessing NAP applications?

Refer to the Project Narrative and Review Criteria sections of the NAP FOA (Sections IV and V). The Project Narrative requirements and the Review Criteria are aligned, so ORC reviewers will be looking at the Project Narrative, as well as supporting additional documentation throughout the application, when assigning points to each review criterion. You should carefully review the Project Narrative requirements and the Review Criteria to ensure that your application meets or exceeds the established criteria.

148. Does HRSA make award decisions based solely on the ORC score?

No. As described on page 39 of the FOA, the ORC will evaluate each application using the review criteria presented in the FOA, and will assign a score of 0-80 points. The NFA Worksheet (Form 9) will be scored automatically within EHB using the NFA Worksheet scoring criteria in the FOA and will account for up to 20 points. HRSA will then assess all applications within the fundable range for the funding priorities, which may add up to 20 additional points. The final application score is based on these three components (80+20+20=120).

In conjunction, HRSA will consider other factors such as geographic distribution, past performance, financial stability, and compliance with Health Center Program requirements and applicable regulations. As discussed in Section V.2. of the FOA under Special Funding Considerations, this may include awarding funds to applications out of rank order in order to meet statutory requirements such as:

- Maintaining an urban/rural distribution that ensures no more than 60 percent and no fewer than 40 percent of centers serve people from either rural or urban areas.
- Ensuring continued proportionate distribution of funds across the Health Center Program.
- Considering geographic distribution.

149. Why is HRSA putting limitations on satellite applicants (existing award recipients) who have program requirement conditions?

HRSA has the responsibility of ensuring that award recipients are implementing projects in accordance with program requirements. If a current award recipient is experiencing difficulties in meeting these requirements, HRSA expects the health center to focus on addressing those concerns prior to expanding services via a NAP (see Section V.2. of the FOA). Therefore, prior to award date, HRSA will assess the status of all current Health

Center Program award recipients applying to establish satellite sites. Applicants within the fundable range will not receive a NAP award if they:

- Have three or more active 60 day health center program requirement conditions on the current award; or
- Have one or more 30 day health center program requirement condition(s) on the current award.

150. I am a current award recipient who has three progressive action conditions related to program requirements on my award. Can I apply?

You may apply. However, if your organization has three or more 60 day program requirement conditions or one or more 30 day program requirement conditions on its award at the time that HRSA is making final NAP funding decisions, HRSA will not award your organization a NAP grant.

Technical Assistance and Contact Information

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

Refer to http://www.grants.gov/web/grants/applicants/applicant-faqs.html for applicant FAQs or contact the Grants.gov Contact Center 24 hours a day, 7 days a week (excluding Federal holidays) at 1-800-518-4726 or support@grants.gov. Register as early as possible in Grants.gov since registration may take up to one month.

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

Contact the BPHC Helpline at 1-877-974-2742 ext. 3, Monday through Friday, 8:30 AM to 5:30 PM ET (excluding federal holidays) or http://www.hrsa.gov/about/contact/bphc.aspx. Another useful resource is the **EHB NAP Applicant User Guide** posted at http://bphc.hrsa.gov/programopportunities/fundingopportunities/NAP.

153. Who should I contact with programmatic questions concerning the NAP application requirements and process?

Refer to the NAP TA page at http://bphc.hrsa.gov/programopportunities/fundingopportunities/NAP for TA slides, NAP presentation webcasts, FAQs, samples, templates, and other resources. You may also contact the NAP Response Team in the Bureau of Primary Health Care's Office of Policy and Program Development at BPHCNAP@hrsa.gov.

154. Who should I contact with questions about preparing my NAP application budget?

Contact William Davis in the Division of Grants Management Operations at WDavis@hrsa.gov or 301-443-8217.

155. Are there other sources for TA that I could contact?

You may contact the appropriate Primary Care Association (PCA), Primary Care Office (PCO), and/or National Cooperative Agreement (NCA) organization to discuss aspects of your NAP application. Refer to http://bphc.hrsa.gov/qualityimprovement/strategicpartnerships/index.html for a complete listing of PCAs, PCOs, and NCAs.