

FY 2018 Budget Period Progress Report (BPR) Noncompeting Continuation Frequently Asked Questions (FAQs)

Below are frequently asked questions and corresponding answers for the fiscal year (FY) 2018 Budget Period Progress Report (BPR). The Frequently Asked Questions (FAQs) are available on the BPR Technical Assistance (TA) webpage located at <http://bphc.hrsa.gov/programopportunities/fundingopportunities/continuation/continuation.html>. New FAQs will be added as necessary, so please check this site frequently. The FAQs are organized under the following topics:

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General Information

1. Who should submit a BPR?

The FY 2018 BPR should be submitted by Health Center Program award recipients who **do not** have a project period end date in FY 2018 (October 1, 2017 – September 30, 2018).

2. When will my BPR become available in the HRSA Electronic Handbook (EHB)?

If you have a BPR due in FY 2018, you will receive notification from the HRSA EHB system that work can begin on the BPR submission approximately 6.5 months prior to your budget period end date. Please refer to Table 1 in the BPR Instructions or the [BPR TA webpage](#) for the date that your BPR will be available in HRSA EHB.

3. How much time will I have to complete and submit my BPR?

You will have approximately eight weeks to complete and submit your BPR. Please refer to Table 1 in the BPR Instructions or the [BPR TA webpage](#) for the date that your BPR will be due in HRSA EHB.

4. What happens if my BPR late is late and what should I do?

Failure to submit the BPR by the established deadline, or the submission of an incomplete or non-responsive BPR may result in a delay in Notice of Award issuance or a lapse in funding. You should email your Project Officer **immediately** if issues arise that may cause your BPR to be late.

5. What should I submit as part of my BPR?

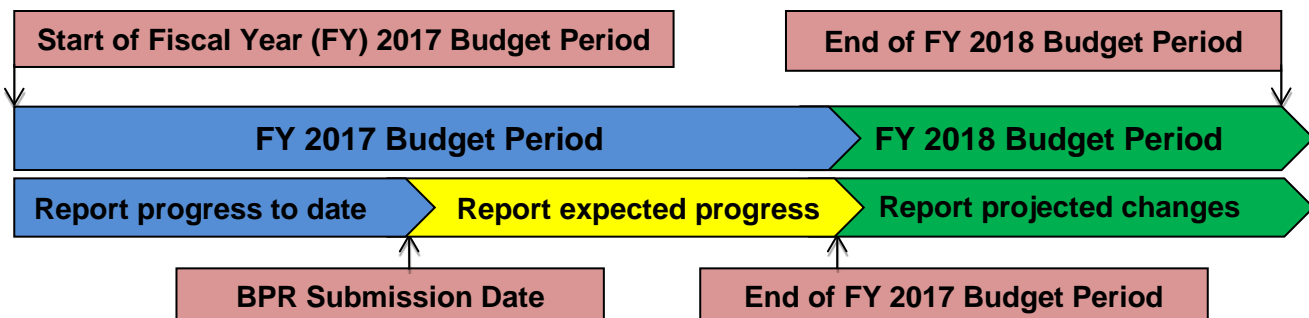
Table 2 of the BPR Instructions identifies the components of the BPR submission. The Budget Narrative is the only required attachment. All other information will be provided directly in HRSA EHB.

6. If I receive multiple Health Center Program funding streams (e.g., CHC, HCH, and PHPC), should the BPR include all of these?

Yes. All target populations (in this case, general underserved community, people experiencing homelessness, and residents of public housing) and their funding streams are considered to be in the current scope of project. You must request continued funding for the same populations and in the same proportions as your current funding, as well as provide relevant updates on progress for all target populations in the BPR submission.

7. What is included in the Program Narrative Update section?

The Program Narrative Update includes six sections (Environment; Organizational Capacity; Patient Capacity; Supplemental Awards; One-Time Funding Awards; and, Clinical and Financial Performance Measures) that require narrative reporting. Specifically, the narrative for each section should discuss FY 2017 budget period progress to date, expected progress for remainder of the FY 2017 budget period, and projected changes in FY 2018.



Patient Capacity

8. How has the Patient Capacity Table changed since FY 2017?

The Projected Number of Patients column calculation for each section of the Patient Capacity Table has been updated.

9. How has the *Projected Number of Patients* column been updated?

In the Total Unduplicated Patients section, the data in this column reflect the Patient Target value provided to award recipients via email on May 8, 2017.

In the Special Populations (MHC, HCH, and PHPC) section, the Projected Number of Patients column is pre-populated from the patient projection in the application that initiated your current project period (SAC/NAP), plus the patient projections from selected supplemental funding awarded after the start of the current project period. See the table below and add your base plus the special populations patient projections from applications denoted with an X, as applicable.

Patient Capacity For Special Populations (MHC, HCH, and PHPC Populations)						
App that initiated the current PP	Base	FY 2015 ES	FY 2015 NAP (Aug awards)	FY 2016 Substance Abuse	FY 2016 Oral Health	FY 2017 NAP (Satellite award)
FY 2016 SAC	Special Pops projections in the FY2016 SAC	X	X	X	X	X

FY 2017 SAC	Special Pops projections in the FY 2017 SAC	Already included in base (as applicable)	Already included in base (as applicable)	Already included in base (as applicable)	X	X
FY 2017 NAP	Special Pops projections in the FY 2017 NAP	N/A	N/A	N/A	N/A	N/A

10. If my Projected Number of Patients values are not accurate, what should I do?

If your pre-populated Projected Number of Patients values are not accurate, provide adjusted projections and an explanation in the Patient Capacity Narrative section.

11. Should the Projected Number of Patients in the Unduplicated Patients section and the total for the Projected Number of Patients in the Special Populations section be the same?

No, because the values were extracted from different sources. See Item 9 above for details.

Supplemental Awards

12. What are the changes to the Supplemental Awards table in FY 2018?

The Supplemental Awards table has been updated to reflect the most current list of supplemental awards. The supplemental awards that will appear in this section include:

Supplemental Award	FY 2014	FY 2015	FY 2016	FY 2017
New Access Point		X		X
Behavioral Health Integration	X	X		
Expanded Services		X		
Substance Abuse			X	
Oral Health Expansion			X	
Access Increases in Mental Health and Substance Abuse Services				X

13. What should I include in this section if I did not receive any supplemental awards?

If you did not receive a specific supplemental award, the system will display 'Not Applicable' and will not require information to be provided. Only pre-populated awards require a narrative to be completed.

14. What should I include if I have a new supplemental award but do not have any activities to report?

If you recently received supplemental funding and do not have activities to report as of yet, write "No Progress to Date" in the Supplemental Award Narrative column.

One-Time Funding Awards

15. What are the changes to the One-Time Funding Awards table in FY 2018?

The One-Time Funding Awards table has been updated to reflect the most current list of one-time awards. The one-time awards that will appear in this section include:

One-Time Funding Award	Allowable Activities	Dec. 2014	Aug. 2015	Sept. 2016	Sept. 2017
Quality Improvement Assistance	Developing and improving health center quality improvement (QI) systems and infrastructure, as well as care delivery systems	X	X	X	
Delivery System Health Information Investment	Implementing strategic investments in health information technology (health IT) enhancements			X	
Access Increases in Mental Health and Substance Abuse Services	Implementing health information technology (health IT) and/or training investments				X

16. What should I include in the Activities column for One-Time Funding Awards?

For all one-time awards received, describe how funding will be or was already spent and the impact on the organization, if applicable. However, if you recently received a One-Time Funding award and do not have any activities to report as of yet, write “No Progress to Date” in the Activities column.

17. What should I include in this section if I did not receive any one-time awards?

If you did not receive a specific one-time award, the system will display 'Not Applicable' and will not require information to be provided. Only pre-populated awards require a narrative to be completed.

Performance Measures

18. How has the Performance Measures section changed since FY 2017?

The Performance Measures table in the Program Narrative Update section was updated to reflect the 10 Clinical Performance Measures that were updated in the 2016 Uniform Data System (UDS). The Measure Goal field will pre-populate for these 10 measures only if you submitted a Service Area Competition application in FY 2017. If a performance measure does not have a pre-populated Measure Goal, you are required to establish a goal in this BPR submission. For more information on the updated Clinical Performance Measures, see [PAL 2016-02](#).

19. How can I update/adjust my Performance Measure goals in my BPR application?

Only the Performance Measure goals that have not been pre-populated are available to be updated. If pre-populated Performance Measure goals are not accurate, provide adjusted goals and an explanation (e.g., goal for the blood pressure control measure has increased based on improved patient tracking via a new EHR) in the appropriate Measure Narrative section.

20. What is the source of the pre-populated performance measures data?

The Clinical and Financial Performance Measures Table has been pre-populated with 2014, 2015 and 2016 UDS data. However, because of the changes in the 2016 UDS measure definitions, 10 Clinical Measures will not have 2014 and 2015 UDS data pre-populated due to lack of comparable data in past UDS reports.

21. Where can I find more information on the changes to the performance measures?

Refer to Table 6: Performance Measures of the BPR Instructions for details on how to complete the Performance Measures Table in HRSA EHB. General performance measure information is also available in the 2016 UDS Reporting Manual

(<https://bphc.hrsa.gov/datareporting/reporting/2016udsreportingmanual.pdf>) and via the Health Center Reporting and Technical Assistance site (<http://bphc.hrsa.gov/datareporting/index.html>).

22. What are the numerator and denominator for the Health Center Program Grant Cost per Patient measure?

The Health Center Program Grant Cost per Patient measure is designed to capture information about the grant funding that supported activities during the measurement year (in this case, calendar year 2016).

Numerator: The total accrued BPHC Health Center Program grant drawn-down for the period from January 1 to December 31 of the calendar measurement year.

Denominator: The total unduplicated patients for the period from January 1 to December 31 of the calendar measurement year.

23. How do I interpret the % Progress Toward Goal when it is greater than 100%?

The “% Progress Toward Goal” for a measure is calculated as follows: (Value from Latest UDS Report/Measure Goal Value) x 100%.

Use the following rules to help you interpret your progress using the “% Progress Toward Goal” value:

- If the “% Progress Toward Goal” value is more than 100%, you’ve exceeded your goal, which should be explained in the narrative section.
- If the “% Progress Toward Goal” value is 100%, you’ve met your goal.
- If the “% Progress Toward Goal” value is less than 100%, you have not met your goal.

24. How should I report on the Dental Sealants measure if we do not currently directly provide or pay for preventive dental services (Form 5B, Columns I or II)?

If you only offer preventive dental services through formal referral (Form 5A, Column III), the goal value for this measure was likely set as zero during your last submission (i.e., SAC, NAP, or BPR). If this is the case, you do not have to report progress on this measure. However, you do have to continue to report on a self-defined Oral Health measure.

Budget Presentation**25. Are there any activities that are ineligible for BPR funding?**

Yes. In brief, BPR funding may not be used for construction of facilities, fundraising/grant writing, lobbying efforts, gun control, or abortion services (see exception below). The HHS Grants Policy Statement (HHS GPS) available at HHS Grant Policy (<https://www.hrsa.gov/grants/hhsgrantspolicy.pdf>) includes detailed information about allowable expenses.

Pursuant to existing law and consistent with Executive Order 13535 (75 FR 15599); health centers are prohibited from using federal funds to provide abortion services (except in cases of rape or incest, or when the life of the woman would be endangered). This includes all federal funding requested in this

non-competing continuation and is consistent with past practice and long-standing requirements applicable to grant awards to health centers.

26. Are award recipients required to document any prohibited activities?

You are required to have the necessary policies, procedures, and financial controls in place to ensure that your organization complies with all federal funding requirements and prohibitions. The effectiveness of these policies, procedures, and controls is subject to audit.

27. Can I use Community Health Center (330e) funds for a newly proposed Health Care for the Homeless (330h) project?

No. Funding must be requested and will be awarded proportionately for all population types currently funded under the Health Center Program. If you wish to a target population, refer to the Scope of Project: Target Population resources at <https://bphc.hrsa.gov/programrequirements/scope.html>.

28. Does HRSA require my organization to have an indirect cost rate?

No. If you do not have an indirect cost rate agreement, you may claim the 10% “di minimus” rate as long as you include a statement of what you are claiming in the budget. Alternatively, 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/>.

29. Should I include my organization’s Indirect Cost Rate Agreement in my BPR submission?

Yes, if an Indirect Cost Rate agreement is in place, include a copy of it in the Budget Narrative attachment section in HRSA EHB.

30. What should be included in the budget narrative?

The budget narrative is for one year based on your upcoming 12-month budget period (FY 2018 budget period). The budget narrative should provide details on both federal and non-federal resources and must include a table of personnel to be paid with federal funds. Use the budget narrative to clearly explain each line-item within each cost element. It is important to ensure that the budget narrative contains detailed calculations explaining how each line-item expense is derived (e.g., number of visits, cost per unit).

A sample budget narrative is available at the [BPR TA webpage](#).

31. What format is required for the budget narrative?

There is no required format for the budget narrative. However, the [BPR TA webpage](#) includes a sample budget narrative template that you may use as desired.

HRSA will accept PDF, Microsoft Word, and/or Excel files. If using Excel or other spreadsheet documents, be aware only information that is set in the “Print Area” of the document will upload properly. Upload this attachment in portrait orientation.

32. How do you update the sub-programs (e.g., CHC, HCH) in the Budget Information: Budget Details form?

In the Budget Information: Budget Details form, click the Change Sub-Program link, and then select the applicable sub-program(s). Once the correction is made, the incorrect sub-program will be deleted and 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. Further instructions are included in the HRSA EHB User Guide for BPR/NCC located in HRSA EHB and posted on the [BPR TA webpage](#).

Please note that your Budget Information: Budget Details form must include all sub-programs for which you are currently funded, with funding requested at the same proportions as your current award.

33. How much information does HRSA need on staff supported by H80 grant funding (federal section 330 funding) versus those supported solely with non-federal funds (not paid with Health Center Program funding)?

Refer to Table 8 in the BPR Instructions (also included at the bottom of the Sample Budget Narrative posted on the [BPR TA webpage](#)) for the information that must be provided. This includes the name of the staff person (if applicable), the position, percentage of full-time equivalent (FTE), base salary, adjusted annual salary (if the salary must be adjusted to conform to the current salary limitation, which is \$187,000), and federal amount requested (BPR funding requested to support the position).

34. To whom does the salary limitation apply?

This limitation applies to salaries paid to all individuals that are employed by a Health Center Program award recipient or sub-recipient, and whose FTE or partial FTE is charged to the Health Center Program grant project.

35. Does the salary limitation apply to individuals performing services on behalf of the Health Center Program award recipient via a contract?

The salary limitation does not apply to the typical types of contractual arrangements into which Health Center Program award recipients enter. The exception is Health Center Program award recipients that contract with other organizations for core provider staff and/or key management staff (i.e., a substantial portion of the health center project is being carried out via a contract). In these cases, the salary limitation applies only when amounts paid by the Health Center Program award recipient are based solely on an FTE percentage that is applied to an individual rate of pay and these details are clearly specified within the terms of the contract.

Refer to Uniform Guidance 2 CFR 200 as codified by HHS at 45 CFR 75 (<http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=a819a4f7e71965c4eaaf01d556522d85&r=PART&n=pt45.1.75>) for the definition of "substantial" and characteristics of a subrecipient or contractor agreement. Applicants must use judgment in classifying each agreement as a subaward or a procurement contract, based on the substance of the relationship.

36. Since applicant budgets reflect multiple revenue sources in addition to the Health Center Program grant, consistent with authorizing statute, is it permissible for a budget to contain salaries at a rate in excess of Executive Level II (i.e., \$187,000)?

Yes, budgets may contain salaries at a rate in excess of \$187,000 if the differences are supported by program income. Consulting with your auditor regarding appropriate accounting of income sources for such expenditures is recommended. In addition, HRSA recommends that health centers retain documentation that salary levels above the cap have been approved by the governing board as being reasonable and consistent with local and prevailing salary levels for such positions and furthering the objectives/mission of the project.

37. Does the salary limitation apply to other forms of compensation (bonuses, incentives, fringe benefits, etc.)?

No, the salary limitation does not apply to other forms of compensation; however, health centers should ensure these are reasonable and further the objectives of the Health Center Program.

38. How are total patients reported on Form 3: Income Analysis?

The Form 3 total patient number is the projected number of patients to be served in the upcoming budget period.

Scope of Project

39. Can I make changes to my scope of project within the BPR submission?

No. Changes to the scope of project must be requested using the Scope Adjustment or Change in Scope (CIS) in the CIS module within HRSA EHB. In the BPR, Forms 5A: Services Provided, 5B: Service Sites, and 5C: Other Activities/Locations will be pre-populated from the official scope of project and cannot be modified. Narrative included in the submission related to Scope Adjustment or CIS will not constitute a formal request.

40. How should the Program Narrative Update be completed if I have a Scope Adjustment or CIS request pending HRSA approval?

In HRSA EHB, a refresh button is available in Forms 5A, 5B, and 5C to ensure that the revised scope information is displayed once a Scope Adjustment or CIS request has been approved. Address the predicted impact of a pending Scope Adjustment or CIS request in the narrative for each question, as appropriate.

41. What is the purpose of the Scope Certification Form?

The Scope Certification form ensure that at least once per year each award recipient reviews the scope of project and requests any needed changes. The form requires Health Center Program award recipients to annually certify the accuracy of their Form 5A: Services Provided and Form 5B: Service Sites, or to certify that any required Scope Adjustment or CIS requests have already been submitted.

42. How should the Scope Certification Form be completed if I have a Scope Adjustment or Change in Scope request pending HRSA approval?

The Scope Certification Form gives you two choices:

Option 1: By checking this option, I certify that I have reviewed my Form 5A: Services Provided [or Form 5B: Service Sites] and it accurately reflects all services and service delivery methods [or all sites] included in my current approved scope of project.

Option 2: By checking this option, I certify that I have reviewed my Form 5A: Services Provided [or Form 5B: Service Sites] and it requires changes that I have submitted through the CIS process.

You should select Option 2 if your Scope Adjustment or CIS has been submitted and is pending HRSA approval.

Application Submission

43. When is my BPR due?

Refer to Table 1 in the BPR Instructions or the [BPR TA Webpage](#) for the HRSA EHB deadline for each FY 2018 budget period start date.

44. Where can I get the BPR Instructions?

The BPR Instructions are available on the [BPR TA webpage](#).

45. Is there a page limit?

There is no page limit because the majority of the application is completed in HRSA EHB. However, within HRSA EHB, there is a 3,000-character limit (including spaces) for each narrative response.

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

You will receive notification from the HRSA EHB system that work can begin on the BPR submission approximately eight weeks before the BPR submission deadline. Notification from HRSA EHB will go to all individuals who have noncompeting continuation edit privileges in HRSA EHB. In the HRSA EHB system, after logging into HRSA EHB, click the Grants tab on the HRSA EHB Home page to navigate to the My Grant Portfolio – List page. On the Grant Home page click on the *Work on My NCC Report* link under the Submissions section.

47. How will I be notified if my BPR is not successfully submitted in HRSA EHB?

After attempting to submit, you will receive any error message directly on your screen. All errors must be corrected and the BPR must be submitted prior to the HRSA EHB deadline.

48. What happens if HRSA determines that a BPR submission is insufficient?

An incomplete or non-responsive BPR submission will be returned through a “request change” notification via HRSA EHB. You will be required to provide clarification or submit missing information within a short time-frame. Failure to submit the BPR by the established deadline or submitting an incomplete or non-responsive progress report may result in a delay in Notice of Award issuance or a lapse in funding.

Award Information

49. When will BPR funds be awarded?

FY 2018 BPR awards will typically be issued prior to the budget period start date (see the [BPR TA webpage](#)).

Technical Assistance and Contact Information

50. Who should I contact with programmatic questions concerning the BPR submission requirements and process?

Refer to the [BPR TA webpage](#) for TA slides, a recording of the TA call, the HRSA EHB User Guide for BPR/NCC, FAQs, and samples of the Program Specific Forms, among other resources. You may also contact Karen A. Fitzgerald in the Bureau of Primary Health Care’s Office of Policy and Program Development at 301-594-4300 or <https://www.hrsa.gov/about/contact/bphc.aspx> (select BPHC Grantee, Application/Progress Report: Instructions, BPR).

51. Who should I contact with specific questions about budget preparation, including eligible costs?

Contact Travis J. Wright in the Division of Grants Management Operations at 301-443-0676 or twright@hrsa.gov.

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

Contact the BPHC Helpline Monday through Friday, 8:30 a.m. to 5:30 p.m. ET (excluding Federal holidays) at 1-877-974-2742 or submit a request online at <https://www.hrsa.gov/about/contact/bphc.aspx>.