



Oral Health Infrastructure (OHI) Notice of Funding Opportunity (NOFO) HRSA-19-079

Technical Assistance Website:

<https://bphc.hrsa.gov/programopportunities/fundingopportunities/oralhealth/>

Bureau of Primary Health Care (BPHC)

Health Resources and Services Administration (HRSA)



Agenda

- **Part 1 – NOFO Overview**
 - OHI Overview
 - Infrastructure Investments
- **Part 2 – Application Overview**
 - Two-Tier Application Submission
 - Application Components
- **Wrap Up**



PART 1

NOFO OVERVIEW



Eligibility

- Existing Health Center Program award recipient
- Application must include the Project Narrative
- Application must **not exceed** 50 pages (excluding forms)
- You cannot propose construction or major alteration/renovation
- You must submit your application before the Grants.gov and EHBs deadlines

Award Information



➔ Awards will not be made to health centers with an **active 60-day or 30-day program requirement-related condition** at time of final OHI funding decisions

- **ONE-TIME** supplemental funding with a period of performance from September 1, 2019 to the end of your FY 2021 budget period

INFRASTRUCTURE INVESTMENTS



Minor Alteration/Renovation (A/R)



- Work required to reconfigure interior space to enable you to provide new or enhance existing high quality, integrated oral health services
- Total site-specific project cost is less than \$500,000, excluding moveable equipment
- May propose minor A/R activities for up to 4 sites

Equipment Purchases



- Each item costs \$5,000 or more
- Useful life exceeds one year
- Examples:
 - Dental chairs
 - Radiographic equipment
 - Mobile dental unit
 - Electronic health record update
 - Telehealth equipment



Other Infrastructure Investments

- Equipment that costs less than \$5,000 per item
- Training for staff (e.g., oral health clinical competencies, infection control, interdisciplinary health services integration)
- Consultation on integration of oral health and primary care services
- Contracting for health IT systems
- Redesign workflows to support the use of telehealth and virtual dentistry



Option for New Sites

- May propose new site(s) within current service area **if necessary to increase access to integrated oral health services**
- New sites can be a **fixed** or **mobile**
- **Demonstrate support** for the new site from other health care providers in the service area
- New sites must be indicated on **Form 1B** and documented on **Form 5B**

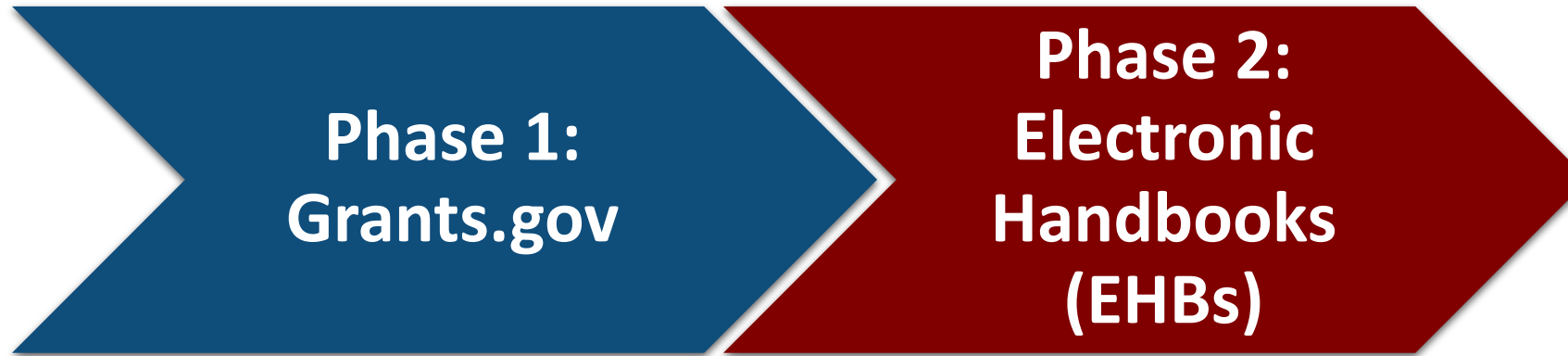


PART 2

APPLICATION OVERVIEW



Two-Tier Application Submission



Phase 1: Grants.gov Application Components

Phase 1



SF-424: Application for Federal Assistance

SF-424B: Assurances

Project/Performance Site Location(s)

Grants.gov Lobbying Form

SF-LLL: Disclosure of Lobbying Activities

Key Contacts

Upload Project
Abstract (box 15)

As applicable



Phase 2: EHBs Application Components

Phase 2



Project Narrative

Budget Presentation

-SF-424A: Budget Information Form

-Budget Narrative

Attachments

Program Specific Forms

Project Narrative - Review Criteria

Review Criteria

**Need
(15 pts)**

**Response
(30 pts)**

**Impact
(15 pts)**

**Resources/
Capabilities
(25 pts)**

**Support
Requested
(15 pts)**



SF-424A: Budget Information Form

Enter your budget for the entire period of performance

★ Section A - Budget Summary

Grant Program Function or Activity

Community Health Centers

Migrant Health Centers

Update Sub Program

Update

New or Revised Budget		
Federal	Non-Federal	Total
\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00

The federal amount refers only to the OHI funding requested, up to \$300,000

Align SF-424A with Budget Narrative

★ Section B - Budget Categories				
Object Class Categories	Grant Program Function or Activity			Total
		Federal	Non-Federal	
Personnel	\$	0.00	\$ 0.00	\$0.00
Fringe Benefits	\$	0.00	\$ 0.00	\$0.00
Travel	\$	0.00	\$ 0.00	\$0.00
Equipment	\$	0.00	\$ 0.00	\$0.00
Supplies	\$	0.00	\$ 0.00	\$0.00
Contractual	\$	0.00	\$ 0.00	\$0.00
Construction	\$	0.00	\$ 0.00	\$0.00
Other	\$	0.00	\$ 0.00	\$0.00
Indirect Charges	\$	0.00	\$ 0.00	\$0.00
Total	<input type="button" value="Calculate Total"/>	\$0.00	\$0.00	\$0.00

Submit a budget narrative that aligns with the SF-424A, minor A/R budget justification(s), and equipment list, as applicable



Forms and Attachments

Forms

- Form 1B: BPHC Funding Request Summary **(Required)**
- Form 5B: Service Sites (required for addition of new sites)
- Minor A/R Forms (if applicable)
 - Project Cover Page
 - Other Requirements for Sites
- Equipment List Form (if applicable)
- Supplemental Information Form **(Required)**

Attachments

1. Collaboration Documentation **(Required)**
2. Lease Documentation (if applicable)
3. Indirect Cost Rate Agreement (if applicable)
4. Other Relevant Documents (as desired)

Form 1B: BPHC Funding Request Summary

- Complete the SF-424A: Budget Information Form **before** completing Form 1B
- Review the OHI funding request
- Indicate if you are requesting funds for equipment and/or minor A/R
- If you are not requesting funds for equipment or minor A/R, select “activities other than minor A/R and equipment”
- Identify if you are proposing to add a new service delivery site



Form 5B: Service Sites

- Complete if you are proposing to add a new service site that is necessary to address identified oral health infrastructure needs
- New site address **and** service area zip codes must be limited to the your service area zip codes in scope at the time of the OHI NOFO release

Minor A/R Forms



If requesting funding for minor A/R, you must complete the following forms for each site where minor A/R will occur:

- ✓ Alteration/Renovation Project Cover Page
 - Environmental Information and Documentation Checklist (attachment)
 - A/R Project Budget Justification (attachment)
 - Floor Plans/Schematic Drawings (attachment)
- ✓ Other Requirements for Sites
 - Landlord Letter of Consent, *as applicable* (attachment)

Equipment List Form

- Complete if you are requesting funding for equipment purchases
- The total on this form must match the equipment line item on the SF-424A: Budget Information Form, Section B

Equipment

- Useful life exceeds one year
- Costs \$5,000 or more per item

Supplies

- Includes equipment items that cost less than \$5,000
- Do not include supplies on the Equipment List form



Supplemental Information Form

- Review your current scope of project for:
 - Preventive Dental services
 - Additional Dental services
- Indicate if you will need a post-award Scope Adjustment or Change in Scope
- Indicate if you will use funding to:
 - Purchase telehealth equipment
 - Increase oral health access through virtual dentistry



WRAP UP



Key Points



- OHI funding is for infrastructure enhancements, not service provision
- You can propose to use funds for organizational infrastructure building, such as staff training as well as physical infrastructure enhancements, such as minor A/R and equipment
- Application cannot exceed 50 pages
- **Ongoing compliance is critical!** You will not receive an OHI award if you have an active 60-day or 30-day Health Center Program requirement-related condition at the time of funding decisions

Application Technical Assistance Resources



Assistance Needed	Contact
Guidance on Requirements and Application Components	OHI Technical Assistance Website
Application Questions	Oral Health Technical Assistance Team Web Request Form
Budget and Grant Administration Questions	Travis J. Wright or Joi M. Grymes-Johnson twright@hrsa.gov or jgrymes@hrsa.gov
Grants.gov Submission Issues	Grants.gov Contact Center 1-800-518-4726 or support@grants.gov
EHBs Submission Issues	Health Center Program Support 1-877-464-4772 or Web Request Form



Thank You!

Renetta Boyd and Robyn Bess

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Bureau of Primary Health Care (BPHC)

Health Resources and Services Administration (HRSA)



[Health Center Program Support](#)

Oral Health Technical Assistance Team



bphc.hrsa.gov/ProgramOpportunities/FundingOpportunities/oralhealth/

www.bphc.hrsa.gov



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