

**FY 2016 Service Area Competition-Additional Area (SAC-AA)
New, Competing Continuation, and Competing Supplemental Funding Opportunity
Announcement (FOA)
Frequently Asked Questions (FAQs)**

Below are common questions and corresponding answers for the Fiscal Year (FY) 2016 Service Area Competition-Additional Area (SAC-AA) funding opportunity. New FAQs will be added as necessary. Refer to the SAC-AA Technical Assistance web page (<http://bphc.hrsa.gov/programopportunities/fundingopportunities/sac-aa/index.html>) often for updates. The FAQs are organized under the following topics:

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General Information

1. What is the purpose of the SAC-AA funding opportunity?

The purpose of the SAC-AA funding opportunity is to continue comprehensive primary health care services in areas that are currently served by Health Center Program award recipients. Within these service areas, Health Center Program award recipients provide services to:

- The general underserved community: Community Health Center (CHC – section 330(e) **and/or**
- One or a combination of special populations: Migrant Health Center (MHC – section 330 (g)), Health Care for the Homeless (HCH – section 330 (h)), and/or Public Housing Primary Care (PHPC – section 330 (i)).

2. If a new applicant receives a SAC-AA award, does the organization automatically become a Federally Qualified Health Center (FQHC)?

No, once a SAC-AA grant is awarded and a health center is operational, the award recipient must apply to the Medicare Program and to the State Medicaid Program to be enrolled and reimbursed as an FQHC. For more information on the Medicare application process and timeline, refer to PAL 2011-04: Process for Becoming Eligible for Medicare Reimbursement Under the FQHC Benefit

(<http://bphc.hrsa.gov/programrequirements/policies/pal201104.html>).

3. How do the different types of applicants differ?

- “New” applicants are not currently funded through the Health Center Program.
- “Competing Continuation” applicants are current Health Center Program award recipients applying to continue serving their current service area.
- “Competing Supplement” applicants are current Health Center Program award recipients applying to serve a new service area.

4. Can new or competing supplement applicants receive SAC-AA funding priority points?

No, the funding priority applies only to current Health Center Program award recipients applying to continue serving their current service area that also demonstrate satisfactory program compliance and that have a positive or neutral three-year patient growth trend.

5. New! To determine if a potential funding priority exists for the current organization serving an announced service area, how is the patient growth trend calculated based on information available in the Health Center Data Profiles?

In the Health Center Profile, under the Age and Race/Ethnicity heading, pull the 2012 and 2014 Total Patients figures. The calculation is as follows: $[(2014 \text{ Total Patients} - 2012 \text{ Total Patients}) / 2012 \text{ Total Patients}] \times 100 = \text{patient growth trend \%}$.

If the number of patients served in 2014 is less than the number served in 2012, the patient growth trend will be negative.

6. Will competing continuation applicants be notified if other organizations compete for the same service area?

No, HRSA does not notify any applicants of competitors. All applicants are encouraged to prepare high-quality SAC-AA applications, since there may be competition for any announced service area.

7. How do I access an archived Funding Opportunity Announcement (FOA)?

Archived FOAs are available at BPHC Funding Opportunities (<http://bphc.hrsa.gov/programopportunities/fundingopportunities/default.aspx>).

Award Information

8. When will SAC-AA funds be awarded?

SAC-AA awards will be issued on or around the project period start date provided in each FOA.

9. Can a competing continuation applicant apply for a SAC-AA award if they had a 1-year project period in each of the previous 2 years?

Yes, a competing continuation applicant may apply to the FY 2016 SAC-AA, but HRSA will not award an FY 2016 SAC-AA grant if the application meets criteria for a third consecutive 1-year project period.

Eligibility

10. Does the eligibility criterion regarding proposing service area zip codes from which at least 75 percent of current patients reside impact competing continuation applicants?

HRSA pre-populates the service area zip codes on Form 5B: Services Provided for competing continuation applicants. However, competing continuation applicants are encouraged to review their current scope of project and submit any necessary updates through the change in scope process in EHB prior to the application deadline. If a SAC-AA application is already underway when the change in scope request is approved, applicants can update the pre-populated information on Forms 5A: Services Provided, 5B: Service Sites, and Form 5C: Other Activities/Locations by clicking the Refresh from Scope button on each form in EHB prior to application submission.

11. Is an organization eligible to apply for FY 2016 SAC-AA funding if it does not currently receive Health Center Program funding?

Yes, eligible applicants include both new organizations that are not currently receiving Health Center Program funding and organizations that are currently funded through the Health Center Program.

12. Are organizations located outside of the United States eligible to apply for SAC-AA 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).

13. Can an organization apply to serve multiple service areas?

Yes, an applicant wishing to apply for multiple service areas must submit one application for each service area.

An applicant intending to apply for two or more different service areas announced under a single announcement number (e.g., HRSA-16-006) **must** contact the Office of Policy and Program Development at 301-594-4300 or BPHCSAC@hrsa.gov for guidance well in advance of the Grants.gov submission deadline.

14. Can an organization that submitted an FY 2015 New Access Point (NAP) application submit the same application for FY 2016 SAC-AA funding?

Applicants should use caution in repurposing an application when applying for SAC-AA funding. The NAP and SAC-AA funding opportunities have different purposes and application requirements. NAP supports the operation of health centers that will provide comprehensive primary health care services to currently unserved individuals (to expand the reach of the Health Center Program), while the purpose of SAC-AA is to continue the provision of comprehensive primary health care services to patients already served.

15. If Health Center Program funding currently supports multiple special populations within a service area (e.g., CHC and HCH), should the SAC-AA application target the same populations?

Yes, all populations currently served with Health Center Program funds in an announced service area are considered to be in the current scope of project and must be included in the

SAC-AA application. Refer to the applicable SAC-AA Service Area Announcement Table (SAAT) at <http://bphc.hrsa.gov/programopportunities/fundingopportunities/sac-aa/index.html> to identify the populations targeted with Health Center Program funding in each announced service area.

Program Requirements

16. Does the applicant organization have to be compliant with the Health Center Program requirements at the time of application?

Yes, applicants must be compliant with all Health Center Program requirements (<http://bphc.hrsa.gov/programrequirements/index.html>) at the time of application. Throughout the project period, award recipients will be routinely assessed for program compliance. In circumstances where an award recipient is determined to be non-compliant with one or more of the Health Center Program requirements, HRSA will place a condition on the award and will follow the Progressive Action policy and process. For more information, review the Progressive Action PAL 2014-08: Health Center Program Requirements Oversight (<http://bphc.hrsa.gov/programrequirements/policies/pal201408.html>).

In addition, new and competing supplement applicants must meet other readiness requirements. Refer to the next question for these requirements.

17. What readiness requirements apply to sites proposed by new and competing supplement applicants?

New and competing supplement applicants must meet the following requirements.

- Within 120 days of receipt of the Notice of Award, all proposed sites (as noted on Form 5B: Service Sites and described in the Project Narrative) must have the necessary staff and providers in place to begin operating and delivering services to the proposed community and/or target population as described on Forms 5A: Services Provided and 5C: Other Activities/Locations.
- Within one year of receipt of the Notice of Award, all proposed providers must be in place and all sites must be delivering services for the proposed hours of operation.

18. Does a tribal organization have to meet all of the Health Center Program requirements?

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) must meet all statutory and regulatory requirements except Health Center Program governance requirements.

Service Areas

19. If the available service areas are not listed in the SAC-AA FOA, how will an applicant know which service areas are announced under the funding opportunity?

Available service areas are listed in the Service Area Announcement Table (SAAT) for each SAC-AA FOA and can be accessed by clicking on the HRSA Announcement Number in the table listing FY 2016 SAC-AA funding opportunities at the SAC-AA Technical Assistance

web page (<http://bphc.hrsa.gov/programopportunities/fundingopportunities/sac-aa/index.html>).

20. How does an applicant know which populations must be targeted for each service area?

Applicants should refer to the applicable SAC-AA SAAT (<http://bphc.hrsa.gov/programopportunities/fundingopportunities/sac-aa/index.html>) to determine the required special populations within each service area (e.g., CHC, MHC, HCH, and/or PHPC), indicated with a funding amount greater than \$0.

21. How does an applicant search for available service areas in the SAAT?

In each SAAT, there are two search options available: drop-down lists and a zip code search feature.

Use the drop-down lists to select any combination of project period start date, city, and/or state to create a customized list of available service areas. Only the cities and states with available service areas announced to date will be available for selection from the drop-down lists. Note that the cities available for selection are based on the location of the current Health Center Program award recipient's administrative site.

Use the zip code search by typing a five-digit zip code into the search field. All service areas containing the zip code will be included in the results.

22. What criteria were used to select the zip codes in the SAAT?

Zip codes and associated percentages were obtained from the calendar year (CY) 2014 UDS data and represent zip codes where 11 or more patients reside and the percentage rounds to at least .01 percent. Shaded zip codes represent the current Health Center Program award recipient's defined service area from Form 5B: Service Sites.

23. How does the Patient Origin Map align with the zip codes listed in the SAAT?

The Patient Origin Map displays: (1) the zip code tabulation areas (ZCTAs) (generalized representations of United States Postal Service zip code service areas) and (2) the percentage of the current patients from each ZCTA. Note that ZCTAs may contain several zip codes.

For a list of zip codes and related ZCTAs, refer to the Zip Code to ZCTA Table located on the SAC-AA Technical Assistance web page (<http://bphc.hrsa.gov/programopportunities/fundingopportunities/sac-aa/index.html>). **To ensure eligibility for new and supplement applicants, the zip codes (not ZTCAs) from which at least 75 percent of the current patients reside must be listed as service area zip codes on Form 5B: Service Sites.**

24. How were the values in the Patient Target column calculated?

The Patient Targets were calculated as:

- The highest values of 1) the average of unduplicated patients reported in the 2011, 2012, and 2013 UDS, or 2) the patient projection from the application that initiated funding under the Health Center Program of the current grantee, **plus**

- Patient projections from the following supplemental awards, as applicable: FY 2014 Expanded Services – Expanded Medical Capacity (ES EMC); FY 2013, 2014, and/or 2015 New Access Point (NAP) Satellites; FY 2013, 2014, and/or 2015 SAC/SAC-Additional Area (SAC-AA) supplements.

Reference the Patient Target FAQs

(<http://bphc.hrsa.gov/programopportunities/fundingopportunities/sac-aa/index.html>) for more information.

Application Preparation and Submission Requirements

25. Is there a page limit for the SAC-AA application?

Yes, the page limit is 160 pages (approximately 20 MB), when printed by HRSA. Refer to Tables 2-3 of the FOA for information on what is counted in the page limit.

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

Yes, applicants should submit single-spaced narrative documents with 12 point, easily readable font (e.g., Times New Roman, Arial, Courier), and 1-inch margins. Smaller font (no less than 10 point) may be used for tables, charts, and footnotes. For more information, reference the SF-424 Two-Tier Application Guide (<http://www.hrsa.gov/grants/apply/applicationguide/sf424programspecificappguide.pdf>).

Project Narrative and Review Criteria

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

The applicant's proposal for a comprehensive primary health care project for the service area is described through the Project Narrative, attachments, and forms submitted to HRSA in response to the FOA. The Review Criteria are used by grant reviewers on the Objective Review Committee (ORC) to evaluate how well the Project Narrative, attachments, and forms submitted to HRSA respond to the information requested in the FOA. Applicants should review the Project Narrative, forms and attachments instructions, and Review Criteria when developing their applications.

28. What types of data should applicants use to describe the service area, target population, and special populations (if applicable) for the Need section of the Project Narrative and related forms (e.g., Form 4: Community Characteristics)?

Information about the service area, target population, and/or special populations, should come from external, valid data sources (e.g., census data). In cases where data are not available at the service area or target population level, the use of extrapolation methodology is preferred over the use of aggregate data (e.g., state data) that may not accurately reflect the health center's target population.

Refer to the Available Data Sources document on the SAC-AA Technical Assistance web page (<http://bphc.hrsa.gov/programopportunities/fundingopportunities/sac-aa/index.html>) for recommended data sources for the following information requested in the Need section of the Project Narrative: 1) distance (miles) OR travel time to the nearest primary care

provider accepting new Medicaid and uninsured patients; 2) percent of the target population that is uninsured; 3) and number of individuals in the target population for every one full-time equivalent (FTE) primary care physician.

Performance Measures

29. 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 Measures Forms. Samples of the Performance Measures Forms that are completed in EHB are posted at the SAC-AA Technical Assistance web page

(<http://bphc.hrsa.gov/programopportunities/fundingopportunities/sac-aa/index.html>).

The Uniform Data System (UDS) Reporting Manual

(<http://bphc.hrsa.gov/datareporting/reporting/2014udsmanual.pdf>) provides additional measurement details such as exclusionary criteria. Refer to the Uniform Data System Resources (<http://bphc.hrsa.gov/datareporting/reporting/index.html>) for useful information and training materials on UDS.

30. Which performance measures must be included in the application?

Applicants are required to include the 16 Clinical Performance Measures and three Financial Performance Measures which are listed in Appendix B of the FOA.

Applicants may define as many additional Other measures as desired (both clinical and financial). Note that all measures defined in the application will be reported annually for the duration of the project period if the application is funded.

31. How should performance measures be adjusted for applicants targeting special populations (i.e., MHC, HCH, PHPC)?

Applicants applying for funds to target special populations **must include** additional Other performance measures that address the unique health care needs of these populations. In providing additional performance measures specific to a special population, applicants must reference the target group in the performance measure. For example, if an applicant seeks funds to serve migratory and seasonal agricultural workers, then the applicant must propose to measure *“the percentage of migratory and seasonal agricultural workers who...” rather than* simply *“the percentage of patients who...”*

32. What should a competing continuation applicant do if a previously defined Other measure is no longer relevant or will be replaced with a new, more relevant measure?

If a competing continuation applicant wishes to stop tracking an Other measure, the applicant should mark the measure as not applicable and explain why it will no longer be tracked in the Comments field. This will prevent the measure from appearing in future Budget Period Progress Reports (BPRs) and SACs. This does not apply to required Clinical or Financial Performance Measures.

33. How should applicants develop their baseline and goals for the performance measures?

Competing continuation applicants cannot change baseline data. It will be pre-populated from the CY 2014 UDS report.

New and competing supplement applicants should develop baselines for performance measures using data that are valid, reliable, and whenever possible, derived from currently established management information systems. Data sources may include electronic health records, disease registries, and/or chart sampling. Refer to the most recent version of the Uniform Data System (UDS) Reporting Manual (<http://bphc.hrsa.gov/datareporting/reporting/2014udsmanual.pdf>) for exclusion criteria, baseline formulas (numerator and denominator), and sampling methodology for each measure.

If data are not available to develop baselines, applicants may enter zeros in the Numerator and Denominator subfields of the Baseline Data field and provide an explanation in the Comments field describing why baseline data is not yet available and stating when it will be available. The remaining fields must be completed.

Goals (projected data) should be realistic for achievement by December 31, 2017. They should be based on data trends and expectations, factoring in predicted contributing and restricting factors as well as past performance.

34. What is the age range for the Cancer 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 reflect women who received a Pap test between the ages of 21-64, though the sample is of women currently ages 24-64.

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

Healthy People 2020 (HP 2020) (<http://www.healthypeople.gov/2020/topicsobjectives2020/default.aspx>) objectives may be used as a guide to assist applicants 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 is available at the SAC-AA Technical Assistance web page (<http://bphc.hrsa.gov/programopportunities/fundingopportunities/sac-aa/index.html>).

36. My organization provides preventive dental services only via formal referral (Form 5A, Column III). Is the new Oral Health measure for sealants for children aged 6-9 years applicable to my organization?

The new Oral Health measure is currently only applicable to health centers that provide preventive dental services directly or by a formal arrangement in which the health center pays for the service (Form 5A, Columns I and II). A health center that only provides preventive dental services via a formal referral (Form 5A, Column III) may set the goal for the new Oral Health performance measure as zero. If the goal for the new Oral Health measure for sealants will be set to zero, you must continue tracking at least one of your self-defined Oral Health measures or add a new self-defined Oral Health measure under the Other Clinical Performance Measures section.

37. Is the new Oral Health measure for sealants for children aged 6-9 years specific to services provided by dentists or does it also apply to services provided by medical providers?

The new Oral Health measure for sealants for children aged 6-9 years applies only to services provided by dentists and dental hygienists, since sealant placement is a dental procedure.

38. May competing continuation SAC-AA applicants stop tracking the self-defined Other Oral Health measure since it has been replaced? If so, how should an applicant indicate this in the application?

Yes. If a competing continuation applicant wishes to stop tracking this self-defined Other Oral Health measure, enter zero in the Numerator, Denominator, and Projected Data fields and provide a justification in the Comments field to explain why it will no longer be tracked.

39. *New!* If our health center doesn't presently treat patients living with HIV, can the goal be set to zero for the HIV Linkage to Care performance measure?

Although you may not currently treat patients living with HIV, a goal greater than zero should be entered and tracked for the HIV Linkage to Care performance measure for potential future patients that may be newly diagnosed with HIV. Achievement of the goal is not expected if no patients are diagnosed with HIV during the reporting period.

Budget

40. What are federal budget regulations to which applicants must adhere?

Applicants must adhere to the 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>).

41. How much federal funding can an applicant request?

Requested funding cannot exceed the amount in the proposed service area's Total Funding column in the SAAT <http://bphc.hrsa.gov/programopportunities/fundingopportunities/sac-aa/index.html>. Applicants must propose to serve at least 75 percent of patients listed in the SAAT by December 31, 2017. Applicants proposing to serve fewer than the total number of patients indicated in the SAAT must reduce their funding request according to the following table. A funding calculator to determine necessary reduction is available at the SAC-AA Technical Assistance web page (<http://bphc.hrsa.gov/programopportunities/fundingopportunities/sac-aa/index.html>).

Funding Reduction by Patients Projected to Be Served

Patient Projections Compared to SAAT (%)	Funding Request Reduction (%)
95-100% of patients listed in the SAAT	No reduction
90-94.9% of patients listed in the SAAT	0.5% reduction
85-89.9% of patients listed in the SAAT	1% reduction
80-84.9% of patients listed in the SAAT	1.5% reduction
75-79.9% of patients listed in the SAAT	2% reduction

Patient Projections Compared to SAAT (%)	Funding Request Reduction (%)
< 75 % of patients listed in the SAAT	Not eligible for funding

42. Should competing continuation applicants apply for the funding amount in the SAAT, even if the most current Notice of Award lists a different amount of funding?

Yes, the Total Funding amount listed in the SAAT

(<http://bphc.hrsa.gov/programopportunities/fundingopportunities/sac-aa/index.html>) includes all applicable supplements and adjustments through May 31, 2015. Applicants must reference the Total Funding listed in the SAAT to obtain the maximum FY 2016 funding amount available for the service area.

Please note the Total Funding listed in the SAAT may not equal the amount of Recommended Future Support in the most recent NoA due to proration of current awards.

Do not include supplemental funding received after June 1, 2015 in the SAC-AA federal funding request. If awarded, HRSA will include applicable funding in the award amount.

43. What should be included in the Budget Justification Narrative?

A detailed budget justification narrative and table of personnel to be paid with federal funds for **each 12-month period** (budget year) of three-year project period. Year 1 of the budget justification narrative should be classified into federal and non-federal resources. For subsequent budget years, the justification narrative should highlight the changes from Year 1 or clearly indicate that there are no substantive changes during the project period. A sample Budget Justification Narrative is available at the SAC-AA Technical Assistance web page (<http://bphc.hrsa.gov/programopportunities/fundingopportunities/sac-aa/index.html>).

44. What should an applicant do if the budget figures change between the Grants.gov submission and the EHB submission?

An applicant can view the original budget information submitted on the SF-424 in Grants.gov and make adjustments as needed in EHB. The applicant must provide additional budget information in the SF-424A and Budget Justification Narrative. Ensure that all provided budget information matches.

45. How should the SF-424A, Section E: Federal Funds Needed for Balance of the Project be completed?

In Section E, enter the federal funds requested for Project Period Year 2 in the "First" column and Project Period Year 3 in the "Second" column under Future Funding Periods (Years) for each proposed sub-program. The "Third" and "Fourth" columns must be \$0, since these correspond to years beyond the announced SAC-AA 3-year project period.

46. 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.

47. 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., \$183,300.)?

Yes, budgets may contain salaries at a rate in excess of \$183,300 if the differences are supported by program income. Consulting with the applicant’s 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.

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

The current federal indirect cost rate agreement must be provided in Attachment 14: Other Relevant Documents.

49. How much information does HRSA need on staff supported by the SAC-AA grant (Health Center Program funding) versus those supported solely with non-federal funds (not paid with Health Center Program funding)?

Applicants should refer to the bottom of the Sample Budget Justification posted at the SAC-AA Technical Assistance web page (<http://bphc.hrsa.gov/programopportunities/fundingopportunities/sac-aa/index.html>) 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 salary limitation of \$183,300), and federal amount requested (SAC-AA funding requested to support the position).

Forms

50. How can SF-424 information submitted in Grants.gov be changed?

All sections of the SF-424 are transferred into the EHB under the Basic Information, Budget Information, and Other Information sections. Any necessary updates to the SF-424 can be made in EHB under the corresponding section.

51. How can an applicant change the abstract in EHB after the Grants.gov submission?

To make changes in EHB, go to the SF-424, Part 2, under the Project Description section. The project abstract is attached in this form, under Project Description. Deletion and replacement are allowed in EHB.

52. On Form 1A: General Information Worksheet, what is meant by “general community” under the Unduplicated Patients and Visits by Population Type section?

On Form 1A: General Information Worksheet, “general underserved community” refers to anyone anticipated to be served who does not fall into one of the special population categories listed (homeless individuals, migratory and seasonal agricultural workers, and/or public housing residents).

53. Should the patient projection from our organization’s FY 2015 Expanded Services (ES) award be included in the unduplicated patient projection on Form 1A: General Information Worksheet (Projected Patients to be Served January 1 – December 31, 2017) of our SAC-AA application?

No, based on the timing of the FY 2015 ES awards, and to ensure consistency for the FY 2016 SAC/SAC-AA cohort, competing continuation applicants should **not** include new patients projected to be served through supplemental funding awarded after June 1, 2015 (e.g., the FY 2015 Expanded Services (ES) application). HRSA will add the new patient commitment from such supplemental awards to the total projected unduplicated patients from this FY 2016 SAC-AA application to determine the updated Patient Target for the service area.

54. Should the patient commitment and funding amount from our supplemental NAP award received in August, 2015 be included in our FY 2016 SAC-AA application?

HRSA will add new patient commitments and supplemental funding amounts awarded after June 1, 2015 to the FY 2016 SAC-AA patient projection and award. To avoid double counting of patients, your FY 2016 SAC-AA application patient projection and requested funding amount must not include patients or funding from your NAP August 2015 award, if applicable.

55. Should all staff be included on the Form 2: Staffing Profile?

List all direct hire staff included in the Health Center Program grant scope of project on Form 2: Staffing Profile, including staff whose salaries are paid through an indirect cost rate and volunteers. Select the relevant boxes for contracted staff, as needed.

56. 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 Year 1 of the proposed project period.

57. Where can data be found to complete Form 4: Community Characteristics?

Applicants can find population, economic, and geographic information from the U.S. Census Bureau (<http://www.census.gov/>). Click the Data tab for state and county Quick Facts or the American FactFinder that provides a searchable database of U.S. Census information.

58. What Specialty or Other Additional Services can be proposed through the SAC-AA application?

Competing continuation applicants will see their current scope, inclusive of Specialty and Other Additional Services, pre-populated on Form 5A: Services Provided.

New and competing supplement applicants may not propose Specialty or Other Additional Services through the SAC-AA application. Once awarded, they may request prior approval for Specialty and/or Other Additional Services through a Change in Scope request.

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

For competing continuation applicants, Form 5B: Service Sites will be pre-populated and the Project Performance Site Location(s) Form should be utilized to provide information on the administrative site only.

For new and competing supplement applicants, all proposed sites must be listed on both Form 5B: Service Sites and the Project Performance Site Location(s) Form.

60. Can a new applicant or competing supplement applicant propose on Form 5B: Service Sites to use a mobile medical van as the only new service delivery site?

No, applicants may propose a mobile medical van only if at least one new full-time (operational 40 hours or more per week) permanent, fixed building site is also proposed. Applicants proposing to serve only migratory and seasonal agricultural workers may propose a full-time, seasonal (rather than permanent) service delivery site, if desired.

61. What are “Other Activities/Locations” and how should these be recorded on Form 5C: Other Activities/Locations?

Form 5C: Other Activities/Locations is used to document activities that support the health center's scope of project that:

- Take place at locations that do not meet the definition of a service site,
- Are conducted on an irregular timeframe/schedule, and
- Offer a limited activity from within the full complement of health center activities included in the scope of project.

For further information on Other Activities and Locations, review PIN 2008-01: Defining Scope of Project and Policy for Requesting Changes (<http://bphc.hrsa.gov/programrequirements/policies/pin200801.html>).

62. What organizations are eligible for a waiver of the governance requirements on Form 6B: Request for Waiver of Board Member Requirements?

Applicants requesting funding for only MHC, HCH, and/or PHPC that do not currently receive or are not requesting funding for CHC may request a waiver of the governance requirement that board composition has a 51 percent consumer/patient majority.

63. On Form 8: Health Center Agreements, what qualifies as an agreement for a substantial portion of the proposed project?

Agreements for a substantial portion of the award include contracting with another organization (including agreements with a parent or subsidiary) for the majority of core primary care services and/or health center key management positions (e.g., Chief Executive Officer (CEO), Chief Financial Officer (CFO), Chief Medical Officer (CMO)). It always includes applicants providing subawards to another organization to carry out a portion of the health center project through a subrecipient arrangement. It excludes contracts for the

acquisition of supplies, material, equipment, or general support services (e.g., janitorial services, contracts with individual providers).

Refer to Uniform Guidance 2 CFR 200 as codified by HHS at 45 CFR 75

([http://www.ecfr.gov/cgi-](http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=a819a4f7e71965c4eaaf01d556522d85&r=PART&n=pt45.1.75)

[bin/retrieveECFR?gp=&SID=a819a4f7e71965c4eaaf01d556522d85&r=PART&n=pt45.1.75](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. Agreements that do not rise to the threshold of “substantial portion” should be summarized in Attachment 7: Summary of Contracts and Agreements, kept onsite, and should a SAC-AA grant be awarded, provided to HRSA for review upon request.

64. For new and competing supplement applicants, should forms be specific only to the proposed project?

Yes, forms should be completed with information specific to only the proposed project. Competing supplement applicants may include information about their current project in the Project Narrative, as requested/appropriate.

Attachments

65. How should attachments be formatted?

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

66. What is the purpose of Attachment 1: Service Area Map and Table?

The primary purpose of the Service Area Map and Table is to depict the service area and the local health care environment. The map is a visual representation of the service area demonstrating opportunities for collaboration described in the narrative. The table is a companion to the service area map, providing additional information on need.

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

The Service Area Map should reflect the proposed service area. Applicants can draw the boundary lines on the map to reflect partial zip codes by outlining only the county. If the data for the table in UDS Mapper does not match the data used for the forms and other parts of the application, explain why. The data reported in Form 4: Community Characteristics should reflect the service area and target population, as appropriate.

68. For Attachment 3: Project Organizational Chart, who is considered key personnel?

Key personnel include key management staff, such as the Chief Executive Officer (CEO), Chief Medical Officer (CMO), Chief Financial Officer (CFO), Chief Information Officer (CIO), and Chief Operating Officer (COO), as well as other individuals directly involved in oversight of the proposed project (e.g., Project Director), as determined by the applicant.

69. What should a public center applicant submit for Attachment 8: Articles of Incorporation and Attachment 11: Evidence of Nonprofit or Public Center Status?

If the public center applicant has a co-applicant, submit the co-applicant's Articles of Incorporation (Attachment 8), if incorporated.

Public center applicants must upload documentation to Attachment 11: Evidence of Nonprofit or Public Center Status demonstrating that the organization qualifies as a public agency (e.g., health department, public university health system).

70. What should a Tribal entity submit for Attachment 2: Corporate Bylaws and Attachment 8: Articles of Incorporation?

For Attachment 2: 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.

For Attachment 8: Articles of Incorporation, the Tribal Constitution, or Health Center Board Charter is an acceptable submission, if a Tribal applicant does not have Articles of Incorporation.

71. 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). They should not be addressed to HRSA or mailed separately from the application. Letters of support must be included with the application as Attachment 9: Letters of Support or they will **not** be considered by objective reviewers.

72. What is the Implementation Plan – Attachment 13?

The Implementation Plan outlines the applicant's planned activities required for the organization into operational readiness within 120 days of the Notice of Award (NoA). The Implementation Plan is required for new and competing supplement applicants. Applicants should choose from the list of focus areas in Appendix C of the FOA and/or include other focus areas and goals as appropriate. An example of the Implementation Plan format is available at the SAC-AA Technical Assistance web page (<http://bphc.hrsa.gov/programopportunities/fundingopportunities/sac-aa/index.html>).

73. When outlining goals and action steps for Attachment 13: Implementation Plan, does the health center need to be fully operational within 120 days of the issue date of the Notice of Award?

Yes, all proposed sites are expected to be open and operational within 120 days of Notice of Award, defined as:

- Being operational and begin providing services for the proposed population/community.
- Having appropriate staff and providers in place.

- Delivering services as proposed (consistent with Forms 5A: Services Provided and 5C: Other Locations/Activities) to the proposed target population(s).

74. Our health center is currently operational in all proposed sites. What should be included in Attachment 13: Implementation Plan?

Changes in access to care that will occur, planned service expansion and outreach, new collaborations/partnerships, and any other changes that would come as a result of the award should be highlighted. Applicants have the option to self-define goals in the Implementation Plan. If the health center is already operational, ensure that the application as a whole demonstrates this.

Application Submission

75. Where can applicants access the SAC-AA funding opportunity announcement (FOA) and application package?

The SAC-AA FOA and application package are available at Grants.gov (<http://www.grants.gov/>). Follow the instructions below:

- Go to Grants.gov (<http://www.grants.gov/>).
- Select the Search Grants tab.
- Type the Funding Opportunity Number field and click the SEARCH button.
- Click the Funding Opportunity Number (e.g., **HRSA-16-168**. Refer to the SAC-AA Technical Assistance web page (<http://bphc.hrsa.gov/programopportunities/fundingopportunities/sac-aa/index.html>) to determine the correct announcement number.
- Click the APPLICATION PACKAGE tab.
- Under Instructions and Application, click the Download link.
- To download an application, complete the email information, or check the box to indicate that you would not like to provide an address, and click the Submit button.
- Click the Download Application Instruction link to download the FOA.
- Click the Download Application Package link to download the Grants.gov application form.

76. Can an organization apply on behalf of another organization?

No, the grant recipient is expected to perform a substantive role in the project and meet the program requirements; therefore, the applicant organization, as indicated on the SF-424, must be the proposed health center and demonstrate that it meets all eligibility criteria.

77. When can applicants begin the EHB submission process?

Applicants can begin Step 2 in EHB only after Step 1 in Grants.gov has been successfully submitted by the Grants.gov due date and HRSA has issued an email confirmation containing the application tracking number to the Authorizing Official. The Authorizing Official(s) registered in Grants.gov will be notified by email when the application is ready within EHB.

78. How will applicants be notified if their application was not successfully submitted in Grants.gov and/or EHB?

Applicants should monitor their e-mail accounts, including spam folders, for e-mail notifications and/or error messages from Grants.gov. Grants.gov will send a series of email messages to the Authorizing Official, Project Director, and Single Point of Contact listed on the Grants.gov application to notify the applicant once the Grants.gov application has been validated or if there are errors. If there are errors, the applicant must correct the errors and re-submit the application in Grants.gov prior to the deadline.

In EHB, all validation errors must be resolved before the application can be submitted to HRSA by the Authorizing Official. The status of the application in EHB will appear as "Application Submitted to HRSA" once it has been submitted successfully by the Authorizing Official.

Technical Assistance and Contact Information

79. Who can assist with technical difficulties encountered when trying to submit an application in Grants.gov or the System for Award Management (SAM)?

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 since registration in all systems, including SAM and Grants.gov, may take up to one month to complete.

80. Who can assist with technical difficulties encountered when trying to submit an application in EHB?

Contact the BPHC Helpline Monday through Friday, 8:30 AM to 5:30 PM ET (excluding Federal holidays) at 1-877-974-2742 or submit a BPHC Helpline web form (<http://www.hrsa.gov/about/contact/bphc.aspx>). Applicants may also refer to the SF-424 Two-Tier Application Guide (<http://www.hrsa.gov/grants/apply/applicationguide/sf424programspecificappguide.doc>).

81. Who can assist with programmatic questions concerning the SAC-AA application requirements and application process?

Refer to the SAC-AA Technical Assistance web page (<http://bphc.hrsa.gov/programopportunities/fundingopportunities/sac-aa/index.html>) for Technical Assistance slides, instructions for accessing a replay of the Applicant Technical Assistance call, FAQs, and samples of the Program Specific Forms, among other resources. Applicants may also contact Beth Hartmayer in the Bureau of Primary Health Care's Office of Policy and Program Development at BPHCSAC@hrsa.gov or 301-594-4300.

82. Who can assist with budget-related questions?

Contact Donna Marx in the Division of Grants Management Operations at 301-594-4245 or dmarx@hrsa.gov.

83. Are there other sources for technical assistance?

Applicants are encouraged to contact the appropriate Primary Care Associations (PCAs), Primary Care Offices (PCOs), and/or National Cooperative Agreements (NCAs) to develop a

SAC-AA application. Refer to Support Networks (<http://bphc.hrsa.gov/qualityimprovement/supportnetworks/index.html>) for a complete listing of PCAs, PCOs, and NCAs.

Applicants are also encouraged to use available resources related to How to Apply for a Grant (<http://www.hrsa.gov/grants/apply/index.html>).

84. How do I receive Health Center Program updates?

The BPHC Primary Care Digest is a weekly email-based newsletter that provides updates, including announcements of new funding opportunities. All organizations, including those interested in becoming a Health Center Program grantee, are encouraged to subscribe to receive the Digest at https://public.govdelivery.com/accounts/USHHSHRSA/subscriber/new?topic_id=USHHSHRSA_118.