**FY 2019 Service Area Competition- Additional Areas (SAC-AA)
New, Competing Continuation, and Competing Supplement Applicants
Notice of Funding Opportunity (NOFO)
Frequently Asked Questions (FAQs)**

Below are common questions and corresponding answers for the fiscal year (FY) 2019 Service Area Competition- Additional Areas (SAC-AA) funding opportunity. New FAQs will be added as necessary. Refer to the SAC-AA Technical Assistance website (https://bphc.hrsa.gov/programopportunities/fundingopportunities/sac-aa/index.html) often for updates. The FAQs are organized under the following topics:

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 whose project periods are ending in FY 2019. 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. **What are special populations?**

   Special populations refer to three legislatively-mandated population groups and the health center types that serve them:
   - Migratory and seasonal agricultural workers and families – Migrant Health Center (MHC)
   - People experiencing homelessness – Health Care for the Homeless (HCH)

- Residents of public housing and individuals living in areas immediately accessible to public housing – Public Housing Primary Care (PHPC).

3. **If we receive a SAC-AA award, do we automatically become a Federally Qualified Health Center (FQHC)?**

No, once a SAC-AA grant is awarded and the health center is operational, you 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 the Centers for Medicare & Medicaid website (https://www.cms.gov/Center/Provider-Type/Federally-Qualified-Health-Centers-FQHC-Center.html).

4. **How do the applicant types 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, in addition to the one for which they are currently funded.

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

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

Eligibility

6. **Can we apply for SAC-AA funding if we do 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.

7. **Can we apply to serve multiple service areas?**

Yes, but you must submit a separate application for each service area.

If you intend to apply for two or more service areas announced under a single opportunity number (e.g., HRSA-19-010), you **must** contact the Office of Policy and Program Development at 301-594-4300 or https://www.hrsa.gov/about/contact/bphc.aspx for guidance well in advance of the Grants.gov submission deadline.

8. **Does the eligibility criterion regarding service area zip codes apply to competing continuation applicants?**

No, because HRSA pre-populates and locks all data on Form 5B: Service Sites for competing continuation applicants. However, per Chapter 3: Needs Assessment of the Health Center Program Compliance Manual, you are required to annually review your service area by comparing the zip codes reported on Form 5B: Service Sites with patient

origin data reported by zip code in the Uniform Data System (UDS). You should complete a Scope Adjustment request to ensure that Form 5B service area zip codes are those in which in which at least 75 percent of current health center patients reside, as identified in the most recent UDS report. If your SAC-AA application is already underway when your Scope Adjustment request is approved, you can update Form 5B: Service Sites by clicking the Refresh from Scope button on the form in EHB.

9. **If the zip code patient percentages for a service area in the Service Area Announcement Table (SAAT) do not total at least 75 percent, what do we do?**

If the total percentage of patients served in zip codes listed for a service area in the SAAT does not equal at least 75 percent, enter all zip codes listed in the SAAT on Form 5B.

10. **If Health Center Program funding currently supports multiple populations within a service area (e.g., CHC and HCH), should our application target the same populations?**

Yes, all populations currently targeted with Health Center Program funding in an announced service area, those with a value higher than $0 in the SAAT, must be included in your SAC-AA application.

11. **How many sites should we propose?**

Competing continuation applicants cannot propose new sites through SAC-AA.

New and competing supplement applicants should propose the number and types of sites appropriate for providing comprehensive primary health care services to the projected number of patients. At a minimum, you **must** propose at least one new full-time, permanent (or seasonal, if only MHC funding is requested), fixed building service delivery site with a verifiable street address.

Competing supplement applicants may also select site(s) currently in their Health Center Program scope of project that have capacity to serve additional patients in the proposed new service area, but such site(s) must be in addition to (not in lieu of) a new service delivery site.

12. **Can we propose a mobile medical van as a service delivery site?**

A mobile medical van may be proposed only if at least one new full-time permanent (or seasonal for those requesting only MHC funding), fixed service delivery site is also proposed.

13. **By when should the new site be operational?**

New sites must be open and operational within 120 days of receipt of the Notice of Award (NoA). If you fail to become operational at all sites within 120 days, HRSA will place a condition on the award.

Program Requirements

14. What happens if we are not compliant with all Health Center Program requirements at the time of application?

Both during application prefunding reviews and throughout the project period, you will be routinely assessed for program compliance (https://bphc.hrsa.gov/programrequirements/compliancemanual/introduction.html). In circumstances where you are 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 outlined in Chapter 2: Health Center Program Oversight of the Health Center Program Compliance Manual. If you have any conditions on your SAC-AA award, you will receive a 1-year project period and must submit an implementation plan within 120 days of receipt of your Notice of Award (NoA) outlining a plan to come into compliance.

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

No, the Health Center Program governance requirements do not apply to 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).

Service Areas

16. How do we know which service areas are available in FY 2019?

Available service areas for SAC-AA are listed in the NOFO-specific SAAT on the SAC-AA Technical Assistance website at https://bphc.hrsa.gov/programopportunities/fundingopportunities/sac-aa/index.html, which is updated throughout the fiscal year as new FY 2019 SAC-AA NOFOs are released.

Additionally, the HRSA Primary Health Care Digest is a weekly email newsletter containing information pertaining to the Health Center Program, including release of all competitive funding opportunities. Organizations interested in Health Center Program funding are encouraged to subscribe several staff at https://public.govdelivery.com/accounts/USHHSHRSA/subscriber/new?topic_id=USHHSHRSA_118.

17. How do we know which populations to request funding for in each service area?

Refer to the NOFO-specific SAAT on the SAC-AA Technical Assistance website at (https://bphc.hrsa.gov/programopportunities/fundingopportunities/sac-aa/index.html) to determine the required populations within each service area (e.g., CHC, MHC, HCH, and/or PHPC) for which you must request funding, indicated with a funding amount greater than $0.

18. How do we search for available service areas in the SAAT?

In the NOFO-specific SAAT accessed via the SAC-AA Technical Assistance website, all of the relevant information is pre-populated including service areas, required populations, dollar amounts, zip codes and patient targets.

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

Zip codes and associated patient percentages were obtained from the 2017 UDS data. The listed zip codes represent those where 11 or more patients reside and the percentages listed are rounded to the tenth percent. Shaded zip codes represent the current Health Center Program award recipient's self-defined service area as listed on its Form 5B: Service Sites.

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

The Patient Origin Map displays: (1) zip code tabulation areas (ZCTAs), which are generalized representations of United States Postal Service zip codes 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 (https://www.udsmapper.org/zcta-crosswalk.cfm). **To ensure eligibility**, new and competing supplement applicants must include a combination of SAAT Service Area Zip Codes (not ZCTAs) where zip code patient percentages total at least 75 percent on Form 5B: Service Sites.

21. Where can we get more information about the Patient Target in the SAAT?

Reference the Patient Target FAQs (https://bphc.hrsa.gov/programopportunities/fundingopportunities/sac/patienttarget.pdf) for more information.

Application Preparation and Submission Requirements

22. 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 Section IV of the NOFO for details.

23. Does HRSA have guidelines (e.g., font type, font size) for the narrative and attachments of the SAC application?

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

Project Narrative and Review Criteria

24. What types of data should we 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 target population.

25. Does the new item regarding telehealth mean we have to start offering services through telehealth?

The new telehealth item requests that you describe how you currently use or plan to use telehealth in the future. Applicants are not required to submit a plan to adopt telehealth, but are encouraged to consider how adoption of telehealth, a current HRSA priority, might enhance services.

26. Why does the Project Narrative have a new question that addresses the employment of the chief executive officer (CEO)/project director (PD)?

Recent changes to section 330(k)(3) of the Public Health Service Act require the CEO/PD to be a direct employee of the health center.

27. What do the bolded, underlined asterisks (*) next to some items of the Project Narrative mean?

These items will be utilized, in whole or in part, in the assessment of compliance.

Funding Priority

28. Which types of applicants can receive funding priority points?

The funding priority is only available for competing continuation applicants. To receive priority points, competing continuation applicants must demonstrate satisfactory program compliance through:
- The absence of any Health Center Program related conditions at the time of application, and
- A current project period of more than 1 year.

If a competing continuation applicant meets the compliance criteria (5 points), they may receive an additional 5 points if they have a positive or neutral (+/- 5%) 3-year patient growth trend. Health Center Profile data is available at https://bphc.hrsa.gov/uds/datacenter.aspx?q=d for point in time reference.

29. How is the patient growth calculated when assessing the funding priority?

The three most recent years of patient data, as reported in the Universal Data System (UDS), are utilized to calculate the patient growth trend. The calculation is as follows: [(Most

Current Total Patients value – Total Patients value from 2 years prior)/Total Patients value from 2 years prior] x 100.

Performance Measures

30. Where can we find more information on the performance measures?

On the SAC-AA Technical Assistance website (https://bphc.hrsa.gov/programopportunities/fundingopportunities/sac-aa/index.html), you will find:

- Instructions for how to complete the Performance Measures Forms in EHB and a sample of the completed form in the Clinical Performance Measure Form Field Guide and Sample.
- A Performance Measures Crosswalk that provides details regarding baseline data.

The Uniform Data System (UDS) Reporting Manual (https://www.bphc.hrsa.gov/datareporting/reporting/2017udsreportingmanual.pdf) provides additional measurement details, such as exclusionary criteria.

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

If you are applying for funds to target special populations, you must include at least one self-defined additional performance measure for each targeted special population. The additional measure(s) should address the unique health care needs of the targeted special population(s).

32. What should we do if a previously self-defined additional measure is no longer relevant?

Self-defined additional measures will prepopulate for competing continuation applicants. If you wish to stop tracking an additional performance measure, mark the additional 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 SAC/SAC-AA applications.

33. How should we develop baselines and goals for the performance measures?

Baselines should be developed 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 SAC-AA Technical Assistance website for technical assistance resources.

If data are not available to develop baselines, enter zeros in the Numerator and Denominator fields and provide an explanation in the Comments field describing when baseline data will be available.

Please note that competing continuation applicants cannot change the pre-populated baseline data (from the 2017 UDS report).

Goals (projected data) should be realistic for achievement by December 31, 2020 (in calendar year 2020). They should be based on data trends and expectations, factoring in predicted contributing and restricting factors, as well as past performance.

34. My organization provides preventive dental services to children only by formal referral (Form 5A, Column III). Is the Dental Sealants for Children performance measure applicable to my organization?

The Dental Sealants for Children performance measure is currently only required for health centers that provide preventive dental services directly and/or by a formal arrangement in which the health center pays for the service (Form 5A, Columns I and/or II). A health center that only provides preventive dental services by formal referral (Form 5A, Column III) may set the goal for this performance measure as 0. However, if the goal for the Dental Sealants for Children performance measure is set to 0, you must track at least one additional (self-defined) Oral Health measure.

Below are recommended self-defined Oral Health measures.

Population or Method for Dental Service Delivery	Recommended Oral Health Measure
Health centers that do not have children seeking preventive dental services	Oral Evaluation and/or Risk Assessment of All Primary Care Patients (reference page 25 of the Health Center Dashboard User's Guide at http://www.nnoha.org/nnoha-content/uploads/2018/03/Dental-Dashboard-Users-Guide_2017_Measure-Details.pdf) Description: Percentage of patients who receive an oral health evaluation and/or risk assessment during a medical visit Numerator: Number of patients who had an oral health evaluation and/or risk assessment performed during a medical visit in the measurement period Denominator: Number of patients with a medical visit during the measurement period
Health centers that do not have children seeking preventive dental services	Risk Assessment of All Dental Patients (reference page 22 of the Health Center Dashboard User's Guide at http://www.nnoha.org/nnoha-content/uploads/2018/03/Dental-Dashboard-Users-Guide_2017_Measure-Details.pdf) Description: Percentage of dental patients assessed for caries risk during a dental visit Numerator: Number of dental patients assessed for caries risk during a dental visit in the measurement period Denominator: Number of dental patients who had an oral assessment, or comprehensive or periodic oral evaluation visit, during the measurement period

Population or Method for Dental Service Delivery	Recommended Oral Health Measure
Preventive dental services are provided through referral (Form 5A, Column III)	Closing the Referral Loop (reference page 3 of the NCQA Quality Measures Crosswalk for PCMH 2017 at http://www.ncqa.org/portals/0/Programs/Recognition/PCMH/Quality_Measures_Crosswalk.pdf) Definition: Percentage of patients referred by the health center to another provider for preventive dental services Numerator: Number of patients referred for dental services for which the health center received a report from the provider to whom the patient was referred during the measurement period Denominator: Number of patients seen during the measurement period

35. If our health center does not presently treat patients living with HIV, can the goal be set to zero for the HIV Linkage to Care performance measure?

A goal greater than zero should be entered and tracked 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

36. How much federal funding can we request?

Requested funding cannot exceed the amount in the Total Funding column in the NOFO-specific SAAT available via a link on the SAC-AA Technical Assistance website (https://bphc.hrsa.gov/programopportunities/fundingopportunities/sac-aa/index.html) for the proposed service area.

If you are projecting to serve fewer patients than the target listed in the NOFO-specific SAAT you must reduce your funding request according to the following table. A funding calculator to determine the necessary reduction is available at the SAC-AA Technical Assistance website (https://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

37. Should we apply for the funding amount in the SAAT even if our most current Notice of Award lists a different amount of funding?

Yes, the federal request for funding should not exceed the Total Funding amount listed in the NOFO-specific SAAT for the service area for FY 2019.

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.

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

Only estimated budget information is required on the SF-424 in Grants.gov. In EHB, provide actual budget information on the SF-424A and Budget Narrative. The amount of federal funding that you request on the SF-424A and Budget Narrative in EHB must not exceed the amount of Total Funding available as listed in the NOFO-specific SAAT.

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

Unless you are a new applicant, you should apply for a 3-year project period. Sections A and B of the SF-424A capture the Year 1 funding request. In Section E, enter the federal funds requested for Year 2 in the "First" column and Year 3 in the "Second" column under Future Funding Periods (Years) for each proposed sub-program (e.g., CHC, HCH). The "Third" and "Fourth" columns must be $0, since these correspond to years beyond the 3-year project period.

New applicants should submit a budget for one year and all columns in Section E: Federal Funds Needed for Balance of the Project should be $0.

40. Since application 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., $189,600)?

Yes, budgets may contain salaries at a rate in excess of $189,600 if the differences are supported by non-federal resources. 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.

41. 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 13: Other Relevant Documents.

Forms

42. How can we change SF-424 information submitted in Grants.gov?

The SF-424 is transferred into EHB under the Basic Information, Budget Information, and Other Information sections. Only the abstract attached in Grants.gov can be replaced in the EHB application. To do so, go to the SF-424, Part 2, under the Project Description section, to delete and replace the project abstract.

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

"General underserved community" refers to anyone anticipated to be served who does not fall into one of the listed special population categories (people experiencing homelessness, migratory and seasonal agricultural workers, and/or public housing residents).

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

In the Direct Hire FTE column, list all direct hire staff for the proposed project, whether paid with federal or non-federal resources. Figures in this column must include staff paid directly or through an indirect cost rate, as well as volunteers.

Select the relevant boxes for contracted staff in the Contract/Agreement FTE column, as needed. Contracted staff numbers should <u>not</u> be included in the Direct Hire FTE column.

Note that based on new statute changes, the chief executive officer (CEO)/project director (PD) is required to be an employee of the health center. See Chapter 11: Key Management Staff of the Health Center Program Compliance Manual (https://bphc.hrsa.gov/programrequirements/compliancemanual/chapter-11.html).

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

The total patient number is the projected number of patients to be served in Year 1 of the proposed project period.

46. 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, then click Data Tools and Apps for state and county Quick Facts or the American FactFinder that provides a searchable database of U.S. Census information.

47. Should the same information be provided on the Project Performance Site Location(s) Form in Grants.gov, and on Form 5B: Service Sites in EHB?

If you are a competing continuation applicant, Form 5B: Service Sites will be pre-populated and you should list only your administrative site on the Project Performance Site Location(s) Form.

If you are a new or competing supplement applicant, all proposed sites must be listed on both Form 5B: Service Sites and the Project Performance Site Location(s) Form.

48. What are "Other Activities/Locations" and how should these be recorded on Form 5C: Other Activities/Locations?

Use this form to document activities that support the 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 (https://bphc.hrsa.gov/programrequirements/policies/pin200801.html).

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

If you are requesting funding for only MHC, HCH, and/or PHPC (i.e., are not requesting CHC funding), you may request a waiver of the board composition requirement. See Chapter 20: Board Composition of the Health Center Program Compliance Manual.

50. 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.

Attachments

51. My proposed service area does not perfectly align with my county's boundaries. How should we develop Attachment 1: Service Area Map and Table?

The Service Area Map should reflect the proposed service area. You can draw the boundary lines on the map to reflect partial zip codes or an area smaller than a county as needed. 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 in the Need section of the Project Narrative.

52. What should a Tribal entity submit for Attachment 2: Bylaws?

A Tribal applicant should provide a document that explains:
- How you are going to establish a governing body over the health center (if one does not already exist);
- How you 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 you will maintain fiscal and programmatic oversight over the Health Center Program grant project.

53. 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: Collaboration Documentation or they will **not** be considered by objective reviewers.

54. Our health center is currently operational at all proposed sites. What should be included in Attachment 12: Operational Plan?

If you are already operational, ensure that the application as a whole demonstrates this. Additionally, 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 included in the plan.

Application Submission

55. Where can we access the SAC-AA NOFO?

Follow the instructions below:
- Go to Grants.gov (http://www.grants.gov/).
- Select the SEARCH GRANTS tab.
- Type the NOFO number into the Opportunity Number field (e.g., HRSA-19-010) and click the SEARCH button. Refer to the SAC-AA Technical Assistance website (https://bphc.hrsa.gov/programopportunities/fundingopportunities/sac-aa/index.html) to determine the correct NOFO number.
- Click the Opportunity Number to get to the View Grant Opportunity page.
- Click the PACKAGE tab.
- Under Actions, click Preview.
- Click the Download Instructions button to download the NOFO.

56. How can we access an application in Grants.gov?

To access and submit an application in Grants.gov:
- Go to Grants.gov (http://www.grants.gov/).
- Select the SEARCH GRANTS tab.
- Type the NOFO number into the Opportunity Number field (e.g., HRSA-19-010) and click the SEARCH button. Refer to the SAC-AA Technical Assistance website (https://bphc.hrsa.gov/programopportunities/fundingopportunities/sac-aa/index.html) to determine the correct NOFO number.
- Click the Opportunity Number to get to the View Grant Opportunity page.
- Click the APPLY button to use the Grants.gov Workspace to apply. Workspace is a shared, online environment where members of the same organization may simultaneously access and edit different forms within an application.

57. What is required to register our organization in Grants.gov?

Grants.gov registration requires the submission of information in three separate systems. You must first obtain a DUNS Number (http://fedgov.dnb.com/webform) followed by registration in SAM.gov (www.sam.gov), before accessing Grants.gov (www.grants.gov) to complete the registration process. This process may take up to one month to complete.

For your SAM.gov registration, you must submit a notarized letter appointing the authorized Entity Administrator. See the SAM.gov FAQs (https://www.gsa.gov/about-us/organization/federal-acquisition-service/office-of-systems-management/integrated-award-environment-iae/sam-update) to learn more.

58. When can we begin the EHB submission process?

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

You are encouraged to apply early in Grants.gov to maximize time to complete the EHB phase of the application process.

59. How will we be notified if our application was not successfully submitted?

Monitor your 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 Workspace owner and participants with the Authorizing Official Representative (AOR) role to notify the applicant once the Grants.gov application has been validated or if there are errors. If there are errors, you must correct the errors and re-submit the application in Grants.gov prior to the deadline. Workspace is a valuable option to reduce errors since it shows errors in real time (prior to submission).

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

If users with privileges to work on the application click the Submit to AO button in EHB, the AO must login to EHB and submit the application to HRSA prior to the EHB deadline.

Technical Assistance and Contact Information

60. Who can assist with technical difficulties encountered in Grants.gov?

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 1 month to complete.

61. Who can assist with technical difficulties encountered in EHB?

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 BPHC Helpline Web form at https://www.hrsa.gov/about/contact/bphc.aspx by completing the following steps:
- Provide your contact information
- Select Applicant for the Requestor Type
- Enter your EHB application number in the Tracking Number box
- Select Application/Progress Report: EHB System Questions
- Type your question or describe your issue in the Description box

You may also refer to the SAC Application EHB User Guide on the SAC-AA Technical Assistance website (https://bphc.hrsa.gov/programopportunities/fundingopportunities/sac-aa/index.html) for instructions on navigating the application in EHB.

62. Who can assist with programmatic questions concerning the SAC application requirements and application process?

Refer to the SAC-AA Technical Assistance website (https://bphc.hrsa.gov/programopportunities/fundingopportunities/sac-aa/index.html) for a recorded Applicant Technical Assistance webinars and samples of the Program Specific Forms, among other resources. You may submit questions at https://www.hrsa.gov/about/contact/bphc.aspx or call 301-594-4300.

63. Who can assist with budget-related questions?

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

64. Are there other sources of technical assistance?

You may contact the appropriate Primary Care Associations (PCAs) and/or National Cooperative Agreements (NCAs) for assistance with developing your SAC-AA application. Refer to Strategic Partnerships (https://bphc.hrsa.gov/qualityimprovement/supportnetworks/index.html) for a complete listing of PCAs and NCAs.

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

65. How do we receive Health Center Program updates?

The HRSA Primary Health Care Digest is a weekly email newsletter containing information pertaining to the Health Center Program, including release of all competitive funding opportunities. Organizations interested in Health Center Program funding are encouraged to subscribe several staff at https://public.govdelivery.com/accounts/USHHSHRSA/subscriber/new?topic_id=USHHSHRSA_118.