Fiscal Year (FY) 2017 Service Area Competition- Additional Area (SAC-AA)

HRSA-17-112
Henderson, Nevada

SAC-AA Technical Assistance Web Site
(http://bphc.hrsa.gov/programopportunities/fundingopportunities/sac-aa/index.html)

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Agenda

- Notice of Funding Opportunity (NOFO) Overview

- Eligibility Requirements

- Application Process

- EHB Application Content

- Award Decision Factors

- Wrap Up

NOFO Overview

SAC-AA Purpose

- SAC-AA is a competitive funding opportunity for operational support that ensures continued access to comprehensive, culturally competent, quality <u>primary health care services</u> for communities and vulnerable populations currently served by the Health Center Program

- Authorized by Section 330 of the Public Health Service (PHS) Act, as amended (42 U.S.C. 254b)

Award Information

- One award

- Project period is up to 3 years

- Start date is September 1, 2017

- $704,000 annual award amount

- Patient Target of 8,000

- Funding Type: Community Health Centers (CHC) – PHS Act Section 330(e) – funding to serve underserved individuals

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Service Area Announcement Table (SAAT)

Service Area Announcement Table (SAAT)
http://bphc.hrsa.gov/programopportunities/fundingopportunities/sac-aa/index.html

- Each SA-AA NOFO has a unique SAAT that lists service areas announced for competition and includes the:

  – Patient Target for each service area (information provided in the Patient Target FAQs)

  – Zip codes for each service area and the percentage of patients that reside within each zip code

  – Total Funding available for each service area and specific populations that are funded

HRSA-17-112 SAAT

State: [▼]

City: [▼]

Zip Code: [5 digit zip codes separated with space]

[Search] [Reset]

Results include all service areas that contain the requested zip code.

Service Area Identification Number	Project Period Start Date	City[1] (Click the City to access the Patient Origin Map)	State	Funding Opportunity Number	Total Funding	CHC Funding	MHC Funding	HCH Funding	PHPC Funding	Zip Codes[2]	Percentage of Patients from Zip Code[3]	Patient Target[4]
488	9/1/2017	Henderson	NV	HRSA-17-112	$704,000	$704,000	$0	$0	$0	89002	0.0 %	8,000
										89015	0.0 %	

Eligibility Requirements

Eligibility Requirements 1 – 2

Eligibility Requirement	Documentation
1. Public or nonprofit private entity, such as a tribal, faith-based, or community-based organization	Attachment 11: Evidence of Nonprofit or Public Center Status
2. Provide comprehensive primary health care services without regard for ability to pay, either directly onsite or through established contract or referral arrangements	Form 5A: Services Provided Attachment 10: Sliding Fee Discount Schedule

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Eligibility Requirements 3a – c

Eligibility Requirement	Documentation
3. Propose to serve an announced service area and its patients	Form 5B: Service Sites
a) Project to serve at least 75% of the Patient Target for the proposed service area by <u>December 31, 2018</u>, as identified in the SAAT	Form 1A: General Information Worksheet
b) Propose service area zip codes where at least 75% of current patients reside, as identified in the SAAT (89002 and 89015)	Form 5B: Service Sites
c) Propose to serve all currently targeted populations (i.e., CHC) and maintain the funding distribution, as identified in the SAAT	SF-424A: Budget Information Form

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Eligibility Requirements 4 – 6

Eligibility Requirement	Documentation
4. New and Competing Supplement Applicants: Propose at least one permanent service delivery site that provides comprehensive primary medical services and operates at least 40 hours per week	Form 5B: Services Sites – verifiable physical site address must be included
5. Ensure access to services for all individuals in the service area and target population	Project Abstract Project Narrative
6. Public Housing Primary Care Applicants: Demonstrate continued consultation with public housing residents, beginning with SAC-AA application preparation and continuing with administration of the health center	Project Narrative

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Eligibility Requirements – Other

Eligibility Requirement	Documentation
Provide a Project Narrative that addresses the required elements within each of the following five sections: Need, Response, Collaboration, Resources/Capabilities, and Governance	Project Narrative
Request annual funding that <u>does not</u> exceed the Total Funding available for a service area, as identified in the SAAT	SF-424A: Budget Information Form
Include all forms and attachments indicated as "required for completeness"	Project Narrative Budget Narrative Attachment 2: Corporate Bylaws Others vary by applicant type
Cannot apply on behalf of another organization	SF-424: Application for Federal Assistance Attachment 2: Corporate Bylaws
Submit the application by the posted deadlines in Grants.gov and EHB	Refer to Section IV.4 of the NOFO

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Common Reasons for Ineligibility

- Not applying to serve an announced service area or applying to the incorrect NOFO number

- Projecting to serve less than 75 percent of the SAAT Patient Target on Form 1A

- Entering zip codes from the SAAT on Form 5B where less than 75 percent of current patients reside, or not entering all zip codes on Form 5B

- Not proposing to serve the CHC population

- The Project Narrative does not contain the requested information in the five required sections: Need, Response, Collaboration, Resources/Capabilities, and Governance

- Missing an attachment required for completeness

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Patient Projection

Applicants must propose on Form 1A to serve at least 75% of the Patient Target by **December 31, 2018**, as listed in the SAAT. For HRSA-17-112 the Patient Target is 8,000.

⌐es[3]	Percentage of Patients from Zip Code[4]	Patient Target
2	0.0 %	8,000
5	0.0 %	

DEPARTMENT OF HEALTH AND HUMAN SERVICES	FOR HRSA USE ONLY	
Health Resources and Services Administration	**Grant Number**	**Application Tracking Number**
Form 1A: GENERAL INFORMATION WORKSHEET		

Unduplicated Patients and Visits by Population Type	
How many unduplicated patients are projected to be served by December 31, 2018?	

Service Area Zip Codes

Because the SAAT percentages are 0, applicants must propose on Form 5B to serve all zip codes for the service area

	Percentage of Patients from Zip Code[4]	Patient Target
2	0.0 %	8,000
5	0.0 %	

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration FORM 5B: SERVICE SITES		FOR HRSA USE ONLY	
		Grant Number	Application Tracking Number
	[ ] This site has a Medicare billing number		
FQHC Site National Provider Identification (NPI) Number (Optional field)		Total Hours of Operation (when patients will be served per week)	
Months of Operation			
Service Area Zip Codes			
Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type)		Number of Intermittent Sites (Required only for 'Intermittent Site' Type)	

Funding Eligibility

- Request no more than the current level of support being provided to the service area ($704,000 for HRSA-17-112)

- Request all funding for CHC population

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Patient Projection and Funding Request

Patient Projection as Percentage of SAAT	Funding Request Reduction
95-100% of patients listed	No reduction
90-94.9% of patients listed	0.5% reduction
85-89.9% of patients listed	1% reduction
80-84.9% of patients listed	1.5% reduction
75-79.9% of patients listed	2% reduction
0-74.9% of patients listed	Ineligible application

- A calculator tool is available to determine the maximum allowable funding request based on the Patient Projection at http://bphc.hrsa.gov/programopportunities/fundingopportunities/sac-aa/index.html

- Failure to meet projections by December 31, 2018, may result in a proportionate funding decrease in future years

Application Process

Two-Tier Application Process

- Phase 1: Grants.gov due date is June 26, 2017

- Phase 2: HRSA Electronic Handbooks (EHB) due date is July 3, 2017
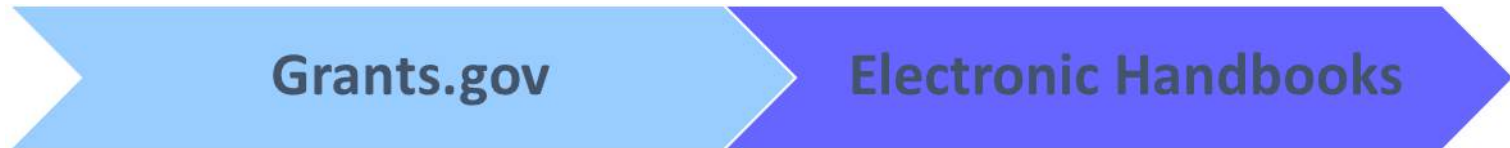
- The window between the Grants.gov and the HRSA Electronic Handbooks (EHB) due dates is only 1 week

- Early submission in Grants.gov is **strongly encouraged** to permit time to complete and double-check all required application forms in the HRSA Electronic Handbooks (EHB)

Phase 1 – Grants.gov

Ensure SAM and Grants.gov registrations are current immediately! Registration in all systems, including SAM and Grants.gov, may take up to 1 month to complete.

Grants.gov (www.grants.gov) registration requirements:

1. Obtain Data Universal Numbering System (DUNS) number

2. Register in System for Award Management (SAM)

   – Update registration every 12 months

3. Register in Grants.gov

See HRSA's SF-424 Two-Tier Application Guide for details: http://www.hrsa.gov/grants/apply/applicationguide/sf424programspecificappguide.pdf

Grants.gov Workspace

- New Workspace feature allows health center staff to mutually access, edit, and submit application forms and documents online http://www.grants.gov/web/grants/applicants/workspace-overview.html

- Walks applicants through Grants.gov process

- System checks for errors before application is submitted

Phase 1: Grants.gov Items

- SF-424: Application for Federal Assistance

  – Upload Project Abstract in box 15

- SF-424B: Assurances – Non-Construction Programs

- Project/Performance Site Location(s) Form

- Grants.gov Lobbying Form

  – Certification Regarding Lobbying

- SF-LLL: Disclosure of Lobbying Activities (as applicable)

- Key Contacts

SF-424: New Application Type

New: Applicant not currently funded through the Health Center Program

Application for Federal Assistance SF-424

* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):
☐ Preapplication	☒ New	[ ]
☒ Application	☐ Continuation	* Other (Specify):
☐ Changed/Corrected Application	☐ Revision	[ ]

* 3. Date Received:	4. Applicant Identifier:
Completed by Grants.gov upon submission.	[ ]

SF-424: Competing Continuation Application Type

Continuation: Current award recipient applying to continue serving its current service area (competing continuation)

SF-424: Competing Supplement Application Type

Revision/Supplement: Current award recipient applying to serve a new service area (competing supplement)

Application for Federal Assistance SF-424

* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):
☐ Preapplication	☐ New	E: Other (specify) ▼
☒ Application	☐ Continuation	* Other (Specify):
☐ Changed/Corrected Application	☒ Revision	Supplement:H80CSXXXXX

* 3. Date Received:	4. Applicant Identifier:
Completed by Grants.gov upon submission.	H80CSXXXXX

Phase 1: Grants.gov Submission

- For help with the Grants.gov electronic submission, call the Grants.gov Contact Center at 1-800-518-4726 or email support@grants.gov

- The Authorized Organizational Representative (AOR) in Grants.gov will receive 4 emails after submission:

  1. Submission Receipt

  2. System Validation

  3. Agency (HRSA) Download

  4. HRSA EHB Tracking Number Assignment

- Correct any errors identified by Grants.gov to enable successful submission prior to the deadline

Phase 2 – EHB

- Phase 2: HRSA Electronic Handbooks (EHB) available at
  https://grants.hrsa.gov/webexternal

  – Register in EHB as soon as possible

  – Authorizing Official receives a tracking number for accessing EHB via email no more than 1 business day after successful Grants.gov submission

  – Receive a confirmation message in EHB following successful submission

See HRSA's SF-424 Two-Tier Application Guide for registration details:
http://www.hrsa.gov/grants/apply/applicationguide/sf424programspecificappguide.pdf

Phase 2: EHB Items

- Project Narrative

- Attachments

- SF-424A: Budget Information

- Budget Narrative

- Program Specific Forms

- Performance Measures

Phase 2: EHB Submission

- Application can only be submitted by the Authorizing Official

- For help with the electronic submission in HRSA EHB, contact the BPHC Helpline at 877-974-2742 ext. 3 or http://www.hrsa.gov/about/contact/bphc.aspx

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EHB Application Content

Project Narrative and Review Criteria

- Project Narrative components correspond to Review Criteria

  - **Need (15 points)**

  - **Response (20 points)**

  - **Collaboration (10 points)**

  - Evaluative Measures (15 points)

  - **Resources/Capabilities (20 points)**

  - **Governance (10 points**)

  - Support Requested (10 points)

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EHB Attachments

- All attachments, whether required for completeness or review, collectively demonstrate a well-supported application

- Applications without an attachment **Required for Completeness** will be considered incomplete or non-responsive and will not be considered for funding

- Applications without an attachment **Required for Review** may be scored down by the objective review committee

- All attachments are counted toward the page limit except Attachment 11: Evidence of Non-Profit or Public Center Status and the Indirect Cost Rate Agreement (uploaded in Attachment 14), if applicable

- Refer to Section IV.2.vi of the NOFO for details

New Applicant Attachments

Attachments required for completeness for new applicants:

– Attachment 2: Corporate Bylaws

– Attachment 6: Co-Applicant Agreement (if applicable)

  o Only public center applicants who require a co-applicant to ensure compliance with governance requirements

– Attachment 8: Articles of Incorporation

– Attachment 11: Evidence of Nonprofit or Public Center Status

– Attachment 13: Implementation Plan

Competing Continuation & Competing Supplement Applicant Attachments

Attachments required for completeness for:

Competing continuation applicants

– Attachment 2: Corporate Bylaws

Competing supplement applicants

– Attachment 2: Corporate Bylaws

– Attachment 13: Implementation Plan

Attachment 14: Other Relevant Documents

- As applicable, upload any indirect cost rate agreements or lease documentation

- If advisory councils or patient representatives are proposed when requesting a waiver of board member requirements on Form 6B, include a list of the members and their reasons/qualifications for participation on the advisory council or as governing board representatives

- Additional documents in support of your application, not otherwise requested or required

- All documents uploaded to Attachment 14 will count against the 160 page limit, with the exception if an indirect cost rate agreement

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Budget Presentation: SF-424A

- Section A – Budget Summary, the budget must be entered on separate rows for each proposed type of Health Center Program funding (i.e., CHC)

  - The federal amount refers to only the SAC-AA funding requested, not all federal funding that an applicant receives

  - Estimated Unobligated Funds are not applicable for this funding opportunity

- Section B – Budget Categories, provide a line-item budget (broken down by federal and non-federal funding) for Year 1 of the 3-year project period

- Section C, when providing Non-Federal Resources by funding source, include non-SAC-AA federal funds supporting the proposed project in the "other" category

  - Program Income must be consistent with the Total Program Income (patient service revenue) presented in Form 3: Income Analysis

Budget Presentation: SF-424A (continued)

- Section E, provide the federal funds requested for Year 2 in the First column and Year 3 in the Second column, entered on separate rows for each proposed type of Health Center Program funding (CHC)

  - The Third and Fourth columns must remain $0

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Sample SF-424A

SAMPLE SF-424A FOR SERVICE AREA COMPETITION (First Page Only)

BUDGET INFORMATION – Non-Construction Programs

SECTION A – BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Fed Domestic Assist No. (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. Community Health Centers- 330(e)	93.224			$2,758,334	$7,599,486	$10,357,820
2. Migrant Health Centers - 330(g)	93.224			$1,253,113	$3,452,704	$4,705,817
3.						
4.						
5. TOTALS				$4,011,447	$11,052,190	$15,063,637

SECTION B - BUDGET CATEGORIES

6. Object Class Category	Grant Program Function or Activity				Total (5)
	(1) Federal	(2) Non-Federal			
a. Personnel	$2,400,000	$7,001,600			$9,401,600
b. Fringe Benefits	$552,586	$1,612,079			$2,164,665
c. Travel	100,000	34,200			$134,200
d. Equipment	300,000	375,557			$675,557
e. Supplies	50,000	420,000			$470,000
f. Contractual	500,000	441,200			$941,200
g. Construction	0	0			$0
h. Other	108,861	1,167,554			$1,276,415
i. Total Direct Charges (sum of 6a-6h)	$4,011,447	$11,052,190			$15,063,637
j. Indirect Charges	$0	$0			$0
k. TOTALS (sum of 6i and 6j)	$4,011,447	$11,052,190			$15,063,637
7. Program Income					$10,545,540

Standard Form 424A

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Budget Presentation: Budget Narrative

- Present a line-item budget and narrative justification for each 12-month budget period of the 3-year project period

- Year 1 in the Budget Narrative must show the federal and non-federal portions – total funding can be presented for Years 2 and 3

- Each category presented in Section B – Budget Categories of the SF-424A Budget Information form must be addressed in the Budget Narrative

- Provide sufficient information to demonstrate that costs are reasonable and necessary to implement the proposed project

Budget Presentation:
Budget Narrative (continued)

- Provide a table of all federally funded personnel

  – Federal funds may not be used to pay the salary of an individual at a rate in excess of $187,000

- Total Federal request must align with the SF-424A

- See HRSA's SF-424 Two-Tier Application Guide for details:

http://www.hrsa.gov/grants/apply/applicationguide/sf424programspecificappguide.pdf

Budget Details

- Equipment and supplies may be purchased for the provision of primary health care services

- Ineligible uses of SAC-AA funding include:

  – Construction of facilities

  – Fundraising

  – Lobbying efforts

- Grants Management Legislative Mandates (http://www.hrsa.gov/grants/manage/bulletin201602.html)

Program Specific Forms

- Form 1A: General Information Worksheet

- Form 1C: Documents on File

- Form 2: Staffing Profile

- Form 3: Income Analysis

- Form 4: Community Characteristics

- Form 5A: Services Provided

- Form 5B: Service Sites

- Form 5C: Other Activities/Locations (if applicable)

- Form 6A: Current Board Member Characteristics

Program Specific Forms (continued)

- Form 6B: Request for Waiver of Board Member Requirements

- Form 8: Health Center Agreements

- Form 10: Emergency Preparedness Report

- Form 12: Organization Contacts

- Summary Page

- Clinical Performance Measures

- Financial Performance Measures

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Program Specific Forms Highlights

- Form 1A: General Information Worksheet

  – Collects the Patient Projection by December 31, 2018

- Form 2: Staffing Profile

  – Collects the number of direct hire staff

  – Contracted staff are indicated, but not quantified

- Form 5B: Services Provided

  – Collects the proposed service area zip codes

- Form 5C: Other Activities/Locations

  – All forms are required except Form 5C: Other Activities/Locations

- Summary Page

  – Collects additional service area information to enable auto-calculation of the percentage of the Patient Target to be served

- Refer to SAC-AA NOFO Section IV.2.v and Appendix A for complete instructions

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Performance Measures: General Information

- Ten Clinical Performance Measures have been updated
  - [Clinical Performance Measure Crosswalk](#)
  - [2015 UDS Manual](#)
  - [Program Assistance Letter 2016-02](#)

- Appendix B provides complete performance measure instructions

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Performance Measure Form
Field Highlights

- Baseline Data: Zeros are acceptable when data is not available

  - Project when data will be available in the Comments field

- Goals must be projected for December 31, 2018

- Key Factor Type - Applicants must specify at least one contributing and one restricting factor

- Information that will not fit on the performance measures forms should be included in the Project Narrative: Evaluative Measures section

Performance Measures for Competing Continuation Applicants

- Baseline Data:

  – Will not be pre-populated for updated Clinical Performance Measures

  – For prepopulated baseline data, more current data may be provided in the Comments field, if desired

- The Progress field captures progress since the last submission (i.e., SAC, NAP, BPR)

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Required Clinical Performance Measures

- **Diabetes (updated)**

- **Hypertension: Controlling High Blood Pressure (updated)**

- **Cervical Cancer Screening (updated)**

- Prenatal Care

- Low Birth Weight

- **Childhood Immunization Status (updated)**

- **Oral Health: Sealants (updated)**

  – If sealants are provided via a referral arrangement, 0 may be entered in the Projected Goal field, but an additional Oral Health measure must be included in the "Other" section

- Adolescent Weight Screening and Follow-Up

Required Clinical Performance Measures
(continued)

- Adult Weight Screening and Follow-Up (updated)

- Tobacco Use Screening and Cessation (updated)

- Asthma: Use of Appropriate Medications (updated)

- Coronary Artery Disease: Lipid Therapy

- Ischemic Vascular Disease: Use of Aspirin or Another Antithrombotic

- Colorectal Cancer Screening (updated)

- HIV Linkage to Care

- Screening for Clinical Depression and Follow-Up Plan (updated)

Required Financial Performance Measures

- Total Cost per Patient

- Medical Cost per Medical Patient

- Health Center Program Grant Cost per Patient

Award Decision Factors

Project Period Length Criteria

- Project period length is determined by health center performance as described in Section V.2 of the NOFO

- A one-year project period will be awarded if any of the following are met

  - 10 or more Health Center Program requirements conditions

    - applied via application review and/or

    - in 90, 60, or 30-day phase of Progressive Action

  - 3 or more Health Center Program requirements conditions in the 60-day phase of Progressive Action

  - 1 or more Health Center Program requirements conditions in the 30-day phase of Progressive Action

Criteria for Not Receiving an Award

- HRSA will not make a SAC-AA award to any competing continuation applicant that has been awarded one-year project periods in the previous two award cycles and meets the criteria for a third one-year project period in FY 2017

- Any competing supplement applicant with 5 or more unresolved conditions related to Health Center Program requirements in the 60-day phase of Progressive Action or 1 or more unresolved conditions related to Health Center Program requirements in the 30-day phase of Progressive Action will not be funded and the service area will be re-competed if no other fundable applications were received

Wrap-Up

Important Reminders

- Applications may not exceed 160 pages or 20 MB

  - Section IV.2 in the SAC-AA NOFO provides items excluded from the page count

- Applications failing to meet all eligibility requirements will not be considered for funding

- Applications must respond to the correct NOFO number for the proposed service area, as identified in the SAAT

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Technical Assistance Contacts

- SAC-AA Technical Assistance (TA) Web site
  http://bphc.hrsa.gov/programopportunities/fundingopportunities/sac-aa/index.htmll

- Program related questions

  – Dave Butterworth: BPHCSAC@hrsa.gov or 301-594-4300

- Budget related questions

  – Donna Marx: dmarx@hrsa.gov or 301-594-4245

- Grants.gov related questions

  – support@grants.gov or 800-518-4726

- EHB related questions

  – BPHC Helpline Web Form (http://www.hrsa.gov/about/contact/bphc.aspx) or
    877-974-2742