FY 2018 Service Area Competition (SAC)
New, Competing Continuation, and Competing Supplement Applicants
Notice of Funding Opportunity (NOFO)
Frequently Asked Questions (FAQs)

HRSA-18-021, HRSA-18-023, HRSA-18-024,
HRSA-18-025, HRSA-18-026, HRSA-18-027

Below are common questions and corresponding answers for the fiscal year (FY) 2018 Service Area Competition (SAC) funding opportunity. New FAQs will be added as necessary. Refer to the SAC Technical Assistance Web site (http://bphc.hrsa.gov/programopportunities/fundingopportunities/SAC/index.html) often for updates. The FAQs are organized under the following topics:

General Information

1. **What is the purpose of the SAC funding opportunity?**

   The purpose of the SAC 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 2018 (October 1, 2017 – September 30, 2018). 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)
   - People living in public housing and areas immediately accessible to such public housing – Public Housing Primary Care (PHPC)

3. **If our organization receives a SAC award, do we automatically become a Federally Qualified Health Center (FQHC)?**

   No, once a SAC 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 Web site (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.

5. **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 applications because there may be competition for any announced service area.

6. **Can an organization that submitted an FY 2017 New Access Point (NAP) application submit the same application for FY 2018 SAC funding?**

   Use caution in repurposing a NAP application when applying for SAC funding. The NAP and SAC 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/underserved service areas (to expand the reach of the Health Center Program). The purpose of SAC is to ensure continued access to affordable, quality primary health care services for communities and vulnerable populations currently served through the Health Center Program.

Eligibility

7. **Is our organization eligible to apply for FY 2018 SAC 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.

8. Are organizations located outside of the United States eligible to apply for SAC 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).

9. Can an organization 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-18-021), you **must** contact the Office of Policy and Program Development at 301-594-4300 or https://www.hrsa.gov/about/contact/bphc.aspx (select Applicant, Application/Progress Report: Instructions/Requirements Questions, SAC) for guidance well in advance of the Grants.gov submission deadline.

10. Does the eligibility criterion regarding proposing service area zip codes on Form 5B from which at least 75 percent of current patients reside apply to competing continuation applicants?

No, because HRSA pre-populates and locks all data on Form 5B: Service Sites for competing continuation applicants. However, competing continuation applicants are encouraged to review their current scope of project and request necessary updates through the scope adjustment or change in scope processes in HRSA EHB prior to the application deadline. If a SAC application is already underway when a scope adjustment or change in scope request is approved, you can update the pre-populated information on Form 5B: Service Sites by clicking the Refresh from Scope button on the form in HRSA EHB.

11. If the zip code patient percentages for an announced service area in the Service Area Announcement Table (SAAT) do not total at least 75 percent, what should new and competing supplement applicants enter on Form 5B?

If the total percentage of patients that reside in zip codes listed for an announced service area in the SAAT does not equal at least 75 percent, then you should enter all zip codes listed in the SAAT for the announced service area on Form 5B.

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

Yes, all populations currently served with Health Center Program funds in an announced service area must be included in the SAC application. Refer to the SAAT (http://bphc.hrsa.gov/sac/) to identify the populations targeted with Health Center Program funding in each announced service area, indicated with a dollar value greater than $0.

13. What are the site requirements for new and competing supplement applicants?

New and competing supplement applicants should propose the number and types of sites appropriate for providing access to comprehensive primary health care services to the proposed number of patients within the proposed service area. At a minimum, you **must** propose at least one full-time (operational 40 hours or more per week) permanent (or seasonal, if only MHC funding is requested), fixed building service delivery site on Form 5B:

Service Sites. A verifiable street address must be provided for each proposed site on Form 5B: Service Sites. Competing supplement applicants may select site(s) currently in their Health Center Program scope of project, but they must be in addition to (not in lieu of) a new service delivery site.

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

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

Program Requirements

15. Do we have to be compliant with the Health Center Program requirements at the time of application?

Yes, you are expected to be compliant with all Health Center Program requirements (http://bphc.hrsa.gov/programrequirements/index.html) at the time of application. Both during application prefunding reviews and throughout the project period, you will be routinely assessed for program compliance. 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 (https://bphc.hrsa.gov/programrequirements/compliancemanual/index.html).

16. 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

17. How do we know which service areas are available in FY 2018?

Available service areas are listed in the SAAT (http://bphc.hrsa.gov/sac/). Note that the SAAT will be updated throughout the fiscal year as new FY 2018 NOFOs are released, so check this table periodically.

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

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

Refer to the SAAT (http://bphc.hrsa.gov/sac/) 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.

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

In the SAAT (http://bphc.hrsa.gov/sac/), 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 end date, city, and/or state to create a customized list of available service areas. Only the cities and states with 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.

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

Zip codes and associated percentages were obtained from the 2016 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.

21. 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), 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 list the zip codes (not ZCTAs) from which at least 75 percent of the current patients reside as service area zip codes on Form 5B: Service Sites.

22. Where can I get more information about the Patient Target information in the SAAT?

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

Application Preparation and Submission Requirements

23. What is the difference between the six notice of funding opportunity numbers (e.g., HRSA-18-021, HRSA-18-024)?

Each of the six FY 2018 SAC opportunity numbers has a unique (1) set of due dates, (2) project period start date, and (3) subset of announced services areas as shown in the SAAT (http://bphc.hrsa.gov/sac/). You must download and submit the Grants.gov application package for the appropriate notice of funding opportunity number, based on the desired service area, to ensure eligibility.

24. Is there a page limit for the SAC application?

Yes, the page limit is 160 pages (approximately 20 MB), when printed by HRSA. Refer to Section IV of the NOFO for details.

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

Project Narrative and Review Criteria

26. 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.

Funding Priority

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

The funding priority is only available for current Health Center Program award recipients applying to continue serving their current service area (competing continuation applicants). To receive priority points, competing continuation applicants must demonstrate satisfactory program compliance and have a positive or neutral (+/- 5%) three-year patient growth trend. Health Center Profile data is available at http://bphc.hrsa.gov/uds/datacenter.aspx?q=d for point in time reference.

28. How is the patient growth funding priority calculated?

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

29. Where can I find more information on the performance measures?

Refer to Appendix B of the NOFO for instructions on how to complete the Performance Measures Forms. Samples of the Performance Measures Forms that are completed in HRSA EHB are posted at the SAC Technical Assistance Web site (http://bphc.hrsa.gov/programopportunities/fundingopportunities/SAC/index.html).

The Uniform Data System (UDS) Reporting Manual https://bphc.hrsa.gov/datareporting/reporting/2016udsreportingmanual.pdf provides additional measurement details, such as exclusionary criteria, for 14 of the required Clinical Performance Measures that have not been revised. The Performance Measures Crosswalk (http://bphc.hrsa.gov/programopportunities/fundingopportunities/sac/performancemeasurescrosswalk.pdf) provides details for the two Clinical Performance Measures that have been revised and for which baseline data will not be pre-populated.

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

You are required to include the 16 Clinical Performance Measures and three Financial Performance Measures listed in Appendix B of the NOFO.

You may define as many additional 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.

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 all required measures as noted above, along with additional performance measures that address the unique health care needs of these populations.

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

If you are a competing continuation applicant and wish to stop tracking an additional 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 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 Technical Assistance Web site (http://bphc.hrsa.gov/programopportunities/fundingopportunities/SAC/index.html) for technical assistance resources.

If data are not available to develop baselines, you 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 are not yet available and stating when it will be available. The remaining fields must be completed.

Please note that competing continuation applicants cannot change the pre-populated baseline data (from the 2016 UDS report) for the required Financial Performance Measures or the 14 required Clinical Performance Measures that have not changed.

Goals (projected data) should be realistic for achievement by December 31, 2019 (in calendar year 2019). 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 applicable to 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 zero. However, if the goal for the Dental Sealants 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 based on the population or method for dental service delivery.

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 29 of the Health Center Dashboard User's Guide at http://www.nnoha.org/nnoha-content/uploads/2016/12/Dashboard-Measures-Pages-21-to-89-12.2.16.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 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 26 of the Health Center Dashboard User's Guide at http://www.nnoha.org/nnoha-content/uploads/2016/12/Dashboard-Measures-Pages-21-to-89-12.2.16.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
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 during the measurement period

35. 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

36. How much federal funding can we request?

Requested funding cannot exceed the amount in the Total Funding column in the SAAT (http://bphc.hrsa.gov/sac/) for the proposed service area. Check the SAAT periodically during the open application period and prior to application submission, since Total Funding announced may be adjusted due to supplemental award(s) for the announced service area.

If you are projecting to serve fewer patients than the target listed in the SAAT (http://bphc.hrsa.gov/sac/), you must reduce your funding request according to the following

table. A funding calculator to determine the necessary reduction is available at the SAC Technical Assistance Web site (http://bphc.hrsa.gov/programopportunities/fundingopportunities/SAC/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
< 75% of patients listed in the SAAT	Not eligible for funding

37. 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/sac/) is the correct level of funding for the service area for FY 2018. Total Funding announced in the SAAT may be adjusted while a funding opportunity is open due to supplemental award(s) for the announced 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.

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

You can view the original budget information submitted on the SF-424 in Grants.gov and make adjustments as needed in HRSA EHB. You must provide additional budget information in HRSA EHB, including the SF-424A and Budget Narrative. Ensure that all budget information matches prior to submission.

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

You should apply for a three-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 three-year project period.

40. Does the salary limitation apply to contractors?

The salary limitation does not apply to typical Health Center Program contracts. The exception is if you contract with another organization for core provider 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 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. Use judgment in classifying each agreement as a subaward or a procurement contract, based on the substance of the relationship.

41. 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., $187,000)?

Yes, budgets may contain salaries at a rate in excess of $187,000 if the differences are supported by other sources of funding. 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.

42. If our 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 13: Other Relevant Documents.

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

Refer to the bottom of the Sample Budget Narrative posted at the SAC Technical Assistance Web site (http://bphc.hrsa.gov/programopportunities/fundingopportunities/SAC/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 $187,000), and federal amount requested (SAC funding requested to support the position).

Forms

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

The SF-424 is transferred into HRSA EHB under the Basic Information, Budget Information, and Other Information sections. Any necessary updates to the SF-424, including the attached abstract submitted in grants.gov, can be made in HRSA EHB application. In HRSA EHB, go to the SF-424, Part 2, under the Project Description section, to delete or replace the project abstract.

45. On Form 1A: General Information Worksheet, what is meant by "general underserved 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 listed special population

categories (people experiencing homelessness, migratory and seasonal agricultural workers, and/or public housing residents).

46. Should the patient projection from our organization's FY 2017 Access Increases in Mental Health and Substance Abuse Services (AIMS) Supplemental Funding (HRSA-17-118) award be included in the unduplicated patient projection on Form 1A: General Information Worksheet of our SAC application?

No, based on the timing of the FY 2017 AIMS awards, competing continuation applicants should **not** include new patients projected to be served through AIMS supplemental funding in the FY 2018 SAC patient projection. HRSA will add the AIMS new patient commitment to the unduplicated patients projected from the FY 2018 SAC application (Projected Patients to be served January 1 – December 31, 2019) to determine the updated Patient Target for the service area.

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

List all direct hire staff for the proposed project, whether paid with federal or non-federal resources, on Form 2: Staffing Profile in the Direct Hire FTE column. Figures in this column must include staff paid directly and those whose salaries are paid 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 not be included in the Direct Hire FTE column.

48. 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.

49. 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.

50. Should the same information be provided on the Project Performance Site Location(s) Form, to be completed in Grants.gov, and on Form 5B: Service Sites, to be completed in HRSA 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.

51. 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).

52. 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 and are not requesting funding for CHC, you may request a waiver of the requirement that board composition has a 51 percent consumer/patient majority.

53. 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), clinical director (CD)).
- It always includes subawards to carry out a portion of the health center project through a subrecipient arrangement.
- It does not include 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-bin/retrieveECFR?gp=&SID=a819a4f7e71965c4eaaf01d556522d85&r=PART&n=pt45.1.75) for the definition of "substantial" and characteristics of a subrecipient agreement. You 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 kept onsite and summarized in Attachment 7: Summary of Contracts and Agreements.

54. 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

55. My proposed service area does not perfectly align with my county's boundaries. How should I develop Attachment 1: Service Area Map and Table and pull the data for the application forms (e.g., Form 4: Community Characteristics)?

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.

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

A Tribal applicant should provide a work plan/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.

57. 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.

58. When outlining goals and action steps for Attachment 12: Implementation Plan, when must sites be open and operational?

All proposed sites (as noted on Form 5B: Service Sites) must have the necessary staff and providers in place to begin operating and delivering services to the proposed community and/or target population within 120 days of receipt of the Notice of Award.

If you fail to become operational at all sites within 120 days, HRSA will place a condition on the award and will follow the Progressive Action policy and process. For more information, review Chapter 2: Health Center Program Oversight of the Health Center Program Compliance Manual (https://bphc.hrsa.gov/programrequirements/compliancemanual/index.html).

59. Our health center is currently operational at all proposed sites. What should be included in Attachment 12: Implementation 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.

Application Submission

60. Where can we access the SAC NOFO?

Follow the instructions below:
- Go to Grants.gov (http://www.grants.gov/).
- Select the SEARCH GRANTS tab.
- Type the Funding Opportunity Number into the Opportunity Number field (e.g., HRSA-18-021) and click the SEARCH button. Refer to the SAC Technical Assistance Web site (http://bphc.hrsa.gov/programopportunities/fundingopportunities/SAC/index.html) to determine the correct opportunity number.
- Click the Opportunity Number to get to the View Grant Opportunity page.
- Click the PACKAGE tab.

- Under Actions, click Apply.
- Provide the requested email information to ensure that you receive updates if the NOFO is modified and click the Submit button.
- Click the Download Instruction button to download the NOFO.

61. How can I access an application in Grants.gov?

There are two options to access and submit an application in Grants.gov.

Option 1: After completing the steps in question 60, click the Download Package button to download the Grants.gov application forms.

Option 2: After completing the steps in question 60, click the Login to Apply Now 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.

62. When can we begin the HRSA EHB submission process?

You can begin Phase 2 in HRSA 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 containing the application tracking number. The Authorizing Official registered in Grants.gov will be notified by email when the application is ready within HRSA EHB.

63. How will we be notified if our application was not successfully submitted in Grants.gov and/or HRSA EHB?

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 Authorized Organization 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 HRSA 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 HRSA EHB will appear as "Application Submitted to HRSA" once it has been successfully submitted.

Technical Assistance and Contact Information

64. 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.

65. Who can assist with technical difficulties encountered in HRSA 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 HRSA EHB User Guide on the SAC Technical Assistance Web site (https://bphc.hrsa.gov/programopportunities/fundingopportunities/SAC/index.html) for instructions on navigating the application in EHB.

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

Refer to the SAC Technical Assistance Web site (http://bphc.hrsa.gov/programopportunities/fundingopportunities/SAC/index.html) for Technical Assistance slides, a replay of the Applicant Technical Assistance call, and samples of the Program Specific Forms, among other resources. You may submit questions at https://www.hrsa.gov/about/contact/bphc.aspx (select Applicant, Application/Progress Report: Instructions/Requirements Questions, SAC) or call 301-594-4300.

67. 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.

68. Are there other sources for technical assistance?

You may contact the appropriate Primary Care Associations (PCAs) and/or National Cooperative Agreements (NCAs) for assistance with developing your SAC application. Refer to Strategic Partnerships (http://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 (http://www.hrsa.gov/grants/apply/index.html).

69. How do I receive Health Center Program updates?

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