



**FY 2019 New Access Point (NAP) Notice of Funding Opportunity (NOFO)
Frequently Asked Questions (FAQs)**

HRSA-19-080

Below are common questions and corresponding answers for the Fiscal Year (FY) 2019 NAP funding opportunity. New FAQs will be added as necessary, so please check the NAP Technical Assistance website located at

<https://bphc.hrsa.gov/programopportunities/fundingopportunities/NAP/index.html> for updates.

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General Information

1. What is the purpose of the NAP funding opportunity?

The purpose of this Health Center Program funding is to support comprehensive primary health care service delivery sites in areas that impact the nation’s underserved communities and vulnerable populations by expanding access to affordable, accessible, quality primary health care services. Funding provides operational support for new Health Center Program service delivery sites. See pages 1-5 in the notice of funding opportunity (NOFO) for a detailed discussion of program expectations and requirements.

2. How can I access the NAP NOFO and application package?

Follow the instructions below:

- Go to <http://www.grants.gov>
- Search Grants using Opportunity Number HRSA-19-080
- Click the Opportunity Number link (HRSA-19-080)
- Click the Package tab (rightmost tab)
- Under Actions, click on Preview
 - Click the Download Instructions gray bar for the NOFO
 - Click the links to view the forms to be submitted in Grants.gov

- Click the APPLY button to use the Grants.gov Workspace to apply.

3. Can my organization request funding for more than one type of health center?

The term “health center” refers to four types of health centers (also called sub-programs) supported under section 330 of the PHS Act, as amended:

- Community Health Center (CHC – section 330(e))
- Migrant Health Center (MHC – section 330(g))
- Health Care for the Homeless (HCH – section 330(h))
- Public Housing Primary Care (PHPC – section 330(i))

You may request funding to support one or multiple types of health centers within a single application based on the population(s) to be served. For example, if you propose to serve both the general community and migratory and seasonal agricultural workers, you can submit a NAP application requesting both CHC and MHC funding.

4. What are special populations?

“Special populations” refers to three population groups and the legislatively-mandated health center types that serve them:

- Migratory and seasonal agricultural workers and families – Migrant Health Center (MHC)
- Individuals experiencing homelessness – Health Care for the Homeless (HCH)
- Individuals living in public housing and areas immediately accessible to such public housing – Public Housing Primary Care (PHPC)

You are expected to demonstrate compliance with the specific requirements of each health center type for which funding is requested. See pages 3-4 of the NOFO.

5. Can my organization request funding for more than one NAP site?

Yes. You may request funding to establish a single new access point site or multiple sites in a single NAP application as long as one proposed new access point site is a full-time, permanent site (with the exception of proposed NAP projects serving only migratory and seasonal agricultural workers, which may propose a seasonal rather than permanent site). An organization cannot request more than \$650,000 in annual Federal funding regardless of the number of new access points proposed.

6. Can more than one application be submitted by an organization?

No. An organization can submit only one application.

Eligibility

7. Who can apply for NAP funding?

Organizations eligible to compete for NAP funds include nonprofits, including tribal, faith-based, and community-based organizations or public entities. (See the detailed list of eligibility requirements in Section III: Eligibility Information of the NOFO on pages 6-7.) Applications may be submitted by organizations that do not receive Health Center Program operational funding (new applicants, including designated look-alikes) or organizations currently receiving Health Center Program funding (satellite applicants).

8. Are there new eligibility criteria compared to the FY 2017 NAP NOFO?

To be eligible, applicants may not propose a new access point located in the same building as any site already in the approved scope of project of any Health Center Program award recipient or look-alike. An exception is that look-alike applicants can include their current look-alike sites in scope as part of their FY 2019 NAP application.

9. My organization is applying for Migrant Health Center funding. Can we propose a seasonal site?

Yes. The **only** exception to the requirement that a NAP application must propose to operate at least one permanent site 40 hours or more per week is for proposed NAP projects requesting **only** MHC funding. These applicants may propose a seasonal service delivery site, but it still needs to operate at least 40 hours per week.

10. What is a Medically Underserved Area (MUA) or a Medically Underserved Population (MUP)?

A Medically Underserved Area (MUA) is a federally-designated geographic area in which residents have a shortage of health services. A Medically Underserved Population (MUP) is a federally-designated group of persons who face economic, cultural, or linguistic barriers to health care.

11. How do MUA and MUP designations affect my eligibility for NAP?

If requesting CHC funding, you must provide MUA or MUP designation information. If requesting only MHC, HCH, and/or PHPC funding, you are not required to have MUA/MUP designation.

Satellite applicants may list MUAs or MUPs currently served or indicate a different MUA or MUP designation for the proposed service area. New applicants requesting CHC funding must propose to serve a defined geographic area that is officially designated, in whole or in part, as an MUA or MUP. To determine if the area is designated an MUA or an MUP, see <https://data.hrsa.gov/tools/shortage-area/mua-find> or <https://data.hrsa.gov/tools/shortage-area/by-address>. You can also see MUAs and MUPs using the Boundaries and Optional Layers tool at www.udsmapper.org.

If the area is not currently an MUA or MUP, you must request such designation before the application is submitted. Provide documentation of the request in Attachment 1. MUA/MUP designation must be received prior to a final FY 2019 NAP funding decision. For more information on the designation process, refer to <https://bhwh.hrsa.gov/shortage-designation/maup> and/or contact your State Primary Care Office (listing available at <http://bhpr.hrsa.gov/shortage/hpsas/primarycareoffices.html>).

12. Does the new access point have to be located in an MUA to be eligible for NAP funding?

Although the NAP site does not have to be located in an MUA, you must demonstrate that the new access point will serve individuals that reside in an MUA or are a part of an MUP.

13. Does an organization have to be currently providing health services to be eligible to apply for NAP funding?

No. However, you must present a plan demonstrating that **all** proposed sites in the NAP application will be operational and fully compliant with the Health Center Program requirements within 120 days of Notice of Award. Also, in the Resources/Capabilities section of the Project Narrative, you must demonstrate the organizational capacity to open and operate the site.

14. Are organizations located outside of the United States eligible to apply for NAP 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).

15. Can I apply for NAP funding to provide a single service type (e.g., mental health services)?

No. To be eligible, you must propose to establish at least one full-time, permanent new access point for the provision of comprehensive primary health care services as its main purpose.

16. Can NAP funding be used to operate a school-based health center?

Applicants may only propose to establish a school-based health center as a NAP site if it meets the following criteria:

- The school-based health center is a permanent, full-time site that provides all required primary and preventive health care services to students of the school as well as the general underserved population in the service area without regard for ability to pay; OR
- The school-based health center is proposed in addition to a permanent, full time site that provides comprehensive primary health care, as proposed on Form 5B: Service Sites in the NAP application.

School-based health centers must demonstrate how members of the general community and students will have access to all required primary health care services, not only during school hours, but also when the school is closed. This can be accomplished through services at the school-based site, at other sites operated by the organization, or through other providers. All services must be available on a sliding fee scale.

17. Can NAP funding be used to operate a mobile unit?

You may propose a mobile unit as a new access point only if a permanent, full-time site is also proposed in the NAP application (with the exception of proposed NAP projects serving only migratory and seasonal agricultural workers, which may propose a seasonal rather than permanent site). A mobile unit must be affiliated with a permanent or seasonal service site (a fixed building location) and fully equipped and staffed by health center clinicians providing direct primary care services. Proposals to expand the operation of an existing mobile unit within the current scope of project (e.g., add new providers or services, expand hours of operation at current locations) are **NOT** eligible for consideration.

18. As an existing Health Center Program award recipient, may I propose to use NAP funding to consolidate two of my existing sites into a larger, centrally located new site?

No. NAP funding may not support the relocation or consolidation of current Health Center Program award recipient sites.

19. I recently submitted a Change in Scope request in the Electronic Handbooks (EHBs) to operate a service site at 123 Main Street. May I propose to expand this site with NAP funding?

No. You cannot propose to support a site that is included in an active Change in Scope request at the time of application.

20. As a satellite applicant, can we include additional hours and services at one of our existing sites to serve our proposed NAP population?

No. The NAP application cannot propose expansion at any site already in your approved scope of project. Although new patients from the NAP site may be referred to existing sites for particular services, NAP funds cannot be used to support staff at sites that are not proposed NAP sites.

21. How do we determine if our proposed NAP site is located in another health center's scope of project?

You cannot propose a site located in the same building as any site already in the approved scope of project of any Health Center Program award recipient or look-alike. Tools are available to assist you in determining the location of current Health Center Program award recipient and look-alike sites, including UDS Mapper (<https://www.udsmapper.org/>) and Find a Health Center (<https://findahealthcenter.hrsa.gov/>). Not all newly-established or pending health center service delivery sites are included in these resources. You should leverage collaborations and partnerships to ensure that you are aware of the primary health care access needs in the proposed service area and local plans to meet those needs, and you must consult with appropriate State and local government agencies and health care providers regarding the need for the health services to be provided at the proposed NAP site(s). As a resource, your state Primary Care Association may have conducted strategic planning to identify access needs and how to meet those needs in under or unserved areas.

22. Can I propose to serve zip codes in an existing health center's service area?

Yes, as long as you can demonstrate unmet need in the proposed service area, inclusive of all proposed zip codes. However, note that if more than 75 percent of the low-income residents in the proposed service area get their care at a health center (per UDS Mapper), and you do not sufficiently document both collaboration and unmet need within the service area, HRSA may not fund your NAP application.

23. Can a non-profit organization apply with a co-applicant?

No. Only public entities can apply with a co-applicant.

24. How does a public agency meet governance requirements?

When a public agency's board cannot independently meet all applicable health center governance requirements, the public agency may establish a separate co-applicant governing board that meets the Health Center Program governance requirements. For more information about co-applicants, refer to the Health Center Program Compliance Manual, Chapter 19: Board Authority available at <https://bphc.hrsa.gov/programrequirements/compliancemanual/chapter-19.html>.

25. Is there a page limit for the NAP application?

Yes. There is a 175-page limit on the length of all uploaded files when printed by HRSA, and applications exceeding this page limit will be rejected by HRSA. The page limit includes the abstract, project and budget narratives, and attachments (unless otherwise noted in the NOFO). Items not counted in the page limit include:

- OMB-approved forms that are part of the application in Grants.gov and EHBs.
- Attachments uploaded to Form 8: Health Center Agreements and the A/R forms.
- Indirect cost rate agreement.
- Proof of non-profit or public status.

When the application is submitted in EHBs, an automatic page count occurs of all pages, including attachments that should be excluded from the page limit. This automatic page count appears on the final PDF version of the application. However, be assured that pages indicated in the NOFO as not counting against the limit will be removed from the page count during the page limit assessment.

Program Requirements and Expectations

26. Does the applicant organization have to be compliant with the program requirements at the time of application?

NAP applicants are expected to be compliant with the Health Center Program requirements based on the [Health Center Program Compliance Manual](#) and applicable regulations at the time of application, or provide a detailed plan demonstrating the steps that will be taken to become fully compliant within 120 days of award.

27. What types of data should we use to describe the unmet needs of the service area and target population?

You must include data informed by, or gathered through, consultation with appropriate State and local government agencies (e.g., health department, state Medicaid agency, state Primary Care Office) and data informed by, or gathered through, consultation with other health care providers. Additional information about the service area, target population, and/or special populations should come from external, valid data sources (e.g., census data).

28. What is comprehensive primary medical care?

"Comprehensive primary medical care" addresses prevention as well as acute and chronic medical conditions. At a minimum, this includes assessment, diagnosis, screening, education and treatment, referrals, and follow-up of such services. All of the services indicated as "required services" on Form 5A: Services Provided are considered part of the "comprehensive primary medical care" services. For descriptions of Required and Additional Services, see the Form 5A Service Descriptors document at <https://bphc.hrsa.gov/sites/default/files/bphc/programrequirements/scope/form5aservicedescriptors.pdf>.

29. What is the timeframe for applicants to achieve the NAP patient projection?

HRSA will use the 2020 Uniform Data System (UDS) Report, submitted early in calendar year 2021, to determine whether applicants met the NAP unduplicated patient projection for calendar year January 1, 2020 to December 31, 2020.

30. If we cannot get our proposed site open and operational within 120 days, what options do we have for meeting the requirement through mobile, temporary, or nearby sites?

All proposed NAP sites must be operational within 120 days of the Notice of Award. You cannot meet the requirement through opening a mobile or temporary site at the address of the proposed NAP site or at a nearby site to serve the target population. You should carefully consider the range of factors that may influence your ability to ensure that all proposed sites will meet this requirement when developing your proposal.

31. What is the Operational Plan?

The Operational Plan outlines the steps you will take to ensure that all proposed sites will begin operating and delivering services within 120 days of award and your health center will be compliant with Health Center Program requirements within 120 days of award. A sample Operational Plan is provided on the [NAP Technical Assistance website](#).

32. Our health center is currently operational and compliant with all the program requirements. What do we include in the Operational Plan?

State your compliance in the Operational Plan and highlight proposed changes in access to care, such as planned service expansion and outreach activities, new collaborations or partnerships, and any other changes that would occur as a result of the NAP funding. You have the option of setting your own goals in the Operational Plan.

33. Does a tribal organization have to meet all of the program requirements?

No. Applicants that are Indian tribes or tribal or Indian organizations under the Indian Self-Determination Act, or urban Indian organizations under the Indian Health Care Improvement Act (25 U.S.C. 1651) are not required to meet the governance requirements of the Health Center Program. However, tribal entities must meet all of the other statutory and regulatory requirements.

34. Can I get a waiver of the board composition governance requirement?

Applicants requesting funding for special populations only (i.e., MHC, HCH, and/or PHPC) that do not currently receive and are not requesting CHC funding may request a waiver of the 51 percent consumer/patient majority board composition requirement on Form 6B: Request for Waiver of Board Member Requirement. For more information, refer to the Health Center Program Compliance Manual, Chapter 20: Board Composition available at <https://bphc.hrsa.gov/programrequirements/compliancemanual/chapter-20.html>.

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

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.

Unmet Need Score

36. What is the Unmet Need Score (UNS)?

The UNS provides a standardized measure of unmet need for primary health care services for your proposed service area. Your UNS is automatically calculated based on the service area zip codes entered in Form 5B: Service Sites. See the [NAP Technical Assistance website](#) for additional UNS resources including a presentation, UNS Resource Guide, UNS Workbook, and FAQs.

37. How is the UNS incorporated into the overall application score?

The service area UNS has a maximum possible 100 points. This score will be converted to a 20-point scale by dividing by 5 and rounding up. See the NAP conversion chart in the UNS Workbook at the [NAP Technical Assistance website](#). The UNS will account for 20 of the 30 total points for Need. The other 10 points will be based on the qualitative and quantitative description of need you provide in your application.

Budget Preparation

38. How much Federal funding can I request?

The maximum amount of NAP funding you can request is \$650,000, regardless of the number and/or type of new access point sites proposed. As part of the \$650,000, you may request up to \$150,000 in Year 1 only for one-time costs for equipment and/or minor alteration/renovation (A/R).

39. Are there activities that are ineligible for NAP funding?

Yes. See Section IV.6.on pages 32-33 of the NAP NOFO for funding restrictions.

40. What should be included in the budget narrative?

The budget narrative must clearly describe each cost element and explain how each line-item expense is derived (e.g., number of visits, cost per unit). A sample budget narrative is available at the [NAP Technical Assistance website](#).

41. What should be included in the Non-Federal funding information in the NAP application budget?

Submit a total project budget that shows all funding required for NAP project implementation. This includes Program Income (fees, premiums, third party reimbursements, and payments for services) and Other Income (State, Local, or other Federal grants or contracts; local or private support that is not generated from charges for services delivered) that will support the proposed NAP project.

42. How do I show my Year 2 funding request on the SF-424A?

In Section E of the SF-424A (Federal Funds Needed for Balance of the Project), enter the Federal funds requested for Year 2 in the “First” column under Future Funding Periods (Years) for each proposed sub-program. For more information about completing the SF-424A in EHBs, see Section 2 of the [EHBs NAP Applicant User Guide](#).

43. How do I change the sub-program on the SF-424A: Budget Information form?

In the Budget Information form, click on Change Sub-Program, then select the applicable sub-program(s). Once saved, the selected sub-program(s) (i.e., Community Health Center, Migrant Health Center, Health Care for the Homeless, and/or Public Housing Primary Care) will appear.

44. What types of equipment purchases are allowable?

You may request one-time funding of up to \$150,000 in Year 1 only for the purchase of moveable items that are non-expendable, having a useful life of more than one year and a per-unit acquisition cost of \$5,000 or more.

45. Can I purchase/enhance an Electronic Health Record (EHR) with NAP funding?

EHR systems are an allowable cost, as are site licenses and associated hardware. EHR costs, with the exception of licenses, are considered equipment and fall under the one-time funding request. EHR licenses may be budgeted in the “Other” object class category.

Forms

46. What forms are submitted in Grants.gov?

See page 9 in the NOFO for the list of forms to be submitted in Grants.gov. If you have lobbying activities to disclose, you must complete the Disclosure of Lobbying Activities (SF-LLL). Do not complete the optional Other Attachments Form.

47. How should I complete the Type of Application field on the SF-424?

- **New:** An organization that does not currently receive Health Center Program funding. Select “New” on the SF-424. This includes look-alikes.
- **Satellite:** An organization that currently receives Health Center Program funding. Select “Revision” on the SF-424, then choose “Other” and type “Supplement” and your H80 grant number.

48. How should I complete (4) Applicant Identifier and (5a) Federal Identity Identifier on the SF-424?

On the SF-424 in Grants.gov, you can leave box 4 and box 5a blank.

49. What dates should be listed in Item 17 of the SF-424 for the Proposed Project Start Date and Proposed Project End Date?

Enter September 1, 2019 for the Proposed Project Start Date. Enter August 31, 2021 for the Project End Date.

50. How do I change the SF-424 information submitted in Grants.gov?

The SF-424 components are transferred into EHBs under the Basic Information, Budget Information, and Other Information sections. You can update this information in EHBs as desired. See Section 2 of the [EHBs NAP Applicant User Guide](#).

To change the abstract, go to the SF-424 Part 2 under the Basic Information section in EHBs. The project abstract is attached in this form, under Project Description. You can view the original abstract submitted via Grants.gov, delete it, and replace it by uploading a revised abstract.

51. On Form 1A – General Information Worksheet, what is meant by “general underserved community”?

On Form 1A, “general underserved community” refers to anyone you anticipate serving who does not fall into one of the special population categories listed (people experiencing homelessness, migratory and seasonal agricultural workers, and/or public housing residents).

52. On Form 1A, do I enter the number of projected patients for just my proposed NAP site(s)?

Project the total annual number of anticipated patients and visits for the NAP site(s) only for the calendar year January 1, 2020 – December 31, 2020. The total unduplicated patient projection should be reasonable and achievable since, if funded, HRSA will hold you accountable for serving the projected number of patients in 2020. If you are a new applicant, this number becomes the Health Center Program (H80) grant patient target. If you are a satellite applicant, HRSA will add this number to your current patient target. For more information about patient targets, see the [Patient Target FAQs](#).

53. Should all staff be included on the Form 2 – Staffing Profile?

List the proposed staff for the NAP site(s), including staff whose salaries are paid through an indirect cost rate. In the Direct Hire column, only indicate the percentage FTEs for direct employees and volunteers. If contracts are used for a position, check yes in the Contract/Agreement FTE column. See Appendix A in the NOFO for Form 2 instructions.

54. Where do I find data to complete Form 4 – Community Characteristics?

You can find population, economic, and geographic information at <http://www.census.gov/>. Other reliable sources such as local government agencies or community organizations may be used for Form 4 data, as applicable.

55. Why are only columns I and II permitted on Form 5A: Services Provided for General Primary Medical Care?

Because comprehensive primary medical care is the main purpose of the NAP project, Form 5A must indicate that the applicant will provide General Primary Medical Care at the NAP site(s) either directly by the health center (Column I) and/or through formal written contractual agreements in which the health center pays for the service (Column II). As long as one of these is selected, General Primary Medical Care can also be provided by referral arrangement (Column III). For more information about service delivery methods, see the Form 5A Column Descriptors document at <https://bphc.hrsa.gov/sites/default/files/bphc/programrequirements/scope/form5acolumndescriptors.pdf>.

56. As a current award recipient, how do I complete Form 5A if we are referring NAP patients to one of our existing sites for a particular service?

Form 5A should be completed to reflect the method by which the service will be delivered. If the service will be provided directly by the health center, even if the service is located at a different site in the health center's scope of project, then it should be indicated in column I on Form 5A. However, the Project Narrative should explain that the service will not be provided at the NAP site(s) and will instead be provided by the applicant at an existing Health Center Program site.

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

Yes. List proposed NAP sites on both Form 5B and the Project Performance Site Location(s) Form. However, only information on Form 5B will be used to determine eligibility and the scope of project.

58. The NOFO states "You must provide a verifiable street address for each proposed site on Form 5B: Service Sites." How do you define verifiable?

A verifiable street address is a street address (e.g., 123 Main Street, Suite 102), not a PO Box or intersection. "To be determined" is not acceptable.

59. What should be entered on Form 5B for the service area zip codes?

The service area zip codes entered on Form 5B should reflect where your proposed patients reside (e.g., zip codes where 75 percent of proposed patients reside). The site address zip code must be included in the service area zip codes. For more information on service area, refer to the Health Center Program Compliance Manual, Chapter 3: Needs Assessment available at <https://bphc.hrsa.gov/programrequirements/compliancemanual/chapter-3.html>.

60. As a current look-alike, what sites should I include on Form 5B?

HRSA will not award funding that would result in "dual status" whereby the organization would become both a Federal awardee and a look-alike designee. Therefore, look-alike applicants should include all currently-approved look-alike sites as part of their FY 2019 NAP application (i.e., list all sites on Form 5B: Service Delivery Sites). A look-alike applicant may also propose new site(s) in addition to their current site(s) in scope, as desired.

61. How many board members should be listed on Form 6A – Current Board Member Characteristics?

Include all current board members. If you have less than the required minimum of 9 board members, input TBD as needed and include steps in the Operational Plan to ensure that the minimum number is achieved within 120 days of award.

62. On Form 6A, how do we complete the gender, ethnicity, and race sections?

Enter the gender, ethnicity, and race numbers for only the board members that are patients of the health center. See the instructions for Form 6A in Appendix A of the NOFO for the definition of a patient board member.

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

For purposes of the Health Center Program, contracting for substantive programmatic work includes contracting with a single entity for the majority of health care providers. It also includes any subawards to carry out a portion of the scope of project. Attach in Form 8 any contracts or agreements for a substantial portion of the proposed project as well as any agreements that impact the governing board, such as parent or subsidiary arrangements.

Performance Measures

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

Refer to Appendix B of the NOFO for an overview of the performance measures. For more details, see the performance measures resources on the [NAP Technical Assistance website](#).

65. Can I include measures other than the required performance measures?

Yes. You may define additional clinical and/or financial measures by clicking on the Add Other Performance Measure button in the form in EHBs. In addition, applicants who request MHC, HCH, and/or PHPC funding must include at least one measure that relates to each special population for which funding is requested. Please note that all measures defined in the application will be reported on yearly for the duration of the project period if the application is funded.

66. Are the clinical and financial measures based on the entire organization or the NAP site(s) only?

The clinical and financial performance measures should address only the service area and target population of the proposed NAP site(s). For satellite applicants, these measure goals will not overwrite those provided in your last Service Area Competition.

67. In general, how should I develop baselines for the performance measures?

Baselines for performance measures should be developed from current data that are valid, reliable, and derived from established management information systems wherever possible. Data sources could include electronic health records and/or chart sampling.

If the proposed NAP is not operational, but you have comparable operations elsewhere, use comparable experience as a basis for estimating NAP baselines. Applicants with no operations should put 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.

Attachments

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

The Service Area Map should reflect the proposed service area. You can select county or zip code boundaries. The data reported in Form 4 should reflect the service area and target population, as appropriate. Since the data in UDS Mapper is reported by Zip Code Tabulation Area (ZCTA), if you define your service area differently (e.g., by partial zip codes), data reported in the Attachment 1 table and Form 4 may be different. You can explain differences in the data in the Need section of the Project Narrative by clearly explaining how the service area and target population are defined.

69. What is the difference between a Position Description (Attachment 4) and a Biographical Sketch (Attachment 5)?

A position description outlines the key aspects of a position (e.g., position title; description of duties and responsibilities; position qualifications; supervisory relationships; skills, knowledge, and experience requirements; travel requirements; salary range; work hours). A biographical sketch describes the key aspects of an individual that make him/her qualified for a position (e.g., past work experience; education/training; language fluency; experience working with the cultural and linguistically diverse populations to be served).

70. What should a public center submit for Attachment 2 (Corporate Bylaws), Attachment 10 (Articles of Incorporation), and Attachment 11 (Evidence of Public Center Status)?

If the public center has a co-applicant, submit the co-applicant's Bylaws (Attachment 2) and Articles of Incorporation (Attachment 10). You can also submit those of the public center, as desired. See pages 29-30 of the NOFO for acceptable proof of public center status (Attachment 11). Attachment 11 will not be counted in the page limit, however, the other Attachments will count toward the page limit.

71. What should a Tribal entity submit for Attachment 2 (Corporate Bylaws), Attachment 10 (Articles of Incorporation), and Attachment 11 (Evidence of Non-profit or Public Center Status)?

For Attachments 10 and 11, Tribal organizations should reference the applicant's designation in the Federally Recognized Indian Tribe List maintained by the Bureau of Indian Affairs. For Attachment 2: Corporate Bylaws, a Tribal applicant may provide a document that explains:

- How it is going to establish a governing body over the health center (if one does not already exist);
- How it will incorporate community/target population/patient input into health center operations, including input from the total population to be served by the health center; and
- How it will maintain fiscal and programmatic oversight over the Health Center Program grant project.

72. 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) and submitted as Attachment 9. Note that letters of support sent directly to HRSA will **not** be considered by the Objective Review Committee.

73. What if I am not able to get a letter of support from one or more of the entities required in the NOFO?

When efforts to obtain one or more letters of support are unsuccessful, provide documentation of your efforts to obtain the letter(s) and any additional efforts toward collaboration and coordination.

One-Time Funding for Minor A/R and/or Equipment

74. What is the maximum amount I can request for one-time funding activities?

You may request no more than \$150,000 in one-time funding in Year 1 only of the project.

75. What types of projects are appropriate for the NAP one-time funding?

You may propose minor alteration/renovation (A/R) and/or equipment purchases relevant to the proposed project. See more information in Appendix D of the NOFO.

76. Can we use NAP funds to pay an architect that is a direct employee of the health center?

The preferred method for selecting an architect is to solicit for competitive bids and select the lowest responsive and responsible bid. However, some organizations may wish to accomplish this using their own work force (force account). Further information is available at <https://bphc.hrsa.gov/programopportunities/fundingopportunities/pdf/forcefaq.pdf>.

77. Who should complete and sign the Environmental Information Documentation (EID) checklist?

The authorizing official (AO) should complete and sign the EID checklist. You are encouraged to seek consultation from a qualified professional with experience with the National Environmental Policy Act (NEPA) to fully understand the information requested and ensure accurate responses.

78. If we propose minor A/R using one-time funds, what are the environmental and historic preservation requirements?

For information on environmental and historic preservation compliance requirements, see <https://bphc.hrsa.gov/about/nepa-nhpa/capital-development.html>. Although applicants proposing minor A/R projects typically do not require preparation of a full Environmental Assessment under the National Environmental Policy Act (NEPA), you may need to comply with other requirements, as applicable:

- If the proposed project involves exterior work (e.g., windows, signage) or work on a building that is over 50 years old, the project may require State Historic Preservation Office (SHPO) consultation under Section 106 of the NEPA.
- Buildings constructed prior to 1985 may require submission of a hazmat study and abatement plan.
- If the site is located in a coastal state, the project may require compliance with the Coastal Zone Management Act.
- If the proposed project is in a 100 or 500 year floodplain, it may require compliance with E.O. 11988, Floodplain Management.

79. Can I propose minor A/R for a site that is leased?

Yes. Leasehold improvements are allowed. However, NAP funds cannot be used to address facility needs that are part of the terms of the lease (i.e., the obligation of the lessor). If proposing minor A/R for a leased facility, you must attach a signed Landlord Letter of Consent (LLOC) from the facility owner in the Other Requirements for Sites form. See a sample LLOC at the [NAP Technical Assistance website](#).

80. Will a Notice of Federal Interest (NFI) be required for minor A/R projects completed with NAP funds?

An NFI is not required for allowable minor A/R projects for NAP, although federal interest exists for the useful life attributable to the A/R funded under this award. For information regarding federal interest, see <https://bphc.hrsa.gov/programopportunities/fundingopportunities/pdf/nfifilingguide.pdf>.

81. What is the time frame to use the one-time funding?

You may carry over one-time funding into your FY 2020 budget period with prior approval and must obligate this funding by the end of that budget period.

82. Can I use one-time funding to pay for a portion of a large equipment purchase, like a mobile unit?

Yes. Mobile units are considered equipment and are subject to the \$150,000 cap on the use of one-time funding. You can use other sources of funding to cover the remaining costs of purchasing the equipment beyond the \$150,000.

83. What is included in the A/R project budget justification?

A budget justification is required for each site-specific project that will utilize one-time funding for A/R. The budget justification must provide a detailed break-out and description of each cost element in the budget, and provide sufficient narrative detail to explain each cost. If there are additional sources of funding, clearly identify which costs will be covered by the one-time funding. A sample A/R budget justification, including a list of unallowable project costs, is available at the [NAP Technical Assistance website](#).

Funding Priorities

84. What are funding priorities and how do I get these points?

A funding priority is defined as the favorable adjustment of review scores when applications meet specified criteria. Prior to final funding decisions, HRSA will assess all NAP applications within the fundable range for eligibility to receive priority point adjustments (they do not need to be requested by applicants). The FY 2019 NAP funding opportunity has three funding priorities, awarded based on the criteria and conditions listed on pages 39-40 in the NOFO:

- High, Unmet Need Area (5 points);
- Sparsely Populated Area (5 points); and
- Health Center Program Look-Alikes (10 points).

85. What is a “hot spot” and will I get High, Unmet Need Area priority points for having one in my service area?

A “hot spot” is a zip code with high unmet need, indicated by:

- An UNS of 35 or greater;
- A Health Center Program penetration of the low-income population of 5% or less; and
- No current health center service delivery sites (including your current health center sites, if applicable).

Your proposed NAP full-time fixed service site must be located in a zip code that meets all three criteria to qualify for the priority points. You can only receive five “hot spot” priority points, regardless of the number of sites proposed in “hot spot” zip codes. See the list of “hot spot” zip codes at the [NAP Technical Assistance website](#).

86. What is a Frontier and Remote (FAR) area and does my entire service area need to be included in a FAR area to get priority points?

A FAR area describes territory characterized by a combination of low population size and high geographic remoteness. Level four FAR areas closely coincide with a higher degree of remoteness. HRSA will add five points to your application score if one of your proposed NAP service sites, that will operate at least 20 hours a week, is located in a level four FAR area where no other health center service delivery sites are located. You can check if your proposed site is located in a level four FAR area at <https://www.ruralhealthinfo.org/am-i-rural>.

87. I am a designated look-alike, do I automatically get the 10 priority points?

To qualify for the look-alike priority points, your organization must be a designated look-alike as of October 1, 2018 and meet all five criteria listed in the NOFO on pages 39-40 **at the time of NAP application**.

Application Submission, Review, and Selection Process

88. When can I begin the EHBs submission process?

You can begin Phase 2 in EHBs only after Phase 1 in Grants.gov has been successfully submitted by the Grants.gov due date. Apply early in Grants.gov to maximize time to complete the EHBs phase of the application process. HRSA will send an email confirmation to the Authorizing Official Representative (AOR) containing the tracking number to access your application in EHBs. If you do not receive your EHBs tracking number within 3 business days of

your Grants.gov submission, contact Health Center Program Support at <https://www.hrsa.gov/about/contact/bphc.aspx>.

89. How will I be notified if my application was successfully submitted in Grants.gov and EHBs?

Monitor your e-mail accounts, including spam folders, for e-mail notifications from Grants.gov. Grants.gov will send a series of email messages to the Workspace owner and participants with the AOR role once the Grants.gov application is 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.

In EHBs, 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 EHBs 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 EHBs, the AO must login to EHBs and submit the application to HRSA prior to the EHBs deadline.

90. What criteria does the Objective Review Committee (ORC) use in assessing NAP applications?

Refer to the Project Narrative and Review Criteria sections of the NOFO (Sections IV and V). ORC reviewers will be looking at the Project Narrative, as well as supporting additional documentation throughout the application (e.g., forms, attachments), when assigning points for each review criterion. Reviewers may also use the HRSA Scoring Rubric on the [NAP Technical Assistance website](#) as a guideline when assigning scores for each criterion.

91. Does HRSA make award decisions based solely on the ORC score?

No. As described on page 33 of the NOFO, the ORC will evaluate each application using the review criteria presented in the NOFO, and will assign a score of 0-80 points. The UNS will account for up to 20 points. HRSA will then assess all applications within the fundable range for the funding priorities, which may add up to 20 additional points. The final application score is based on these three components (80+20+20=120).

HRSA will also consider other factors such as geographic distribution, past performance, financial stability, compliance with Health Center Program requirements, service site location, total service area boundaries, and collaboration. See page 40 of the NOFO under Distribution of Awards for more information.

Finally, prior to award date, HRSA will assess the compliance status of current Health Center Program award recipients applying to establish satellite sites. You will not receive NAP funding if you have an active 60-day or 30-day Health Center Program requirement condition on your award at the time HRSA makes final NAP funding decisions.

Award Information

92. When and how will NAP funds be awarded?

HRSA anticipates awarding funds on or around September 1, 2019. HRSA will electronically transmit a formal notification to the applicant organization in the form of a Notice of Award (NoA).

93. If awarded, how long will my project period be?

- For satellite award recipients, HRSA will align the NAP award with your existing Health Center Program project period.
- For look-alikes that are fully compliant with Health Center Program requirements at the time of award, the length of your project period will be two years.
- For new award recipients and look-alikes with one or more program requirement conditions on the Notice of Look-alike Designation at the time of award, the project period will be September 1, 2019 through August 31, 2020 (1 year).

94. If awarded, will funding for the NAP award continue beyond the project period?

HRSA expects to award continuation funding beyond the initial project period on a competitive basis (through a Service Area Competition) subject to availability of funds, satisfactory performance, and a determination that continued funding would be in the best interest of the Federal government.

95. If an organization receives a NAP award, does it automatically become a Federally Qualified Health Center (FQHC)?

No. After HRSA issues the NAP award and the new access point is verified as operational (within 120 days of Notice of Award), 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 at <https://www.cms.gov/Center/Provider-Type/Federally-Qualified-Health-Centers-FQHC-Center.html>.

Technical Assistance and Contact Information

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

Refer to <https://grants-portal.psc.gov/> for applicant FAQs or 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.

97. Who can assist with technical difficulties encountered in HRSA EHBs?

Contact Health Center Program Support at 1-877-464-4772, Monday through Friday, 8:30 AM to 5:30 PM ET (excluding federal holidays) or <https://www.hrsa.gov/about/contact/bphc.aspx>.

Another useful resource for navigating the application in EHBs is the [EHBs NAP Applicant User Guide](#).

98. Who can assist with programmatic questions concerning the NAP application requirements and process?

Refer to the [NAP Technical Assistance website](#) for webinar recordings and slides, FAQs, samples, templates, and other resources. You may also submit questions to the NAP TA team at <https://www.hrsa.gov/about/contact/bphc.aspx>.

99. Who can assist with budget-related questions?

Contact Terry Hatchett and/or Brian Feldman in the Division of Grants Management Operations at THatchett@hrsa.gov or 301-443-7525 and BFeldman@hrsa.gov or 301-443-3190.

100. Are there other sources for TA that I could contact?

Throughout the application development and preparation process, you are encouraged to work with Primary Care Associations (PCAs), National Cooperative Agreement recipients (NCAs), and/or Primary Care Offices (PCOs) to discuss aspects of your NAP application. For a listing of HRSA-supported PCAs and NCAs, refer to the Strategic Partnerships website (<https://bphc.hrsa.gov/qualityimprovement/strategicpartnerships/index.html>). For a list of PCO contacts, refer to <https://bhw.hrsa.gov/shortage-designation/hpsa/primary-care-offices>.