



FY 2021 American Rescue Plan - Health Center Construction and Capital Improvements HRSA-21-114 Application and Submission

May 18th, 2021

ARP-Capital Team

Office of Policy and Program Development (OPPD)

Bureau of Primary Health Care (BPHC)

Vision: Healthy Communities, Healthy People



Agenda

- Funding Opportunity Information
- Application and Submission Information
- Technical Assistance Resources and Contact Information



Funding Opportunity Information

- New grant (C8E award code)
- One-time funding
- 3-year period of performance (9/1/21 – 8/31/24)
- \$1 billion (total funding)
- Approximately 1,376 awards
- Up to 5 projects per application



Eligibility Requirements

- To be eligible to apply, your organization must be an existing and active health center receiving Health Center Program operational support (H80) under sections 330(e), (g), (h), and/or (i) at the time of application and at the time of award.
- You are not eligible to receive this funding if you meet one or more of the following criteria at the time of award:
 - Five or more Health Center Program requirement area conditions that are in the 60-day phase of Progressive Action.
 - One or more Health Center Program requirement area condition(s) that are in the 30-day phase of Progressive Action.



Funding Formula

C8E

=

**\$500,000
base amount**

+

**\$11 per patient
(2019 UDS
data)**

Project Types

Construction of a New Facility

- New building structure
- New stand-alone structure

- Example – construction of a new standalone service delivery site

Construction/Expansion (C/E) of an Existing Facility

- Adds square footage and/or includes significant site work

- Examples – expansion of a new pharmacy wing; addition of a covered driveway for patient drop off

Alteration/Renovation (A/R) of an Existing Facility

- Involves renovations to an existing facility that does not increase square footage of the facility

- Examples – modernizing facility interior; reconfigure existing space to add new exam spaces that support additional patient capacity

Equipment Only

- Loose, moveable equipment not affixed to the physical building structure, and with a useful life of more than one year

- Example – purchase of new clinical equipment; purchase of a mobile van

Use of Funds

Project Activity	Permitted
Construction related activities associated with a project or connected activity (e.g., installation of utilities, demolition) that starts before the award date	No
Pre-construction costs (architect's fees and consultant's fees necessary to the planning and design of the project) incurred dating back to January 31, 2020.	Yes
New sites across all project types	Yes
Purchase of new or replacement mobile medical vans	Yes

Unallowable Costs



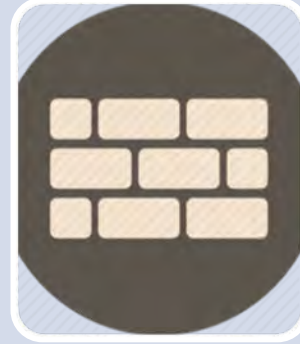
EHR initiation, ongoing operations and maintenance



Health center operating costs, rent, mortgage payments, refinanced credit facilities



Construction related activities associated with a project or connected activity that starts before the award date



Creation of shell space for future use



Facility, land, or passenger vehicle purchases other than mobile medical vans



Costs for staff not directly related to the implementation of the proposed project(s)



Creation or improvement of space for use that is not consistent with the Health Center Program

Application and Submission Information

- Health center applicants can access their individual applications in the HRSA Electronic Handbooks (EHB) using the email instructions provided on Tuesday, May 4th, 2021
- The instructions were provided by email to all Authorizing Officials, Business Officials and Project Directors listed in your organization's H80 grant folder
- Reminder: applications are due in the EHBs on June 24th, 2021 at 5 p.m. EST
- Please contact Health Center Program Support ([BPHC Contact Form](#)) if the email instructions were not received



ARP-Capital Application Information

Forms

- Proposal Cover Page
- Project(s) Page
- Project Cover Page
- Project-Specific Forms
- Add Site Checklist (where applicable)
- Consolidated Budget Information (SF424)

Attachments

- Budget Justification
- Environmental and Information Documentation
- Floor Plans/Schematic Diagrams
- Property Information
- Landlord Letter of Consent (for leased sites)

Proposal Cover Page

Proposal Cover page -
Provide a comprehensive,
consolidated description of
the proposed project(s)
including:

1. The **H80 grant number** for the organization
2. The alteration, renovation, construction, expansion, and other capital improvements needed to modify, enhance, and expand health care infrastructure and then **Save and Continue**

Proposal Cover Page

Due Date: [] (Due In: []) | Section Status: Not Started

Resources []

Fields with * are required

1. Applicant Eligibility

* Provide the eligible H80 grant number:

(Example: H80CS00001) []

2. Planned Activities

* Provide a comprehensive, consolidated description of the proposed project(s), including:

- The alteration, renovation, construction, expansion, and other capital improvements needed to modify, enhance, and expand health care infrastructure.

Approximately 4 pages (Max 8000 characters with spaces):

[]

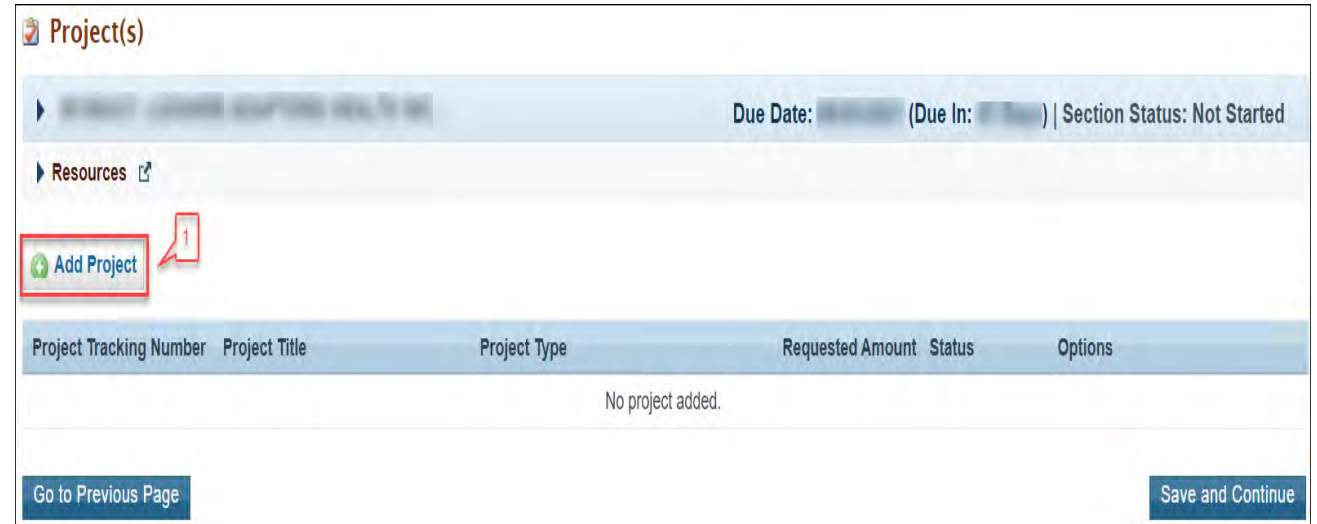
Go to Previous Page [Save Save and Continue



Adding Projects

After completing the Proposal Cover page, users can then add projects to their application:

1. To add a project, Click the **Add Project** button on the Project(s) page and then **Save and Continue**



Project(s)

Due Date: (Due In:) | Section Status: Not Started

Resources

Add Project

Project Tracking Number	Project Title	Project Type	Requested Amount	Status	Options
No project added.					

Go to Previous Page Save and Continue

Project Page

On the Projects – Add page

1. Select the **Project Type** for the specific physical site address where the planned activities will occur:

- *Construction of a New Facility*
- *Construction/Expansion (C/E) of an Existing Facility*
- *Alteration/Renovation of an Existing Facility (A/R)*
- *Equipment Only*

2. Enter the **Project Title** and then **Save and Continue**

Projects - Add

Due Date (Due In:)

Resources

You can select one or more of the following project types within your ARP-HCCCI application.

- **Construction of a New Facility:** Activities in this project include construction of a new stand-alone structure. The project is site-specific and may only include one physical site address where construction activities will occur, with or without equipment purchases.
- **Expansion of an Existing Facility:** This project adds square footage to an existing facility and/or includes significant site work. The project is site-specific and may only include one physical site address where construction activities will occur, with or without equipment purchases. Examples of construction activities include adding a new pharmacy wing, constructing a covered driveway for a patient drop-off area, installing a permanently affixed modular or prefabricated building, or converting a grassy area to a newly paved parking lot.
- **Alteration/Renovation of an Existing Facility:** This project involves renovations to an existing facility that does not increase square footage of the facility. The project is site-specific and may only include one physical site location where A/R activities will occur, with or without equipment purchases. Examples of activities include modernizing, improving, and/reconfiguring the interior arrangements of an existing facility; affixing equipment to the wall, ceiling, or floor of the existing physical facility; installing heating, ventilation, air-conditioning (HVAC) units, and exterior generators; and replacing the exterior envelope (such as the roof) and/or work to improve accessibility (such as sidewalk replacement and ramps).
- **Equipment Only:** This project involves the acquisition of loose, moveable equipment not affixed to the physical building structure. Moveable equipment are non-expendable equipment items, with a useful life of more than one year, that can be readily shifted from place to place without requiring a change in the utilities or structural characteristics of the facility. This project may include one or more physical site addresses receiving only equipment items. Equipment-only projects do not include any minor alteration, renovation, construction, or expansion of a facility. The acquisition and renovation of a mobile unit is considered an equipment item and there is no limit to how many existing mobile unit sites may be added to an Equipment Only project.

Note – Please refer to the FY 2021 ARP-HCCCI notice of funding opportunity for detailed information about application requirements.

Fields with * are required

Add Project Information

* Project Type

* Project Title
(Maximum 100 characters)

Cancel Save and Continue

Project Cover Page

- 1. Site Information** - enter the total improved square footage. If the project involves construction or expansion of square footage, indicate the total square footage of the new building or added to the existing footprint. If the project involves interior renovations, indicate the total square footage impacted by the activities proposed
- 2. Project Description** - a detailed description of the planned activities occurring at the physical site

Project Cover Page

Due Date: (Due In:) | Section Status: Not Started

Resources

Fields with * are required

Project Information

Project Title	Project Type	Project Tracking Number	Amount requested in this project	Not Available
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*** 1. Site Information**

Improved Project Square Footage (total square feet of new construction/expansion and/or the altered/renovated area):

Note: Include square footage of the physical facility and external parking lot, as applicable. For example, if a project involves construction of a new facility, indicate the sum of the interior square footage and the parking lot area. If the project involves expansion of an existing facility, indicate the sum of the square footage of the new addition and any other area where renovation activities occurred. If the project involves renovation activities, indicate the square footage of the area impacted by renovation activities. If the project involves equipment only, the improved square footage is not applicable.

*** 2. Project Description**

Provide a detailed description of the planned activities occurring at the physical site. The project description should include:

- Specific dimensions, square footage, and clinical and non-clinical area(s) to be impacted
- Number of new rooms or areas added or improved
- Purchases of clinical and/or non-clinical moveable equipment items, including replacement mobile vans
- Creation of a new stand-alone structure
- Expansion of an existing structure to increase the total square footage
- Improvement and/or reconfiguration of the interior arrangements of an existing facility
- Installation of permanently affixed equipment
- Modifications and/or repairs to the building exterior (including windows)
- Heating, ventilation, and air-conditioning (HVAC) modifications (including the installation of climate control and duct work)
- Electrical upgrades and/or plumbing work

Approximately 4 pages (Max 8000 Characters with spaces)

Project Description

For each project, provide a detailed description of the planned activities, including the following (where applicable):

- Overall square footage renovating or proposing
- Clinical and non-clinical area(s) to be impacted
- Creation of a new stand-alone structure
- Number of new rooms/areas added or improved
- Expansion of an existing structure to increase the total square footage
- Improvement and/or reconfiguration of the interior arrangements of an existing facility
- Installation of permanently affixed equipment
- Modifications and/or repairs to the building exterior (including windows)
- Heating, ventilation, and air-conditioning (HVAC) modifications
- Electrical upgrades and/or plumbing work
- Purchases of clinical and/or non-clinical moveable equipment items
- Other sources of funds to complete the project



Project Cover Page cont'd

- 3. Project Management** – identify individual responsible, the capacity to manage activities and plan to procure the required activities
- 4. Project Timeline** - Provide a timeline to achieve the planned activities and the number of months for each of the applicable milestones within the 3-year (36 months) period of performance. Enter a project completion date
- 5. In the text box, enter the detailed project timeline**

*** 3. Project Management**

- Identify the individual responsible for managing the project and certify their awareness that participation in a one year post-period evaluation will require updated information for a person of contact.
- Describe the capacity to manage, implement and evaluate your proposed activities. This may be a person or entity accountable in your organization for the implementation and oversight of the project.

Approximately 2 pages (Max 4000 Characters with spaces)

3

*** 4. Project Timeline**

Provide a timeline to achieve the planned activities and the number of months for each of the applicable milestones within the 3-year (36 months) period of performance:

1. Planning
2. Design
3. Obtaining required permits and/or variances
4. Meeting Federal environmental and historic preservation requirements
5. Solicitation of bids and awarding of contracts, alteration/renovation or construction period
6. The expected project completion date

Describe the current status of the project including any steps that may have been accomplished to date.

NOTE: Proposed alteration/renovation and construction/expansion physical activities associated with the project or connected activities (e.g., site grading, installation of utilities, demolition) may not have started before the award date. Conditions of the grant award must be met and lifted through a Notice of Award prior to physical activities commencing.

Project Completion Date: (MM/YYYY) 4

Approximately 1 page (Max 2000 Characters with spaces)

5



Project Specific Forms

Project Specific Forms consist of the following and must be submitted for each project:

- 1. SF-424C** – distribute the total project costs across the cost classification categories and should be consistent with the Budget Justification
- 2. Other Funding Sources** - Identify the total cost associated with the proposed project and describe all public, private or other sources of funding, including governmental agencies, or other grant funds or proposed debt

Budget (SF-424C)

Resources

Fields with * are required

Project Information

Project Title: _____ Project Type: _____

Note(s):

For each cost classification listed below, enter only a positive whole number in the

Serial Number	Cost Classification
* 1	Administrative and legal expenses
* 2	Land, structures, rights-of-way, appraisals, etc.
* 3	Relocation expenses and payments
* 4	Architectural and engineering fees
* 5	Other architectural and engineering fees
* 6	Project inspection fees
* 7	Site work
* 8	Demolition and removal
* 9	Construction
* 10	Equipment
* 11	Miscellaneous
12	SUBTOTAL (sum of lines 1-11) <input type="text"/> Calculate 4
* 13	Contingencies
14	SUBTOTAL (sum of lines 12 and 13) <input type="text"/> Calculate
15	Project (program) income
16	TOTAL PROJECT COSTS <input type="text"/> Calculate
* 17	Federal assistance requested <input type="text"/> Calculate Federal Percentage Share :

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Funding Sources Information

1. Total Project Cost (From cell 16a of Budget form)	\$60,000.0
2. Federal Grant Requested (From cell 17c of Budget form)	\$50,000.0

Note: For each funding source listed below, enter a positive number

3. Other Funding Sources **2**

- * 3a. State Grants
- * 3b. Local Funding
- * 3c. Other Federal Funding
- * 3d. Private/Third Party Funding
- * 3e. Other Project Financing

Total Other Funding Sources Calculate **6**

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Project Specific Forms

- 3. Equipment List** - Provide a complete and reasonable equipment list (clinical and non-clinical items)
- 4. Form 5B** - Propose a project at an existing site in your current Health Center Program scope of project, or propose to add a new site
- 5. Other Requirements for Sites** – Required for all A/R and/or C/E activities

Fields with * are required

Add Equipment Information

* Type (Maximum 50 Characters)

* Description

* Unit Price (\$)

* Quantity

Cancel Save Save and Continue

Project Information

Project Title Project Type Project Tracking Number Amount requested in this project

+ Add New Site 1

Proposed Sites

No sites added

+ Pick Site from Scope 2

Existing Sites in Scope

No sites added

Other Requirements For Sites

Project Information

Project Title Project Type

Site Information

Name of Service Site

Site Address

1. Site Control and Federal Interest

* 1a. Identify current status of property (if 'Leased', please provide Landlord Letter of Consent)

Owned Leased

1b. If Leased, please check the following:

The applicant certifies the following:

- The existing lease will provide the health center reasonable control of the project site?
- The existing lease is consistent with the proposed scope of project?
- We understand and accept the terms and conditions regarding Federal Interest in the property.

Project Cover Page Attachments

- 1. Budget Justification** - provides a concise cost estimate, showing quantities, unit prices and total cost for each line item/costs classification in the budget, as well as a breakout of Federal and Non-Federal costs for each line item
- 2. EID Checklist** - Required for each site-specific project with Alteration/Renovation and/or Construction/Expansion activities
- 3. Floor Plans/Schematic Drawings** - Required for each site-specific project with Alteration/Renovation and/or Construction/Expansion activities. Provide a floor plan drawn to scale for the proposed project that shows the location of the work and dimensions of the impacted area
- 4. Property Information** – Required for each site-specific project with A/R or C/E activities
- 5. Landlord Letter of Consent** – Required for applicants proposing a projects on leased properties (A/R and/or C/E activities)



Add Site Checklist

- Applicants proposing to add a site not currently included in your current Health Center Program scope of project must complete the Add Site Checklist for HRSA review and approval as part of your application

Add Site Checklist

Due Date: (Due In:) | Section Status: Not Started

Resources

Project Information

Project Title	Project Type	Project Tracking Number	Amount requested in this project

Checklist for Adding a New Site

* 1. NEED AND RATIONALE: Discuss why and how the addition of the proposed site will address unmet need by maintaining or increasing access and maintaining or improving quality of care for the patient population.

a. Provide evidence that the proposed site will address unmet need by maintaining or increasing access to care for the population that will utilize the new site. Provide data only for the new site.

Total unserved low-income population in the proposed service area:

Source:

If these data/source are not consistent with the UDS Mapper map and data table, please explain:

Total number of patients projected to be served annually:

New Patients:

Existing Patients:

Of the total projected patients, anticipated % of patients with incomes at or below 200% of the Federal Poverty Guidelines:

Briefly explain how these projections were derived:



Consolidated Budget

- Confirm completed SF-424C (in EHBs) as presented for all the proposed activities. The form is automatically filled by EHBs as each project-specific budget information is completed. This budget should reflect the total of all proposed project(s)

Consolidated Budget

Due Date: (Due In:) | Section Status: ()

Resources

Notes:
This page is created by combining the budget pages from all projects and therefore cannot be edited. If edits to this form are desired, please go to the individual budget forms to make those changes.

Serial Number	Cost Classification	Total Cost (a)	Costs Not Allowable for Participation (b)	Total Allowable Costs (c = a - b)
1	Administrative and legal expenses			
2	Land, structures, rights-of-way, appraisals, etc.			
3	Relocation expenses and payments			
4	Architectural and engineering fees			
5	Other architectural and engineering fees			
6	Project inspection fees			
7	Site work			
8	Demolition and removal			
9	Construction			
10	Equipment			
11	Miscellaneous			
12	SUBTOTAL (sum of lines 1-11)			
13	Contingencies			
14	SUBTOTAL (sum of lines 12 and 13)			
15	Project (program) income			
16	TOTAL PROJECT COSTS			
17	Federal assistance requested Federal Percentage Share :			

*** Certification**

I certify that the above statements are accurate and true, and the total request for funding is less than or equal to the total amount of funding made available through this funding opportunity.

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Save and Continue



Leasehold Improvements

- Leasehold improvements are allowed under this funding opportunity.
- Lessors/Property Owners must provide a Landlord Letter of Consent.
- HRSA will determine if the term of the lease is long enough for the full value of the award-supported improvements to benefit the award activity. HRSA will consider the purpose and duration of the award, expected life of the facility, and use of the facility for award-supported purposes.
- Lease agreement must provide the applicant reasonable control of the property.
- Funds may not be used to pay lease costs.
- Funds for a leased property cannot address needs that are part of the terms of the lease (i.e., the responsibility of the lessor/property owner).



Federal Interest

- The Federal Government retains a reversionary interest in real property constructed, acquired, or improved with Federal funds.
- For alteration/renovation (A/R) projects, Federal interest exists for the useful life attributable to the alteration/renovation funded under this award.
- For all construction/expansion (C/E) projects, regardless of award amount, you are required to file a Notice of Federal Interest (NFI).
- Lessors/Property Owners must acknowledge Federal interest in the project, and file a Notice of Federal Interest (NFI) against the property title in the local jurisdiction before the project begins.



Notice of Award (NoA)

- Award release date: September 1, 2021
- The NoA contains the following information:
 - Terms of award;
 - Conditions of award;
 - Reporting requirements; and
 - Amount of federal funds awarded.
- Conditions may require the submission of revised application documents.
- Project(s) cannot begin until all conditions have been lifted.



C8E Technical Assistance Webpage

TA Webinar Information

Eligibility Information

Submission Forms and Reporting

TA Contacts

[View C8E technical assistance webpage](#)



Technical Assistance Contacts

Program and Technical
(EHB) related
Questions



Health Center Program
Support

BPHC Contact Form:
<https://www.hrsa.gov/about/contact/bphc.aspx>
(877) 464-4772

Business,
Administrative, Fiscal
Issues



Grants Management Specialist

- David Colwander
(DColwander@hrsa.gov)
- (301) 443-7858

Health Center Program Support Contact Form

To submit an inquiry via the [BPHC Contact Form](#):

Enter contact and organization information

Select Applicant

Select Health Center

Select Capital

Select ARP-Capital (C&E)



Thank You!

ARP – Capital Team

Office of Policy and Program Development (OPPD)

Bureau of Primary Health Care (BPHC)

Health Resources and Services Administration (HRSA)



<https://www.hrsa.gov/about/contact/bphc.aspx>



(301) 594-4300

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