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

\[ \text{C8E} = \text{\$500,000 base amount} + \text{\$11 per patient (2019 UDS data)} \]
## Project Types

<table>
<thead>
<tr>
<th>Construction of a New Facility</th>
<th>Construction/Expansion (C/E) of an Existing Facility</th>
<th>Alteration/Renovation (A/R) of an Existing Facility</th>
<th>Equipment Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>• New building structure</td>
<td>• Adds square footage and/or includes significant site work</td>
<td>• Involves renovations to an existing facility that does not increase square footage of the facility</td>
<td>• Loose, moveable equipment not affixed to the physical building structure, and with a useful life of more than one year</td>
</tr>
<tr>
<td>• New stand-alone structure</td>
<td>• Examples – expansion of a new pharmacy wing; addition of a covered driveway for patient drop off</td>
<td>• Examples – modernizing facility interior; reconfigure existing space to add new exam spaces that support additional patient capacity</td>
<td>• Example – purchase of new clinical equipment; purchase of a mobile van</td>
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<td>• Example – construction of a new standalone service delivery site</td>
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**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

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

<table>
<thead>
<tr>
<th><strong>Forms</strong></th>
<th><strong>Attachments</strong></th>
</tr>
</thead>
</table>
| • Proposal Cover Page  
  • Project(s) Page  
  • Project Cover Page  
  • Project-Specific Forms  
  • Add Site Checklist (where applicable)  
  • Consolidated Budget Information (SF424) | • Budget Justification  
  • Environmental and Information Documentation  
  • Floor Plans/Schematic Diagrams  
  • Property Information  
  • Landlord Letter of Consent (for leased sites) |
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
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
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**
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 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
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
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
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
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.
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)
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](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:

1. Enter contact and organization information
2. Select Applicant
3. Select Health Center
4. Select Capital
5. Select ARP-Capital (C8E)
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

bphc.hrsa.gov

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