HRSA Health Center Program

Fiscal Year 2024 Health Center Program Budget Period Progress Report Non-Competing Continuation Instructions

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Issuance Date: June 26, 2023

All submissions started in the HRSA Electronic Handbooks (EHBs) on or after the issuance date must adhere to the instructions contained herein.

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Budget Period Progress Report (BPR) Non-competing Continuation (NCC) Technical Assistance webpage: https://bphc.hrsa.gov/funding/funding-opportunities/budget-period-progress-report-bpr-noncompeting-continuation-ncc

508 COMPLIANCE DISCLAIMER

Note: Persons using assistive technology may not be able to fully access information in this file. For assistance, email or call one of the HRSA staff listed in Section I. Technical Assistance.

PURPOSE

The Health Center Program supports domestic public or private, nonprofit community-based and patient-directed organizations that provide primary health care services to the Nation's medically underserved populations. The purpose of the Budget Period Progress Report Non-Competing Continuation (hereafter referred to as BPR) is to provide an update on the progress of your Health Center Program (H80) award. The fiscal year (FY) 2024 BPR reports on progress made since the submission of the last application (Service Area Competition or BPR) until the date of the current BPR submission, expected progress for the remainder of the FY 2023 budget period, and projected changes for the upcoming FY 2024 budget period.

Submission and approval of the BPR will provide funding for your FY 2024 budget period. Continued funding is dependent upon Congressional appropriation, satisfactory progress, and a decision that continued funding would be in the best interest of the federal government.

SUBMISSION SCHEDULE

The BPR is available in the HRSA Electronic Handbooks (EHBs) according to your budget period start date. See Table 1: Submission Schedule for the date your BPR will be available in EHBs and the BPR submission deadline.

TABLE 1: SUBMISSION SCHEDULE

Budget Period Start Date	EHBs Access	EHBs Deadline (5:00 PM ET)
January 1, 2024	June 26, 2023	August 18, 2023
February 1, 2024	July 17, 2023	September 8, 2023
March 1, 2024	August 14, 2023	October 6, 2023
April 1, 2024	September 11, 2023	November 3, 2023
May 1, 2024	October 16, 2023	December 8, 2023
June 1, 2024	November 6, 2023	December 29, 2023
August 1, 2024	November 13, 2023	January 5, 2024
September 1, 2024	November 20, 2023	January 12, 2024

GENERAL INSTRUCTIONS

You will complete your BPR in EHBs according to your budget period start date. You must submit the application in English and budget figures must be expressed in U.S. dollars (45 CFR § 75.111(a) (https://ecfr.io/Title-45/Section-75.111)). The progress report submission must include all forms and attachments identified in Table 2: Submission Components. Complete forms directly in EHBs, and upload attachments into EHBs. Progress reports that do not include all required documents and information will be considered incomplete or non-responsive. Incomplete or non-responsive progress reports will be returned through a "Request Change" notification via EHBs for you to provide missing information or clarification. Failure to submit the BPR by the established deadline or the submission of an incomplete or non-responsive BPR may result in a delay in Notice of Award (NoA) issuance or a lapse in funding. Review your BPR to ensure that it is both complete and responsive prior to submission.

Table 2: Submission Components outlines required forms and attachments. In the Document Type column, the word "Form" refers to forms that you complete online in EHBs. The word "Attachment" refers to materials that you must upload into EHBs. "Fixed" forms are pre-populated to reflect the current approved scope of project and are provided for reference only.

TABLE 2: SUBMISSION COMPONENTS

- The Budget Narrative and the Indirect Cost Rate Agreement are the only documents that you should upload within EHBs.
- Samples of Form 3: Income Analysis, the Project Narrative Update, and the Budget Narrative are available on the BPR TA webpage (https://bphc.hrsa.gov/funding/funding-opportunities/budget-period-progress-report-bpr-noncompeting-continuation-ncc).

BPR Section	Document Type	Instructions
SF-PPR and SF-PPR-2	Form	Provide basic organizational information. Refer to instructions in the EHBs user guide available at the BPR TA webpage (https://bphc.hrsa.gov/funding/funding-opportunities/budget-period-progress-report-bpr-noncompeting-continuation-ncc).
Key Contact/Principal (For Budget Period start dates occurring on or after April 1, 2024)	Form	Provide Key Contact/Principal contact information and optional biographical sketches. Refer to Appendix A for additional details.
SF-424A: Budget Information	Form	Provide the budget for the upcoming budget period broken down by object class categories and federal/nonfederal funding. Refer to Section IV for detailed instructions.

BPR Section	Document Type	Instructions
Budget Narrative	Attachment	Provide a line item budget for the upcoming budget period that corresponds with the SF-424A: Budget Information form.
Form 1C: Documents on File	Form	Provide the dates when the listed documents were last updated, if applicable. Refer to Appendix A for additional details.
Form 3: Income Analysis	Form	Provide projected program income for the upcoming budget period. Refer to Appendix A for additional details.
Forms 5A, 5B, and 5C	Fixed form	Provide a request for change via the Scope Adjustment or CIS Modules in EHBs if any information is incorrect in these forms. Refer to Appendix A for additional details.
Project Narrative Update	Form	Provide updates to Organizational and Patient Capacity. Refer to Section III for detailed instructions.

PROJECT NARRATIVE UPDATE INSTRUCTIONS

Note: Narrative response in each section is limited to 1,000 characters (including spaces), or approximately 1/2 page.

1. **Organizational Capacity:** Discuss major changes since the last budget period in the organization's capacity that have impacted or may impact the progress of the funded project, including changes in:
   - Staffing, including key management vacancies;
   - Operations, including changes in policies and procedures; and
   - Financial status, including the most current audit findings.

   Include a discussion of the following for each area outlined above:
   A. Progress and changes to date;
   B. Barriers resulting from or related to public health emergencies, natural and/or man-made disasters;
   C. Expected progress for the remainder of the FY 2023 budget period; and
   D. Projected changes for the upcoming FY 2024 budget period.

2. **Patient Capacity:** See Table 3: Patient Capacity. Discuss negative trends in patient capacity, including barriers that adversely affect patient trends, and plans for reaching the projected number of patients.

   Note: You are only required to respond to the Patient Capacity section if you are experiencing a **negative** trend for any of the fields in Table 3: Patient Capacity. The system will not require you to provide a comment if you have not experienced a negative trend.

TABLE 3: PATIENT CAPACITY

	2020 Patient Number	2021 Patient Number	2022 Patient Number	% Change 2020-2022 Trend	% Change 2021-2022 Trend	% Progress Toward Goal	Projected Number of Patients	Patient Capacity Narrative
Period of Performance: (Pre-populated from most recent Notice of Award)								
Total Unduplicated Patients	Pre-populated from 2020 UDS	Pre-populated from 2021 UDS	Pre-populated from 2022 UDS	Pre-populated calculation	Pre-populated calculation	Pre-populated calculation	Pre-populated (see note for explanation)	1,000 character limit

Notes:

- If you have experienced a negative trend in Patient Capacity, the system WILL require you to provide a comment in the Patient Capacity Narrative column.
- 2020–2022 Patient Number data are pre-populated from Table 3a in the UDS Report.

The Projected Number of Patients values are pre-populated from the Patient Target noted in the Patient Target Management Module (PTM) in EHBs. If you have questions related to your Patient Target, contact the Patient Target Response Team (https://hrsa.force.com/support/s/). To formally request a change in your Patient Target, you **must** submit a request via the PTM in EHBs.

	2020 Patient Number	2021 Patient Number	2022 Patient Number	% Change 2020-2022 Trend	% Change 2021-2022 Trend	% Progress Toward Goal	Projected Number of Patients	Patient Capacity Narrative
Period of Performance: (Pre-populated from most recent Notice of Award)								
Total Migratory and Seasonal Agricultural Worker Patients	Pre-populated from 2020 UDS	Pre-populated from 2021 UDS	Pre-populated from 2022 UDS	Pre-populated calculation	Pre-populated calculation	Pre-populated calculation	Pre-populated (see note for explanation)	1,000 character limit
Total People Experiencing Homelessness Patients	Pre-populated from 2020 UDS	Pre-populated from 2021 UDS	Pre-populated from 2022 UDS	Pre-populated calculation	Pre-populated calculation	Pre-populated calculation	Pre-populated (see note for explanation)	1,000 character limit
Total Public Housing Resident Patients	Pre-populated from 2020 UDS	Pre-populated from 2021 UDS	Pre-populated from 2022 UDS	Pre-populated calculation	Pre-populated calculation	Pre-populated calculation	Pre-populated (see note for explanation)	1,000 character limit

Notes:

- If you have experienced a negative trend in Patient Capacity, the system WILL require you to provide a comment in the Patient Capacity Narrative column.
- 2020-2022 Patient Number data are pre-populated from Table 4 in the UDS Report.
- The Projected Number of Patients value is pre-populated from the PTM using patient projections in the Service Area Competition (SAC) that initiated your current period of performance plus the patient projections from selected supplemental funding awarded after the start of the current period of performance. See the frequently asked questions on the Patient Target TA webpage for details on the selected supplemental funding patient projections included.

The Projected Number of Patients values cannot be edited during the BPR submission. If these values are not accurate, provide an explanation in the Patient Capacity Narrative section.

	2020 Patient Number	2021 Patient Number	2022 Patient Number	% Change 2020-2022 Trend	% Change 2021-2022 Trend	% Progress Toward Goal	Projected Number of Patients	Patient Capacity Narrative
Period of Performance: (Pre-populated from most recent Notice of Award)								
Total Medical Services Patients	Pre-populated from 2020 UDS	Pre-populated from 2021 UDS	Pre-populated from 2022 UDS	Pre-populated calculation	Pre-populated calculation	Pre-populated calculation	Pre-populated (see note for explanation)	1,000 character limit
Total Dental Services Patients	Pre-populated from 2020 UDS	Pre-populated from 2021 UDS	Pre-populated from 2022 UDS	Pre-populated calculation	Pre-populated calculation	Pre-populated calculation	Pre-populated (see note for explanation)	1,000 character limit
Total Mental Health Services Patients	Pre-populated from 2020 UDS	Pre-populated from 2021 UDS	Pre-populated from 2022 UDS	Pre-populated calculation	Pre-populated calculation	Pre-populated calculation	Pre-populated (see note for explanation)	1,000 character limit
Total Substance Use Disorder Services Patients	Pre-populated from 2020 UDS	Pre-populated from 2021 UDS	Pre-populated from 2022 UDS	Pre-populated calculation	Pre-populated calculation	Pre-populated calculation	Pre-populated (see note for explanation)	1,000 character limit
Total Vision Services Patients	Pre-populated from 2020 UDS	Pre-populated from 2021 UDS	Pre-populated from 2022 UDS	Pre-populated calculation	Pre-populated calculation	Pre- populated calculation	Pre-populated (see note for explanation)	1,000 character limit
Total Enabling Services Patients	Pre-populated from 2020 UDS	Pre-populated from 2021 UDS	Pre-populated from 2022 UDS	Pre-populated calculation	Pre-populated calculation	Pre-populated calculation	Pre-populated (see note for explanation)	1,000 character limit

Notes:

- If you have experienced a negative trend in Patient Capacity, the system WILL require you to provide a comment in the Patient Capacity Narrative column.
- 2020-2022 Patient Number data are pre-populated from Table 5 in the UDS Report.
- The Projected Number of Patients column is pre-populated from the PTM using patient projections in the SAC that initiated your current period of performance plus the patient projections from selected supplemental funding awarded after the start of the current period of performance. See the frequently asked questions on the Patient Target TA webpage (https://bphc.hrsa.gov/funding/funding-opportunities/service-area-competition/patient-target-faq) for details on the selected supplemental funding patient projections included.

The Projected Number of Patients values cannot be edited during the BPR submission. If these values are not accurate, provide an explanation in the Patient Capacity Narrative section.

BUDGET PRESENTATION INSTRUCTIONS

A complete budget presentation includes the submission of the SF-424A: Budget Information form, the Budget Narrative, and Form 3: Income Analysis.

You must present the total FY 2024 budget for the H80 project, including Health Center Program federal grant funds and all non-Health Center Program grant funds that support the health center scope of project. Funding awarded under H8C, H8D, H8E, and H8F should not be included as part of this budget proposal. The Total Project or Program Costs are the total allowable costs (inclusive of direct and indirect costs) you incur to carry out a HRSA-supported project or activity. Total project or program costs include costs charged to the award and costs borne by you.

The total budget represents all proposed expenditures that directly relate to and support in-scope activities. Therefore, the total budget must reflect projections from all anticipated revenue sources that will support the Health Center Program project. See Form 3: Income Analysis for details.

The amount of funds awarded in any fiscal year may not exceed the costs of health center operations for the budget period less the total of state, local, and other operational funding provided to the center and the fees, premiums, and third-party reimbursements, which the center may reasonably be expected to receive for its operations in the fiscal year. Health Center Program award funds must be used in compliance with applicable federal statutes, regulations, and the terms and conditions of the federal award. Non-grant funds may be used as permitted under section 330 of the PHS Act and may be used for such other purposes as are: (1) not specifically prohibited under section 330, and (2) if such use furthers the objectives of the project.[1]

Note: The federal cost principles apply to use of grant funds, but do not apply to use of non-grant funds.

45 CFR Part 75 (https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-A/part-75/subpart-C/section-75.213) includes information about allowable expenses. Note that funds under this notice may not be used for fundraising or the construction of facilities.

Pursuant to existing law and consistent with Executive Order 13535 (75 FR 15599), health centers are prohibited from using federal funds to provide abortion services (except in cases of rape or incest, or when the life of the woman would be endangered). This includes all funds awarded under this announcement and is consistent with past practice and long-standing requirements applicable to awards to health centers.

You are required to have the necessary policies, procedures, and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding, including, but not limited to, statutory restrictions on use of funds for lobbying, executive salaries, gun control, and abortion. Like those for all other applicable grants requirements, the effectiveness of

[1] Section 330(e)(5)(D) of the PHS Act.

these policies, procedures, and controls is subject to audit.

Be aware of the requirements for HRSA recipients and subrecipients at 2 CFR § 200.216 regarding prohibition on certain telecommunications and video surveillance services or equipment. For details, see the HRSA Grants Policy Bulletin Number: 2021-01E (https://www.hrsa.gov/sites/default/files/hrsa/grants/manage/grants-policy-bulletin-2021.pdf).

All program income generated as a result of awarded funds must be used for approved project-related activities. You can find post-award requirements for program income at 45 CFR § 75.307 (https://www.hrsa.gov/sites/default/files/hrsa/grants/manage/grants-policy-bulletin-2021.pdf). In accordance with Sections 330(e)(5)(D) and 330(k)(3)(D) the health center must use any non-grant funds as permitted under section 330 and may use such funds for such other purposes as are not specifically prohibited under section 330, if such use furthers the objectives of the health center project.

A. SF-424A: Budget Information Form

In **Section A: Budget Summary**, verify the pre-populated list of Health Center Program funding types (CHC, MHC, HCH, PHPC).[2] If the funding types are incorrect, make necessary adjustments using the "**Update Sub-Program"** button. In the Federal column, provide the grant request for each Health Center Program funding type (CHC, MHC, HCH, PHPC). The total federal funding requested across all Health Center Program funding types must equal the "Recommended Federal Budget" amount that is pre-populated at the top of the SF-424A: Budget Information form. This amount should correspond with the recommended future support amount (Item 33) on the most recent H80 NoA.

Note: The BPR may **not** be used to request changes in the total award, funding type(s), or allocation of Health Center Program funds between funding types. **Funding must be requested and will be awarded proportionately for all funding types as currently funded under the Health Center Program.**

In the Non-Federal column, provide the total of the non-federal funding sources for each type of Health Center Program (CHC, MHC, HCH, PHPC). The total for the Non-Federal column should equal the Total Non-Federal value on Form 3: Income Analysis. The amount(s) in the total column will be calculated automatically as the sum of the federal and non-federal columns.

In **Section B: Budget Categories**, provide the object class category breakdown (i.e., line-item budget) of the Health Center Program federal funding request for the upcoming budget period in the first column and the non-federal funding in the second column. Each line represents a distinct object class category that must be addressed in the Budget Narrative.

[2] Community Health Center – CHC, Migrant Health Center – MHC, Health Care for the Homeless – HCH, and/or Public Housing Primary Care – PHPC

Indirect costs may only be claimed with an approved indirect cost rate (see details in the Budget Narrative section below).

In **Section C: Non-Federal Resources**, provide a breakdown of non-federal funds by funding source (e.g., state, local) for each type of Health Center Program funding (CHC, MHC, HCH, PHPC). If you are a state agency, leave the State column blank and include State funding in the Applicant column. Note that Program Income must be consistent with the Total Program Income presented in Form 3: Income Analysis.

Salary Limitation
The Consolidated Appropriations Act, 2023, (P.L. 117-328), Division H, Section 202 states "None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II (https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/23Tables/exec/html/EX.aspx)" of the Federal Executive Pay Scale, which is $212,100 as of May 2023. This amount reflects an individual's base salary exclusive of fringe and any income that an individual may be permitted to earn outside of the duties to your organization. This salary limitation also applies to subrecipients under a HRSA grant or cooperative agreement. See Section 5.1.iv Budget – Salary Limitation of HRSA's *SF-424 Two-Tier Application Guide* (https://www.hrsa.gov/sites/default/files/hrsa/grants/sf-424-app-guide-2-tier.pdf) for additional information. Note that these or other salary rate limitations will apply in the following fiscal years, as required by law.

Example of Application of this Limitation:
If an individual's base full-time salary is $255,000 per year plus fringe benefits of 25 percent, and that individual is devoting **50 percent of his/her time to this award (0.5 FTE)**, the base salary must be adjusted to the current Executive Level II pay rate ($212,100 as of May 2023), plus fringe benefits of 25 percent, when calculating the amount that may be charged to the Health Center Program grant. This results in a total of $132,562 that may be included in the project budget and charged to the award in salary/fringe benefits for this individual.

B. Budget Narrative

Provide a budget narrative that explains the amounts requested for each line of the budget in the object class categories from Section B of the SF-424A: Budget Information form. The budget narrative should specifically describe how each item will support the achievement of proposed objectives. Be careful about showing how each item in the "other" category is justified.

The budget narrative is for **one year based on your upcoming FY2024 12-month budget period**.

The Budget Narrative must itemize both your federal request and non-federal resources. Ensure that the Budget Narrative contains detailed calculations explaining how each line-item expense within each cost category is derived (e.g., number of visits,

cost per unit). Refer to 45 CFR 75 (https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-A/part-75/subpart-C/section-75.213) for information on allowable costs.

Upload the completed attachment in the Budget Narrative section within the EHBs. Include the following in the Budget Narrative:

Personnel Costs: Explain personnel costs by listing each staff member who will be supported from Health Center Program funds, name (if possible), position title, percentage of full-time equivalency, and annual salary. ***Reminder:*** Award funds may not be used to pay the salary of an individual at a rate in excess of Federal Executive Level II (or $212,100 as of May 2023.[3]) An individual's base salary, per se, is NOT constrained by the legislative provision for a limitation of salary. The rate limitation simply limits the amount that may be awarded and charged to the HRSA grant. Provide an individual's actual base salary if it exceeds the cap. Refer to the Sample Budget Narrative on the BPR TA webpage (https://bphc.hrsa.gov/funding/funding-opportunities/budget-period-progress-report-bpr-noncompeting-continuation-ncc).

In order to be considered as allowable costs on your HRSA award, you need to ensure that personnel costs are supported by official records that accurately reflect the work performed and that internal controls provide reasonable assurance that the personnel costs are accurate, allowable, and allocable to the HRSA award.

Fringe Benefits: List the components that comprise the fringe benefit rate, for example health insurance, taxes, unemployment insurance, life insurance, retirement plans, and tuition reimbursement. The fringe benefits should be directly proportional to that portion of personnel costs that are allocated for the project. If an individual's base salary exceeds the statutory salary cap (i.e., $212,100), adjust fringe proportionally.

Travel: List travel costs according to local and long distance travel. For local travel, outline the mileage rate, number of miles, reason for travel, and staff members/consumers completing the travel. The budget should also reflect the travel expenses (e.g., airfare, lodging, parking, per diem, etc.) for each person and trip associated with participating in meetings and other proposed trainings or workshops. Name the traveler(s) if possible, describe the purpose of the travel, provide the number of trips involved, the destinations, and the number of individuals for whom funds are requested.

Equipment: List equipment costs and provide justification for the need of the equipment to carry out the program's goals. Extensive justification and a detailed status of current equipment must be provided when requesting funds for the purchase of items that meet the definition of equipment (a unit cost of $5,000 or more and a useful life of 1 or more years). For example, large items of medical equipment.

[3] While the BPR focuses on the application of the salary limitation to the federal Health Center Program (H80) grant funds, the salary limitation applies across all HRSA funding. In other words, if a full-time staff member is paid from several HRSA grants, the total federal contribution to that staff person's salary cannot exceed $212,100.

Supplies: List the items that will be used to implement the proposed project. Separate items into three categories: office supplies (e.g., paper, pencils), medical supplies (e.g., syringes, blood tubes, gloves), and educational supplies (e.g., brochures, videos). Items must be listed separately.

Per 45 CFR § 75.321 (https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-A/part-75/subpart-C/section-75.213), property will be classified as supplies if the acquisition cost is under $5,000. Note that items such as laptops, tablets, desktop computers are classified as a supply if the value is under the $5,000 equipment threshold.

Contractual/Subawards/Consultant: Provide a clear explanation of the purpose of each contract/subaward, how the costs were estimated, and the specific contract/subaward deliverables. You should not provide line-item details on proposed contracts, rather you should provide the basis for your cost estimate for the contract. You are responsible for ensuring that your organization or institution has in place an established and adequate procurement system with fully developed written procedures for awarding and monitoring all contracts/subawards. Recipients must notify potential subrecipients that entities receiving subawards must be registered in SAM and provide the recipient with their UEI number (see 2 CFR part 25 (https://www.ecfr.gov/current/title-2/subtitle-A/chapter-I/part-25)). For consultant services, list the total costs for all consultant services. In the budget narrative, identify each consultant, the services he/she will perform, total number of days, travel costs, and total estimated costs.

For subawards to entities that will help carry out the work of the grant, you must describe how you monitor their work to ensure the funds are being properly used.

Per the Suspension and Debarment rules in the Uniform Administrative Requirements, as implemented by HRSA under 45 CFR § 75.213 (https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-A/part-75/subpart-C/section-75.213), non-federal entities and contractors are subject to the non-procurement debarment and suspension regulations implementing Executive Orders 12549 and 12689, 2 CFR parts 180 and 376. These regulations restrict awards, subawards, and contracts with certain parties that are debarred, suspended, or otherwise excluded from or ineligible for participation in federal assistance programs or activities.

Other: Include all costs that do not fit into any other category and provide an explanation of each cost in this category (e.g., EHR provider licenses, audit, legal counsel). In some cases, rent, utilities, and insurance fall under this category if they are not included in an approved indirect cost rate.

You may include the cost of access accommodations as a part of your project's budget, including sign interpreters; plain language and health literacy print materials in alternate formats (including, Braille, large print, etc.); and linguistic competence modifications (e.g., translation or interpretation services).

Indirect Costs: Indirect costs are costs incurred for common or joint objectives which

cannot be readily and specifically identified with a particular project or program, but are necessary to the operations of the organization, e.g., the cost of operating and maintaining facilities, depreciation, administrative salaries. For some institutions, the term “facilities and administration” (F&A) is used to denote indirect costs.

If your organization does not have an indirect cost rate, you may wish to obtain one through HHS’s Program Support Center (PSC). Visit PSC’s Indirect Cost Negotiations website to learn more about rate agreements, the process for applying for them, and the regional offices which negotiate them. If indirect costs are included in the budget, attach a copy of the indirect cost rate agreement with the Budget Narrative attachment.

Any non-federal entity that has never received a negotiated indirect cost rate (except a governmental department or agency unit that receives more than $35 million in direct federal funding) may elect to charge a de minimis rate of 10 percent of modified total direct costs (MTDC), which may be used indefinitely. If chosen, this methodology once elected must be used consistently for all federal awards until such time as a non-federal entity chooses to negotiate for a rate, which the non-federal entity chooses to negotiate for a rate, which the non-federal entity may apply to do at any time.

TECHNICAL ASSISTANCE CONTACTS

ASSISTANCE NEEDED	CONTACT SOURCE
General Technical Assistance	The BPR TA webpage (https://bphc.hrsa.gov/funding/funding-opportunities/budget-period-progress-report-bpr-noncompeting-continuation-ncc) contains sample forms, the Electronic Handbooks (EHBs) user guide, a slide presentation, and other BPR resources.
Budget/Fiscal Questions	**Travis J. Wright** **Grants Management Specialist** Office of Federal Assistance Management HRSA Division of Grants Management Operations 301-443-0676 twright@hrsa.gov
BPR Instructions Questions	**BPR Response Team** 301-594-4300 Submit a request using the BPHC Contact Form (https://hrsa.force.com/support/s/) • Under Funding, select *Non-Competing Continuation (NCC) Progress Reports* • Select *Budget Period Progress Report (BPR)*

ASSISTANCE NEEDED	CONTACT SOURCE
HRSA EHBs Submission Assistance	**Health Center Program Support** 1-877-464-4772 Contact Health Center Support using the BPHC Contact Form (https://hrsa.force.com/support/s/) • Under Technical Support, select *EHBs Task/EHBs Technical Issues* • Select *Non-Competing Continuation (NCC) Progress Reports*

APPENDIX A: PROGRAM SPECIFIC FORMS GUIDANCE

Key Contact/Principal Form

HRSA recipients are subject to the non-procurement debarment and suspension regulations implementing Executive Orders 12549 and 12689, 2 CFR parts 180 and 376 (45 CFR 75.213). These regulations restrict awards, subawards and contracts with certain parties that are debarred, suspended, or otherwise excluded for or ineligible for participation in Federal assistance programs or activities.

HRSA added the Key Contact/Principal Form as a part of the Basic Information Section of the NCC Progress Report submission. This section will pre-populate principals from the last suspension and debarment (S/D) review for the grant. Review the list of names and add, delete, or edit the form to include all principals (as defined below) involved in the project. The Principal Investigator/Project Director **must** always be listed on the Key Contact/Principal form. Please provide as much information on the form as possible. You are reminded to review SAM.gov for any personnel identified as a principal prior to completing and submitting the form to HRSA.

When you submit your NCC, you certify that you and your principals can participate in receiving award funds to carry out the project. If you can't certify this, you must include an explanation in Appendices: Other Documents.

The 2 CFR 180.995 definition of a Principal:

A. An officer, director, owner, partner, principal investigator, or other person within a participant with management or supervisory responsibilities related to a covered transaction (the Grant);
B. A consultant or other person, whether or not employed by the participant or paid with federal funds, who—

   (1) Is in a position to handle federal funds;

   (2) Is in a position to influence or control the use of those funds; or,

   (3) Occupies a technical or professional position capable of substantially influencing the development or outcome of an activity required to perform the covered transaction.

Additionally, 2 CFR 376.995 Principal (HHS supplement to government-wide definition) expanded the 2 CFR 180.995 definition to include:

(a) Providers of federally required audit services; and
(b) Researchers.

Form 1C: Documents on File

Form 1C collects information about documents that support the implementation of Health Center Program requirements, as outlined in the Health Center Program Compliance Manual (https://bphc.hrsa.gov/compliance/compliance-manual); however, it does not provide an exhaustive list of all types of health center documents (e.g., policies

and procedures, protocols, legal documents).

Form 1C: Documents on File Instructions are included in the BPR User Guide and as a resource on the BPR TA webpage (https://bphc.hrsa.gov/funding/funding-opportunities/budget-period-progress-report-bpr-noncompeting-continuation-ncc).

Form 3: Income Analysis

Form 3 collects the projected income from all sources other than the Health Center Program grant for the upcoming budget period. Form 3 is divided into two parts: (1) Patient Service Revenue - Program Income and (2) Other Income - Other Federal, State, Local, and Other Income.

Form 3: Income Analysis Instructions are included in the BPR User Guide and as a resource on the BPR TA webpage (https://bphc.hrsa.gov/funding/funding-opportunities/budget-period-progress-report-bpr-noncompeting-continuation-ncc).

Forms 5A: Services Provided, 5B: Service Sites, and 5C: Other Activities/Locations – Scope of Project

Forms 5A-C are provided for reference only. If any information is incorrect, submit your request for change via the Scope Adjustment or Change in Scope (CIS) Modules in EHBs. Refer to the Scope of Project TA webpage and/or contact an Office of Health Center Program Monitoring (OHCPM) Program Specialist via the BPHC Contact Form for additional guidance.