



# Fiscal Year 2025 New Access Points (NAP)

## Technical Assistance Presentation for Applicants

Health Resources and Services Administration (HRSA), Bureau of Primary Health Care (BPHC)

Vision: Healthy Communities, Healthy People





# Before Viewing this Presentation...

## Read the NAP Notice of Funding Opportunity (NOFO) HRSA-25-085

To access the NOFO,  
go to Apply for FY 2025 New Access Points:

<https://bphc.hrsa.gov/funding/funding-opportunities/new-access-points>

- Select **View Grant Opportunity**
- Then select:
  - *Package*
  - *Preview* in the Actions column
  - *Download Instructions* in the Opportunity Package Details

# AGENDA

- Overview
- Eligibility
- Funding Requirements
- Application Components and Submission Process
- Funding Priorities and Other Considerations
- Resources and Reminders



# Overview

# Purpose



To support new health center service delivery sites to expand affordable, accessible, and high-quality primary health care for underserved communities and populations.



# What are New Access Points?




**New** sites in the funded Health Center Program

**Access** to primary care and support services

**Points** for care that people can get to easily

# Award Information



- Total Expected Funding: \$50 million
- Awards: Approximately 77
- Max per award: \$650,000
- Up to \$250,000 for equipment and minor A/R
- 1-year period of performance 



# Applicant Types



## New starts

- Not a Health Center Program (HCP) award recipient or look-alike

## Look-alikes

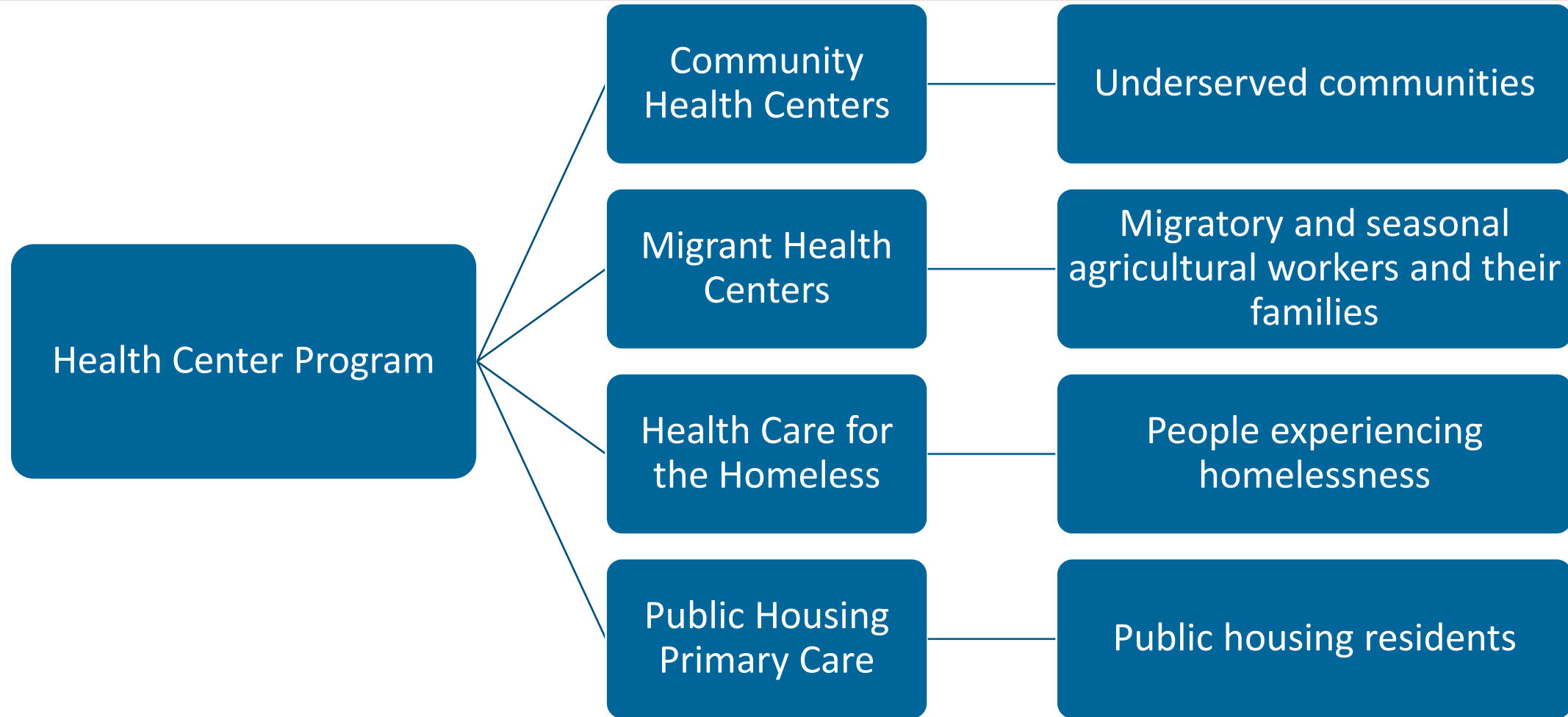
- Currently a HCP look-alike

## Satellites

- Currently a HCP award recipient (H80 funding)



# Health Center Types/Populations



The Health Center Program is authorized under [Section 330 of the Public Health Service \(PHS\) Act](#).





# Eligibility



# Eligibility Requirements (1 of 3)



1

Non-profit organization or public agency

2

Provide all required health services to medically underserved populations

3

Propose at least one service delivery site that provides primary medical care as its main purpose

Open at least 40 hours per week



# Eligibility Requirements (2 of 3)



4

Make services accessible to all in the proposed service area

5

Service delivery site address must be in an area with unmet need for health services

**Must not be in the same building as a current health center**

6

Serve a Medically Underserved Area or Population ([MUA/P](#))

**New start applicants only**



# Eligibility Requirements (3 of 3)



7

Consult with public housing residents as you plan your new site(s)

**PHPC applicants only**

8

Use funds to add to and not replace current resources for people experiencing homelessness and public housing residents

**HCH and PHPC applicants only**





# Funding Requirements



# NAP Objectives



Within 120 days  
of the Notice of  
Award:

1

Open all proposed sites and begin delivering services

2

Demonstrate compliance with all Health Center Program requirements





# Service Sites

- You must propose **at least 1** service delivery site that provides primary medical care as its main purpose
- You may propose more than 1 site

## New starts and Look-alikes

- Must propose a full-time, **fixed** (not mobile) service delivery site

## Satellites

- Must propose a full-time service delivery site — **fixed or mobile**



See the [Scope of Project](#) webpage for the definition of a service site





# Required Services

- General primary medical care
  - Diagnostic laboratory
  - Diagnostic radiology
  - Screenings
  - Coverage for emergencies during and after hours
  - Voluntary family planning
  - Immunizations
  - Well child services
  - Gynecological care
  - Obstetrical care
  - Preventive dental
  - Pharmaceutical services
  - Case management
  - Eligibility assistance
  - Health education
  - Outreach
  - Transportation
  - Translation
  - Mental health services
  - Substance use disorder services
- Enabling services
- NEW**

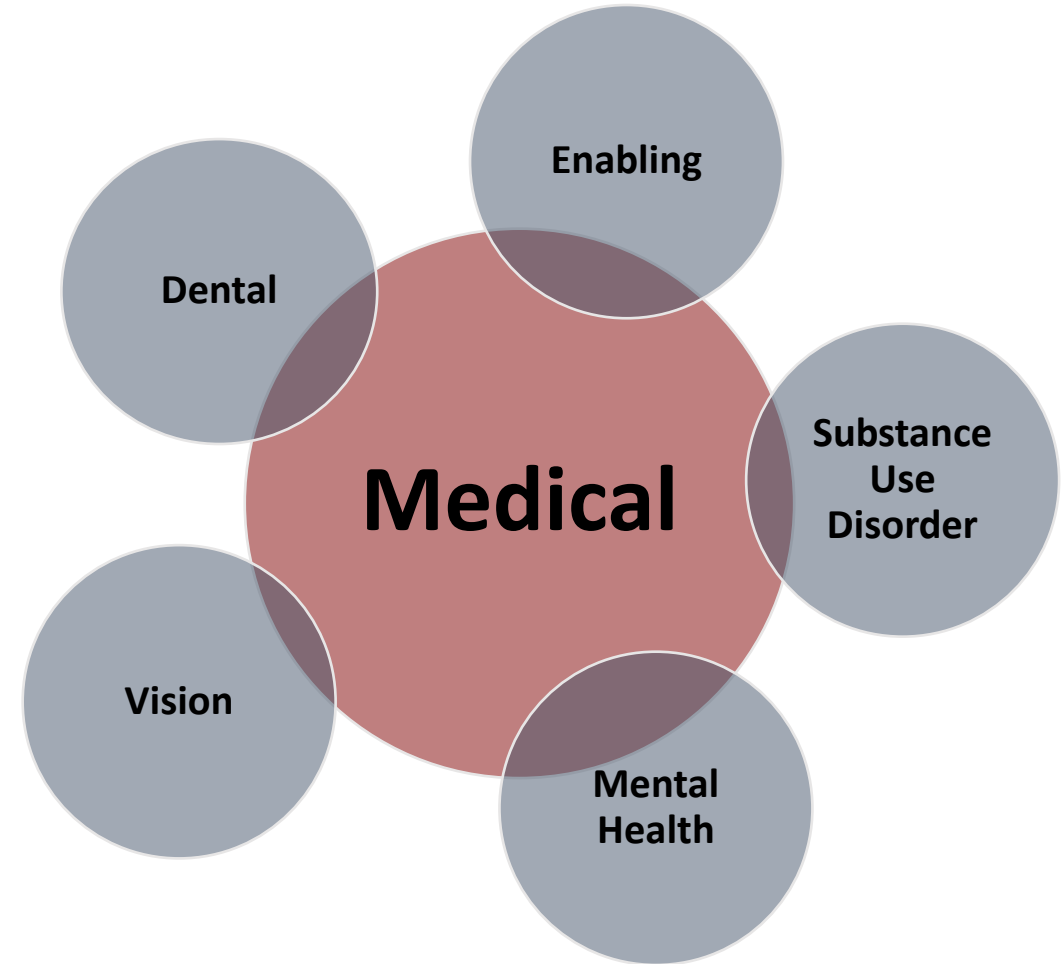
Review the [Form 5A: Service Descriptors](#) for details.



# Patient Projections



- Project the number of patients that you expect to serve in 2026 at your NAP sites
  - Unduplicated
  - Achievable
  - Based only on your proposed NAP project
- We will use your 2026 UDS report to assess progress
- Projected medical patients must be greater than projected patients for other service types



Enter on Form 1A: General Information Worksheet



# Selecting Your Service Area



- Include service area zip codes where most of your expected patients live
- Consider:
  - Geography, political boundaries, and school districts
  - The size of your proposed service area
  - How you will ensure patient access to all services
  - How your NAP site(s) relate to your existing service area (if you have one)
  - How much of the area is currently served by the Health Center Program
- Use the UNS Map Tool to explore health care need data as you define your service area

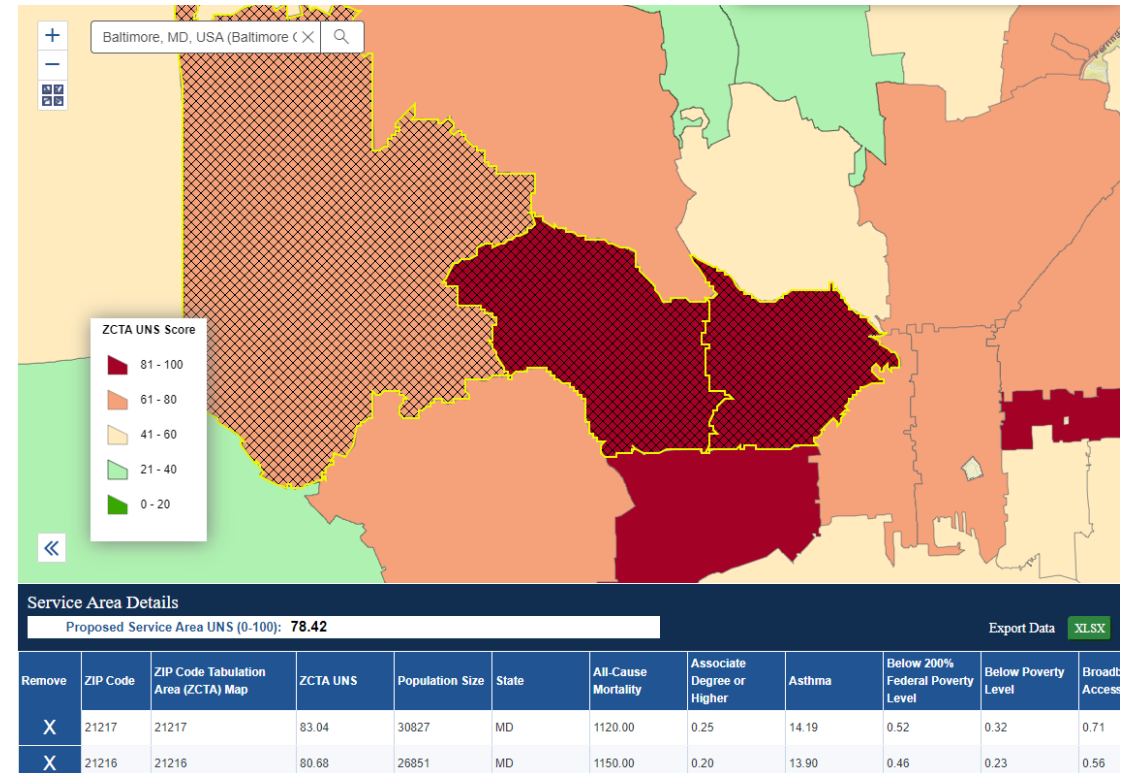
Refer to [Chapter 3: Needs Assessment](#) of the Compliance Manual for things to consider

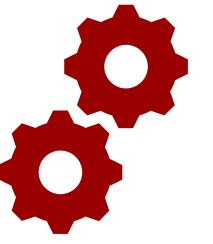


# Unmet Need Score (UNS)



- The overall UNS for your application combines the UNS for each service area zip code from Form 5B
  - Scored out of a total 100 points
  - Converted to a 20-point scale
  - The higher the score, the greater the need in the area
- Review the [UNS Map Tool](#) and [UNS Resource Guide](#) for details





# Application Components and Submission Process

# Two-Phase Application Process



**Phase 1:  
Grants.gov**

**Phase 2:  
Electronic  
Handbooks  
(EHBs)**

- Register in [SAM.gov](https://www.sam.gov) and [Grants.gov](https://www.grants.gov) as soon as possible
- After Grants.gov submission, you'll receive your EHBs tracking number by email
- Meet both the Grants.gov and EHBs deadlines
- See the NAP EHBs User Guide for details about Phase 2





# Application Components



Grants.gov

*EHBs*

- SF-424: Application for Federal Assistance
- Project Abstract Summary
- Project/Performance Site Locations
- Grants.gov Lobbying Form
- Key Contacts

- *Project Narrative*
- *Budget Documents*
  - *SF-424A: Budget Information Form*
  - *Budget Narrative*
- *Program-Specific Forms*
- *Attachments*



# Grants.gov SF-424: Application Type



## New start and Look-alike applicants:

Application for Federal Assistance SF-424		
<p>* 1. Type of Submission:</p> <p><input type="checkbox"/> Preapplication</p> <p><input checked="" type="checkbox"/> Application</p> <p><input type="checkbox"/> Changed/Corrected Application</p>	<p>* 2. Type of Application:</p> <p><input checked="" type="checkbox"/> New</p> <p><input type="checkbox"/> Continuation</p> <p><input type="checkbox"/> Revision</p>	<p>* If Revision, select appropriate letter(s):</p> <input type="text"/> <p>* Other (Specify):</p> <input type="text"/>

## Satellite applicants:

Application for Federal Assistance SF-424		
<p>* 1. Type of Submission:</p> <p><input type="checkbox"/> Preapplication</p> <p><input checked="" type="checkbox"/> Application</p> <p><input type="checkbox"/> Changed/Corrected Application</p>	<p>* 2. Type of Application:</p> <p><input type="checkbox"/> New</p> <p><input type="checkbox"/> Continuation</p> <p><input checked="" type="checkbox"/> Revision</p>	<p>* If Revision, select appropriate letter(s):</p> <input type="text" value="E: Other (specify)"/> <p>* Other (Specify):</p> <input type="text" value="Supplement H80CS12345"/>



# Project Narrative and Review Criteria



## Components & Points:

**Need  
(10 pts)**

**Response  
(25 pts)**

**Collaboration  
(10 pts)**

**Impact  
(5 pts)**

**Resources/  
Capabilities  
(15 pts)**

**Governance  
(10 pts)**

**Support  
Requested  
(5 pts)**

**UNS Converted  
Score  
(20 pts)**



# Project Narrative: Need & Response



## Need (10 points)

- Describe the proposed service area and health care needs
- Document input from the community, other health providers, and government agencies

## Response (25 points)

- Provide your work plan on the Project Overview Form
- Describe how you will provide services and reach those with the greatest need



# Project Narrative: Collaboration & Impact



## Collaboration (10 points)

- Describe your efforts to collaborate with others
- Provide letters of support from providers in the proposed service area

## Impact (5 points)

- Provide the number of patients you project to serve in 2026 at your proposed service site(s)
- Describe how you will improve service delivery through patient input and your Quality Improvement/Quality Assurance program



# Project Narrative: Resources, Governance, Support

## Resources/Capabilities (15 points)

- Describe your organizational structure, management team, financial systems, and service delivery model

## Governance (10 points)

- Describe how you comply or will comply with board requirements

## Support Requested (5 points)

- Provide a budget request that will support a successful NAP project

# SF-424A: Budget Information Form



Section A - Budget Summary	New or Revised Budget		
Grant Program Function or Activity	Federal	Non-Federal	Total
Community Health Centers	\$600,000.00	\$5,000.00	\$605,000.00
Migrant Health Centers	\$50,000.00	\$0.00	\$50,000.00
<b>Update Sub Program</b>	<b>\$650,000.00</b>	<b>\$5,000.00</b>	<b>\$655,000.00</b>

The federal amount refers *only* to the NAP funding requested, up to \$650,000



# Align SF-424A with Budget Narrative



★ Section B - Budget Categories Update

Object Class Categories	Grant Program Function or Activity			Total
		Federal	Non-Federal	
Personnel	1	\$200,000.00	2	\$450,000.00
Fringe Benefits		\$100,000.00		\$175,000.00
Travel		\$0.00		\$0.00
Equipment		\$50,000.00		\$100,000.00
Supplies		\$100,000.00		\$100,000.00
Contractual		\$0.00		\$0.00
Construction		\$200,000.00		\$225,000.00
Other		\$0.00		\$0.00
<b>Total Direct Charges</b>		<b>\$650,000.00</b>		<b>\$1,050,000.00</b>
Indirect Charges		\$0.00		\$0.00
<b>Total</b>		<b>\$650,000.00</b>		<b>\$1,050,000.00</b>

Submit a line-item budget with narrative justification



# Attachments



1. Service Area Map and Table
2. Bylaws\*
3. Project Organizational Chart
4. Position Descriptions
5. Biographical Sketches
6. Co-Applicant Agreement (*as applicable*)\*
7. Summary of Contracts and Agreements

8. Sliding Fee Discount Schedule(s)
9. Collaboration Documentation
10. Articles of Incorporation
11. Evidence of Nonprofit or Public Agency Status\*
12. Other Relevant Documents (*as applicable*)
  - Service area documentation
  - Indirect Cost Rate Agreement



***\*Required for eligibility***

# Program-Specific Forms



Project Overview Form

Form **1A**: General Information Worksheet

Form **1B**: BPHC Funding Request Summary

Form **1C**: Documents on File

Form **2**: Staffing Profile

Form **3**: Income Analysis

Form **4**: Community Characteristics

Form **5A**: Services Provided

Form **5B**: Service Sites

Form **5C**: Other Activities/Locations

Form **6A**: Current Board Member Characteristics

Form **6B**: Request for Waiver of Board Member Requirements

Form **8**: Health Center Agreements

Form **12**: Organization Contacts

Equipment List

Minor A/R Information

Summary Page



# Project Overview Form: Work Plan

**NEW**



## Focus Areas (Required)

- Operational Service Delivery
- Workforce
- Quality and Reporting
- Governance

## Activities

- Choose from the list of activities for each focus area
- Include required activities
- Choose additional activities

## Key Action Steps

- Describe actions you will take to open your sites and be compliant within 120 days
- Outline additional actions over the 1-year period of performance

## Timeframe, Person Responsible

- Provide the timeframe for each action step
- Identify who will carry out each action step

# Equipment and Minor A/R



## Equipment

Equipment List Form

*You can propose  
up to \$250K for  
equipment and  
minor A/R  
combined*

## Minor A/R:

### Alteration/Renovation Project Cover Page

- A/R Project Budget Justification
- Environmental Information and Documentation (EID) Checklist
- Floor Plans/Schematic Drawings

### Other Requirements for Sites

- Property Information
- Landlord Letter of Consent, as applicable



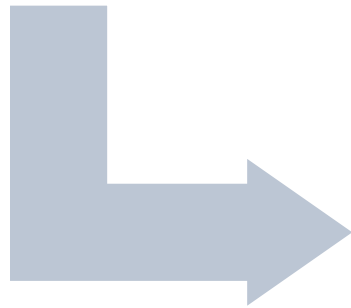
# Funding Priorities and Other Considerations



# Funding Priority: High-Need Area



HRSA will add 5 points if:



You propose a full-time, fixed service site in a high-need zip code

A high-need zip code has:

- An unmet need score of **75 or greater**
- Unserved low-income population of **at least 1,500**
- No health center service delivery sites
- The Health Center Program serves **5% or less** of the low-income population

Find high-need zip codes using the [UNS Map Tool](#)

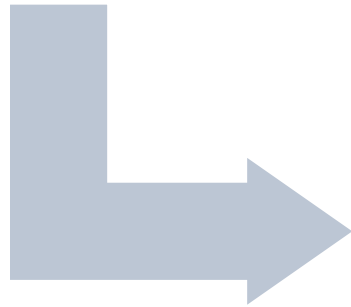




# Funding Priority: Sparsely Populated Area



HRSA will add 5 points if:



You propose a service site in a sparsely populated zip code

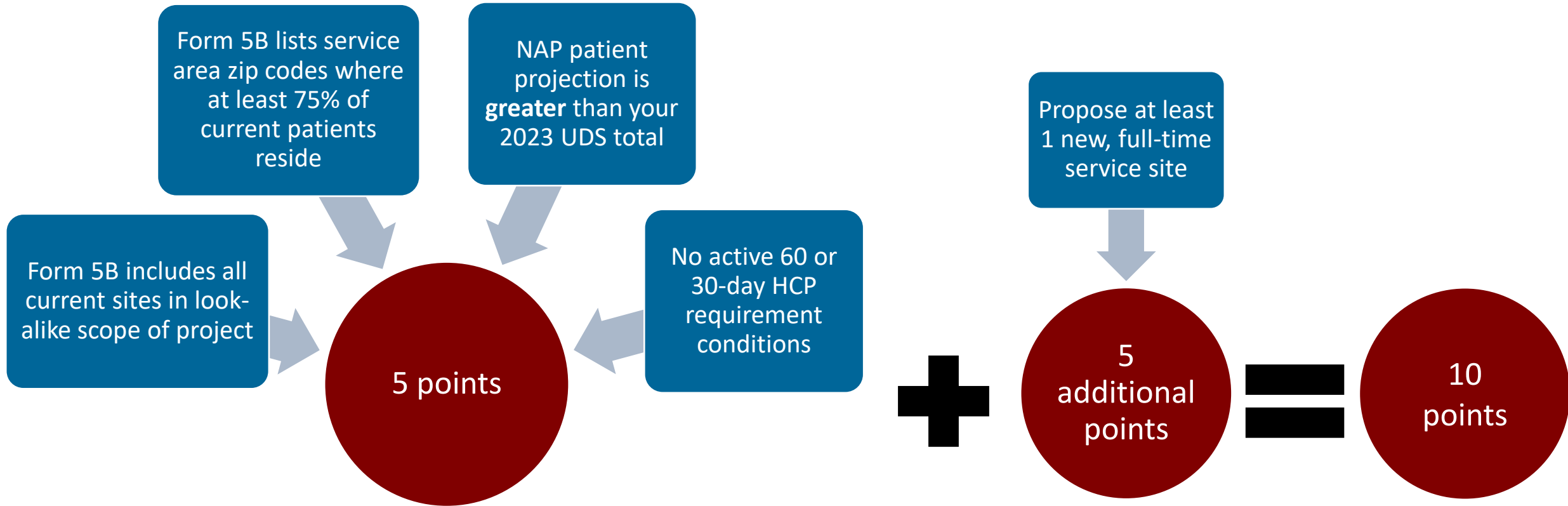
## A sparsely populated zip code:

- Has no current health center service delivery sites
- Is a level 3 or 4 frontier and remote (FAR) area (for U.S. states)
- Has 7 or fewer people per square mile (for U.S. territories and Freely Associated States)

Find out if a zip code is in a FAR area at [Am I Rural?](#)



# Funding Priority: Health Center Program Look-Alikes



*Only available for look-alikes designated before October 1, 2023*



# Funding Considerations



HRSA may choose **not** to fund applications with the following:

## Geographic Considerations

- NAP site is **within 1 mile** of a current HCP awardee or look-alike site
- **More than 50%** of the low-income residents in your service area get their care at a health center

## Service Area Considerations

- NAP site is **more than 15 miles** from your closest HCP service delivery site or another proposed NAP site (for urban areas)
- NAP site is **more than 30 miles** from your closest HCP service delivery site or another proposed NAP site (for rural areas)

*If you propose any of the above, you must submit extra documentation in Attachment 12*



# Compliance Considerations



You will **not** receive NAP funding if:

## Satellites and Look-alikes

You have an active 60-day or 30-day HCP requirement condition

## New starts

Part of your proposed service area is not designated as an MUA/P

# Other Considerations



HRSA may award applications out of rank order based on:

**Rural/Urban Distribution**

**Type of Health Center Funding**

**Risk (management or financial)**





# Resources and Reminders



# Technical Assistance Resources



Notice of Funding  
Opportunity  
(NOFO)

TA Presentations

Unmet Need Score  
(UNS) Resources

Compliance  
Crosswalk

FAQs, Samples,  
& User Guides

Strategic Partners  
Webpage

See [Apply for FY 2025 New Access Points](#)



# Technical Assistance Contacts



Phase 1

Phase 2

## Application Questions

- [BPHC Contact Form](#)
  - Under *Funding*, select *Applications for NOFOs*
  - Select *New Access Points (NAP)*

## Grants.gov Issues

- [Grants.gov Contact Center](#)
- [Grants.gov Knowledgebase for Self-Help](#)
- 800-518-4726

## EHBs Issues

- [BPHC Contact Form](#)
  - Under *Technical Support*, select *EHBs Tasks/EHBs Technical Issues*
  - Select Grants Application Technical Question
  - 1-877-464-4772

## Budget Questions

- Brian Feldman  
[bfeldman@hrsa.gov](mailto:bfeldman@hrsa.gov)
- Patrick Johnson  
[pjohnson3@hrsa.gov](mailto:pjohnson3@hrsa.gov)





# Key Takeaways



- The NAP application has two phases:
  - Phase 1 (Grants.gov) deadline: **August 15** by 11:59 pm ET
  - Phase 2 (EHBs) deadline: **September 30** by 5 pm ET
- \$650,000 for a 1-year period of performance
- Plan to meet the NAP objectives within 120 days:
  - Open all proposed sites and serve the proposed population
  - Be compliant with all Health Center Program requirements
- Use the [UNS Map Tool](#) to explore need data as you define your service area
- HRSA will not fund your NAP application if you have 60-day or 30-day conditions
- HRSA may skip or choose not to fund your application for other reasons



# Thank You!

## **NAP Technical Assistance Team**

Bureau of Primary Health Care (BPHC)

Health Resources and Services Administration (HRSA)



[BPHC Contact Form](#)

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