HRSA
Health Resources & Services Administration

Service Area Competition
Applicant Technical Assistance Presentation
Fiscal Year (FY) 2027

September 2026

Office of Policy and Program Development
Health Resources and Services Administration (HRSA), Bureau of Primary Health Care (BPHC)

Vision: Healthy Communities, Healthy People

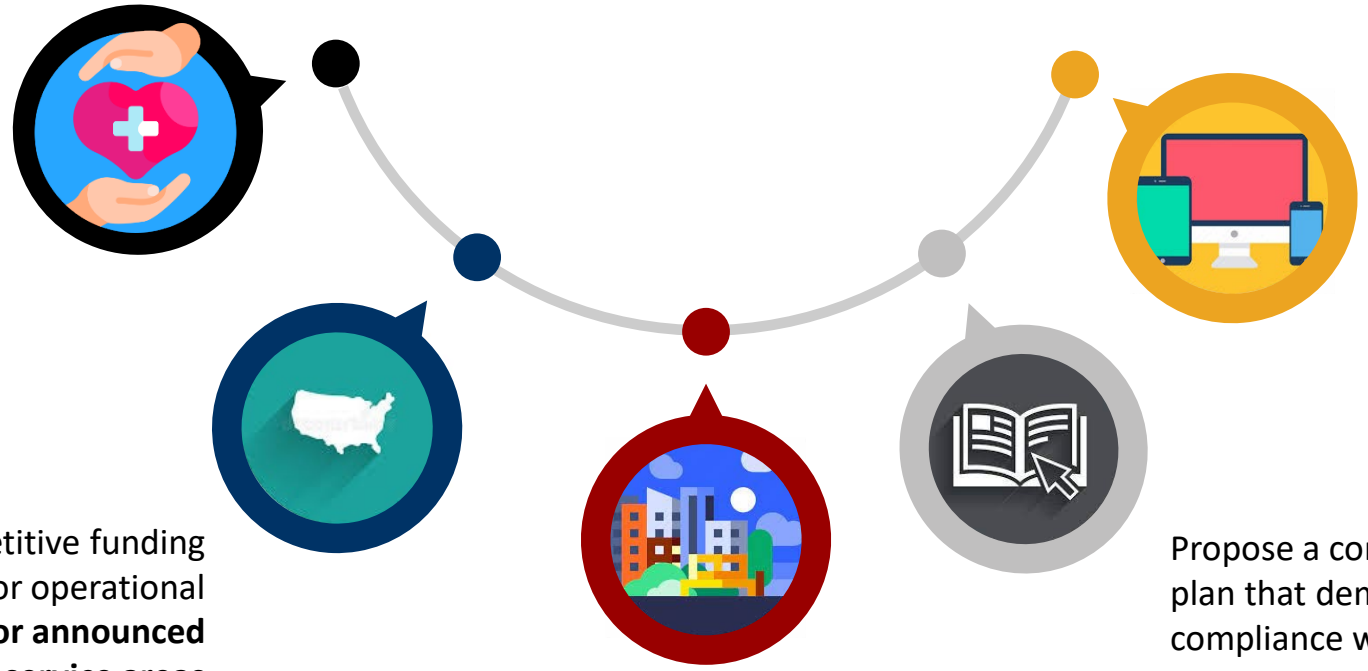
Agenda

- Funding Opportunity Overview
- Service Area Announcement Table
- Program Eligibility
- Application Contents
- Checklist and Resources

Funding Opportunity Overview

Service Area Competition (SAC)

Ensures continued access to comprehensive, high-quality **primary and preventive health care services**



Competitive funding opportunity for operational **support for announced service areas**

Funding provides services in communities already served by **Health Center Program award recipients**

Propose a comprehensive plan that demonstrates compliance with **Health Center Program requirements**

[SAC Technical Assistance Webpage]

Two-Phase Application Process

Phase 1: Grants.gov

- Register or update your registration for Grants.gov as soon as possible
- Requirements for Grants.gov registration:
  - Unique Entity Identifier (UEI)
  - SAM.gov Registration

Phase 2: Electronic Handbooks (EHBs)

- Register or update your registration in EHBs

Applicant Types

Competing Continuation	A current Health Center Program (H80) award recipient applying to continue serving its current service area.
Competing Supplement	A current Health Center Program (H80) award recipient applying to serve an announced service area by adding one or more new, full-time, permanent service delivery sites to serve the additional service area.
New	An organization not currently funded through the Health Center Program applying to serve a service area listed in the Service Area Announcement Table (SAAT).

HRSA Health Center Program

Summary of Changes

- The Project Narrative and corresponding Review Criteria have been updated, including a new section for Continuity of Care.
- The Eligibility Criteria have been updated.
- The patient target for each service area has been updated to reflect the total number of unduplicated patients reported in the 2025 Uniform Data System by the current award recipient.
- Award recipients will be awarded a 4-year period of performance.
- All public agencies must submit Attachment 6: Co-Applicant Agreement.
- All applicant types must submit Attachment 11: Evidence of Nonprofit or Public Agency Status.

Service Area Announcement Table

Service Area Announcement Table (SAAT)

The SAAT lists service areas that are announced under each SAC NOFO. The table includes:

- The Service Area ID for each service area.
- The patient target for each service area (see the Patient Target resources on the SAC Technical Assistance Webpage).
- Zip codes for each service area and the percentage of current patients who live in each zip code.
- Total funding available and the required funding distribution across the special medically underserved populations in each service area.
- Additional services (Dental, Mental Health, Substance Use Disorder) that are currently provided in each service area.
- Map of the service area.

FY 2027 SAAT Update (1/2)

- HRSA has designated all service areas as either urban or rural. HRSA defines the service area as rural if 40% or more of the area's zip codes are designated rural by the Federal Office of Rural Health Policy (FORHP).
- This designation can be found in the SAC ID Information table, labeled **Service Area Type**.
- Refer to this designation when responding to the related question in the Need section of your Project Narrative and Form 1A: General Information Worksheet.

SAC ID Information	Details
Period of Performance End Date	12/31/26
City	Bethel
State	AK
Service Area Type	Rural
NOFO Number	HRSA-27-005
Grants.gov Deadline (11:59 p.m. ET)	August 21, 2026
HRSA EHBs Deadline (5 p.m. ET)	September 21, 2026

2b. Service Area Type *(SAC only; not included in NTAP or PCA applications)*	
Choose Service Area Type You must select Urban or Rural Refer to the Service Area Type in the Service Area Announcement Table (SAAT) to	☐ Urban ☐ Rural

HRSA Health Center Program

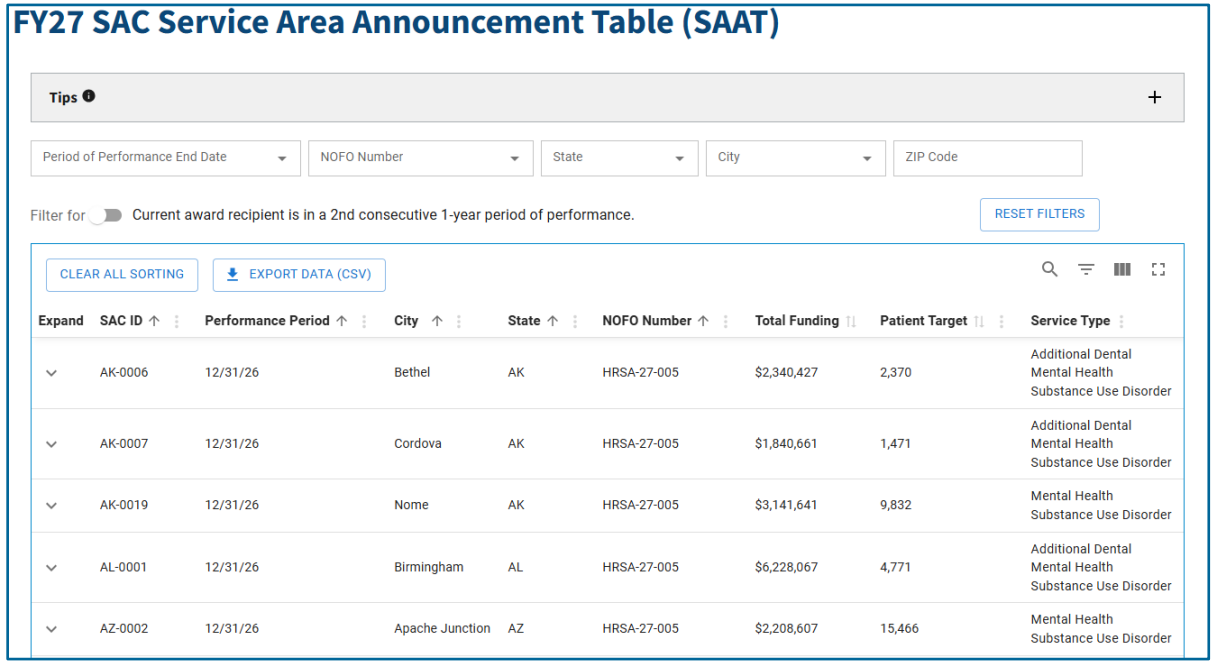
FY 2027 SAAT Update (2/2)

- **SAC ID**
  - Every funded service area is assigned a unique Service Area ID number. Include the correct SAC ID in your application (Form 1A: General Information Worksheet and Summary Page) to be eligible.
- **Service Types**
  - In addition to all the required services on Form 5A: Services Provided, you must include all additional services listed on the SAAT for your proposed service area on Form 5A.

Service Type	Service Delivery Methods		
	Direct (health center pays)	Formal Written Contract/Agreement *(health center pays)*	Formal Written Referral Arrangement *(health center DOES NOT pay)*
Outreach			
Transportation			
Translation			
Additional Dental Services			
Behavioral Health Services			
Mental Health Services			
Substance Use Disorder Services			

Navigating the SAAT (1/2)

- Create a customized list of announced service areas based on the period of performance end date, NOFO number, state, city, or ZIP code.
- Use the drop-down menu to select or manually enter ZIP codes.
- Note the Service Area ID as it must be included in the Project Abstract and the Summary Page.



FY27 SAC Service Area Announcement Table (SAAT)

Tips

Period of Performance End Date | NOFO Number | State | City | ZIP Code

Filter for Current award recipient is in a 2nd consecutive 1-year period of performance. RESET FILTERS

CLEAR ALL SORTING | EXPORT DATA (CSV)

Expand	SAC ID	Performance Period	City	State	NOFO Number	Total Funding	Patient Target	Service Type
	AK-0006	12/31/26	Bethel	AK	HRSA-27-005	$2,340,427	2,370	Additional Dental Mental Health Substance Use Disorder
	AK-0007	12/31/26	Cordova	AK	HRSA-27-005	$1,840,661	1,471	Additional Dental Mental Health Substance Use Disorder
	AK-0019	12/31/26	Nome	AK	HRSA-27-005	$3,141,641	9,832	Mental Health Substance Use Disorder
	AL-0001	12/31/26	Birmingham	AL	HRSA-27-005	$6,228,067	4,771	Additional Dental Mental Health Substance Use Disorder
	AZ-0002	12/31/26	Apache Junction	AZ	HRSA-27-005	$2,208,607	15,466	Mental Health Substance Use Disorder

Navigating the SAAT (2/2)

- By clicking anywhere on a row or on the drop-down arrow, view more detail for each service area.
- Each NOFO number corresponds with a period of performance end date.
- Click on the NOFO number to see the announcement in Grants.gov.

SAC ID Information	Details
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Program Eligibility

Eligibility Requirements (1/4)

Requirement	What We Check
You must be a private, nonprofit entity or a public agency in the United States or its territories. Tribal and urban Indian organizations may apply. Refer to Chapter 1: Health Center Program Eligibility of the Compliance Manual.	• Form 1A: General Information Worksheet • Attachment 11: Evidence of Nonprofit or Public Agency Status (now required for ALL applicants)
You must propose to serve at least one medically underserved area or medically underserved population (MUA/MUP) within the proposed service area. HRSA's MUA/P tool lists all MUA/P areas and their unique identification numbers (ID). Identify each MUA/P ID that will be served and list the IDs on Form 1A.	• Form 1A: General Information Worksheet
You must propose to provide all Health Center Program required services within the service area on a sliding fee based on income and family size. You may not provide a subset of the required services or target only a sub-population in the proposed service area.	• Project Narrative Response section • Form 5A: Services Provided • Attachment 10: Sliding Fee Discount Schedule
You must provide general primary medical care directly and/or through contracts the health center pays for.	• Form 5A: Services Provided

Eligibility Requirements (2/4)

Requirement	What We Check
You must perform a substantive role in the project. To determine if you perform a substantive role in the project, HRSA will consider whether: • Most of your clinical and administrative functions are provided through direct employment, contractors, or a single affiliated or related organization. • Most of your key management staff (CEO, CMO, CFO, etc.) are directly employed by you. (Note: the CEO must be directly employed by you). • Your relationships or agreements with other entities restrict or infringe upon your board's required authorities and functions. • Your key management staff or board members also work for an organization that provides financial or other support that creates any type of ownership, control, or operational relationship (parent company, affiliated subsidiary), which may create conflicts of interest.	• Project Narrative Capacity section • Budget Narrative • Attachment 2: Bylaws • Attachment 6: Co-Applicant Agreement • Attachment 7: Summary of Contracts and Agreements (as applicable) • Attachment 8: Articles of Incorporation (as applicable) • Form 5A: Services Provided • Form 8: Health Center Agreements and their attachments

Eligibility Requirements (3/4)

Requirement	What We Check
New or competing supplement applicants must propose at least one new full-time (open at least 40 hours per week) permanent, fixed building service site. • "Service site" is defined in Policy Information Notice 2008-01. • You may not propose a site that is in the same building as a site that is included in the Scope of Project of an existing Health Center Program Awardee or a Health Center Program Look-Alike. • New applicants may meet this requirement by proposing existing sites that are not supported by H80 funding. • Competing supplement applicants must propose at least one new, full-time, permanent service delivery site to meet this requirement. They may also include sites from their current Scope of Project only if those sites will provide services to the proposed new patients in the service area.	• The valid street address on Form 5B: Service Sites, and the proposed hours of operation for each site

Eligibility Requirements (4/4)

Requirement	What We Check
RESIDENTS OF PUBLIC HOUSING (RPH) APPLICANTS: **New or competing supplement applicants** applying for RPH funding must show that you consulted with public housing residents as you planned your new site(s). You must also explain how you will have ongoing input from public housing residents.	• Project Narrative Collaboration section
HOMELESS POPULATION (HP) and RESIDENTS OF PUBLIC HOUSING (RPH) APPLICANTS: Per sections (h) and (i) 42 U.S.C. 254b, **new or competing supplement applicants** applying for HP or RPH funding must use this funding to supplement, and not supplant, the expenditures of the health center and the value of in-kind contributions for the delivery of services to these populations.	• Attestation on the Summary Page

Service-Area Related Eligibility Requirements (1/2)

Requirement	What We Check
You must provide continuity of care to patients in an announced service area. You must:	
• **Service Area ID**: Include the service area ID from the SAAT that is announced under this NOFO.	• Project Abstract and Summary Page
• **Patients:** Project to serve at least 75% of the SAAT Patient Target.	• The total number of unduplicated patients for the assessment period on Form 1A: General Information Worksheet
• **Services:** Include on Form 5A all additional services listed on the SAAT for your proposed service area (Additional Dental Services, Mental Health Services, Substance Use Disorder Services).	• The additional services included on Form 5A: Services Provided

Service-Area Related Eligibility Requirements (2/2)

Requirement	What We Check
• **Service Area ZIP Codes (New or Competing Supplement Applicants):** Enter on Form 5B a combination of SAAT Service Area ZIP codes that total at least 75% of the ZIP Code Patient Percentage column. If the SAAT does not announce ZIP codes where 75% of current patients reside, you must propose to serve all SAAT-announced ZIP codes for the service area. Current Service Area ZIP codes will auto-populate for Competing Continuation applicants.	• The ZIP codes listed on Form 5B: Service Sites (administrative-only sites will not be considered)
• **Special Medically Underserved Populations:** Maintain services in the proposed service area to all currently funded special medically underserved populations. You will do this by: ▪ Maintaining the funding distribution of the population types listed in the SAAT. For all funded population types, propose the amounts provided in the SAAT. If you are taking a funding reduction, apply the % reduction uniformly across all funded population types. ▪ Proposing patients for each funded population type.	• The funding distribution on the SF-424A: Budget Information Form and number of patients for each population type on Form 1A: General Information Worksheet.

Application Components and Review Criteria

Select Application Components

- Project Abstract
- Project Narrative and Review Criteria
- Budget (SF-424A)
- Budget Narrative
- Program-Specific Forms
- Attachments

Project Abstract

- Use the OMB-approved form in your Grants.gov application package. Do not upload a separate attachment.
- Describe the needs you plan to address and the proposed project services.
- Include a short description of how your project addresses:
  - Disease prevention
  - Management of chronic diseases
  - Improving health outcomes
- Include your Health Center Program grant number if you are a Competing Continuation or Competing Supplement applicant.
- In addition to your city and state, include your **Service Area Identification Number (SAC ID)** from the SAAT.
- Include the total number of unduplicated patients that you project to serve during the assessment period.

Project Narrative and Review Criteria (1/2)

- Include each section of the Project Narrative in the order in which it is presented in the NOFO.
- Respond to each item listed in each section of the Project Narrative. The Review Criteria mirror each narrative component.
  - **Competing Continuation applicants**: Your Project Narrative must reflect your currently approved Scope of Project.
  - **Competing supplement applicants**: Propose at least one new, full-time, permanent service delivery site. Sites from your current Scope of Project may also be included if those sites will provide services to the proposed new patients in the service area.
  - **New applicants**: Include the entire project which you will support with Health Center Program funding. Existing sites that are not supported by H80 funding may be included.

Project Narrative and Review Criteria (2/2)

- Need (10 Points)
- Response (15 Points)
- Collaboration (10 Points)
- Impact (15 Points)
- Capacity (15 Points)
- Governance (10 Points)
- Continuity of Care (15 points) – New*
- Support Requested (10 Points)

Funding Priority

After merit review, priority points may be added to applicants scores.

- **Patient Trend (Competing continuation applicants with no active conditions related to Health Center Program requirements only) - 5 points**

  Positive four-year growth trend or a four-year reduction no greater than five percent. Patient trend will be based on UDS data.

  [(2025 UDS Total Patients value – 2022 UDS Total Patients value)/2022 UDS Total Patients value] x 100

- **Patient-Centered Medical Home (PCMH) Recognition (Competing continuation applicants with no active conditions related to Health Center Program requirements only) - 5 points**

  One or more sites with PCMH recognition at the time HRSA reviews applications.

- **Not currently funded by this opportunity (3 points)**

  Organization does not hold an active award under the Health Center Program and is proposing to serve a service area in need of a new award recipient to ensure continuity of care.

HRSA Health Center Program

Budget: SF-424A Form (1/2)

- The total request cannot exceed the funding available for the service area as announced in the SAAT.
- Maintain the current funding distribution for each funded population type listed on the SAAT.
- Align form with Budget Narrative.
- The total budget includes Health Center Program funds and all other sources of revenue which support the health center's Scope of Project.

SECTION A - BUDGET SUMMARY						
Grant Program Function or Activity	Catalog of Federal Domestic Assistance Number	Estimated Unobligated Funds		New or Revised Budget		
		Federal	Non-Federal	Federal	Non-Federal	Total
Community Health Centers	93.224	$0.00	$0.00	$1,389,454.00	$21,700,063.00	$23,089,517.00
Total		**$0.00**	**$0.00**	**$1,389,454.00**	**$21,700,063.00**	**$23,089,517.00**

Budget: SF-424A Form (2/2)

The line-item budget must include federal and non-federal amounts for each Object Class Category (Section B).

For additional guidance, refer to the NOFO and Two-Tier Application Guide.

SECTION B - BUDGET CATEGORIES			
Object Class Categories	**Federal**	**Non-Federal**	**Total**
a. Personnel	$15012582.00	$59949996.00	$74962578.00
b. Fringe Benefits	$0.00	$20487273.00	$20487273.00
c. Travel	$0.00	$1413928.00	$1413928.00
d. Equipment	$0.00	$0.00	$0.00
e. Supplies	$0.00	$10625341.00	$10625341.00
f. Contractual	$0.00	$24856794.00	$24856794.00
g. Construction	$0.00	$0.00	$0.00
h. Other	$0.00	$23655255.00	$23655255.00
i. Total Direct Charges (sum of a-h)	**$15012582.00**	**$140988587.00**	**$156001169.00**
j. Indirect Charges	$0.00	$0.00	$0.00
k. TOTALS (sum of i and j)	**$15012582.00**	**$140988587.00**	**$156001169.00**

Budget Narrative

- Outline federal and non-federal costs by Object Class Category for each budget year of the period of performance. This should align with Section B: Object Class Categories of the SF-424A.
  - Competing continuation and competing supplement applicants must include a four-year budget.
  - Explain any changes after Year 1.
  - New applicants must include a one-year budget.
- Demonstrate how SAC funds will be used to meet Health Center Program objectives.
- Describe how SAC funds will be used in a manner compliant with program requirements, including when services are provided through contractual arrangements.
- Describe how you will account for SAC funds separately from other health center support.

A sample line-item budget narrative is available on the SAC Technical Assistance webpage.

Program-Specific Forms (1/2)

- Form templates and instructions are available on the SAC Technical Assistance webpage.
- All forms included in your EHBs application are required.
- No forms count toward the 120-page limit.
- **Note:** You should make patient projections on Form 1A: General Information Worksheet for the assessment period listed on your NOFO.
  - For a four-year period of performance, the assessment period is calendar year 2029 (January 1 – December 31, 2029)

Program-Specific Forms (2/2)

Program Specific Forms
Form 1A: General Information Worksheet
Form 1C: Documents on File
Form 2: Staffing Profile **(Used for Compliance Assessment)**
Form 3: Income Analysis **(Used for Compliance Assessment)**
Form 5A: Services Provided
Form 5B: Service Sites
Form 6A: Current Board Member Characteristics **(Used for Compliance Assessment)**
Form 6B: Request for Waiver of Board Member Requirements **(Used for Compliance Assessment)**
Form 8: Health Center Agreements **(Used for Compliance Assessment)**
Form 12: Organizational Contacts
Summary Page

Form 1A: Patients

On Form 1A, project to serve at least 75% of the Patient Target listed in the SAAT in the assessment period.

Refer to the SAAT:

Expand	SAC ID	Performance Period	City	State	NOFO Number	Total Funding	Patient Target	Service Type
⌄	AK-0006	12/31/26	Bethel	AK	HRSA-27-005	$2,340,427	2,370	Additional Dental Mental Health Substance Use Disorder

To complete Form 1A:

2c. Patients
Unduplicated Patients by Population Type
How many unduplicated patients do you project to serve in the assessment period?

Patient Projection and Funding Request

Patient Projection Compared to Service Area Announcement Table Patient Target (% of patients listed in the SAAT)	Funding Request Reduction
95-100%	No reduction
90-94.9%	1.25% reduction
85-89.9%	2.5% reduction
80-84.9%	3.75% reduction
75-79.9%	5% reduction
0-74.9%	Not eligible for funding

A calculator tool is available to determine the maximum funding based on the patient projection.

Form 1A: Population Types

On Form 1A, project patients for each funded population type listed in the SAAT.

Refer to the SAAT:

Funding Distribution by Population Type	Amount
Total Funding	$2,340,427
Community Health Centers (CHC) Funding	$2,340,427
Migratory and Seasonal Agricultural Workers (MSAW) Funding	$0
Residents of Public Housing (RPH) Funding	$0
Homeless Population (HP) Funding	$0

To complete Form 1A:

Population Type	UDS/Baseline Value	Projected in the assessment period (January 1 – December 31)
	Patients	Patients
Total		Pre-populated from above
Medically Underserved Populations (CHC) *(Includes all patients/visits not reported in the rows below.)*		
Migratory and Seasonal Agricultural Workers (MSAW)		
Residents of Public Housing (RPH)		
Homeless Population (HP)		

HRSA Health Center Program

Form 5A: Service Types

On Form 5A, include all required services as well as all additional services listed in the SAAT.

Refer to the SAAT:

Expand	SAC ID	Performance Period	City	State	NOFO Number	Total Funding	Patient Target	Service Type
⌄	AK-0006	12/31/26	Bethel	AK	HRSA-27-005	$2,340,427	2,370	Additional Dental Mental Health Substance Use Disorder

To complete Form 5A:

Service Type	Service Delivery Methods		
	Direct (health center pays)	Formal Written Contract/Agreement *(health center pays)*	Formal Written Referral Arrangement *(health center DOES NOT pay)*
Outreach			
Transportation			
Translation			
Additional Dental Services			
Behavioral Health Services			
Mental Health Services			
Substance Use Disorder Services			

Form 5B: Service Area ZIP Codes

List on Form 5B a combination of SAAT ZIP codes where the patient percentages total at least 75%

OR

Include all SAAT ZIP codes if the sum of all patient percentages is less than 75%.

Refer to the SAAT:

ZIP Code	ZIP Code Patient Percentage
99615	96.1%
99550	0.3%
99619	0.0%

To complete Form 5B:

Months of Operation	
Service Area Zip Codes	

Attachments (1/2)

Attachment	Who must submit
Attachment 1: Service Area Map and Table	All applicants
Attachment 2: Bylaws	All applicants
Attachment 3: Project Organizational Chart	All applicants
Attachment 4: Position Description for Key Management Staff	All applicants
Attachment 5: Biographical Sketches for Key Management Staff	All applicants
Attachment 6: Co-Applicant Agreement (as applicable)	Public agency applicants only
Attachment 7: Summary of Contracts and Agreements	All applicants

Attachments (2/2)

Attachment	Who must submit
Attachment 8: Articles of Incorporation	New applicants only
Attachment 9: Collaboration Documentation	All applicants
Attachment 10: Sliding Fee Discount Schedule(s)	All applicants
Attachment 11: Evidence of Nonprofit or Public Agency Status	All applicants
Attachment 12: Operational Plan	New and Competing Supplement applicants only
Attachment 13: Health Center Program Compliance	All applicants
Attachment 14: Other Relevant Documents	All applicants if applicable

Checklist and Resources

Application Checklist

- Make sure your SAM and Grants.gov registrations and passwords are current.
- Address and resolve any active Health Center Program conditions prior to submission in EHBs.
- Note the Grants.gov and HRSA EHBs deadlines.
- Read the NOFO instructions.
- Visit HRSA's How to Prepare Your Application.
- Use the resources on the SAC Technical Assistance webpage.
- Complete the SAC application and provide all requested information (Narrative, Forms, Attachments, etc.) according to the NOFO instructions.

SAC Technical Assistance Resources

Resource	Contact
SAC Technical Assistance Webpage	SAC Technical Assistance Webpage
Program Questions	SAC Response Team 301-594-4300 BPHC Contact Form • Under *Applications and Funding*, select *Notice of Funding Opportunities (NOFOs)* • Select *Service Area Competition (SAC)*
Budget Questions	Joi Grymes-Johnson 301-443-2632 jgrymes@hrsa.gov
Grants.gov Questions	800-518-4726 support@grants.gov

Thank You!

Yasmeni Sandridge, Ashley Vigil, and Julia Tillman

Public Health Analysts, Office of Policy and Program Development

Bureau of Primary Health Care (BPHC)

Health Resources and Services Administration (HRSA)

BPHC Contact Form

301-594-4300

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