# Applicant Technical Assistance Webinar
# Fiscal Year (FY) 2025
# Service Area Competition (SAC)

## May 2024

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

**Vision: Healthy Communities, Healthy People**

# Agenda

Funding Opportunity Overview

Service Area Announcement Table (SAAT)
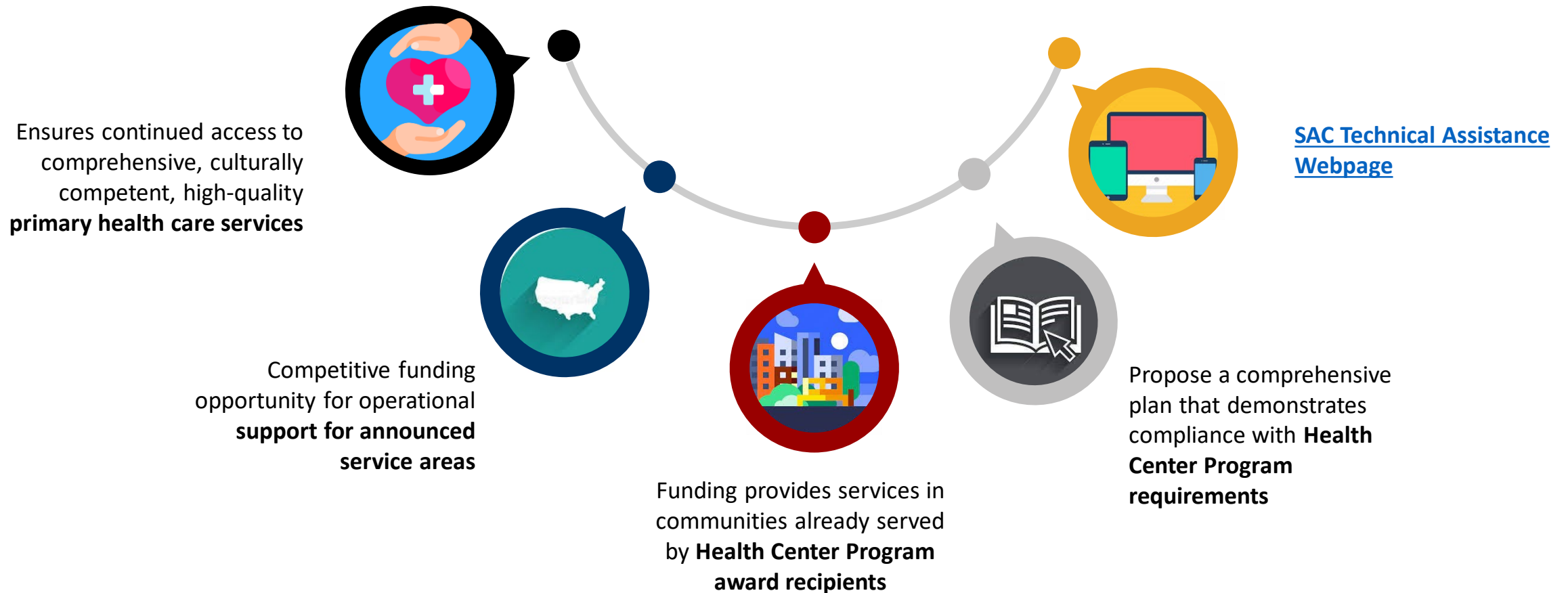
Program Eligibility

Application Components

Reminders and Resources

HRSA
Health Center Program

# Funding Opportunity Overview

# Service Area Competition (SAC)

Ensures continued access to comprehensive, culturally competent, high-quality **primary 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**

**SAC Technical Assistance Webpage**

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

# Two-Phase Application Process

## Phase 1: Grants.gov

- Register or update registration for Grants.gov as soon as possible
- Requirements for Grants.gov registration:
  - ✓ Unique Entity Identifier
  - ✓ SAM.gov Registration
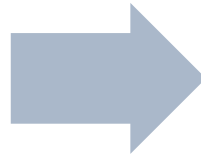
## Phase 2: Electronic Handbooks (EHBs)

- Register in EHBs early to ensure access as soon as you submit in Grants.gov
- **Two-tier application guide**

# Applicant Types

## Competing Continuation

- A current Health Center Program award recipient applying to continue serving its current service area.

## Competing Supplement

- A current Health Center Program award recipient applying to serve an announced area in addition to its current area.

## New

- An organization not currently funded through the Health Center Program.

# Tentative FY 2025 Application Schedule

| Current Period of Performance End Date | NOFO Number | Expected NOFO Release | Grants.gov Deadline (11:59pm ET) | HRSA EHBs Deadline (5:00pm ET) | FY25 Period of Performance Start Date |
|---|---|---|---|---|---|
| **December 31, 2024** | HRSA-25-012 | May 23, 2024 | July 22, 2024 | August 21, 2024 | January 1, 2025 |
| **January 31, 2025** | HRSA-25-013 | May 30, 2024 | July 29, 2024 | August 28, 2024 | February 1, 2025 |
| **February 28, 2025** | HRSA-25-014 | June 27, 2024 | August 27, 2024 | September 26, 2024 | March 1, 2025 |
| **March 31, 2025** | HRSA-25-015 | July 25, 2024 | September 24, 2024 | October 24, 2024 | April 1, 2025 |
| **April 30, 2025** | HRSA-25-016 | August 15, 2024 | October 15, 2024 | November 14, 2024 | May 1, 2025 |
| **May 31, 2025** | HRSA-25-017 | August 29, 2024 | October 29, 2024 | November 28, 2024 | June 1, 2025 |

HRSA Health Center Program

# Summary of Changes since FY 2024

- Elements of the Project Narrative related to compliance with Health Center Program requirements are now detailed in Appendix A: Health Center Program Compliance and submitted in Attachment 13: Health Center Program Compliance.

- The page limit is reduced to 90 pages. This does not include the required forms, attachments required for eligibility, or the compliance attachment.

- The funding reductions based on the projection for patients served have been adjusted.

- Patient targets have been updated to reflect the most recent total number of unduplicated patients reported in the 2023 Uniform Data System (UDS).

# Service Area Announcement Table

# Service Area Announcement Table (SAAT)

Lists service areas announced for each open round of SAC and includes:

- Patient target for each service area (see Patient Target resources on the **SAC Technical Assistance webpage**)

- Zip codes for each service area and the percentage of patients served within each zip code

- Total funding available and funded population types (CHC, MHC, HCH, PHPC) in each service area

- Service types (Medical, Dental, Mental Health, Substance Abuse, Vision, Enabling) provided in each service area

# Navigating the SAAT (1 of 2)

- Create a customized list of announced service areas based on period of performance end date, NOFO number, state, city, or zip code
- Use the drop-down menu to select and manually enter zip codes
- The SAC ID should be carefully noted as it must be included in the Project Abstract and Summary Page
- Note: only service areas that are open and announced will be displayed. As application periods close, service areas are removed.

**Service Area Competition: Service Area Announcement Table**

| 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.

View notes                                                                    +

CLEAR ALL SORTING      ⬇ EXPORT DATA (CSV)                    🔍  ⛀  ▥  ⛶

| Expand | SAC ID ↑ | Performance Period ↑ | City ↑ | State ↑ | NOFO Number ↑ | Total Funding ⇅ | Patient Target ⇅ | Service Type |
|--------|----------|----------------------|--------|---------|---------------|-----------------|------------------|--------------|
| ⌄ | 085 | 1/31/2024 | Seward | AK | HRSA-24-067 | $1,490,419 | 2,502 | Medical Mental Health Substance Use Disorder Enabling |

# Navigating the SAAT (2 of 2)

- By clicking anywhere on a row or the drop-down arrow, you will see more detail for the service area
- Each NOFO number corresponds with a period of performance end date
- You can click on the NOFO number to see the announcement on Grants.gov

| Expand | SAC ID ↑ | Performance Period ↑ | City ↑ | State ↑ | NOFO Number ↑ | Total Funding | Patient Target | Service Type |
|---|---|---|---|---|---|---|---|---|
| ⌃ | 087 | 1/31/2024 | Colorado City | AZ | HRSA-24-067 | $650,000 | 2,946 | Medical Mental Health Enabling |

| SAC ID Information | Details |
|---|---|
| Period of Performance End Date | 1/31/2024 |
| City | Colorado City |
| State | AZ |
| NOFO Number | HRSA-24-067 |
| Grants.gov Deadline (11:59 p.m. ET) | July 24, 2023 |
| HRSA EHBs Deadline (5 p.m. ET) | August 23, 2023 |

| Funding Distribution by Population Type | Amount |
|---|---|
| Total Funding | $650,000 |
| CHC Funding | $650,000 |
| MHC Funding | $0 |
| PHPC Funding | $0 |
| HCH Funding | $0 |

**Colorado City, AZ**

| ZIP Code | ZIP Code Patient Percentage |
|---|---|
| 86021 | 67.3% |
| 84784 | 12.4% |
| 86022 | 7.4% |
| 84737 | 4.9% |
| 84780 | 0.8% |

# Program Eligibility

# Eligibility Requirements (1 of 2)

| Requirement | What We Check |
|---|---|
| Your organization must be a private, non-profit entity or a public agency in the United States or its territories. Tribal and urban Indian organizations may apply.[1] | • Attachment 11: Evidence of Non-profit or Public Agency Status[2] for new applicants |
| Your organization must provide all required health services[3] available and accessible in the service area without regard for ability to pay. You may not propose to provide only a single service or any subset of the required primary health care services. | • Project Narrative RESPONSE section<br>• **Form 5A: Services Provided** (Columns 1, 2, and 3) |
| Your organization must provide General Primary Medical Care directly and/or through contracts the health center pays for. | • **Form 5A: Services Provided** (Columns 1 and 2) |
| Your organization must perform a substantive role in the project. | • Budget Narrative<br>• Attachment 2: Bylaws<br>• **Form 5A: Services Provided** (Column 1)<br>• **Form 8: Health Center Agreements** and its attachments |

1 Refer to Chapter 1: Health Center Program Eligibility of the Compliance Manual.
2 Only public agency health centers can have a co-applicant. The co-applicant functions as the health center's governing board when the public agency cannot meet the Health Center Program governing board requirements directly (Section 330(r)(2)(A) of the Public Health Service Act).
3 Refer to the Service Descriptors for Form 5A: Services Provided, for details regarding required primary health care services.

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# Eligibility Requirements (2 of 2)

| Requirement | What We Check |
|---|---|
| You must make services accessible to all. You may not propose to serve only a single age group or address a single health issue or disease. If you propose a site which targets only a sub-population, you must explain how you will make all required services available to the entire underserved population in the service area. | • Project Narrative RESPONSE section |
| **New or competing supplement applicants** must propose at least one new full-time permanent, fixed building service site. [4] [5] | • The valid street address on **Form 5B: Service Sites** and the proposed hours of operation for each site |
| PUBLIC HOUSING PRIMARY CARE APPLICANTS: **New or competing supplement applicants** applying for PHPC funding must show that you consulted with and will have ongoing input from public housing residents as you plan your new site(s). | • Project Narrative COLLABORATION section |
| HEALTH CARE FOR THE HOMELESS AND PUBLIC HOUSING PRIMARY CARE APPLICANTS: **New or competing supplement applicants** applying for HCH or PHPC 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** |

4 Policy Information Notice 2008-01: Defining Scope of Project and Policy for Requesting Changes describes and defines the term "service sites."
5 If you propose to serve only migratory and seasonal agricultural workers, you may propose a full-time seasonal (rather than permanent) service site.

# SAAT-Related Eligibility Requirements

| Requirement | What We Check |
|---|---|
| **Service Area:** Demonstrate that you will provide continuity of care in a service area that is announced on the **SAAT** | The SAC ID that you provide on the **Summary Page** and in the Project Abstract. |
| **Patients**: Project to serve at least 75% of the **SAAT** Patient Target | The total number of unduplicated patients for calendar year 2026 (January 1 – December 31, 2026) **on Form 1A: General Information Worksheet** |
| **Services:** Project to serve patients in all of the service types listed on the **SAAT** for the service area to which you are applying | The patients listed for each service type on **Form 1A: General Information Worksheet** |
| **Service Area Zip Codes (New or Competing Supplement Applicants):** Enter zip codes for service delivery sites that include a combination of **SAAT** Service Area Zip Codes in which patient percentages total at least 75%. If the sum of all zip code patient percentages is less than 75%, you must include all **SAAT** Service Area Zip Codes for the proposed 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)[6] |
| **Special Populations:** Propose to maintain services to all currently served population types by maintaining the funding distribution of those population types listed in the **SAAT** where the funding level is not $0. | The funding distribution on the **SF-424A: Budget Information Form** |

[6] We consider service area overlap when making funding determinations for new or competing supplement applicants if you propose zip codes on Form 5B: Service Sites that are not listed in the SAAT. For more information about service area overlap, refer to Policy Information Notice 2007-09.

# Application Components and Review Criteria

# List of Application Components

Project Abstract

Project Narrative

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.

- Include your Health Center Program grant number if you are a Competing Continuation or a Competing Supplement applicant.

- In addition to your city and state, *include your Service Area Identification Number from the SAAT*.

- Include the total number of unduplicated patients that you project to serve during the 2026 calendar year.

# Project Narrative and Review Criteria (1 of 2)

- Include each section of the Project Narrative in the order in which it is presented.

- Respond to each item listed for 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 site. Current sites may be included if they will provide services in the new service area. Multiple applications must each stand alone.

  - *New applicants:* Include the entire project which you will support with Health Center program funding.

# Project Narrative and Review Criteria (2 of 2)

- **Need  (10 Points)**
- **Response (25 Points)**
- **Collaboration (10 Points)**
- **Resources/Capabilities (20 Points)**
- **Impact (15 points)**
- **Governance (10 Points)**
- **Support Requested (10 Points)**

# Funding Priority (max 10 points)

After merit review, one or both priority points may be added to the scores of competing continuation applicants with no active conditions related to Health Center Program requirements at the time of application submission.

- ***Patient Trend (5 points):***

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

- ***Patient-Centered Medical Home (PCMH) Recognition (5 points):***

    One or more sites with PCMH recognition at the time of application review.

# Budget: SF424A Form (1 of 3)

- The total request cannot exceed the funding available for the service area as announced in the SAAT.

- 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** |

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Maintain the current funding distribution for each population type (CHC, MHC, HCH, PHPC) listed on the SAAT

**SF-424A Budget Information: Section A – Budget Summary**

| Grant Program Function or Activity | CFDA Number | Estimated Unobligated Funds | | New or Revised Budget | | |
|---|---|---|---|---|---|---|
| | | Federal | Non-Federal | Federal | Non-Federal | Total *will auto-calculate in EHBs* |
| Community Health Centers | 93.224 | N/A | N/A | $2,000,000 | | |
| Health Care for the Homeless | 93.224 | N/A | N/A | $1,000,000 | | |
| Migrant Health Centers | 93.224 | N/A | N/A | $500,000 | | |
| Public Housing Primary Care | 93.224 | N/A | N/A | $500,000 | | |
| Total *will auto-calculate in EHBs* | | | | $4,000,000 | | |

b.
d.
c.
e.
a.

**Total Funding available for the service area and support per population type from the SAAT**

| Total Funding | CHC Funding | MHC Funding | HCH Funding | PHPC Funding |
|---|---|---|---|---|
| $4,000,000 | $2,000,000 | $500,000 | $1,000,000 | $500,000 |

a.　　b.　　c.　　d.　　e.

# Budget: SF424A Form (3 of 3)

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

For additional guidance, refer to the **SF-424A: Budget Information Form instructions** and **tutorial video**.

| 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** |

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# Budget Narrative

- Describe federal and non-federal costs by Object Class Category for each budget year of the period of performance.
  - Three-year budget for competing continuation and competing supplement applicants
  - Explain any changes after Year 1
  - One-year budget for new applicants

- Demonstrate how SAC funds will be:
  - used to meet Health Center Program objectives.
  - used in a manner compliant with program requirements, including when services are provided through contractual arrangements.
  - accounted for separately from other health center support.

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

# Program Specific Forms (1 of 2)

Form examples and instructions are available on the **SAC Technical Assistance webpage**.

All forms included in your EHBs application are required except for Form 5C: Other Activities/Locations.

All forms do not count toward the 90-page limit. Refer to Appendix B: Page Limit Worksheet for further information.

# Program Specific Forms (2 of 2)

| |
|---|
| **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 4: Community Characteristics *(Used for Compliance Assessment)* |
| Form 5A: Services Provided |
| Form 5B: Service Sites |
| Form 5C: Other Activities/Locations (if applicable) |
| 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 |

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# Form 1A: Patients

On Form 1A, project to serve at least 75% of the Patient Target listed in the **SAAT** by December 31, 2026

**Reference the SAAT:**

| Expand | SAC ID ↑ | Performance Period ↑ | City ↑ | State ↑ | NOFO Number ↑ | Total Funding ↑↓ | Patient Target ↑↓ |
|---|---|---|---|---|---|---|---|
| ∧ | 087 | 1/31/2024 | Colorado City | AZ | HRSA-24-067 | $650,000 | 2,946 |

**To complete Form 1A:**

### 2c. Patients and Visits

**Unduplicated Patients and Visits by Population Type**

How many unduplicated patients do you project to serve in calendar year 2026 (January 1, 2026 – December 31, 2026)?

Refer to the Patient Target in the Service Area Announcement Table (SAAT) for the service area proposed in this application to ensure your total unduplicated patient projection meets eligibility requirements. The SAAT is available at the SAC technical assistance webpage.

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# 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: Service Types

On Form 1A, project patients for each service type listed on the **SAAT**

| Expand | SAC ID ↑ | Performance Period ↑ | City ↑ | State ↑ | NOFO Number ↑ | Total Funding ↑↓ | Patient Target ↑↓ | Service Type |
|--------|----------|---------------------|--------|---------|---------------|------------------|-------------------|--------------|
| ⌄ | 085 | 1/31/2024 | Seward | AK | HRSA-24-067 | $1,490,419 | 2,502 | Medical<br>Mental Health<br>Substance Use Disorder<br>Enabling |

**To complete Form 1A:**

| Patients and Visits by Service Type | | | | |
|---|---|---|---|---|
| **Service Type** | **UDS/Baseline Value** | | **Projected by December 31, 2026 (January 1 – December 31, 2026)** | |
| | **Patients** | **Visits** | **Patients** | **Visits** |
| Total Medical Services | | | | |
| Total Dental Services | | | | |
| Behavioral Health Services | | | | |
|   Total Mental Health Services | | | | |
|   Total Substance Use Disorder Services | | | | |
| Total Vision Services | | | | |
| Total Enabling 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%

| ZIP Code | ZIP Code Patient Percentage |
|----------|------------------------------|
| 86021    | 67.3%                        |
| 84784    | 12.4%                        |
| 86022    | 7.4%                         |
| 84737    | 4.9%                         |
| 84780    | 0.8%                         |
| 84790    | 0.6%                         |
| 86040    | 0.6%                         |
| 84741    | 0.5%                         |
| 84770    | 0.5%                         |
| 84745    | 0.4%                         |

To complete Form 5B:

| Site Information | |
|------------------|--|
| Months of Operation | |
| Service Area Zip Codes | |

**HRSA** Health Center Program

# Attachments

The **SAC Technical Assistance webpage** includes a Table of EHBs SAC/SAC-AA Application Attachments which further details instructions for each attachment.

Refer to Appendix B: Page Limit Worksheet to see which attachments count toward the 90-page limit.

# Attachments (1 of 2)

| Attachment | Who must submit |
|---|---|
| Attachment 1: Service Area Map and Table | All applicants |
| Attachment 2: Bylaws | All applicants |
| Attachment 3: Project Organization 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) | New applicants only |
| Attachment 7: Summary of Contracts and Agreements | All applicants if applicable |

# Attachments (2 of 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 Center Status | New applicants only |
| 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 |

# Attachments: New for FY 2025

- *Attachment 1:* For the service area map, the UDS mapper has been replaced with the **Health Center Program GeoCare Navigator**.  There is a **User Guide** under the Resources tab in the Navigator.

- *Attachment 13:* All application components related to compliance with Health Center Program requirements are included only in this attachment. It will not be included in the merit review.

  *Review our presentation on program compliance on the* **SAC Technical Assistance webpage**.

# Checklist & Resources

# Application Checklist

- Make sure your SAM and Grants.gov registrations and passwords are current
- Address and resolve any active Health Center Program requirement conditions pending submission in EHB
- Note the Grants.gov and HRSA EHBs Deadlines
- Read the NOFO instructions and HRSA's SF-424 Two-Tier Application Guide
- Visit HRSA's **How to Prepare Your Application**
- Utilize the **SAC Technical Assistance webpage**
- Complete the SAC application and provide all requested information (Narrative, Forms, Attachments, etc.) according to the NOFO instructions
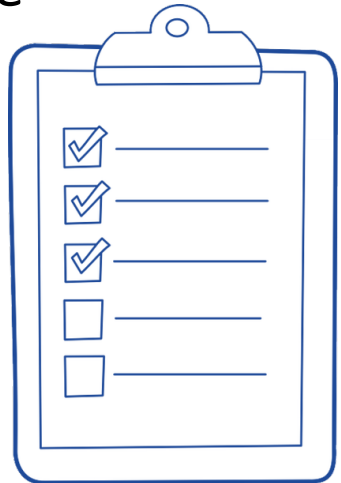
# SAC Technical Assistance Resources

| Resource | Contact |
|---|---|
| **SAC Technical Assistance Webpage** | **SAC Technical Assistance webpage** |
| **Program Questions** | SAC Response Team<br>301-594-4300<br>**BPHC Contact Form**<br>▪ Under *Funding*, select *Applications for Notice of Funding Opportunities*<br>▪ Select *Service Area Competition* |
| **Budget Questions** | Joi Grymes-Johnson<br>301-443-2632<br>**jgrymes@hrsa.gov** |
| **Grants.gov Questions** | 800-518-4726<br>**support@grants.gov** |
| **EHBs Questions** | Health Center Program Support<br>877-464-4772 **BPHC Contact Form** |

# Thank You!

**Julia Tillman and Ashley Vigil**

**Office of Policy and Program Development**

Bureau of Primary Health Care (BPHC)

Health Resources and Services Administration (HRSA)

✉ **BPHC Contact Form**

☎ 301-594-4300

**bphc.hrsa.gov**

✉ Sign up for the *Primary Health Care Digest*

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