Fiscal Year 2027 Service Area Competition
Form Instructions

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Form 1A: General Information Worksheet

Instructions

This form collects general information about your organization and proposed project. Some of the data you enter in this form will pre-populate in other forms in your application.

1. **Applicant Information**
   - Enter the Applicant name as it appears on your SAM.gov registration.
   - Select the Fiscal Year End Date for your organization, such as January 31.
   - Check one category in the Business Entity section. Make sure your selection aligns with the entity type entered in SAM.gov.
     - If you are a Tribal or Urban Indian entity, always select the Tribal or Urban Indian category.
   - You may select more than one Organization Type.

2. **Proposed Service Area**

   a. **Service Area Designation**
   - Use HRSA's shortage designation tools[1] to determine whether all or part of your proposed service area is located in a designated Medically Underserved Area (MUA) or Medically Underserved Population (MUP).
   - Select the MUA and/or MUP designations for your proposed service area and enter the corresponding identification number(s).
   - To learn more about MUAs and MUPs, see What is Shortage Designation? or email sdb@hrsa.gov.

   HRSA will use the MUA/MUP IDs provided on Form 1A to determine whether you propose to serve at least one medically underserved area or population within the proposed service area.

   b. **Service Area Type**
   - Review the Service Area Type in the Service Area Announcement Table (SAAT).
   - HRSA defines the service area as rural if 40 percent or more of the area's ZIP codes are designated rural by the Federal Office of Rural Health Policy (FORHP). Visit FORHP's website for more information about rural designations.
   - Select the type, urban or rural, that best describes the proposed service area.
   - If your selection differs from what is listed in the SAAT, explain why, and include relevant data sources to explain the difference.

   c. **Patients**

   General Guidance for Patient Counts: When providing the number of patients for each service type and population type, note the following:
   - The period of performance for your proposed service area is 4 years.
     - For a 4-year period of performance, patient projections should be for calendar year (CY) 2029, January 1 through December 31, 2029.

[1] https://data.hrsa.gov/tools/shortage-area/mua-find or https://data.hrsa.gov/tools/shortage-area/by-address

- A patient is someone who had at least one visit in 2025, for the UDS/Baseline Value, or is projected to have at least one visit during the assessment period (January 1 through December 31).
- Provide combined data for all service sites in your proposed project.
- See the UDS Manual for reporting details about patients and services.
- Do not include patients for pharmacy services or services outside your proposed scope of project.
- Ensure your projections are consistent throughout the application.

Unduplicated Patients by Population Type: The population types in this section do **not** refer only to the requested funding categories in Section A of the SF-424A: Budget Information form. For example, if you are applying only for Medically Underserved Populations (CHC) funding, but some patients fall into other population type categories, you should still enter those patients in the appropriate categories.

All patients who do not fall within the Migratory and Seasonal Agricultural Workers (MSAW), Residents of Public Housing (RPH), or Homeless Population (HP) categories must be included in the Medically Underserved Populations (CHC) category.

1. Project the number of unduplicated patients to be served during the assessment period, CY 2029 for a 4-year period of performance. This value will pre-populate in the corresponding cell within the table below this field.

    - **HRSA will use the projected number of unduplicated patients, to be served in the assessment period, to determine whether your patient projection is at least 75 percent of the *Service Area Announcement Table* (SAAT) Patient Target.** If you are unable to meet the patient target, which is the total number of unduplicated patients reported in the 2025 UDS for that service area, in the assessment period, funding for the service area may be reduced when the service area is next competed through a SAC.

2. If you are a **new or competing supplement applicant**, report the number of current patients for each population type category to establish a baseline. If your organization is not currently operational in the proposed service area, report baseline values as zero for all population types. **Across all population type categories, an individual can only be counted once as a patient.**

    - If you are a **competing continuation applicant,** your baseline data will pre-populate from available 2025 UDS data. You will not be able to edit or enter data in the applicable fields.

3. Project the total number of patients for each population type category during the assessment period, CY 2029 for a 4-year period of performance.

    - **HRSA will use the projected number of patients, to be served in the assessment period, for applicable population types to determine whether you propose to maintain services to all currently funded medically underserved populations listed on the SAAT for the service area.**

Patients by Service Type: A person who receives multiple types of services should be counted once for each service type. For example, a person who receives both medical and dental services should be counted once for medical and once for dental. This section does not include a row for total patients since a patient may be included in more than one service type category.

1. If you are a **new or competing supplement applicant**, report the number of current patients for each service type to establish a baseline. If your organization is not currently operational in the proposed service area, report baseline values as zero for all service types.

- If you are a **competing continuation applicant**, your baseline data will pre-populate from available 2025 UDS data. You will not be able to edit or enter data in the applicable fields.

2. Project the total number of patients for each service type category in the assessment period, CY 2029 for a 4-year period of performance.

Form 1C: Documents On File

Instructions

This form lists selected items that support compliance with Health Center Program requirements, as outlined in the Health Center Program Compliance Manual. It does not include all documents, such as policies and procedures, protocols, or legal documents, that your health center must maintain on file.

Provide the date each document was last reviewed or revised. Select N/A if the item does not apply to your health center. **Note:** For the E.O. 14273 requirement, only select N/A if your health center does not participate in the 340B Drug Pricing Program.

Your health center board must evaluate your policies on Billing and Collections, Sliding Fee Discount Program, and Quality Improvement/Assurance at least once every 3 years as required in element d of Chapter 19: Board Authority in the Compliance Manual.

Do not submit listed documents with the application unless requested in the NOFO. If your application is funded, HRSA will review these documents as part of an Operational Site Visit or may request to review these post-award.

Note*:* Beyond Health Center Program requirements, other federal and state requirements may apply. You are encouraged to seek legal advice to ensure that organizational documents accurately reflect all applicable requirements.

Form 2: Staffing Profile

Instructions

List personnel for the **first budget year** of your proposed project. Include all personnel that will support your health center project, whether they will be paid with federal funds or not. Include only personnel that support sites included on Form 5B: Service Sites. For position descriptions, refer to the UDS Manual. Do not exceed 1.0 (100 percent) FTE for any individual.

Direct Hire FTEs Column:

- The project director (PD)/chief executive officer (CEO) must be a direct employee of the health center.
- Enter the full-time equivalent (FTE) staff total for each position in the Direct Hire FTEs column.
- Record volunteers in the Direct Hire FTEs column.

Contract/Agreement FTEs Column:

- Enter the FTE staff total for each position that is provided through a formal written contract/agreement in the Contract/Agreement FTEs column.

Form 5A: Services Provided

Instructions

On Form 5A, you will indicate the services to be provided at your proposed service sites. This form lists required and additional services. See the Service Descriptors for Form 5A: Services Provided (PDF) for descriptions of these services.

The form has 3 columns where you will indicate the service delivery method for each service. These methods are:

1. Health center personnel provide the service directly
2. The health center pays a third party to provide the service through a formal written contract/agreement
3. The health center does not pay for the service, but has a formal written referral arrangement with a third party who provides the service

Review the Column Descriptors for Form 5A: Services Provided (PDF) for details about these 3 service delivery methods. You must provide all required services. Document how you will do this by selecting one or more columns for each required service. If you select service paid through a formal written contract or service provided through a formal written referral arrangement, you must describe the contracts or referral arrangements in Attachment 7: Summary of Contracts and Agreements. **Note:** If you requested funding to serve the Homeless Population (HP) on the SF-424A, then you must select at least one service delivery method for HP Required Substance Use Disorder Services.

To be eligible for SAC funding you must make general primary medical care available directly and/or through formal written contractual agreements the health center pays for.

Competing continuation applicants:

This form will pre-populate from your current scope of project and cannot be modified through this application. For this form to accurately pre-populate, when you complete the SF-424 in Grants.gov, select **Continuation** for box 2 and provide your grant number for box 4. **Failure to correctly complete the SF-424 may result in delayed access to the HRSA Electronic Handbooks (EHBs) application.**

Changes in services require prior approval through a Change in Scope request submitted in EHBs. Click the **Refresh from Scope** button in EHBs if the pre-populated data does not reflect recently approved changes. Refer to the Scope of Project documents and resources for details about defining and changing your scope.

If you have a Change in Scope request in progress (not yet approved) by the time you submit your application, indicate this on Question 9 of the Summary Page form.

New and competing supplement applicants:

Complete this form based on the scope of project included in your application for the proposed service area. You complete this form once, regardless of the number of sites proposed. Only the services listed on

this form will be in your approved scope of project if your application is funded. **Note:** Competing supplement applicants must align with their current approved scope of project. Any new, proposed services in this application must be accessible to both current and proposed patients.

To be eligible for SAC funding, you must provide the following additional services if they are listed in the Service Area Announcement Table (SAAT) for your proposed service area regardless of the delivery method.

- Additional Dental Services
- Mental Health Services
- Substance Use Disorder Services

Reminders:

- You must provide all required services on a sliding fee discount schedule.

For more information, refer to Chapter 4: Required and Additional Health Services of the Compliance Manual.

Form 5B: Service Sites

Instructions

Competing continuation applicants:

This form will pre-populate from your current scope of project and cannot be modified through this application. For this form to accurately pre-populate, when you complete the SF-424 in Grants.gov, select **Continuation** for box 2 and provide your grant number for box 4. **Failure to correctly complete the SF-424 may result in delayed access to the HRSA Electronic Handbooks (EHBs) application.**

Changes to sites require prior approval through a Change in Scope request submitted in EHBs. Click the **Refresh from Scope** button in EHBs if the pre-populated data does not reflect recently approved changes. Refer to the Scope of Project documents and resources for details about defining and changing your scope.

If you have a Change in Scope request in progress (not yet approved) by the time you submit your application, indicate this on Question 10 of the Summary Page form.

New and competing supplement applicants:

Complete this form for each administrative, service delivery, and administrative/service delivery site based on the scope of project included in your application for the proposed service area. Only the sites on this form will be in your approved scope of project if you are funded.

You must propose at least one new full-time (open at least 40 hours per week), permanent (non-mobile) service delivery or administrative/service delivery site located in the proposed service area. **HRSA will check this to determine if you are eligible for SAC funding.** Provide requested data, including a verifiable street address and the proposed hours of operation for each proposed service site.

In the Service Area Zip Codes field, you must enter **all** zip codes you propose to serve for each service delivery and administrative/service delivery site.[2] You must include:

1. A combination of Service Area Announcement Table (SAAT) Service Area ZIP Codes that total at least 75 percent of the ZIP Code Patient Percentage column, or

2. All SAAT Service Area Zip Codes if the SAAT does not advertise ZIP codes where 75 percent of current patients reside.

HRSA will use the zip codes listed for your service delivery and administrative/service delivery sites to determine whether you are eligible for SAC funding. You must propose to serve zip codes where at least 75 percent of the current patients reside. Note: Zip codes that you enter for administrative-only sites will not be considered.

Special consideration for competing supplement applicants:

After proposing **at least one new full-time permanent (non-mobile) service delivery site** located in the proposed service area, sites from your current scope of project may be selected **only** if they will provide services to the proposed new patients.

[2] HRSA considers service area overlap when making funding determinations for new and competing supplement applicants if zip codes are proposed on Form 5B: Service Sites beyond those listed in the SAAT.

Form 6A: Current Board Member Characteristics

Instructions

When completing this form, refer to Chapter 20: Board Composition of the Compliance Manual. The list of board members will pre-populate for competing continuation and competing supplement applicants. **Update pre-populated information as appropriate.** Public agencies with co-applicant health center governing boards must list the co-applicant board members.

Complete or update the following information:

- List all current board members (minimum of 9 and maximum of 25). Do not list non-voting board members (e.g., Project Director (PD), advisory board members).
- List each board member's office held, if applicable (e.g., Chair, Treasurer) and expertise in areas such as community affairs, local government, finance and banking, legal affairs, trade unions, other commercial and industrial concerns, social services, or other relevant expertise (for example, working with the medically underserved) within the community.
- For non-patient board members, indicate if more than 10 percent of their annual income is from the health care industry.
- Indicate if each board member is a health center patient. For the purposes of board composition, a patient is an individual who received at least one service in the past 24 months that generated a health center visit, where both the service and the site where the service was received are in the HRSA-approved (or proposed in this application) scope of project.
- Indicate if each board member lives and/or works in the service area.

Note:

- Native American tribal or urban Indian organizations are not required to complete this form, but they may do so if desired.
- If you are requesting a waiver of the 51 percent patient majority board composition requirement, you must list your board members, NOT the members of any advisory council.

Form 6B: Request For Waiver Of Board Member Requirements

Instructions

If you wish to request a waiver of the 51 percent patient majority board composition requirement, you will only be able to complete this form if you are proposing to serve **only** special medically underserved populations: Migratory and Seasonal Agricultural Workers (MSAW), Homeless Population (HP), and/or Residents of Public Housing (RPH), as indicated on the SF-424A. You cannot complete this form if you currently receive or are applying for CHC (Community Health Center) funding, since you are not eligible for a waiver of the patient majority board requirement. **Note:** Native American tribal and urban Indian organizations are not required to complete this form and cannot enter information.

Complete this form if you are a competing continuation or competing supplement applicant who wants to continue an existing waiver, or a new applicant requesting a waiver of the 51 percent patient majority board composition requirement. Provide a “good cause” justification and a plan for patient representation. Describe the following:

- The special medically underserved population(s) you will serve.
- The characteristics of the special medically underserved population(s) in the proposed service area that make it hard to recruit patient board members.
- Your attempts to recruit a majority of special medically underserved population board members within the last 3 years, and why your attempts have not been successful.
- Your planned strategies to ensure patient participation and input in the direction and ongoing governance of the organization. Address the following:
    - Collection and documentation of input from the special medically underserved population(s).
    - Communication of special medically underserved population(s) input directly to the health center governing board.
    - How you will incorporate special medically underserved population input into key areas, such as:
        - Selecting health center services.
        - Setting hours of operation of health center sites.
        - Defining budget priorities.
        - Evaluating progress in meeting goals, including patient satisfaction.
        - Assessing the effectiveness of the sliding fee discount program.

Form 8: Health Center Agreements

Instructions

Complete Part I, by selecting **Yes** if you have:

1. A parent, affiliate,[1] or subsidiary organization; and/or

2. A current or proposed contract or subaward that will be a substantial portion of the proposed scope of project.[2] For example, select **Yes** if you have a site that is or will be operated by a subrecipient as noted on Form 5B: Service Sites.

Refer to 2 CFR part 200 for more information on the provisions applicable to subrecipient and/or contractor agreements. Structure agreements that will be carried out through a contract or subaward according to these provisions. See Chapter 12: Contracts and Subawards in the Compliance Manual for more information.

You must upload the agreement(s) if either question 1 or 2 is answered **Yes**. If you contract with one organization for the majority of health care providers or have a subrecipient agreement, include an asterisk (*) next to those organizations. You may list a maximum of 10 organizations with five document uploads each. Include agreements that exceed this limit in Attachment 14: Other Relevant Documents, which counts in the page limit.

Contracts attached to this form must support the HRSA-approved scope of project and include the following:

- Specific activities or services to be performed, or goods to be provided.
- How you will monitor contractor performance.
- Requirements for the contractor to provide data necessary for meeting applicable federal financial and programmatic reporting requirements, as well as provisions for records retention and access, audits, and property management.[3]

Subawards attached to this form must support the HRSA-approved scope of project and include the following:

- Specific portions of the project to be performed by the subrecipient.
- Applicability to the subrecipient of all Health Center Program requirements.
- Applicability to the subrecipient of any distinct statutory, regulatory, and policy requirements of other federal programs associated with the proposed project.
- How you will monitor subrecipient compliance and performance.
- Requirements for the subrecipient to provide data necessary for meeting applicable federal financial and programmatic reporting requirements, as well as provisions for records retention and access, audits, and property management.

[1] For the purposes of this form, “affiliate” refers to a separate corporate entity with which the health center applicant organization shares a parent or subsidiary.
[2] For the purposes of the Health Center Program, contracting for substantive programmatic work applies to contracting with a single entity for the majority of health care providers. The acquisition of supplies, material, equipment, or general support services is not considered programmatic work.
[3] For further guidance on these requirements, see the HHS Grants Policy Statement.

- Requirements that all costs paid for by the federal subaward are allowable, consistent with Federal Cost Principles.[4]

[4] See 2 CFR 200 Subpart E: Cost Principles.

Form 12: Organization Contacts

Instructions

All applicant types must provide the requested contact information. The secondary contact person should be someone who can represent your organization if we have questions about your application.

Summary Page (SAC)

Instructions

Use this form to verify key application data. If the pre-populated data is incorrect, adjust data on the SF-424A: Budget Information Form, Form 1A: General Information Worksheet, and/or Form 5B: Service Sites.

Service Area

Enter the proposed service area identification number (ID), city, and state. The service area identification number (SAC ID) is the number in the first column for each service area listed on the Service Area Announcement Table (SAAT).

Patient Projection

The total number of unduplicated patients you projected to serve in the assessment period (CY 2029 for 4-year period of performance) will pre-populate from Form 1A: General Information Worksheet. Enter the Patient Target for the proposed service area from the SAAT. The percentage of patients to be served will auto-calculate. **Applications with a percentage below 75 percent will be ineligible for funding.**

Federal Request for Health Center Program Funding

To be eligible:

- Your total Health Center Program funding request must not exceed the Total Funding available in the SAAT for the proposed service area.
- Your funding request for each population type must align with the values in the SAAT.
- You must adjust your Health Center Program funding request if your unduplicated patient projection on Form 1A: General Information Worksheet is less than 95 percent of the SAAT Patient Target (see Item 4 in the Patient Projection section of this form). Refer to Table 1 in the NOFO. If you are taking a funding reduction, apply the % reduction uniformly across all funded population types.

Note: If a required funding reduction is not made in your application, HRSA will make the funding reduction before issuing the award.

Scope of Project: Sites and Services

- **New and competing supplement applicants**: You must certify that **all sites** described in the application are included on Form 5B: Service Sites, and that they will be open and operational within 120 days of release of the NOA.
- **Competing continuation applicants**: You must certify that:
    - Form 5A: Services Provided accurately reflects all services and service delivery methods included in your current scope of project OR **you have already submitted** a change in scope to make changes to Form 5A.
    - Form 5B: Service Sites accurately reflects all sites included in your current scope of project OR **you have already submitted** a change in scope to make changes to Form 5B.

120 Day Compliance Achievement Plan Certification

Certify that you will submit a Compliance Achievement Plan if your organization is funded and is noncompliant with any Health Center Program requirements. The plan is due within 120 days of the release of your NOA. It must outline a plan to meet the Health Center Program requirements within the timeframes required by the conditions on your NOA.

Uniform Data System (UDS) Report Certification

Certify that you have reviewed the UDS Resources and will report the required data annually. If you fail to submit a report by the deadline, it may result in conditions or restrictions on your award.

Applicants for HP and RPH Funding: Supplement and Not Supplant Certification

- **New and competing supplement applicants requesting Homeless Population (HP) and/or Residents of Public Housing (RPH) funding:** You must attest that you will 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.
- If you are **NOT** requesting HP and/or RPH funding on the SF-424A, Not Applicable will auto-populate.