



Fiscal Year 2024 Health Center Program School-Based Service Expansion (SBSE) Non-Competing Continuation Instructions

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Purpose

The purpose of SBSE funding is to expand access to primary health care services, including mental health services, through Health Center Program award recipients’ new and/or existing service delivery sites located at or on the grounds of schools¹. In-scope service sites supported by SBSE funds are referred to as school-based service sites. Submission and approval of this SBSE Non-Competing Continuation (NCC) will provide funding for your year 2 budget period (September 1, 2024-August 31, 2025). This funding is dependent upon congressional appropriation, satisfactory progress, and a decision that continued funding is in the best interest of the federal government.

Submission and Award Information

NCC submissions will be available starting March 1, 2024, and are due in the HRSA Electronic Handbooks (EHBs) by **5 p.m. ET on April 12, 2024**. We anticipate releasing year 2 SBSE funding on or around the budget period start date of September 1, 2024.

¹ Preschool (defined as a school readiness program targeted to children ages 3 and up) through secondary school (i.e., high school).

General Instructions

To find your SBSE NCC in EHBs:

- Click on the **Grants tab** on the HRSA EHBs Home page to navigate to the My Grant Portfolio – List page.
- Click on the **Grants Folder** for your H2E grant.
- Click on the **Work on My NCC Report** link under the Submissions section.
- Locate the record titled “Non-competing Continuation Progress Report”.

Click on the **Start** link to begin working on your SBSE NCC. After you have started working on the NCC, the system will display an Edit link instead of the Start link the next time you access this page.

Include all forms and attachments identified in [Table 1: Forms and Attachments](#). Complete all forms online, including the Project Work Plan Update, directly in EHBs. You must upload attachments into EHBs.

We will consider NCCs that lack required information to be incomplete or non-responsive and will return them via a “Change Requested” notification in EHBs to provide missing information. If we do not receive your NCC by April 12, 2024, or if we receive an incomplete or non-responsive NCC, a delay in Notice of Award (NOA) issuance or a lapse in SBSE funding could occur.

We recommend that attachments not exceed **10 pages**. Do not count the standard OMB-approved forms or your indirect cost rate agreement, if applicable, in the page limit. Narrative documents submitted as attachments must be single-spaced with 12 point, easily readable font (e.g., Times New Roman, Arial, and Calibri) and one-inch margins. You may use smaller font (no less than 10 point) for tables, charts, and footnotes.

Table 1: Forms and Attachments

SBSE NCC Section	Form or Attachment	Instructions
Basic Information: SF-PPR and SF-PPR-2	Form	Refer to the Basic Information instructions.
Budget Information: Budget Details	Form	Refer to the Budget Information instructions.
Budget Narrative	Attachment	Refer to Budget Narrative instructions.
Project Work Plan Update	Form	Refer to the Project Work Plan Update instructions.
Key Contact/Principal	Form	Refer to the Key Contact/Principal instructions.
Attachment 1: Other Relevant Documents (if applicable)	Attachment	Refer to Attachment 1 instructions.

Basic Information

The SF-PPR form displays basic information about your health center. Review and update the information as necessary.

The SF-PPR-2 form displays SBSE information related to lobbying activities, areas affected by the project, and the point of contact. Review and update the information as necessary.

Budget Information: Budget Details Form

In **Section A: Budget Summary**, verify the pre-populated Federal, Non-Federal, and Total budget numbers. The total federal funding requested must equal the Recommended Federal Budget figure that is pre-populated at the top of the Budget Information: Budget Details form. This figure should correspond with the recommended future support figure (Item 33) on the H2E NOA.

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

In the Non-Federal column, provide the total of the SBSE-specific non-federal funding sources. Enter all other project costs in the non-federal column. As per [45 CFR § 75.302](#), you must document use of SBSE funds separately and distinctly from other Health Center Program funds and other federal awards.

The amount(s) in the total column will be calculated automatically as the sum of the federal and non-federal columns. The amounts for each category in the federal and non-federal columns, as well as the totals, should align with the Budget Narrative.

In **Section B: Budget Categories**, by object class category, provide the H2E federal funding request for the upcoming budget period in the first column and the non-federal funding in the second column. Each line represents a distinct object class category that must be addressed in the Budget Narrative.

You may only claim Indirect costs with an approved indirect cost rate (see details in the [Budget Narrative](#) section below).

In **Section C: Non-Federal Resources**, provide a breakdown of non-federal funds by funding source (e.g., state, local) for each type of Health Center Program funding (CHC, MHC, HCH, PHPC). If you are a State agency, leave the State column blank and include State funding in the Applicant column. When providing Non-Federal Resources by funding source, include non-SBSE federal funds supporting the proposed project in the “other” category.

Salary Limitation

The Consolidated Appropriations Act, 2023 (P.L. 117-328), Division H, § 202, states “None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II.” Effective January 2024, the salary rate limitation is \$221,900. Use the link under [Personnel Costs](#) to ensure your budget request reflects the most current rate.

The salary limitation reflects an individual’s base salary exclusive of fringe and any income that an individual may be permitted to earn outside of the duties to your organization. This salary limitation also applies to subrecipients under a HRSA grant. See Section 5.1.iv Budget – Salary Limitation of HRSA’s [SF-](#)

[424 Application Guide](#) for additional information. As required by law, salary rate limitations may apply in future years.

Budget Narrative

You are required to upload a line-item Budget Narrative in EHBs that outlines federal and non-federal costs for the SBSE year 2 budget period (September 01, 2024 – August 31, 2025) by object class category. This attachment should align with the budget information provided in the [Budget Information: Budget Details form](#) and with the [Project Work Plan Update](#). In addition, provide a table of personnel to be paid with federal funds, as shown in the example provided in the Budget Narrative on the [SBSE TA webpage](#). Your budget narrative must:

- Demonstrate that you will use SBSE funds for costs that will expand access to health care services at service delivery sites located at schools.
- Include detailed calculations explaining how each line-item expense is derived (e.g., cost per unit).
- Not include [ineligible costs](#).
NOTE: Minor alteration/renovation and equipment costs are not allowed in year 2.
- Provide us with sufficient information to determine that you will use SBSE funds separately and distinctly from other Health Center Program support (e.g., H80 awards).
- Highlight changes from the current budget year.

Include the following in the Budget Narrative:

Personnel Costs: List personnel categories, such as Medical Staff or Administrative Staff, broken out by Federal and Non-Federal funding. The amounts for each category in the Federal and Non-Federal columns, as well as the totals, should align with the Budget Information Form (SF-424A) and Personnel Justification Table.

If personnel costs are included in your budget, you must include a Personnel Justification Table. List all direct hire personnel who will be supported with SBSE funds, and include their name (if possible), position title, percentage full-time equivalency (FTE), and annual salary. If budgeted positions are not yet filled, write TBD in place of the staff name. SBSE funds may not be used to pay the salary of an individual at a rate in excess of [Executive Level II of the Federal Executive Pay scale](#).²

Fringe Benefits: List the components of the fringe benefit rate for proposed direct hire staff. Fringe benefits should be directly proportional to that portion of personnel costs allocated for the SBSE project.

Travel: List expenses associated with both local and long-distance travel for consultants, direct hire personnel, and/or contractors. Detail travel costs consistent with your established travel policy and in compliance with [45 C.F.R. § 75.474](#).

Equipment: Equipment costs are limited to year one only. A budget that includes equipment costs will be considered non-responsive and will be returned via a “Change Requested” notification in EHBs.

² OPM “Rates of Pay for the Executive Schedule” link on this website has the most current salary limitation.

Supplies: List supplies that support your SBSE project individually, separating items into three categories: office, medical, and educational. Include equipment that does not meet the \$5,000 threshold.

Contractual Services: Clearly state the purpose of each contract, including specific deliverables. You must have an established and adequate procurement system with fully developed written procedures for awarding and monitoring contracts.

Other: Include all costs that do not fit into any other category and provide an explanation of each cost. List any EHR license fees for new personnel and health information technology.

Indirect Costs: Include indirect costs in your budget request only if your organization has a negotiated indirect cost rate agreement or is claiming a de minimis rate of 10 percent of modified total direct costs. If your budget includes indirect costs, you must upload a copy of your most recent indirect cost rate agreement as [Attachment 1: Other Relevant Documents](#) or indicate that you are using the de minimis indirect cost rate of 10 percent of modified total direct costs under the requirements detailed at [45 C.F.R. § 75.414](#).

Note: If you carry out all or a portion of the project through a subaward (as defined in [45 CFR part 75.2](#)), you must document your determination that, at the time such a subaward is made, the subrecipient has met all the Health Center Program requirements. See Chapter 12: Contracts and Subawards of the [Health Center Program Compliance Manual](#) for additional information.

Ineligible Costs

Year 2 SBSE funds may only be used for allowable costs and may not be used for:

- Costs already paid for by other Health Center Program funds (e.g., H80);
- Costs not aligned with the SBSE purpose;
- Costs for services and activities that are not provided directly by or on behalf of the health center and health center project;
- Purchase or upgrade of an electronic health record (EHR) that is not certified to the latest standards of the Office of the National Coordinator for Health Information Technology Certification Program;
- Equipment, including moveable items that are non-expendable, tangible personal property (including information technology systems) having a useful life of more than 1 year and a per-unit acquisition cost of \$5,000 or more;
- Minor alterations/renovation (A/R) projects valued at less than \$500,000 in total federal and non-federal costs (including installation of fixed equipment);
- New construction activities, including additions or expansions;
- Major A/R projects valued at \$500,000 or greater in total federal and non-federal costs (excluding the cost of moveable equipment);
- Purchase and installation of trailers and pre-fabricated modular units;
- Concrete or asphalt paving of new areas outside of a building;
- Facility or land purchases; and
- Purchase of vehicles (mobile units are allowed).

We recommend use of the [HHS Grants Policy Statement](#) to develop an appropriate budget.

Work Plan Update

You will use this part of the form to document progress on activities included in your current SBSE work plan, note updates to activities, and describe new activities to support achievement of the SBSE Program requirements:

- Increase the number of patients served at school-based service sites.
- Ensure the provision of mental health services at each school-based service site supported with SBSE funds.

Your Work Plan Update Form will pre-populate the Focus Area, Activity Category, Activity Subcategory, and Activity Description information from your FY 2023 SBSE application [Project Work Plan](#). Submit a ticket via the BPHC Contact Form if the project work plan submitted in your application does not match the Project Work Plan Update in EHBs.

You will review and complete the following fields in EHBs for all pre-populated activities:

- Activity Progress (Required)
 - Indicate the completion status (Not started; In progress; Completed; Will not complete; or New) of each [activity](#).
- Activity Progress Narrative Update (Required)
 - For each activity, describe what has been completed to date and what you expect to complete for the remainder of the current budget period (through August 31, 2024), including an expected completion date.
 - If you are adjusting an activity, describe any activity revisions.
 - For each activity that you mark as ‘Will not complete,’ explain the reason that you will not complete the activity and indicate if you are proposing a new activity as a replacement.
 - For each activity marked as ‘New,’ explain the reason for adding the activity.
- Lessons Learned
 - Describe successes and lessons learned.
 - Lessons Learned section not applicable for new activities added through the NCC.

As needed, add activities using the “Add Activity” button, which is located at the top of the screen, above the Project Work Plan Update table. You will complete the following fields for all new activities:

- Focus Area
 - Select at least one Focus Area for each activity you add using the pre-populated [list of activities](#). Your selected focus area must align with the service(s) proposed for expansion in your application.
- Activity Category
 - At least one activity category is required per selected focus area.

- You may select from the [pre-populated list](#) or write in your own “other” activity category.
- Activity Subcategory
 - At least one activity subcategory is required per selected focus area.
 - You may add new activity subcategories by selecting from the [pre-populated list](#) or writing in your own “other” activity subcategory.
- Activity Description
 - For each new activity, describe how the selected activity will expand access to health care services at service delivery sites located at schools. The description must include a timeframe for completing each activity.
- Activity Progress Update
 - Provide a reason for adding each new activity (e.g., providing additional access to mental health services to students based on feedback to date during year 1 of our SBSE project).

Activities Consistent with Budget

You will use this part of the form to document activity, budget, and/or equipment changes from the original approved work plan.

- If you select ‘Yes’ to an activity, budget, or equipment change, you must describe the activity change, and
- You must indicate ‘Yes’ or ‘No’ to submitting a prior approval request, if applicable.

Barriers

You will use this part of the form to document any barriers or issues encountered and identify the steps taken to mitigate the issues or barriers in implementing the approved SBSE activities by:

- Answering a question about whether you encountered or anticipate any issues or barriers in use of the funding and/or implementing the planned activities consistent with your approved FY 2023 SBSE application or non-competing continuation, as applicable.
- If ‘Yes’ is selected, identify one or more issues or barriers that you encountered or anticipate or select ‘Other’.
- If ‘Other’ is selected, you must explain the issue(s)/barrier(s) in the narrative box provided.
- If issues or barriers have been identified, explain any steps you may have taken to mitigate the issues/barriers.

Point-in Time Impact Self-Assessment

You will use this part of the form to indicate the degree to which SBSE supported activities to date are achieving the funding objectives or project requirements as stated in the Notice of Funding Opportunity. A response to each question is required. Narrative comments are optional.

Training and Technical Assistance

You will use this part of the form to document training and technical assistance (T/TA) related to the FY23 School-Based Service Expansion award that you have used to date. A response selection is required.

- If applicable, identify the type of T/TA by selecting one or more choices.

You may also indicate your interest in receiving information about available T/TA resources related to this project.

Key Contact/Principal

The 'Key Contact/Principal' form provides an opportunity to add, update, delete, or change the key contact information. You must enter at least one key contact to complete the form. The form also has a 'Biographical Sketch' section, which is optional, and allows you to upload relevant documents of the key contacts.

1. Key Contacts/Principal Information

You will use this part of the form to add, update, delete, or change the key contact information. The system allows you to add any number of contacts (no max limit). You must enter at least one contact to complete the form.

Add New Key Contact

- Click on 'Key Contact/Principal' from left menu or click on 'Update' link for 'Key Contact/Principal' form from 'NCC Progress Report - Status Overview' page.
- Click on the 'Add' button from the 'Key Contact/Principal' form.
- Select key contact by selecting the radio button option and clicking on 'Add Selected Person' button to add the key contact to the form. Alternatively, choose to add a new key contact by clicking on 'Add New Key Contact/Principal' button.
- Fill all the required fields and click on 'Save and Continue' button to navigate to the 'Key Contact/Principal – Add Confirm' page.
- Click on 'Confirm' button to add the key contact to the form.
- Click on the 'Save' button on the 'Key Contact/Principal' page. A success message is displayed at the top of the page.

Update or Delete Key Contacts

- Click on the Update dropdown menu under Options.
- Select Update to make any necessary updates, or Delete to remove a contact.

- Click on the 'Save' button on the 'Key Contact/Principal' page. A success message is displayed at the top of the page.

2. Biographical Sketch

You may use this optional part of the form to attach files to the 'Biographical Sketch' section.

- Click on the 'Attach File' button.
- Select 'Choose File' button to select the file you wish to upload.
- Enter a description of the document in the comment box.
- Click on the 'Upload' button.
- Select 'Save'. A success message is displayed at the top of the page.

Attachment 1: Other Relevant Documents

If applicable, upload an indirect cost rate agreement or other relevant documents to support the proposed project as attachment(s).

Technical Assistance Contacts

ASSISTANCE NEEDED	CONTACT
General Technical Assistance	The SBSE TA webpage contains example forms, a technical assistance webinar recording, and other resources.
Budget/Fiscal Questions	Brian Feldman and Nicole Turner Senior Grants Management Specialist and Grants Management Specialist Division of Grants Management Operations Office of Federal Assistance Management (OFAM) Telephone: 301-443-3190 and 301-443-0770 Email: bfeldman@hrsa.gov and nturner@hrsa.gov
SBSE NCC Requirements Questions	BPHC Contact Form Submit a Web Request at BPHC Contact Form <ul style="list-style-type: none"> • Under 'Funding', select Non-Competing Continuation Progress Reports (e.g., BPR), • Select 'School-Based Service Expansion (SBSE)
HRSA EHBs Submission Assistance	Health Center Program Support 877-464-4772 Contact Health Center Program Support at BPHC Contact Form

Appendix A: Project Work Plan Focus Areas, Activity Categories, and Activity Subcategories

Focus Areas:

- General primary medical care
- Mental health
- Substance use disorder
- Oral health
- Vision
- Enabling

Activity Categories and Subcategories:

- Access to Services
 - Provision of new or expanded services
 - Adding new site(s)
 - Adding mobile unit(s) **NOTE: Equipment purchases are not allowed in year 2.**
 - Identifying and addressing access barriers
 - Enhancing telehealth infrastructure and integration where necessary to ensure access to and/or optimize patient-centered care for school-based patients
 - Executing minor alteration/renovation (A/R) **NOTE: Minor A/R is not allowed in year 2.**
 - Other (specify)
- Quality, Patient Care, and Safety
 - Clinical effectiveness and quality improvement
 - Implement strategies to identify and address disparities and inequities in care delivery and health outcomes
 - Continuity of care, including referral arrangements and follow-up
 - Patient and provider safety
- Workforce
 - Recruitment, hiring, onboarding, retention, well-being, and engagement of personnel (direct-hire and/or contracted)
 - Training and professional development
 - Integrating multidisciplinary teams
 - Other (specify)
- Patient Experience and Health-Related Social Needs
 - Establishing new/strengthening existing partnerships and referrals to address health-related social needs
 - Engaging with students and families
 - Patient-centered care coordination
 - Systematically collecting and analyzing data on social risk factors that impact health outcomes and inform case management
 - Other (specify)
 - Other (specify)
- Other (specify)