FY 2020 Coronavirus Supplemental Funding Guidance:
Reporting Requirement for Health Centers

Purpose

The fiscal year (FY) 2020 Coronavirus Supplemental Funding (COVID-19) provides one-time funding to support health centers funded under the Health Centers Program in preventing, preparing for, and responding to coronavirus disease 2019 (COVID-19).

Funding Summary

The [Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020, P.L. 116-123,](#) appropriated $100 million for grants to health centers to prevent, prepare for, and respond to coronavirus. The Health Resources and Services Administration (HRSA) determined each health center's award amount for this funding using the following formula:

- Base value of $50,464, plus
- $0.50 per patient reported in the 2018 Uniform Data System (UDS), plus
- $2.50 per uninsured patient reported in the 2018 UDS.

Awards are aligned with current Health Center Program funding proportions.[1]

This award provides flexibility in how you use the funding to prevent, prepare for, and respond to COVID-19 as needs evolve within your community. Funding may support a wide range of in-scope activities. Testing, including temporary drive- or walk-up testing, and laboratory services is a paramount need in many communities and HRSA encourages health centers to leverage this funding to expand health center COVID screening and testing capacity, consistent with CDC guidance for health care professionals and federal, state, territorial, and local public health recommendations. Funding may also be used to support patient and community education; assessment of symptoms, including by telephone, text monitoring systems, or videoconference; hiring and contracting with providers and other personnel; training; vehicles to transport patients or health center personnel; supplies (e.g., personal protective equipment, infection control supplies); equipment (e.g., telehealth equipment, temporary and non-fixed barriers to separate patients); and health information technology (e.g., technology to support tracking, sharing, and reporting capacity). Examples of uses of funding are available on the [COVID-19 technical assistance webpage](#).

Required Supporting Documents

As stated in your notice of award, you should submit the following information via the HRSA Electronic Handbooks (EHBs) within 30 days of award release date.

1. **COVID-19 Activity Overview**. Provide a brief narrative (1-2 pages) describing how funds have been (dating back to January 20, 2020) or will be used to support activities to prevent, prepare for, and respond to COVID-19 using the categories below. Descriptions of each category provide only general guidance; HRSA recognizes that many COVID-19 activities and uses of funds may apply to more than one category.

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[1] Health Center Program funding streams are Community Health Centers (CHC), Migrant Health Centers (MHC), Health Care for the Homeless (HCH), and Public Housing Primary Care (PHPC).

- **Prevent**--Promote individual and community-wide prevention practices and/or administer countermeasures to reduce risk of COVID-19
- **Prepare**—Enhance readiness and training to respond to COVID-19
- **Respond**—Assess, test, diagnose, treat, and limit spread of COVID-19

NOTE: HRSA acknowledges that your plans to use COVID-19 funds may change over time to respond to changing community circumstances. Rebudgeting is allowable as long as activities supported by COVID-19 funds comply with the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards available at http://www.ecfr.gov/cgi-bin/text-idx?node=pt45.1.75, and continue to support in-scope COVID-19-related prevention, preparation, and response activities, consistent with the terms and conditions of the award.

2. **Budget Form**. Provide an SF-424A budget form that includes only the COVID-19 funds awarded. You do NOT need to break the funding out by current funding streams (i.e., CHC, MCH, HCH, PCHP), since it has already been awarded aligned with these proportions.

    The following are ineligible costs:
    - Costs already supported with H80 funding;
    - Upgrade of an electronic health record (EHR) that is not certified by the Office of the National Coordinator for Health Information Technology;[2]
    - New construction activities, including additions or expansions;
    - Minor alteration or renovation (A/R) projects;
    - Installation of trailers and pre-fabricated modular units;
    - Facility or land purchases; and
    - Purchase or lease of mobile vans/units.

3. **Budget Narrative.** Your budget narrative must clearly detail costs for each federal object class category, with calculations for how each cost is derived, and not include any ineligible cost. As provided for in Office of Management and Budget Memorandum M-20-11 - *Administrative Relief for Recipients and Applicants of Federal Financial Assistance Directly Impacted by the Novel Coronavirus (COVID-19)*, your budget should include any requested reimbursement of allowable costs incurred retroactive to January 20, 2020.

4. **Equipment List (as indicated).** If your budget includes equipment, provide an Equipment List Form. Equipment is tangible personal property (including information technology systems) that has a useful life of more than one year and a per-unit acquisition cost of at least $5,000. Moveable equipment can be readily shifted from place to place without requiring a change in the utilities or structural characteristics of the space. Permanently affixed equipment (e.g., heating, ventilation, and air conditioning (HVAC), generators, lighting) is categorized as minor A/R, and therefore is not an allowed cost. Any equipment purchased with award funds must be pertinent to the COVID-19 activities, procured through a competitive process, and maintained, tracked, and disposed of in accordance with 45 C.F.R. Part 75. While M-20-11 remains in effect, you may request that HRSA waive the procurement requirements contained in 2 CFR §

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[2] The Centers for Medicare and Medicaid Services and the Office of the National Coordinator for Health Information Technology have established standards and other criteria for structured data. For additional information, refer to https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Certification.html

200.319(b) regarding geographical preferences, and 2 CFR § 200.321 regarding contracting small and minority businesses, women's business enterprises, and labor surplus area firms.

For each item on the Equipment List Form, the following fields must be completed:

- **Type** – Select clinical or non-clinical.
- **Item Description** – Provide a description of each item.
- **Unit Price** – Enter the price of each item.
- **Quantity** – Enter of the number of each item to be purchased.
- **Total Price** – The EHBs system will calculate the total price by multiplying the unit price by the quantity entered.

The selection of all equipment should be based on a preference for recycled content, non-hazardous substances, non-ozone depleting substances, energy and water efficiency, and consideration of final disposal (disposed in a manner that is safe, protective of the environment, and compliant with all applicable regulations), unless there are conflicting health, safety, and performance considerations. You are strongly encouraged to employ the standards established by either the Electronic Product Environmental Assessment Tool (EPEAT) or ENERGY STAR®, where practicable, in the procurement of equipment. Following these standards will mitigate the negative effects on human health and the environment. Additional information for these standards can be found at http://www.epeat.net and http://www.energystar.gov.

Technical Assistance

See the COVID-19 technical assistance webpage for:

- Access information for two technical assistance calls to support your 30-day reporting requirement submission
- Example uses of funding
- Blank and/or sample forms

Questions regarding your COVID-19 funding, the 30-day reporting requirement, or coronavirus generally should be submitted via the BPHC Contact Form.