



**FY 2020 Service Area Competition (SAC)
New, Competing Continuation, and Competing Supplement Applicants
Notice of Funding Opportunity (NOFO)
Frequently Asked Questions (FAQs)**

**HRSA-20-015, HRSA-20-016, HRSA-20-017,
HRSA-20-018, HRSA-20-019, HRSA-20-020**

Below are common questions and corresponding answers for the fiscal year (FY) 2020 Service Area Competition (SAC) funding opportunity. New FAQs will be added as necessary. Refer to the [SAC Technical Assistance website](#) often for updates. The FAQs are organized under the following topics:

Eligibility	1
Program Requirements.....	3
Service Areas	3
Application Preparation and Submission Requirements.....	4
Project Narrative and Review Criteria	5
Funding Priority	5
Performance Measures	5
Budget.....	8
Forms	8
Attachments	10
Application Submission.....	11
Technical Assistance and Contact Information	12

Eligibility

1. Can we apply for SAC funding if we do not currently receive Health Center Program funding?

Yes, eligible applicants include both new organizations that are not currently receiving Health Center Program funding and organizations that are currently funded through the Health Center Program.

2. Can we apply to serve multiple service areas?

Yes, but you must submit a separate application for each service area.

If you intend to apply for two or more service areas announced under a single opportunity number (e.g., HRSA-20-015), you **must** contact the Office of Policy and Program Development at 301-594-4300 or [Health Center Program Support](#) for guidance well in advance of the Grants.gov submission deadline.

3. Does the eligibility criterion regarding service area zip codes apply to competing continuation applicants?

No, because HRSA pre-populates and locks all data on Form 5B: Service Sites for competing continuation applicants. However, per [Chapter 3: Needs Assessment](#) of the Health Center Program Compliance Manual, you are required to annually review your service area by comparing the zip codes reported on Form 5B: Service Sites with patient origin data reported by zip code in the Uniform Data System (UDS). You should request a Change in Scope (CIS), if necessary, to update your Form 5B service area zip codes, based on where patients reside (see Demonstrating Compliance in [Chapter 3](#) of the Compliance Manual). If your SAC application is already underway when your CIS request is approved, you can update Form 5B: Service Sites by clicking the Refresh from Scope button on the form in EHBs.

4. If the zip code patient percentages for a service area in the Service Area Announcement Table (SAAT) do not total at least 75 percent, what should we do?

If the zip code patient percentages for all zip codes listed for a service area in the [SAAT](#) do not total at least 75 percent, enter all zip codes listed in the SAAT on Form 5B. This is an eligibility criterion, so it is recommended that you double-check this before submitting your application.

5. If Health Center Program funding currently supports multiple populations within a service area (e.g., CHC and HCH), should our application target the same populations?

Yes, all populations currently targeted with Health Center Program funding in an announced service area (those with a value higher than \$0 in the [SAAT](#)) must be included in your SAC application.

6. How many sites should we propose?

Competing continuation applicants cannot propose new sites through SAC.

New and competing supplement applicants should propose the number and types of sites appropriate for providing comprehensive primary health care services to the projected number of patients. At a minimum, you must propose at least one new full-time, permanent (or seasonal, if only MHC funding is requested), fixed building service delivery site with a verifiable street address.

Competing supplement applicants may also select site(s) currently in their Health Center Program scope of project that have capacity to serve additional patients in the proposed new service area, but such site(s) must be in addition to (not in lieu of) a new service delivery site.

7. Can we propose a mobile medical van as a service delivery site?

A mobile medical van may be proposed only if at least one new full-time permanent (or seasonal for those requesting only MHC funding), fixed service delivery site is also proposed.

8. By when should the new site(s) be operational?

New sites must be open and operational within 120 days of receipt of the Notice of Award (NoA). If you fail to become operational at all sites within 120 days, HRSA will place a condition on the award.

Program Requirements

9. What happens if we are not compliant with all Health Center Program requirements at the time of application?

Both during application prefunding reviews and throughout the project period, you will be routinely assessed for [program compliance](#). In circumstances where you are determined to be non-compliant with one or more conditions related to Health Center Program requirements, HRSA will place a condition on the award and will follow the Progressive Action policy and process outlined in [Chapter 2: Health Center Program Oversight](#) of the Health Center Program Compliance Manual.

If you have any conditions on your SAC award, you will receive a 1-year project period and must submit a Compliance Achievement Plan within 120 days of receipt of your Notice of Award (NoA) outlining a plan to come into compliance.

New applicants may only apply for a 1-year project period since a full compliance assessment requires an onsite visit, and upon award a Compliance Achievement Plan must be submitted within 120 days.

10. Does a tribal organization have to meet all of the Health Center Program requirements?

No, the Health Center Program governance requirements do not apply to Indian tribes or tribal or Indian organizations under the Indian Self-Determination Act or urban Indian organizations under the Indian Health Care Improvement Act (25 U.S.C. 1651).

11. If we receive a SAC award, do we automatically become a Federally Qualified Health Center (FQHC)?

Successful enrollment in Medicare as an FQHC does not automatically qualify a health center for payment as an FQHC under its State Medicaid program. Health centers should contact their State Medicaid office directly to determine the process and timeline for becoming eligible for payment as an FQHC under Medicaid.

Service Areas

12. How do we search for available service areas in the SAAT?

In the [SAAT](#), use the drop-down lists to select any combination of project period end date, city, and/or state to create a customized list of available service areas. Only the cities and states with service areas announced to date will be available for selection from

the drop-down lists. Note that the cities available for selection are based on the location of the current Health Center Program award recipient's administrative site.

Use the zip code search by typing a five-digit zip code into the search field. All service areas announced to date that containing the zip code will be included in the results.

13. How does the Patient Origin Map align with the zip codes listed in the SAAT?

The Patient Origin Map displays: (1) zip code tabulation areas (ZCTAs), which are generalized representations of United States Postal Service zip codes and (2) the percentage of the current patients from each ZCTA. Note that ZCTAs may contain several zip codes.

For a list of zip codes and related ZCTAs, refer to the [Zip Code to ZCTA Table](#). **To ensure eligibility**, new and competing supplement applicants must include a combination of SAAT Service Area Zip Codes (not ZCTAs) where zip code patient percentages total at least 75 percent on Form 5B: Service Sites (include all SAAT Service Area Zip Codes for a proposed service area where the sum of all zip code patient percentages is less than 75 percent).

14. What do the green, yellow, and pink shading mean in the SAAT?

Green shading on zip codes indicates the current award recipient's defined service area from Form 5B: Service Sites.

Yellow shading represents a service area where the current award recipient is in a first 1-year project period.

Pink shading represents a service area where the current award recipient is in a second consecutive 1-year project period. These service areas are in jeopardy of having a gap in Health Center Program funding and services if HRSA does not receive an eligible, fundable application.

15. Where can we get more information about the Patient Target in the SAAT?

Reference the [Patient Target FAQs](#) for more information.

Application Preparation and Submission Requirements

16. What is the difference between the six notice of funding opportunity (NOFO) numbers (e.g., HRSA-20-015, HRSA-20-016)?

Each of the six FY 2020 SAC opportunity numbers has a unique (1) set of due dates, (2) project period start date, and (3) set of announced services areas as shown in the [SAAT](#). You must submit the Grants.gov application for the appropriate NOFO number, based on the desired service area, to ensure eligibility.

17. Does HRSA have guidelines (e.g., font type, font size) for the narrative and attachments of the SAC application?

Yes, you should submit single-spaced narrative documents with 12 point, easily readable font (e.g., Times New Roman, Arial, Courier), and 1-inch margins. Smaller font (no less than 10 point) may be used for tables, charts, and footnotes. HRSA will accept PDF, Microsoft Word, and/or Excel files. If using Excel or other spreadsheet documents, be aware that reviewers will only see information that is set in the “Print Area” of the document. Upload the attachments in portrait orientation. For more information, reference the [SF-424 Two-Tier Application Guide](#).

18. Will competing continuation applicants be notified if other organizations compete for the same service area?

No, HRSA does not notify applicants of competitors. All applicants are encouraged to prepare high-quality SAC applications because there may be competition for any announced service area.

Project Narrative and Review Criteria

19. What types of data should we use to describe the service area, target population, and special populations (if applicable) for the Need section of the Project Narrative and related forms (e.g., Form 4: Community Characteristics)?

Information about the service area, target population, and/or special populations should come from external, valid data sources (e.g., census data). In cases where data are not available at the service area or target population level, the use of extrapolation methodology is preferred over the use of aggregate data (e.g., state data) that may not accurately reflect the target population.

Funding Priority

20. How is patient growth calculated when assessing the funding priority?

The three most recent years of patient data, as reported in the Universal Data System (UDS), are utilized to calculate the patient growth trend. The calculation is as follows:

$$\frac{[(\text{Most current Total Patients value} - \text{Total Patients value from 2 years prior}) / \text{Total Patients value from 2 years prior}] \times 100}{}$$

If the calculated value is positive or neutral (+/- 5%) and you meet the criterion for program compliance (i.e., you do not have a current 1-year project period or any active conditions related to Health Center Program requirements at the time of application submission), you will receive 5 points for the patient trend.

Performance Measures

21. How should performance measures be adjusted for targeted special populations (i.e., MHC, HCH, PHPC)?

If you are applying for funding to target special populations, you must include at least one self-defined additional performance measure for each targeted special population. The

additional measure(s) should address the unique health care needs of the targeted special population(s).

22. What should we do if a previously self-defined additional measure is no longer relevant?

Self-defined additional measures will pre-populate for competing continuation applicants. If you wish to stop tracking an additional performance measure, mark it as not applicable and explain why it will no longer be tracked in the Comments field. This will prevent the measure from appearing in future Budget Period Progress Reports (BPRs) and SAC applications.

23. How should we develop baselines and goals for the performance measures?

Baselines should be developed using data that are valid, reliable, and whenever possible, derived from currently established management information systems. Data sources may include electronic health records, disease registries, and/or chart sampling. Refer to the [SAC Technical Assistance website](#) for technical assistance resources.

If data are not available to develop baselines, enter zeros in the Numerator and Denominator fields and provide an explanation in the Comments field describing when baseline data will be available.

Please note that competing continuation applicants cannot change the pre-populated baseline data (from the 2018 UDS report) for required performance measures, except Statin Therapy for the Prevention and Treatment of Cardiovascular Disease, which is new for the FY 2020 SAC and will not be pre-populated.

Goals (projected data) should be realistic for achievement by December 31, 2021 (in calendar year 2021). They should be based on data trends and expectations, factoring in predicted contributing and restricting factors.

24. My organization provides preventive dental services to children only by formal referral (Form 5A, Column III). What are our options for Dental Sealants for Children performance measure?

The Dental Sealants for Children performance measure is currently only required for health centers that provide preventive dental services directly and/or by a formal arrangement in which the health center pays for the service (Form 5A, Columns I and/or II). A health center that only provides preventive dental services by formal referral (Form 5A, Column III) may set the goal for this performance measure as 0. However, if the goal for the Dental Sealants for Children performance measure is set to 0, you must track at least one additional (self-defined) Oral Health measure.

Below are recommended self-defined Oral Health measures.

Population or Method for Dental Service Delivery	Recommended Oral Health Measure
Health centers that do not have children seeking preventive dental services	<p>Oral Evaluation and/or Risk Assessment of All Primary Care Patients (reference page 25 of the Health Center Dashboard User's Guide)</p> <p>Description: Percentage of patients who receive an oral health evaluation and/or risk assessment during a medical visit</p> <p>Numerator: Number of patients who had an oral health evaluation and/or risk assessment performed during a medical visit in the measurement period</p> <p>Denominator: Number of patients with a medical visit during the measurement period</p>
Health centers that do not have children seeking preventive dental services	<p>Risk Assessment of All Dental Patients (reference page 22 of the Health Center Dashboard User's Guide)</p> <p>Description: Percentage of dental patients assessed for caries risk during a dental visit</p> <p>Numerator: Number of dental patients assessed for caries risk during a dental visit in the measurement period</p> <p>Denominator: Number of dental patients who had an oral assessment, or comprehensive or periodic oral evaluation visit, during the measurement period</p>
Preventive dental services are provided through referral (Form 5A, Column III)	<p>Closing the Referral Loop (adapted from the CMS MIPS Clinical Quality Measure)</p> <p>Definition: Percentage of patients referred by the health center to another provider for preventive dental services</p> <p>Numerator: Number of patients referred for dental services for which the health center received a report from the provider to whom the patient was referred during the measurement period</p> <p>Denominator: Number of patients seen during the measurement period</p>

25. If our health center does not presently treat patients living with HIV, can the goal be set to zero for the HIV Linkage to Care performance measure?

A goal greater than zero should be entered and tracked for potential future patients that may be newly diagnosed with HIV. Achievement of the goal is not expected if no patients are diagnosed with HIV during the reporting period.

Budget

26. Should we apply for the funding amount in the SAAT even if our most current Notice of Award lists a different amount of funding?

Yes, the federal request for funding should not exceed the Total Funding amount listed in the [SAAT](#) for the service area for FY 2020.

Please note, Available Funding for a service area has the potential to change slightly as FY 2019 funding actions are completed. Check the SAAT prior to submitting the application in EHBs to confirm the final FY 2020 funding amount and support submission of an accurate budget request.

27. What should we do if the budget figures change between the Grants.gov submission and the EHBs submission?

Only estimated budget information is required on the SF-424 in Grants.gov. In EHBs, provide actual budget information on the SF-424A and Budget Narrative. The amount of federal funding that you request on the SF-424A and Budget Narrative in EHBs must not exceed the amount of Total Funding available as listed in the SAAT.

28. How should the SF-424A, Section E: Federal Funds Needed for Balance of the Project be completed?

Unless you are a new applicant, you should apply for a 3-year project period. Sections A and B of the SF-424A capture the Year 1 funding request. In Section E, enter the federal funds requested for Year 2 in the “First” column and Year 3 in the “Second” column under Future Funding Periods (Years) for each proposed sub-program (e.g., CHC, HCH). The “Third” and “Fourth” columns must be \$0, since these correspond to years beyond the 3-year project period.

New applicants should apply for a 1-year project period, and all columns in Section E should be \$0.

29. If we have an indirect cost rate, what needs to be included in the application?

The current federal indirect cost rate agreement must be provided in Attachment 13: Other Relevant Documents.

Forms

30. How can we change SF-424 information submitted in Grants.gov?

The SF-424 is transferred into EHBs under the Basic Information, Budget Information, and Other Information sections. Only the abstract attached in Grants.gov can be replaced in EHBs. To do so, go to the SF-424, Part 2, under the Project Description section, to delete and replace the project abstract.

31. On Form 1A: General Information Worksheet, what is meant by “general underserved community” under the Unduplicated Patients and Visits by Population Type section?

“General underserved community” refers to anyone anticipated to be served who does not fall into one of the listed special population categories (people experiencing homelessness, migratory and seasonal agricultural workers, and/or public housing residents).

32. Should all staff be included on Form 2: Staffing Profile?

In the Direct Hire FTE column, include all direct hire staff and volunteers for the proposed project. Figures in this column must include staff paid directly or through an indirect cost rate, whether paid with federal or non-federal resources.

Select the relevant boxes for contracted staff in the Contract/Agreement FTE column, as needed. Contracted staff numbers should not be included in the Direct Hire FTE column.

Note that the project director (PD)/chief executive officer (CEO) is required to be an employee of the health center. See [Chapter 11: Key Management Staff](#) of the Health Center Program Compliance Manual.

33. How are total patients reported on Form 3: Income Analysis?

The total patient number is the projected number of patients to be served in Year 1 of the proposed project period.

34. Where can data be found to complete Form 4: Community Characteristics?

You can find population, economic, and geographic information from the [U.S. Census Bureau](#). Click the Data tab, then click Data Tools and Apps for state and county Quick Facts or the American FactFinder that provides a searchable database of U.S. Census information.

35. Should the same information be provided on the Project Performance Site Location(s) Form in Grants.gov, and on Form 5B: Service Sites in EHBs?

If you are a competing continuation applicant, Form 5B: Service Sites will be pre-populated. Enter information for the site that you consider to be your primary service delivery site on the Project Performance Site Location(s) Form.

If you are a new or competing supplement applicant, all proposed sites must be listed on both Form 5B: Service Sites and the Project Performance Site Location(s) Form, with the primary service delivery site listed first.

36. What are “Other Activities/Locations” and how should these be recorded on Form 5C: Other Activities/Locations?

Use this form to document activities that support the scope of project that:

- Take place at locations that do not meet the definition of a service site,
- Are conducted on an irregular timeframe/schedule, and
- Offer a limited activity from within the full complement of health center activities included in the scope of project.

For further information on Other Activities and Locations, review [PIN 2008-01: Defining Scope of Project and Policy for Requesting Changes](#).

37. What organizations are eligible for a waiver of the governance requirements on Form 6B: Request for Waiver of Board Member Requirements?

If you are requesting funding for only MHC, HCH, and/or PHPC (i.e., are not requesting CHC funding), you may request a waiver of the board composition requirement. See [Chapter 20: Board Composition](#) of the Health Center Program Compliance Manual.

38. For new and competing supplement applicants, should forms be specific to only the proposed project?

Yes, forms should be completed with information specific to only the proposed project.

Attachments

39. Our proposed service area does not perfectly align with our county's boundaries. How should we develop Attachment 1: Service Area Map and Table?

The Service Area Map should reflect the proposed service area. You can draw the boundary lines on the map to reflect partial zip codes or an area smaller than a county as needed. If the data for the table in UDS Mapper do not match the data used for the forms and other parts of the application, explain why in the Need section of the Project Narrative.

40. What should a Tribal entity submit for Attachment 2: Bylaws?

A Tribal applicant should provide a document that explains:

- How you are going to establish a governing body over the health center (if one does not already exist);
- How you will incorporate community/target population/patient input into health center operations, including input from the total population to be served by the health center; and
- How you will maintain fiscal and programmatic oversight over the Health Center Program grant project.

41. To whom should letters of support be addressed and how should they be provided?

Letters of support should be addressed to the appropriate applicant organization contact person (e.g., board, CEO). They should **not** be addressed to HRSA or mailed separately from the application. Letters of support must be included with the application as

Attachment 9: Collaboration Documentation or they will **not** be considered by objective reviewers.

42. Our health center is currently operational at all proposed sites. What should be included in Attachment 12: Operational Plan?

If you are already operational, ensure that the application as a whole demonstrates this. Additionally, planned changes to factors such as access to care, services, outreach, and collaborations/partnerships (or any other changes that would result from the award) should be included in the plan.

Application Submission

43. When can we begin the EHBs submission process?

You can begin Phase 2 in EHBs only after Phase 1 in Grants.gov has been successfully submitted by the Grants.gov due date and HRSA has issued an email confirmation to the Authorized Official Representative (AOR) containing the application tracking number. The AOR registered in Grants.gov will be notified by email when application is ready in EHBs.

You are encouraged to apply early in Grants.gov to maximize time to complete the EHBs phase of the application process.

44. How will we be notified if our application was not successfully submitted?

Monitor your e-mail accounts, including spam folders, for e-mail notifications and/or error messages from Grants.gov. Grants.gov will send a series of email messages to the Workspace owner and participants with the AOR role to notify you if the Grants.gov application has been validated or if there are errors. If there are errors, you must correct the errors and re-submit the application in Grants.gov prior to the deadline.

In EHBs, all validation errors must be resolved before the application can be submitted to HRSA by the Authorizing Official (AO). The status of the application in EHBs will appear as "Application Submitted to HRSA" once it has been successfully submitted.

If users with privileges to work on the application click the Submit to AO button in EHBs, the AO must login to EHBs and submit the application to HRSA prior to the EHBs deadline.

Technical Assistance and Contact Information

45. Where do we find additional technical assistance resources?

Technical assistance regarding this instructions document is available by contacting:

Beth Hartmayer or Chrissy James
Office of Policy and Program Development
HRSA Bureau of Primary Health Care
301-594-4300

<https://www.hrsa.gov/about/contact/bphc.aspx> (complete the BPHC Contact Form, Contact Record, and Organization screens; complete and confirm the information in the Contact Verification screen; select Health Center, Applications, and Service Area Competition (SAC); then describe your question)

HRSA EHBs technical assistance is available by contacting:

Health Center Program Support
877-464-4772

<https://www.hrsa.gov/about/contact/bphc.aspx> (complete the BPHC Contact Form, Contact Record, and Organization screens; complete and confirm the information **in the** Contact Verification screens; select Electronic Handbooks (EHBs), Service Area Competition (SAC); then describe your issue)

Grants.gov technical assistance is available by contacting:

Grants.gov
800-518-4726

support@grants.gov

46. How do we receive Health Center Program updates?

The HRSA Primary Health Care Digest is a weekly email newsletter containing information pertaining to the Health Center Program, including the release of all competitive funding opportunities. Organizations interested in Health Center Program funding are encouraged to subscribe several staff at

https://public.govdelivery.com/accounts/USHHSHRSA/subscriber/new?topic_id=USHHS_HRSA_118.