



Health Resources and Services Administration
Bureau of Primary Health Care
Office of Policy and Program Development

Look-Alike Initial Designation Application Instructions

Application due date in HRSA Electronic Handbooks (EHBs): rolling (90 days after the application is started)

Release Date: 12/17/2024

Technical Revision: 3/19/2025

Step 1: Review the Opportunity

Basic Information

The key facts

Bureau of Primary Health Care

Health Center Program

Opportunity Name: Look-alike Initial Designation (LAL-ID) Application Instructions

Statutory authority

[42 U.S.C. 1395x\(aa\)\(4\)\(B\)](#) and [42 U.S.C. 1396d\(l\)\(2\)\(B\)\(iii\)](#) (Social Security Act, [Sections 1861\(aa\)\(4\)](#) and [1905\(l\)\(2\)\(B\)](#)), and [42 U.S.C. 254b](#) (Public Health Service Act [Section 330](#))

Summary

The purpose of this instructions document is to explain how to apply for Health Center Program Look-alike Initial designation (LAL-ID). Health Center Program look-alikes (LALs) are organizations that, like Health Center Program award recipients, improve the health of the nation's underserved communities and populations by expanding access to comprehensive, quality primary health care services in compliance with Health Center Program requirements. LALs do not receive Health Center Program grant funding but are eligible for other federal benefits.

Have questions?

See [Apply for Look-Alike Initial Designation \(LAL ID\)](#) for details. Go to [Contacts & Support](#) for contact information.

Summary of Changes

The following are key changes since the last LAL-ID application instructions were released in August 2020:

- We clarified what factors HRSA considers to determine if your organization is independently owned, controlled, and operated. (For example, whether most of your clinical and administrative functions are provided through direct employment, contractors, or a single affiliated or related organization.)
- We updated the project narrative to include a description of how you provided your local community with notice of your intent to submit a LAL-ID application.
- We updated [Attachment 18: Other Relevant Documents](#). You must submit more information in

the attachment and HRSA may not approve your application if:

- You propose a look-alike site within 1 mile of a current Health Center Program award recipient or look-alike site.
 - You propose a service area that has a Health Center Program penetration level of the low-income population that is 50% or greater, per the [Health Center Program GeoCare Navigator \(GeoCare Navigator\)](#). You must include both Health Center Program award recipients and LALs in your GeoCare Navigator service area map.
 - You select “urban” on Form 1A, and your proposed look-alike site is more than 15 miles from your closest proposed look-alike site, if proposing multiple sites.
 - You select “rural” on Form 1A, and your proposed look-alike site is more than 30 miles from your closest proposed look-alike site, if proposing multiple sites.
- We updated [Attachment 18: Other Relevant Documents](#) to add that HRSA will further evaluate applications with proposed service areas that overlap with other health centers or LALs. This review will consider whether letters of support were submitted in [Attachment 15: Collaboration Documentation](#), as well as the potential impact of a new look-alike on both the unmet need in the community and the financial stability of existing Health Center Program award recipients, LALs, other Medicaid providers, and other providers serving the uninsured in the proposed service area.
 - We explained how to include indirect costs in your budget.
 - We added that HRSA may prioritize application review and technical assistance if at least one of your service delivery sites is in a ZIP Code with an Unmet Need Score (UNS) of 75 or greater according to the Unmet Need Score Map Tool, or is located in an area currently served by the Health Center Program and at risk for losing access to care.
 - We updated [Form 1A: General Information Worksheet](#) (PDF) to include your UNS score.
 - To reduce duplicative reporting, we removed the Clinical and Financial Performance Measures form.
 - We updated our review process time frames.
 - The page limit is reduced to 90 pages. This does not include required forms or the following attachments: [Attachment 2: Service Area Map and Table](#), [Attachment 4: Bylaws](#), [Attachment 6: Co-Applicant Agreement for Public Agencies](#), [Attachment 9: Evidence of Nonprofit or Public Agency Status](#), [Attachment 15: Collaboration Documentation](#), or [Attachment 18: Other Relevant Documents](#).

Eligibility

Who can apply

Types of eligible organizations

These types of domestic organizations (see [note](#)) may apply:

Institutions of higher education

- Public institutions of higher education
- Non-profit private institutions of higher education

Non-profit entities

- Non-profits having a 501(c)(3) IRS status
- Non-profits with an IRS status other than 501(c)(3)

Public entities¹

- State governments, including the District of Columbia, domestic territories, and freely associated states
- County governments
- City or township governments
- Special district governments
- Independent school districts

Tribes & tribal organizations

Native American tribal governments

Native American tribal organizations

Note: “Domestic” means the 50 states, the District of Columbia, the Commonwealth of Puerto Rico, the Northern Mariana Islands, American Samoa, Guam, the U.S. Virgin Islands, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau.

¹Only public agency health centers can have a co-applicant. A co-applicant functions as the health center’s governing board when the public agency determines that it cannot meet the Health Center Program governing board requirements directly. (Section 330(r)(2)(A) of the Public Health Service Act).

Other eligibility criteria

Table 1: Other Eligibility Criteria

| Eligibility Requirement | What We Check |
|--|--|
| <p>1) You must not be owned, controlled, or operated by another entity.^{2,3} You must:</p> <ul style="list-style-type: none"> • Own and control the organization's assets and liabilities and ensure the benefits from being a look-alike stay within the proposed look-alike scope of project. • Not have a sole corporate member and not be a subsidiary of another organization. • Perform a substantive role in the project. When determining if you perform a substantive role in the project, HRSA will consider whether: <ul style="list-style-type: none"> ◦ Most of your clinical and administrative functions are provided through direct employment, contractors, or a single affiliated or related organization. ◦ Most of your key management staff (CEO, CMO, CFO, etc.) are directly employed by you. (Note: the CEO must be directly employed by you.) ◦ Your relationships or agreements with other entities restrict or infringe upon your board's required authorities and functions. ◦ Your key management staff or board members also work for an affiliated or related organization which may create conflicts of interest. Affiliated or related organizations are those that provide financial or other support to the applicant organization. | <ul style="list-style-type: none"> • Project Narrative Capacity and Governance sections • Form 8: Health Center Agreements (PDF) • Attachment 3: Medicaid and Medicare Documentation • Attachment 4: Bylaws • Attachment 5: Governing Board Meeting Minutes • Attachment 6: Co-applicant Agreement (as applicable) • Attachment 7: Contracts and Referral Arrangements • Attachment 8: Articles of Incorporation • Attachment 9: Evidence of Nonprofit or Public Agency Status • Attachment 10: Financial Statements |

² Refer to [Chapter 1: Health Center Program Eligibility](#) of the [Health Center Program Compliance Manual](#).

³ Section 1905(l)(2)(B)(iii) of the Social Security Act, as amended.

| Eligibility Requirement | What We Check |
|--|---|
| <ul style="list-style-type: none"> • HRSA will not accept applications submitted on behalf of another organization. • Parent-subsidiary arrangements, network corporations, or contractual arrangements where the applicant acts solely as a pass-through organization are not eligible for LAL designation. | |
| <p>2) You must be operational and currently providing all required primary health services.⁴</p> | <ul style="list-style-type: none"> • Project Narrative Response section • The number of current unduplicated patients on Form 1A: General Information Worksheet (PDF) and in Attachment 1: Patient Origin and Utilization Information • Attachment 3: Medicaid and Medicare Documentation • Attachment 5: Governing Board Meeting Minutes • Attachment 7: Contracts and Referral Arrangements • Attachment 10: Financial Statements |
| <p>3) You must currently provide primary health services as your main purpose.</p> | <ul style="list-style-type: none"> • Project Narrative Response Section • Form 1A: General Information Worksheet (PDF), the number of current and projected medical patients is greater than current and projected patients for other service types • Form 5A: Services Provided (PDF), General Primary Medical Care is provided directly (Column I) or through formal written contractual agreements in which your health center pays for the service (Column II) |

⁴ Refer to [Chapter 1: Health Center Program Eligibility](#) of the [Health Center Program Compliance Manual](#).

| Eligibility Requirement | What We Check |
|--|--|
| 4) You must comply with all requirements in the Health Center Program Compliance Manual . | <ul style="list-style-type: none"> • Project Narrative, all Forms and Attachments |
| 5) 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 target a sub-population, for example children, you must explain how you will make all required services available to the entire underserved population in the service area. Note: Applicants for LAL designation for special populations (Migratory and Seasonal Agricultural Worker Health Centers (MHC), Health Care for the Homeless (HCH), and/or Public Housing Primary Care (PHPC)) must make services available to those in the special population. See Health Center Population Types below for definitions of MHC, HCH, and PHPC populations. | <ul style="list-style-type: none"> • Project Narrative Response section • Attachment 14: Sliding Fee Discount Schedule. |
| <p>6) You must request initial designation for at least one service delivery site⁵ that:</p> <ul style="list-style-type: none"> • Is a permanent, fixed building location that operates year-round and for at least 40 hours per week. (For Migratory and Seasonal Agricultural Workers Health Center (MHC) applicants, this site may be permanent or seasonal). • Has a verifiable street address for each site. <p>You may include a mobile medical unit as a site in scope only if you list at least one full- time, permanent site on Form 5B: Service Sites (PDF).</p> <p>You may include a school-based service delivery site if:</p> <ul style="list-style-type: none"> • The site is a permanent, full-time site or is proposed in addition to a permanent, full-time time site. • You show in the Response section of the Project Narrative how your health center will ensure that the entire underserved population in the service area has access to all required services. | <ul style="list-style-type: none"> • Form 5B: Service Sites • Health Center Program scope of project: Visit Find a Health Center to see the addresses for current Health Center Program service sites • Response section of the Project Narrative (for school-based service delivery sites) |

⁵ Refer to [Chapter 1: Health Center Program Eligibility](#) of the [Health Center Program Compliance Manual](#).

| Eligibility Requirement | What We Check |
|--|--|
| <p>7) Your proposed LAL service site(s) must be in a building that does not include any current Health Center Program award recipient or LAL sites.</p> <ul style="list-style-type: none"> Tools for finding current Health Center Program service sites in your proposed service area are the GeoCare Navigator, Find a Health Center, HRSA Data Explorer (select Health Center Program Sites), and HRSA Map Tool (select Health Center Program Sites). | <ul style="list-style-type: none"> Form 5B: Service Sites (PDF) |
| <p>8) You serve in whole or part a Medically Underserved Area or Population (MUA/P).</p> <p>Note: Applicants for LAL designation <i>only</i> for special populations (MHC, HCH, and/or PHPC) do not need to serve an MUA/P. See Health Center Population Types below for definitions of MHC, HCH, and PHPC populations.</p> <p>Go to MUA Find or Find Shortage Areas by Address to see if all or part of your proposed service area is designated as an MUA/P. For more information, see the Shortage Designation webpage or contact the Shortage Designation Branch at sdb@hrsa.gov.</p> | <ul style="list-style-type: none"> Form 1A: General Information Worksheet (PDF): Enter the MUA/P number(s) or indicate the MUA/P is pending Attachment 1: Patient Origin and Utilization Information Form 5B: Service Sites (PDF) Attachment 2: Service Area Map and Table |
| <p>9) PUBLIC HOUSING PRIMARY CARE APPLICANTS: You must explain how you consult with residents of your public housing site(s) on the planning and ongoing operation of the proposed LAL sites.</p> | <ul style="list-style-type: none"> Project Narrative Governance section Form 6B: Request for Waiver of Board Member Requirement (PDF) |

Program description

Purpose

These instructions describe how to apply for Health Center Program LAL-ID. Health Center Program LALs are organizations that provide affordable, accessible, and high-quality primary health care for underserved communities and populations but do not receive Health Center Program funding. Current Health Center Program award recipients and LALs are not eligible to apply. LALs must comply with Health Center Program requirements.

Background

The Social Security Act authorized Federally Qualified Health Centers (FQHCs) in Sections 1861(aa)(4) and 1905(l)(2)(B). LALs are one type of FQHC. By statute, LALs are organizations that are determined by HRSA to meet the requirements of the Health Center Program but do not receive Health Center Program funding. The Health Center Program requirements are in Section 330 of the Public Health Service (PHS) Act (42 U.S.C. 254b), as amended. Section 1905(l)(2)(B) of the Social Security Act requires that a LAL “may not be owned, controlled or operated by another entity.”⁶

LALs are eligible for 340B Drug Pricing, [National Health Service Corps](#) participation, and FQHC Medicare and Medicaid payment rates. LALs must apply for these benefits and meet each program’s requirements. The [Centers for Medicare & Medicaid Services \(CMS\)](#) manages Medicare FQHC payments. Information about the [340B Drug Pricing Program](#) is available from the HRSA Office of Pharmacy Affairs. Information about the [National Health Service Corps](#) is available.

Program Requirements and expectations

- Your application must document the need for primary health care services in your proposed service area.⁷ Include information about the availability and accessibility of primary health care services to everyone in the service area regardless of ability to pay.
- You must show that you meet Health Center Program requirements as outlined in the [Health Center Program Compliance Manual](#) and applicable statutes, regulations, and policies. Before you are designated, HRSA will conduct an Operational Site Visit (OSV) to assess compliance. The OSV is based on the [Health Center Program Site Visit Protocol](#). See the [Application Review](#) section of these instructions.
- Your application must document that you collaborate and coordinate with community partners to deliver care to the underserved.
- You must consult with the following about the need for your proposed project:
 - State and local government agencies (such as the local health department, state Medicaid agency, and state Primary Care Office).
 - Health care providers (such as safety net hospitals, and other providers serving Medicaid patients).

⁶ To receive look-alike designation from HRSA and associated federal benefits, look-alikes must meet the Health Center Program requirements (Sections 1861(aa)(4)(B) and 1905(l)(2)(B) of the Social Security Act (42 U.S.C. 1395x(aa)(4)(B) and 42 U.S.C. 1396d(l)(2)(B)(iii)).

⁷ Applicants define their service area based on where current patient populations reside as documented by the ZIP Codes listed on [Form 5B: Service Sites](#) (PDF). Throughout this document, “your proposed service area” refers to the service area you propose in this application, consistent with [Form 5B: Service Sites](#) (PDF), [Attachment 1: Patient Origin and Utilization Information](#), and [Attachment 2: Service Area Map](#).

- You will describe how you will use input from patients and the community to address community health needs. You will also describe how you will collaborate and coordinate with community partners in your proposed service area. You will document and certify this in the [Project Narrative](#).

HRSA will consider how much of the service area is currently served by the Health Center Program when making LAL designation decisions. We may not approve your proposed LAL site(s) if:

- You propose a look-alike site within 1 mile of a current Health Center Program award recipient or look-alike site.
- You propose a service area that has a Health Center Program award recipient and LAL penetration level of the low-income population that is 50% or greater (per the [GeoCare Navigator](#)), and you do not sufficiently document both collaboration and unmet need in the service area.
- You select “urban” on Form 1A, and your proposed look-alike site is more than 15 miles from your closest proposed look-alike site, if proposing multiple sites.
- You select “rural” on Form 1A, and your proposed look-alike site is more than 30 miles from your closest proposed look-alike site, if proposing multiple sites.

HRSA may also consider how your proposed service area boundaries conform to those of your local political subdivisions, school districts, and Federal and State health and social service programs. If your proposed service area does not have relevant/rational boundaries, HRSA may not approve your proposed LAL site(s).

Health Center Population Types

In your LAL-ID application, you will request designation to serve one or more population types:

COMMUNITY HEALTH CENTER (CHC) APPLICANTS:

- Comply with PHS Act section 330(e) and program regulations, requirements, and policies.
- Ensure the availability and accessibility of required primary health care services to underserved populations in the service area.

MIGRATORY AND SEASONAL AGRICULTURAL WORKER HEALTH CENTER (MHC) APPLICANTS

- Comply with PHS Act section 330(g); and as applicable, section 330(e), program regulations, requirements, and policies.⁸ Provide work-related health services such as injury prevention and screening for parasitic infections.
- Ensure the availability and accessibility of required primary health services to migratory and seasonal agricultural workers and their families in the service area. They include:
 - Migratory agricultural workers whose main job has been in agriculture within the last 24 months, and who have a temporary home because of that job,

⁸ 42 CFR Part 56 only applies to LALs exclusively serving migratory and seasonal agricultural workers.

- Seasonal agricultural workers whose main job is in agriculture on a seasonal basis and who do not meet the definition of a migratory agricultural worker,
- People who are no longer employed in migratory and seasonal agriculture because of age or disability who are within your proposed service area, and/or
- Family members of those described above.

Note: Agriculture refers to farming in all its branches (Section 330(g) of the PHS Act), as defined by the North American Industry Classification System under codes 111, 112, 151, and 1152 (48 CFR § 219.303). For more information about the North American Industry Classification System, see [North American Industry Classification System \(NAICS\) U.S. Census Bureau](#).

HEALTH CARE FOR THE HOMELESS (HCH) APPLICANTS:

- Comply with PHS Act section 330(h), and as applicable, section 330(e), program regulations, requirements, and policies.
- Provide substance use disorder services.
- Provide a plan that ensures the availability and accessibility of required primary health services to people:
 - Who lack housing (whether or not the person is a part of a family).
 - Whose main residence during the night is a supervised public or private facility that provides temporary lodging.
 - Who live in transitional housing.
 - Who live in permanent supportive housing or other housing programs for people experiencing homelessness. See the UDS Manual for examples of shelter arrangements.
 - Who are children and youth at risk of homelessness, homeless veterans, and veterans at risk of homelessness.

PUBLIC HOUSING PRIMARY CARE APPLICANTS (PHPC)⁹

- Comply with PHS Act section 330(i); and as applicable, section 330(e), program regulations, requirements, and policies.
- Consult with residents of the proposed public housing sites on the planning and administration of the program.

⁹ For purposes of service sites, the term “Immediately accessible” means that the service site is within or adjacent to the public housing and that no physical barriers (for example, a highway or river) exist that prevent this medically underserved population from accessing the service site.

- Ensure the availability and accessibility of required primary health services to residents of public housing and people living in areas immediately accessible to public housing.
 - Public housing is low-income housing that is developed, owned, or assisted by a public housing agency, including mixed finance projects.
 - Public housing does not include housing units that accept Section 8 housing vouchers, but do not receive other support from a public housing agency.

Step 2: Get Ready to Apply

Get Registered

SAM.gov

You must have an active account with SAM.gov. This includes having a UEI. SAM.gov registration can take several weeks. Begin that process today.

To register, go to [SAM.gov Entity Registration](#) and click Get Started. From the same page, you can also click on the Entity Registration Checklist for the information you will need to register. If you already registered in SAM.gov, make sure your account is active. You must renew each year.

HRSA Electronic Handbooks (EHBs)

You must also have a user account in [EHBs](#). Once you create your application, your Authorizing Official (AO) must submit it in HRSA EHBs within 90 days. See the HRSA EHBs LAL-ID User Guide for more information.

Application writing help

The [Health Center Program Compliance Manual](#) explains the Health Center Program requirements.

The [Apply for Look-Alike Initial Designation \(LAL ID\)](#) includes:

- Applicant TA webinar,
- Sample documents,
- Tools to help you develop your application, and
- Contact information.

Need Help? See [Contacts & Support](#).

Step 3: Write Your Application

Application contents & format

Submit your LAL-ID application in EHBs.

There is a 90-page limit for the overall application. The [Application checklist](#) specifies what counts in this limit.

Submit your information in English and express budget figures using U.S. dollars.

Make sure you include each of these:

| Components | Submission format | Included in the page limit? |
|--|---|--|
| Project abstract | Attachment | No |
| Project narrative | Attachment | Yes |
| Budget narrative | Attachment | Yes |
| Attachments | Insert each in the Other Attachments form | Yes, except for <ul style="list-style-type: none">Attachment 2: Service Area Map and TableAttachment 4: BylawsAttachment 6: Co-applicant AgreementAttachment 9: Evidence of Non-profit or Public Agency StatusAttachment 15: Collaboration DocumentationAttachment 18: Other Relevant Documents |
| Program-specific forms | Upload using each required form | No |

Project abstract

The project abstract should be a single-spaced, one page summary of the application. Place the following at the top of the abstract:

- Project Title: Look-alike Initial Designation.

- Applicant organization name and address.
- Web page address (if applicable).
- Project Director name, phone number, and email address.

Summarize the following:

- Short history of the organization and community/population group(s) served.
- Current number of providers, service delivery locations and date each site began providing comprehensive primary care services, services provided, and current and projected number of unduplicated patients.
- Major health care needs and barriers to care in the service area and how the LAL will address those needs and increase access to care.

Project narrative

In this section, you will describe all aspects of your project. Make it brief and clear. It should be **consistent with forms and attachments**.

- Describe the entire scope of the project (services, providers, sites, service area ZIP Codes, and patient population).
- Document that you are **currently** providing all required primary health care services to residents within the proposed service area.
- Show that you comply with the Health Center Program requirements in the [Health Center Program Compliance Manual](#).
- Use these section headings in order, and number responses in each section: Need, Response, Collaboration, Impact/Evaluative Measures, Capacity, and Governance. Refer to Attachments as necessary.

Need

- Describe how you comply with the Needs Assessment Health Center Program requirement described in [Chapter 3: Needs Assessment](#) of the [Health Center Program Compliance Manual](#).
- Align your activities and goals with the identified needs throughout the application and show that these needs inform and improve the delivery of your health center services.
- Include data informed by or gathered through consultation with appropriate state and local government agencies (for example health department, state Medicaid agency, state Primary Care Office) and data informed by or gathered through consultation with other health care providers.
- Include the Service Area Needs Assessment Methodology (SANAM) Unmet Need Score (UNS) to quantify unmet need in your proposed service area. See the UNS Map Tool and other resources available on [Apply for Look-Alike Initial Designation \(LAL ID\)](#).

- 1) Describe your proposed service area (consistent with [Attachment 2: Service Area Map and Table](#)), including:
 - a) How the proposed service area overlaps with political subdivisions, like counties, cities, townships, and school districts.
 - If all the ZIP Codes in your proposed service area are not next to each other, or do not border your proposed service area, explain why.
 - b) What barriers to care exist in your proposed service area, including access to health insurance.
 - c) How the proposed service area reflects where most of your current patients live. Service Area ZIP Codes on [Form 5B: Service Sites](#) (PDF) should include the ZIP Codes where at least 75% of the current patients live, based on your current number of unduplicated patients on [Form 1A: General Information Worksheet](#) (PDF) and listed on [Attachment 1: Patient Origin and Utilization Information](#).
 - d) How the proposed service area is currently served by the Health Center Program, including:
 - Health Center Program (including Health Center Program award recipients and LALs) penetration percentages in your [Attachment 2: Service Area Map and Table](#).
 - How much of your target population is already served by current health centers and LALs. Discuss your proposed service area's overall Health Center Program penetration percentage (including Health Center Program award recipients and LALs) from [Attachment 2: Service Area Map and Table](#). If your proposed service area's Health Center Penetration Level is 50 or above, you will provide more information on [Attachment 18: Other Relevant Documents](#).
 - How much of your target population is currently served by other primary health care providers. (For example, rural health clinics, critical access hospitals, private providers serving Medicaid patients).
 - e) The locations of current Health Center Program health centers and LALs and how close they are to your service site(s). If your service delivery site is located in or overlaps with the service area of any existing permanent, full-time, fixed health center or LAL service delivery site, explain why additional health center services are necessary to meet unmet needs in the community. You must also provide more information in [Attachment 18: Other Relevant Documents](#). Note if it is in an [Opportunity Zone](#).
- 2) Describe the health care needs that are not being met in your proposed service area. If you are applying for MHC, HCH and/or PHPC designation, include the unmet needs of each targeted special population. Cite relevant data and their sources, which may include the UNS. Address the following:

- a) How often you conduct or update the needs assessment and use the results to inform and improve service delivery.
- b) Gaps in available primary care, including behavioral health services.
- c) Factors that affect health care access and outcomes, including, but not limited to the need for:
 - Referrals to other medical providers for specialty, substance use disorder, and mental health services,
 - Patient case management services (including counseling, referral, and follow-up services) to help address health related social needs,
 - Other services designed to help patients access Federal, State, and local programs that provide or financially support the provision of medical, social, housing, educational, or other related services; services that help patients use the services of the health center including:
 - Outreach
 - Transportation and,
 - Translation services for patients best served in a language other than English,
 - Education of patients and the medically underserved population served by the health center regarding the availability and proper use of health services,
 - Barriers to accessing primary health care, and
 - Education of patients and the population (including under- and uninsured) about the availability of health center services based on family size and income.
- d) Other health-related social needs that may affect access to care and contribute to poor health outcomes. Most significant causes of morbidity and mortality (for example, diabetes, cancer, cardiovascular disease, low birth weight, and substance use disorder).

Response

- Tell us how you'll address each of the stated needs in the Need section question #2, above.
- Tell us how you comply with the Health Center Program requirements described in the following chapters of the [Health Center Program Compliance Manual](#):
 - [Chapter 4: Required and Additional Services](#),
 - [Chapter 6: Accessible Locations and Hours of Operation](#),
 - [Chapter 7: Coverage for Medical Emergencies During and After Hours](#),
 - [Chapter 8: Continuity of Care and Hospital Admitting](#), and
 - [Chapter 9: Sliding Fee Discount Program](#).

Document how you provide all required services¹⁰ and any proposed additional services¹¹ on [Form 5A: Services Provided](#) (PDF) directly (Column I), through contracts that the health center pays for (Column II), or through formal referral arrangements (Column III). Note: General Primary Medical Care must be offered either directly by your health center (Column I) or via contracts in which your health center pays for the service (Column II). General Primary Medical Care cannot be provided solely by formal written referral arrangements (Column III).

1) Discuss the following:

- a) The contracts or formal written referral arrangements in place for any services you do not directly provide, consistent with [Attachment 7: Contracts and Referral Arrangements](#).
- b) If you provide primary health care, key management, or administrative services via contract. If so, include the contract/agreement as an attachment to [Form 8: Health Center Agreements](#) (PDF).
- c) How you document services provided through contractual agreements ([Form 5A: Services Provided](#) [PDF], Column II) in the patient's record and how your health center pays for the services.
- d) The process for services provided through formal written referral arrangements ([Form 5A: Services Provided](#) [PDF], Column III). Describe how you track and refer patients back to your health center for follow-up care.
- e) How you conduct outreach to inform the community of the services available, including any outreach to under- and uninsured individuals. Address the barriers to care identified in the Need section and for any targeted special populations. Discuss the following:
 - Referrals to other medical providers for specialty, substance use disorder, and mental health services if you do not provide these services directly,
 - Patient case management services (including counseling, referral, and follow-up services) to help address health related social needs,
 - Other services designed to help patients access Federal, State, and local programs that provide or financially support the provision of medical, social, housing, educational, or other related services; services that help patients use the services of the health center including:
 - Outreach
 - Transportation and,
 - Translation services for patients best served in a language other than English,
 - Education of patients and the medically underserved population served by the health center regarding the availability and proper use of health services,

¹⁰ Refer to [Scope of Project](#), including the [Form 5A Column Descriptors](#) (PDF) for information about service delivery methods.

¹¹ Additional services are not required. However, when offered as part of your proposed scope of project, they must be made available to all patients, and provided based on family size and income.

- Barriers to accessing primary health care, and
- Education of patients and the population (including under- and uninsured) about the availability of health center services regardless of ability to pay.

f) How all age groups will have access to all required services and any additional services.

Applicants requesting MHC funding: How you provide work-related health services such as injury prevention and screening for parasitic infections.

Applicants requesting HCH designation: How you provide substance use disorder services (consistent with [Form 5A: Services Provided](#) (PDF)).

Applicants requesting PHPC designation:

- How you consulted with public housing residents in the proposed service area as you developed the LAL service delivery plan.
 - How you involve public housing residents in administration of the proposed LAL project.
- 2) Describe your service delivery site(s) and how you ensure services are available and accessible (consistent with [Form 5A: Services Provided](#) [PDF]) in the service area where the target population lives and works (for example, areas immediately accessible to public housing for applicants targeting residents of public housing). You must address:
 - a) How patients have access to the full range of services. For applicants with more than one site, include the distance and travel time between service sites if all services are not available at all sites. If your service delivery sites are distant from each other, explain how this supports your patient population.
 - b) How you minimize access barriers. Include those related to the area's physical characteristics, residential patterns, or economic and social groupings.
 - 3) Describe how you address care coordination, including hospital admitting privileges, follow up with hospitalized patients or patients seen in the emergency department, and share information with other providers.
 - 4) Describe the following aspects of your board-approved sliding fee discount program (SFDP) policies:
 - a) How they apply uniformly to all patients.
 - b) Definitions of income and family size.
 - c) How you assess all patients for sliding fee discount eligibility based only on income and family size.
 - d) How you adjust patient charges based on the ability to pay (consistent with [Attachment 14: Sliding Fee Discount Schedule](#)).
 - e) How any nominal charge, for patients with incomes at or below 100% of the [Federal Poverty Guidelines](#) (FPG), is (1) nominal from the patient's perspective, (2) flat, and (3) does

not reflect the actual cost of the service. Indicate “not applicable” if you do not have a nominal charge.

- 5) Describe how you respond to emergencies during and after regularly scheduled hours.
 - a) How you have at least one staff member certified in basic life support at each service delivery site (consistent with [Form 5B: Service Sites](#) [PDF]).
 - b) How after-hours coverage is provided by telephone or in-person, by staff qualified to assess the need for emergency care and refer patients to a licensed practitioner, the emergency department, or urgent care.
 - c) How you inform patients of after-hours coverage, including those best served in a language other than English and those patients with limited literacy levels.
- 6) Indicate the current patients that you serve, as documented on [Form 1A: General Information Worksheet](#) (PDF) and [Attachment 1: Patient Origin and Utilization Information](#). Describe how you determined the projected number of patients to be served by the end of the three-year designation period.

Collaboration

- Show that you comply with the Collaborative Relationships Health Center Program requirement described in [Chapter 14: Collaborative Relationships](#) of the [Health Center Program Compliance Manual](#).
- Provide supporting documents in [Attachment 15: Collaboration Documentation](#).
 - 1) Describe efforts to collaborate with other providers in your proposed service area (consistent with [Attachment 2: Service Area Map and Table](#)). Address the following:
 - a) How you collaborate with providers of specialty services and other services not available through your health center.
 - b) How you work with others to reduce non-urgent use of hospital emergency departments.
 - c) How you coordinate your services with others that serve similar populations (such as health departments, schools, community organizations, homeless shelters, Indian Health Services).
 - 2) Describe how you made your local community aware of your intent to apply for LAL-ID designation or to submit your LAL-ID application (for example, outreach to Primary Care Associations, Public Health Departments, proposed service area Health Center Program award recipients and LALs).

HRSA requests this information to ensure transparency to the local community and alert local health care providers of an opportunity to collaborate with a potential new look-alike.
 - 3) Describe how you ensure that primary care services complement other health services in the community, particularly services provided by critical access hospitals, rural health clinics, and other nearby Health Center Program service delivery site(s).

- 4) In [Attachment 15: Collaboration Documentation](#), provide letters of support or documentation that you requested those letters from providers in the proposed service area (consistent with [Attachment 2: Service Area Map and Table](#)). Letters and other documentation should clearly state support of your proposed LAL. You must provide evidence of support from:

- Health centers (including LALs),
- Rural health clinics and critical access hospitals, if applicable, and
- Public Housing Authority if you are requesting PHPC funding.

If you do not have a letter of support from health centers, rural health clinics, and critical access hospitals in your proposed service area:

- a) Describe your efforts to establish a working relationship with these providers and how you ensure that your services complement health services they provide.
- b) Provide evidence of your request for the letter of support in [Attachment 15: Collaboration Documentation](#).
- c) Explain why you could not obtain documentation and provide evidence of efforts in [Attachment 15: Collaboration Documentation](#). Include descriptions of email, text, in-person, telephone or video outreach and the response.

If letters of support are obtained from all health centers overlapping your proposed services area, HRSA will streamline its review of Need and Collaboration.

Impact/Evaluative Measures

Describe how you comply with the Health Center Program requirements in these chapters of the [Health Center Program Compliance Manual](#):

- [Chapter 10: Quality Improvement/Assurance](#), and
- [Chapter 18: Program Monitoring and Data Reporting Systems](#).

- 1) Describe how your Quality Improvement/Assurance (QI/QA) program addresses:
 - a) Adherence to current clinical guidelines and standards of care.
 - b) Patient safety issues, including follow-up actions taken, as necessary.
 - c) Assessment of patient experience including hearing and resolving patient grievances.
 - d) Quarterly QI/QA assessments using data from patient records to make modifications to services.
 - e) How QI/QA reports support oversight of services.
 - f) Responsibilities of the person assigned to oversee the QI/QA program.
- 2) Describe how your electronic health record (EHR) system will:
 - a) Protect and safeguard confidentiality of patient information, consistent with federal and state requirements.

- b) Be used for performance monitoring and improvement of patient outcomes.
- c) Track social risk factors that impact patient and population health.

Capacity

Describe how you comply with the Health Center Program requirements in these chapters of the [Health Center Program Compliance Manual](#):

- [Chapter 1: Health Center Program Eligibility](#),
 - [Chapter 5: Clinical Staffing](#),
 - [Chapter 11: Key Management Staff](#),
 - [Chapter 12: Contracts and Subawards](#),
 - [Chapter 13: Conflict of Interest](#),
 - [Chapter 15: Financial Management and Accounting Systems](#), and
 - [Chapter 16: Billing and Collections](#).
- 1) Describe your organizational structure (consistent with [Attachments 4: Bylaws](#), [8: Articles of Incorporation](#), [11: Organizational Chart](#), and, if applicable, [6: Co-Applicant Agreement](#)). Address the following:
 - a) Whether your health center is part of a parent, affiliate, subsidiary, or a related organization.
 - b) How the health center is independently owned, controlled, and operated (consistent with [Form 8: Health Center Agreements](#) [PDF]).
 - c) How you play a substantive role in the LAL project.
 - d) How you maintain oversight and authority over all contracts for services, sites, and substantive programmatic work (consistent with [Forms 5A: Services Provided](#) [PDF], [5B: Service Sites](#) [PDF], and [8: Health Center Agreements](#) [PDF], and [Attachment 7: Contracts and Referral Arrangements](#)).¹²
 - e) How you ensure control over your health center's assets and liabilities (consistent with [Attachment 10: Financial Statements](#)).
 - f) How the Project Director (PD)/Chief Executive Officer (CEO) will report to the board and oversee other key staff in carrying out the day-to-day activities of the proposed project. Note: The PD/CEO must be a direct employee of your health center. See [Chapter 11: Key Management Staff](#) of the [Health Center Program Compliance Manual](#).
 - 2) Describe how your staffing plan (consistent with [Form 2: Staffing Profile](#)) and credentialing and privileging policies and procedures:

¹² Upon designation, your organization will be the legal entity held accountable for carrying out the approved Health Center Program scope of project, including any activities carried out by contractors.

- a) Ensure that clinical staff, contracts, and/or formal written referral arrangements with other providers/organizations will carry out all required and additional services (consistent with [Form 5A: Services Provided](#) [PDF]).
 - b) Considered size, demographics, and health care needs of the proposed service area/patient population when determining the number and mix of clinical support staff.
 - c) Maintain documentation of licensure, credentialing verification, and privileges for clinical staff (for example, employees, individual contractors, and volunteers). Describe who has approval authority for credentialing and privileging of clinical staff.
- 3) Describe your management team, including the PD/CEO, clinical director (CD), chief financial officer (CFO), chief information officer (CIO), chief operating officer (COO)) as applicable. Be consistent with [Attachment 12: Position Descriptions for Key Personnel](#) and [Attachment 13: Biographical Sketches for Key Personnel](#). Address the following:
- a) How the team will support the operation and oversight of the proposed project, including accountability, policies, and risk management.
 - b) How the CEO reports to the board and oversees other key staff in carrying out the day-to-day activities of the proposed project. If the CEO is part time, discuss how this is sufficient oversight of your health center.
- 4) Describe how your financial accounting and internal control systems and policies ensure (as documented in [Attachment 10: Financial Statements](#)):
- a) Effective control over the LAL applicant's funds, property, and other assets.
 - b) Capacity to track the financial performance of the organization.
 - c) The proposed scope of project for the LAL designation is maintained as separate and distinct from any other lines of business, if applicable.
- 5) Describe how you will make every reasonable effort to:
- a) Request payments from patients, while ensuring no patient is denied service because they cannot pay.
 - b) Bill Medicare, Medicaid, Children's Health Insurance Program (CHIP), and other public and private assistance programs or insurance.
- 6) Describe how you mitigate conflict of interest by board members, employees, and others when buying supplies, property, equipment, and services as outlined in [Chapter 13](#) of the [Health Center Program Compliance Manual](#)
- 7) Describe your current capability and/or plans for maintaining continuity of services during disasters, public health, and other emergencies, including:¹³

¹³ Consistent with the Center for Medicare & Medicaid Services (CMS) national emergency preparedness requirements. See details at [CMS Emergency Preparedness Rule](#).

- a) Response and recover plans,
- b) Backup communications systems,
- c) Patient record access, and
- d) Coordination with state and local emergency plans.

Governance

This section must comply with the Health Center Program requirements in these chapters of the [Health Center Program Compliance Manual](#).

- [Chapter 19: Board Authority](#), and
- [Chapter 20: Board Composition](#).

Native American tribal or urban Indian organizations are ONLY required to respond to Item 5 below.

- 1) Describe where in [Attachment 4: Bylaws](#) you document meeting the following board composition requirements (consistent with compliance demonstrated on Form 6A: Current Board Member Characteristics):
 - a) Board size is at least 9 and no more than 25 members.¹⁴
 - b) At least 51% of board members are patients¹⁵ served by your health center.¹⁶
 - c) Patient members of the board represent those served by your health center in terms of demographic factors such as sex, race, and ethnicity.
 - d) Non-patient members live or work in the community served by your health center.
 - e) Non-patient members are selected for their expertise and skills (such as community affairs, local government, finance, law, trade unions, industry, or social services).
 - f) No more than one-half of non-patient board members earn more than 10% of their annual income from the health care industry.
 - g) Health center employees and immediate family members of employees (spouses, children, parents, or siblings through blood, adoption, or marriage) may not be health

¹⁴ For the purposes of the Health Center Program, the term 'board member' refers only to voting members of the board.

¹⁵ For the purposes of board composition, a patient is an individual who has 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 patient received service are within the proposed scope of project.

¹⁶ If you are targeting only [special populations](#) (MHC, HCH, and/or PHPC), you may request a waiver of the 51% patient majority board composition requirement by showing good cause on [Form 6B: Request for Waiver of Board Member Requirement](#) (PDF). (as applicable). A waiver of the 51% patient majority governance requirement is not available for applicants requesting CHC designation.

center board members.¹⁷

Note: Document current board members on Form 6A: Current Board Member Characteristics including at least one member from/for **each special population** for which you are requesting designation. The member must be able to clearly communicate the special population's needs/concerns (e.g., migratory and seasonal agricultural workers advocate, former or current homeless individual, current resident of public housing).

- 2) Describe where in [Attachment 4: Bylaws](#) and, if applicable, [Attachment 6: Co-Applicant Agreement](#) you document the following board authority requirements:
 - a) Holding monthly meetings.
 - b) Approving the selection (and dismissal or termination) of the PD/CEO.
 - c) Approving the Health Center Program budget and applications.
 - d) Approving sites, hours of operation, and services.
 - e) Evaluating the performance of your health center.
 - f) Establishing or adopting policies related to the operations of your health center.
 - g) Making sure your health center operates in compliance with applicable federal, state, and local laws and regulations.
- 3) Describe how your governing board maintains authority and oversight of the Health Center Program project, as recorded in board minutes and other relevant documents and outlined in Attachments [4: Bylaws](#), [6: Co-Applicant Agreement](#), [8: Articles of Incorporation](#), [11: Organizational Chart](#):
 - a) How no individual, entity, or committee (including, but not limited to, an executive committee) reserves or has approval/veto power over the board regarding the required authorities and functions.
 - b) How collaborations or contracts do not restrict or infringe on the board's required authorities and functions (consistent with [Form 8: Health Center Agreements](#) [PDF], as applicable).
 - c) When the board last performed the following functions:
 - Conducting and approving the evaluation of the Project Director/CEO,
 - Approving the annual budget,
 - Monitoring the financial status of your health center, including reviewing the results of the annual audit, and taking appropriate follow-up actions,
 - Conducting long-range/strategic planning, and

¹⁷ In the case of public agencies with [co-applicant](#) boards, this includes employees or immediate family members of either the co-applicant organization or the public agency in which your health center project is located (for example, employees within the same department, division, or agency).

- Evaluating the performance of your health center.

d) When the board approved the look-alike application.

Applicants requesting PHPC designation: Confirm that you consulted with residents of the targeted public housing. Describe how residents of public housing will be involved in administration of the health center.

- 4) **PUBLIC AGENCY APPLICANTS WITH A CO-APPLICANT BOARD ONLY:**¹⁸ Describe the public agency's relationship with the co-applicant board:
 - a) Brief history of the partnership.
 - b) How the co-applicant board provides oversight of the proposed LAL scope of project.
 - c) How you collaborate in carrying out the proposed scope of project.
- 5) **INDIAN TRIBES OR TRIBAL, INDIAN, OR URBAN INDIAN APPLICANTS ONLY:** Describe your governance structure, and how you:
 - a) Get input from the community/target population on health center priorities.
 - b) Ensure fiscal and programmatic oversight of the Health Center Program project.

Program-specific forms

You will need to complete a cover page and some program-specific forms. Complete the forms in EHBs. See the HRSA EHBs LAL-ID User Guide for help completing the forms in EHBs.

Refer to [Apply for Look-Alike Initial Designation \(LAL ID\)](#) for Program-Specific Form samples and instructions.

Cover page

Program-specific forms

[Form 1A: General Information Worksheet](#) (PDF)

Note: Make sure to enter your organization's Unmet Need Score (UNS) as generated after entering all ZIP Codes from Form 5B, in line 2c. Unmet Need Score.

In the Applicant Information section on Form 1A, make sure you provide:

- Your entity's Legal Name – you must ensure all application documents refer to the legal organization or any identified “doing business as” aliases.
- Employer Identification Number.
- Organization Unique Entity Identifier (UEI).
- Mailing Address.

¹⁸ For public agency applicants with a co-applicant board, the public agency may establish and retain the authority to adopt and approve policies that support financial management and accounting systems and personnel policies. Only public agency applicants may establish a separate co-applicant health center governing board to meet all Health Center Program requirements. Refer to [Chapter 19: Board Authority](#) of the [Health Center Program Compliance Manual](#).

[Form 1C: Documents on File](#) (PDF)

[Form 2: Staffing Profile](#) (PDF)

[Form 3: Income Analysis](#) (PDF)

[Form 3A: Look-Alike Budget Information](#) (PDF)

Form 4: Community Characteristics

[Form 5A: Services Provided](#) (PDF)

[Form 5B: Service Sites](#) (PDF)

[Form 5C: Other Activities/Locations \(if applicable\)](#) (PDF)

Form 6A: Current Board Member Characteristics

[Form 6B: Request for Waiver of Board Member Requirements](#) (PDF)

[Form 8: Health Center Agreements](#) (PDF)

[Form 12: Organization Contacts](#) (PDF)

Attachments

Upload your attachments in EHBs in the order that we list them and clearly label each attachment.

The attachments should show compliance with Health Center Program requirements, as detailed in the [Health Center Program Compliance Manual](#).

Label each attachment according to the number provided (for example, Attachment 4: Bylaws).

Merge similar documents (for example, letters of support) into a single file. Provide a table of contents for attachments with multiple components.

Attachment 1: Patient Origin and Utilization Information

Upload a patient origin report, listing all the ZIP Codes in which current patients reside and the number of patients from each ZIP Code, starting with the ZIP Code with the greatest number of patients served (see sample table below). Your proposed service area should be comprised of the ZIP Codes where at least 75% of the current patients reside. The list should be consistent with the ZIP Codes entered on [Form 5B: Service Sites](#) (PDF) and [Attachment 2: Service Area Map and Table](#).

The total number of patients should be consistent with the current number of unduplicated patients indicated on [Form 1A: General Information Worksheet](#) (PDF).

Table 2: Sample Patient Origin Report

| | ZIP Code | Number of Patients | Percent of Total |
|---------------------------------------|----------|--------------------|------------------|
| Service Area ZIP Codes (at least 75%) | 00005 | 806 | 40% |
| | 00004 | 499 | 25% |
| | 00001 | 293 | 15% |
| | 00008 | 202 | 10% |
| ZIP Codes for Other Patients Served | 00002 | 65 | 3% |
| | 00007 | 20 | 1% |
| | Other | 67 | 3% |
| | Unknown | 58 | 3% |
| TOTAL | | 2,010 | 100% |

Attachment 2: Service Area Map and Table

Create a map and table using the [GeoCare Navigator](#). For a tutorial, see the [Health Center Program GeoCare Navigator Introduction](#). Upload the map, indicating:

- Your service site(s) listed on [Form 5B: Service Sites](#) (PDF),
- Proposed service area ZIP Codes (consistent with patient origin report in [Attachment 1: Patient Origin and Utilization Information](#)),
- MUA/P,¹⁹
- Health Centers and LALs, and
- Other health providers serving the ZIP Codes, as described in the [Collaboration](#) section of the Project Narrative.

Include the corresponding table created by the [GeoCare Navigator](#) that lists:

- Each ZIP Code tabulation area (ZCTA) in the proposed service area,
- The number of health centers and LALs serving each ZCTA,
- The dominant award recipient serving each ZCTA,

¹⁹ Serving a designated MUA/P is a requirement for applicants requesting look-alike designation to serve the general medically underserved population (CHC). See [Eligibility](#).

- Total population and low-income population for each ZCTA,
- Total Health Center Program award recipient and LAL patients, and
- Low-income population and total population Health Center Program penetration levels, (including Health Center Program award recipients and LALs) for each ZCTA and for the overall proposed service area.

Attachment 3: Medicare and Medicaid Documentation

Upload documentation from CMS and your State Medicaid agency demonstrating that your organization is a primary care provider that receives payments from Medicare and Medicaid for eligible patients.

Attachment 4: Bylaws

Upload a complete copy of your most recent bylaws. **Bylaws must be signed and dated**, as proof of approval by the governing board. Bylaws must be compliant with Health Center Program requirements in [Chapter 19: Board Authority](#) and [Chapter 20: Board Composition](#) of the [Health Center Program Compliance Manual](#). If you are a public agency with a co-applicant, you must submit the co-applicant governing board's bylaws. See the [Governance](#) section of the Project Narrative for details.

Attachment 5: Governing Board Meeting Minutes

Upload the most current six months of governing board meeting minutes that:

- Include evidence of board oversight and decision-making, including the board's involvement in the development and approval of the LAL application.
- Adequately capture board discussions, actions, and decisions.

See [Chapter 19: Board Authority](#) of the [Health Center Program Compliance Manual](#). Indian tribes or tribal, Indian, or urban Indian applicants are not required to submit board meeting minutes.

Attachment 6: Co-Applicant Agreement for Public Agencies

If you are a public agency and your board cannot meet all Health Center Program governance requirements, you must establish a separate co-applicant board. Public agency applicants that have a co-applicant board must submit the entire formal co-applicant agreement that:

- Is signed by both the co-applicant governing board and the public agency.
- Delegates the required authorities and functions to the co-applicant board.
- Delineates the roles and responsibilities of the public agency and the co-applicant in carrying out the Health Center Program project.

Note: Public agencies must comply with all applicable governance requirements and regulations. See the [Chapter 19: Board Authority](#) and [Chapter 20: Board Composition](#) of the [Health Center Program Compliance Manual](#).

Attachment 7: Contracts and Referral Arrangements

Upload two brief summaries described below. Do not include contracts for the acquisition of supplies, material, equipment, or general support services (for example, janitorial services).

- 1) A summary of all patient service-related contracts and referral arrangements, consistent with [Form 5A: Services Provided](#) (PDF), Columns II and III. If you do not have such agreements, indicate this in the narrative. Refer to the [Scope of Project](#) documents, including the [Service Descriptors for Form 5A: Services Provided](#) (PDF). Address the following:
 - a) Name of each contractor or referral organization (for example, provider).
 - b) Type of agreement (for example, contract, referral arrangement).
 - c) Brief description of the type of services provided, how and where services will be provided, and the timeframe for the agreement.
 - d) How services will be provided in compliance with [Sliding Fee Discount Program](#) requirements.
- 2) A summary of other agreements (for example, property lease, affiliation agreements, contracts for management and other services) including:
 - a) Name of each affiliated or related agency or contractor, and
 - b) Brief description of each agreement, including the type of services to be provided, how and where services will be provided, and the timeframe.

Note: HRSA may request that you submit contract(s) and/or written referral arrangement(s) during the preliminary eligibility review. Additionally, all contract, referral, and affiliation agreements must be available for review during an Operational Site Visit (see the [Application Review](#) section).

Attachment 8: Articles of Incorporation

Upload your Articles of Incorporation official signatory page (including state seal or stamp) that documents non-profit status.

- A public agency with a co-applicant will upload the co-applicant's Articles of Incorporation signatory page, if incorporated.
- A Native American tribal organization will reference its designation in the Federally Recognized Tribal Entity List maintained by the Bureau of Indian Affairs.

Attachment 9: Evidence of Nonprofit or Public Agency Status

If you are a private, nonprofit organization, submit one of the following:

- A copy of your currently valid Internal Revenue Service (IRS) tax exemption letter or certificate.

- A statement from a state taxing body, state attorney general, or other state official certifying that your organization has a nonprofit status and that none of the net earnings accrue to any private shareholders or individuals.
- A certified copy of your certificate of incorporation or similar document (for example, Articles of Incorporation). It must have the state or tribal seal and clearly show nonprofit status.
- Any of the above proof for a state or local office of a national parent organization, and a statement signed by the parent organization that your organization is a local nonprofit affiliate.

If you are a public agency, submit one of the following:

- A current dated letter affirming the organization's status as a state, territorial, county, city, or municipal government; a health department organized at the state, territory, county, city, or municipal level; or a subdivision or municipality of a United States (U.S.) affiliated sovereign State (for example, Republic of Palau).
- A copy of the law that created the organization and that grants one or more sovereign powers (for example, the power to tax, eminent domain, police power) to the organization (for example, a public hospital district). If you choose to provide this, clearly indicate the part of the law that specifically names your organization.
- A ruling from the State Attorney General affirming the legal status of an entity as a political subdivision or instrumentality of the State (for example, a public university).
- A "letter ruling" which provides a determination by the IRS of the organization's exempt status as an instrumentality under Internal Revenue Code Section 115.

Attachment 10: Financial Statements

Upload the most recent six consecutive months of financial statements, showing each month's revenue/expense statement and balance sheet. The financial statements should clearly show primary health care expenses and income.

Attachment 11: Organizational Chart

Upload a one-page document that shows your current organizational structure. Include:

- Lines of authority, including the board and any affiliated or related organizations.
- Each key employee's position title, name, and full-time equivalents (FTEs).

Public agencies with co-applicant arrangements must document the relationship between the co-applicant and the public agency and the lines of authority for your health center.

Attachment 12: Position Descriptions for Key Personnel

Upload current position descriptions for key management staff (for example, PD/CEO, CD, CFO, CIO, COO). Include training and experience, qualifications, duties, functions, and if the positions are combined or part time. The PD/CEO position description must address:²⁰

- Direct employment by your health center.
- Reporting directly to the health center's board.
- Oversight of other key management staff in the day-to-day activities necessary to carry out the project.

Attachment 13: Biographical Sketches for Key Personnel

Upload current biographical sketches for key management staff (for example, PD/CEO, CD, CFO, CIO, COO), consistent with [Form 2: Staffing Profile](#) (PDF). Do not exceed **two pages** for each. They must include qualifications, training, and experience working with underserved populations, as applicable.

Attachment 14: Sliding Fee Discount Schedule

Upload your sliding fee discount schedule (SFDS). It must be consistent with the policy described in the [Response](#) section of the Project Narrative. Your SFDS must provide discounts as follows:

- Discounts are based on the most current [Federal Poverty Guidelines \(FPG\)](#). In assessing compliance with sliding fee discount requirements, HRSA will take into consideration that the FPG may have been updated after your application was submitted.
- A full discount is provided for people with annual incomes at or below 100% of the current FPG, unless you have a nominal charge, which would be less than the fee paid by a patient in the first sliding fee discount pay class above 100% of the FPG.

²⁰ For more information, see [Chapter 11: Key Management Staff](#) of the [Health Center Program Compliance Manual](#).

- Partial discounts are provided for people with incomes above 100% of the current FPG and at or below 200% of the current FPG. You must include at least three discount pay classes based on income levels.
- No discounts provided to individuals and families with annual incomes above 200% of the current FPG.

Upload each SFDS if you have more than one, such as for medical and dental. For details, see [Chapter 9: Sliding Fee Discount Program](#) of the [Health Center Program Compliance Manual](#).

Attachment 15: Collaboration Documentation

Upload current, dated, letters of support and other documentation showing collaboration or commitment, specific to the proposed scope of project. If you do not have a requested letter of support, upload documentation of efforts to obtain those letters of support. See the [Collaboration](#) section of the Project Narrative for details on what is required.

Letters of support should be addressed to your board, CEO, or other key management staff.

Attachment 16: Floor Plans

For all service sites listed on [Form 5B: Service Sites](#) (PDF), upload floor plans that show exam rooms and waiting area(s). Indicate the area of the building to be used (for example, suites, floors) and the address.

Attachment 17: Budget Narrative

Upload a budget narrative for the first year of the LAL designation period. The budget narrative should be consistent with [Form 3A: Look-alike Budget Information](#), (PDF), [Form 3: Income Analysis](#) (PDF), and [Form 2: Staffing Profile](#) (PDF). Budget documents and forms must comply with the Budget Health Center Program requirements described in [Chapter 17: Budget](#) of the [Health Center Program Compliance Manual](#).

Refer to forms as needed. Include revenues and expenses for the entire LAL scope of project. Present the budget in line-item format with narrative justification that explains how each line item is derived (for example, number of visits, cost per unit). If using Excel or other spreadsheet documents, do not use multiple sheets (tabs). If you include indirect costs, indicate the type of indirect rate (provisional, predetermined, final, fixed, or *de minimis*) performance. If you've never received a negotiated indirect cost rate, you may elect to charge a *de minimis* rate of 15% of modified total direct costs.

Attachment 18: Other Relevant Documents

Upload any other relevant documents as described throughout the application if they apply.

If you are requesting indirect costs in your budget, upload your indirect cost rate agreement if you are requesting more than the *de minimus* rate.

You must provide additional information if your proposed site(s) is within one mile of a current Health Center Program award recipient or look-alike site. Note: You do not need to provide this extra documentation if the only sites that meet this criterion are your own sites.

You must also provide additional information if:

- You select “urban” on Form 1A, and your proposed look-alike site is more than 15 miles from your closest proposed look-alike site, if proposing multiple sites.
- You select “rural” on Form 1A, and your proposed look-alike site is more than 30 miles from your closest proposed look-alike site, if proposing multiple sites.

Explain why the LAL is necessary to meet the needs of underserved populations in that area. Note: You do not need to provide this extra documentation if the only sites that meet this criteria are your own sites.

Indicate:

- The walking or driving distance and public transportation time between your proposed site(s) and current Health Center Program awardee or LAL service delivery site(s).
- Gaps in service delivery.
- Why your target population may not be able to access services currently.
- Why you did not choose another location that is farther away from other health center sites.
- Explain how you collaborate with every Health Center Program awardee or LAL that is located in or overlaps with your proposed service area. You will also provide letters of support from these health centers in [Attachment 15: Collaboration Documentation](#).

You must provide additional information if your proposed service area has a Health Center Program penetration level (including Health Center Program award recipients and LALs) of the low-income population that is 50% or greater (per [GeoCare Navigator](#)). In [Attachment 18: Other Relevant Documents](#), upload the following additional data and narrative:

- Explain why there is a need for a new site in an area where the Health Center Program penetration of the low-income population is at or above 50%. Consider the number of unserved low-income patients, and patient trends of health centers and other health providers in the proposed service area.
- Using [GeoCare Navigator](#), indicate:
 - The percent of patients served by each health center in each ZCTA,
 - The number of uninsured individuals not served by health centers in each ZCTA, and
 - The 2-year change in the uninsured population.
- Include other data that further explains unmet need in the proposed service area. For example:
 - Geographic considerations such as rurality and population density.

- Ratio of population to primary care physicians.²¹
- Ratio of population to primary care providers other than physicians.²²
- Explain how you collaborate with health centers and LALs that serve the majority of patients in the area. The [GeoCare Navigator](#) shows the percentage of patients served by each health center and LAL in each ZCTA. You will also be asked to provide letters of support from these health centers and LALs in your proposed service area in [Attachment 15: Collaboration Documentation](#).

When reviewing the additional information, we will consider how much of an area is currently served by Health Center Program award recipients and LALs, the impact of a new look-alike on the unmet need in the community and the financial stability of neighboring health centers, as well as whether letters of support were submitted in [Attachment 15: Collaboration Documentation](#). When making decisions about service area overlap, we consider:²³

- The community's unmet health care needs are paramount in decisions related to service area overlap.
- The use of limited federal dollars to provide access to as many underserved people as possible while limiting duplication.
- Feedback from state and local government agencies regarding the need for the health services to be provided at the proposed site. Note: You do not need to provide this extra documentation if the only sites that meet this criteria are your own sites.
- The potential impact of a new site on neighboring health centers and LALs.
- The advantage of using existing providers with proven capabilities to maintain delivery of services.
- The responsibility to ensure the efficient distribution of Federal resources where patients may be drawn away from existing Health Center award recipients or LALs.

²¹ See [County Health Rankings](#).

²² See Health Center Program data for health center patient data.

²³ See Policy Information Notice 2008-01: [Defining Scope of Project and Policy for Requesting Changes](#) (PDF) and Policy Information Notice 2007-09 [Service Area Overlap: Policy and Process](#) (PDF).

Step 4: Learn About Review & Designation

Application review

Application review process and timeline

The total time from application submission to the time of notification of approval or disapproval is generally 9 to 12 months. We may prioritize applicants located in high-need areas over applications to serve areas with less need.

If your application is not complete, HRSA may not approve the application or may request additional information, which could extend the review timeline.

If your application is deemed to be complete and eligible, HRSA will conduct an Operational Site Visit (OSV) to assess your operational status and compliance with Health Center Program requirements.

HRSA may prioritize application review and technical assistance for applicants with:

- One or more service delivery sites in a high-need ZIP Code (with an Unmet Need Score [UNS] of 75 or greater).
- A combination of one or more service delivery sites in a high-need ZIP Code with a UNS of 75 or greater and letters of support from every health center and LAL in or overlapping the proposed service area.
- One or more service delivery sites in areas at risk for losing access to care (for example, an applicant proposing new service delivery site in an area where another LAL has closed or relinquished their LAL designation).

HRSA may request more information to further evaluate applications with no letters of support from any health centers or LALs in or overlapping the proposed service area.

Application volume, site visit scheduling, and the number of findings from compliance reviews will also affect the following timeline.

Table 3: LAL-ID Review Process Timeline

| LAL-ID Application Review Process | Approximate Time Frame |
|--|------------------------|
| <p>HRSA Preliminary Review</p> <p>We conduct a preliminary compliance review, based on the Health Center Program Compliance Manual, and a desk review for eligibility and completeness. We will also review your proposed service area and sites and may request additional information. Ineligible applications or sites will be disapproved. We will notify you of the reason for disapproval through HRSA EHBs.</p> | 60-75 days |
| <p>Site Visit Scheduling and Preparation</p> <p>If we determine your application is complete and eligible, we will schedule an Operational Site Visit (OSV) to assess your operational status and compliance with Health Center Program requirements. The timeframe between the review for completeness, eligibility, and compliance and the date of the site visit depends on when the site visit team and your organization are available. The site visit team will request additional documents from you before the site visit. HRSA reserves the right to cancel the site visit or disapprove the application if you do not respond timely to documentation requests. There are resources at the Health Center Program Site Visit Protocol to help you prepare. Make sure you review the Demonstrating Compliance sections in the Health Center Program Compliance Manual and the review questions in the Health Center Program Site Visit Protocol, both of which contain information on the elements we will assess during the site visit.</p> | 60-120 days |
| <p>Compliance Review</p> <p>Clinical, financial, and governance experts will conduct OSVs based on the Health Center Program Site Visit Protocol and assess compliance based on the Health Center Program requirements in the Health Center Program Compliance Manual. The site visit team will also confirm eligibility.</p> <p>If you are ineligible based on OSV findings, we will not approve your application. If you are noncompliant on 10 or more program requirements we may not approve your application.</p> | 45-60 days |

| LAL-ID Application Review Process | Approximate Time Frame |
|--|------------------------|
| <p>Compliance Resolution Opportunity</p> <p>If we find at the OSV that you are noncompliant with 9 or fewer Health Center Program requirements, you will have 30 days to provide documentation demonstrating that all areas of noncompliance have been resolved.</p> <p>If you do not submit a response in HRSA EHBs by the deadline, or if your submitted response does not show full compliance, HRSA may not approve your application.</p> | 30 days |
| <p>HRSA LAL Designation Determination</p> <p>We will make designation decisions based on your application, OSV findings, and your response to the compliance resolution opportunity (if applicable). If you are an eligible organization in an area with sufficient unmet need and demonstrate compliance with all Health Center Program requirements, we will approve your application, and you will receive a Notice of Look-Alike Designation (NLD).</p> | 75 days |

Determination Process

- **Approved for LAL-ID:** If we approve your application, you will receive an NLD through HRSA EHBs for a 3-year designation period, which will identify your HRSA Program Specialist.
- **Not approved for LAL-ID:** If we do not approve your application, you will receive a notification that identifies the areas of noncompliance with the Health Center Program requirements detailed in the [Health Center Program Compliance Manual](#).

LAL application decisions are not appealable. However, you can re-apply for LAL-ID at any time, and you will receive full and fair consideration. If we do not approve your application, we strongly encourage you to contact us through the [BPHC Contact Form](#) for technical assistance before you develop and submit a new application.

Step 5: Submit Your Application

Application submission & deadlines

Deadlines

LAL applications are accepted on a rolling basis. You must complete your application by 90 days after the application is started.

Submission method

You will submit your application in EHBs. See the [Application Checklist](#) for what is required. After submitting in EHBs, you may not reopen your application.

Application checklist

Make sure you have everything you need to apply.

Table 4: Application Checklist

| Component | Included in page limit? |
|--|-------------------------|
| <input type="checkbox"/> <u>Cover Page</u> | No |
| <input type="checkbox"/> <u>Project Abstract</u> | No |
| <input type="checkbox"/> <u>Project Narrative</u> | Yes |
| <u>Attachments</u> | |
| <input type="checkbox"/> <u>Patient origin and utilization information</u> | Yes |
| <input type="checkbox"/> <u>Service area map and table</u> | No |
| <input type="checkbox"/> <u>Medicare and Medicaid documentation</u> | Yes |
| <input type="checkbox"/> <u>Bylaws</u> | No |
| <input type="checkbox"/> <u>Governing board meeting minutes</u> | Yes |
| <input type="checkbox"/> <u>Contracts and referral arrangements</u> | Yes |
| <input type="checkbox"/> <u>Articles of incorporation</u> | No |
| <input type="checkbox"/> <u>Evidence of non-profit or public agency status</u> | No |
| <input type="checkbox"/> <u>Financial statements</u> | Yes |
| <input type="checkbox"/> <u>Organizational chart</u> | Yes |
| <input type="checkbox"/> <u>Position descriptions for key personnel</u> | Yes |
| <input type="checkbox"/> <u>Biographical sketches for key personnel</u> | Yes |
| <input type="checkbox"/> <u>Sliding fee discount schedule</u> | Yes |
| <input type="checkbox"/> <u>Collaboration documentation</u> | No |
| <input type="checkbox"/> <u>Floor plans</u> | Yes |
| <input type="checkbox"/> <u>Budget narrative</u> | Yes |
| <input type="checkbox"/> <u>Other relevant documents</u> | No |

| Component | Included in page limit? |
|---|-------------------------|
| <u>Program-Specific Forms</u> | |
| <input type="checkbox"/> <u>Form 1A General information worksheet</u> | No |
| <input type="checkbox"/> <u>Form 1C Documents on file</u> | No |
| <input type="checkbox"/> <u>Form 3 Income analysis</u> | No |
| <input type="checkbox"/> <u>Form 3A Budget information</u> | No |
| <input type="checkbox"/> <u>Form 4 Community characteristics</u> | No |
| <input type="checkbox"/> <u>Form 5A Required services provided</u> | No |
| <input type="checkbox"/> <u>Form 5A Additional services provided</u> | No |
| <input type="checkbox"/> <u>Form 5B Service sites</u> | No |
| <input type="checkbox"/> <u>Form 5C Other activities/locations</u> | No |
| <input type="checkbox"/> <u>Form 6A Current board member characteristics</u> | No |
| <input type="checkbox"/> <u>Form 6B Request for waiver of board member requirements</u> | No |
| <input type="checkbox"/> <u>Form 8 Health center agreements</u> | No |
| <input type="checkbox"/> <u>Form 12 Organization contacts</u> | No |

Step 6: Learn What Happens After Award

Post-designation requirements & administration

Administrative & national policy requirements

There are important rules you need to know if you are designated as an LAL. You must follow all terms and conditions in the Notice of Look-alike Designation (NLD).

Reporting

You must also follow these program-specific reporting requirements:

Uniform data system (UDS) reports – The UDS is an integrated reporting system used to collect accurate data on all Health Center Program award recipients and LALs to ensure compliance with legislative and regulatory requirements, improve health center performance and operations, and report overall program accomplishments. All LALs are required to submit a UDS Universal Report and, if applicable, a UDS Grant Report annually, by the specified deadline. The Universal Report provides data on patients, services, staffing, and financing across all health centers. The Grant Report provides data on patients and services for special populations served (such as migratory and seasonal agricultural workers, people experiencing homelessness, and

residents of public housing). HRSA is implementing UDS patient-level submission (UDS+). See the [Uniform Data System \(UDS\) Modernization Initiative](#) for details. If you do not submit UDS report(s) on time, HRSA may terminate your LAL designation and corresponding benefits.

Progress Reports – The LAL Annual Certification (AC) submission documents progress on program-specific performance measurement goals and collects performance measure data to track progress and impact. You will receive an email notification via HRSA EHBs that the AC is available for completion approximately 150 days prior to the end of the certification period (except for the final year of the designation period, when a Renewal of Designation application must be submitted). You will have 60 days to complete and submit the AC. If you do not submit the AC on time, your LAL designation and benefits may be terminated.

Operational site visit – We will assess your compliance during an operational site visit conducted mid-designation period (about 18 months from your designation date). If you do not continue to demonstrate compliance with the Health Center Program requirements during the site visit, you will receive a condition of designation and given a time-phased approach to resolve the area of noncompliance. See [Chapter 2: Health Center Program Oversight](#) of the [Health Center Program Compliance Manual](#).

Contacts & Support

Agency contacts

Program & eligibility

LAL-ID Application Response Team

Call: 877-464-4772

Contact: [BPHC Contact Form](#)

Under Look-Alike Designation, select Initial Designation (LAL-ID)

SAM.gov

If you need help, you can call 866-606-8220 or live chat with the [Federal Service Desk](#).

EHBs

Health Center Program Support provides support Monday – Friday, 8 a.m. – 8 p.m. ET, excluding federal holidays

Call: 877-464-4772

Contact: [BPHC Contact Form](#)

Under Technical Support, select EHBs Tasks/EHBs Technical Issues

Search the HRSA Electronic Handbooks and Knowledge Base

Helpful websites

- The [HRSA Primary Health Care Digest](#)—a weekly email newsletter with Health Center Program information and updates, including competitive funding opportunities. We encourage you to have several staff subscribe.
- The HRSA-supported [Health Center Resource Clearinghouse](#) also provides training and TA resources for health centers nationwide.
- The [Apply for Look-Alike Initial Designation \(LAL ID\)](#) contains resources to help with your application.
- The [Health Center Program Compliance Manual](#) details the requirements for LALs.
- The [Health Center Program Site Visit Protocol](#) details the site visit process.