

**Health Resources and Services Administration  
Bureau of Primary Health Care  
FY 2015 New Access Point (NAP) Briefing for Cooperative Agreement Partners  
July 14, 2014 2 to 3 p.m. ET**

Coordinator: Welcome and thank you for standing by. At this time all participants are in a listen-only mode. During the Q&A session if you'd like to ask a question you may press Star 1 on your phone. Questions may also be submitted online by using the QA box. Today's conference is being recorded. If you have any objections please disconnect at this time.

Now I'd like to turn the meeting over to Ms. Joanne Galindo. You may begin.

Joanne Galindo: Thank you. Welcome to the Technical Assistance call for HRSA's Cooperative Agreement Partners regarding the fiscal year 2015 New Access Point funding opportunity or NAP as we refer to it. I'm Joanne Galindo, your point of contact for NAP in the Office of Policy and Program Development at the Bureau of Primary Health Care.

I'd like to apologize for the delay and I know that you're all trying to get into the Adobe Connect Room. And that would be we should be able to get in there in about five minutes so first I'd like to hand it over to Jim Macrae, our Associate Administrator of the Bureau of Primary Health Care so that he could say a few words. And then you should be able to log into the Adobe Connect Room.

Jim Macrae: Thanks Joanne. And thanks everybody for joining us on a Monday, either afternoon or morning. I am here to provide a little bit of filler and a little bit of space while you guys wait until our technical difficulties get addressed.

But most importantly I wanted just to thank you in advance for all of your help and assistance with our New Access Point competition. We're very excited about this competition for fiscal year 2015. And that's very important to remember that it is for FY 2015 in terms of these awards.

We announced just last week with the Secretary that \$100 million would be available for approximately 150 grants for establishing new access points. And I think as most of you know these can be either for new organizations, new health centers, or they can be for

existing entities to establish a new satellite site. Applicants may apply for up to \$650,000 to establish these new centers or sites. And it's really a great opportunity to bring more access to people all across the country as well as to add to our expanding family of health centers.

Joanne and the staff are going to go through much more of the specific details, but I did want to just highlight a couple of different items for you all in terms of your role. I think first and foremost we would ask you just to continue to do what you're doing; which is to provide information on this funding opportunity. We do want as many high-quality applications to come in as we possibly can.

We have estimated that \$100 million will be available for next year for this activity. This is out of the President's budget. But this number could change. It could even go up significantly if the full appropriation for the Health Center Program does happen in fiscal year 2015. And so we just have been encouraging folks if they're on the fence that they should seriously consider this opportunity.

In addition, we have provided really for us what we consider an extended period of time for people to be able to apply. We've given folks almost a full three months to be able to apply when you get to the final end of all of this; which should give people a lot of time to be able to do some of that initial planning and implementation that they need to do to be able to submit an application.

So to the extent that you can to provide information out to your different groups about this possibility and opportunity, we think it would be extremely helpful. So please in terms of that outreach part.

In addition, in terms of your role as helping people with the actual process itself, it's always beneficial for them to be able to talk to you in particular about your experience with the Health Center Program and your experience with new entities. And the different resources that are available either nationally through some of our national cooperative agreements, at the State level or potentially here at the Federal level that we can provide support to people for.

To that end we're actually having a call on Thursday, a technical assistance call for all potential applicants. And I would just encourage you to encourage people to take a listen to that call as well as come to our Website frequently for any kind of updated questions; because we've got a lot of questions on these opportunities. So please in terms of providing that kind of assistance and support that's also critically important beyond outreach.

And then finally just a couple of other pieces which I think is helpful in terms of managing expectations - we do strongly encourage folks to follow the guidance, but if you can reiterate that or refocus people to do that, that's how these applications are ultimately scored and ultimately funded or not - is by the criteria in the application guidance itself. And it's really important that people pay attention to that because that is what our objective reviewers do in a competitive opportunity. So to the extent that you can, please encourage people to thoroughly read the guidance. Make sure that they have responded to all aspects of the guidance; everything from the needs section to the response section all the way through to make sure that they are responding to each of the Review Criteria. And presenting a case for why their particular community, why their particular organization should be funded - is very important; because that is all that the reviewers ultimately have in terms of what they're looking at. So please encourage folks to thoroughly review the guidance.

I would encourage you as you provide assistance to also thoroughly review the guidance. There have been some changes this year. Not a lot, but there have been a few and it's important to recognize all of those different pieces.

Finally with respect to some of those changes there are a couple that will have a direct impact on you all on the phone; that we've wanted to make sure that you are aware of. One new aspect that we've included this year is actually requesting that as part of these applications that people, that applicants submit letters of support from relevant State public agencies. In particular we identified State Health Departments/State Primary Care Offices. So for the PCOs on the phone, we are asking applicants to come in to ask for a letter of support from you. We also are asking applicants to go to their State Medicaid agencies to ask for letters of support. If a letter of support cannot be obtained, applicants are asked to provide documentation for what they did to secure that letter and to explain why they could not. So it's not a veto in terms of if people cannot get a letter, even if it's a letter that says that they're not supportive, doesn't mean that they're not necessarily going to be funded. But it does provide

additional information to the reviewers as they're reviewing the applications. So your role with respect to this is critically important.

Many people have already asked us from State Health Departments as well as the Medicaid agencies, what is it that we should be commenting on? And I would say there's two primary pieces that folks should comment on. One is the level of need for a new center or a new satellite site in the proposed community; based on your information that you have in terms of, you know, whether there is access for people that are uninsured or Medicaid beneficiaries. I think that is critically important.

And then the second aspect is with respect to recognizing and understanding the program requirements; if there are any issues with respect to either a potential applicant or a current grantee that you have concerns about in terms of their ability to meet all the different program requirements that are required as part of being a Health Center Program. Those are the two primary areas that we've been asking folks to focus on in terms of their letters of support. And of course if they're enthusiastic that's great too. That actually helps make the case.

Finally, the last thing that I just wanted to highlight in terms of changes - and I know Joanne and the team will go through this - we did add a priority point section for look-alikes. This is in response to a lot of feedback that we got last year. I think many folks on the phone may know that last year we provided priority points for those applicants that identified high poverty areas that were not being served by current Health Centers. And as part of that we did include not just funded Health Centers but also look-alikes. And so many look-alikes felt like they were unfairly penalized for providing care in their community because as a result of that data being counted they did not necessarily qualify for these priority points.

And so to address that reality, because we felt like it was still important to target these areas, we did provide additional points for look-alikes that are in good standing in terms of their operations and performance; to actually get some additional points in terms of their possibility of getting funded with this opportunity. And Joanne and the others will go into that in more detail. But I think overall the look-alike program has been great springboard for new access points; traditionally about a third of our applicants, successful applicants have been from look-alike organizations. So it's definitely something that we encourage people to

do. And hopefully this additional priority points will encourage more folks to consider that as an option going forward.

And that's the last thing - I would just say that if people aren't ready for this New Access Point funding that's okay. They can always apply for a look-alike at any point in time. But again if they're on the fence, please encourage them because this is one of those opportunities that I think won't come around very often. And it's important to get those applications in.

So again as I said at the beginning of the call, thank you in advance for all of your work. We're really excited about this. We have not forgotten about fiscal year '14 so yes there will be some announcements that will come out soon shortly on those. Not for this call of course. But right now we're focused on fiscal year '15 and New Access Points. So with that I'll turn it over to Joanne and hopefully our technical difficulties have been corrected. Yes they have. All right I did my job so I'll turn it over to Joanne. And have a great rest of the call. Thanks everybody.

Joanne Galindo: Thank you Jim.

Yes so if you were trying to get into the Adobe Connect room, you can now get there. It's open now. The slide presentation is available in that Adobe Connect Room and it's <https://hrsa.connectsolutions.com/fy15napcoop>. And if you received an email message about this call, the link to the Adobe meeting was included in that message.

And we have a couple questions, polling questions we'd like you to answer if you haven't already. You can see them on your screen or you should be able to if you're logged into the Adobe Connect Room. Please indicate whether you are with an NCA, National Cooperative Agreement Partner; PCA, PCO, HCCN, or another organization. And secondly just give us a sense if you provided technical assistance to applicants or grantees for the fiscal year '13 New Access Point funding opportunity; which was the last cycle that we had. This will give us an idea of who's online with us today. I see we have a lot of PCAs, and a good number of you have already provided technical assistance, so this might be just a review and letting you know what's new in this fiscal year '15 funding opportunity.

Throughout the call I'll also reference the NAP Technical Assistance Webpage; which is <http://www.hrsa.gov/grants/apply/assistance/nap> and that has not changed from the multitude of other times that we've had this funding announcement.

So since applicants may come to you with questions the purpose of this call is to ensure that we are all providing consistent technical assistance and you have an opportunity to ask questions about the FY15 FOA.

Slide two provides the agenda for today. We'll start with a basic overview of the NAP funding opportunity and discuss your role as Cooperative Agreement Partners. Then I'll outline the eligibility requirements, the two-step application submission process and the components of the application; including the Project Narrative, Review Criteria and program-specific forms.

Once we finish with highlights of the components of the application I'll provide an overview of the three funding priorities; one of which is new; and a list of TA contacts and resources. And we'll end with a brief question-and-answer session. So please make note of any questions that arise as we go along. You can also ask your questions in the Adobe Connect Room in the little Q&A box.

Slide three is a brief description of the New Access Point funding opportunity. NAP is a competitive funding opportunity for operational support for new primary care service delivery sites under the Health Center Program. The NAP application is designed to demonstrate that the new access points will increase access to comprehensive primary health care services and be compliant with Health Center Program requirements.

We have a few major changes to the funding opportunity announcement, or FOA as I might refer to it. I'll just mention them now and Jim mentioned a couple of them. And I'll explain more throughout the presentation.

First, grantees that were newly funded in FY 2013 and 2014 are eligible to apply as long as they have verified a site operational. So that's a little different from last time where new starts were not eligible to apply. But in this one they are.

Secondly, we have added priority points for look-alikes.

And most importantly, all sites proposed must be operational within 120 days of award. Organizations that fail to verify all sites operational in 120 days will be placed on progressive action.

And finally NAP grantees must meet the unduplicated patient projections by December 31, 2016.

Failure to meet these program requirements and expectations detailed in the FOA may jeopardize Health Center Program grant funding. For example, organizations that fail to become operational in 120 days will be placed on progressive action that may result in the discontinuation of grant funding. It is very important for applicants to be realistic when determining sites and patient projections.

So now you know the main changes to the NAP FOA, let's move on to slide four for some highlights of the FY 2015 NAP funding.

HRSA anticipates awarding up to \$100 million in FY 2015 to fund approximately 150 grantees. However, pending the final Health Center Program appropriation funding level HRSA may adjust the amount of funding and number of awards available under this FOA.

There's a two year project period starting on May 1, 2015 and New Access Point funding is authorized by Section 330 of the Public Health Service Act and supported by the Affordable Care Act.

As you can see on slide five, this funding opportunity is open to both current Health Center Program grantees and new applicants that do not receive funding through the Health Center Program.

Applications are submitted in two parts. Basic organizational information will be provided in grants.gov which has a due date of August 20 by 11:59 PM Eastern time.

The bulk of the application will then be provided in the HRSA electronic handbook, otherwise known as EHB. The EHB deadline is October 7 at 8:00 PM Eastern time.

Applicants must meet both the grants.gov deadline and the EHB deadline.

Let's go on to slide six, talk more about the specifics of New Access Point. A New Access Point is a new service delivery site for the provision of comprehensive primary and preventive medical health care services. There are two application types for NAP applicants.

New Starts are applicants - are organizations not currently receiving Health Center Program funding or 330 funding. For example Health Center Program look-alikes are eligible to apply and would be considered a New Start applicant. Note that a New Start applicant can be operational at the time of application or propose to become operational within 120 days of the notice of award.

Satellites are organizations that currently receive Health Center Program funding and are proposing to establish a new service delivery site. A Health Center Program grantee is a satellite applicant.

On slide seven you'll see that there are four types of Health Centers and applicants can request funding to serve one or more of these population types based on the proposed service area's needs. They are: Community Health Centers or Section 330(e) – CHC - that serve the general underserved population, Migrant Health Centers or MHC - which is Section 330(g). They serve migratory and seasonal agricultural workers and their families. Health Care for the Homeless or HCH, which is Section 330(h) serve homeless individuals and families. And Public Housing Primary Care, PHPC - which is Section 330(i) and they serve residents of public housing.

MHC, HCH, and PHPC we refer to as special populations. Applicants proposing to serve special populations must address additional specific program requirements. Pages three and four in the FOA summarize these requirements.

As an example of your role during the application development process, special populations applicants especially may look to the NCAs for help gathering data and planning for these New Access Points that may have unique needs.

There are numerous places in the application where special population applicants will provide information regarding their specific target population. In the Project Narrative, the need for assistance worksheet, and the performance measures to mention a few.

Let's move on to slide eight for a quick overview of the roles of our Cooperative Agreement Partners. In the funding opportunity announcement and on the NAP Technical Assistance Webpage, the Primary Care Associations, Primary Care Offices, and National Cooperative Agreement Partners are mentioned as technical assistance resources for applicants.

Applicants are encouraged to work with PCAs, NCAs and PCOs for technical assistance questions that fall into your area of expertise. References are made on page 23 and 50 of the FOA as well as on the NAP TA Webpage and in the FAQs. Throughout this presentation I'll also point out specific references you should be aware of. We provide a link to your contact information in the FOA, the TA resources, and on the NAP Webpage.

Now that you have an overview of the NAP funding and your role, let's go over the eligibility criteria starting with slide nine. Applicants must be a public entity like a government or tribe, or a non-profit organization including tribal, faith-based and community-based organizations.

An applicant cannot apply on behalf of another organization. It is the applicant organization as indicated on the application SF-424 Form that must meet all eligibility criteria and be the organization that carries out the project.

Like the FY 2013 New Access Points funding opportunity, comprehensive primary medical care must be the main purpose of the New Access Point application as documented on Form 1A. The number of projected medical patients should be greater than the projected patients for other service types.

The New Access Point must provide comprehensive primary health care services without regard for ability to pay, either directly onsite or by referral.

And ensure access to services for all service area populations. Proposed sites may not focus on single age-group like children or elderly, a racial/ethnic group or health issue such as HIV/AIDS. To be eligible, a NAP application may not propose only a New Access Point to provide only a single service such as dental, behavioral health, or prenatal services.

Applicants may propose multiple sites, but at least one proposed NAP site must be a permanent service delivery site that provides comprehensive primary medical care as its main purpose and operates for at least 40 hours per week. This is documented on Form 5B - Service Sites. A permanent site is a fixed building location; a mobile van is not considered a permanent site. There's one exception to this. And that is that Migrant Health Centers can be seasonal, but they still need to be full time.

Also no proposed NAP site can be in any Health Center Program grantee's Scope of Project; including sites pending verification at the time of application. So in other words, the application does not propose funding to support: the relocation or consolidation of currently approved sites; the expansion of capacity at any site already in any Health Center Program grantee's approved Scope of Project including those pending verification via Change in Scope or Capital Development grants; or a site proposed through an active Change in Scope request or Health Center Program funding opportunity at the time of application.

Health Center Program look-alikes can propose any or all of their existing sites as part of the NAP application as well as new sites, as long as those sites are not included in any Health Center Program grantee's Scope of Project.

Slide 12 continues our eligibility criteria. HRSA has established an annual cap of \$650,000 for support of New Access Point awards regardless of the number and/or type of New Access Points proposed. The funding request may not exceed \$650,000 in either year of the two-year project period. The application must not exceed the 200 page limit.

And finally, applicants requesting Section 330(e) funding for CHC must provide medically underserved area (MUA) or medically underserved population (MUP) designation

information. New Start NAP applicants requesting Section 330(e) funding for CHC must propose to serve a defined geographic area that is designated in whole or in part as an MUA or MUP.

So now that you know the eligibility requirements, let's discuss the application submission process starting on slide 13. As I mentioned, the application is submitted in two steps: first through grants.gov and finally through EHB.

It's very important for applicants to begin the registration process as soon as possible so they have time to submit in grants.gov and EHB before the deadlines. There are several steps to register in grants.gov and registration could take as long as one month; so new applicants need to get started right away.

I want to point out some important considerations about this process. The applicant organization's DUNS number and registration in the System for Award Management or SAM must be consistent with the information in grants.gov. SAM information must be updated at least every 12 months to remain active for both grantees and sub-recipients.

If there is a problem with any part of the registration the applicant will not be able to submit an application in grants.gov. An extension to the deadline will not be granted.

Current Health Center Program grantees should already be registered in the appropriate systems. However they should verify that SAM is up-to-date and that they have access to both grants.gov and EHB well in advance of the deadlines.

The earlier grants.gov information is submitted the more time applicants have to work in EHB and that's where the bulk of the information is submitted. So always encourage them to submit in grants.gov well before the August 20 deadline.

Once the grants.gov submission is complete and validated, applicants receive a HRSA EHB tracking number to access the EHB part of the application. Again, we strongly encourage applicants to complete and submit the application well before the due date of October 7.

If they need help with their application in EHB they should call the BPHC Helpline at 877-974-2742, not the grants.gov or the HRSA Call Center. The BPHC Helpline staff are trained to provide TA specific to the NAP application and that way they won't get caught up in being referred to all different call lines.

So now let's talk about some of the components of the application submitted through EHB starting with slide 14. One of the main components of the application is the Project Narrative. We're often asked about the difference between the Project Narrative and the Review Criteria sections of the FOA. So the Project Narrative section details information the applicant must include to provide a comprehensive description of the proposed NAP. And the Review Criteria are used by grant reviewers to evaluate the information presented by the applicant.

It is important to consider both sections when developing the application and it's important that information is presented consistently throughout the application. Therefore, the Review Criteria reference Project Narratives items, forms, and attachments that must be considered collectively when scoring the application.

Slide 15 lists the sections of the Project Narrative and the corresponding Review Criteria points. The Need Section is worth 30 points which includes 20 points that are determined by the Need for Assistance Worksheet or NFA and 10 points that are determined by the Objective Review Committee.

Applicants may contact PCAs, NCAs, or PCOs to help with gathering information and presenting their target population's need. The 20 points for the NFA are scored automatically based on data responses provided in Form 9. I'll talk a little bit more about that after I go over all the narrative sections.

The Response section, worth 20 points, references an implementation plan that should detail the steps necessary to demonstrate that all NAP sites will be operational, providing services to the target community and population, and compliant with Health Center Program requirements within 120 days of award.

The Collaboration section is worth 10 points and required letters of support are listed in the FOA. New this year, we are asking that applicants submit a letter of support from relevant State public agencies including State Health Departments, State Primary Care Offices and State Medicaid agencies. So your organization may be asked to provide a letter of support. Letters from PCAs or NCAs are not a requirement of the FOA.

The Evaluative Measures section is worth five points. It consists primarily of the Clinical and Financial Performance Measures Forms. There are additional TA resources for the Performance Measures on the NAP TA Webpage and links to resources in the Office of Quality and Data. We also plan to add some new resources to the Webpage soon, including a separate Webcast on Performance Measures.

The Resources and Capabilities section is worth 15 points and must demonstrate the organization's capacity and experience to successfully operate the New Access Points within 120 days of a NAP award.

The Governance section is worth 10 points and must document how the organization and its Board are compliant with the Health Center Program Governance Requirements. You may get questions from new applicants regarding organizational structure and governance compliance. A great resource for governance questions is the Governance Policy Information Notice 2014-01. There is a link to it from the NAP TA Webpage under Program Requirements Resources.

As a reminder, governance requirements do not apply to Health Centers operated by Indian tribes, Tribal groups, or Indian organizations. However, they do need to demonstrate how it will ensure: first, input from the community or target population on Health Center priorities; and secondly, fiscal and programmatic oversight over the proposed project.

Finally, the Support Requested section is worth 10 points and must be consistent with corresponding forms and the budget justification. You may get questions regarding reasonable funding levels for the proposed project and average cost per patient in your State or within a special population.

Now let's go to slide 16 and we'll talk about the program-specific forms. There are a number of program-specific forms, but I am going to highlight just a few for you today. We will also be posting a separate Webcast on the NAP TA Webpage to help applicants with completing some of the forms.

Form 1A, the General Information Worksheet - Applicants seeking 330(e) funding for Community Health Centers must serve a medically underserved area and/or medically underserved population. Although the New Access Point site does not have to be located in an MUA, an applicant requesting CHC funding must demonstrate that the new access point will serve individuals that reside in an MUA or are part of an MUP. We have provided information in the FOA to direct applicants to HRSA's Shortage Designation Website. However, applicants may also contact the State Primary Care Office for more information about the designation process.

Also on Form 1A, applicants project the number of patients and visits anticipated across all proposed NAP sites by December 31, 2016. When providing the count of patients and visits applicants should ensure that they are realistic, achievable goals for patients to be served by December 31, 2016. If funded, grantees will be held accountable for reaching the number of unduplicated patients on Form 1A; which is a measure of full operational capacity. For current grantees applying for satellite awards, this projection is for new patients for the proposed NAP sites only.

On Form 3, Income Analysis, New Start applicants that do not have an FQHC reimbursement rate for services provided to Medicaid and Medicare beneficiaries may contact their State or regional Primary Care Association to enquire about FQHC rates for service delivery programs that are similar in size.

Form 4 collects data on community characteristics. And some applicants may contact NCAs for information about homeless, migratory or seasonal agricultural workers, public housing residents, or other population groups.

Form 9, the Need for Assistance Worksheet, also collects data on the target population to document objective measures of need. Applicants respond to a number of specific health indicators. We have posted on the NAP TA Webpage the Data Resource Guide, which

identifies recommended data sources for all the indicators. However, applicants may come to you for help in determining the most applicable health indicator to use or for help gathering service area level data.

The NFA worksheet, Form 9, is automatically scored based on the scoring charts in the FOA and the data response given by the applicant. It will be scored out of a total possible 100 points and then converted into a 20 point scale. So it is worth up to 20 points in the overall application score.

Slide 17 provides an overview of the Summary Page Form which consolidates important information from various forms in the application. It provides at-a-glance review of proposed sites and service area zip codes, Health Center types and funding requested including one-time funding for alteration and renovation and equipment.

A quick mention here about the one-time funding. Applicants may request up to \$150,000 in year one only for one-time minor alteration/renovation and/or equipment. Additional information is required for each NAP site for which the applicant requests alteration/renovation funds. And regardless of the alteration and renovation request, all sites must still meet the requirement to be open and operational within 120 days of award.

Also provided on the Summary Page is the proposed number of patients to be served, the Federal cost per patient, and the NFA score. Applicants should confirm this score before submitting their applications since it is worth up to 20 points in the application score.

This form will include a check box for the applicant to certify that all the information provided in the application is complete and accurate, including the need for assistance data sources and calculations.

Also the applicant certifies that all sites included on Form 5B will be open and operational within 120 days of the Notice of Award and acknowledges that the Health Center will be held accountable for reaching the patient projections on Form 1A by December 31, 2016. If funded, grantees will also be held accountable for meeting these patient projections in future continuation applications.

The NAP TA Website includes blank forms that applicants can use to provide responses to forms. However, the forms within EHB are structured and completed online except Form 3. Appendix A in the FOA provides forms instructions and the NAP User Guide for grant applicants on the TA Webpage provides assistance completing the forms online.

So now that we have covered the components of the application let's go over the funding priorities starting on slide 18. Each application will be assessed by HRSA for each funding priority. And if it meets specific criteria, points will be added to the application's Objective Review score. We have two priorities that are the same as last time and one new funding priority.

Like in the FY13 NAP, for the unserved, high-poverty funding priority, up to 15 points are added to applications that propose to serve high-need, unserved communities and populations. The sparsely populated funding priority is five points and the new funding priority is for Health Center Program look-alikes for five points.

The goal of the unserved, high-poverty priority points is to prioritize applications that propose to serve high-need, unserved communities and populations. To receive points there are two criteria the applicant must meet. First, 75% or more of the proposed service area's low-income population is not being served by the Health Center Program. That means that the penetration rate of the low-income population is 25% or less. Secondly, unserved low-income residents of a service area must be at least 1.5 times the number of proposed patients or 150%. We have this part of the criteria because we know that not all people the Health Center targets will become patients. So we want to be realistic about the projected number of patients to be served and compare that to the number of unserved, low-income residents.

Let's go over an example. On slide 20 you'll see that the less Health Center Program presence in the area, the more points are given. For example, if the applicant proposes to serve 2,000 individuals there must be at least 3,000 low-income residents in the proposed service area that are not being served by the Health Center Program. And only 25% or less of the low-income population in the service area is being served by the Health Center Program. So if the Health Center Program penetration of the low-income population is 25%, three points are awarded and if there's no Health Center Program presence in the area all 15 points are awarded.

And this way, priority points will be given to those applicants that have the greatest need as evidenced by high poverty in the area and very limited Health Center presence. To determine these priority points, HRSA uses data reported in UDS. And we also use the zip codes listed on the applicant's Form 5B to determine the service area.

On slide 21 is the sparsely populated area funding priority. Five points will be awarded if the entire proposed service area, defined by the zip codes listed on Form 5B, has seven or fewer people per square mile. Only applicants that request all or partial Community Health Center general funding are eligible for this priority.

Finally, new for FY 2015, is a funding priority for Health Center Program look-alikes. Applicants that are designated as look-alikes prior to October 1, 2013 are eligible to receive five priority points if these five conditions are met.

First, the NAP application must include all current sites in the applicant's Health Center Program look-alike Scope of Project at the time of application. That means all sites listed on the look-alike Form 5B must be listed as sites on the NAP application Form 5B. Applicants may also propose additional sites that are not in scope.

The NAP application must include the service area zip codes on Form 5B in which at least 75% of current patients reside. This is based on look-alike 2013 UDS report. Applicants may also propose to serve additional service area zip codes.

Third, complete patient data must have been reported in UDS for 2013.

Also, the total unduplicated patient projection by December 31, 2016 on the NAP application Form 1A must be greater than the total unduplicated patients in the 2013 UDS report.

And the applicant organization cannot have three or more Health Center Program requirement-related conditions at the time of NAP application submission.

So now that we have covered the basics of the FOA, let's talk about technical assistance resources available to applicants starting on slide 24. You provide a very valuable source of TA to current grantees and new applicants. These are just some examples.

PCAs may be contacted for a variety of information relating to the Health Center Program in the State.

National Cooperative Agreement Partners are mentioned as a source of information regarding special populations. And applicants may seek help in developing performance measures that focus on special populations. They also may reach out to you for help finding data on their target populations that applicants describe in the Need narrative and the Need for Assistance worksheet or NFA.

In regard to the NFA, PCOs are mentioned as a resource for information regarding Health Professional Shortage Area data and determining Core Barrier A, which is population to one FTE physician ratio. Reference to PCOs are found on pages 13 and 15 of the Data Resource Guide which is posted on the NAP TA Webpage.

Applicants may contact their PCO to determine how and where to submit the Public Health System Impact Statement which is a summary of the NAP project provided to appropriate State or local health agencies in the areas to be impacted by the proposed project, and explained on page 39 of the FOA. Applicants may need assistance determining where to submit, especially if they do not have a single point of contact for their State.

Finally, applicants may also contact PCOs regarding the designation process for medically underserved areas and medically underserved populations.

So now we have a slide with our Technical Assistance contact information. First, for program related questions we have a special NAP email box that is set up and that's [bphcnap@hrsa.gov](mailto:bphcnap@hrsa.gov).

I'm your point of contact but we also have a team of people who will be answering questions, so applicants may get a response from me or several other people who are working on TA for the New Access Point.

For budget related questions, our Grants Management Specialist is Angela Wade and her email address is [awade@HRSA.gov](mailto:awade@HRSA.gov).

For EHB questions, when they're filling out the application in EHB they should call the BPHC Helpline which is [bphchelp@hrsa.gov](mailto:bphchelp@hrsa.gov) and I also listed the phone number which I gave you earlier.

For grants.gov related questions, they should contact [support@grants.gov](mailto:support@grants.gov).

And the NAP TA Website there has a lot of different resources available to it. And that includes Webcasts - there's information about our TA call for applicants which is Thursday, July 17 at 1:30 PM Eastern time. And the slides will be there on the call.

There are frequently asked questions, resources about the program requirements and the performance measures, the Data Resource Guide for the NFA worksheet, the NAP User Guide for grant applicants, samples, examples of the forms, other links to resources at other HRSA Websites and of course our contact information.

And again that Website is <http://www.hrsa.gov/grants/apply/assistance/nap>.

So before I end I'd like to give you another polling question. And maybe we'll just leave that up there while we do our questions-and-answers. So Operator I'd like to open it up for questions now.

Coordinator: Okay. The phone lines are now open for questions. If you'd like to ask a question please press Star 1 and record your name. If you'd like to withdraw your question press Star 2. Thank you. Once again if you would like to ask a question over the phone, please press Star 1. I'm showing no questions at this time.

<<Long pause in the recording – resumes at 50:20 >> Your line is currently live.

Joanne Galindo: I'm so sorry about that; another technical difficulty. But if there are no other questions we can end the call. Operator, were there any other questions?

Coordinator: There is a question in the queue from Patrick. Your line is now open.

Joanne Galindo: Thank you.

(Luke Fordham): Luke Fordham, PCO in Tennessee. My question regards a public entity such as a County Health Department that operates a primary care clinic. Is it exempt from the governance requirements?

Joanne Galindo: No, they are not exempt from governance requirements. Only tribal applicants have a waiver for some of the governance requirements. But public entities - so like a county organization - still need to meet those governance requirements.

And if you - if they look at the governance PIN that is on our Website there's a section in there about public entities that will help them determine how they can structure their organization - their NAP project - to be compliant with the governance requirements.

(Luke Fordham): My question centers on one of the requirements in the governance - in the Board authority and selection and dismissal of the Health Center CEO. Now the County Health Department, Primary Care Clinics are managed by Tennessee Department of Health employees that do not come under a Board of Directors.

Joanne Galindo: Yes, go ahead and send your specific question into the NAP mailbox because there's some nuances around public entities that we want to make sure that we address all the components of the governance requirements for you.

(Luke Fordham): All right, thank you.

Joanne Galindo: Thanks.

Coordinator: There is another question in the queue from (Cathy). (Cathy), your line is now open.

(Cathy Widobins): Thank you. This is (Cathy Widobins). I think and if I'm correct this is the first time that there'll be letters of support required from the State Medicaid agency. What are you looking for in those letters of support?

Joanne Galindo: Basically - you're correct. This is the first time that is required. And basically what we're looking for is that the Health Center, that the applicant has made contact with the State Medicaid agency and that they're not unknown to each other; and that they have a plan to be integrated into the State Health Care delivery system.

(Cathy Widobins): Thank you.

Joanne Galindo: And you can see more in the FOA around that.

(Cathy Widobins): Okay.

Joanne Galindo: Thanks.

Coordinator: I'm showing no further questions at this time.

Joanne Galindo: Okay. Well thank you so much everyone. And again please send any other questions that you have to the NAP mailbox and we'll get back to you as soon as we can. And remember that the general applicant call will be on Thursday and the resources are there at the NAP TA Webpage to help.

So thank you again for taking some time out of your day and putting up with our technical difficulties today.

Coordinator: This concludes today's conference. Thank you for your participation. You may disconnect at this time.

END