

**FY 2015 New Access Point (NAP)  
Technical Assistance Call for Applicants  
July 17, 2014**

Coordinator: Welcome and thank you for standing by. All participants are in a listen-only mode until the question and answer session of today's call. Please be advised, the conference is being recorded. If you have any objections, please disconnect at this time. I will now turn the conference over to Miss Joanne Galindo. You may begin.

Joanne Galindo: Thank you. And welcome everyone to the Technical Assistance Call for the fiscal year 2015 New Access Point funding opportunity - or NAP as we refer to it. My name is Joanne Galindo - a public health analyst in the Office of Policy and Program Development in the Bureau of Primary Health Care. Before we begin, I want to point out that the link to the online meeting is available on the NAP Technical Assistance website. And that's at <http://www.hrsa.gov/grants/apply/assistance/nap>. From there, you just click on NAP Applicant Technical Assistance Call and that will take you to <https://hrsaseminar.adobeconnect.com/fy15nap>. And there you'll be able to access the online meeting if you're not already there. And you'll see we have a question for you to answer so we have an idea who's on the call. Please indicate if you are with a current health center grantee, a current look-alike, a new applicant organization, one of our cooperative agreement partners, or if you are a BPHC staff or other.

So thank you again for being on this call. We're very excited about this new access point competition for fiscal year 2015. This is an open competition and to receive a grant, applicants must apply online, be eligible, and demonstrate that the new access point will increase access to comprehensive, culturally competent quality primary health care services and improve the health status of underserved and vulnerable populations in the service area.

The Secretary of Health and Human Services announced last week that 100 million dollars will be available for approximately 150 new access point grants. So if you are interested in applying, don't let the estimate of 150 awards discourage you since it is possible that dependent on appropriation, we may be able to fund more than 150 grants. Again, I'd like to thank you for taking the time to listen to this presentation through to the end of the Q and A session since we will be explaining the funding opportunity guidance and the application process and answer questions submitted throughout the presentation.

So let's get started. The purpose of this call is to provide an overview of the NAP Funding Opportunity Announcement - or FOA as we refer to it - and to ensure that applicants have the technical assistance you need to complete the application process. Slide 2 provides the agenda for this call. We will start with the basic overview of the health center program and highlights of the NAP funding opportunity. Then I'll provide details on eligibility requirements, discuss important information about the two-step application submission process, and outline the components of the application including the project narrative and review criteria, the budget presentation, required attachments, program-specific forms, and requirements for one-time funding for alteration and renovation. Once we finish with all the components of the application, I will give an overview of the three funding priorities, some important reminders, and a list of TA contacts and resources.

We'll end with a question and answer session. But we're trying something new today since we have so many people on the call. Please submit your questions as we go through today's presentation via the Q and A chat pod in the Adobe Connect room. For the Question and Answer session at the end, we'll pull questions from the chat pod that have broad applicability to answer for the group.

So if you have a question that's very specific to your organization or if we don't get to your question during today's session, please follow up with an e-mail to [bphcnap@hrsa.gov](mailto:bphcnap@hrsa.gov). And again, this call is being recorded and we will post the recording on the NAP TA webpage in about a week.

Slide 3 is a brief description of the New Access Point Funding Opportunity. NAP is a competitive funding opportunity for operational support for new, primary health care service delivery sites under the Health Center Program. NAP funding is for operational support, not construction funds for new facilities. The proposed new access point can be operational or not at the time of application or award. However, all sites proposed must be operational and compliant within 120 days of award. And NAP grantees must meet the unduplicated patient projections by December 31, 2016. It is very important for applicants to be realistic when determining sites and patient projections. We'll discuss this a bit more later in today's presentation.

Let's move on now to Slide 4 for a quick overview of the Health Center Program. The Health Center Program provides grant support to organizations that serve medically underserved areas and medically underserved populations or special populations such as migratory and

seasonal agricultural workers, homeless individuals and families, or residents of public housing.

Slide five shows the breadth of the Health Center Program. HRSA currently provides grant support to approximately 1,300 health centers operating more than 9,300 sites across the United States and its territories. And they serve more than 21 million patients a year. Health Center Program grantees target underserved and vulnerable individuals and families with the goals of increasing access to primary health care and improving patient health status.

On slide six, we see that Health Center Program grantees must provide primary care services to all, regardless of their ability to pay. Also, Health Center Program grantees are expected to comply with 19 program requirements which are required by the Health Center Program legislation. These are included as Appendix F in the NAP FOA and links for more information can be found on the NAP TA website.

Now that we've gone over some of the basics of the Health Center Program, let's talk about the highlights of the New Access Point funding opportunity. You'll see on slide 7 that HRSA anticipates awarding up to 100 million dollars 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 the 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 8, 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 currently.

Applications are submitted in two parts. First, basic organizational and budget information will be provided in grants.gov. This has a due date of August 20th by 11:59 PM Eastern Time. The bulk of the application will be provided in the HRSA Electronic Handbook, otherwise known as EHB. The EHB deadline is October 7th at 8 PM Eastern Time. You must meet both the grants.gov deadline and the EHB deadline.

Let's go on to slide 9 to talk more about the specifics of New Access Points. A New Access Point is a new service delivery site for the provision of comprehensive primary and preventive medical health care services. It can be an existing clinic that is not currently

funded through the Health Center Program. There are two application types for NAP applicants which you will be required to identify in grants.gov.

New starts are organizations not currently receiving Health Center Program funding. For example, a Health Center Program look-alike would be considered a new start applicant. Note that a new start applicant can be operational at the time of application or proposed 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 considered a satellite applicant. When we talk about the application submission process, slide 17 provides more detail on how to specify your application type in the grants.gov forms.

On slide 10, 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 CHC - which is Section 330(e). They serve the general underserved population. Migrant health centers - MHC - which is Section 330(g) - migratory and seasonal agricultural workers and their families. Health care for the homeless - HCH in Section 330(h) - who serve homeless individuals and families and public housing primary care - PHPC – which is Section 330(i) - serve residents of public housing.

MCH, 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 Funding Opportunity Announcement summarize these requirements.

And now that you have an overview of the Health Center Program and NAP funding, let's go over the eligibility criteria starting with slide 11. 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 that must meet all eligibility criteria and be the organization that carries out the project. Comprehensive primary medical care must be the main purpose of the NAP application. As documented on Form 1A, the number of projected medical patients should be greater than projected patients for other service types.

You must provide comprehensive primary health care services without regard for ability to pay, either directly on-site or by referral and in short access to services for all service area populations.

Proposed sites may not focus on a single age group like children or elderly, 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.

And our eligibility criteria continue on slide 13. Applications may propose only one New Access Point site. If applicants propose multiple sites, 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 48 hours per week. This is documented on Form 5B: Service Sites. A permanent site is a fixed building location. A mobile van or a mobile unit is not considered a permanent site. There's one exception to the rule of - permanent sites and that is that the migrant health center can be seasonal, but it still needs to be full-time.

Also, no proposed NAP site can be in any Health Center Program grantee 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 current grantee sites, the expansion of capacity at any site already in any Health Center Program grantees' 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.

On slide 14, we have more 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. This is important since the pages are automatically counted. Tables 2 to 4 in the Funding Opportunity Announcement show which parts of the application are counted in the page limit.

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 an MUP.

Now that you know the eligibility requirements, let's discuss the application submission process starting on slide 15. As I mentioned, the application is submitted in two steps, first, through grants.gov, and finally through EHB.

It's very important to begin the registration process as soon as possible so you have time to submit in grants.gov and EHB before the deadlines. There are several steps to register in grants.gov. On the NAP TA webpage, you can click on "Register and Get Ready" to help you walk through the steps. First, you'll have to make sure that you have a DUNS number and register in the System for Award Management which is SAM. The HRSA electronic submission user guide, also on the NAP TA webpage, has more information about these registrations. Also, grants.gov has detailed resources to help you.

There are a couple of important considerations that we would like to point out. SAM information must be updated at least every 12 months for both grantees and subrecipients. An organization may have more than one DUNS number. So make sure you are using your appropriate organizational DUNS number and that you use the same DUNS number for both SAM and grants.gov registration. You must have an active AOR or Authorized Organization Representative in grants.gov who is approved to submit an application. The registration information provided is verified among the IRS, SAM, and grants.gov. Therefore, registration information must be consistent and must be updated annually in SAM.

If you do not complete the SAM registration and update it annually, you will not be able to submit an application in grants.gov and an extension to the deadline will not be granted. Grants.gov registration could take as long as one month. So if you are a new applicant, you need to get started right away. If you are a current Health Center Program grantee, you should already be registered in the appropriate systems. However, you should verify that SAM is up-to-date. Make sure that it doesn't expire between the application due dates and check that you have access to both grants.gov and EHB well in advance of the deadline. And lastly, all applicants should note that if the SAM registration expires between the application submission date and the award date, HRSA will be unable to issue your

award. So if you are selected for funding, please ensure that your SAM registration is active and up-to-date at all times.

Slide 16 lists the documents that must be submitted in the grants.gov part of the application. We have the SF-424, which is the general Application for Federal Assistance and that is where you upload the project abstract in box 15. The SF-424B which are assurances, the project performance site locations form, the grants.gov lobbying form, and if you engage in lobbying, the disclosure of lobbying form.

You must use the specific NAP application package for these forms. To download the application package and the FOA from grants.gov, search under the Funding Opportunity HRSA-15-016, go to the application package tab under instructions and applications, click the download link and then click the download application instructions link for the FOA and click the download application package link for the electronic application forms to be submitted in grants.gov.

And if you didn't get all that, they are listed - how to do that is listed in our frequently asked questions. Remember that the earlier grants.gov information is submitted, the more time you will have to work in EHB. So plan to submit in grants.gov well before the August 20th deadline. In case there is a problem validating your application, you'll then have time to resolve the issue before the deadline.

Slide 17 shows the SF-424 Application for Federal Assistance. I mentioned that there are two application types - new starts and satellites. On the SF-424, a new start applicant - which is an organization that does not currently receive Health Center Program Section 330 operational grant funding - will select new. If you are a satellite applicant, an organization that is currently a Health Center Program grantee, select revision on that SF-424 then choose letter E - other - and type supplement and your H80 grant number in the box below as shown on the slide. This is very important that we get these application types processed correctly when you are submitting your application.

Slide 18 explains the validation for grants.gov submission. Step 1 of the application process is completed through a successful submission to grants.gov. If you have problems submitting in grants.gov, you can call the grants.gov contact center at 800-518-4726. Once Step 1 of the application is submitted, you will receive a series of four e-mails from grants.gov.

Please check your spam folder if you do not see the confirmation messages in your inbox. The first acknowledges receipt of the grants.gov submission. That doesn't mean it has been accepted. The second e-mail indicates whether the application has been successfully validated or has been rejected due to errors. If this e-mail alerts you to a problem with the submission, the application will need to be corrected before the grants.gov due date and time and resubmitted. The third e-mail will be sent when the application has been successfully downloaded at HRSA. And the fourth will provide the HRSA EHB tracking number assigned to the application.

Let's go to slide 19 for more information about the EHB tracking number. Within five business days, the fourth e-mail will provide a tracking number for accessing your application in EHB. The HRSA EHB tracking number is very important since that is how you access your application in EHB. If you do not receive the message with the tracking number within seven business days, contact the BPHC Helpline at 877-974-2742. Notice that's a different number than the grants.gov number - the BPHC Helpline.

Slide 20 lists the documents that must be submitted in the EHB part of the application once the grants.gov submission is complete and validated. This includes the project narrative, the SF-424A which is the budget information forms, the budget justification, all your attachments, all your program-specific forms and all your program-specific information.

I'll go into detail for each of these sections of the application. We strongly encourage you to plan to complete and submit the application before the due date of October 7th at 8 PM Eastern Time. In many cases, the final submission is a two-step process. First, the preparer of the application submits to the organization's authorizing official or AO in EHB. And then, the AO can submit to HRSA. Sometimes, there's a delay in the application moving from the staff member to the AO for submission to HRSA. So please plan to give yourself enough time for these final steps.

Slide 21 explains the validation for EHB submission. Again, be aware that the application can only be submitted by the organization's authorizing official registered in EHB. Ensure that the AO has time to submit before 8 PM on August - sorry, on October 7th. Once you have submitted your application in EHB, we cannot get it back to make corrections and resubmit. So make sure everything is correct before the AO hits "Submit to HRSA". You will not receive a confirmation e-mail like with grants.gov. However, you will see a message regarding successful submission on your screen. You should save and print this confirmation.

For help with electronic submission in EHB, call the BPHC Helpline, again, at 877-974-2742 - not grants.gov or the HRSA call center. The BPHC Helpline staff are trained to provide TA specific to the NAP application.

Now that you have an overview of the submission process, let's talk about the specific components of the application submitted through EHB starting with slide 22. One of the main components of the application is the project narrative. And we're often asked about the difference between the project narrative and the review criteria sections of the FOA. The project narrative section details information the applicant must include to provide a comprehensive description of the proposed NAP. The review criteria are used by grant reviewers to evaluate the information presented. It's important to consider both sections when developing the applications and it's very important that realistic, achievable goals are presented consistently throughout the application. Therefore, the review criteria reference project narrative items, forms, and attachments that must be considered collectively when developing the application.

Slide 23 lists the sections of the project narrative and the corresponding review criteria points. We have need for 30 points, response for 20 points, collaboration worth 10 points, evaluative measures worth 5 points, resources and capabilities for 15 points, governance for 10 points, and support requested is worth 10 points. On the next few slides, I'll provide some highlights of these sections.

On slide 24, the need section, is worth 30 points, which includes 20 points that are determined by the Need For Assistance or NFA worksheet, which is Form 9, and 10 points that are determined by the Objective Review Committee.

The 20 points for the NFA are scored automatically based on the data responses provided in Form 9. I'll talk more about that when we talk about the forms. The need section of the project narrative should reference the data provided in the NFA worksheet as needed and also provide additional detail about need in the community and for the target population.

On slide 25, for the response section, the narrative and referenced forms and attachments must describe the proposed NAP project and how it will comply with the Health Center Program requirements.

The implementation plan, which is referenced in the response section, 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. It is critical that your proposed implementation plan and goals are realistic and achievable. For all proposed NAP sites that are currently operational, including Health Center Program look-alike sites, you must provide the current number of patients and describe how the NAP grant will increase the number of patients served in the response section.

On slide 26, for the collaboration section, the narrative and attachments must demonstrate collaboration between service providers within the service area. 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, primary care offices, and state Medicaid agencies. Remember that letters of support that are not submitted with the application will not be reviewed.

On slide 27 for the evaluative measures section, the narratives and performance measures forms must demonstrate realistic goals and evaluation planning. The performance measures forms are an important part of evaluative measures which I'll talk about in a few minutes.

On slide 28, for the resources and capabilities section, the narratives and referenced forms and attachments must demonstrate the organizational capacity and experience to successfully operate the New Access Point within 120 days of the NAP award.

On slide 29, for the governance section, the narrative and referenced forms and attachments must document how the organization and its board are compliant with the Health Center Program governance requirements. 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. Governance requirements do not apply to health centers operated by Indian tribes, tribal groups, or Indian organizations. However, these groups do need to demonstrate how they will assure input from the community or target population on health center priorities and fiscal and programmatic oversight of the proposed project.

On slide 30, for the support requested section, the narrative must be consistent with the corresponding forms and the budget justification. Ensure that your budget is appropriate for

the proposed project and explain the proposed total cost and Federal cost per patient by the requested funding types.

So now that we've covered the sections of the project narrative, let's discuss the budget presentation on slide 31. Required budget components include the SF-424A, which is the form completed in EHB and the budget justification, which is an attachment. The budget justification should include a line-item budget, a narrative justification for each year of the two-year project period. New this year, the budget must be separated into the Federal Funding request and the non-grant funding supporting the project in the budget information form 424A and the budget justification line-item budget. A sample budget justification is posted on the NAP TA website.

So the budget information form and budget justification must be consistent with some program-specific forms, Form 1B, Form 2, and Form 3. If one-time funding is requested for alteration and renovation and alteration renovation product budget must be provided. A sample A&R budget is posted on the NAP TA website. And if one-time funding is requested for equipment, an equipment list must be provided and this is an EHB form.

Slides 33 and 34 list the attachments. More details about the attachments can be found in table 4 on pages 15 through 20 of the FOA. Attachments are designated as required for completeness or required for review. Failure to include any application documents indicated as required for completeness will result in an application being considered non-responsive and it will not be considered for funding. Failure to include documents indicated as required for review may negatively impact an application's objective review score.

Samples of attachment one - the service area map - and attachment 2 - the implementation plan - are found on the NAP TA website. For attachment two, please note that the implementation plan is required for completeness.

Attachment 3 is the applicant organizational chart. Attachment 4 - position descriptions for key management staff. Attachment 5 - biographical sketches for team management staff. Attachment 6 is the co-applicant agreement and that is required for completeness only for public center applicants that have a co-applicant board. Attachment 7 is a summary of contracts and agreements as applicable.

The list of attachments continues on slide 34. Attachment 8 is the independent financial audit which is required for completeness. Attachment 9 are articles of incorporation. Attachment 10 - letters of support. Attachment 11 is your sliding fee discount schedule.

Attachment 12 - evidence of non-profit or public center status is required for completeness for all applicants that are not current Health Center Program grantees. Attachment 13 are floor plans for the NAP site. Attachment 14 is also required for completeness. The bylaws must be submitted in their entirety and signed. And attachment 15 can be used for any other relevant documents as applicable.

Slide 35 lists the program-specific forms which are also listed in table 4 on page 21 of the FOA. We will post a separate webcast on the NAP TA webpage to help you with completing some of the forms.

On Form 1A, the general information worksheet, when providing counts of patients and visits, ensure that you provide 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. Failure to meet this number by December 31, 2016 may jeopardize Health Center Program grant funding. So it's again, important to be realistic about these goals.

On Form 1B, the BPHC funding request summary, you'll indicate whether you are requesting one-time funding for alteration renovation and/or equipment.

Form 2 - the staffing profile - should include staff for the entire proposed NAP project.

Form 3 - income analysis - must be completed for each year of the 2-year NAP project. This is the only form that is uploaded into the application as an attachment and the template is provided in BPHC.

Form 4 lists community characteristics for the service area and target population.

Form 5A lists the services provided and the method in which you provide them.

Form 5B indicates NAP service site. You can propose multiple sites, but it is okay to propose just one site. When determining the number of service sites to be proposed, you should be realistic both about what is required to meet the identified community needs and

what you can ensure will be open and operational within 120 days. Organizations that fail to verify all sites operational within 120 days will be placed on progressive action which may result in the discontinuation of your grant funding.

On Form 5C is where you list other activities and locations for services.

Form 6A lists current board members and their characteristics.

Form 8 is where you talk about Health Center agreements and whether other organizations are providing a substantial part of the NAP project.

Form 9 is the need for assistance worksheet and I'll go into that in more detail on the next slide.

Form 10 is your annual emergency preparedness report.

Form 12 lists your organizational contacts.

And finally we have a summary page form and I will talk about that more in a few minutes as well.

Finally, we have our clinical and financial performance measures forms, and I will go into those in later slides as well. The TA website includes blank forms that you can use to prepare your responses to forms. However, the forms within EHB are structured forms and completed online except for Form 3. Refer to Appendix A in the FOA for instructions on all the forms and Appendix B for the clinical and financial performance measures and the NAP User Guide for Grant Applicants on the TA website for assistance completing the forms online.

Form 9 - the Need for Assistance worksheet - or NFA - documents objective measures of need of the proposed service area and target population to be served. To complete this form, you need to collect data and 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.

Although alternative sources are allowable, you will need to refer to the guidelines in the Data Resource Guide. You will also need to follow the instructions in Appendix A of the FOA. You provide data responses based on all proposed NAP sites and the entire service

area. The NFA worksheet, Form 9, is automatically scored based on the scoring charts in the FOA and the data response provided. The NFA worksheet will be scored out of a total possible 100 points and then converted into a 20-point scale. So it's worth up to 20 points of the overall application score. So please be sure to carefully enter your data and review your NFA score as presented on the summary page in EHB prior to submission.

Slide 38 provides an overview of the summary page form which consolidates important information from various forms in the application. It provides an at-a-glance review of proposed sites and service area zip codes, the health center types and funding requested including one-time funding for alteration renovations and equipment, the proposed number of patients to be served and Federal cost per patient, and the NFA score. This form will include a checkbox for the applicants to certify that 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.

Additional program-specific forms include the performance measures form, which are explained in Appendix B in the FOA. Performance measures serve as ongoing monitoring and performance improvement tools. A separate webcast that details the performance measures will be posted on the NAP TA webpage.

Starting on slide 40, we'll run through the list of required performance measures. Clinical performance measures should address only the service area and target population of the proposed new access point. The 16 required clinical measures are diabetes, cardiovascular disease, cancer, prenatal health, perinatal health, child health, weight assessment and counseling for children and adolescents, adult weight screening and follow-up, tobacco use assessment and cessation, asthma - pharmacological therapy, coronary artery disease - lipid therapy, ischemic vascular disease - aspirin therapy, colorectal cancer screening, new HIV cases with timely follow-up, depression screening and follow-up and oral health.

The three with asterisks there on the slide - tobacco use assessment and cessation, new HIV cases with timely follow-up, and depression screening and follow-up - are new performance measures for 2015. Two of them are brand new, but the tobacco use

assessment and cessation was a performance measure that was combined from two separate performance measures in previous years.

Slide 42 lists the required financial performance measures. Those are total cost per patient, medical cost per medical visit, change in net assets to expense ratio, working capital to monthly expense ratio, and long-term debt to equity ratio. Tribal and public center applicants can mark the three audit-related measures not applicable and these are noted on the slide with an asterisk.

Applicants may create additional performance measures specific to their proposed project and the health disparities in the target population. Applicants applying for special population funding must include additional clinical performance measures that address the health care needs of the special population. And again, more information on the performance measures can be found on the NAP TA website.

Slide 44 lists the documents to be submitted for the one-time funding project request, also listed in table 5 of the FOA and explained in Appendix B of the FOA. If you request funding for equipment, you must complete the equipment list form. If you request funds for alteration and renovation, you must complete the following forms and attachments. The alteration and renovation project cover page, other requirements for sites, the environmental information and documentation checklist, an alteration and renovation budget justification, schematic drawings as an attachment, and the landlord letter of consent as applicable.

It's very important that you are aware that sites with alteration and renovation requests still must meet the requirement to be open and operational within 120 days of award. If you request funding for alteration and renovation, there are additional Federal requirements that must be met and may impact when you can begin your renovations. So please ensure you understand these requirements when you're doing your planning for the NAP sites. Be aware that you can use non-grant funding to accomplish the renovation of the NAP site.

Now that we have covered all the components of the application, we'll go over the funding priorities starting on slide 45. 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 funding priorities that are the same as last time and one new funding priority. For the unserved high-poverty funding priority up to 15 points are added to the application

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. So that means the penetration rate of this low income population is 25% or less. Second, underserved, low-income service area residents must be at least 1.5 times the number of proposed patients - or 150%.

Let's go over an 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 under 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. More points will be given to those applicants with the least Health Center Program presence in the area. In 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. There's a table on slide 46 of the FOA for the breakdown of points to be assigned. To determine these priority points, HRSA uses data reported in the 2013 UDS which is available in UDS Mapper. We use the zip codes listed on the applicant's Form 5B to determine the service area.

On slide 48 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.

Secondly, 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 the 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. Next, 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 finally, the applicant organization cannot have three or more Health Center Program requirement-related conditions at the time of NAP application submission. If you are a current look-alike, you can reach out to your project officer if you have questions about your current conditions.

Now let's go to slide 51 for some important reminders. Again, applications are due in grants.gov August 20th by - before 11:59 PM Eastern Time. And the applications are due in EHB before October 7th at 8 PM Eastern Time. Remember that you have to meet both deadlines.

Applications may not exceed 200 pages and this is an automatic page count. So be very careful about that. And failure to follow the instructions and include all required documents may result in an application being considered non-responsive and non-responsive applications will not be considered for funding.

For satellite applicants, HRSA will assess the current grantee's program compliance prior to award. So you'll be able to submit your application, but applicants will not receive an award if they have three or more active, 60-day program requirement conditions or if they have one or more 30-day program requirement conditions. These criteria for conditions are more stringent than the FY 2014 awards and they are explained on page 46 of the FOA.

Finally, all proposed sites must be operational and compliant with Health Center Program requirements within 120 days of award. The application is designed to demonstrate that the new access points will increase access to comprehensive, culturally competent, quality primary health care services and be compliant with Health Center Program requirements. So again, 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 NAP grant funding. Again, that's all sites that you need to verify operational within 120 days.

So now, let's talk about technical assistance resources available to applicants starting on slide 52. For program-related questions, please contact me and my fabulous technical assistance team at [bphcnap@hrsa.gov](mailto:bphcnap@hrsa.gov). For budget-related questions, you can contact Angela Wade who is our grants management specialist at [awade@hrsa.gov](mailto:awade@hrsa.gov). For questions submitting your application in EHB, please contact the BPHC helpline at [bphchelp@hrsa.gov](mailto:bphchelp@hrsa.gov). For grants.gov-related questions, you can contact [support@grants.gov](mailto:support@grants.gov). And we also have our NAP technical assistance website which we provide a lot of resources on to help you with your application. It's a very helpful technical assistance resource and I'd like to go there now to show you the resources available. But - it might take a minute to switch to that on the Adobe Connect room.

So this is our Health Center New Access Point Grant Application Technical Assistance website. You'll see that the first link goes directly to grants.gov where you can download the funding opportunity announcement and the application package. The second link takes you to the electronic handbooks. Since this is a two-step application, you need to submit in grants.gov by August 20th and then in EBH by October 7th.

The NAP applicant TA call will be posted here in this yellow box along with the presentation slides and the FAQs. If you scroll down, you'll find technical assistance resources to help with your application development. Health Center Program requirements resources provides links to our legislation and information about the Health Center Program requirements including policy information notices on governance, budgeting, credentialing, and more.

The FY 2015 New Access Points User Guide for Grant Applicants provides step-by-step instructions to completing the application online. We also have instructions for creating your service area map using UDS Mapper and a sample map. There is a template for your implementation plan. And then you'll see there is the Data Resource Guide to help complete Form 9 - the need for assistance worksheet - as well as some Excel spreadsheets that you can use as a tool if you need to extrapolate data.

Following that, you'll see we have some resources regarding Healthy People 2020 which may help you with some of your goals, sample budget templates, and the HRSA scoring rubric which will be used by objective reviewers to review your application. Under that, we

have our program-specific forms. These are all blank forms you can use to help you develop your responses to these forms. But again, the forms are completed online in EHB.

We also have a section on our performance measures where we will be posting a webcast that goes over in more detail the clinical and financial performance measures. We have the forms for both the clinical performance measures and the financial performance measures and we have a couple samples there that you can take a look at. We also have links to other resources on the HRSA website on performance measures and health center data and the UDS reporting and technical assistance including the 2013 UDS manual for definitions and other reporting details.

Finally, we have program-specific information for one-time funding. These are the forms that you will need to submit for alteration and renovation requests or if you request one-time funding for equipment. And finally there at the bottom we have how to apply, which, again, is the link to the grants.gov website to get the FOA and the application package and submit your application as well as a link to EHB where you can register and access your application once you get to EHB portion of it.

So now, I'd like to go back to the other screen. And we have - and that ends my portion of this. I want to bring up another question for you. There we go. So we have a polling question there that we can go into as we talk about questions and answers. And what we're going to do is answer some of the questions right here that we've received in our chat pod. So give us one minute and we will start answering questions.

Coordinator: If you would like to ask a question by phone, please dial star 1 at this time and record your first and last name clearly when prompted to be added to queue. If for any reason you need to withdraw your question, you may dial star 2. Once again, that is star 1 and record your first and last name when prompted to ask a question by phone.

(Joanne Galindo): First we're going to go through the questions - some of the questions that came in on the Adobe chat box. So if we don't get to your question whether it's there in the chat box or if you're queuing up the questions, you can send your questions to [bphcnap@hrsa.gov](mailto:bphcnap@hrsa.gov).

(Olivia Shockey): So our first question is how do I make sure I'm registered in SAM? What website should I look up?

(Joanne Galindo): You would go to sam.gov and they have on that website lots of resources and tutorials. And they also have a help line that you can call to make sure that you're properly registered.

(Olivia Shockey): I'm not sure if I'm a new or satellite applicant. Can you explain the distinction one more time?

(Joanne Galindo): Sure. So, new applicants are organizations that do not receive Health Center Program funding. So if you're not a current grantee of the Health Center Program, you would be a new applicant. If you do receive a grant from HRSA - if you are a Health Center Program grantee, you have a grant number that starts with H80, then you are a Health Center Program grantee and you would be considered a satellite applicant. And again, even though look-alikes are health centers, for this application, you're considered a new applicant.

(Olivia Shockey): We have several questions, more general questions about need and a few questions specific UDS Mapper. So questions about how to determine penetration rate for your proposed service area and how do you determine whether there's unmet need in your area. Yes, you can use the UDS Mapper as an excellent resource for that information and there are other resources as well, many of which that are listed on the NAP Technical Assistance website.

And several questions came in about the refresh date for UDS Mapper and the fact that the data on the UDS Mapper currently is from 2012. And when will the 2013 data be available? We believe that will be available shortly. We believe it will be available certainly within the application period but more information to come. So please stay tuned for that information.

There was a question about - there were many questions about sites. How do you define scope of project? How do you identify if you have an overlap with an organization? Is it based on physical address or is it based on zip code? So Joanne, can you talk a little bit more about that?

(Joanne Galindo): Well, the eligibility requirement is that you cannot propose a site that is in a current - in the current grantee's scope of project. And for this we're talking about the actual address of the site. So you can propose a site that maybe overlaps service area with another organization or even as current grantees in your own - in your existing service area. Our intent with this is to expand the safety net of Health Center Program access and services, but as long as you can demonstrate the need in the community, you can apply for sites that are located near

other service sites. So for the eligibility requirement, what we look at is that the site is not the same site as one that is already in scope - the address itself.

(Olivia Shockey): How do you define the service area?

(Joanne Galindo): So, for service area, we - actually, you define your own service area on Form 5B and we look at the zip codes that are listed on Form 5B. So that would be your defined service area for this application. If it's not listed on Form 5B, we don't see it. So if you want that zip code in your service area, you need to make sure that it is accurately displayed on Form 5B.

(Olivia Shockey): And there was one question that said if a census tract is already served by one or more Health Center Program grantees, could we propose a New Access Point within that MUP or census tract?

(Joanne Galindo): Yes, again, as long as you can demonstrate unmet need in that community. We do look at applications for service area overlap and really what we're looking at is that there's enough need in the community to warrant that more than one health center can be located there.

(Olivia Shockey): And building on the MUA/MUP theme, if only part of a county is designated as an MUP, can we still propose as our service area the entire county?

(Joanne Galindo): Yes. So in fact, your site doesn't necessarily have to be located in the MUA, but you have to be serving residents of an MUA or a population that is part of an MUP. So - and that MUA or MUP doesn't have to be the entire service area. It can be just a part of it.

(Olivia Shockey): And we received several questions about the governing board. Can you please verify the governing board requirement? Does it have to be our current governing board or can we develop a new governing board for NAP?

(Joanne Galindo): This would have to be the governing board of the applicant organization. So, like we said, that one of the eligibility requirements is that an applicant - an organization can't apply on behalf of another organization. So that means they have to meet all these governance requirements. So you wouldn't have like a separate board for your NAP project.

(Olivia Shockey): Is it still the same case if we are a public entity? If we are a public entity, should we apply with our own organization's board or can we apply with a governing board specific to the NAP project?

So public entities are organizations that are able to apply with co-applicant board if their current board does not meet the Health Center Program governing requirements. And these situations can be very nuanced so please send your question into our inbox and we can provide you with technical assistance specific to your specific situation.

Do we need to include evidence that our Board of Directors has approved our application with our application? And the answer to that is no, submission of your SF-424 in grants.gov is an acknowledgment that you followed all of the standard requirements for applications and the NAP FOA clarifies that this includes that your governing board is aware of the application

Should our co-applicant submit an application or should the application be submitted by our public center organization?

(Joanne Galindo): So that's what I was talking about with making sure that the correct applicant - correct organization applies as an applicant. It would have to be the organization that is carrying out the project. So if the public center is the entity that is carrying out the project, they need to be the applicant.

(Olivia Shockey): There were several questions about specialty services. Can specialty services be proposed as part of my NAP application?

(Joanne Galindo): No, specialty services cannot be proposed as part of a NAP application. If you're funded, you can propose specialty services after award and you would do that through a change in scope.

(Olivia Shockey): There were also several questions about look-alike status. A number of individuals asked do we need to apply for look-alike status in order to be considered for NAP funding?

(Joanne Galindo): No, they are two separate processes so you do not have to be a look-alike to apply for New Access Point funding and vice versa. You know, you can just apply for look-alike status as well. And so the one good thing about look-alike application for designation is that they can be submitted at any time. Whereas for NAP, you know, you have to meet the deadlines.

(Olivia Shockey): There were some site-specific questions. Can I apply for a NAP award for a school-based health center site for which I receive capital development funding for?

(Joanne Galindo): You can apply for a school-based site as long as it is not in a current Health Center Program's scope of project. So if you're a current grantee and you applied for capital funding for a health center - I mean, for a school-based site that is already in your scope, then no. But if you are a school-based grantee that only has a school-based capital grant, then yes, you would be able to apply.

(Olivia Shockey): If you want to apply for a NAP grant as a satellite organization, our satellite NAP site would be about 16 miles away from our current health center. However, there are some zip codes that are going to overlap between our current health center's zip codes that are targeted for services in our new satellite site. Is that okay?

(Joanne Galindo): Yes, that's okay as long as you can show that there's need in the community and that you're serving people from all those zip codes.

(Olivia Shockey): Can we propose to add a primary care site as a new NAP site if it does not offer dental services directly on-site but has referral arrangements for these services?

(Joanne Galindo): Yes, it is allowable that you - you have to provide those services but you can provide them through referral arrangements.

(Olivia Shockey): Can we propose as a new NAP site a single service site such as a dental site?

(Joanne Galindo): No. That would be an ineligible application if you came in with just a site for only dental. You can - if you have at least one site that is a permanent site with medical care, primary health care services, you might be able to propose a second site that is looking at dental. But your overall NAP project has to be for comprehensive primary medical health care.

(Olivia Shockey): Can I propose as my NAP project a single, mobile unit that provides a comprehensive scope of services?

(Joanne Galindo): Again, you cannot have only a mobile unit as a site for the NAP project. So if you wanted to apply for NAP and be eligible, you'd also have to have a fixed permanent location as a site that operates 40 hours a week. And then you could also propose a mobile unit site if you wanted to.

(Olivia Shockey): I have several questions about priority points. If we are proposing two NAP sites and only one of them would qualify for priority points for the unserved, high-poverty priority points, could we receive half of the priority points?

(Joanne Galindo): Oh, I wish, but no. That's a good question. No, we'd look at the total service area. So if you have more than one site, we look at those zip codes on Form 5B for each site. We put them all together and we look at the whole area collectively. So no.

(Olivia Shockey): The FOA says that the look-alike priority point is worth 5 points but the FAQ says it is worth 10 points. Can you clarify the points for those priority points?

(Joanne Galindo): It's five points and that's been corrected in the FAQs. So you probably downloaded those right away when the funding opportunity came out. So they have been corrected in the FAQs.

(Olivia Shockey): If we are applying for special population funding only, can we still receive the unserved, high-poverty priority points?

(Joanne Galindo): Yes.

(Olivia Shockey): And then we have a few questions that we received multiple times about forms - several of them about Form 9 - the Need for Assistance worksheet. Can you explain again how we can see our Need for Assistance form prior to submission?

(Joanne Galindo): Yes. In EHB - well, the easy way is to, once everything is complete, look on the summary page and it'll show your score. But once you look at that, you might want to know a little bit more about that. So if you go to the review page - and it's a read-only page for the form - you can see the scores for all the indicators and the total score out of 100 and then your converted score into 20. But when you get to that part, if you still can't figure it out, just send in an e-mail and we'll tell you again how much you got.

(Olivia Shockey): When determining the distance to the nearest primary care provider as part of Form 9, do we include our current locations or can we exclude our current locations and map the distance to the nearest primary care provider that is not at one of our own sites?

(Joanne Galindo): I believe that's explained in the Data Resource Guide. I don't remember off the top of my head, but just take a look in the Data Resource Guide which is on the NAP TA webpage and I believe that answer is there. If it's not, go ahead and send it in.

(Olivia Shockey): If we have changes to information that we submitted in grants.gov, will we be able to make corrections in EHB?

(Joanne Galindo): Yes you will.

(Olivia Shockey): And does the grant.gov performance site locations form need to be corrected in EHB or does the 5B information about sites trump the grants.gov form?

(Joanne Galindo): Yes, the 5B - it's the Form 5B that we look at for your scope. So it does trump that performance site. But we want everything to be consistent, especially when reviewers look at your application, so they're not confused. But it's most important to have the information on Form 5B correct.

(Olivia Shockey): So I think this question is related to one-time funding. We do not own the land or building that we are going to be proposing for NAP. Will this be detrimental to our application? Will a signed letter of intent to lease be sufficient for the NAP application?

(Matt Kozar): This is Matt Kozar. So it's for you to demonstrate the extent that which you're able to secure the property and implement the overall project within 120 days. So, you know, you don't necessarily have to have property secured at the time of - at the time that you submit the application. But you know, the extent that which you can demonstrate that you will have site control and be able to implement the overall project, that's the goal of, you know, demonstrating your case.

(Olivia Shockey): We also have several questions come in about letters of support. Primarily, what kind of documentation is required if an organization refuses to provide a letter of support?

(Joanne Galindo): We ask that if you cannot get a letter of support from the required organization - for example, if there's another Health Center Program grantee in your service area - that you explain what you did to try and get that letter of support and explain the situation in your community that makes it so.

(Olivia Shockey): And please refer to the Funding Opportunity Announcement, the specifics of what needs to be provided in those situations is clearly outlined in the FOA.

(Joanne Galindo): And that's the Collaboration section.

(Olivia Shockey): The requirement for letters of support from state organizations is new for this NAP Funding Opportunity Announcement. Can we submit similar letters from our county agencies instead?

And the answer to that is no. It ties back to the requirement from the last question. You should pursue letters from the state organizations listed in the Funding Opportunity Announcement. If you're not able to secure them, then provide the evidence that you pursued those letters in your application per the guidance in the Funding Opportunity Announcement. And of course you're always welcome to provide letters of support from county agencies supporting your project as well.

There was a question about operational status. Must a site be fully operational 40 hours a week with all providers in place within 120 days to meet that requirement?

(Joanne Galindo): So it is permissible to verify a NAP site as operational as long as some required primary care medical services are available and patients from the proposed NAP service area are being seen at the site and visits are being generated and documented in the patient record.

(Olivia Shockey): And what information will grant reviewers receive regarding a current grantee's compliance with Health Center Program requirements? Since health centers are not able to receive NAP funding if they have a certain number of conditions.

(Joanne Galindo): Well, the assessment is a HRSA assessment for the conditions and that happens prior to award. So really, there's nothing that reviewers are shown regarding compliance with those conditions. Reviewers will be reviewing your application and that's pretty much all they have to go by. There's no outside information that is provided to reviewers or, in fact, allowed for reviewers to review except your application.

(Olivia Shockey): So please ensure that your application is as complete and detailed as possible since reviewers will be relying on that to understand your organizational capacity and proposed project. And then the last question since I see that we only have a couple of minutes left,

there have been many people that have asked about the project award announcement date and project start date and project period. So could you repeat that information?

(Joanne Galindo): The anticipated project start date is May 1, 2015. Awards may come out before that or right around May 1. And the project period is two years. So when you're thinking about your goals, you're thinking about a two-year time frame. However, for Form 1A where you talk about your projected patients to be served, that is patients to be served by December 31, 2016. So a little bit - we're not trying to confuse you but there are a few little nuances with all the dates that are involved.

(Olivia Shockey): And since we have time for just I think one more question, there have been a few people that have written in asking if there are any resources available for determining realistic patient projections for the purpose of the NAP application?

(Joanne Galindo): Well I would say one of your - a good resource would be your primary care association in your state because they know - they're familiar with the situation in your state, the Health Center Programs that are already existing in your state. And they might have a little bit more of advice to determining your goals and - especially for your specific situation. Okay, again, I want to thank everyone for being on the call. I'm sorry we couldn't take more questions but please send in your questions to [bphcnap@hrsa.gov](mailto:bphcnap@hrsa.gov) and we will try to get back to them as soon as we possibly can. Note it does sometimes take us a couple days to get back to you because of the volume of inquiries and sometimes we need to research some of these complex answers. So please be patient with us but we will get back to you if you send in a message. And I think with that we are going to wrap it up. Thanks again.

Coordinator: This now concludes today's call. All lines may disconnect at this time.

END