

**FY14 Service Area Competition (SAC) Applicant Technical Assistance Call
June 18, 2013**

Coordinator: Welcome and thank you for standing by. At this time all participants are in a listen-only mode.

During the question and answer session please press Star 1 on your touch-tone phone.

Also, today's conference is being recorded. If you have any objections you may disconnect at this time.

Now I would like to turn the conference over to Ms. Katherine McDowell. You may begin.

Katherine McDowell: Thanks Ashley. Welcome to the Technical Assistance Call for the Fiscal Year 2014 Service Area Competition or SAC as we'll refer to it throughout this call.

I'm Katherine McDowell, a Public Health Analyst in the Office of Policy and Program Development within the Bureau of Primary of Health Care at HRSA.

If you are logged into the online meeting and haven't done so already, can you please answer the polling question so I can get a sense of who we have in the audience today?

Okay and it looks like about 96 percent are current health center program grantees. And 3 percent are new applicants and we also know that we have some PCAs and other folks joining us as well. I'd like to welcome you.

I would like to point out the information that has changed since last year's SAC for those of you that may already be familiar with this funding opportunity.

But, before we review the Fiscal Year 2014 SAC Funding Opportunity Announcement, Jim Macrae, Associate Administrator will share some brief introductory remarks. Jim?

Jim Macrae: Thank you Katherine and good afternoon and good morning to those way out west. Thank you for joining us today.

We're very pleased to be discussing the Service Area Competition guidance. This really is an important guidance for the Health Center Program. And, we have a lot of I think really great information to share with you all both for existing grantees as well as new applicants.

As I mentioned on a recent All Programs call that we held in May we are making some changes to our program oversight of the Health Center Program. The Service Area Competition funding opportunity announcement is really the first of several changes that you will see over the next several months in terms of how we do our program oversight for the Health Center Program.

I'm just going to highlight a couple of these because we'll go into more depth as we go through the presentation, but just a couple of things that I wanted to highlight in terms of the changes for the SAC (what we affectionately call it).

Include the need to have a federal and nonfederal budget, moving to a 3-year project period, and then also our attempt to streamline some of the reporting requirements that we've asked for in the past from you. And in fact trying to do that in two different ways, one is by pre-populating some of the information from current grantees in their applications and also trying to streamline some of the different requests that we have coming in.

I think you'll see it most vividly with our income projections. And, Leo Fishel I believe will talk about that in terms of what we're requesting in terms of budget. It's much streamlined from what we've done in the past.

Just in terms of background on some of the rationale behind some of those changes, I know any change is difficult and you may be asking why is something like that happening and I want to just provide a little bit of that context.

So, with respect to the federal and non-federal budget we've had circumstances over the last several months where the OIG has gone out and reviewed the budget and accounting practices of different health centers. And because traditionally the program has not required a federal or nonfederal budget, there have been circumstances where the OIG has not been able to adequately determine whether resources were spent appropriately on activities on the federal budget. And as a result of that, they've come out with some findings where they've had significant amounts of dis-allowances that have been identified.

The good news is that after working with the grantees and working with our grant staff and others, almost all of those have been corrected. I mean it really gets down to a very small level.

But, because we haven't been doing that on the front end, it has caused a lot of work both on grantees, auditors, as well as ourselves in terms of working through all of those corrections to really make sure that all those disallowances are addressed.

So what we are attempting to do with our SAC and those folks who will then be applying for competitions or continuations is that we're trying to be proactive by actually asking up front for a federal and nonfederal budget. This is really important because it allows us I think to address some of the concerns that have been identified and also demonstrated by the health center that they are applying or responding to some of the federal restrictions on dollars, for example salaries, so being able to show that information right up front is really important. Some of those disallowance we anticipate will go down dramatically as we do this. But it is a change and we do want to go through that with you today in terms of some of the questions you may have.

In addition related to that we also have a - it's a PIN out or is a PAL? It's a PIN, the Policy Information Notice, that also talks about the non-federal portion of your budget.

One of the things we were trying to strike a balance on is to still give grantees the flexibility that they need with respect to their non-federal budget. So, we identified what we considered some of the key uses of that non-federal resource and put that out for comment. If you have comments on that portion of our policy, we encourage folks to actually submit those comments. And, there's a whole document that's available on our Web site related to the total budget concept. The first one is federal/non-federal budget and we really felt like that will help us get out of the situation where we spent a lot of time really trying to document things that health centers

are already doing but to do it proactively and preventively. The second aspect relates to the 3-year project period and then some of the needs to streamline some of what we've requested from you.

I think as most of you know the GAO has done several reviews of the Health Center Program recently. And, as part of their reviews they've asked for additional documentation both from us in terms of doing our assessments of grantees especially around program requirements. But, they've also asked us to require or ask for additional documentation from health centers in terms of how they operate and meet the program requirements.

In addition they've encouraged us to do more on-site reviews actually resulting in our new policy of having on-site reviews happen every 3 years as well as to provide better guidance on different aspects of our program requirements. The good news is that we were already moving in this direction in a lot of ways. The bad news is that when all of the GAO recommendations came out at first we didn't have the ability to respond as strategically as I would have liked. So, we did a lot of adding on to previous SACs and BPRs as well as other reports from grantees as well as to be honest adding on to things that we do internally in terms of our reviews. And what it did was actually create a bigger reporting burden both on the grantees as well as on our own staff. You as well as our staff have given us some feedback on that. You really didn't see the value added of a lot of that additional reporting requirements especially when you were doing it over and over and over again in a very short time period.

I can say that we did hear you. As I mentioned on the All Programs call last month we are going to be doing several things to streamline different aspects of what we ask for from you. In particular we are going to be looking at streamlining our BPR, our Budget Period Progress Report. That is

something that you all are not going to be engaged in this year because you're doing your Service Area Competition but in future years you will see a much more streamlined and reduced Budget Period Progress Report. Just to give you a sense of scale I think it will be reduced by close to 75 percent of the different requests that we put in for you.

We also will be looking at streamlining other aspects. And, I think you'll see some of it in the SAC itself in terms of some of the requests we have for data and information like the budget and other pieces. The rationale to moving to a 3-year project period was that we are looking at this as sort of a three-pronged approach. So, at the beginning of a project period we ask every health center to submit a Service Area Competition application. We'll go through all the details on that. Katherine in particular will go through a lot of the aspects of that in terms of what we're asking for. That really is our full-blown application that we want from every grantee. In particular we want to make sure that you address each of the program requirements as well as set out your performance goals both for clinical and financial performance measures. It really is a full-blown application, sort of what we've traditionally asked for but with some streamlining.

In subsequent years instead of submitting another full-blown budget period progress report and then in the next year another full budget period progress report we're only going to be asking for a streamlined BPR to really ask for any progress or major changes that have occurred within your organization or that have impacted you from your environment as well as your progress on reaching your goals in terms of both funding as well as your clinical and financial performance measure goals. It will be much more streamlined and we hope much easier in terms of completing and actually more helpful for all of us in terms of working with you.

Then in the middle, we will do an operational site visit which will provide that secondary look, sort of a second look at compliance in terms of performance. So the way I've explained it both internally and externally is that we're going to be doing our sort of full compliance reviews of your organizations with the SAC application. Then midway through your project period at basically the 18-month mark, we'll do an operational site visit to do an on-site assessment of how you're doing with respect to your requirements. And, then at the end of the 3 years, you'll have another Service Area Competition application to submit. But, in the interim instead of having these full-blown budget period progress reports, you'll have a much more streamlined one which again we hope will reduce your burden and actually get us to where we need to be in terms of focusing on performance.

So, we are optimistic that this is going to have what we think is a very positive impact on your operations because we definitely have heard from you about seeing where we can reduce burden, but at the same time maintaining our responsibilities to make sure that health centers are meeting the requirements and continuing to improve their performance as best they can. We think it will really help us move forward. In terms of that though, what it does mean is that the Service Area Competition is important. So it really is a critical application. I'm very pleased that there are so many folks who are participating on the call today. I would just encourage you to take the application itself very seriously. Number one, it is a competitive application so other organizations may apply for your particular service area. If you're a current grantee or if you're a new grantee, this is an opportunity for you to come in and apply for a particular service area.

We encourage folks to make sure that when they do submit their application that they have fully addressed all of those 19 program requirements that we

talk so affectionately about and really show in their application how they are meeting those requirements.

So, strongly encourage folks to look at what their requirements are on our Web site. And, as they're developing the application, to show and demonstrate how they're meeting all of those requirements because this is one of our opportunities to look at how you're doing in terms of your compliance with our requirements. Then, finally establishing those performance goals that we will ask you to report on, sort of after year one, and then after year two in terms of what you're going to try to accomplish both clinically and financially in terms of your organization. This really is a critical application. We encourage people to take it seriously. We also encourage you to get the application in on time.

One of the things we've run into in the past is we've had some folks not submit applications on time. And, that has caused challenges in terms of being able to continue to support either current grantees or for new applicants to come in so please take the deadlines very seriously.

And don't wait until 4:59 ET to get those applications in. Please get them in. I would encourage folks to submit at least a day early or at least a few hours early so you don't run into any technological problems. The other thing is to make sure that you've uploaded and attached all of your documents that you want to make sure is part of your application. We have had many circumstances where people have said yes we did attach that, but it was not part of the application.

So, we just really strongly encourage folks to make sure that all of their attachments are included before they hit that final submit button to make sure that all of their information is in. Because once that submit button is

pressed, we can't go back in time and have other things added to the application.

So please be on time, please be complete, and please do your best in terms of this application. And, with that I will say good luck and we'll walk you through all the specifics and I'll turn it over to Katherine. Thanks.

Katherine McDowell: Thanks Jim. So, for those of you joining the call late, if you're not already logged into the Webinar, you can join by clicking the URL in the email announcement you received for today's call or by visiting https://hrsa.connectsolutions.com/sacgrants_call.

Once you're on this Web page, click Guest and sign in with your first and last name. If you're having trouble connecting to the Webinar, the slide presentation for this call is also available at the SAC Technical Assistance Web page.

If you received an email announcement about this call, the URL for the TA Web page was included in that message. If you don't have the email announcement handy, the SAC TA Webpage is located at <http://www.hrsa.gov/grants/apply/assistance/sac>. Once again, that's <http://www.hrsa.gov/grants/apply/assistance/sac>. That's S as in service A as in area and C as is in competition. I'll do my best to reference the slide numbers throughout this call so you can easily follow along if you are viewing the slides via the SAC TA Web page.

Slide 2 provides the agenda for this call. The presentation will start with a basic overview of the Service Area Competition FOA including due dates and times, eligibility requirements, award information, the two-tiered submission process, and a summary of major changes. I will then touch on the different

key sections of a SAC application including the program narrative, performance measures, and budget presentation. Today's call will conclude with a review of important facts and a list of TA contacts followed by a question and answer session.

All participants are currently in a listen-only mode so please make a note of any questions that arise as we go along so you can ask them at the end of the presentation.

If you're logged into the Webinar, you'll also be able to type your questions as we go along, but please note that we will likely be answering the majority of those questions at the end of this call.

Slides 3 to 5 highlight changes from Fiscal Year 2013 to Fiscal Year 2014. First, and most importantly, the eligibility criteria has been expanded to clarify the requirements for proposed patient numbers, service area zip codes, and target populations. I'll speak more about the expanded eligibility criteria in a few minutes.

The requirements for Attachment 1, service area map and table have been expanded and direct applicants to use the UDS mapper for maps and to provide an accompanying data table. The SAC TA Web site includes a step-by-step guide for creating your map and data table.

Implementation Plan-Attachment 14 is now required for new applicants and current grantees applying to serve a new service area. This plan is designed to outline action steps required for meeting the 120-day operational status requirement.

Please note that with SAC, the 120-day period could begin up to 60 days prior to the project period start date depending on how far in advance HRSA is able to issue the Notice of Award.

The prenatal and perinatal performance measures are now required for all applicants. More details about this can be found on the Program Assistance Letter listed on this slide.

The child immunization and cancer screening performance measures have been updated. Again, more details can be found in the Program Assistance Letter referenced on this slide.

Form 2, Staffing Plan, has been updated to include a column to report requested federal dollars.

Form 3, Income Analysis has been revised to simplify the reporting of projected income for the first year of the project period. Leo Fishel, a financial consultant with HRSA will talk more about the changes to this form later in today's call.

Form 6A, Current Board Member Characteristics and Form 12, Organizational Contacts will be pre-populated for current grantees from the information provided in their last application. Current grantees are expected to provide updates on both forms.

Form 9, Need for Assistance Worksheet has been revised. Core barriers and health indicators have been modified, added, or removed to include the most relevant and current indicators of need for which data are available.

The maximum project period length has been capped at 3 years for all applicants. This is part of BPHC's new grantee monitoring plan that will include more frequent comprehensive applications and site visits.

Project period length determining factors have been added which we'll go over in more detail later in today's call.

The Federal Object Class Categories Form has been added to capture details on the federal funding request. This supports the budget and accounting PIN that was released on June 13. The budget justification must now breakout federal and non-federal expenses in each object class category mirroring the new Federal Object Class Categories Form.

Lastly, the SAC application will now be completed via the new EHB user interface. Key features of the new user interface include icons that look like a lower case l inside of a circle that provide on screen tips for completing forms.

Slide 6 provides an overview of the focus of the Service Area Competition. This competition provides funding for the provision of comprehensive primary health care services to underserved individuals and special targeted population.

SAC is a competitive funding opportunity with three potential types of applicants. First, we have current Health Center Program grantees whose project period is ending and who are applying to continue serving their current service area. Second, we have new applicants who do not currently have a Health Center Program grant who are applying to serve an available service area. And third, we have current Health Center Program grantees

who are applying to serve a new available service area in addition to their current service area.

Slide 7 provides a notice regarding the Budget Period Progress report or BPR. Please note that since SAC is a competitive grant, current grantees will not receive a prompt from EHB that SAC needs to be completed like they do with BPR.

If you are a current Health Center Program grantee and have any doubt about whether you should be completing a Service Area Competition application or a budget period progress report for fiscal year 2014, please contact your project officer who can help you make the correct determination. For additional guidance, current grantees can refer to How to Read your Award Notice, a guide for current grantees available on the SAC TA Web page.

Slide 8 provides a basic overview of the application and submission process. Please keep the 3-year project period in mind when outlining your plans in the program narrative, setting your goals in the performance measures, and providing your multi-year budget justification.

Project period start dates and submission deadlines vary throughout fiscal year 2014. As you can see on this slide, applications are submitted into two parts. Basic organization and budget information will be provided in grants.gov while detailed project information will be provided in the HRSA Electronic Hand Book otherwise known as EHB.

Slide 9 provides a summary of the project period start dates, announcement numbers, and deadlines for both grants.gov and EHB. Both the grants.gov and EHB submission times have changed. They are now 11:59 PM Eastern

Time and 5:00 PM Eastern Time respectively. Please note that you must complete both the grants.gov portion and the EHB portion of your application by the specified deadlines. If either deadline is not met, your application will not be screened for completeness and eligibility which means it will not be considered for funding.

Current grantees applying to continue serving their current service area should note that the project period start date is the calendar day immediately following the project period end date listed on your Notice of Award.

The next slide clarifies the correct announcement numbers for current grantees applying to continue serving their current service area.

Slide 10 highlights important information for current grantees applying to continue serving their current service area. However, it is imperative that all applicants apply under the correct HRSA announcement number. If you apply under the incorrect announcement number, your application will automatically be deemed ineligible.

So now we're at the Service Area Announcement Table and we're actually going to navigate to the SAC TA Web page to show you the actual screenshot of the Service Announcement Table.

So, in this table you'll find not only the available service area listed by city and state of the current grantee's administrative site locations, but also the project period start date, HRSA announcement number, grants.gov and EHB deadlines. The total funding will be broken down by target populations, service area zip codes, patient numbers, and a link to the patient origin map if available for your service area.

The search box for the Service Area Announcement Table will allow you to create a customized list of available service areas by specifying the state, city, or project period start date that you are interested in. Rather than having to sort through the entire table of more than 300 listings, you can use the search boxes to access a list of only the available service areas near you.

And now we're going to go ahead and navigate to the patient origin maps. The patient origin map demonstrates where patients reside. The data on the map comes from the 2012 UDS and depicts the patient origin within the current funded service area only. There are two shaded areas on the map. The dark areas show where most of the patients come from (at least 75 percent of the patients served) and light blue shows the remainder of the patients served comprising of 75 percent to 100 percent. This information should assist applicants in ensuring that they list on Form 5B at least the zip codes from which 75 percent of the current patients originate into the new eligibility criterion that you will see on the next slide.

Slide 12 provides basic eligibility requirement. Detailed eligibility criteria are available in the Funding Opportunity Announcement starting on Page 4. All applicants must be public or nonprofit private entities including tribal, faith-based, and community-based organizations that propose to serve a service area and its associated population and patients identified in the Service Area Announcement Table. As previously discussed, you must propose on Form 1A to serve at least an equivalent number of patients by the end of the project period as listed on the Service Area Announcement Table. And, you must propose on Form 5B the service area zip codes from which at least 75 percent of the current patients come.

Applicants can request no more than the current level of support being provided to the service area and must request all funding types that currently support the service area in the same proportion at which they were announced.

Slide 13 clarifies the target population information found in the Service Area Announcement Table. The available service areas are currently served through one or more funding types that are specific to the population served. These include Community Health Centers listed as CHC on the service area announcement table with target underserved individuals. Migrant Health Centers are listed as MHC on the Service Area Announcement Table which target migratory and seasonal agricultural workers. Health Care for the Homeless listed as HCH on the Service Area Announcement Table which target homeless individuals and families. And, Public Housing Primary Care listed as PHPC on the Service Area Announcement Table which target residents of and individuals living immediately adjacent to public housing.

As seen on the Service Area Announcement Table, one service area can have multiple target populations. An applicant applying to serve a service area with multiple target populations will have to apply for all corresponding funding types and target all listed target populations or they will be deemed ineligible. Such an applicant must also discuss the specific needs of and plan services for each target population for which funding is requested.

Slide 14 provides basic award information. In fiscal year 2014 we expect to award approximately \$468 million to support comprehensive primary health care services in approximately 310 service areas.

SAC funding is targeted towards the provision of primary health care services so grant funding cannot be used for construction, fundraising, grant writing

or lobbying efforts. However, SAC funding can support the purchase of equipment and supplies necessary for the provision of primary health care.

Slides 15 and 16 provide an overview of the two-tiered submission process which as I noted earlier is in grants.gov and EHB. The basic steps for registration include obtaining a Data Universal Numbering System or DUNS number and registering in the system for award management otherwise known as SAM. Then you should register in grants.gov and EHB. If you're a new applicant, please start the registration process immediately since each step takes time and grants.gov registration can take as long as one month. It is vital that you ensure that your SAM registration is active throughout the entire application period as well as throughout the project period start date. If you're a current Health Center Program grantee, you should already be registered in the appropriate systems. You should verify all registrations and access to both grants.gov and EHB in advance of the deadline.

Please note that phase one of the application process is completed through a successful submission to grants.gov and you will receive a validation email upon successful submission. You will receive a tracking number for accessing EHB approximately 7 business days following successful grants.gov submission. Unlike grants.gov which generates email confirmation with EHB, you'll only receive an on screen notice that your application was successfully submitted to HRSA. Please print this and save it for your records.

Slide 17 provides the grants.gov Web address along with a list of required grants.gov submission components. These include the SF-424 application for federal assistance, the SF-424B the assurances for non-construction programs, project period performance site location form, the grants.gov lobbying form, and the SF-LLL disclosure of lobbying activities.

While we're talking about the grants.gov forms, I want to quickly discuss on Slides 18 and 19 how to complete the type of application field on the SF-424 since incorrect selection at this point can delay EHB access or cause you to lose work in EHB when your application type is changed by HRSA.

This information can also be found on Page 19 of the Funding Opportunity Announcement. You will select Continuation if you are a current Health Center Program grantee applying to continue serving your current service area.

You'll select Revision if you are a current grantee applying to serve a new service area. Select New if you are a new applicant not currently funded through the Health Center Program.

On Slide 20 we have provided the EHB Web address along with a list of required EHB submission components. These include the program narrative, the SF-424A budget information for non-construction programs, budget justification, attachments, program specific forms, and program specific information.

Slide 21 provides information on the attachments. More details about the attachments can be found in Table 3 on Page 11 of the FOA.

The following attachments are required only if applicable to your organization. Attachment 6, the co-applicant agreement will be provided by only public center applicants who need a co-applicant to ensure compliance with government's requirements.

Attachment 7, a summary of current and proposed service related contacts and agreements will be provided only if such contracts or agreements exist.

Attachment 7, proof of non-profit or public center status will be provided only if it's not already on file with HRSA.

Attachment 13, floor plans will be provided for all new applicants and current grantees that are applying to serve a new service area.

Current grantees applying to continue serving their current service area should only include floor plans if significant changes have been made.

As noted earlier, SAC includes a new attachment this year which is Attachment 14-Implementation Plan which must be provided by new applicants and current grantees applying to serve a new service area and the details and steps taken to ensure operational status of all proposed sites for the service area within 120-days of Notice of Award.

Attachment 15 is where you can provide any additional documents desired. Please note that these documents will count against the page limit.

Slide 22 provides a reminder of the form changes mentioned earlier in the presentation. More details about the forms can be found on Table 4 on Page 16 of the FOA.

Slide 23 is a screenshot of the Income Analysis Form and Leo Fishel will provide further details about this form.

Leo Fishel: The goal for the Form 3 provision was to make it simpler for the preparer and more useful for the reviewers. Most of the changes were made to Part 1 which is the program income or patient service revenue section of the form. The charge and adjustment data were eliminated. We eliminated the service

classifications within the pay groups as well. This was in the old form and didn't fully summarize revenue data by service type. Also, we eliminated the income classification within the self-pay group.

We added a new column, patients by pay group. Patients identified here are the unduplicated counted patients defined in the same way as they are defined on the UDS table for lines 7 through 12. These are patients classified by their primary medical insurance as of the end of the projection period. We added in a column showing the income per visit for each pay group and eliminated the managed care section. Managed care income data are consolidated into the pay group groupings. The prior form did not classify managed care visits by pay group. Now we have a complete classification of visits by pay type. In part two of the form we reordered the rows to conform to the UDS Table 9E. We're looking to promote consistency between the UDS and the form fee revenue classifications and definitions. Lastly, Form 3 instructions are rewritten in the SAC FOA.

Katherine McDowell: Thanks Leo. Slide 24 provides an overview of the sections of the program narrative and corresponding review criteria. These are Need, Response, Collaboration, Evaluative Measures, Resources and Capabilities, Governance, and Support Requested.

Please note that the FOA directs applicants and reviewers to cross-reference the narrative forms and attachments when writing and reviewing the application. It is important that consistent information is presented across all components of the application.

Slide 25 provides an overview of the clinical performance measures. The items on these slides which I have labeled as standard clinical performance measures are the ones that you should be familiar with if you're a current

grantee. As noted earlier, the prenatal and perinatal performance measures are not required for all applicants. See Appendix B of the FOA for details. The appendix notes that if you've never reported prenatal or perinatal measures in the past, you can enter zero as your baseline.

For new applicants please note that all measures listed on these two slides are defined for you with the exception of behavioral health and oral health for which you can define your own measure based on your behavioral health and oral health services. Details about these clinical performance measures can be found on the SAC TA Web page.

Slide 27 provides a list of the financial performance measures. As in the past, the three audit-related measures noted on the slides with an asterisk can be marked not applicable by tribal and public center applicants. Details about the financial performance measures can be found on the SAC TA Web page.

Slide 28 provides general performance measures information. Applicants applying for special population funding are required to create a performance measure specific to the targeted special population.

While specific additional performance measures are not required, applicants can add additional performance measures by selecting the Other Measures button at the bottom of the Performance Measure Forms in EHB. Applicants must specify at least one contributing and one restricting factor.

Lastly, any information that will not fit in the performance measures forms due to character limits, for example contributing or restricting factor details, should be provided in the Evaluative Measures section of the Program Narrative. Please be reminded that any information included in the program narrative will count against your page limit.

Slide 29 provides special instructions for current Health Center Program grantees applying to continue serving their current service area. Current health center grantees applying to continue serving their current service area will not be able to edit their baseline data for the required measures which will already be pre-populated from the 2012 UDS report. If you would like to report more current baseline data, this information should be included in the Comments field.

If you are a current Health Center Program grantee that is no longer tracking a previously defined Other Performance Measure, the measure can be marked not applicable to keep it from pre-populating in future BPRs and SAC applications. However, this requires a justification in the Comments field. Lastly, current Health Center Program grantees should provide a brief description of the progress made toward stated goals over the last year in the Comments field.

Slide 30 provides information about the budget presentation. The Federal Object Class Categories form has been added to capture details on the federal funding request. This information will enable HRSA to review the proposed use of federal and non-federal grant dollars to ensure that all applicable requirements such as salary limitations are followed. This will also make it easier for you to track your federal dollars.

In addition to completing the standard form and the SF-424A, applicants must also provide a budget justification which we will also refer to as a budget narrative. All applicants must submit a 3-year budget justification that breaks out the federal and non-federal revenue and line item expenses.

In other words, the budget justification will correspond to the new federal object class categories form this year rather than the object class categories section of the SF-424A. The budget justification must provide sufficient information to show that costs are reasonable and necessary for the implementation of the proposed project. If the line item budget justification which will consist of sections such as personnel, travel, and supplies does not provide sufficient detail, additional narrative should be provided to fully explain all costs.

As was in the case with Fiscal Year 2013, federal funds may not be used to pay the salary of an individual in excess of \$179,700. In Appendix C of the FOA on Page 78 provides more information on the budget presentation requirement.

Slide 31, this is a screenshot of the new Federal Object Class Categories form. The use of this form is supported by the Health Center Budget and Accounting Requirements PIN 2013-01 that was issued on June 13.

Slide 32 presents the project period determining factors which can also be found on Table 7 of the FOA. On this slide where the number of Health Center Program requirement conditions is discussed, this refers to both conditions that will carry over from the previous Notice of Award for current grantees as well as conditions that should be warranted based on information included in the application along with factors such as past performance.

If you are a current grantee and aren't sure of how many Health Center Program requirement conditions that you currently have, please contact your project officer.

As listed on the slide, if the SAC Notice of Award will include zero to four Health Center Program requirement conditions, you will receive a 3-year project period. If the SAC Notice of Award will include five or more Health Center Program requirement conditions, you will receive a 1-year project period.

Additional factors that can trigger a 1-year project period include the most recent audit called into question whether the organization is able to continue as a growing concern or a current grantee with an unresolved condition related to Health Center Program requirements in the 30-day phase of progressive actions that will carry over into the new project period. Please note that if a current grantee had a 1-year project period in fiscal year 2012 and in fiscal year 2013 and meets the criteria for a 1-year project period in fiscal year 2014, a SAC award will not be made to this grantee.

Slide 33 highlights important facts. First your SAC submission may not exceed 150 pages. Tables 1 to 4 of the Funding Opportunity Announcement Pages 9 through 7 note which items will be included in the page limit. Applications that exceed the page limit will automatically be screened out by HRSA and will not be considered for further consideration.

As with all Health Center Program applications, the narrative portions of the submission such as the Program Narrative should be in 12-point font.

If desired, tables and charts such as the table for presenting the line item budget justification can be in 10- or 11-point font. These types of details can be found in the HRSA Electronic Submission User Guide referenced in the FOA and link on the SAC TA Web site.

Please note that failure to complete and include all the documents listed as required for completeness will result in your application not making it through the completeness and eligibility screening and it will be deemed ineligible. See Tables 2 through 4 on pages 11 through 17 for the list of required for completeness and required for review documents.

When you are uploading attachments, please double check that you've uploaded the correct document in each attachment field. We have unfortunately had to deem applicants ineligible because applicants have accidentally uploaded the same document in two places, thereby inadvertently omitting a required item.

Again, although it is not on the slide, I just wanted to remind you that the EHB deadline has been changed to 5:00 PM Eastern Time.

Slide 34, the most commonly accessed resource is the SAC TA Web page located at <http://www.hrsa.gov/grants/apply/assistance/sac>. On this site you can access the Service Area Announcement Table along with other useful documents such as FAQs.

The contact for program-related questions is me, Katherine McDowell. The contact person for budget related questions is Donna Marx.

For problems with registering or submitting in grants.gov, contact the grants.gov contact center. For problems encountered when completing the application in EHB such as an error messages when completing the forms, contact the Bureau of Primary Health Care's Helpline.

Slide 35 provides a reminder that the frequently asked questions document on the SAC TA Web page will be updated throughout the SAC application

period as questions arise. Whenever documents are updated on the TA page, you'll see a revised date beside the link so please check back periodically.

A digital recording will be posted on the SAC TA Web page approximately one week after this call is completed. Ashley, I would like to go ahead and open up the call for any questions.

Coordinator: We will now begin the question and answer session. If you'd like to ask a question please press Star 1. Please unmute your phone and record your name clearly when prompted.

Your name is required to introduce your question. To withdraw your request press Star 2. One moment please for the first question.

Katherine McDowell: And Ashley, Kelly Huckabee sent a question in over the online meeting. If we could just have Kelly ask the question over the phone line I think it would be a great discussion for the group.

Coordinator: Okay, Kelly, your line is open.

Kelly Huckabee: When we were looking at the guidance, it appeared that the SAC service area for each applicant has been altered to actually be the zip codes where patients come from per UDS and also that the applicants must include at least those zip codes from which 75 percent of patients come. I think we're interested in hearing some more information about how you anticipate how it will affect the needs assessment in the narrative and also on Form 9. For example, should the data be provided for the UDS zip codes only, or for the entire service area in which an applicant serves? And, also, how you anticipate that this should effect and impact the service area map?

Katherine McDowell: That's a great question Kelly. For current grantees, their Form 5B is going to be locked. So, if you're a current grantee applying to continue serving your current service area, the service area zip codes on your Form 5B are what's listed on the Service Area Announcement Table. Those are going to be locked. You won't be able to make any changes.

The applicants that are going to be most impacted by the 75 percent stipulation in eligibility requirements are new applicants who are going to be applying to serve a service area that they're not currently serving. If they choose to limit the service area zip codes to those from which 75 percent of the current patients reside on their form 5B, then the rest of the application should reflect that proposed service area. So for the Needs Section, the Need for Assistance Worksheet, and Attachment 1, service area map, they should all reflect whatever the service area is that the applicant is proposing. And, it's really important though that they not constrict the service areas too much because if they submit zip codes that only cover where 70 percent of current patients reside, then then they're going to be deemed ineligible.

Kelly Huckabee: Okay. So then I would be correct in saying that for current grantees, we still need to continue to discuss the current service area, the area in which we're currently serving?

Katherine McDowell: Right. And if there have been changes to your service area, we do expect our current grantees to revisit on a periodic basis at least once a year to take a look at what they have on their Form 5B if it makes sense based on who they actually are seeing in their current projects in terms of who's coming in as patients, then you can certainly work with your project officer as needed.

Kelly Huckabee: Okay. Thank you so much. I appreciate the response.

Jim Macrae: Yes, but just to add. I think the intent is that for current grantees you know what your service area is. It's on the map. But for those who are new organizations, just making sure when they see the service area, they have an understanding of where the patients come from. If they're proposing to serve that service or they actually know where the patients are coming from because we've had situations in the past where you may have a broad swath of a service area and really they're targeting a community instead of patients that are in a completely different part of their service area and not really from the group that we're hoping to continue services to. So that's really the intent in particular with the UDS mapper for any new applicants to understand this is the target population, these are the patients that we want to make sure continue to have services available to them.

Kelly Huckabee: Okay wonderful. Thank you.

Jim Macrae: Sure.

Coordinator: Your next question comes from Edward Kucher. Your line is open.

Edward Kucher: Good afternoon. Thank you for your presentation. One question, on the income statement Form 3, in situations when you have items that are service based revenue but it cannot be described in categories that are already included like private insurances, Medicaid, or Medicare?

Leo Fishel: I'm not exactly sure what you are referring to. But if for instance...

Edward Kucher: For instance if you have local indigent care plan.

Leo Fishel: Okay. Indigent care revenue is reported in Part 2 and reported from the source from whom you've received that revenue. So if it's...

Edward Kucher: Even if it's on a per visit based revenue?

Leo Fishel: Well, if it's actually the way the UDS is reporting that now is to report all indigent care revenue on Table 9E. So conform to that.

Edward Kucher: Thank you very much.

Edward Kucher: I understood your answer.

Leo Fishel: So, in Part 2 I know there are cases where there is indigent care revenue that's paid on a service specific basis and people are reporting that on Table 9D on their UDS even though that's contrary to the instructions. Normally those indigent care program revenues would be received from a public entity and in most cases would be classified as other public.

Edward Kucher: Good. Thank you. So just do it consistent with UDS reporting?

Leo Fishel: Correct.

Edward Kucher: Thank you very much.

Katherine McDowell: And for other questions about Form 3, there are several pages of instructions in the new Funding Opportunity Announcement. If you find that that's not answering your specific questions, please send those into Katherine through the BPHCSAC@HRSA.gov inbox and we can refer them to Leo as necessary.

Coordinator: Your next question comes from Gail Speedy. Your line is open.

Gail Speedy: Hi. Can you, I know you did go through it. Unfortunately, somehow our line cut off. But can you go through Page 47 of the SAC? This is new as far as I can tell. I have just gone through a site visit and I'm kind of concerned about conditions on our grant award and how - when it - it seems to me that there might be an issue that you could go into your SAC thinking you have no issues on your grant award and you don't. But you could - or you could have one outstanding issue that you're working with your project officer on and then you get four conditions on your grants and then all of a sudden you're in a 1-year project period and in future years you're not eligible for funding. I guess that makes me really nervous.

Katherine McDowell: Gail, I can completely understand having a little bit of anxiety over this new information that's included in the FOA. And what Gail is referring to for people that don't have their FOA open in front of them; it's information on the project period length factors that are found on Page 47 of the FOA. It basically states that if you currently have or will have as a result of reviewing this application a certain number of conditions on your award that can limit your project period length. So, zero to four conditions would be a 3-year project period, five or more conditions would be a 1-year project period. And, there are also two other criteria that could create a 1-year project period. One is a growing concern and the other is a condition related to the Health Center Program requirements that's in the 30-day phase of progressive action.

So, what we would say for current grantees is if you are feeling uncomfortable or uncertain, to please work with your project officer, review your Notice of Award, take a look at what conditions might be on your award, and talk with your project officer about any conditions that you might

have or any concerns that they have about your grant that might warrant the placement of conditions in the near future. There is a little note that says if a grantee has had a 1-year project period for the last two consecutive years and they meet the conditions for a 1-year project period this time that we're not going to make an award to that organization. So, that is new but it's not the case that if you are doing great, for some reason, have one 1-year project period and then you get back on track, you can definitely still be a Health Center Program grantee.

Jim Macrae: And the only other thing I would add – and this is Jim – that within the application itself, I would encourage you to make it very clear as part of your application about how you meet the different requirements in terms of making sure that conditions don't get added just because of information not being attached or not a clear explanation for how you're meeting at different program requirement. So, you know, as Olivia said, just continue to work with your project officers and others as you're developing your application. Make sure that you present the information that really demonstrates your compliance with all aspects.

Katherine McDowell: Does that help Gail?

Gail Speedy: Yes it does. I think it's just we are a new grantee this year. And, so obviously we have more questions than other folks who are not new grantees.

Katherine McDowell: And, you know, if you have further questions after today's call and if you're just thinking about some stuff that was said during the call and you want some clarification, please send your questions in to BPCHCSAC@HRSA.gov so that we can provide clarity and guidance.

Gail Speedy: Olivia, can I just ask one thing because of what Jim just said and I just want to be clear? So, when we write our narrative, you know, typically you break it down into Needs, Response, Collaboration -- that sort of thing. Should we enter a narrative then as we talk about how this helps us to meet a program requirement and actually denote it so that it's easier for the reviewers? I guess maybe that's the tips for a strong application. I don't know. But that's just a question I had.

Katherine McDowell: It's not a requirement as outlined in the FOA, but we do talk about program requirements in several places in the guidance document.

So take a look in the Program Narrative and the Review Criteria where we talk about program requirements. And, you can feel free to note that as you work your way through.

Jim Macrae: Yes. I think anything to make it easier on the reviewers is always helpful. So, absolutely, if you feel like that makes it easier and clearer, I think I'd encourage you to do it but not required as Olivia said.

Katherine McDowell: Right. And it's also a good idea if there's anything that you're going to include in your application that demonstrates that you're not in compliance like you're submitting an audit that shows some concerns, that you talk about those kinds of things in your narrative so that you can explain to the reviewer what's been done or what will be done or what's in progress to get your organization back into compliance and address any concerns.

Coordinator: Your next question comes from Al Slegar. Your line is open.

Al please check your mute button. Your line is open.

Al Slegar: Okay. Thank you. My only question is how early can we actually start the application and access the application through grants.gov?

Katherine McDowell: You can start today. All of the FOAs are available on grants.gov. You just need to search and make sure that you're accessing the correct Funding Opportunity Announcement for your service area. And once you submit that, then within 7 to 10 days be able to access the EHB portion.

Al Slegar: Thank you.

Coordinator: Your next question comes from John Damalia. Your line is open.

John Damalia: Yes hi. I've got a question regarding the salary cap of the \$179,700. This is proving problematic when we're trying to recruit physicians. The salary in this area is starting at least close to \$200,000. So, you know, we're really having a problem recruiting physicians with this. And I'm wondering if the salary for physicians can be paid out of operational funds rather than 330 funds in order to satisfy this requirement?

Donna Marx: Hi John. This is Donna Marx. You don't have to limit the salary rate to the \$179,700. You just pay the difference out of program income like you stated.

John Damalia: Oh great. Okay.

Coordinator: Your next question comes from Michael Lichtenstein. Your line is open.

Michael Lichtenstein: Thank you very much. I guess my concern and question have come together. I know Jim Macrae had talked in the past about trying to simplify the change in scope process and there were some changes that went through. It would seem to me this would be an ideal opportunity for each

health center to update their scope of services particularly in the area of required and additional services and sites. And, just wondering if there's any potential for being able to combine this level of effort at the same time as we're doing our SAC continuation application?

Katherine McDowell: For the Service Area Competition you will not be able to make changes through the application itself. If you want to make changes to your scope, I suggest that you contact your project officer to work with them regarding the right modules within EHB and information that you'll need to provide if there need to be changes.

Jim Macrae: But it's definitely something one of the things we're committed to doing is always looking at ways we can improve and streamline things. So, you know, it's a good suggestion for us to take a look at definitely in future years in terms of just what's the best approach. We intentionally separated it several years ago because it was causing such pain and agony for applicants in trying to do the application in terms of the reviews and everything. But, you know, as we've made things more electronic and I think more sophisticated, it's definitely something we can revisit. But we appreciate the feedback.

Michael Lichtenstein: Okay. Thank you.

Katherine McDowell: Sure.

Coordinator: Your next question comes from Judy Jawanger. Your line is open.

Judy Jawanger: Hi there. We were kind of concerned because - well I guess we're confused. Our project period does not end in fiscal year 2014 so we were planning to complete a budget period progress report. We are expanding our service

area which would mean that we do need to complete the SAC application. So I guess which would be the right way to go?

Katherine McDowell: When you say expanding your service area, do you mean you're submitting a change in scope?

Judy Jawanger: Yes. We would be adding another health center.

Katherine McDowell: Okay. So the change in scope process to add a new site is completely separate from the Service Area Competition or the Budget Period Progress Report so work with your project officer around that.

Judy Jawanger: Okay.

Katherine McDowell: And, if you are completing a budget period progress report for FY 2014, we expect the BPR instructions to be available sometime around mid-July so just stay tuned.

Judy Jawanger: Okay great. Thank you.

Katherine McDowell: Thank you.

Coordinator: Your next question comes from Susan Cremering. Your line is open.

Susan Cremering: Yes thank you. Good afternoon. To get back to the question that someone raised, you do a self-directed update for the zip codes in EHB. Will it show the new updated self-directed updates for zip code service areas or are they already locked in is one question?

And, then the second question has to do with site visit reports. If you've recently undergone a site visit and found to be in compliance with all of the program requirements, will the reviewers have access to that as part of what HRSA provides them in addition to what we provide with the Service Area Competition application and if not would we have a way to be able to get access to the final report prior to our Service Area Competition application going in?

And, the third is a suggestion for consideration in the future and that be that you provide a password protection access to the form too so that organizations can allow other individuals within their organization to work on the application without having access to private confidential salary information.

Katherine McDowell: Susan, thank you for all the questions and thank you for the suggestion about Form 2. We'll certainly consider that as we start the development process for the FY 2015 application which will be right around the corner.

I do want to let you know with regards to the zip code, if a current grantee completes a self-update to the service area zip code, it would be great if you could email the SAC inbox to let us know that you're going to be doing that so that we can be aware as things move into review that the zip code list may be changing.

Also, in terms of the report for site visits, if there is competition for the service area and the applications go to objective review, we will not be providing any external information to reviewers. So, if you want reviewers to know that you've had a recent site visit and you've been found in compliance with the requirements, you should include that information in your application. However, if your application is routed for internal review

because there's no competition for the service area, then your project officer will certainly have access to that information.

Susan Cremering: Thank you.

Katherine McDowell: Thank you.

Coordinator: As a reminder if you'd like to ask a question please press Star 1. One moment please for the next question.

Your next question comes from Mary Garner. Your line is open.

Mary Garner: Thank you. For salaries over the \$179,700, the full amount cannot be paid for in the overage on federal funds.

Donna Marx: Mary. This is Donna Marx. You're breaking up a little bit.

Donna Marx: The \$179,700, what do you do with that? Is that what you are asking?

Mary Garner: Yes. That's it.

Donna Marx: That would be under your program income money. There will be two columns on your Budget Narrative Form and your object class categories.

Mary Garner: Okay. Thank you so much.

Donna Marx: And honey, if you have any questions about that, you can call me directly. I'm listed in the SAC.

Mary Garner: Thank you Donna. I will be calling.

Donna Marx: Sure.

Mary Garner: Bye-bye.

Coordinator: Your next question comes from Heather Pagus. Your line is open.

Heather Pagus: Hi there. I have a couple different questions. First is regarding the Implementation Plan. I want to clarify that if you're a current grantee who is not making any changes to your service area, you do not need to complete that?

Katherine McDowell: That's correct. If you're a current grantee applying to continue serving your current service area, we assume that all of your proposed sites are locked on form 5B and are currently in operational status.

Heather Pagus: Got you.

Katherine McDowell: And, an Implementation Plan is really for new applicants to let us know how they're going to ensure that all of their proposed sites will be operational within 120 days.

Heather Pagus: Okay. Next question. The patient origin map that you pull up on the Service Area Announcement Table on your TA page, can we actually submit that map in our application or do you want us to create a different map?

Katherine McDowell: That map is not going to show where your service sites are located or any of the other required information for that map. So please take a look at the specifications in the FOA. And there are some accompanying documents on

our TA Web site that walk you through the exact information that you need to include and how to include it.

Heather Pagus: Okay.

Katherine McDowell: You can go out to UDS mapper and create a very similar map.

Heather Pagus: Okay got it. And last question, this was in response to something that was just said. If you don't have any competition but no one submits an application to compete in your service area, than that application is not going to go through an external review process. I was just wondering if you could speak to that process a little bit more and what's going to happen?

Katherine McDowell: Right. That process is outlined in the Funding Opportunity Announcement where we talk about review. And it's going to go through an internal review process that's very similar to the objective review process with the exception that there - you will not be getting a summary statement at the end from external objective reviewers. So it will go through the same completeness and eligibility screening which is why we stress that if you failed to provide any of the documents required for completeness even if there's no competition you're still going to be subject to completeness and eligibility screening. You could still be deemed ineligible so please be very careful about those documents and attachments. And please still submit an extremely strong application because your application will still be reviewed with the same review criteria through an internal process.

Heather Pagus: Okay. Thank you very much.

Katherine McDowell: Thank you.

Coordinator: Your next question comes from Heidi Miller. Your line is open.

Heidi Miller: Hi. I have a question on Page 1 at the note at the very bottom. It says HRSA will award only one grant for each listed service area. So it's kind of a two part question. If a new health center is applying, they would only be able to receive funding if they are able to match the numbers that were seen by the existing health center. Is that correct based on the SAAT on your Web site?

Katherine McDowell: Right. So with the Service Area Competition, only one award is made for each listed service area no matter how many people compete for that service area. So in a situation where we have multiple applicants for a service area, those go to objective review. With the minimum thresholds noted in the Funding Opportunity Announcement and on the Service Area Announcement Table under the applications are reviewed based on how well they present their plan in their project according to the review criteria.

Heidi Miller: But their plan would have to show a minimum number of patients as the current health center saw in 2012 based on UDS correct?

Katherine McDowell: Yes. That's correct.

Heidi Miller: Okay. Thank you.

Katherine McDowell: Thank you.

Coordinator: Your next question comes from Sue Crompton. Your line is open.

Sue Crompton: Yes. We are adding a new site but it is not going to be in a zip code that's already on our existing list of zip codes. So that will not require all the items

associated with a new service area such as your implementation plan and some of the other requirements for that.

Katherine McDowell: Are you planning to add a new site through the Service Area Competition or through a change in scope process?

Sue Crompton: Well it'll probably depend upon the timing of the new site coming on board. Probably will be pretty close to being able to add it in the application itself but I'm not sure.

Katherine McDowell: So please note that you cannot add a site through the application itself. Describe in your narrative that you are in the process of adding a new site through change in scope. But only the sites that populate on your Form 5B if you're a current grantee are considered to be in the scope of project at the time that you submit your SAC application. So if it hasn't gone through the whole change in scope process and has been approved and populated onto Form 5B it is not considered to be in the official scope of project at the time that you submit.

Sue Crompton: Okay.

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

Katherine McDowell: We're taking a look at the questions that have come in over the Web meeting. So give us one second to see if there's anything remaining to address. It looks like Gail had a couple of questions submitted over the Web meeting. One is about the Need for Assistance Worksheet and the level at which data can be collected and provided for that worksheet.

Katherine McDowell: Please take a look at the information included in the FOA as well as the accompanying data resource guides that we put on the SAC TA Web site. It does include some guidance for how you can extrapolate data. So if you cannot get your local service area data but you can get county level data, show how you can go through extrapolating down to the service area from that county data to provide the most accurately matched data for your area. If you have further questions about that, please get in touch with us through BPHCSAC@hrsa.gov and we can provide you with some additional guidance.

Katherine McDowell: There seems to also be a question about timeframes for scope of service updates so that information will show in your Service Area Competition application. As I stated regarding sites, anything that's in process you're welcome to include some information in the Program Narrative that you're working on some changes through change in scope but it will not be considered to be in your official scope of project until that change in scope process is complete and approved. So if you know that your Service Area Competition is coming up and you want information included, please go ahead and start working diligently on your change of scope process now so that that information has the opportunity to be approved in time.

Jim Macrae: Just to give people a timeframe, it typically takes 60 days once an application comes in before it can be approved. In terms of timing, just talk about it in your Program Narrative part of your application and then just submit a change of scope of work and we'll work through it with you.

Katherine McDowell: I don't see any further questions in the online meeting that have not been addressed. Are there any other questions on the phone?

Coordinator: If you would like to queue up to ask a question, please press Star 1. You may press Star 2 to remove your question. Our next question is from Mary Garner. Your line is open.

Mary Garner: Yes hi. I don't want to appear stupid but I missed one important thing. Repetitively throughout the presentation -- and the presentation was good -- you just had to have a quick ear. You were referring to a document that I didn't know whether it was an FOA or an SOA and I didn't know what the acronym stood for.

Katherine McDowell: Sure I'm sorry for my quick tongue.

Mary Garner: That's okay.

Catherine McDowell: It was the Funding Opportunity Announcement, FOA, F as in Frank.

Mary Garner: Okay, thank you.

Katherine McDowell: No problem. Thank you.

Jim Macrae: All right operator any other questions?

Coordinator: Your next question comes from Heather Pagus. Your line is open.

Heather Pagus: Hi sorry. One more quick thing. It was noted there was a draft PIN out about the new budget presentation. What is the number of that PIN and was it the one released on June 13?

Jim Macrae: It was the one released on June 13. We're trying to get the exact number. PIN 2013-01.

Heather Pagus: 2013-01?

Jim Macrae: Yes.

Heather Pagus: Thank you.

Coordinator: Your next question comes from Susan Cremering. Your line is open.

Susan Cremering: Thank you. I haven't looked at the FOA grid with 75 percent of the zip codes. But, in a situation where a grantee has multiple locations, the actual 75 percent growth of the patient origination may not filter down to one of the smaller sites being included if it was the 75 percent threshold. Is it also included in addition to the total 75 percent inclusive of every zip code where you have a site whether or not the origination even if you got larger centers and smaller centers it might not pick up the smaller center 75 percent? Does that make sense?

Katherine McDowell: It does make sense Susan and that's a good point. The math does not include any information about sites. So what we would expect an applicant to do that's coming into to apply for a service area that they are not currently serving is to take a look at the total patients, take a look at the dollar figure, and take a look at the map and then propose the correct number of sites that they believe they would need to operate to provide services in that area. So there may not be a one to one match.

Susan Cremering: Okay very good. Thank you.

Coordinator: Your next question comes from Judy Jawanger. Your line is open.

Judy Jawanger: Hello again. I am a new grant writer to this whole process. So I hope the veterans can bear with me. I'm just wondering if on the slides I am understanding that we cannot ask for anything more in this application than we received last year? And I had asked this question before about if we add a new site then that would go through the change of scope process. Is it in the change in scope process that we would explain or request funding for that new site?

Jim Macrae: No. Actually with both the change in scope as well as a Service Area Competition the expectation is that grantees maintain their current level of funding. That's not the opportunity to actually ask for new funding. Typically the opportunity is what we call New Access Points.

Judy Jawanger: Which we had just applied for.

Jim Macrae: That's the opportunity to request money for a new site. And then when we've had opportunities in the past where we've done something called expanded service. You know, it could be for additional medical, it could be for oral health, behavioral health, or a variety of other services. But typically those are the opportunities that we have to ask for those types of increases in your base funding. But both the change in scope and the SAC is not the opportunity to be able to do that.

Judy Jawanger: Okay. Thank you.

Jim Macrae: Sure.

Katherine McDowell: And while we're talking about New Access Points and Service Area Competition, a question came in over the Web meeting that I would like to just share with the group because it may be helpful. Someone asked can they

recycle their New Access Point application for a Service Area Competition? My caution for that would be that they are focused on different things. New Access Points is focused on providing services for new patients, new areas that are not being served currently by the Health Center Program. Service Area Competition is focused on providing services in areas that are currently receiving the benefit of Health Center Program dollars and to continue serving patients that are currently being served. So while you may be able to repurpose some pieces of it, you do need to be aware of the shift in focus and the fact that there is not a one to one match for questions. And that with the Service Area Competition, we do really expect you as a new applicant to apply for the service area as it's currently being served which includes in some cases varying numbers of patients and dollars and zip codes.

Coordinator: As a reminder please press Star 1 to ask a question.

Katherine McDowell: We can take one more question before we run out of time for today and any other questions should be referred to BPHCSAC@hrsa.gov.

Coordinator: I am showing a question from Opal Dunstan. Your line is open.

Opal Dunstan: Hi. Thanks for taking my question. Just wanted clarification. We are a current grantee. This is not our competing year and we were thinking of going into another service area. And you're saying this is not the opportunity to use. We should use a NAP application for that. Am I correct?

Katherine McDowell: I think that really depends. If you're looking at going into an area that is not currently being served by any Health Center Program grantee, then that sounds like that would be a New Access Point application. If you're thinking about applying to serve an entire announced service area including all the

patients in all the listed populations, then the Service Area Competition would be the right opportunity for you.

Opal Dunstan: And it would have to serve the entire - all the zip codes in that area?

Katherine McDowell: As part of that eligibility requirement for this year it's at least the zip codes from which 75 percent of the current patients originate.

Opal Dunstan: Okay. Thank you.

Jim Macrae: Yes, and that's a little bit confusing in terms of all of this, but basically for current health centers you apply for your current amount. If you're an existing health center and want to go into another service area, then you can apply for that service area being served and basically be part of the competition or if you're a completely new organization you can come in and apply for that service area. So there is the opportunity to actually get additional resources in that sense of the competition.

Opal Dunstan: Thank you.

Coordinator: Your next question comes from Amanda Solon. Your line is open.

Amanda Solon: Hi. I have a question about the deadline table. I'm trying to figure out how do we determine our corresponding deadline for the project start date? And, I noticed that there's numbers here and I just can't tell what I'm looking at.

Katherine McDowell: So what I would advise you to do is look on our SAC TA Web page. There's a great table right near the top of that page that lists project period start dating and corresponding HRSA announcement numbers. Your project period start date if you're a current grantee is going to be the calendar day

after your current project period end date so that we don't have any gaps. So if your current project period ends October 31, then you're going to be a November 1, 2013 start and you'll be applying to HRSA-14-021. You'll go to <http://www.grants.gov/> and search for the Funding Opportunity Number HRSA-14-021 and then download the Funding Opportunity Announcement as well as the corresponding application form.

Amanda Solon: Okay. So it all relates to when your current grant ends?

Katherine McDowell: Yes. And you can call your project officer to have them walk you through it.

Amanda Solon: Okay, thank you very much.

Coordinator: I am showing no further questions at this time.

Katherine McDowell: I guess we'll go ahead and wrap up and I'd like to thank everyone for joining us this afternoon. And, again if you have any further questions, please just go ahead and email us at BPHCSAC@hrsa.gov. Thank you.

Jim Macrae: Thanks everybody.

Coordinator: Thank you for participating in today's conference call. You may disconnect at this time.