

**HRSA-12-168 SAC-AA  
Applicant TA Call Transcript  
Boydton, VA Service Area**

Coordinator: Welcome and thank you for standing by. At this time all participants are in a listen-only mode until the question and answer session of today's conference. At that time you may press Star 1 to ask a question.

I would like to inform all participants that today's conference is being recorded. If you have any objections you may disconnect at this time. I would now like to turn the conference over to Ms. Cheri Daly. Ma'am you may begin.

Cheri Daly: Thank you Jennifer, I appreciate it. Welcome to the technical assistance call for the fiscal year 2012 Service Area Competition Additional Area for Boydton, Virginia, or SAC-AA as we'll refer to it throughout this call. I'm Cheri Daly, a public health analyst in the Office of Policy and Program Development within the Bureau of Primary Health Care at HRSA.

A slide presentation for this call is available at the SAC technical assistance (TA) 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 page is located at [www.hrsa.gov/grants/apply/assistance/sac](http://www.hrsa.gov/grants/apply/assistance/sac). Once again, that's [www.hrsa.gov/grants/apply/assistance/sac](http://www.hrsa.gov/grants/apply/assistance/sac). That's S as in service, A as in area, C as in competition.

Once you're on this page, look in the bottom of the yellow box at the top of the screen for the link to access the presentation slides, and I'll do my best to

reference the slide numbers throughout this call so you can easily follow along.

On slide 2, it provides the agenda for this call. The presentation will start with a basic overview of the SAC-AA, including the due dates and times, the eligibility requirements, award information, and the two-tiered submission process. And then I'll touch on different key sections of the SAC-AA application, including the program narrative, performance measures, and the budget presentation.

Today's call will conclude with a few important facts and a list of TA contacts followed by a Q&A 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 this presentation.

Slide 3 provides an overview of the focus of the SAC-AA. This competition provides funding for the provision of comprehensive primary health care services. The SAC-AA 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 service area in addition to their current service area.

Slide 4 provides a basic overview of the application and submission process. The project period varies based on the type of applicant. All current health center program grantees are eligible for a project period up to five years

while new applicants are only eligible for a project period up to two years. Please keep this in mind when outlining your plans in the program narrative, setting your goals in the performance measures, and providing your multi-year budget justification.

The project period start date is June 1, 2012 and the submission deadlines are February 1 and 15, 2012. And as you can see on this slide, applications are submitted in two parts. Basic organization and budget information will be provided in grants.gov while detailed project information will be provided in the HRSA Electronic Handbook, otherwise known as the EHB.

Slide 5 provides the basic eligibility requirements. Detailed eligibility criteria are available in the funding opportunity announcement starting on page 4. All applicants must be public or non-private - excuse me - non-profit private entities, including tribal, faith based, and community based organizations. Additionally, all applicants must propose to serve the general underserved population in the Boydton, Virginia service area, as defined on the next slide.

Slide 6 displays table 6 from the funding opportunity announcement. It provides details on the project period start date, announcement numbers, and deadlines for both grants.gov and EHB. 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 would not be considered for funding.

The table also provides details about the service area, including the target population, funding amounts, zip codes that comprise the service area, and

the number of patients served by the current grantee for the service area in 2010.

And while we're on this slide I would like to point out that the successful applicant for this service area will receive a notice of award for the SAC-AA grant on or about the project period start date of June 1, 2012, so please be patient as we screen and review the applications.

Slide 7 details the basic eligibility requirements. An applicant must propose to serve the entire announced service area, which includes five zip codes. An applicant must serve the same target population at what is currently being served, which in this case is the general underserved population. An applicant must provide the same or comparable comprehensive primary health care services as the current grantee in the service area, and you can find the list of required and additional services on Form 5A. And an applicant must request an equal or lesser amount of federal funding compared to the current grantee, which in this case is \$482,117.

Slide 8 provides basic award information. In fiscal year 2012, HRSA will award \$482,117 - or less if less funding is requested by the successful applicant - to one organization to support comprehensive primary health care services in the Boydton, Virginia area. SAC-AA funding is targeted towards the provision of primary health care services, so grant funding cannot be used for construction, nor can it be used for fund raising, grant writing, or lobbying efforts. SAC-AA funding can support the purchase of equipment and supplies necessary for the provision of primary health care. For more information about appropriate uses of SAC-AA funding, please contact Donna Marx. Her contact information will be provided at the end of this presentation.

Slide 9 provides an overview of the two-tiered submission process, which as I noted earlier is grants.gov and EHB. Starting on page 32 of the FOA, you will find more detailed instructions than those that are on this slide. You will also find resources for registering in the multiple required systems on the SAC TA web page in the Register Today box on the right side of the screen.

The basic steps for registration include obtaining a Data Universal Numbering System or DUNS number and completing Central Contractor Registration or CCR in that order. Then you should register in grants.gov and EHB. Now if you are a new applicant, please start the registration process immediately since each step takes time and grants.gov registration could take as long as one month. If you are a current health center grantee, you should already be registered in the appropriate systems. However, some systems such as CCR require yearly renewal, so you should verify all registrations and access to both grants.gov and EHB in advance of the deadline.

Please note that phase 1 of the application process is completed through a successful submission to grants.gov and you will receive a validation email upon successful submission. Also, please check your spam folder if you do not see this email message in your inbox. You will receive a tracking number for accessing EHB approximately seven business days following successful grants.gov submission. Again, check your spam folder if you do not see this email message in your inbox, and please follow up with HRSA if you do not receive a message within seven business days.

Slide 10 provides the grants.gov web address along with a list of the required grants.gov submission components. This includes the SF-424 application for federal assistance, the project performance site locations form, and the grants.gov lobbying form.

While we're talking about the grants.gov forms I want to quickly discuss how to complete the type of application field on the SF-424 form. And please know that this information is included in the FOA in case you don't get it all down right this minute. For the SF-424, select New if you are a new applicant; or Continuation if you're a current health center program grantee applying to continue serving your current service area; or select Revision, then from the drop down menu, select (a) increase award if you are a current health center program grantee applying to serve a new service area in addition to your current service area. Please note that the HHS-5161 form is not required for the SAC-AA.

Slide 11 provides the EHB web address along with a list of required EHB submission components. And this includes the program narrative, the SF-424A budget information non-construction program, the budget justification, the SF-424B assurances non-construction program, the SF-LLL disclosure of lobbying activities, attachments, program specific forms, and the program specific information performance measures.

Slide 12 provides an overview of the sections of the program narrative. These are need which is 15 points; response is 20 points; collaboration is 10 points; evaluative measures is 15 points; resources/capabilities 20 points; governance 10 points; and support requested 10 points. Also, we are often asked about the difference between the program narrative and the review criteria sections of the FOA. The program narrative provides the general items to which you will respond. The review criteria provide details and examples that should be included in a thorough response. This is a section that objective reviewers are to use when assessing your application. You will

need to look at both sections when responding to the items in the program narrative.

In case you have completed a SAC application in the past, slide 13 highlights the new aspects of the program narrative since the fiscal year 2011 SAC FOA. Form 9 replaces much of the quantitative data previously requested in the need section. This should be helpful to you since information included in Form 9 does not count against the page limit, but information included in the need section of the program narrative does.

The program narrative no longer includes an impact section. The items previously requested in this section can now be found in the resources/capabilities section. Additionally, all of the items in that section have been reordered to provide a better flow for your narrative responses. Lastly, we have added two new questions. To the resources/capabilities section, we have added a question about health information technology and meaningful use. And to the governance section, we have added a question for grantees who are Indian tribes or tribal, Indian, or urban Indian groups.

Slide 14 begins the discussion of the clinical performance measures, and for the benefit of current health center program grantees on today's call, during this discussion I'll highlight the changes since last year. The items on this slide which I have labeled as standard clinical performance measures are the ones that should be familiar to current grantees since they are the same as last year.

For all applicants, of the measures on this list, only prenatal health and perinatal health can be marked Not Applicable, and they can only be marked Not Applicable if you do not directly provide or pay for these services. For

new applicants, please note that all measures on this slide are defined for you with the exception of behavioral health and oral health, for which you can define your own measures based on your behavioral health and oral health services. Details about these performance measures can be found on the SAC TA web page via the clinical performance measure link near the bottom of the page.

Now slide 15 provides a list of the new clinical performance measures. These new measures will appear in the clinical performance measure form in EHB alongside the performance measures listed on the previous slide. You can choose to either include these measures in the SAC or mark them as Not Applicable. Either way, if your application is funded, you will be required to report on the new measures in 2011 UDS report, a yearly data report required for all health center program grantees which will be submitted in early 2012. Details about these performance measures can be found on the SAC TA web page via the clinical performance measure link and the new and revised clinical performance measure link near the bottom of the page.

Slide 16 lists the clinical performance measures that are being revised. As you can see, the diabetes performance measure is being revised to include new measurement thresholds and the child health measure is being revised to include new immunizations. In EHB, the clinical performance measures form will include the unrevised version of these measures. In other words, the forms will have the diabetes and child health measures listed exactly as they were written last year. So if you choose to report on the unrevised measures, no extra steps are needed. But if you want to include the revised measures in your SAC-AA application, you are welcome to do so. But in order to let HRSA know that this is occurring, you must include a note in the comments field.

So to summarize, those reporting on the unrevised diabetes and child health measures will take no extra steps. Those reporting on the revised measures should note this in the comments field. Because EHB will not include the language for the revised performance measures, we have posted a document that lists all of the new and revised clinical performance measures on the SAC TA web page which I gave you earlier. And please note that regardless of the choice made for the SAC, if your application is funded, you will be required to report on the revised measures in the 2011 UDS report.

Slide 17 provides a list of the financial performance measures, and these measures have not changed since last year. As in the past, the three audit-related measures noted on the slide with an asterisk can be marked Not Applicable by only tribal and public center applicants. Once again, details about these performance measures can be found on the SAC TA web page via the financial performance measure link near the bottom of the page.

Slide 18 provides general performance measure information. All applicants can add additional performance measures by selecting the Other Measures button at the bottom of the performance measures form in EHB.

Additionally, any information that will not fit in the performance measure forms due to character limit - for example, constricting or restricting factor details - should be provided in the evaluative measures section of the program narrative. And please be reminded that any information in the program narrative will count against your page limit.

Slide 19 provides special instructions for current health center program grantees applying to continue serving their current service area. Please note that the performance measures will be prepopulated with data from the 2010 UDS report. You are welcome to overwrite this data with more current

data, but if you choose to do so, you must provide a comment in the comments field. You are not required to overwrite the 2010 UDS data more with current information.

Additionally you should use the performance measure forms to provide not only your predicted contributing and restricting factors and major planned actions, but also a brief description of any progress made toward achieving your performance measure goals since your last yearly submission to HRSA, which was most likely a budget period progress report. Information on progress can be included in the comments field.

And lastly, if you are no longer tracking a previously defined other performance measure, the measure can be marked Not Applicable to keep it from prepopulating in future BPR and SAC applications. However, this requires a justification in the comments field as well.

Slide 20 provides information about the budget presentation. First, a new section of the SF-424A is required this year. Section C will capture information on non-federal resources that will support the proposed project. Sections A, B, and E are still required, along with F if applicable. Section D should not be completed. In addition to completing the standard form, applicants must also provide a budget justification, which we also refer to as a budget narrative.

Because new applicants can only apply for a two year project period, they must provide a two year budget justification. Current health center program grantees, whether applying to continue serving their service area or applying to serve a new service area in addition to their current service area, must provide a five year budget justification. The budget justification must provide

sufficient information to show that costs are reasonable and necessary for 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. Appendix C of the FOA provides more information on the budget presentation requirements along with a sample budget justification template.

Slide 21 highlights important facts. First, your SAC-AA submission may not exceed 150 pages, and tables 2 through 5 of the funding opportunity announcement note which items will be included in the page limit. 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 a table for presenting a 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, and a link to this document can be found in the bottom of the Register Today box on the right side of the SAC TA web page. Please note that failure to include all of the required documents may result in your application not making it through to the completeness and eligibility screening.

Slide 22 provides an overview of resources for technical assistance. There are many sources of support available throughout the application process, so please listen carefully as I describe each one. The most commonly accessed resource is the SAC TA website located at <http://www.hrsa.gov/grants/apply/assistance/sac>. On this site, you can access FAQs and the list of new and revised performance measures. Please note that the service area announcement table on the TA website does not

apply to the SAC-AA, so please ignore this section of the site. All service area information for the SAC-AA can be found on table 6 in the FOA.

And a contact person for program related questions is myself, Cheri Daly, and I can be reached at - and you can look at the slides and see my information. Donna Marx is the budget person, so please contact her if you have any budget related questions. And for problems with registering or submitting in grants.gov, once again you can look at the slide, and the same for the HRSA call center as well as the BPHC help line.

Slide 23 provides a reminder that the frequently asked questions document on the SAC TA web page will be updated throughout the SAC and SAC-AA application periods as questions arise that are relevant for all applicants. Whenever documents are updated on the TA page, you will see the revised date beside the link, so please check back periodically. And a replay of this call can be accessed by an MP3 file which will be posted on the SAC TA web page within a week of this call. And now I would like to open up this call for any questions.

Coordinator: If you would like to ask a question, please press Star 1 and record your name clearly. Your name is required to ask a question. To withdraw your request, you may press Star 2. Once again, to ask a question, please press Star 1 at this time, and just one moment for the first question. I show no questions at this time.

Cheri Daly: Okay Jennifer, well thank you so much for your time and we appreciate it.

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

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