

**NWX-BPHC  
Immediate Facility Improvements**

**Moderator: Beth Levitz  
September 15, 2011  
2:00 pm CT**

Coordinator: Welcome and thank you for standing by. At this time all participants are in a listen-only mode. At the end of the presentation we will conduct a question and answer session. To ask a question, please press star 1. Today's conference is being recorded, if you have any objection you may disconnect at this time. Now I will turn the meeting over to Mr. (Jim Macrae), sir, you may begin.

(Jim Macrae): Thank you very much and welcome everybody to today's call. We're very excited to have our second call on our capital announcement that we made last Friday. This call is focused on Capital Development-Immediate Facility Improvement Program. This is an opportunity for \$100 million available to all existing health centers to address immediate facility needs within their sites.

Before we jump into the formal part of the presentation, I do just want to direct everybody to our Web site so you can actually follow along in terms of our slides. If you would go to our Web site, I'll give you the Web address, it's

<http://www.hrsa.gov/grants/apply/assistance/ifi>. I'll say that one more time, so <http://www.hrsa.gov/grants/apply/assistance/ifi>.

So if you have the opportunity we would encourage you to look at those. If you don't have access to a computer, we'd encourage you to take a look at those slides after the call because it will also include a set of frequently asked questions as well as some additional resources that will help you with your application.

And as folks are going to the Web site I'm actually going to do a commercial interruption for another activity, since I have you all on the call. I just wanted to highlight an opportunity that I've had the opportunity to talk to you all about a little bit before, but I just wanted to highlight it on today's call, which is something that our National Health Service Corps program is putting on.

It's called Corps Community Day and it's scheduled for October the 13th of this year. And then it's basically an opportunity to celebrate the impact of the National Service Corps, but even more importantly, the impact of primary care to underserved people across this country.

The National Service Corps is conducting a variety of events and activities nationwide on this day to basically encourage folks to look at the idea of providing public service, and in particular to consider a primary care career, and in particular focus on underserved populations.

And the Corps has asked me to ask you to see if you would be interested in helping promote this particular day. It really is an opportunity to highlight the impact of the National Service Corps, but really even the impact of community health centers in terms of improving people's health.

There are a number of resources that are available if you would be interested in participating in this event. It can be everything from holding a flu vaccination program to putting literally a widget on your Web site that just highlights this day. There is a Web site that you can go to to actually get more information. It's <http://nhsc.hrsa.gov/corpscommunityday/>. It provides information on activity ideas as well as an interactive U.S. map with state-to-state data on the National Service Corps field strength, information on health professional shortage areas, and even more detailed plans on Corps Community Day activities.

You can also find facts sheets, PowerPoint presentations, flyers, and other tools and resources to help promote this day. So I would just encourage you to take a look at that Web site. We will send more information out through our listserv so you can take a look at it. But just would encourage you to think about potentially doing something on October the 13th in support of this Corps Community Day.

So commercial interruption ended at this point, so let's shift to the purpose of today's call, which is to talk about the Capital Development-Immediate Facility Improvement Program. As I shared yesterday when we had the opportunity to talk about the Building Capacity Program, we are very excited about the opportunity to invest in our health centers to improve their facilities.

Yesterday's call really focused on major construction, activities that health centers are interested in pursuing, in particular for major construction or renovation projects. And these are really - the ones yesterday were really

targeted to increasing the capacity of existing health centers to serve more patients.

The program that we're going to be talking about today is more targeted to addressing immediate facility needs that you all have at your existing facilities.

We know many of you were able to address a lot of those needs through our Capital Improvement Program, but we also heard from a number of you that you still had some additional needs that you needed some potential additional resources to help support, and so that's why we're making available approximately \$100 million to support between 250 and 300 health centers to improve their facilities.

Just to clarify, only existing health centers are eligible to apply and we'll walk you through all of this in a couple of minutes.

Unlike yesterday, any health center, currently section 330 funded health center, is eligible to apply. So even those organizations that received a Capital Development Program Grant previously or a Facility Investment Program Facility Grant, you are eligible to apply. There are a set of criteria that we have and we'll walk you through that in terms of identifying the need as well as your plans to address it.

But we really do see this as a great opportunity to provide some additional resources to you to address some of those key needs that will help you improve your operations or address everything from fire/life safety, to promoting better access for disabled populations in your organization, or just

basic improvements that will improve the overall service that you provide to your patients.

So with that, I will turn it over to Beth Levitz who will walk you through the different pieces of the slides in terms of everything from an overview of what we're going to talk about today as well as address any of your questions. So big thanks to Beth and I believe we have also other staff going to be presenting today, so, Beth I'll turn it over to you at this point.

Beth Levitz: Thank, (Jim). Let's jump right into Slide 3. This is part 1 of the presentation. It's the grant overview and eligibility. Just a quick highlight of the Affordable Care Act, it did authorize \$1.5 billion for 2011 through 2015 for construction and renovation of community health centers.

And essentially we have right now the Building Capacity Grant that the technical assistance call that was held yesterday. And as (Jim) had mentioned, that is really for major alteration, renovation, expansion, and construction of a health center facility. And today, this technical assistance call really highlights the Capital Development-Immediate Facility Improvement Program.

It is intended to support health center efforts to improve immediate facility needs within existing health center sites that are providing primary and preventative services to medically underserved populations.

So you must be a current section 330 grantee, approximately \$100 million is available, it's a competitive one-time grant that will be awarded in 2012, and we are expecting to make around 250 to 300 grant awards. The application

request may - there is no minimum, but there is a maximum federal request of \$500,000 allowable.

It is a two-year project budget period. Within this application, applicants can propose up to five site-specific standalone projects. There is no matching requirement. This does require separate reporting requirements in funding categories to earn section 330 funds and any other funds received by HRSA.

The CFDA number when researching this grant within grants.gov, you can search under 93.526, and the announcement number is HRSA-12-116, for those section 330 grantees who would choose to apply to this program, they can apply for up to five projects within the application.

And it is to support alteration and renovation cost only, so in other words, the applications shouldn't contain any construction or expansion costs within these projects. And there are no equipment-only projects included within this application. And the application request for funding as presented on the 5161 Form within grants.gov should not exceed \$500,000 in federal funds requested.

We would like to highlight that all projects must be supported without additional section 330 operational grant funds. And applicants may only submit one Immediate Facility Improvement application. And the application must adhere to the 80-page limit. If we look at Page 8, it highlights some projects that may be ineligible.

So if the health center site received a grant award to support alteration and renovation, or construction, through any of the Facility Investment Program, also known as the FIP, the Capital Improvement Program, also known as the

CIP, or the FY 2011 Capital Development funding opportunity, those sites are not eligible to be proposed within this application.

I would like to highlight that it is the site that is not eligible, however, if the health center does have sites that did not receive funding for alteration or renovation through CIP, FIP, or the 2011 CD funding opportunity, they are eligible for this funding opportunity.

Also, for any health center that received CIP funds for equipment-only or EHR/HIT projects, those sites are eligible to apply for this. So if you have a site that received a CIP grant where the funding was for equipment-only, EHR or HIT, that site is eligible. If the project has begun construction or demolition activities on the proposed site or building prior to the anticipated award date, it is not eligible.

The proposed project being used to support a space which will be rented to other entities for the purpose of generating revenue is ineligible. The site cannot be a sub-recipient or a subcontractor site, the site must be a health center site, and applicants cannot submit both a Capital Development Building Capacity application and a Capital Development-IFI application for the same site.

You can apply for those opportunities, but you cannot apply for the same site in both opportunities. So on to the allowable projects, those would be alteration and renovation of an existing site. That site must be in your current health center scope at the time of submitting the application.

This can include work to modernize, improve, or reconfigure the interior arrangements, work to improve or replace the exterior envelope, or work to

improve accessibility, such as sidewalks, ramps perhaps, and life safety requirements in an existing facility.

This type of project would not increase the total square footage of an existing building and does not require ground disturbances or footing. Movable equipment related to the project is also allowable. This could be furniture or administrative equipment with a useful life of more than one year. And you can also propose associated equipment with a useful life of more than one year that has a unit cost less than \$5,000.

Projects may not install trailers or modular units or acquire mobile units, such as mobile vans, regardless if they will be used for patient transport or service delivery.

Touching on the unallowable projects, in other capital funding opportunities it has become almost the norm to have construction and equipment-only projects that are possible to be proposed, but again, this is only for alteration and renovation.

Construction, which is new site or expansion of an existing site, and equipment-only projects are not allowable projects. Construction of a new standalone structure or acquisition of vacant property or an existing facility and any associated work required to expand a facility would also be construction and would not be able to be proposed within this application.

Looking at Slide 11 for allowable costs, pre-construction cost, if directly related to administration of the proposed project, could be allowable. Again, we like to highlight that any pre-award costs, they could be allowable, but you do take those on at your own risk.

Design and consultation fees, if the fees meet federal procurement guidelines as listed in 45 CFR 74.40 through 74.48 or Part 92. Costs proposed in the application must also meet federal procurement guidelines as listed - well that's a duplicate. Testing for hazardous materials is allowable, abatement of site and building hazardous material is unallowable.

Movable equipment is allowable and that can include telehealth equipment, medical equipment, office equipment. The question has come up within this funding opportunity, EHR software and licenses are not allowable costs. However, if you would have, let's say, a current EHR in place and you would like to purchase more computers or copiers to compliment your A/R project, those are allowable costs. You could just not purchase that EHR software or licenses with these funds. However, you can purchase those with your own funds.

Looking at some unallowable costs, any cost incurred 90 days prior to the anticipated award date, costs that do not meet federal procurement guidelines, land or building purchases and lease payments are unallowable.

Operating funds, funding direct healthcare services or paying clinician full-time equivalents, rent, mortgage payments, electricity, water, those are unallowable costs. Permanent relocation costs aren't allowable. Expenditures for personnel unrelated to the project, again, mobile vans, regardless of the purpose of the mobile van, is unallowable, EHR systems, and license and abatement of site and building hazardous material.

Looking at equipment purchases that are allowable, equipment may only be purchased in conjunction with an approved alteration or renovation project,

and it must be used at the approved project site. So no equipment can be proposed to be used at another site other than what is proposed for that particular project.

And equipment must be tracked and maintained as outlined in 45 CFR Part 74.31, 74.34, and Part 93.32, and also as highlighted in the Department of Health and Human Services grants policy statement 2-66.

This brings us to Slide 14, Part 2, the application process. It is a two-tiered application process. The first tier is grants.gov, that application is due on October 12 by 8 pm Eastern Standard Time. The second tier is due in HRSA's EHB, the electronic handbook, on November 22, and that is also due by 8 pm Eastern Standard Time.

Regarding the grants.gov application, for detailed application and submission instructions, there is the Web site that has very detailed information, and that is <http://www.hrsa.gov/grants/userguide/htm>. Registration for grants.gov is required. Registration may take up to one month.

If you are not yet registered on grants.gov, we highly encourage you to do so as soon as possible because it can take up to one month. The central contractor registry registration is an annual process. Verify the organization CCR registration prior to grants.gov submission well in advance of the application deadline so that if any snafus do occur with your verification of your CCR number, they can be remedied.

To register on grants.gov, you must register the organization, designate an authorized organization representative, also known as the AOR, and register and individual as the AOR for the organization within grants.gov.

There is a Web site for help on the registration, it is [http://www.grants.gov/applicants/get\\_registered.jsp](http://www.grants.gov/applicants/get_registered.jsp) or you can call grants.gov at their contact center at 1-800-518-4726 24 hours a day, seven days a week, excluding federal holidays, for additional technical assistance on the registration process.

The information that is provided through grants.gov is the SF-424 Face Page. On that Face Page there is Line 15 where the applicant should upload the project summary abstract. There is the HHS checklist and also the disclosure of lobbying activities as applicable. Detailed instructions for completing these documents are available within the funding opportunity announcement.

Regarding HRSA's electronic handbook, also known as EHB, registration in HRSA's EHB is also required. There is a handy user guide for this, it is available at <http://www.hrsa.gov/grants/userguide.htm>, this contains registration information, process instructions, and frequently asked questions.

And of course there's always the - for technical support regarding EHB, you can call the HRSA call center at 1-877-464-4772. And the HRSA call center, we like to highlight, is really helpful when it comes to technical issues related to EHB.

The authorizing official must complete submission of the application, others are able to be registered within the system to work on the application, but it must be the AO, or authorizing official, that submits the application.

For more information and technical assistance is available at the funding opportunity Web site, and that is <http://www.hrsa.gov/grants/apply/assistance/ifi>, which is also the Web site where you probably acquired this presentation.

The following information will be provided in forms through EHB, these pages do not count towards the 80-page limit of the application, that is the proposal cover page. It is required per application, the consolidated budget, and the consolidated funding sources. These are required per application, but are automatically calculated based on the information that is entered into the project-specific information.

A project cover page is required as well as the equipment list. The budget information for construction programs, also known as the SF-424C, that is required per project. Form 5B Service Sites is also required per project as well as other requirements for sites.

The Attachment 1, this is the SF-424D, it's the Assurances for Construction Program, this is provided at the application level and it is required for each application. And be sure that it is signed and dated by the appropriate person so that we deem it received. For Attachment 2, that is the budget justification.

It is required for each project and we highly recommend visiting the - there's another new Web site for all Bureau of Primary Healthcare Capital Grants. There's a sample budget justification and we will give that Web site later in the presentation, but there is a very useful sample budget justification on that Web site to follow.

A site plan is as applicable and if you have any questions regarding if a site plan may be required for your project type, we recommend emailing the [BPHCCaptial@hrsa.gov](mailto:BPHCCaptial@hrsa.gov). Attachment 4, floor plans and schematic drawings, those are required per project. So the site plan is as applicable and the floor plans and schematic drawings are required for each project.

The environmental information and documentation checklist is required for each project, be sure that it is filled out in its entirety and completed. There is property information, and this could be titles, deeds, leases, it is required per project. If the facility is leased, a Landlord Letter of Consent is required per project.

Funding priority documentation is required. And with the funding priority documentation, we will highlight the funding priority a few slides later, but we would like to highlight that in order to receive the 10 priority points, each project must meet the criteria for the priority. And those justifying documents must be consolidated into one document and uploaded on the proposal cover page, but each project must meet the funding priority criteria.

Attachment 9, letters of support, they are required per application. And Attachment 10 is the catch-all for all other relevant documents as applicable per application.

The proposal cover page does consist of you must enter a valid H80 grant number. Then need, response, service impact, resources and capabilities, and funding priority documentation attachment is on this page.

Regarding a section such as the need response, service impact, and resources and capabilities, these are text boxes where information is typed in by the applicant. There is a character limit and both the characters and spaces do count towards that character limit maximum.

The project cover page is required for each project and it must have a project title that is self-titled by the applicant, the project type, the only project type that can be proposed is an alteration or renovation project, also known as A/R, site information, project description, project management, project need, project response, a project timeline, as well as a project equipment list is all part of the project cover page.

The budget page form, this is the SF-424C, you can refer to Appendix A within the guidance for detailed information on completing this form, especially what it may be allowable and unallowable.

But administrative costs are generally for in-house costs and expenses and should really not exceed 10% of the overall project budget. And that's, if you have a project where total project costs include federal and non-federal funds, that is 10% of the total budget.

Construction bonds and insurance are part of the construction costs. The contingency is 5% of Lines 7, 8, and 9 only, and include the cost of any site work to include sidewalks, curb grading, et cetera, under Line 7, Site Work.

Fixed equipment is anything that alters the building and must be installed. And a great example that we always use is an HVAC system. This is considered to be alteration/renovation and any fixed equipment should be entered on, I believe, it's Line 9, Construction.

All costs on the SF-424C should be detailed in the budget justification. Again, a great sample budget justification is available at <http://bphc.hrsa.gov/policiesregulations/capital>. And this Web site is a recent addition for the Bureau of Primary Healthcare and it does contain some great resources that are applicable to all of the capital funding opportunities within the Bureau of Primary Healthcare.

The budget justification is intended to describe the scope of work to be performed within the project. Be sure to provide a detailed description for every line item on the SF-424C. Again, we encourage you to view the sample budget justification available at the Web site. And also be sure that the amount of federal funds requested on the budget justification do match the amount of federal funds requested on the SF-424C Form within the project.

Looking at Slide 26, we do ask you to identify other funding sources. That could be state grants, local funding, other federal funding, private/third-party funding, and other project financing. We ask you to fill this in in amount secured, so if the funds are in your possession. If the amounts are expected that means that the funds have been committed, and then any amounts forthcoming, they are expected, but not committed.

Regarding the equipment list, applicants must include all movable equipment within the equipment list. This is regardless of the equipment's price. So if the equipment has a useful life of one year or greater, it should be included on the equipment list.

We would like to highlight that expendable supplies, such as syringes are not allowable, tongues depressors, tapers, office supplies, administrative

supplies, but smaller equipment items, such as stethoscopes, or blood pressure cuffs that do not have a huge per unit price, they are allowable and are considered equipment and should be entered on the equipment list.

Equipment will be categorized as one of the following. It is either clinical or non-clinical. Clinical, some examples are exam tables, audiometers, nebulizers. And non-clinical could be computers, desks, furniture, you know, any equipment used for telehealth medicine, those would be non-clinical equipment.

On Slide 28 we did provide an illustration to highlight how the application review process works. Once we receive the application it does go through a completeness and eligibility review. This is the initial review to ensure applicants have sent in all required documents and met eligibility criteria.

It then moves on to the objective review committee. The ORC reviews and scores applications based on review criteria available in the guidance. There is the technical assistance reviews and that's where HRSA performs technical reviews of the applications. A great example is the architectural and engineering reviews done by subject matter experts.

And that moves on to the notice of grant award for those who receive the grants. The objective review committee will be scoring these applications based on need for 30 points, response for 25 points, impact for 10 points, resources and capabilities for 20, and support requested for 15.

We do highly encourage you to ensure that you address each criteria point. And the place within the application where you may address the criteria aspects and characteristics may not necessarily parallel the section where

they are within the criteria. So for example, a resources and capability criteria may not necessarily be addressed within the resources and capabilities narrative section within the application.

But the important point is that all criteria should be addressed to have as successful an application as possible. Applicants can receive an additional 10 points if all proposed sites and projects within the application meet the funding priority and provide required documentation. Again, all of this documentation for each project is consolidated into one attachment and uploaded on the proposal cover page.

Applicants must indicate a critical emergency need that has been identified, and noted, and signed documentation from a local authority. This could be a county building inspector or a local fire marshal. And a popular question has been well who has the authority to provide this documentation?

And we can provide examples that many times will depend on the rules and regulations and laws of the local jurisdiction or the county, however your area is set up. But there could be fire/life safety code deficiencies, a great example of these could be documented by the fire marshal perhaps.

There are environmental and health issues, accessibility deficiencies. There could also be architectural and structural deficiencies that could be possibly certified by an architect or engineer.

Regarding an internal review, all proposals are subject to internal technical reviews. There is the service area overlap, architectural and engineering reasonableness, allowable and unallowable cost analysis, environmental reviews, also known as NEPA reviews, and compliance, and to be considered

a complete application the application must contain a completed EID checklist for each project.

So please do make sure that you complete it in its entirety and be sure not to upload, accidentally, a blank document for the EID checklist. And that would also apply to the assurances form as well. And then there's also the historic presentation and cultural resources review.

And with that, I will turn Part 3, the post award information, over to my colleague Jinhee Kim.

Jinhee Kim: Hi, everybody. The Part 3 post-award information will go over a brief description of post-award when successful applicants the notice of grant award and what to expect as a next step.

So Slide 33, notice of award. If applicant is funded, you will receive a notice of grant award. Notice of Grant Award is legal and authorizing document issued by HRSA. Notice of Grant Award will include terms of award, conditions of award, approved budget, amount of federal funds awarded, project description.

So be sure that you read NGA very carefully and you'll understand those terms and conditions. Grantees must meet all those grants conditions that is listed on your NGA before you begin construction, including demolition and site prep work, or building a new building or a renovation/construction activities.

Once you submit all those necessary documents for a specific grant condition, HRSA will review and approve. Once you meet all those

conditions, we'll issue a revised NGA that you have met all those grant conditions. At this point, when you receive all revised NGA, you will have a full access to grant funds to start construction. However, pre-construction costs can be draw down before you meet all those conditions.

Also be sure that grant conditions may require the grantees to submit revised documents, including revised budget, or schematics, or timelines, if HRSA finds inappropriate or incomplete information.

Environmental and historic preservation conditions, Slide 35, most construction and A/R will include several conditions for environmental and historic preservation reviews. Please do not start construction or draw down funds for demolition site preparation or construction activities until you meet all these conditions and listed.

Be aware and plan your construction schedule accordingly because in preparing these documents, EA and state preservation officer letter will take some time and review and distribute for public comment period, so be sure that you allow these times when you apply for the grant. Technical assistance for environmental and historic preservation requirements is available at the Web site as listed on Slide 35.

CD-IFI project must be compliant with the following regulations, uniform relocation assistance, 45 CFT Part 15, ADA accessibility guidelines, NFPA 101 life and safety code, AIA guidelines for design and construction of hospital and healthcare facilities, real property insurance, maintenance, disposition, and federal interest.

Slide 37, sustainable practices and design, HRSA strongly encourages organizations to use sustainable design concepts when applicable to your project design, construction, and equipment purchases. There is a useful Web site for purchasing equipment listed on Slide 37. And Slide 38 shows a useful Web site for sustainable design and construction principles.

Based on past construction grants, HRSA saw several exemplary buildings which utilized sustainable designs concepts and purchased energy efficient equipment. The end result was very beneficial to both health centers and the patients. However, the sustainable principles and design guidelines may not directly address the review criteria listed on Slide 29.

Federal interest, Slide 39, a federal interest exists for all property constructed and acquired or improved with the federal funds. For A/R, alteration and renovation projects, federal interest exists for useful life attributable to your alteration/renovation funded under this grant. Projects with total cost more than \$500,000, excluding the movable equipment, must file a Notice of Federal Interest.

The Notice of Federal Interest will appear as of your grant condition after the award. And also be sure that this is per project base, not application. So if your project specifically exceeds more than \$500,000, we will request Notice of Federal Interest.

Applicants not required to file an NFI, project total, federal and non-federal costs less than \$500,000, excluding equipment, will not require to file an NFI. However, federal interests still exist and grantees must maintain documentation regarding protection of all federal interests.

Leasehold improvements, it covers slides from 40 to 41. Federal funds may not be used to pay lease costs or terms of lease. If funds address improvements that would impact the terms of lease, applicants must have written evidence of negotiated offset in the rent.

For example, if the federal fund is used to purchase more energy efficient air handling unit, that may impact your lease terms, so those must be provided as evidence in written documents.

The Landlord Letter of Consent from the facility owner must address the following components, landlord must approve the scope of the project and also agree to provide the applicant health center reasonable control of the project site for required number of years, also agree to file NFI as we discussed in the previous Slide 39.

Leasehold improvements, also HRSA will determine if the term of the lease is sufficient for the full value of the grant-supported improvements to benefit the grant activity. HRSA will take into account the purpose and duration of the grant, the expected life of facility, and the use of facility for the grant-supported purposes. The lease agreement must provide the applicant reasonable control.

Slides 42 to 44 covers resources and contacts, first is grants.gov, as listed on the page, EHB support, you can contact HRSA call center, there's a phone number, fax, and email. BPHC helpline will help to guide you through navigating specifics on EHB application process. The number and the phone number is listed.

The resources, throughout this TA presentation we mentioned this Web site so many times and the IFI Web site is available. And today's TA presentation will be recorded and available for the people who were not able to make it today. FAQs is listed, EHB registration slides, EHB user guide. I encourage all of you guys to keep checking on this Web site FAQs. As we make progress, as we hear more questions, we'll keep updates on the Web site.

On Slide 44, if you have any questions regarding programs, you can contact either Beth Levitz, Cametrick Nesmith, and myself, Jinhee Kim. Also email is available at [BPHCCapita@hrsa.gov](mailto:BPHCCapita@hrsa.gov), we will respond in timely mAnnr. Grants management contact is also listed, that's Brain Feldman, so now we can proceed with questions.

Coordinator: At this time if you would like to ask a question, please press star 1, please unmute your phone and record your first and your last name, your name is required to introduce your question. To withdraw your question, you may press star 2.

Once again, if you would like to ask a question, please press star 1. One moment please for our first question. Our first question is from (Heather Colmbs). Your line is now open.

(Heather Colmbs): Yes, so I was calling, we have a modular facility that we use for some ancillary services and we were interested in trying to make this more of a permanent structure on the existing floor plan of the modular unit. Would that be considered a potential for funding?

(Ann): I'd have to ask. And if it's too detailed we may need to take this offline, this is (Ann) by the way. How are you proposing to make it more permanent?

(Heather Colmbs): We would like to actually - best scenario we would like to tear it down and rebuild on the existing foundations that was put in place.

(Ann): That would be a construction project.

(Heather Colmbs): Okay.

(Ann): So it would not be a necessarily a good fit with this opportunity, but the Building Capacity Program might be an option.

(Heather Colmbs): Okay. And then one other question on another facility, we have a facility that has an atrium as part of the initial structure, is that atrium area considered in the initial square footage? So if we were to do some renovations within that building and remove the atrium to add more space for clinical services?

Beth Levitz: Could we request that you maybe present a few more details of the plan? It sounds like we would need them to offer some advice and that could be submitted to the [BPHCCapital@hrsa.gov](mailto:BPHCCapital@hrsa.gov) Web site.

(Heather Colmbs): Sure, will do.

Beth Levitz: Excuse me, email.

(Heather Colmbs): Thanks.

Coordinator: Our next question is from (Sohalia Korot). Your line is now open.

(Sohalia Korot): Thank you for hearing my call. My question is, if we were awarded a CIP grant in June 2009 that ended in the quarter of 2011, can we qualify to apply for this one?

Beth Levitz: The health center can propose sites and apply for this program. If that site's received alteration and renovation or construction funding for a project, it would not be eligible for this program. However, if that site received CIP funding for, let's say EHR, or an HIT project, or equipment-only, then it would be eligible.

(Sohalia Korot): Thank you.

Coordinator: Our next question is from (Biff Shay). Your line is now open.

(Biff Shay): Hi, I noticed that you're looking for us to list the additional funding possibilities, or funding sources, that we've gotten. We are in a situation where, because of projects that we've just undertaken, we're pretty well tapped out. Is it unfavorable to our application to be submitting the application without any other supporting sources of funds?

Beth Levitz: No, having other sources of funds for the project is not required. Applicants are more than welcome to propose 100% federally funded projects. The projects will be scored based on how well the health center is used to meet the need.

(Biff Shay): Okay. I've got a couple of other questions too. We have potentially a project of renovation of our dental area in which we have some equipment that's over 25 years old currently. And so consequently it requires relatively little

renovation, but a high percentage of equipment cost, maybe 90% or so, would that count against us?

Beth Levitz: We don't prescribe necessarily an equipment to renovation cost ratio. Again, that would be all in how you identify the need, and how well the project addresses that need, and how that equipment plays into the overall renovation project.

(Biff Shay): Okay. One other question, for critical emergency needs, you mentioned the verification by fire marshals, or other county official, and so forth. I'm a little bit fearful that if we call in the fire marshal for verification, we could get shutdown before we even have a chance to do anything. Is it possible that architectural or an engineering verification would be acceptable?

(Ann): Yes, in that situation, yes you may substitute a qualified professional engineer's opinion.

(Biff Shay): Okay. Thank you. Historic preservation, is that needed for newer buildings or if there's no external work done?

(Ann): For historic preservation requirements?

(Biff Shay): Yes.

(Ann): It's not just for your building. It may impact the other neighborhood's buildings. So based on what you apply, we'll evaluate whether if the SHPO is necessary or not.

(Biff Shay): Okay. And last question, how will we know that the number of years of a lease that we have are sufficient for the size of the project?

Beth Levitz: That really needs to be addressed on a case-by-case basis. You're welcome to submit more details of your scenario to the [BPHCCaptial@hrsa.gov](mailto:BPHCCaptial@hrsa.gov) Web site and we will forward that to the proper folks to weigh-in on it.

(Biff Shay): What might be typical of the length of lease?

Beth Levitz: Really, without knowing the details of what you're proposing, it's really hard to gauge.

(Biff Shay): Okay. All right, I'll send that in. Thank you very much.

Coordinator: Our next question is from (Martha Carter). Your line is now open.

(Martha Carter): Hi, thank you. I want to go back to the question about the former CIP funds. I was on the call yesterday and I thought I understood that if we had CIP funds for the site, but not for the same project, that we could apply again. For instance, we used CIP funds to redesign our billing and finance department, but now we need funds for our clinical space, which is in the same building, same address, but it's a totally different project. Is that allowable?

Beth Levitz: No, the eligibility between the Building Capacity and the IFI funding opportunities, and how they play in with sites that receive CIP funding are different. So in other words, the IFI sites that received funding for any alteration/renovation or construction projects are ineligible, even if you were possibly going to propose a different project, but at the same site.

(Martha Carter): Okay. Thank you.

Coordinator: Our next question is from (Maria Stow). Your line is now open.

(Maria Stow): Yes, thank you, just a quick question. I wonder if upgrading an antiquated phone system, if that's sort of a project which would also include upgrading Internet accessibility to improve EHR performance, is that considered alteration and repair or is that simply equipment?

(Ann): Unfortunately that would be considered an equipment-only project.

(Maria Stow): Okay. Thank you.

Jinhee Kim: However, actually it depends on your scope of telephone line. For example, if you have to bring the line into your building as a system rather than purchasing equipment, like individual phones, that would be different scenario. So if you bring the line to your building, that may be considered as alteration and renovation. But however, if you're purchasing only the telephone itself, that would be considered as equipment project.

(Maria Stow): No, we're doing both.

Jinhee Kim: Okay.

(Maria Stow): We'd do both, yes. Okay. Thank you.

Coordinator: Our next question is from (Susan Kremering). Your line is now open.

(Susan Kremering): Yes, I have a couple of questions. One, in speaking about the prior projects that can be included and looking at the actual guidance, I'm not really sure exactly that I'm clear on what constitutes a project.

Beth Levitz: A project would be any alteration or renovation work at a site. So an easy way to define a single project is, each site is one project essentially. So any renovation or alteration at that one site would be considered the project.

(Susan Kremering): Okay. So if it's a site-specific application and a project is considered site-specific, what would constitute five different projects at a site?

Beth Levitz: Well an application could contain up to five different projects. So in other words, if you had five different sites which would require or need some type of alteration or renovation, that would constitute five different projects.

(Susan Kremering): Okay. So it can be multiple sites as opposed to yesterday's it was just only one site.

Beth Levitz: Well no, each project can only be one site and you can propose up to five projects, which would essentially be five sites.

(Ann): So to kind of elaborate a little further, if you're wanting to just do renovations on one site and in your mind it might constitute five projects, repairing the roof, moving a few walls might be the second one, and buying equipment might be the third thing, but it's all occurring at one site, for our purposes, that is one project.

(Susan Kremering): Well everything that we're thinking about doing is geared towards how we can increase our ability to obtain accreditation, the constraints of a physical facility around accreditation, for a patient-centered medical home.

So if it was all around patient-centered medical home and we've identified areas that we need to alter, renovate, or add equipment, we can group that all together as one project that's meeting the objectives.

It's addressing issues of safety, it's addressing issues of accessibility, all of that within that one category per site, and you can have up to five sites in the Immediate Facility Grant Program, but in the Building Capacity you can only have one site? Is that correct?

(Ann): Yes.

(Susan Kremering): Okay. I think that clarified my other question for me too. Thank you.

Coordinator: Our next question is from (Mark Springer). Your line is now open.

(Mark Springer): Hi, good afternoon. The Slide 30 where it says applicants must indicate a critical emergency need, is that a rule-out item in the application? Must that be in hand for each proposed project?

Beth Levitz: You're referring to the funding priority. Having that critical emergency need is not an eligibility criteria, that is a criteria to receive an additional 10 priority points on the application. And to receive that funding priority, each project must have a critical or emergency need that is documented within the application.

(Mark Springer): Okay. Thank you very much.

Beth Levitz: Sure.

Coordinator: Our next question is from (Joan Kimerouch). Your line is now open.

(Joan Kimerouch): Yes, I would clarification regarding federal procurement requirements. If an (S2AC) contracts with an architect who's acting as a project manager for all of their capital projects, and that person develops the preliminary site plans and the floor plans for this opportunity, are they precluded from submitting a bid to act as the architect for the funded project?

(Ann): I think we're going to need a little more information on your situation. There are some slight permutations between different scenarios. Could you please give us an email at [BPHCCaptial@hrsa.gov](mailto:BPHCCaptial@hrsa.gov)?

(Joan Kimerouch): Okay I will. Thank you.

(Ann): Thank you.

Coordinator: Our next question is from (Laura Lipkin). Your line is now open.

(Laura Lipkin): Thank you. I have a question about a site in terms of what is a current site. If there is a site currently under development and the health center has not yet applied for a change of scope to include that site, is there a date by which they can apply to get this change of scope to make this eligible for the IFI? That's my first question.

Beth Levitz: The site must be within your scope by the time the application is submitted.  
So...

(Laura Lipkin): And does that refer to the October or the November date?

Man: Well when you go to apply within the EHB, the only site that it will be eligible for you to select from will be the ones that are currently in your approved scope. So you wouldn't be able to select anything that wasn't already in your approved scope.

(Laura Lipkin): Okay so it wouldn't be that you had applied by then but it would have had to already have been approved before that date?

Man: Approved and then, right, and showing up in your EHB portion of the application for you to select that particular site.

(Laura Lipkin): Okay. And then second question, if the new site - if it's in a public housing unit and because of an agreement with the City, they want the services provided to serve only residents of the public housing.

It would not necessarily - those services - services at that site would not be able to be available to other clients served by the 330 funding. Is that acceptable or not?

(Ann): There are a lot of - obviously there's a lot of significant scope policy-related issues with that situation.

But most importantly that you need to be able to demonstrate that the individual who would be seeking care there from the other community have

access to other sites or services - and services that you provide other locations. So that -

(Laura Lipkin): So as long as you're able to show that they have access elsewhere in your organization it would not be an issue.

(Ann): Right, but you also need to recognize, you know, that if somebody presents for care that has as urgent issue -

(Laura Lipkin): Yes, I (unintelligible).

(Ann): - you can't obviously turn them away because they aren't a resident there. And so again there's some policy-related issues that would be - that need to be considered in that.

(Laura Lipkin): Yes.

(Ann): So we can certainly have that conversation in another forum.

(Laura Lipkin): Okay, great. Thank you. And there's - I do have one more question. It's a little bit different.

But I've been requested by another agency that has only one site if you could take a minute and explain the rationale about - since all agencies were included in this CIP if they only have one site, what was the rationale for saying they could not apply for this funding opportunity as well?

Woman: I'm not sure we - so you're asking if it's an organization, the health center only has one site then - and they received funding for either alteration or a

construction project then they would not be able to apply for this funding opportunity?

(Laura Lipkin): I mean that's the truth, right? If an agency has only one site and they received CIP they're - they can't consider this - they can't apply for this.

Woman: That's correct.

(Laura Lipkin): And so they asked us if I would ask could we get an understanding of why that was decided.

Woman: While we would - let me restate this.

Jim Macrae: I'm sorry. This is Jim Macrae. I actually just walked in the room, so it's good to come in on a question.

In terms of your question I think we definitely wanted to make available resources through the Capital Improvement Program in terms of having that be available to all health centers.

And we were extremely successful in terms of getting that money out and you all in turn did I think an amazing job in terms of producing some great construction projects, renovation projects, other activity.

When we talked about doing a smaller competition for just a little bit more resources, we had a number of health centers that weren't able to use their CIP dollars for multiple of their sites, they could only do something with one of their sites or potentially two of their sites. They could not address all of them.

So we really felt it was appropriate with this funding, this \$100 million which is not a lot, to make that available to those organizations that were not able to touch other sites with the Capital dollars.

So it's really just a situation of having limited resources and trying to make the best decisions in terms of the (bottom line). But I can understand, you know, some of your frustration. I get that. It's just trying to spread the money around to as many sites as we can across the country.

(Laura Lipkin): Okay. Thank you very much. That's all my questions. Thank you.

Coordinator: Our next question is from Erin Wentz. Your line is now open.

Erin Wentz: Hi. Thank you. There has been some talk recently about the possibility of another round of school-based health center capital funding possibly becoming available this fall.

And as health centers are considering what opportunities to apply for, it would be helpful to know if there is in fact another potential round of school-based health care capital funding that might become available this fall. Can you talk at all about that?

Woman: Unfortunately we don't have any details available regarding any future school-based health center capital funding opportunities.

But if you do monitor the school-based health center capital funding opportunity Web page within HRSA as well as Grants.gov then that's the

quickest way to know the criteria and when they are available and the timeline for any future funding opportunities.

Erin Wentz: So it's not a guarantee that that money will become available?

(Ann): That we - we will be issuing a new guidance for school-based health centers. We just don't know right now what the timeline will be for that. And so best advice to continue to monitor that Web site.

Remembering also of course that the school-based health center's capital grant is not section 330 funding, it's not related to your health center program grant. It's a completely different opportunity, and so when you are looking at your options available to you, do remember that that's a completely separate activity outside of the health center and the health center activities.

Erin Wentz: Thank you.

Coordinator: Our next question is from (David Edwards). Your line is now open.

(David Edwards): Thank you. We are looking at the possibility of upgrading our dental office to an electronic dental record which would include digital x-ray and changing out the...

And so if I understand this correctly the electronic health record, although it's a dental, but the like software side of that would not apply but maybe the digital x-ray equipment might apply?

Woman: That is correct but please be mindful that it almost sounds as if this could be an equipment-only project which aren't allowable under this funding opportunity. But we would need details.

(David Edwards): Okay. All right. Thank you.

Woman: The money. Just tear down a wall.

Coordinator: Our next question is from (Angela Foutrose). Your line is now open.

(Angela Foutrose):Hi, good afternoon. And I think some of our questions probably have been answered but I'll just ask for clarification.

Again with regards to the telephone system, the door knock CIP funds, with the CIP rounds we were able to upgrade our phone system which included bringing all of our phone systems together to the call center.

We have two sites that were left out of that connectivity because of funding. Is that something that we can do with this round of funding? Question one.

(Ann): I'm sorry, you're proposing to bring - add in phone connectivity to two additional sites?

(Angela Foutrose):Correct.

(Ann): That sounds like an equipment-only project that would not be eligible unless there was alteration or renovation involved. Unfortunately we've consistently classified running minor lines into buildings as a very ancillary part of an equipment-only project.

(Angela Foutrose):Okay.

(Ann): Right?

(Angela Foutrose):All right. Well that answers the other question and then I think the gentleman with the dental question answered that question as well. So that ends my questions. Thank you.

Coordinator: Our next question is from (Marlee Ferguson). Your line is now open.

(Marlee Ferguson): Hi. Good afternoon. Thank you for the opportunity. We just wanted to have a couple of points clarified if possible.

We're looking at a site that has not received CIP or FIP funding in the past and we would like to know, for point of clarification, if new roofing and HVACs are allowable.

Woman: Yes, those could be allowable costs within the application.

(Marlee Ferguson): One final question. Thank you very much. The upgrading from standard x-ray to digital x-ray, is that allowable?

Woman: That sounds like it is equipment, and if that equipment would be purchased at the sites where perhaps your roof is being replaced, then it could be allowable.

(Marlee Ferguson): Okay. Is that it? Okay, great. Thank you very much. Appreciate the opportunity.

Coordinator: The next question is from (Lynn Hopkins). Your line is now open.

(Lynn Hopkins): Thank you. We have a project that's about \$1.2 million and we've already secured \$700,000 from a state grant.

And so we would like - we're trying to figure out is it better to package the project all in one, or do the \$700,000 project now because we'd really like to get started and not wait until a Notice of Grant Award for the other part, or wait to do it as one project.

So can we start now and just categorize the \$500,000 as a second phase of the project, for example?

(Ann): I think that this is a rather complex question and should be answered offline. Okay?

(Lynn Hopkins): Sure. Thank you.

Coordinator: Our next question is from (Lauren Kinnaird). Your line is now open.

(Lauren Kinnaird): Thank you. Good afternoon, everybody. Just a couple of questions. One to follow up on the funding priority opportunities, about the critical and/or emergency need.

I'm wondering if it would be considered sufficient enough if you are working in a space that is so outmoded that you can really gain some efficiency in terms patient flow and work productivity. Would that be considered a critical enough type of need?

And then I have a second question just for some clarification on funding descriptions.

Woman: That is a very valid need, but it would not meet the criteria to be a critical emergency need under the funding priority.

(Lauren Kinnaird): Okay.

Woman: But for clarification on the funding priority we do encourage folks to also refer to page 23 of the Guidance.

(Lauren Kinnaird): Okay, that's great. Thank you for that suggestion. And then please forgive my ignorance. I've been looking all day to try to figure out - I work with a primary care association - which of our health centers have received which kinds of dollars based on all of the Web sites.

And I want to be very clear that I fully understand what you all mean by fiscal year 2011 Capital Development opportunities. Are there distinct names for grants or funding sources that you've put under that category?

(Ann): The Capital Development grant - you can actually - it's also known as the CIP Verification grant. And it went out with grant number C8A.

(Lauren Kinnaird): CHA. And that was -

(Ann): C as in capital, 8, the number eight, A as in Ann.

(Lauren Kinnaird): All right. Thank you very much. I'll do that research on my own. Thanks for your help.

Coordinator: Our next question is from (Bruce Gehring). Your line is now open.

(Bruce Gehring): Thanks for taking my question. Listen you've been very clear, and I appreciate that CIP funds are not eligible to submit if we used CIP funds for a project in a particular location.

But I'm questioning the issue of unintended consequences with that decision. As a homeless grantee, we have only one site as with many if not all of the homeless grantees have.

And I'm wondering if you go back, or if anybody were to go back and see what the CIP funds were used for, if in fact - in the homeless sites specifically, if in fact that decision you'd find excluded the entire homeless program from even applying for these grants, if that would be an issue that you might revisit to readdress that particular decision or not.

(Ann): We appreciate the comment, truly we do. There were a lot of difficult decisions that were made in establishing the eligibility for all of the capital funding opportunities, both the ones that we have now and also with the ones that were supported under the Recovery Act.

And we - given the limited resources that we have available and the breadth of the - and the number of sites that were still left unimpacted by any capital investment, the decision was made to put the eligibility out the way that we did for the remaining capital funds available to us at this point.

I think it's a good point and we can certainly go back and re-examine the situation related to specific special populations that we fund. We do know that a lot of our special population grantees also operate multiple sites and so are hopeful that they will also be able to participate in this grant opportunity if not the other Capital Development grant opportunity that was also announced.

But we can certainly look further into that. And it was of course very hard decisions to make, and recognize that some health centers may not be able to participate in these.

(Bruce Gehring): Okay. Well if you would look at it, we'd certainly appreciate it. Thanks for the opportunity.

(Ann): Sure.

Coordinator: Our next question is from (Gary Levin). Your line is now open.

(Gary Levin): Yes, I understand that the funds don't cover acquiring a mobile van, but I was wondering if they could be used for the renovation of the mobile van that we already have.

(Ann): That would actually be equipment and unfortunately, it cannot.

(Gary Levin): Okay. Thank you.

Coordinator: Our next question is from (Nick Kufta). Your line is now open.

(Nick Kufta): Yes, I had a couple of questions. The first question and I will probably be asking it again, but first money. We have - we got a first money for one of our sites and was to build a separate unit building.

Now the question, we still have the old building. Would we be able to use the funds for the old building at all? The address is, you know, four letters apart, so the new building versus the old building.

Woman: If the old building is considered a separate site from the new building with - which funds were used on then yes, it could be eligible. But I think we would be curious as to a few more details regarding your particular situation.

If you would be willing to email your question to [BPHCCapital@hrsa.gov](mailto:BPHCCapital@hrsa.gov), we may be able to answer your question a bit more in depth.

(Nick Kufta): Okay. And the second question is if you wanted to - let's see, two questions. First (unintelligible) we are currently running out of space on our parking lot so if we purchase the land that is right two blocks - not even two blocks, it is two buildings apart. If we purchase the land, could we use the money to make the parking lot?

Woman: Are you proposing to use these funds to purchase the land or -

(Nick Kufta): No. Not purchase the land, just to construct the parking lot.

Woman: No, that would be a construction project.

(Nick Kufta): Okay. And third question I have is would they be able to pay for a generator on a building?

(Ann): You would be able to pay for a generator on the building assuming that that is a permanent - you know, a generator that is placed on a pad or affixed.

I believe also your question before about the parking lot construction. That might be - while it may not be eligible under the IFI program, you certainly may want to consider that for the Building Capacity Program.

(Nick Kufta): Right. (Unintelligible).

Woman: Okay?

(Nick Kufta): All right. Thank you.

Coordinator: Our next question is from (Amar Manjuri). Your line is now open. Amar Manjuri, your line is now open. Please check your mute button.

Would you like me to move onto the next question?

Woman: Yes, please.

Coordinator: All right, one moment please. Our next question is from (Kelly Hensman). Your line is now open.

(Kelly Hensman): Thank you. I think the question may have been answered, but I just want to clarify one piece.

We have an existing building with an existing parking lot. There is space available on our own land that we own and we wanted to know if an

expansion of an existing parking lot was considered construction or if it would be eligible under this grant opportunity.

(Ann): Unfortunately it's - expanding a parking lot is considered to be construction. If you were doing some minor adjustments to an existing parking lot, resurfacing, adding handicapped spaces, to, you know, related sidewalks and curbs, that would be considered A/R.

But literally expanding a parking lot onto a new piece of land would be construction and not eligible for this particular opportunity.

(Kelly Hensman): Okay. Thank you.

Coordinator: Our next question is from (Helen Loomis). Your line is now open.

(Helen Loomis): Yes, good afternoon. I only have a couple of questions remaining. We are trying to bring about centralized scheduling. We have the software, we're going to need to bring in some additional lines. This would be housed in our administrative building which is sadly past due for a new roof. My question is, is that something that would be considered?

Woman: Yes, that could be an allowable cost under this funding opportunity.

(Helen Loomis): Oh, wonderful. Thank you. And my other question pertains actually to the per unit equipment cost. I have some conflicting information. I just want to confirm the per unit cost is less than \$5,000. Is that correct?

Woman: I'm afraid we didn't catch the entirety of your question.

(Helen Loomis): Okay. I'm a little confused about the per unit cost allowed for equipment. Is it under \$5,000 per unit?

Woman: It's actually any equipment regardless of price, it would be allowable if it has a useful life of one year and it is, you know, not expendable such as paper or tongue depressors or syringes.

So truly the takeaway is if - it could be major equipment, it could be minor equipment, but if it does have a useful life of one year, it could be eligible and should be entered on - within the equipment list in the application.

(Helen Loomis): Oh, regardless of the \$5,000. I kind of got that stuck in my mind. As long as it has a useful life of one year or greater, then any amount is acceptable to apply for?

Woman: As long as it's useable, that's correct.

(Helen Loomis): Yes, as long as it's part of a renovation type.

Woman: That is also correct.

(Helen Loomis): Okay. Thank you so much.

Coordinator: Our next question is from (Dee Hall). Your line is now open.

(Dee Hall): Hi. What's the quickest means of getting a newly-purchased building into our scope. It's in sad - it has to be, you know, remodeled in order for us to move into it.

Woman: That may be a question that you want to pose to your H80 Project Officer.

(Ann): Are you proposing to bring something into scope so it can be eligible for this opportunity?

(Dee Hall): I am.

(Ann): So at first it's commitment to process through change in scopes within 60 days of a complete change in scope application submitted to HRSA. And so you can - if it's - you can do the math in terms of what that looks like and if there are any questions obviously in the processing of your application, it could delay the approval.

But the approval is a final NGA at the end of the process. And so I think you can expect around at least 60 days for the processing of a change in scope as a good estimate for the timeline to consider.

(Dee Hall): Therefore I wouldn't be eligible for this project?

(Ann): That particular site - if it's not in your scope at this point and you would need to do some work to submit a change in scope, I think it would be - it would be difficult for it to be already approved in your scope and eligible for consideration under this funding opportunity. I think it would be challenging.

(Dee Hall): Oh, I'm trying to move a program into a building that we've already purchased. The program is already approved. The site's new and that's what's going to hang it up?

Woman: Yes.

Jim Macrae: Why don't you - can you contact us with that information? We can sort of talk you through in terms of, you know, what this actually looks like in terms of the change in scope. So if you can send an email in, we'll follow up with you on that.

(Dee Hall): I thank you.

Jim Macrae: Yes.

Coordinator: Our next question is from (Pernica Ram). Your line is now open.

(Pernica Ram): Hi there. I just have a few questions. The first question is going back to the slides, slide number eight. It was discussed that a project that we received CIP funding for, but was under equipment-only, is allowed for this grant opportunity, correct?

Woman: Yes.

(Pernica Ram): I was looking through the FAQs, the Guidance and there was some other information, but it's not stated. Is that going to come out so I can refer back to it like an actual document?

Woman: Please bear with us. We are referring to the FAQs. If you refer to FAQ number 16, it does refer to an equipment-only project at a site that received CIP funding.

(Pernica Ram): I'm sorry, which question, 16?

Woman: Number 16. And it does state that yes, a health center site which received funding through CIP for an equipment-only project may submit an application under this.

(Pernica Ram): Yes, sorry about that.

Woman: That's okay.

(Pernica Ram): And then my second question is, is this grant opportunity requiring us to Davis-Bacon prevailing wage requirement?

(Ann): Davis-Bacon is only triggered when it is referenced in the authorizing statute and in this situation it was not referenced. Under the Affordable Care Act it does not apply to either the Building Capacity or IFI.

However you are expected to still comply with any other applicable employment or wage requirements. And if you need the references the HHS Grants Policy Statement has whole section on it.

(Pernica Ram): Okay, perfect. Thank you so much.

Coordinator: Our next question is from (Mattie Brennan). Your line is now open.

(Mattie Brennan): Hi, thank you. I think my question has been answered, but I just want to make sure because, you know, you can't hear it enough.

Am I to understand that equipping a couple of sites with generators is an allowable project under this (spend)?

(Ann): If those generators are affixed on a pad -

(Mattie Brennan): Okay.

Woman: - it would be considered A/R and they would be eligible.

(Mattie Brennan): Okay. Thank you.

Coordinator: Our next question is from (Jim Hersey). Your line is now open.

(Jim Hersey): Yes, hi. Good afternoon. You just answered my first question on Davis-Bacon.  
Thank you.

Second question I think I know the answer but - we received CIP construction funding to develop two 340B pharmacies that (changed into) two of our sites. We were required to sublease additional space so we had to (unintelligible) the second lease.

Would that preclude us from participating in the IFI opportunity for our centers? We wanted to do improvements there.

Woman: Just to clarify, this site did receive CIP funding for alteration or construction?

(Jim Hersey): Yes, construction.

Woman: Yes, then it would be ineligible for this funding opportunity.

(Jim Hersey): That's what I thought. Thank you very much.

(Ann): In terms of that you may want to just submit something to us so that we can go and look specifically at the projects that were funded just to make sure that those sites - to determine whether or not those sites would or wouldn't be eligible.

Coordinator: Our next question is from (Todd Graff). Your line is now open.

(Todd Graff): I think my question was addressed. Thank you.

Coordinator: All right. One moment please for our next question. Our next question is from (Gloria Crowley). Your line is now open.

(Gloria Crowley): Thank you, but our question's already been answered.

Coordinator: Our next question is from (Farina Spheigel). Your line is now open.

(Farina Spheigel): Hi. Thank you. My question - I was just curious on the funding priority. Did I hear you say that you have to have documentation for all the projects that you submit to receive the ten points? Or do you receive less points - let's say you have five projects but you only have documentation for two of them.

Woman: It is correct that all projects must have documentation supporting the funding priority criteria in order to receive the ten points on the application. It won't be given partially if - all of the projects must meet the funding priority criteria including documentation.

(Farina Spheigel): Okay. That was my question. Thank you.

Coordinator: Our next question is from (Hofa Dunston). Your line is now open.

(Hofa Dunston): Hi. I just wanted a sort of a clarification. I know we've been talking about this. We received a CIP funding that we used mostly to upgrade our practice management system, telephone system. But we also used some of the funding to do things like painting.

Would that now not make us eligible for this proposal? For this funding?

Woman: That appears to be the case but we'd be happy to look into that for you if you would like to email the details to [BPHCCapital@hrsa.gov](mailto:BPHCCapital@hrsa.gov).

(Hofa Dunston): Okay. Thank you.

Coordinator: I would just like to pause for a second and remind participants if you would like to ask a question then press star 1. If you would like to withdraw your question, you may press star 2. Once again if you would like to ask a question, please press star 1.

And our next question is from (Frank Killian). Your line is now open.

(Frank Killian): Hi, I've got a couple questions. The first one I think you've answered unfortunately. We've - we'd like to get a new space to lease, but it's a new site so we can't do that. Is that right?

Woman: That's correct.

(Frank Killian): Okay. That was easy. All right, the second question is we have a public housing site and the public housing authority has talked about there's an

apartment next door that we could use. Could we knock down the wall in between, expand there, as part of this application?

(Ann): I think we'd need a little more information on whether that would be considered the same site. If it's with - you'd just be expanding into additional space but still be within a same site. We'd need a little more information offline on that.

(Frank Killian): Okay. So do you want me to send you an email in on that?

(Ann): Yes. Yes, please.

(Frank Killian): Okay. All right. That's it then. Thank you very much.

Coordinator: Our next question is from (Rick Swanson). Your line is now open.

(Rick Swanson): One - I've got a question before I get to it. I want to clarify. I'm sure you made it obvious, but when you say one - five projects but you can only do one per site. Did I hear that said?

Woman: Yes, that's correct. So each project may only have one site associated with that project.

(Rick Swanson): Can one site have more than one project?

Woman: No, it's one project per site and one site per project.

(Ann): So -

(Rick Swanson): Okay.

(Ann): So -

(Rick Swanson): My next question relates to need. And maybe it's kind of subjective, I don't know. But one of the projects we're considering has to do with weatherization and energy efficiency. It's an old building.

And I don't know if that directly relates to improving operations or safety or access but it does relate to modernization. And I'm wondering if that falls into the area of need.

Jim Macrae: Well we can't tell you per se whether it will or not. I mean that's something that you would need to look at in terms of the criteria and whether you feel like, you know, you can make a good case in terms of your application.

You know, I think if you can somehow tie it to better efficiency and investing that back into patient care or something like that, you might be able to make the argument. But I think you'd really have to look at the criteria to determine whether you could in a grant application make that case.

In addition, in terms of your question about multiple projects at multiple sites, I think (Ann) wanted to just clarify one thing with respect to that.

(Ann): Yes, so a project at one site may consist of activities such as proposing to repair the roof, doing interior A/R as well as buying equipment for that site. So you might consider them to be individual project activities. For the application purposes that's all one project.

(Rick Swanson): Okay. So if they're related to the same site they could rolled together into one project.

(Ann): Exactly. Yes, exactly.

(Rick Swanson): Okay. One other question. You mentioned that it can't support space that will be rented to generate revenue. But one of our options may be to install a pharmacy in an existing space and we might contract with a pharmacist to provide the - you know, a private pharmacy to provide this service but it would be 340B to our patients.

Woman: Well we would like to ask that you send that in an email to the BPHC Capital email so we could get some more details on your particular scenario.

(Rick Swanson): Okay. That's all I've got.

Woman: Thank you.

Coordinator: Our next question is from (Peter Gall). Your line is now open.

(Peter Gall): Just give me 30 seconds here. Hello. Just a very brief question. I just want to confirm to what I understand which is that for the immediate construction projects of under \$500,000, you are eligible even if you have received an FIP as long as that FIP was for a different service site.

That the service site in question has not received any money and we would be eligible for the improvement funds. Is that correct?

Woman: Yes, sir, that is correct.

(Peter Gall): Thank you. And the prohibition regarding you don't get anything if you've had any FIP that's just for the large 500 and up construction funds. Is that correct?

Woman: To clarify with the building capacity in reference to CIP sites, the building capacity can be proposed at a CIP site but it must be a different project, a distinct separate project than was completed at that site with CIP funds.

We'd be happy to answer any specific questions you have regarding that funding opportunity with an email to the BPHC Capital.

(Peter Gall): We're all set. I just wanted to confirm with you that on the under 500 - excuse me, under \$500,000 that even though they did receive an FIP, it was for a different building and so there are no qualification issues.

Woman: That's correct.

(Peter Gall): Okay. Thank you so very much.

Woman: Do you want the -

(Peter Gall): And then just to - just a very quick clarification here. I have just determined that this building which they own and have purchased for the purpose of this renovation is not in scope. We will act on that application this minute, immediately.

Are there special instructions you wish us to follow due what I understand now is a critically tight timeline on this?

(Ann): The first thing you need to do is immediately contact the Project Officer - your Project Officer, to make sure they're aware that this is coming and you can discuss what's involved and try and work through any potential issues in advance of submitting the change in scope.

So your first thing should be to contact the Project Officer just to alert them - he or she, that it's coming.

(Peter Gall): Will do.

(Ann): So that's the first thing to do.

(Peter Gall): Will do. Thank you so much for your help.

Coordinator: Our next question is from (Jonathan Kennedy). Your line is now open.

(Jonathan Kennedy): Yes, sir. We just want to confirm that - just to make sure that we are in scope. The facility we're looking at renovating is in scope, but the service that we would be renovating it for is at a different site. We would be moving the service over to the renovated site.

And if I understand the comments and questions and Guidance that it's the site that has to be in scope, it doesn't pertain to this civic service as it may be in scope for that site. Is that correct?

Woman: That is correct. The site must be in scope for any services you would like to add to your scope. That should be done within the normal change in scope process outside of the funding opportunity application.

(Jonathan Kennedy): Perfect. So the service is in scope at a different site. It just makes a difference that the site being considered for renovation is in scope currently.

Woman: That's correct.

(Jonathan Kennedy): Beautiful. Thank you.

Coordinator: Our next question is from (Gina Bryant). Your line is now open.

(Gina Bryant): Yes, thank you. I have a specific question about folks who have received funding for a new (access) point. Is it possible to use this funding applied for and possibly use this funding to renovate a space that's been identified for the new site?

(Ann): Well the first thing is to make - if it was one of the most recent (NAP) awards that were issued earlier this summer, the first thing you need to do is actually verify that the site is open operational which is a condition of the award.

The second thing is to consider whether or not you requested any money for alteration/renovation or equipment in that application and to make sure that whatever would be proposed would not be duplicating funds that have already been targeted to those activities.

(Gina Bryant): So if we are going to begin providing services at an alternate site, which we have to do regardless this funding, that's number one. Number two is if I understand you correctly, as long as we did not request and receive funding for A/R or construction, if we used what was announced yesterday - what

was discussed yesterday, we would be able to apply these funds to that works.

(Ann): Well I think that we'd need to talk to you specifically about your situation with your site.

(Gina Bryant): Okay.

(Ann): And so you might want to send in an email to the - my email address, and then we will - we'll be able to look at your specific situation.

(Gina Bryant): Okay. Thank you so much.

Coordinator: Our next question is from (Susan Cremerie). Your line is now open.

(Susan Cremerie): Yes, I just wanted to verify that the correct date for the larger building capacity for the EHB is November 9, and for this lesser comprehensive IFI is later. So we have longer for the projects that are just A/R but for the construction we have a due date of the 9th of November. Is that correct?

Woman: Yes, ma'am. That is correct.

(Susan Cremerie): Could you share kind of the reasoning behind that?

Woman: Good question.

Jim Macrae: Yes, actually part of the reason is because you have the opportunity in the smaller funding announcement to actually apply for up to five projects. So

actually in terms of complications, in terms of submitting applications, it actually...

And I know this sounds odd, we actually had to explain this to folks even internally because we got so much feedback from our grantees about this, that it's in some ways more challenging to do a number of smaller projects than it is to do one larger project that's just limited to one site.

So that was the rationale in terms of the timing. Plus we wanted folks who are interested then, you know, made this decision that they could apply for both. We wanted to give folks some time in between those two competitions.

(Susan Cremerie): Okay. There's just so much more engineering kind of stuff that's required with the Building Capacity that...But it is what it is, and we certainly are thankful for the opportunities.

Jim Macrae: I know, absolutely. And we understand. And I think, you know, the biggest thing is we've wanted to give everybody at least 60 days to be able to apply because we do know that this takes some extra effort.

And the other thing, in terms of the major capitals, we really are looking for projects that are pretty much ready to be able to be implemented. So, you know, for those who, you know, this may not be something that they've been thinking about.

As we said on the call yesterday, we really are encouraging folks for those projects that really are ready to go at this point.

So understand and, you know, please do the best that you can. I think the other thing that I would just say is, you know, and I said this yesterday on the call, with Grants.gov please get your Grants.gov applications in if you're going to apply for one or both of these opportunities. Please get that in early.

Please also make sure that your registration information is up to date. We do not want folks to be in a situation where they cannot submit their application into Grants.gov either for technical reasons or that they don't have up-to-date information.

So please, please, please get that information in. And again we will be available to help support you in terms application questions and other issues that you have.

(Susan Cremerie): Excuse me. That raises a very good question.

And I know that in previous applications, I believe back in the ARRA funding, that even if we submitted an amount in our Grants.gov that you allowed us to go back when we got into EHB if the numbers - if, you know, the target number changed at some point and we had better information that you allowed us when we were inputting out budget information in the SF-424s and EHB to update it with the more accurate.

And it was reflected as what went in as the final product. Will that - that's the only concern I have getting Grants.gov in early is you want to have as close to an accurate number. And so much of it is dependent on letting that process of all the engineering and pricing and estimating, you know, run its course. How -

Jim Macrae: You can -

(Susan Cremerie): - hard are we to the Grants.gov number that we put in? Or can we go ahead and submit and get in and start working on the other and be in EHB to get past that milestone and then come back and change the numbers in the EHB application?

Jim Macrae: Yes, the EHB is the final numbers so -

(Susan Cremerie): Oh.

Jim Macrae: - it can change from your Grants.gov submission. So in terms of your questions the impetuses to get the Grants.gov application in as soon as you can, you know, with some ballpark number. And we recognize that, you know, those numbers may change, and the number that we will use is your final EHB submission.

(Susan Cremerie): Wonderful. That is -

Jim Macrae: We want to emphasize that when you submit the EHB that you have your documentation consistent within the EHB so your Budget Justification and the budget (right), 424C all match up.

(Susan Cremerie): Yes. Right, that what goes in, in EHB...But in order to get us unlocked and into EHB and past the Grants.gov and there not being a backlog there, the sooner we do it with a close estimate, it's the better.

Jim Macrae: Yes.

Woman: Yes, ma'am.

(Susan Cremerie): Thank you. That's wonderful. That was worth the whole phone call.

Coordinator: Our next question is from (Dale Feegler). Your line is now open.

(Dale Feegler): Good afternoon. I was just - had a question around that change in scope issue. Just listening to this call it appears that October 12 is the due date and it would not - if you use that as the due date, it really wouldn't be time to do a change in scope.

Is that correct? Or is it the November 22 due date?

Jim Macrae: Well ultimately it is the November 22 due date, but in terms of this announcement it really is meant to be for existing sites. It's not to add new sites in terms of then doing renovation on those sites.

So this really was meant to apply the opportunity for health centers at their existing sites, where they weren't able to reach it with their CIP investments, to actually be able to do something because we just needed to be able to fill in that gap.

(Dale Feegler): I understand. I did have another question around the funding priority. And just to clarify the - an architect and engineer, they would be considered as a local authority?

(Ann): You know, in the rare circumstance where you may be very hesitant to go to the -

(Dale Feegler): Fire marshal.

(Ann): - fire marshal that you've feared that your facility would be red-flagged and you may have to move out for a little while, then yes it would be - you may do the best you can and utilize a professional engineer who can cite the appropriate code deficiencies and outline how the facility needs to be improved.

But that's really for extreme circumstances where you're afraid to go to the fire marshal.

(Dale Feegler): Okay. Then another related question to that is if there a couple of these areas, you've got three listed, and if you have a fair case in each one of them but maybe one of those, let's say fire and life safety, maybe is not as - is not real strong, do you - would you advise going with one, or trying to build a priority around all three?

Woman: I mean, we - the best that we can tell you to present the strongest application possible. And in order to receive the ten funding priority points documentation must be present for all projects to receive those ten funding priority points.

Jim Macrae: But it doesn't have to be all three. It can be one of those three that they need to meet, or do they have meet all three of those to be able to -

Man: All.

Jim Macrae: I see, so it's basically it has to be all (unintelligible).

Woman: It's all projects must meet one of the funding criteria - funding priorities criteria in order to receive the ten funding priority points.

Jim Macrae: So basically in terms of I think your question - you know, if you definitely have an issue with the fire/life safety and as Ann said, you know, you can get documentation from an outside expert in terms of, you know, clear documentation of a code violation or some concern in terms of that and written professional justification, but you may not have something for disability or another one, I would recommend that you just go with one where you have the solid documentation.

If you have all three, you know, definitely submit that. And if you have proper documentation, you know, I would submit all that. But if you don't I would just put in the one that you feel confident with.

(Dale Feegler): Okay. Okay, and I get that. And if you have three of them but that are rather weak, go ahead and submit the three? That would be maybe you kind of meet it but maybe not.

Jim Macrae: Kind of meet the priority, or...

(Dale Feegler): Yes, like if you have issues related to all three of the items there, but maybe it's not real, real strong in any of them.

Jim Macrae: Yes, I mean I think, you know, looking at the criteria and, you know, submitting what you think makes the case is I think, you know, we'll definitely take a look at it. If you'd like to send an email to us we can follow up a little bit more on your (unintelligible).

(Dale Feegler): Okay. Thank you.

Coordinator: Our next question is from (Karen Abster). Your line is now open.

(Karen Abster): Thank you. Is the EHB budget absolute, or is there any flexibility to submit budget revisions as we move through the process?

Woman: No, the budget submitted within EHB that should match on both SF-424C and the Budget Justification is the final budget that will be considered in the final funding request.

(Karen Abster): Okay, thanks.

Coordinator: Our next question is from (Chris Henley). Your line is now open.

(Chris Henley): Yes. I had a question concerning, I know we said it would be one site with one project on there. Can we do multiple sites?

(Ann): Yes, you can do up to five sites. We're just trying to define what a project constitutes at an - at each individual site.

(Chris Henley): Okay.

(Ann): We'll make sure that there's an FAQ on this as well.

(Chris Henley): Okay. And then so as from when a project that we're trying to concentrate on our patient access to the building and safety issues that we have, I'm concerned about ventilation and mold, would our HVAC and the floors and the lighting upgrades be considered eligible under this project?

(Ann): Yes, absolutely.

(Chris Henley): Okay. Thank you.

Jim Macrae: We're starting to come up on time in terms of close to the 5:00 Eastern time, so I think we can take probably two or three more questions at this point.

Coordinator: Our next question is from (Roberta Fineberg). Your line is now open.

(Roberta Fineberg): Good afternoon. We have - we are proposing one site, one project and it's an ARR project to redesign the front office and completely redesign our patient flow. And it will add work stations in our front desk.

Our question is revisiting the issue of the phone systems. Our phone system is at capacity at this site. Will we be allowed to purchase a new phone system as part of the complete redesign of the patient flow?

(Ann): If you are proposing it as part of an alteration or renovation project then yes, that could be proposed.

(Roberta Fineberg): Well isn't this - the only thing we are allowed to propose is an alteration and renovation project. Is that not right?

Jim Macrae: Right. If it's part of an alteration/renovation project. If you were doing those other things that you mentioned and then part of it is also to purchase a phone system to upgrade it, then it would be acceptable. But if it's just the phone system by itself, no.

(Roberta Fineberg): Okay. Thank you very much.

Jim Macrae: Sure.

Coordinator: Our next question is from (Susan Nichols). Your line is now open.

(Susan Nichols): My questions were answered. I just - I guess I wanted some clarity on the projects (for site). It sounds like you can do an A/R project at one site and also an A/R project at another.

(Ann): Yes. Yes, you can.

(Susan Nichols): Thank you.

Coordinator: Our next question is from (Lori Kaylor). Your line is now open.

(Lori Kaylor): I have question about the funding priority. If you have one site with acceptable documentation for funding priority you get ten points, correct?

Woman: Yes, ma'am.

Jim Macrae: If you're only proposing one project.

(Lori Kaylor): One, right.

Jim Macrae: It's all or nothing, so all your projects have to have appropriate documentation to meet the funding priority.

(Lori Kaylor): So if you were to add a second project to that that didn't have a funding priority, you would get total of zero points priority.

Jim Macrae: Right.

(Lori Kaylor): Okay. Thank you very much.

Coordinator: Our next question is from (Martha Carter). Your line is now open.

(Martha Carter): Hi, thanks. You may not be able to answer this, but I thought I'd give it a shot. We have a project that could be a Building Capacity project. We've got a large construction - you know, or not renovation project. But it could also be scaled down to an IFI.

So, considering the strength of the project and the best use of our time and effort, how many - I'm trying to calculate the odds. How many sites are going to qualify for this opportunity? You know, 7,900 sites minus how many got CIP funds versus how many are going to qualify for the Building Capacity. Can you answer that?

Jim Macrae: Well I don't think we can answer it per se. I would say we anticipate that both competitions will be competitive. You know I think in particular we talked a little bit about the Building Capacity yesterday that probably up to 900 health centers will be eligible.

In terms of for the IFI, I think it will be a little bit less will be eligible just given the fact that we do have a number of health centers that have a singles site and we'll have more awards in terms of the - IFI I always call it, I've got to stop saying acronyms, the Immediate Facility Improvement Program.

So, I mean, in terms of odds, you know, I can't tell you per se but I would say it's probably more likely with respect to the Immediate Facility just because of the number of applications that we will be able to fund as well as what the potential pool of eligible applicants will be.

(Martha Carter): Okay, thanks.

Jim Macrae: Right. And I think we have time for one last question.

Coordinator: Our last question is from (Beth Mahoney). Your line is now open.

(Beth Mahoney): Hi. I thought I started to hear you say something about that if we had already completed a CIP project, that we could use this funding if there was a whole new project in that same building?

Jim Macrae: No, you would not be eligible.

(Beth Mahoney): Okay. So like if we were going to do an expansion into another part of the building that we already renovated that would not be allowed.

Jim Macrae: No, that's more considered an expansion project or a construction project. And, you know, depending on the cost of that it may be eligible to apply under the Building Capacity, where the awards are anywhere from \$500,000 up to \$5 million.

(Beth Mahoney): Yes, I wish we were eligible for that.

Jim Macrae: Okay, I understand.

(Beth Mahoney): Okay. Thanks.

Jim Macrae: Sure. At this point I think we'll stop taking questions but, you know, please if you do have any follow-up questions or we were not able to get to your question today, please send that into our email box, [BPHCCapital@hrsa.gov](mailto:BPHCCapital@hrsa.gov).

We will update our frequently asked questions early next week. Thank you so much for your questions on today's call, as well as those who participated in yesterday's call.

You gave us a lot to work through so, and hopefully we answered your questions as best we can, but if we did not and you have still further questions, send those in and we will get back to you as soon as we can. In addition a recording of this call will be available next week so you can replay it and listen to it at your leisure. If you like - there's laughing at this point.

But all joking aside, we do understand that, you know, this is a great opportunity for health centers. We do understand that many of you are having to make some challenging decisions about what's the best option for you.

And, you know, in particular and I think the last caller really touched on it is really the question of, you know, is this a project where I'm going to be expanding and building a new facility? And that really is reported to our Building Capacity and what makes sense for my organization.

Or am I really looking at an existing site to potentially do some renovations and alterations to improve it? I think in both opportunities we're going to

have significant competition. So again I would encourage folks to look at the criteria to see if your project one, if it should be more under Building Capacity or Immediate Facility, and then look at the criteria.

And when you develop your application make sure that you address that criteria as best you can, because the objective reviewers are just going to have the information that you submit in your application to make the determination. And lastly I would not be here on this call if I did not say and submit your information if you decide to apply in Grants.gov as soon as possible. That's really important.

So again thanks to everybody for participating on today's call. A big thanks to the staff here, Beth and everybody for answering your questions and being available not just now, but in the future. So thanks, everybody.

Coordinator: This now concludes today's conference. You may disconnect at this time.

END