Technical Assistance Conference Call
November 14 and 21, 2013 at 2PM ET
HRSA-14-001 Funding Opportunity Announcement for the
Primary Care Services Resources Coordination and Development Cooperative Agreement

These Questions and Answers and an audio replay of today's call will be posted on http://www.hrsa.gov/grants/apply/assistance/pco/ shortly after the call until December 31, 2013.

Please note the application cannot exceed 80 pages. ALL OMB forms DO NOT count toward the 80 page limit however all other pages do count including the 'Attachments', 'Project Narrative Attachment Form', and 'Budget Narrative Attachment Form'.

Questions:

Section 1: Suggested Funding Methodology Questions:

A. Can we apply for more than what results from the 'suggested funding methodology'?
B. Is the "suggested" funding amount, the exact amount we should apply for, or is HRSA willing to consider higher amounts? If different amounts are not to be considered, can you defend how the number of HPSAs is an adequate proxy for the amount of underserved in a state, over and above the actual amount of residents living within HPSAs in a state? For example, we use catchment areas for our mental health designations that essentially reduces the number of mental HPSAs we have from 90 to 12, while keeping the total number of counties and population the same. This thereby reduces our annual suggested funding by an arbitrary measure.
C. In looking at the funding formula proposed in the PCO FOA grant guidance, we are concerned at the ability to do the same level of increased work with the proposed funding amount in the U68 grant. Is it permissible to request in addition to the proposed amount?
D. May a state make the case for additional funding, based on increases in either HPSAs or Health Centers that have taken place since June 27, 2013 that can be verified by HRSA?
E. The Guidance indicates that "Applicants may apply for a ceiling amount of up to $444,379." Are states precluded from applying for an amount beyond the suggested methodology formula for their state? What is the consequence if a state does so?
1A-E. Answer: *The FOA provides a suggested methodology and applicants may provide narrative and supporting data which most appropriately reflects their workload, however no request should exceed the ceiling amount listed in FOA of $444,379. Requests above this amount will not be considered. Please note, the reviewers will be referencing the suggested funding methodology.*

F. Given that many states are going to be hit hard by this reduction, coupled with the loss of ARRA funds, and the increased demand from ACA and Medicaid Expansion, can HRSA be more flexible with carry forward to help us transition in year 1 of the new cooperative agreement?

1F. Answer: *Carry-over requests will be evaluated and may be approved for the budget period ending March 31, 2014 on a case- by- case basis. However, please work to re-budget grant funds as soon as you are able during the current budget period to minimize the need for carry-over requests. Budget items can generally be moved from one line to another up to 25% within a budget period without prior approval. When changes between budget categories is more than 25%, please email those changes to your Project Officer for inclusion in the official grants file, but not for HRSA prior approval. Each carry-over request will be reviewed on a case by case basis.*

G. Can a PCO request additional funding in years 2-5 above the suggested funding methodology amount, or do we assume a 0% increase from year to year?
1G. Answer: *HRSA is not aware of any planned increases in funding at this time, thus we are assuming a 0% increase during the 5-year Project Period.*

H. How were funding formulas calculated in the past, and why are they changing so much now? Up to 60% gain in some states with 60% loss in other states.
1H. Answer: *As stated in the FOA, the Primary Care Services Resource Coordination and Development Program has operated under cooperative agreements for more than 25 years. Present individual award amounts are primarily based on historical amounts. In FY 2011, $1 million of program funding was allocated via a workload methodology based on the number of Health Center Program grantees. For this FOA a suggested funding methodology is being utilized. Over the last decade, the number of Health Center Program grantees, look-alikes and HPSA/MUA designations in each state has changed. FY 2009 – FY 2013 funding levels reflect historical amounts and for select grantees may have been due to the awarding of special initiatives which were then added into the base. This resulted range of funding levels without an articulated rationale.*

Section 2: Annual Meeting Schedule/Budget Questions:

A. Do we need to budget for an annual DC meeting/training?
B. For our budget, the guidance mentions several places regarding regional and national meetings - do you know how many we should budget for?
C. The Guidance indicates that "participation in face-to-face meetings and conference calls with the federal Project Officer…" is one of the recipient's responsibilities. Does HRSA intend to require states to attend an annual meeting, or to what does this refer?
D. Should we budget an annual meeting each year or an All Program Meeting within the five year budgets?

2A-D. Answer: *Yes, do include funds for a potential reverse site visit in D.C. for all 5 years of the cooperative agreement; if Program does not have a meeting, you will be notified early in the budget period so you can re-budget those funds.*

Section 3: Work Plan and Needs Assessment:

A. The FOA reads as if the work plan is to be submitted twice. It looks like it is included as part of the Project Narrative and as Attachment #1. I just want to ensure that I am reading this correctly, that it will be submitted in two different places.

3A. Answer: *No, only submit the Work Plan once as Attachment 1. The Project Narrative will be submitted under the "Project Narrative Attachment Form" section of the Grant Application Package.*

B. Is there a specific format for the Work Plan that HRSA requests applicants to use or can offer for our benefit for the WORK PLAN section of the Narrative?

3B. Answer: *A table format with work plan activities clearly numbered and detailed would be preferable. The work plan table should integrate goals, objectives, activities, outputs, and how the outputs will be measured. The matrix outlines the individual(s) responsible for carrying out each activity, includes a project timeline, and should provide an accompanying narrative that describes how the goals and activities outlined in the matrix will be accomplished. Project objectives must be specific, measurable, achievable and relevant.*

C. In the "Needs Assessment" section, do the "relevant barriers" pertain to access to care or to developing a Statewide Primary Care Needs Assessment?

3C. Answer: *The 'relevant barriers' pertains to access to care issues that the grant proposal will work to overcome over the 5 year project period.*

D. Can you speak to the difference between the "NEEDS ASSESSMENT" section of the Project Narrative and the description of this section, and the program objective that states develop a Statewide Primary Care Needs Assessment?

E. Overall needs assessment-Page 7 of the Guidance: "the overall needs assessment will be submitted to the BCRS DPSD". Is this a separate document to be included? Guidance is not clear.

F. I have a question about the Needs Assessment portion in the Project Narrative portion of the grant. So to fulfill the grant application requirements we need to compile a shorter needs assessment discussing unmet health needs etc. Then we also need to include a description of plans to develop a Statewide Primary Care Needs Assessment- this assessment is not due with the grant correct? We just need to include a plan of how we would conduct a State-wide needs assessment and how it will address the factors listed. I am just trying to clarify.

3D-F. Answer: *From page 7, "the overall needs assessment" will be a grant deliverable to be produced as part of a proposed grant project's work plan activities. The NEEDS ASSESSMENT paragraph located on page 6 should be included in the grant application under the Project Narrative section to discuss unmet healthcare needs in the state and to justify need of proposed project.*

G. Does Primary Care for the purposes of the Needs Assessment include mental health and dentistry? Does it also include geriatrics since right now HPSAs/MUAs do not count geriatric physicians?

3G. Answer: *Yes, from page 7, the Needs Assessment that will be submitted to SDB should include data on availability of dental and mental health services/providers in addition to primary care providers. The types of providers outlined in the current HPSA regulations should be captured in the needs assessment grant deliverable task which could include geriatric providers if they are a subset of the primary care specialties – general or family practice, and/or general internal medicine, .*

Section 4: PRSAs and PCSAs Questions:

4A. On page 7 under the needs assessment (4th paragraph on pg 7): "It is strongly encouraged that the needs assessment be based on PCSAs or PRSAs that could be the basis for shortage designation applications submitted to HRSA. States that currently use PCSA and/or PRSA plans should include a description of its utility to date." As far as the PRSAs, should they include dental and mental health? For example, we have a rational service area plan with our mental health HPSAs and dental HPSAs. Should this be included?

4A. Answer: *Please note the FOA asks applicants to "provide a description of any past efforts to develop a PRSA plan as well as a timeframe for the development of a PRSA plan" so the applicant does not have to have a PRSA plan in place as part of the competitive application. If the applicant does have PRSAs in place for all three disciplines, please include a description of their utility to date in appropriately identifying state-wide workforce needs. Each applicant should consider PRSAs for each discipline or combine PRSAs for PC, DT, and/or MH. The development of PRSAs is only to be discussed in the competitive application and that PRSA plans do not need to be in place at the time of application submission.*

4B. What other states have PRSA state plans?

4C. Can HRSA provide lists of states that use PCSAs and those that have pre-defined RSAs?

4B-C. Answer: *The following states have PRSAs loaded into ASAPS: PC – AZ, CA, ME, MN, and VT; DT – AZ, CA, ME, and VT; and MH – CA, ME, VT, and WY. In addition, the report "State-Wide Rational Service Areas for Primary Care Services: Lessons form Six States, February 2000 provide information on PRSAs.*

4D. Does ASAPS have PCSA options available yet? Are any states currently using PCSAs for their HPSA applications?

4D. Answer: *PCSAs are not loaded into ASAPS. DPSD is not aware of any states that are using PCSAs for their HPSA applications at this time, DPSD will be conducting discussions with awardees regarding the use of PCSAs in shortage designation requests in the future.*

4E. Are the PCSA maps available and where can we locate them? Not the sample maps but the ones for our state. Will there be a follow-up call with Dartmouth re PCSAs to be held in the near future so as to inform PCO decisions regarding use of PCSAs vs. development of pre-defined RSAs?

4F. Can you send me an excel sheet listing what census tracts are within each PCSA for and what census tracts crosses over into another state?

4E-F. Answer: *The PCSA maps done by C.T.s will soon be available online at the HRSA Data Warehouse at http://datawarehouse.hrsa.gov/.*

4G. If PCSAs/pre-defined RSAs are to be used as the basis of shortage designation, is it the expectation that the areas conform to current HPSA population guidelines, i.e. minimum of 20,000 population and maximum of 250,000 population? In our state, nearly half of the PCSAs do not meet these guidelines using 2009 population data.

4H. Regarding the use of PRSAs, we have pulled information from the 2010 US Census Bureau of all state-wide census blocks for the state per county/jurisdiction. All counties that are completely urban we are considering as metropolitan and are thinking to group these counties per established neighborhoods by census tract boundaries. Counties which are completely non-urban we are considering as rural and could group these areas by similar socio-economic census tracts. Counties that are made up of both urban and rural, we will try to group per by neighborhood and/or similar socio-economic census tracts. Is the above description what you are looking for by named neighborhood and/or census tract?

4G-H. Answer: *Yes, the current guidelines as outlined in the ASAPS Training Manual should be used to guide the development of state-wide PRSAs. The Dartmouth Atlas of Healthcare at http://www.dartmouthatlas.org/data/topic/topic.aspx?cat=13 provides information on the development of PCSAs. PRSA plans will be reviewed and approved by HRSA prior to their use and upload into ASAPS.*

4I. If we pre-defined an area as a PRSA and then want to designate a smaller area within the PRSA, will that be allowed?

4I. Answer: *It is the expectation that once reviewed and approved, PRSAs would be considered rational service areas for use in shortage designations. Thus case- by- case changes would need to be reviewed in light of the PRSA plan. PRSA plans can be revisited and revised as a whole as appropriately warranted.*

4J. PCSAs and PRSAs are not in the federal regulation for Shortage Designations. Is this mandatory that a state must do in order to get funding or is it a suggestion?

4J. Answer: *PCSA and PRSA are not a condition of funding. The FOA is asking that needs assessment be based on PCSAs or PRSAs that could be the basis for shortage designation applications submitted to HRSA. States and/or territories that choose not to use PCSAs, and do not have a PRSA plan should provide a description of any past efforts to develop a PRSA plan as well as a timeframe for the development of a PRSA plan. Use of PCSA and/or PRSAs will streamline the designation process making it more efficient for both PCOs and HRSA.*

4K. How would shortage designations be treated for PCSAs that cross over into another state?

4K. Answer: *PCSAs or PRSAs that cross state lines would be designated as such if both PCOs and SDB agree it is a rational service area.*

4L. What happens to an FQHC that was established with an original MUA/P that does not meet the new PRSA? Do they lose funding if the MUA/P is removed? Perhaps PRSAs should only be required of HPSAs and not MUA/Ps because additional clarification is needed with FQHC representatives at the table.

4L. Answer: *MUA/Ps, unlike HPSAs have no update requirement, while HPSAs are required to be periodically updated.*

4M. Can a statement be provided from HRSA as to what will happen with FQHCs so we can share with our PCA and FQHCs?

4M. Answer:

MUA/Ps, unlike HPSAs have no update requirement, while HPSAs are required to be periodically updated.

4N. If a PRSA is established, if requested by the community, can you group together PRSAs? Can you drill down below a PRSA?

4N. Answer:

PRSAs should be the basis for shortage designation rational service areas

Section 5: Other Questions:

5A. What are the expectations for PCOs related to the NURSE Corps programs? We are concerned that these programs include non-primary care providers and sites as well as faculty for nursing schools. The NURSE Corps programs overlap with state programs for RNs and nursing faculty not managed by the PCO and will require additional coordination and collaboration at the state level while PCO staff resources will decrease in our state due to the Cooperative Agreement funding formula.

5A. Answer:

Similar to how PCOs engage with NHSC, NHSC-SLRP and state-only scholar and loan repayment programs, HRSA expects State PCO will leverage the resources available through both the NHSC and NURSE Corps scholarship and loan repayment programs to address your states healthcare workforce need. The following documents explain the similarities and differences between the NHSC and NURSE Corps programs and can be found at http://nhsc.hrsa.gov/scholarships/scholarshipsfornurses.pdf and http://nhsc.hrsa.gov/downloads/nurselrpcomparison.pdf

5B. On page 6 of the application guidance, it lists a Project Abstract. I did not see a specific place in the application package to insert the abstract as there is for the project narrative and the budget narrative. Should we insert it on the attachments page?

5B. Answer:

Please attach your Project Abstract to Question #15 (not Attachment #15), "Descriptive Title of Applicant's Project:" on the SF 424.

5C. What does HRSA plan to do should it receive applications from more than one entity within a state?

5C. Answer:

All eligible applications will be reviewed and scored based on the criterion in Section V. of the FOA. HRSA is required to fund applications based on the scores each application receives from the external reviewers.

5D. Who will HRSA have review the applications?

5D. Answer:

All reviewers used for this funding opportunity announcement will be non-HHS employees. HRSA has an extensive list of external reviewers with backgrounds relevant to the FOA to review and assess the quality of applications submitted.

5E. What should a state do in the "Staffing Plan" if it has not hired some of its personnel for the program?

5E. Answer:

The application should clearly describe the job vacancies associated with the proposed project/workplan, the qualifications required for these job vacancies, an estimated time frame for hiring personnel, and plans to address the grant funds not spent during the hiring period.

5F. What is the purpose of the review criteria and scoring? Is there a score below which HRSA will not fund an application?

5F. Answer:

The purpose of the review criteria and scoring is to provide an objective means by which external reviewers can assess the merit of each application in a standardized manner. Typically, HRSA does not fund applications that score below a 70, however, each application is assessed on its own merit.

5G. Is there missing information under "Total Workload Units" (page 3, 4th bullet)?

5G. Answer:

Bullet should read: • Total Workload Units include the total number of all Workload Units for each of the 54 States and Territories.

5H. Biographical Sketches for Key Personnel: Is a narrative description (limit of 2 pages per guidance) sufficient? I see no mention of a "standard" form.

5I. Attachment 3 - Should the bio sketches be limited to 2 pages per person, or 2 pages total? Are we required to include a bio sketch for contractors, or only employees?

5J. FOA says: "Attachment 3: Biographical Sketches of Key Personnel. Include biographical sketches for persons occupying the key positions described in Attachment 2 not to exceed two pages in length." Does that mean 2 pages per sketch, or 2 pages total for the whole Attachment 3? When you seek Attachments 2 and 3 - information about "Key personnel" - do you include the many others in DOH who will contribute to the project's success, but are not grant funded? If so, how many bios do you want? I can easily list a dozen people....

5H-J. Answer:

There is no standard form and per the FOA, each biographical sketch should be limited to 2 pages. Per Section 4.1 of HRSA's SF-424 Application Guide: "Biographical sketches for <u>any key employed personnel that will be assigned to work on the proposed project</u> must be included in the Attachment specified in the FOA." Be mindful that ALL pages EXCEPT the OMB forms will be counted in the 80 page limit. Attachments 2 and 3 refer to the KEY personnel. Others who will contribute to the proposed project can be described in the 'Project Narrative Attachment Form' section of the Grant Application Package.

5K. Attachment#4 - Letters of Agreement and/or Description of Proposed/Existing Contracts - are these referring to contracts using PCO funds only, or would you like to see contracts for Primary Care Resources & Coordination using state funds?

5K. Answer:

The FOA states: "Provide any documents that describe working relationships between the applicant organization and other entities and programs cited in the proposal. Documents that confirm actual or pending contractual agreements should clearly describe the roles of the contractors and any deliverable. Letters of agreement must be dated." Thus, regardless of funding stream, please include information on working relationships that are 'cited in the proposal'.

5L. If we are not using Attachment #6-should we re-number the attachments?

5L. Answer:

No, do not re-number the attachments, simply do not upload any documents for Attachment 6.

5M. Attachment #7 - Multi-Year Budget - Fifth year…if I'm reading this correctly, we should be submitting 2 SF424A's.one that covers years 1-4 and one for year 5.

5M. Answer:

Yes, Attachment 7 should be for year 5 only and the total column should reflect year 5 only. This is because the 424A Section B form only has columns for 4 years of funding data thus the need to submit a second SF-424A Section B form as Attachment 7 to reflect funding for year 5. For the 424A form that reflects years 1-4, totals should also only reflect years 1-4.

5N. Attachment 4 – I work on a contract basis to coordinate shortage designations. Would I need to create a letter of agreement with the state PCO to cover this work for the next 5 years as this attachment? Or is the intention with Attachment 4 for something else?

5N. Answer:

Sounds like you are both a 'key employed personnel that will be assigned to work on the proposed project' as well as a contractor, so provide a biographical sketch under Attachment 3 and contractual documents under Attachment 4.

5O. Attachment 8 - Summary Progress Report – should this cover the entire 5 year period we are completing, or only the past year?

5O. Answer:

It is up to the applicant to decide which time frame to include, however be mindful that your narrative will be reviewed by external reviewers who do not know about your past accomplishments. The FOA states: "applicants are advised to include previously stated goals and objectives in their application and emphasize the progress made in attaining these goals and objectives." This section is your chance to demonstrate/illustrate to the reviewers, through your past accomplishments that your organization has the capabilities and experience to successfully carry out this grant, e.g. including how you have improved access to care for the underserved populations in your state and overcome challenges and/or improved operations with these funds over the last 5 year Cooperative Agreement period.

5P. I have a question regarding Attachments 9-15: Other Relevant Documents. The guidance states "List all other support letters on one page". Is that implying all remaining support letters be summarized if we run out of attachment availability (for example, if we had 6 attachments already, our 7th attachment would have to list all other support letters on one page), or do we just summarize all support letters on one page regardless of how many attachments are to be uploaded?

5P. Answer:

Please use Attachment 9 to list all support letters. Use Attachment 10 to upload ALL support letters into one Attachment. However, since the Attachments count toward the 80 page limit, you may choose to limit the number of support letters you compile into Attachment 10, however, be sure to describe project partners in the Project Narrative section. If awarded funds, HRSA will request all actual support letters for the official grant file. Letters of support should be addressed to the applicant.

5Q. We would also like clarification regarding Attachment 5: Project Organizational Chart. I believe that this graphic would depict the applicant organization (MDCH) at the top and have branches showing our subcontracted organizations through this CA. Please confirm if my understanding of this requirement is correct or not.

5Q. Answer:

The organizational chart should be specific to the proposed grant project and not for your entire organization. Please also include the entity/person which will supervise the grant's Project Director.

5R. On the SF-424 application package, what is #4 "Applicant Identifier" and what is #5a and #5b, "Federal Entity Identifier" and "Federal Award Identifier"?

5R. Answer:

#4 – Applicant Identifier: Enter the entity identifier assigned by the Federal agency, if any, or applicant's control number, if applicable.

#5a - Federal Entity Identifier: Enter the number assigned to your organization by the Federal Agency, if any.

#5b - Federal Award Identifier: For new applications leave blank. For a continuation or revision to an existing award, enter the previously assigned Federal award identifier number (grant number).

Also, please see attached .pdf entitled "Instructions for the SF-424".

5S. On #8. Applicant Information, does this have to square with the DUNS number and FEIN information? Or can we list the actual address of where the PCO works?

5S. Answer:

Applicant Information: Enter the following in accordance with agency instructions:

8a. Legal Name: (Required): Enter the legal name of applicant that will undertake the assistance activity. This is the name that the organization has registered with the Central Contractor Registry. Information on registering with CCR may be obtained by visiting the Grants.gov website.
8b. Employer/Taxpayer Number (EIN/TIN): (Required): Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service. If your organization is not in the US, enter 44-4444444.
8c. Organizational DUNS: (Required) Enter the organization's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained by visiting the Grants.gov website.

5T. Section f., is that me or the budget office that will submit the application (I do not have a password)?
5T. Answer:
Question 8f. should refer to the person who writes the application to answer any questions that arise on the application.

5U. What do we do for the "Areas Affected" section? Do we upload a single document saying that all of NYS is affected?
5U. Answer:
For #14, this Cooperative Agreement should affect areas state-wide.

5V. For the descriptive title, what do we put there if not the Primary Care Services Resources Coordination and Development project?
5V. Answer:
For #15, the Descriptive Title of Applicant's Project is up to the applicant. This is also where you will attach your Project Abstract as noted in the 5B. Answer above.

5W. Under item 18, "Estimate Funding", should we put a one year or five year total?
5W. Answer:
For #18, "Estimated Funding ($):", please include the annual total funds requested, not the five year total.

5X. What do we put for item 19?
5X. Answer:
For #19, check "c. Program is not covered by E.O. 12372."

5Y. What do we put for the site location?
5Y. Answer:
Put the location(s) of the site(s) where the key work activities will be conducted.

5Z. On page 31 of the SF-424 Application Guide, under the Project Abstract bulleted section for what should be at the top of the abstract, what is meant by "List all grant program funds

requested in the application, if applicable". Does this mean that we should add a line under the web site address with the requested amount for this 5 year period?

5Z. Answer: *Only put down the amount you are requesting on an annual basis since there is a non-competing process to go through for each of the subsequent 4 years of the cooperative agreement funds. However, in the Project Abstract narrative itself, do discuss what you hope to accomplish over the 5 year grant period.*

5Z1. A grantee asked to see the FY 2009 funding amounts which are below. FY 13 awards were subject to a 5.1% sequester which is not reflected in the table below.

5Z1. Answer:

State	FY 2013 Current Award Amount (no change over 10 years)
Alabama	$231,315
Alaska	$513,373
Arizona	$323,866
Arkansas	$186,101
California	$301,527
Colorado	$156,699
Connecticut	$138,734
Delaware	$242,832
District of Columbia	$140,959
Florida	$358,363
Georgia	$196,044
Hawaii	$166,068
Idaho	$119,280
Illinois	$300,806
Indiana	$145,196
Iowa	$192,457
Kansas	$127,854
Kentucky	$124,260
Louisiana	$180,529
Maine	$204,679
Maryland	$255,907
Massachusetts	$138,307
Michigan	$280,224

Minnesota	$203,910
Mississippi	$168,685
Missouri	$242,532
Montana	$131,419
Nebraska	$163,932
Nevada	$222,055
New Hampshire	$154,677
New Jersey	$230,543
New Mexico	$166,750
New York	$304,469
North Carolina	$304,687
North Dakota	$167,216
Ohio	$331,672
Oklahoma	$147,540
Oregon	$266,915
Pacific Basin	$150,000
Pennsylvania	$242,606
Puerto Rico	$232,486
Rhode Island	$121,716
South Carolina	$197,762
South Dakota	$117,955
Tennessee	$134,715
Texas	$351,333
Utah	$139,846
Vermont	$134,842
Virgin Islands	$153,357
Virginia	$160,348
Washington	$220,158
West Virginia	$283,948
Wisconsin	$144,145
Wyoming	$109,816

5Z2. A grantee asked to see the FY 2009 Competing Application Guidance.
5Z2. Answer: *Please let JHumphrey@hrsa.gov know if you would like to see the 2009 FOA. However, please keep in mind that the information in the FY 2009 Guidance is officially unrelated to the current FY 14 Competition.*

5Z3. Can the narrative content of the Work Plan be a smaller font, i.e. 10 or 11, or can the orientation be landscape to help squeeze all the required info?
5Z3. Answer: *I wouldn't suggest Changing the Font. The PDF convertor changes the font to a standard size which could cause page limit problems if the applicant reduces the font.*

4.2.1. Font

Please use an easily readable font, such as Times Roman, Arial, Courier, or CG Times. The text and table portions of the application must be submitted in not less than a 12-point font and 1.0 line spacing. Applications not adhering to 12-point font requirements may be returned. For charts, graphs, footnotes, and budget tables, applicants may use a different pitch or size font but not less than 10 pitch or size font. It is vital that the charts are legible when scanned or reproduced.

5Z4. Are color maps, charts, etc., permissible in the grant application?

5Z4. Answer: See page 32, Section 4.2.6 Allowable Attacment or Document Types

4.2.6. Allowable Attachment or Document Types

Unless otherwise noted in the FOA, please do not submit organizational brochures or other promotional materials, slides, films, clips, etc.

The attachment types listed below are supported in HRSA EHBs. Although Grants.gov allows you to upload other types of attachments, **HRSA only accepts the following types of attachments. Files with unrecognizable extensions may not be accepted or may be corrupted, and will not be considered as part of the application**. When the application is printed by HRSA, documents will print as they are formatted by the applicant. Take care to format Excel spreadsheets so they will print in as few pages as possible.

File Attachment Types (acceptable by HRSA)

- .DOC/.DOCX - Microsoft Word
- .RTF - Rich Text Format
- .TXT - Text
- .WPD - Word Perfect Document
- .PDF - Adobe Portable Document Format
- .XLS/.XLSX - Microsoft Excel
- .VSD – Microsoft Visio

File Attachment Names

- Please use only the following characters when naming your attachments: A-Z, a-z, 0-9, underscore (_), hyphen (-), space, and/or period.
- Limit the file attachment name to under 50 characters.
- Do not use any special characters (e.g.,%, /, #) or commas.

Your application will be rejected by Grants.gov if you use special characters or attachment names greater than 50 characters.

5Z5. For Question #18 on the 424, "Estimated Funding ($)", how should in-kind be measured and should J-1 visa fees be included as program income.

5Z5. Answer: *State employees working on the grant but funded by the State should be included under the 'State' category. You can put an estimated amount for fees related to J-1 visa providers under the Other category.*