



**Fiscal Year (FY) 2014
Service Area Competition – Additional Area
(SAC-AA) HRSA-14-146
Cincinnati, Ohio**

SAC-AA Technical Assistance (TA) page:
<http://www.hrsa.gov/grants/apply/assistance/sac-aa>



Agenda



- Summary of Changes
- Application Due Dates & Times
- Eligibility Requirements
- Award Information
- Two-Tiered Electronic Submission Process
- Program Narrative
- Performance Measures
- Budget
- Important Facts
- Technical Assistance Contacts
- Question & Answer Session



Overview



- The Service Area Competition – Additional Area (SAC-AA) is a competitive funding opportunity that provides funding for the provision of comprehensive primary health care services.
 - \$1,323,147 in Community Health Center funding is available
 - One grant award
 - Project period start date: September 1, 2014
 - Project period Length: up to 3 years
 - Grants.gov due date: June 18, 2014 at 11:59 PM ET
 - EHB due date: July 2, 2014 at 5:00 PM ET



Overview



Three types of applicants:

- Current grantees applying to continue serving their current service area
- New applicants
- Current grantees applying to serve a new service area



Summary of Changes from HRSA-14-115



- The Executive Level II salary was increased by 1 percent from \$179,100 to \$181,500 by Executive Order 13655
- The Federal Object Class Categories form has been removed.
- The SF-424A Budget Categories form has been changed to capture details on the federal funding request and non-grant revenue.

NOTE: Due to scheduled updates to the EHB system, the SF-424A budget forms will not be available to save in EHB until after May 23, 2014.

- The budget justification must detail the costs of each line item within each object class category based on the SF-424A Budget Categories form.



Service Area Details



Table 6: Service Area Details

Service Area (Current Grantee's Administrative Site Location)	State	Project Period Start Date	Grants. gov Deadline	HRSA EHB Deadline	Total Projected Funding (CHC)	Service Area Zip Codes	Patients
Cincinnati	OH	September 1, 2014	June 18, 2014 at 11:59 PM ET	July 2, 2014 at 5:00 PM ET	\$1,323,147	45030, 45202, 45204, 45205, 45206, 45207, 45212, 45214, 45219, 45220, 45224, 45226, 45227, 45229, 45237, 45238, 45239	19,472



Eligibility Requirements



Applicants must:

1. Be public or nonprofit private entities that propose to serve a service area and its associated population(s) and patients identified on Table 6 - Service Area Details Table.
2. Propose on Form 1A to serve at least an equivalent number of patients by the end of the project period as listed on Table 6 - Service Area Details Table.
3. Propose on Form 5B **ALL** of the service area zip codes listed in Table 6 of the FOA. At least 75 percent of the proposed patients must come from these zip codes.
4. Request no more than the current level of support being provided to the service area as listed on Table 6 - Service Area Details Table, and request all funding types that currently support the service area in the same proportion at which they were announced.

For specific details on eligibility, refer to section III (Eligibility Information) of the FOA.

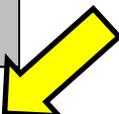


Form 1A: General Information Worksheet Patients/Eligibility



Eligibility Requirement #2:
Propose on Form 1A to serve at least an equivalent number of patients by the end of the project period as listed on Table 6 - Service Area Details Table.

Total Projected Funding (CHC)	Service Area Zip Codes	Patients
\$1,323,147	45030, 45202, 45204, 45205, 45206, 45207, 45212, 45214, 45219, 45220, 45224, 45226, 45227, 45229, 45237, 45238, 45239	19,472



DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration				FOR HRSA USE ONLY				
				Grant Number		Application Tracking Number		
Form 1A: GENERAL INFORMATION WORKSHEET								
Patients and Visits by Service Type								
Service Type	Current Number		Projected at End of Project Period					
	Patients	Visits	Patients	Visits	Patients	Visits		
Total Medical								
Total Dental								
Total Behavioral Health								
Total Mental Health								
Total Substance Abuse Services								
Total Enabling Services								
Unduplicated Patients and Visits by Population Type								
Population Type	Current Number		Number at End of Year 1		Number at End of Year 2		Number at End of Project Period	
	Patients	Visits	Patients	Visits	Patients	Visits	Patients	Visits
General Underserved Community			N/A	N/A	N/A	N/A		
Migratory and Seasonal Agricultural Workers			N/A	N/A	N/A	N/A		
Public Housing Residents			N/A	N/A	N/A	N/A		
People Experiencing Homelessness			N/A	N/A	N/A	N/A		
Total								
<i>This figure will be compared to the figure on the Service Area Details Table to determine eligibility</i>								



Form 5B: Service Sites Service Area/Eligibility

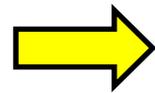
Eligibility Requirement #3: Propose on Form 5B ALL of the service area zip codes listed in Table 6 of the FOA.



Total Projected Funding (CHC)	Service Area Zip Codes	Patients
\$1,323,147	45030, 45202, 45204, 45205, 45206, 45207, 45212, 45214, 45219, 45220, 45224, 45226, 45227, 45229, 45237, 45238, 45239	19,472

OMB No.: 0915-0285. Expiration Date: 9/30/2016

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration FORM 5B: SERVICE SITES	FOR HRSA USE ONLY	
	Grant Number	Application Tracking Number



<input type="checkbox"/> This site has a Medicare billing number	
FQHC Site National Provider Identification (NPI) Number (Optional field)	Total Hours of Operation (when patients will be served per week)
Months of Operation	
Service Area Zip Codes	
Number of Contract Service Delivery Locations (Required only for 'Migrant Worker/Contract Site' Type)	Number of Intermittent Sites (Required only for 'Intermittent Site' Type)



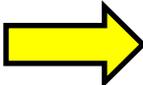
SF-424A



Funding Request/Funding Type/Eligibility

Eligibility requirement #4: Request no more than the current level of support being provided to the service area as listed on Table 6 - Service Area Details Table, and request all funding types that currently support the service area in the same proportion at which they were announced.

Total Projected Funding (CHC)	Service Area Zip Codes	Patients
\$1,323,147	45030, 45202, 45204, 45205, 45206, 45207, 45212, 45214, 45219, 45220, 45224, 45226, 45227, 45229, 45237, 45238, 45239	19,472



BUDGET INFORMATION – Non-Construction Programs						
SECTION A – BUDGET SUMMARY						
Grant Program Function or Activity (a)	Catalog of Fed Domestic Assist No. (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. Community Health Centers- 330(e)	93.224					
2.						
3.						
4.						
5. TOTALS						






Eligibility Requirements



Target Populations by Funding Type:

- Community Health Centers (CHC, section 330(e)): target population is underserved individuals
- Migrant Health Centers (MHC, section 330(g)): target population is migratory and seasonal agricultural workers
- Health Care for the Homeless (HCH, section 330(h)): target population is homeless individuals and families
- Public Housing Primary Care (PHPC, section 330(i)): target population is residents of, and individuals living immediately adjacent to, public housing



Award Information



Ineligible Uses of SAC-AA Funding:

- Construction of facilities
- Fundraising
- Lobbying efforts



Two-Tiered Submission Process



Phase 1: Grants.gov

- Register in the System for Award Management (SAM) and Data Universal Numbering System (DUNS) prior to registering in Grants.gov
- Register in Grants.gov as soon as possible
- Receive a validation email from Grants.gov following successful submission



Two-Tiered Submission Process



Phase 2: HRSA EHB

- Register in HRSA EHB as soon as possible
- Receive a tracking number for accessing EHB via email 7 business days after Grants.gov submission
- Receive a confirmation message in EHB following successful submission



Phase 1: Grants.gov Required Forms



<http://www.grants.gov>

- SF-424: Application for Federal Assistance (upload Project Abstract on page 2, box 15)
- SF-424B: Assurances – Non-Construction Programs
- Project/Performance Site Location(s) Form
- Grants.gov Lobbying Form (Certification Regarding Lobbying)
- SF-LLL: Disclosure of Lobbying activities (as applicable)

- Current Grantees Applying to Continue Serving Their Current Service Area (Continuation):

Application for Federal Assistance SF-424		
<p>* 1. Type of Submission:</p> <p><input type="checkbox"/> Preapplication</p> <p><input checked="" type="checkbox"/> Application</p> <p><input type="checkbox"/> Changed/Corrected Application</p>	<p>* 2. Type of Application:</p> <p><input type="checkbox"/> New</p> <p><input checked="" type="checkbox"/> Continuation</p> <p><input type="checkbox"/> Revision</p>	<p>* If Revision, select appropriate letter(s):</p> <input type="text"/> <p>* Other (Specify):</p> <input type="text"/>
<p>* 3. Date Received:</p> <input type="text" value="Completed by Grants.gov upon submission."/>	<p>4. Applicant Identifier:</p> <input type="text" value="H80CSXXXXX"/>	

- Current Grantees Applying to Serve a New Service Area (Revision/Supplement):

Application for Federal Assistance SF-424		
<p>* 1. Type of Submission:</p> <p><input type="checkbox"/> Preapplication</p> <p><input checked="" type="checkbox"/> Application</p> <p><input type="checkbox"/> Changed/Corrected Application</p>	<p>* 2. Type of Application:</p> <p><input type="checkbox"/> New</p> <p><input type="checkbox"/> Continuation</p> <p><input checked="" type="checkbox"/> Revision</p>	<p>* If Revision, select appropriate letter(s):</p> <input type="text" value="E: Other (specify)"/> <p>* Other (Specify):</p> <input type="text" value="Supplement:H80CSXXXXX"/>
<p>* 3. Date Received:</p> <input type="text" value="Completed by Grants.gov upon submission."/>	<p>4. Applicant Identifier:</p> <input type="text" value="H80CSXXXXX"/>	



SF-424: Application Type



New Applicants Not Currently Funded through the Health Center Program (New):

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>
* 3. Date Received: <input type="text" value="Completed by Grants.gov upon submission."/>	4. Applicant Identifier: <input type="text"/>	



Phase 2: EHB Required Forms



<https://grants.hrsa.gov/webexternal>

- Program Narrative
- SF-424A: Budget Categories Form
- Budget Justification (upload in Budget Narrative Attachment Form field)
- Attachments (1-15)
- Program Specific Forms
- Program Specific Information (Performance Measures)



Program Narrative & Review Criteria



Program Narrative /Review Criteria

- Need (15 points)
- Response (20 points)
- Collaboration (10 points)
- Evaluative Measures (15 points)
- Resources/Capabilities (20 points)
- Governance (10 points)
- Support Requested (10 points)



Budget Presentation



A complete and detailed budget presentation includes:

- SF-424A – Budget Categories Form
- Budget Justification
- Form 2: Staffing Profile
- Form 3: Income Analysis



SF-424A – Budget Categories Form



SAMPLE SF-424A FOR SERVICE AREA COMPETITION (First Page Only)



BUDGET INFORMATION – Non-Construction Programs						
SECTION A – BUDGET SUMMARY						
Grant Program Function or Activity (a)	Catalog of Fed Domestic Assist No. (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. Community Health Centers- 330(e)	93.224			\$2,758,334	\$7,599,486	\$10,357,820
2. Migrant Health Centers - 330(g)	93.224			\$1,253,113	\$3,452,704	\$4,705,817
3.						
4.						
5. TOTALS				\$4,011,447	\$11,052,190	\$15,063,637
SECTION B - BUDGET CATEGORIES						
6. Object Class Category	Grant Program Function or Activity					Total (5)
	(1) Federal	(2) Non-Federal				
a. Personnel	\$2,400,000	\$7,001,600				\$9,401,600
b. Fringe Benefits	\$552,586	\$1,612,079				\$2,164,665
c. Travel	100,000	34,200				\$134,200
d. Equipment	300,000	375,557				\$675,557
e. Supplies	50,000	420,000				\$470,000
f. Contractual	500,000	441,200				\$941,200
g. Construction	0	0				\$0
h. Other	108,861	1,167,554				\$1,276,415
i. Total Direct Charges (sum of 6a-6h)	\$4,011,447	\$11,052,190				\$15,063,637
j. Indirect Charges	\$0	\$0				\$0
k. TOTALS (sum of 6i and 6j)	\$4,011,447	\$11,052,190				\$15,063,637
7. Program Income						\$10,545,540

Standard Form 424A



Form 3: Income Analysis



OMB No.: 0915-0285, Expiration Date: 10/31/2013

Department of Health and Human Services Health services and Resources Administration Form 3: Income Analysis Year 1 __ Year 2 __		For HRSA Use Only				
Applicant Name:						
Grant Number:						
Application Tracking Number:						
Part 1: Patient Service Revenue - Program Income						
Line #	Payer Category	Patients	Billable Visits	Income Per Visit	Projected Income	Prior FY Income Mo/Yr: _____
		(a)	(b)	(c)	(d)	(e)
1	Medicaid					
2	Medicare					
3	Other Public					
4	Private					
5	Self Pay					
6	Total (lines 1-5)					
Part 2: Other Income - Other Federal, State, Local and Other Income						
7	Other Federal					
8	State Government					
9	Local Government					
10	Private Grants/Contracts					
11	Contributions					
12	Other					
13	Applicant (Retained Earnings)					
14	Total Other (lines 7-13)					
Total Non-Federal (Non-section 330) Income (Program Income Plus Other)						
15	Total Non-Federal (lines 6 + 14)					
Comments/Explanatory Notes (if applicable)						



Clinical Performance Measures



Standard Clinical Performance Measures:

- Diabetes
- Cardiovascular Disease
- Cancer
- Prenatal Health
- Perinatal Health
- Weight Assessment and Counseling for Children and Adolescents
- Adult Weight Screening and Follow-Up

NEW – The Prenatal and Perinatal Health Performance Measures are now required for all applicants.



Clinical Performance Measures



Standard Clinical Performance Measures:

- Tobacco Use Assessment
- Tobacco Cessation Counseling
- Asthma – Pharmacological Therapy
- Coronary Artery Disease: Lipid Therapy
- Ischemic Vascular Disease: Aspirin Therapy
- Colorectal Cancer Screening
- Child Health
- Behavioral Health
- Oral Health



Financial Performance Measures



Standard Financial Performance Measures:

- Total Cost per Patient
- Medical Cost per Medical Visit
- Change in Net Assets to Expense Ratio*
- Working Capital to Monthly Expense Ratio*
- Long Term Debt to Equity Ratio*

*may be marked “not applicable” by tribal and public center applicants



Performance Measures: General Information



- Key Factor Type - Applicants must specify at least one contributing and one restricting factor
- Information that will not fit on the performance measures forms should be included in the Evaluative Measures section of the Program Narrative

see Appendix B of the FOA



Performance Measures: General Information



Current grantees applying to continue serving their current service area:

- Baseline data is pre-populated with data submitted in the 2012 UDS Report and is not editable. If desired, more current baseline data can be included in the Comments field.
- If a previously-defined Other measure is no longer tracked, mark it as Not Applicable and provide a justification in the Comments field.

see Appendix B of the FOA



Project Period Determining Factors



Criteria	Project Period Length
<p>0 to 4 Health Center Program requirement conditions</p> <p>New applicants: Conditions related to Health Center Program requirements to be placed on award based on information included in this application and review of Additional Review information</p> <p>Current grantees: Current unresolved conditions related to Health Center Program requirements carried over into the new project period combined with any new conditions related to Health Center Program requirements to be placed on award based on information included in this application and review of Additional Review information</p>	<p>3 Year Project Period</p>
<p>One or more of the following:</p> <ul style="list-style-type: none"> •5 or more Health Center Program requirement conditions •Most recent audit called into question whether the organization is able to continue as a "going concern". •Current grantee with an unresolved condition related to Health Center Program requirements in the 30-day phase of Progressive Action carried over into the new project period <p>New applicants: Conditions related to Health Center Program requirements to be placed on award based on information included in this application and review of Additional Review information</p> <p>Current grantees: Current unresolved conditions related to Health Center Program requirements carried over into the new project period combined with any new conditions related to Health Center Program requirements to be placed on award based on information included in this application and review of Additional Review information</p> <p>Reminder: If a current grantee had one-year project periods awarded via SAC or SAC-Additional Area in FY 2012 and FY 2013 and meets the criteria for a one-year project period for FY 2014, a SAC-AA award will not be made to this grantee</p>	<p>1 Year Project Period*</p>



Important Facts



- Applications may not exceed 160 pages or 20 MB (see Tables 1-4 in the SAC-AA FOA for items included in the page limit). Applications over this page limit will be ineligible for SAC funding.
- Submit single-spaced narrative documents with 12 point, easily readable font (e.g., Times New Roman, Arial, Courier) and 1-inch margins.
- Failure to include all documents noted as “required for completeness” will result in an application being considered incomplete. Incomplete applications will be ineligible for SAC-AA funding.



Technical Assistance Contacts



SAC-AA TA page:

<http://www.hrsa.gov/grants/apply/assistance/sac-aa>

Program Related Questions

- Vesnier Lugo or Katherine McDowell:
BPCHCSAC@hrsa.gov or 301- 594-4300

Budget Related Questions

- Donna Marx: dmarx@hrsa.gov or 301-594-4245

Grants.gov Related Questions

- support@grants.gov or 800-518-4726

EHB Related Questions

- BPHC Helpline for questions about completing forms in EHB: BPCHelpline@hrsa.gov or 877-974-2742



Question & Answer Session



Questions?