

**FY 2015 Service Area Competition-Additional Area (SAC-AA)
New, Competing Continuation, and Supplemental Funding Opportunity Announcement
(FOA)
Frequently Asked Questions (FAQs)**

Below are common questions and corresponding answers for the FY 2015 Service Area Competition-Additional Area (SAC-AA) funding opportunity. New FAQs will be added as necessary. Refer to the SAC-AA Technical Assistance web site located at <http://www.hrsa.gov/grants/apply/assistance/sac-aa> frequently for updates. The FAQs are organized under the following topics:

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General Information

1. What is the purpose of the SAC-AA funding opportunity?

The purpose of the SAC-AA funding opportunity is to continue comprehensive primary health care services in areas that are currently served by Health Center Program grantees. Within these service areas, Health Center Program grantees provide services to:

- The general underserved community: Community Health Center (CHC – section 330(e)) **and/or**
- One or a combination of special populations: Migrant Health Center (MHC – section 330 (g)), Health Care for the Homeless (HCH – section 330 (h)), and/or Public Housing Primary Care (PHPC – section 330 (i)).

2. If a new applicant receives a SAC-AA grant, does it automatically become a Federally Qualified Health Center (FQHC)?

No, once a SAC-AA grant is awarded and a health center is operational, a grantee must then apply to the Medicare Program and to the State Medicaid Program to be enrolled and reimbursed as an FQHC. For more information on the Medicare application process and timeline, see Program Assistance Letter 2011-04, available at <http://bphc.hrsa.gov/policiesregulations/policies/pal201104.html>.

3. Are there any funding priorities?

Yes, the FY 2015 SAC-AA funding opportunity has one funding priority worth a maximum 10 points. Five points may be awarded to current grantees with satisfactory program compliance, and an additional five points may be awarded if these grantees have a positive or neutral three-year patient growth trend.

4. Will current grantees applying to continue serving their current service area be notified if other organizations compete for the same service area?

No, HRSA does not notify current grantees of service area competitors. All applicants are encouraged to prepare high-quality SAC-AA applications since there may be competition for any announced service area.

Award Information

5. When will SAC-AA funds be awarded?

SAC-AA awards will be issued on or around each project period start date. See the SAC-AA Technical Assistance web site, located at <http://www.hrsa.gov/grants/apply/assistance/sac-aa> for the project period start date for each SAC-AA announcement number.

6. What is the length of the project period?

Subject to the availability of appropriated funds, the project period can be up to 3 years. Funding beyond the first year is dependent on the availability of appropriated funds, satisfactory performance, and a decision that funding is in the best interest of the federal government.

7. Are there determining factors for the project period length?

Yes, see the Project Period Length Criteria section in the FOA for determining factors, including the stipulation that a grantee will not be funded if the FY 2015 award would be the third consecutive 1-year project period award for the grantee.

8. If a grantee had a 1-year project period in each of the previous 2 years, can they apply for a SAC-AA award?

Yes, however, if the applicant meets the criteria noted in the FOA for a 1-year project period for FY 2015, this organization will not be awarded a SAC-AA grant.

Eligibility

9. Who can apply for SAC-AA funding?

Eligible applicants must be public or nonprofit private entities, including tribal, faith-based, and community-based organizations that propose to serve a service area and its associated population(s) and patients identified in the SAC-AA Service Area Announcement Table, available at <http://www.hrsa.gov/grants/apply/assistance/sac-aa>. Refer to **Section III Eligibility Information** of the FOA for a detailed list of eligibility criteria.

10. Does the eligibility criterion regarding proposing service area zip codes from which at least 75 percent of current patients reside impact current grantees applying to continue serving their current service area?

Current grantees applying to continue serving their current service area are not impacted by this eligibility criterion. Based on information in their current scope of project on file with HRSA, the service area zip codes on their Form 5B will be pre-populated and locked for editing. For all other applicants, the zip codes from which at least 75 percent of the current patients reside must be proposed as service area zip codes on Form 5B.

11. Is an organization eligible to apply for FY 2015 SAC-AA funding if it does not currently receive Health Center Program funding?

Yes, eligible applicants include both new organizations that are not currently receiving Health Center Program funding, as well as organizations that are currently funded through the Health Center Program.

12. Are organizations located outside of the United States eligible to apply for SAC-AA funding?

Eligible organizations must be located in the United States or its territories, or be part of a Compact of Free Association (i.e., Federated States of Micronesia, Republic of the Marshall Islands, and Republic of Palau).

13. Can an organization apply to serve multiple service areas?

Yes, an applicant wishing to apply for multiple service areas must submit one application for each. For example, if an organization wishes to apply for three different service areas, three different applications must be submitted, with each application tailored to each service area.

Please note that the Grants.gov system will not automatically recognize two applications submitted by a single applicant under a given announcement number as distinct applications. An applicant wishing to apply for two different service areas announced under a single announcement number **must** contact the Office of Policy and Program Development at 301-594-4300 or BPHCSAC@hrsa.gov for guidance.

14. Can an organization that is submitting an FY 2015 New Access Point (NAP) application submit the same application for SAC-AA funding?

Applicants should use caution in repurposing a NAP application when applying for SAC-AA funding. The NAP and SAC-AA funding opportunities have different purposes; NAP supports the operation of health centers that will provide comprehensive primary health care services to currently unserved individuals (to expand the reach of the Health Center Program), while the purpose of SAC-AA is to continue the provision of comprehensive primary health care services to patients already served.

15. If a current grantee receives Health Center Program funding to serve multiple populations (e.g., CHC and HCH), should the SAC-AA application target the same populations?

Yes, all populations currently served with Health Center Program funds are considered to be in the scope of project and should be included in the SAC-AA application. Applicants can refer to the SAC-AA Service Area Announcement Table to identify the populations targeted with Health Center Program funding in each announced service area.

Program Requirements

16. What are the program requirements for the Health Center Program?

Health Center Program requirements are established by section 330 of the PHS Act, as amended, and applicable regulations. See Section I of the FOA for a summary of the Health Center Program requirements and visit <http://bphc.hrsa.gov/about/requirements> for details.

17. Does the applicant organization have to be compliant with the program requirements at the time of application?

Yes, all applicants must be compliant with program requirements at the time of application. Throughout the project period, grantees will be routinely assessed for program compliance. In circumstances where a grantee is determined to be non-compliant with one or more of the Health Center Program requirements, HRSA will place a condition on the award and will follow the Progressive Action policy and process.

In addition, new applicants and current grantees proposing to serve a new service area must meet other readiness requirements. Refer to the next question for these requirements.

18. What readiness requirements apply to sites proposed by new applicants and current grantees proposing to serve a new service area?

New applicants and current grantees proposing to serve a new service area must meet the following readiness requirements:

- Within 120 days of notice of award, each proposed site must be operational and providing services to the proposed population/community,
- Within 1 year of the Notice of Award, all providers must be hired and all sites must be operational for the targeted number of hours, and
- By December 31, 2016, all applicants must achieve full operational capacity as outlined in the application, including providing service to the total unduplicated number of patients projected to be served on Form 1A.

19. Does a tribal organization have to meet all of the program requirements?

No, applicants that are Indian tribes or tribal or Indian organizations under the Indian Self-Determination Act or urban Indian organizations under the Indian Health Care Improvement Act (25 U.S.C. 1651) are not required to meet the governance requirements of the Health Center Program. However, tribal entities must meet all of the other statutory and regulatory requirements.

Service Areas

20. If the available service areas are not listed in the SAC-AA FOA, how will an applicant know which service areas are available in FY 2015?

If the available service areas are not listed in the FOA, they can be found using the SAC-AA Service Area Announcement Table available at <http://www.hrsa.gov/grants/apply/assistance/sac-aa>. Please note that the SAC-AA Service Area Announcement Table will be updated throughout the fiscal year as new FOAs are released.

21. How does an applicant know which populations must be targeted for each service area?

Applicants should refer to the SAC-AA Service Area Announcement Table, available at <http://www.hrsa.gov/grants/apply/assistance/sac-aa> to determine the required target populations within each service area (e.g., CHC, MHC, HCH, and/or PHPC).

22. How do applicants search for available service areas?

On the SAC-AA Service Area Announcement Table web page, use the drop-down lists to select any combination of project period start date, city, and/or state to create a customized list of available service areas (applicable to funding opportunities announcing more than one service area). Only the cities and states with available service areas announced to date will be available for selection from the drop-down lists. Note that the cities available for selection are based on the location of the current grantee's administrative site.

23. Where did HRSA get the data for the Patient Target column?

The values in the Patient Target column are an average of 2 – 3 years of UDS patient data, plus FY 2013 and FY 2014 new patient commitments, as applicable. Recent new start organizations (e.g., FY 2012 NAP new starts) may find the Patient Target column populated with their original application's end of project period patient projection, if that goal has not been met.

24. What criteria were used to select the zip codes in the Service Area and Patient Origin Zip Codes column?

Zip codes and associated percentages were obtained from the CY 2013 UDS data. Shaded zip codes represent the current grantee's defined service area from Form 5B: Service Sites.

25. How do I access the Patient Origin Map?

If available, the Patient Origin Map can be accessed by clicking on the City in the SAC-AA Service Area Announcement Table.

26. How does the Patient Origin Map align with the zip codes listed in the SAC-AA Service Area Announcement Table?

The Patient Origin Map includes two key pieces of information: (1) the zip code tabulation areas (ZCTAs) that align with the zip codes in the SAC-AA Service Area Announcement Table and (2) the percentage of the current patients from each ZCTA. Note that ZCTAs may contain several zip codes.

For a list of zip codes and related ZCTAs, refer to the Zip Code to ZCTA Table located on the SAC-AA Technical Assistance web site (<http://www.hrsa.gov/grants/apply/assistance/sac-aa>). **To ensure eligibility for new applicants and current grantees applying to serve a new service area, the zip codes (not ZTCAs) from which at least 75 percent of the current patients originate must be listed as service area zip codes on Form 5B.**

Application Development

27. Is there a page limit for the SAC-AA application?

Yes, the page limit is 160 pages (approximately 20 MB), when printed by HRSA. Refer to Tables 1-3 of the FOA for information on what is counted in the page limit.

28. Are the Performance Measures Forms included in the page limit?

No, however, any information that will not fit in the Performance Measures Forms should be included in the Evaluative Measures section of the Project Narrative where it will count toward the page limit.

29. Are attachments to Form 8 included in the page limit?

No, however, there is a limit to the number of documents that can be attached to Form 8. Agreements/arrangements that exceed these limits should be included in Attachment 14 or 15: Other Relevant Documents. As a reminder, a summary of all sub-recipient arrangements, contracts, and affiliation agreements must be included in Attachment 7. Items included in Attachments 7, 14, and 15 **will** count against the page limit.

30. Does HRSA have guidelines (e.g., font type, font size) for the Project Narrative of the SAC-AA application?

Yes, applicants should submit single-spaced narrative documents with 12 point, easily readable font (e.g., Times New Roman, Arial, Courier), and 1-inch margins. Smaller font (no less than 10 point) may be used for tables, charts, and footnotes. For more information, reference the *HRSA Electronic Submission User Guide* available at <http://www.hrsa.gov/grants/apply/userguide.pdf>.

Project Narrative and Review Criteria

31. How does the Project Narrative differ from the Review Criteria?

The Project Narrative, in addition to the forms and attachments, details the information the applicant must include to provide a complete picture of the proposed service area to be served. The Review Criteria is the tool grant reviewers on the Objective Review Committee (ORC) will use to evaluate how well an applicant presented the information requested in the FOA. Applicants should review both the Project Narrative instructions and Review Criteria when developing their applications.

Do not use the Project Narrative to repeat information already included in the forms.

32. Should the application address the Project Narrative or the Review Criteria?

Applicants should write their applications to address the information requested in the Project Narrative section of the SAC-AA FOA (Section IV), then use the Review Criteria (Section V) to assess whether responses clearly and completely address the evaluation criteria to be utilized by reviewers.

33. Why do the Project Narrative and Review Criteria repeatedly refer applicants to other sections of the application (e.g., appendices, attachments, forms)?

The Project Narrative and Review Criteria were written to guide applicants in submitting the required application details in the preferred sections of the application. Both applicants and reviewers are expected to check the cross-referenced documents to ensure the application is providing complete and consistent information.

34. Where should information about the service area, target population, and special populations (if applicable) for the Need section of the Project Narrative and related forms (e.g., Form 4, Form 9) come from?

Information about the service area, target population, and/or special populations, should come from external, valid data sources (e.g., census data). In cases where data are not available at the service area or target population level, the use of extrapolation methodology is preferred over the use of aggregate data (e.g., state data) that may not accurately reflect the health center's target population. Applicants may find the *Data Resource Guide*, available at <http://www.hrsa.gov/grants/apply/assistance/sac-aa>, to be a useful resource on data sources and extrapolation methodology.

Performance Measures

35. Where can I find more information on the performance measures?

Refer to Appendix B of the FOA for instructions on how to complete the Performance Measures Forms. Samples of the Performance Measures Forms that are completed in EHB are posted at <http://www.hrsa.gov/grants/apply/assistance/sac-aa>. The Uniform Data System (UDS) Reporting Manual (<http://bphc.hrsa.gov/healthcenterdatastatistics/reporting/2013udsreport.pdf>) provides additional measurement details such as exclusionary criteria. Useful information and training materials on UDS are also available at <http://www.hrsa.gov/data-statistics/health-center-data/reporting/index.html>.

36. Which performance measures must be included in the application?

Applicants are required to include the 16 Clinical Performance Measures listed in Appendix B of the FOA. While most measures are standardized, each applicant must define an individualized Oral Health measure.

Applicants are required to include five Financial Performance Measures, which are also listed in Appendix B of the FOA. Tribal and public center applicants are not required to include the three audit-related measures: Change in Net Assets to Expense Ratio, Working Capital to Monthly Expense Ratio, and Long Term Debt to Equity Ratio.

Applicants may define as many additional Other measures as desired (both clinical and financial). Note that all measures defined in the application will be reported on yearly for the duration of the project period if the application is funded.

37. How should performance measures be adjusted for applicants targeting special populations (i.e., migratory and seasonal agricultural workers, people experiencing homelessness, and/or residents of public housing)?

Applicants applying for funds to target special populations **must include** additional performance measures that address the unique health care needs of these populations. In providing additional performance measures specific to a special population, applicants must reference the target group in the performance measure. For example, if an applicant seeks funds to serve migratory and seasonal agricultural workers, then the applicant must propose to measure “*the percentage of migratory and seasonal agricultural workers who...*” **rather than** simply “*the percentage of patients who...*” To add these required additional performance measures, click on “Add Other Performance Measure” in EHB.

38. May applicants not targeting special populations include measures other than the required performance measures?

All applicants may identify other performance measures unique to their local community or that highlight special characteristics of their proposed service area/target population.

39. Have changes been made to the performance measures since 2014?

Yes, the Tobacco Use Assessment measure and Tobacco Cessation Counseling measure have been combined into one performance measure: Tobacco Use Screening and Cessation. Two new Clinical Performance Measures have been added: Depression Screening and Follow Up and New HIV Cases With Timely Follow Up.

40. With the addition of the Depression Screening and Follow Up measure, how should current grantees applying to continue serving their current service area track their previously self-defined Behavioral Health measure(s)?

Grantees are no longer required to continue tracking self-defined Behavioral Health measures if they are no longer relevant. If such measures will no longer be tracked, they can be marked *Not Applicable* (a justification must be provided in the Comments field).

41. What should a current grantee applying to continue serving their current service area do if a previously defined Other measure is no longer relevant?

In some instances, a grantee may want to stop tracking a measure altogether or stop tracking a measure in favor of adding a new, more relevant measure. When this occurs, a grantee should mark the Other measure as not applicable and explain why the measure is/will no longer be tracked in the Comments field. This will prevent the measure from appearing in the grantee’s future Budget Period Progress Reports (BPRs) and SACs.

42. How should applicants develop their baseline and goals for the performance measures?

For Health Center Program grantees applying to continue serving the current service area, baseline data will be pre-populated from the CY 2013 UDS Report. Pre-populated data cannot be changed.

For new applicants and current grantees applying to serve a new service area, baselines for performance measures should be developed from data that are valid, reliable, and whenever possible, derived from currently established management information systems. Data sources could include electronic health records, disease registries, and/or chart

sampling. Refer to the most recent version of the UDS manual, found at <http://www.hrsa.gov/data-statistics/health-center-data/reporting/index.html>, for exclusion criteria, baseline formulas (numerator and denominator), and sampling methodology for each measure.

New applicants and current grantees applying to serve a new service area proposing sites not currently in operation, but with comparable operations elsewhere, are encouraged to use that experience as a basis for estimating baselines for the SAC-AA.

If data are not available to develop baselines, applicants may enter zeroes in the Numerator and Denominator subfields of the Baseline Data field and provide an explanation in the Comments field describing why baseline data is not yet available and stating when it will be available. The remaining fields must be completed.

Goals (projected data) should be realistic for achievement by the end of the project period. They should be based on data trends and expectations, factoring in predicted contributing and restricting factors as well as past performance.

43. Is there a field on the Clinical and Financial Performance Measures Form to enter the percentage for the measure baseline?

The baseline data entered for each Clinical Performance Measure includes baseline year, measure type, numerator, and denominator. The percentage is automatically calculated within EHB.

44. Can you clarify the age range for the Cancer Performance Measure?

The measure is for women receiving a Pap test in the measurement year or two years prior, creating a “look-back period” (i.e., a woman who is currently 24 years old may have been 21 years old when she received a Pap test two years prior to the current measurement year). The data reflects women age 21-64, though the 24-64 age range is used to obtain the data.

45. What is the best way to integrate data from Healthy People 2020 in the performance measures?

Healthy People 2020 (HP 2020) objectives, available at <http://www.healthypeople.gov/2020/topicsobjectives2020/pdfs/HP2020objectives.pdf>, may be used as a guide to assist applicants in setting goals for Clinical Performance Measures. It is important to keep in mind that HP 2020 data and targets are for the United States as a *whole*, while health centers are serving a specific underserved population. Several of the HP 2020 objectives can be compared directly to UDS Clinical Performance Measures. A table outlining the HP 2020 objectives related to these performance measures is available at <http://www.hrsa.gov/grants/apply/assistance/sac-aa>.

46. How does a Tribal or public entity address the audit-related performance measures?

Applicants that identify as Tribal or Public entities in the Business Entity section of Form 1A may select “N/A” for the audit-related Financial Performance Measures (Change in Net Assets to Expense Ratio, Working Capital to Monthly Expense Ratio, Long Term Debt to Equity Ratio). Tribal or public center applicants may provide substitute measures, which are specific to the scope of project, such as net income or loss as a percent of expense.

Budget (includes NEW items)

47. How much federal funding can an applicant request?

Requested funding cannot exceed the amount noted for a service area in the Total Funding column of the SAC-AA Service Area Announcement Table (available at <http://www.hrsa.gov/grants/apply/assistance/sac-aa>).

Applicants must propose to serve at least 75 percent of patients listed on the SAC-AA Service Area Announcement Table by December 31, 2016. Applicants proposing to serve fewer than the total number of patients indicated in the SAC-AA Service Area Announcement Table must reduce their funding request according to the following table. A funding calculator to determine necessary reduction is available at <http://www.hrsa.gov/grants/apply/assistance/sac-aa>.

Funding Reduction by Patients Projected to Be Served

Patient Projections Compared to SAC-AA Service Area Announcement Table (%)	Funding Request Reduction (%)
95-100% of patients listed in the SAC-AA Service Area Announcement Table	No reduction
90-94.9% of patients listed in the SAC-AA Service Area Announcement Table	0.5% reduction
85-89.9% of patients listed in the SAC-AA Service Area Announcement Table	1% reduction
80-84.9% of patients listed in the SAC-AA Service Area Announcement Table	1.5% reduction
75-79.9% of patients listed in the SAC-AA Service Area Announcement Table	2% reduction

48. Can current grantees expect the Total Funding in the SAC-AA Service Area Announcement Table to equal the Recommended Future Support in the most recent NoA?

No, these amounts may not always be equal due to proration of supplemental awards in FY 2014 that will be funded at a yearly amount for FY 2015. Applicants should reference the Total Funding listed in the SAC-AA Service Area Announcement Table to obtain the FY 2015 funding amount available for the service area.

49. NEW! Should a current grantee with Outreach and Enrollment (O/E) funding add the O/E funding amount to the value in the SAAT to determine the total federal request for the FY 2015 SAC-AA application?

No, health centers that received 12-month Outreach and Enrollment (O/E) supplemental funding in July 2013 received ongoing O/E funding in their base award to cover the time-period between July 1, 2014 and the end of their FY 2014 budget period. O/E funding will be ongoing and is included in the FY 2015 base funding amount. The amount of Total Funding listed in the SAAT includes all applicable supplements and adjustments, including O/E funds. Please use this value when determining your federal funding request.

50. Are there activities that are ineligible for SAC-AA funding?

Yes, SAC-AA funding may not be used for construction of facilities, fundraising, or lobbying efforts. See section IV.5 in the SAC-AA FOA for further information.

51. Do applicants submit one budget for all requested SAC-AA funds?

An individual budget should be prepared for each 12-month budget period of the 3-year project period – one each for Year 1, Year 2, and Year 3.

52. What should be included in the Budget Justification Narrative?

A detailed budget justification narrative in line-item format must be completed for each 12-month period of the 3-year project period. Break down the federal section 330 request and non-federal (non-section 330) funding. Detail the costs of each line item within each object class category by clearly describing each cost element and explain how each cost contributes to meeting the project's goals. Explain how each line-item expense is derived (e.g., number of visits, cost per unit). A sample Budget Justification Narrative is available at <http://www.hrsa.gov/grants/apply/assistance/sac-aa>.

53. What non-federal funding details should be included in the application budget?

The Health Center Program requires the submission of a total project budget that shows all funding required for project implementation. The non-federal details should include all funding that will support the implementation of the proposed project with the exception of the requested Health Center Program SAC-AA grant funds.

54. What should an applicant do if the budget figures change between the Grants.gov submission and the EHB submission?

An applicant can view the original budget information submitted in Grants.gov on the SF-424 and make adjustments as needed in EHB. The applicant must provide additional budget information in the SF-424A and Budget Justification Narrative. Ensure that all provided budget information matches.

55. How do I complete the SF-424A, Section E: Federal Funds Needed for Balance of the Project?

In Section E, enter the federal funds requested for Year 2 in the "First" column and Year 3 in the "Second" column under Future Funding Periods (Years) for each proposed sub-program. The "Third" and "Fourth" columns must be \$0, since these correspond to future funding years beyond the proposed SAC-AA project period.

56. If the sub-program is incorrect on the SF-424A: Budget Information form or Form 1A, how can an applicant change it?

In the Budget Information form, click on Change Sub-Program, and then select the applicable sub-program(s). Once the selection is made, the correct sub-program(s) (i.e., Community Health Center, Migrant Health Center, Health Care for the Homeless, and/or Public Housing Primary Care) will appear in the Budget Information form and Form 1A.

57. What is the salary limitation for FY 2015 SAC-AA awards?

Federal funding may not be used to pay the salary of an individual at a rate in excess of Federal Executive Level II of \$181,500.

58. To what salaries does the limitation apply?

This limitation applies to salaries paid to all individuals that are employed by a Health Center Program grantee or by a sub-recipient of a Health Center Program grantee and whose FTE or partial FTE is charged to the Health Center Program grant project.

59. Does the salary limitation apply to individuals performing services on behalf of the Health Center Program grantee via a contract?

The salary limitation does not apply to the typical types of contractual arrangements that Health Center Program grantees enter into. The exception is Health Center Program grantees that contract with other organizations for core provider staff and/or key management staff (i.e., a substantial portion of the health center project is being carried out via a contract). In these cases, the salary limitation applies only when amounts paid by the Health Center Program grantee are based solely on an FTE percentage that is applied to an individual rate of pay and these details are clearly specified within the terms of the contract.

60. Since Health Center Program grantee budgets reflect multiple revenue sources in addition to the section 330 grant consistent with authorizing statute, is it permissible for a budget to contain salaries at a rate in excess of Executive Level II (i.e., \$181,500.)?

Yes, Health Center Program grantee SAC-AA budgets may contain salaries at a rate in excess of \$181,500 due to the fact that Health Center Program grantees are permitted to use non-grant funds for expenditures that would otherwise be considered unallowable uses of federal grant funds, as long as these uses: (1) are not specifically prohibited in section 330 statute, and (2) further the objectives of the project.

Note that salaried amounts paid in excess of the capped rate of pay must be covered entirely by program income sources and not by federal grant dollars. Consulting with the Health Center Program grantee's auditor regarding appropriate accounting of income sources for such expenditures is recommended. In addition, HRSA recommends that Health Center Program grantees retain documentation that salary levels above the cap have been approved by the governing board as being reasonable and consistent with local and prevailing salary levels for such positions and furthering the objectives/mission of the project.

61. If an applicant organization has an indirect cost rate, what needs to be included in the application?

The current federal indirect cost rate agreement **MUST** be provided in Attachments 14 or 15: Other Relevant Documents.

62. Does HRSA require applicant organizations to have an indirect cost rate?

No, if an organization does not have an indirect cost rate agreement, costs that would fall into such a rate (e.g., the cost of operating and maintaining facilities, administrative salaries) may be charged as direct line item costs. If an organization wishes to apply for an indirect cost rate agreement, more information is available at <https://rates.psc.gov>.

63. How much information does HRSA need on staff supported by the SAC-AA grant (Health Center Program funding) versus those supported solely with non-federal funds (not paid with any Health Center Program funding)?

Applicants should refer to Table 12 in the FOA (also included at the bottom of the Sample Budget Justification posted at <http://www.hrsa.gov/grants/apply/assistance/sac-aa>) for the information that must be provided. This includes the name of the staff person (if applicable), the position, percentage of full-time equivalent (FTE), base salary, adjusted annual salary (if the salary must be adjusted to conform to the salary limitation which is \$181,500), and federal amount requested (SAC-AA funding requested to support the position).

Consistent with past practice, applicants can reference Form 2: Staffing Profile as justification for staff supported only through non-federal funding.

Forms (includes NEW items)

64. How should an applicant complete the Type of Application field on the SF-424?

Use the following guidelines:

- New: New applicants
- Continuation: Health Center Program grantees applying to continue serving their current service area
- Revision (E. Other: Supplemental): Health Center Program grantees applying to serve a new service area, in addition to their current service area

65. What dates should be listed in Item 17 of the SF-424 for the Proposed Project Start Date and Proposed Project End Date?

Each SAC-AA FOA includes the correct dates for Item 17 of the SF-424 (see Table 1 in the FOA).

66. How can information submitted in Grants.gov be changed on the SF-424?

All sections of the SF-424 are transferred into the EHB under the Basic Information, Budget Information, and Other Information sections. Any necessary updates to the SF-424 can be made in EHB under the corresponding section.

67. How can an applicant change the abstract in EHB after the Grants.gov submission?

To make changes in EHB, go to the SF-424, Part 2, under the Basic Information section. The project abstract is attached in this form, under Project Description. Deletion and replacement are allowable in EHB.

68. How can the population types on Form 1A: General Information Worksheet be changed?

The Population Types are populated from the budget information. If changes are necessary, go to the Budget Summary page of the standard forms and click on Change Sub-Program.

69. On Form 1A, what is meant by “general community” under the Unduplicated Patients and Visits by Population Type section?

On Form 1A, “general community” refers to anyone anticipated to be served who does not fall into one of the special population categories listed (homeless individuals, migratory and seasonal agricultural workers, and/or public housing residents).

70. NEW! Should the patient projection from our organization’s Expanded Services (ES) and/or Behavioral Health Integration (BHI) award be included in the unduplicated patient projection on Form 1A (Projected Patients to be Served by December 31, 2016) of our SAC-AA application?

No, current grantees should not include new patient commitments from FY 2014 supplemental funding such as ES and BHI in the Form 1A unduplicated patient projection (Projected Patients to be Served by December 31, 2016). HRSA will monitor grantee progress toward the Form 1A unduplicated patient projection plus any new patient commitments via the 2016 UDS.

71. Should all staff be included on the Form 2: Staffing Profile?

List all staff included in the Health Center Program grant scope of project on Form 2, including staff whose salaries are paid through an indirect cost rate. Contracted providers should not be included on Form 2.

72. How are total patients reported on Form 3?

The total patients will equal the total projected unduplicated patients based upon the patient’s primary medical insurance as reported on the UDS, except for those only seen for non-billable or enabling visits (who would not be reported on this form). The primary insurance is the payer that is billed first (e.g., a patient with Medicare and Medicaid coverage would only be classified as a Medicare patient).

73. Where can data be found to complete Form 4: Community Characteristics?

Applicants can find population, economic, and geographic information at <http://www.census.gov>. Click the Data tab for state and county Quick Facts or the American FactFinder that provides a searchable database of U.S. Census information.

74. Do the data for percent uninsured and percent population below 200% FPL need to match in Forms 4 and 9?

Due to variances in data sources, it is acceptable if the data on Forms 9 and 4 do not match. Explain the differences, as appropriate.

75. What do the 100% figures in Form 4 mean?

The 100% figures signify that the total number for Service Area Data and the total number for Target Population Data must be accounted for in the Race, Hispanic or Latino Identity, Income as a Percent of Poverty Level, and Primary Third Party Payment Source sections. For example, if the Service Area includes 1,000 individuals and the Target Population includes 800 individuals, the total in each of the first four sections (Race, Hispanic or Latino Identity, Income as a Percent of Poverty Level, and Primary Third Party Payment Source) must be 1,000 for Service Area Data and 800 for Target Population Data. The 100% figure

does not appear in the Special Populations section because one individual may be counted in multiple special population groups.

76. What Specialty or Other Additional Services can be proposed through the SAC-AA application?

Current grantees applying to continue serving their current service area will see their current scope, inclusive of Specialty and Other Additional Services, pre-populated on Form 5A. New and supplemental applicants (current grantees applying to serve a new service area) may not propose Specialty or Other Additional Services through the SAC-AA application.

77. The Project Performance Site Location(s) Form, to be completed in Grants.gov, and Form 5B, to be completed in EHB, seem to be asking for the same information. Does the same information have to be provided in both places?

For current grantees applying to continue serving their current service area, Form 5B will be pre-populated and the Project Performance Site Location(s) Form should be utilized to provide information on the administrative site only.

For new applicants and current grantees applying to serve a new service area, all proposed sites must be listed on both Form 5B and the Project Performance Site Location(s) Form.

78. Can a new applicant or current grantee applying to serve a new service area propose on Form 5B to use a mobile medical van as the only new service delivery site?

No applicants may propose a mobile medical van only if at least one new full-time (operational 40 hours or more per week) permanent, fixed building site is also proposed. Applicants proposing to serve only migratory and seasonal agricultural workers may propose a full-time, seasonal (rather than permanent) service delivery site, if desired.

79. What are “Other Activities/Locations” and how should these be recorded on Form 5C?

Form 5C is used to document activities that support the health center's scope of project that:

- Take place at locations that do not meet the definition of a service site,
- Are conducted on an irregular timeframe/schedule, and
- Offer a limited activity from within the full complement of health center activities included in the scope of project.

For further information on Other Activities and Locations, please review PIN 2008-01, available at <http://bphc.hrsa.gov/policiesregulations/policies/pin200801defining.html>.

80. On Form 6A, how should the gender, ethnicity, and race sections be completed?

Enter the gender, ethnicity, and race numbers only for each board member that is a patient of the health center. See the instructions for Form 6A in Appendix A of the FOA for the definition of a patient board member.

81. What organizations are eligible for a waiver of the governance requirements on Form 6B?

Applicants requesting funding for only MHC, HCH, and/or PHPC that do not currently receive or are not requesting funding for CHC may request a waiver of the governance requirement that board composition has a 51 percent consumer/patient majority. An

approved waiver does not relieve the organization's governing board from fulfilling all other statutory and regulatory board responsibilities and requirements.

82. On Form 8: Health Center Agreements, what qualifies as a substantial portion of the proposed project?

Applicants must attach any contracts or memoranda of agreement/understanding in Form 8 for a substantial portion of the proposed project, as well as any agreements that impact the applicant's governing board. This includes, but is not limited to, contracts for core primary care providers, non-provider health center staff, Chief Medical Officer, Chief Executive Officer, or Chief Financial Officer (CFO). It also includes any contract with an organization to provide a wide range of services on behalf of the health center to its patients (including any subrecipient/subaward arrangement).

Agreements that do not rise to the threshold of "substantial portion" should be summarized in Attachment 7, kept onsite, and should a SAC-AA grant be awarded, provided to HRSA for review upon request.

83. Our health center has more than one site. Should a separate Form 9: NFA Worksheet for each site be submitted?

No, only one Form 9: NFA Worksheet should be submitted. The NFA Worksheet responses should represent the total combined population for all sites. **Only one response may be submitted for each health indicator.** Data values for different sites and/or populations should be combined into one aggregate response.

84. Is there any technical assistance for completing Form 9: NFA Worksheet?

The Data Resource Guide posted at the SAC-AA Technical Assistance web site (<http://www.hrsa.gov/grants/apply/assistance/sac-aa>) provides data sources, data parameters, extrapolation instructions, and other resources for completing the NFA. Applicants should use the Data Resource Guide for step-by-step instructions for accessing and extrapolating data for each health indicator on the NFA worksheet. Also posted on the SAC-AA Technical Assistance web site are sample extrapolation spreadsheets to use as a tool for data extrapolation.

85. Have changes been made to the Data Resource Guide?

Yes, instructions for the Core Barriers and several health indicators were updated based on changes to the online data sources available.

86. Can data sources be used that are not listed in the Data Resource Guide to complete the NFA Worksheet? If other sources are used, how does it affect the application?

Alternate data sources are permitted if they meet the conditions listed on pages 4-5 of the Data Resource Guide. In the NFA worksheet, the data source and methodology used must be explained.

87. How many Core Barriers and Health Indicators must a health center complete?

A complete NFA Worksheet includes:

- Section 1: data for three of the four Core Barriers
- Section 2: data for one Core Health Indicator in each category: Diabetes, Cardiovascular Health, Cancer, Prenatal and Perinatal Health, Child Health, and Behavioral Health
- Section 3: data for two of the 13 Other Health and Access Indicators

88. When completing the NFA Worksheet, should responses based on data for the target population or the proposed service area be provided?

All responses, with the exception of those for Core Barriers B, C, and D should be based on data for the target population within the proposed service area to the extent appropriate and possible. Applicants should report data for the NFA Worksheet indicators based on the population groups specified in the Data Reporting Guidelines Table found in the Form 9 instructions in Appendix A of the FOA.

89. What if data are not available for the target population and/or service area?

In cases where data are not available for the specific service area or target population, applicants may use extrapolation techniques to make valid estimates using data available for related areas and population groups. The Data Resource Guide at <http://www.hrsa.gov/grants/apply/assistance/sac-aa> provides additional information on the use of extrapolation. Where data are not directly available and extrapolation is not feasible, use the best available data for the service area or target population and explain the data provided.

90. Why must the Summary Page Form be certified?

This form will enable applicants to verify key application data utilized by HRSA when reviewing SAC-AA applications. In addition to ensuring accurate information, the summary page requires applicants to verify their commitments to achieving the goals proposed in the application.

Attachments

91. How should attachments be formatted?

HRSA will accept PDF, Microsoft Word, and/or Excel files. If using Excel or other spreadsheet documents, be aware that reviewers will only see information that is set in the "Print Area" of the document. Upload the attachments in portrait orientation to the appropriate fields in EHB.

92. What is the purpose of Attachment 1: Service Area Map and Table?

The primary purpose of the Service Area Map and Table is to depict the service area and the local health care environment. The map is a visual representation of the service area demonstrating opportunities for collaboration described in the narrative. The table is a companion to the service area map, providing additional information on need. Attachment 1 is separate from the data reported in Forms 4 and 9. Since the data in UDS Mapper is reported by Zip Code Tabulation Area (ZCTA), if the service area is defined differently (e.g., by partial zip codes), data reported in the Attachment 1 table and Forms 4 and 9 may be

different. Applicants should explain differences in the data in the narrative by clearly explaining how the service area and target population are defined.

93. The service area is the county, but the zip codes that make up the county have significant area located outside the county. Should Attachment 1: Service Area Map and Table reflect only the county? Should the data collected for other forms match the map and accompanying information table?

The Service Area Map should reflect the proposed service area. Applicants can draw the boundary lines on the map to reflect partial zip codes by outlining only the county. If the data for the table in UDS Mapper does not match the data used for the forms and other parts of the application, explain why. The data reported in Forms 4 and 9 should reflect the service area and target population, as appropriate.

94. For Attachment 3: Project Organizational Chart, who is considered key personnel?

Key personnel may include key management staff such as the Chief Executive Officer (CEO), Chief Clinical Officer (CCO), Chief Financial Officer (CFO), Chief Information Officer (CIO), and Chief Operating Officer (COO), along with other individuals directly involved in oversight of the proposed project (e.g., Project Director), as determined by the applicant.

95. What is the difference between a Position Description (Attachment 4) and a Biographical Sketch (Attachment 5)?

A position description outlines the key aspects of a position (e.g., position title; description of duties and responsibilities; position qualifications; supervisory relationships; skills, knowledge, and experience requirements; travel requirements; salary range; work hours). A biographical sketch describes the key aspects of an individual that make him/her qualified for a position (e.g., past work experience, education/training, language fluency, experience working with the cultural and linguistically diverse populations to be served).

96. What should a public entity submit for Attachment 8 (Articles of Incorporation) and Attachment 11 (Evidence of Nonprofit or Public Center Status)?

If the public entity has a co-applicant, submit the co-applicant's Articles of Incorporation (Attachment 8), if applicable. See Table 3 of the FOA for acceptable proof of public center status for Attachment 11.

97. What should a Tribal entity submit for Attachment 2 (Corporate Bylaws) and Attachment 8 (Articles of Incorporation)?

For Attachment 2: Corporate Bylaws, a Tribal applicant may provide a work plan/document that explains:

- How it is going to establish a governing body over the health center (if one does not already exist);
- How it will incorporate community/target population/patient input into health center operations, including input from the total population to be served by the health center; and
- How it will maintain fiscal and programmatic oversight over the Health Center Program grant project.

If a Tribal applicant does not have Articles of Incorporation, the Tribal Constitution or Health Center Board Charter is an acceptable submission for Attachment 8.

98. Does an applicant have to submit letters of support for the SAC-AA application?

Yes, see the guidelines in the Collaboration section of the Project Narrative. If letters of support are required, but not available, an applicant must provide documentation of efforts made to obtain the letters along with an explanation for why such letters could not be obtained (e.g., there are no critical access hospitals in the service area).

99. To whom should letters of support be addressed and how should they be provided?

Letters of support should be addressed to the appropriate applicant organization contact person (e.g., board, CEO). They should not be addressed to HRSA or mailed separately from the application. Letters of support must be included with the application as Attachment 9 or they will not be considered by objective reviewers.

100. What is the Implementation Plan?

The Implementation Plan outlines the applicant's planned activities required to bring the organization into operational readiness with all Health Center Program requirements within 120 days of the Notice of Award (NoA). Applicants should choose from the list of focus areas in Appendix C of the FOA and/or include other focus areas and goals as appropriate. An example of the Implementation Plan format is available at <http://www.hrsa.gov/grants/apply/assistance/sac-aa>.

101. Is the Implementation Plan (Attachment 13) required for all applicants?

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

102. When outlining goals and action steps for the implementation plan, does the health center need to be fully operational within 120 days of the issue date of the Notice of Award?

Yes, all proposed sites are expected to be open and operational within 120 days of Notice of Award. All proposed sites will:

- Be operational and begin providing services for the proposed population/community.
- Have appropriate staff and providers in place.
- Begin to deliver services as proposed (consistent with Forms 5A and 5C) to the proposed target population(s).

103. Our health center is currently operational in all proposed sites. What should be included in the Implementation Plan?

Changes in access to care that will occur, planned service expansion and outreach, new collaborations/partnerships, and any other changes that would come as a result of the award should be highlighted. Applicants have the option to self-define goals in the Implementation Plan. If the health center is already operational, ensure that the application as a whole demonstrates this.

104. Can applicants upload additional attachments?

Applicants may upload additional relevant material in Attachment 14 or 15. Documents provided in this attachment will be included in the 160-page limit.

Application Submission

105. Where can applicants access the SAC-AA funding opportunity announcement (FOA) and application package?

The SAC-AA FOA and application package are available at <http://www.grants.gov>. Follow the instructions below:

- Go to <http://www.grants.gov>.
- Select the Search Grants tab.
- Type in the Funding Opportunity Number field and click the SEARCH button.
- Click the Funding Opportunity Number (e.g., **HRSA-15-120**). Refer to <http://www.hrsa.gov/grants/apply/assistance/sac-aa> to determine the correct announcement number.
- Click the APPLICATION PACKAGE tab.
- Under Instructions and Application, click the Download link.
- To download an application, complete the email information, or check the box to indicate that you would not like to provide your email address, and click the Submit button.
- Click the Download Application Instruction link to download the FOA.
- Click the Download Application Package link to download the Grants.gov application form.

106. Can an organization apply on behalf of another organization?

No, the grant recipient is expected to perform a substantive role in the project and meet the program requirements; therefore, the applicant organization, as indicated on the SF-424, must be the proposed health center and demonstrate that it meets all eligibility criteria.

107. When can applicants begin the HRSA EHB submission process?

Applicants can begin Phase 2 in HRSA EHB only after Phase 1 in Grants.gov has been successfully completed by the Grants.gov due date and HRSA has issued an email confirmation to the Authorizing Official with the application tracking number. The Authorizing Official(s) registered in Grants.gov will be notified by email when the application is ready within EHB.

108. How will applicants be notified if their application was not successfully submitted in Grants.gov and/or EHB?

Applicants should monitor their e-mail accounts, including spam folders, for e-mail notifications and/or error messages from Grants.gov. Grants.gov will send a series of email messages to the Authorizing Official, Project Director, and Single Point of Contact listed on the Grants.gov application to notify the applicant once the Grants.gov application has been validated or if there are errors. If there are errors, the applicant must correct the errors and re-submit the application in Grants.gov.

In EHB, all validation errors must be resolved before the application can be submitted to HRSA by the AO. The status of the application in EHB will appear as "Application Submitted to HRSA" once it has been submitted successfully.

Technical Assistance and Contact Information

109. If technical difficulties are encountered when trying to submit an application in Grants.gov, whom should be contacted?

Contact the Grants.gov Contact Center 24 hours a day, 7 days a week (excluding federal holidays) at 1-800-518-4726 or support@grants.gov. Register as early as possible since registration may take up to 1 month.

110. If technical difficulties are encountered when trying to submit an application in HRSA EHB, whom should be contacted?

Contact the BPHC Helpline Monday through Friday, 8:30 AM to 5:30 PM ET (excluding federal holidays) at 1-877-974-2742 or BPHCHelpline@hrsa.gov. Applicants may also refer to the *HRSA Electronic Submission User Guide* available at <http://www.hrsa.gov/grants/apply/userguide.pdf>.

111. Who can assist with programmatic questions concerning the SAC-AA application requirements and application process?

Refer to the SAC-AA Technical Assistance web site at <http://www.hrsa.gov/grants/apply/assistance/sac-aa> for Technical Assistance slides, instructions for accessing a recording of the Applicant Technical Assistance webinar, FAQs, and samples of the Program Specific Forms, among other resources. Applicants may also contact Beth Hartmayer in the Bureau of Primary Health Care's Office of Policy and Program Development at BPHCSAC@hrsa.gov or 301-594-4300.

112. Who can assist with budget-related questions?

Contact Donna Marx in the Division of Grants Management Operations at 301-594-4245 or dmarx@hrsa.gov.

113. Are there other sources for technical assistance?

Applicants are encouraged to contact the appropriate Primary Care Associations (PCAs), Primary Care Offices (PCOs), and/or National Cooperative Agreements (NCAs) to develop a SAC-AA application. Refer to <http://bphc.hrsa.gov/technicalassistance/partnerlinks> for a complete listing of PCAs, PCOs, and NCAs.