

**FY 2014 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 2014 SAC-AA funding opportunity. New FAQs will be added as necessary, so please check the SAC-AA Technical Assistance page located at <http://www.hrsa.gov/grants/apply/assistance/sac-aa> frequently for updates. The FAQs are organized under the following topics:

ISSUE: General Information	1
ISSUE: Award Information	3
ISSUE: Eligibility	3
ISSUE: Available Service Areas	4
ISSUE: Application Development	5
ISSUE: Program Narrative	5
ISSUE: Performance Measures (includes NEW item)	6
ISSUE: Budget (includes Updated item)	8
ISSUE: Forms	11
ISSUE: Attachments	14
ISSUE: Application Submission (includes Updated item)	15
ISSUE: Technical Assistance and Contact Information	16

ISSUE: General Information

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

A Service Area Competition–Additional Area (SAC-AA) funding opportunity is announced when a new service area becomes available for competition after the yearly SAC announcement. The purpose of the SAC-AA funding opportunity is to ensure continuous comprehensive primary health care services in areas that are currently served by Health Center Program grantees whose project periods are ending in FY 2014 (October 1, 2013 – September 30, 2014). Within these service areas, Health Center Program grantees provide services to:

1. The general underserved community: Community Health Center (CHC – section 330(e)) **and/or**
2. 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)).

An organization applying for SAC-AA funding must:

- a) Propose to serve an available service area by proposing to serve the zip codes from which at least 75 percent of the current patients originate;
- b) Propose to serve, by the end of the three-year project period, at least the number of patients announced for the service area;
- c) Request all funding types that currently support the service area and target all populations (CHC, MHC, HCH, and/or PHPC) currently served in the service area;
- d) Provide the same or comparable services as those provided by the current grantee; and
- e) Request no more than the current level of support being provided to the service area.

2. If a current grantee receives multiple types of Health Center Program funding (e.g., CHC and HCH), should the SAC-AA application include all of these?

Yes. All types of Health Center Program funding currently received are considered to be in the scope of project and should be included in the SAC-AA application.

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

Applicants should refer to Table 6 in the FOA to determine the funding types for the service area (e.g., CHC, MHC, HCH, and/or PHPC). The funding types indicate the mandatory populations that must be targeted by the proposed project:

- CHC = General Underserved Community
- MHC = Migratory and Seasonal Agricultural Workers
- HCH = People Experiencing Homelessness
- PHPC = Residents of Public Housing

4. 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 (within 120 days of Notice of Award, which may occur up to 60 days prior to the project period start date), a grantee must then apply to the Medicare Program and to their State Medicaid Program to be enrolled and reimbursed as an FQHC. For more information on the Medicare application process and timelines, see Program Assistance Letter 2011-04, available at <http://bphc.hrsa.gov/policiesregulations/policies/pal201104.html>.

5. Can an organization apply for multiple service areas under different announcement numbers?

Yes. Applicants must ensure that all proposed sites will be operational within 120 days of Notice of Award, which may occur up to 60 days prior to the project period start date.

6. Are there any funding priorities?

No. There are no opportunities for applicants to earn priority points.

7. Can an organization that applied for FY 2013 New Access Point (NAP) funding submit its NAP application for SAC-AA funding?

The NAP and SAC-AA funding opportunities have important differences. The purpose of NAP is to support the operation of health centers that will serve 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 currently being served. Additionally, the two FOAs have differences in the Program Narrative questions and Review Criteria items, so applicants should use caution in repurposing the NAP application when applying for SAC-AA funding.

8. Will current grantees applying to continue serving their current service area know if other organizations will be competing for their service area?

No. All applicants are encouraged to prepare high-quality SAC-AA applications since there may be competition for any announced service area.

ISSUE: Award Information

9. When will SAC-AA funds be awarded?

SAC-AA awards will be issued on or around each project period start date (see Table 6 of the FOA).

10. What is the cap for Federal funds that can be requested?

For new applicants and current grantees applying to serve a new service area, requested funding cannot exceed the cumulative total of all Projected Funding for that service area. Projected funding is categorized by funding type (CHC, MHC, HCH, PHPC) and is identified in Table 6 of the FOA. For current grantees applying to serve their current service area, requested funding must match the Future Recommended Funding value on the latest Notice of Award.

11. What is the length of the project period?

Subject to the availability of appropriated funds, the project period will be up to three 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.

12. Are there determining factors on the project period length?

Yes, see Table 7 in the FOA for project period length determining factors, including a stipulation that a grantee will not be funded if they would receive a third consecutive 1-year project period for FY 2014.

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

Yes, however, if the applicant meets the criteria noted in Table 7 in the FOA for a 1-year project period for FY 2014, this organization will not be awarded a SAC-AA grant.

ISSUE: Eligibility

14. 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 Table 6 of the FOA. Refer to **Section III.1 Eligibility Requirements** of the FOA for a detailed list of eligibility criteria. Applicants must:

- Propose on Form 1A to serve at least an equivalent number of patients in the announced service area by the end of the project period as listed in Table 6 of the FOA;
- Propose on Form 5B the service area zip codes from which at least 75 percent of the current patients come. Applicants may utilize the Patient Origin Map (if available) as a resource in determining the zip codes from which the majority of patients originate.

15. How does the Patient Origin Map align with the zip codes listed in Table 6 of the FOA?

The patient origin map includes two key pieces of information: (1) the zip code tabulation areas (ZCTAs) that align with the zip codes in Table 6 of the FOA and (2) the percentage of the current patients from each ZCTA.

Please 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 TA webpage

(<http://www.hrsa.gov/grants/apply/assistance/sac-aa>). For new applicants and current grantees applying to serve a new service area, to ensure eligibility, 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. Current grantees will not be impacted by this eligibility criterion since their Form 5B service area zip code data is pre-populated based on the current scope of project.

16. Does the eligibility criterion regarding proposing service area zip codes from which at least 75 percent of current patients originate impact current grantees applying to serve their current service area?

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

17. Is an organization eligible to apply for FY 2014 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 receiving funding under one or more of the following funding types: section 330(e), section 330(g), section 330(h), and/or section 330(i).

18. Can a new nonprofit entity be created for the purpose of applying for SAC-AA funding?

Yes. Applicants must ensure that all proposed sites located in the service area will be operational within 120 days of Notice of Award, which may occur up to 60 days prior to the project period start date.

19. 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.

ISSUE: Available Service Areas

20. How would an applicant know which service areas are available in a SAC-AA FOA?

The available service area(s) can be found in Table 6 of the SAC-AA FOA.

21. Where did HRSA get the data for the Patients column in Table 6 of the FOA?

The numbers in the Patients column come from a variety of sources. For most listed service areas, the value in the Patients column is the total number of patients served in 2012 by the service area's current grantee as reported in the 2012 UDS Report. However, for some service areas [noted with an asterisk (*)], the value in the Patients column represents the average number of patients served over the past 2-3 years by the service area's current grantee in the last 2-3 UDS Reports (dependent on the number of consecutive years of data available as reported in UDS). Lastly, for service areas noted with 2 asterisks (**) the value in the Patients column represents the number of patients projected to be served in the application that initiated Health Center Program grant funding in 2012.

ISSUE: Application Development

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

Yes. There is a 160 page limit (approximately 20 MB) when printed by HRSA. Please refer to Tables 1-3 of the FOA for information on what is counted in the page limit. Electronic submissions are subject to an automated page count, and those exceeding the limit in any way are automatically rejected.

23. 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 Program Narrative where it will count toward the page limit.

24. 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. Any document that exceeds the 50-document limit should be included in Attachment 15 where it will count against the page limit.

25. Does HRSA have guidelines (e.g., font type, font size) for the Program 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, please reference the *HRSA Electronic Submission User Guide* available at <http://www.hrsa.gov/grants/apply/userguide.pdf>.

26. What should an applicant do if the abstract changes between the Grants.gov submission and the EHB submission?

Under "Project Summary/Abstract" in EHB, an applicant can view the original abstract submitted via Grants.gov and replace it by selecting "update" to upload a revised abstract.

ISSUE: Program Narrative

27. How does the Program Narrative differ from the Review Criteria?

The Program Narrative provides general guidelines about information that should be provided by the applicant. Elements of the Program Narrative typically begin with "Describe" or "Demonstrate". The Review Criteria provide specific components that should be addressed in a complete response to the items described in the Program Narrative. Review Criteria often begin with "The extent to which the applicant describes" or "The extent to which the applicant demonstrates". Objective reviewers will utilize the Review Criteria in conjunction with the Program Narrative when scoring each application.

28. Where should the additional information requested in the Program Narrative be provided?

Provide the requested additional information, as directed, in the attachments or forms. For example:

- In the Need section of the Program Narrative, applicants are directed to provide quantitative data in Form 9.

- In the Collaboration section of the Program Narrative, applicants are directed to include Letters of Support as Attachment 10.
- In the Evaluative Measures section of the Program Narrative, applicants are directed to include performance measures information in the Performance Measures Forms.

When form fields do not allow enough characters for the applicant to convey all relevant information, include additional information in the appropriate section of the Program Narrative. **Do not** use the Program Narrative to repeat information already included in the forms.

29. Are there new items for response in the Program Narrative since the FY 2013 SAC FOA?

Yes. The Program Narrative changes each year. For example, several new questions are included in the FY 2014 SAC-AA FOA regarding the impact of the Affordable Care Act. Applicants are expected to carefully read the FY 2014 SAC-AA FOA and respond to all items in the Program Narrative.

30. Where should information about the service area, target population, and special populations (if applicable) for the Need section of the Program 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.

ISSUE: Performance Measures (includes **NEW item)**

31. Where can I find more information on the Performance Measures?

Please refer to Appendix B of the FOA for instructions on how to complete the Performance Measures Forms. Sample Clinical Performance Measure and Financial Performance Measure forms may be found at <http://www.hrsa.gov/grants/apply/assistance/sac-aa>. Training materials are available at <http://www.hrsa.gov/data-statistics/health-center-data/reporting/index.html>.

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

For new applicants and Health Center Program 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.

For Health Center Program grantees applying to continue serving the current service area, baseline data will be pre-populated from the 2012 UDS Report. Pre-populated data cannot be changed.

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.

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

Applicants are required to include the following Clinical Performance Measures: Diabetes, Cardiovascular Disease, Cancer Screening, Prenatal Health, Perinatal Health, Child Health, Weight Assessment and Counseling for Children and Adolescents, Adult Weight Screening and Follow-Up, Tobacco Use Assessment, Tobacco Cessation Counseling, and Asthma – Pharmacological Therapy, Coronary Artery Disease – Lipid Therapy, Ischemic Vascular Disease – Aspirin Therapy, Colorectal Cancer Screening, Behavioral Health, and Oral Health. While most measures are standardized, each applicant must define individualized Behavioral Health and Oral Health measures (see question and answer below).

Applicants are required to include the following Financial Performance Measures: Total Cost per Patient and Medical Cost per Medical Visit. Additionally, applicants that are not tribal or public center applicants must include Change in Net Assets to Expense Ratio, Working Capital to Monthly Expense Ratio, and Long Term Debt to Equity Ratio measures.

Applicants may define as many additional Other measures as desired (both clinical and financial). Please note that all measures defined in the SAC-AA application are expected to be reported on yearly for the duration of the project period if the application is funded.

34. How should applicants develop their oral and behavioral health performance measures?

Health Center Program grantees applying to continue serving their current service area should report on their previously developed behavioral and oral health performance measures. These measures will be pre-populated in the Clinical Performance Measure form. New applicants and current Health Center Program grantees may develop new behavioral and oral health performance measures that are either patient-centered or agency-centered, based on the services or referral to services provided. When developing measures, keep in mind that while oral health screening is a required primary care service, the minimum requirement for behavioral health service is a formal referral.

35. Can applicants that do not have electronic health records (EHRs) use chart sampling to report the clinical performance measures?

Yes. The random sample should consist of 70 charts or all charts for patients who meet the criteria noted in the denominator for each measure if that number is less than 70. Consult the most recent UDS Reporting Manual available at <http://www.hrsa.gov/data-statistics/health-center-data/reporting/index.html> (see the box on the right side of the page) for specific measurement details and guidelines for chart sampling. Please note that chart sampling is not acceptable for the Prenatal Health or Perinatal Health performance measures.

36. What should an applicant put in the performance measure forms if baseline data are not yet available?

Such applicants should put zeros 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; estimates are acceptable for goals (projected data).

37. Can you clarify the age range for the Cancer Screening performance measure?

The **Cancer Screening Performance Measure** has been modified to include the following: Number of female patients age 24 - 64 years of age who received one or more documented Pap tests during the measurement year or during the two years prior to the measurement year OR, for women over 30, received a Pap test accompanied with an HPV test done during the measurement year or the four years prior who had at least one medical visit during the reporting year.

38. Can you clarify what has been modified for the Child Health performance measure?

The Child Health Performance Measure has been modified to include the following: 4 DTP/DTaP, 3 IPV, 1 MMR, 2 Hib, 3 HepB, 1VZV (Varicella), and 4 Pneumococcal conjugate vaccines by age 3.

39. Can you explain the change for the Prenatal Health and Perinatal Health performance measures?

In preparation for inclusion of these measures for all grantees in the 2014 UDS Report, all applicants are required to include these measures in the FY 2014 SAC-AA application. Applicants reporting these measures for the first time can enter 0 for the baseline data and provide a date by which baseline data will be gathered. The projected data field must be completed with a predicted three-year goal (estimates are acceptable).

40. What should a Health Center Program 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.

41. NEW Have there been any updates to the Healthy People (HP) 2020 goals that link to the clinical performance measures?

Yes. The HP 2020 goal for diabetes has changed from 85% or higher to 83.9% or higher. The HP 2020 technical assistance resource has been updated to reflect this change and can be accessed at <http://www.hrsa.gov/grants/apply/assistance/SAC/healthypeopleandmeasures.pdf>.

ISSUE: Budget (includes UPDATED item)

42. 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.

43. Who can I contact for specific questions about budget preparation, including eligible costs?

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

44. 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 Attachment 15: Other Relevant Documents.

45. 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>.

46. If the sub-program (e.g., CHC, HCH) is incorrect on the SF-424A: Budget Information – Non Construction Programs, how can an applicant change it?

Click the Change Sub-Program link, then select the applicable sub-program(s). Once the correction is made, the incorrect sub-program will be deleted and the selected sub-program(s) (i.e., Community Health Center, Migrant Health Center, Health Care for the Homeless, and/or Public Housing Primary Care) will appear.

47. UPDATED Should my SAC-AA budget include base adjustments, New Access Point (NAP) awards, and/or my Outreach and Enrollment (O/E) supplemental funding?

Yes, any new awards, including O/E funding that has been rolled into the base grant, should be included in the SAC-AA application. Current grantees should apply for the Future Recommended Funding amount shown on Line 19 of their latest Notice of Award. New applicants should refer to table 6 in the SAC-AA FOA for updated budget figures.

48. Is a budget justification the same thing as a budget narrative?

Yes, for the purpose of the SAC-AA, they are the same. The sample provided on the SAC-AA TA page (<http://www.hrsa.gov/grants/apply/assistance/sac-aa>) includes a box for providing any narrative explanation of costs necessary beyond what is provided in the line-item descriptions.

49. What should be included in the budget justification?

A detailed budget justification in line-item format must be completed for EACH proposed 12-month period. The budget justification must detail the costs of each line item within each object class category from the SF-424A: Budget Information – Non-Construction Programs. It is important to ensure that the budget justification contains detailed calculations explaining how each line-item expense is derived (e.g., number of visits, cost per unit).

Applicants must submit a 3-year budget justification. An itemization of revenues and expenses for Federal and non-Federal funds is required for only the first budget year.

50. How much information does HRSA need on staff supported by the SAC-AA grant (federal section 330 funding)?

Applicants should refer to Table 9 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 \$179,700—see the Q&As below), and federal amount requested (SAC-AA funding requested to support the position).

51. How much information does HRSA need on staff supported with non-federal funding (not paid with any section 330 funds)?

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

52. Should the budget presentation include non-Federal funding (i.e., other program funding to represent the cumulative funding required for project implementation)?

Yes, the SAC-AA requires the submission of a total project budget on the SF-424A: Budget Information – Non-Construction Programs and the budget justification.

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

In EHB, an applicant can view the original budget information submitted in Grants.gov and make adjustments as needed. Applicants must ensure that the budget information provided on the SF-424A and budget justification match.

54. What is the new form Federal Object Class Categories and why is it necessary?

The Federal Object Class Categories form has been added to capture details on the Federal funding request. This information will enable HRSA to review the proposed use of Federal grant dollars to ensure that all applicable requirements (such as the salary limitation noted below) are followed.

55. Is there a limit on federal funds used for salaries?

Yes, HRSA awards (in this case, federal section 330 grant funds) may not be used to pay the salary of an individual at a rate in excess of Federal Executive Level II or \$179,700. See Table 9 in the SAC-AA FOA for the level of detail that must be included in budget justification for staff positions supported by section 330 grant funds.

56. 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.

While the FOA focuses on application of the salary limitation to the federal section 330 grant funds, the salary limitation applies across all HRSA funding. In other words, if a full-time staff member is paid from several HRSA grants, the total federal contribution to that staff person's salary cannot exceed \$179,700.

57. Does the salary limitation apply to individuals performing services on behalf of the health center via a contract?

The salary limitation does not apply to the typical types of contractual arrangements that health centers enter into for the purchase of goods and services necessary to carry out a Health Center Program grant project. The one exception would be those Health Center Program grantees that do not directly hire core provider staff and/or key management staff, but contract with other organizations to deliver these services on their behalf (i.e., a substantial portion of the health center project is being carried out via a contract). Even in these cases, the salary limitation would only apply to amounts being charged to and paid by the Health Center Program grantee, when such amounts 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.

58. Since health center budgets reflect multiple revenue sources in addition to the section 330 grant consistent with authorizing statute, is it permissible for a health

center budget to contain salaries at a rate in excess of Executive Level II (i.e., \$179,700)?

Yes, Health Center Program grant project budgets may contain salaries at a rate in excess of \$179,700 due to the fact that Health Center Program grantees are permitted, as specified in statute [Section 330(e)(5)(4)(D)], 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 health center project.

Please note that health centers must be able to demonstrate that any salaried amounts paid in excess of the capped rate of pay are covered entirely by program income sources and not by Federal grant dollars. Consulting with the health center's auditor regarding appropriate accounting of income sources for such expenditures is recommended. In addition, HRSA recommends that health centers 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 health center project.

59. How is the salary limitation applied when less than 1.0 FTE is charged to the health center grant project?

The health center should present its total grant project budget in terms of all FTEs (cumulative) for each category in the Staffing Profile Form 2 and in the Salaries Object Class category line item in the 424A budget. As the salary limitation DOES apply to the rate of pay this should be reflected in the total salary charged to the project. For example, a health center has a .5 FTE provider on staff with a base salary of \$250,000. In this case, \$125,000 would be permissible to include in the health center grant project's budget and expenditures, but only \$89,850 of Federal funds can be used to support the salary. See the response to the question above regarding use of non-grant funds to support the amount in excess of \$89,850.

60. Does the salary limitation apply to other forms of compensation (bonuses, incentives, fringe benefits, etc.) that are awarded to individuals employed by the health center?

No. The salary limitation does not apply to other forms of compensation; however, health centers should ensure these are reasonable and further the objectives of the health center.

ISSUE: Forms

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

Use the following guidelines and see page 18 in the FOA for detailed screenshots:

- 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

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

For a current Health Center Program grantee applying to continue serving the current service area, the Proposed Project Start Date is the calendar day following the project period end date

on the most recent Notice of Award. The Proposed Project End Date would be 3 years minus 1 day from the Proposed Project Start Date. If the Proposed Project Start Date is November 1, 2013, then the Proposed Project End Date would be October 31, 2016.

For a new applicant or a current Health Center Program grantee applying to serve a new service area, the Proposed Project Start Date would be the Project Period Start Date from Table 6 in the SAC-AA FOA for the selected service area. The Proposed Project End Date would be 3 years minus 1 day from the Proposed Project Start Date. If the Proposed Project Start Date is November 1, 2013, then the Proposed Project End Date would be October 31, 2016.

63. 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?

Applicants must use Form 5B to provide information on all proposed sites. For current Health Center Program 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.

64. How should pharmacy and vision services be reported on the Form 1A?

Form 1A requires grantees to report information on the number of providers by provider type and the unduplicated number of patients and visits by service type. For consistency with UDS, do not include vision or pharmacy staff, visits, or patients in the "Total FTE Medical Providers" or "Total Medical" rows on Form 1A. However, such staff should be noted on Form 2.

65. What changes have been made to Form 2?

Form 2 has been updated to include a column to report staff expenses to be charged to the SAC-AA grant (requested Federal dollars). This information will enable HRSA to review the proposed use of Federal grant dollars to ensure that all applicable requirements are followed.

66. What changes have been made to Form 3?

Form 3 has been updated to simplify the reporting of projected income. Payer categories have been streamlined and patient numbers and visits are requested for each payer category. The template is now a downloadable Excel file.

67. How do I report total patients 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).

68. 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.

69. Why does the Target Population Data number have to be equal to or smaller than the Service Area Data number in Form 4?

The target population is typically a subset of the service area population based on the population(s) the health center is focused on serving. For example, if the service area is an entire county, then the service area population would be the entire population of the county. A health center serving the county would likely focus its efforts on serving individuals that are a subset of the county's population (e.g., individuals below a certain income level, public housing residents). In some cases, the target population and the service area population may be the same.

70. What are "Other Activities/Locations" and how should I record them on Form 5C?

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

- 1) take place at locations that do not meet the definition of a service site,
- 2) are conducted on an irregular timeframe/schedule, and
- 3) 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>.

71. What changes have been made to Form 6A?

For current Health Center Program grantees, this form will be pre-populated. Information pre-populated must be verified and updated as needed to ensure accurate capture of current board member characteristics.

72. Is there a limit for the number of board members that can be listed on Form 6A?

Yes. Applicants may include no less than 9 and no more than 25 board members on this form. These numbers are determined by Health Center Program regulations.

73. What documents should be attached to Form 8?

Applicants must attach any contracts or memoranda of agreement/understanding for a substantial portion of the proposed project as well as any agreements that impact the applicant's governing board. A contract that constitutes a substantial portion of the proposed project could include a contract for core primary care providers, non-provider health center staff, Chief Medical Officer (CMO), or Chief Financial Officer (CFO). A contract with an organization to provide wide range of services on behalf of the health center to its patients would constitute a substantial portion of the proposed project.

Please note that agreements that do not rise to the threshold of "substantial portion" should be kept onsite and, should a SAC-AA grant be awarded, provided to HRSA for review upon request.

74. What changes have been made to Form 9?

Form 9 has been revised to include more current indicators. Core Barriers and Health Indicators have been modified, added, or removed to include the most relevant and current indicators of need for which data are available. As was the case for previous SAC and SAC-AA applications, Form 9 data will not be scored within EHB based on points associated with specific

data responses, but rather the data will be considered by reviewers alongside narrative information provided in the Need section of the Program Narrative as outlined in the FOA.

75. Is patient data an acceptable source of information for Form 9?

No. Form 9 is intended to work hand-in-hand with the Need section of the Program Narrative to quantitatively describe need in the target population. Patient data is not generally a good representation of the full target population. Applicants must determine the best source of data for describing the overall target population's needs (e.g., community-level data, county level data, Census data adjusted via extrapolation techniques), using the *Data Resource Guide* available at <http://www.hrsa.gov/grants/apply/assistance/sac-aa> as a reference tool.

76. Which applicants are eligible to request a waiver for governance requirements for form 6B?

Only applicants not currently receiving or applying for CHC funding are eligible to request a waiver.

ISSUE: Attachments

77. How should attachments be formatted?

All attachments should be provided to HRSA in a computer-readable format (i.e., do not upload text as images). To the extent possible, HRSA recommends PDF files but will accept Microsoft Word or Excel files. Please do not use spaces or special characters when naming files. Applicants should avoid Excel documents with multiple spreadsheets as individual worksheets may not print out in their entirety. Be sure to upload the attachments in the appropriate fields in EHB.

78. Can applicants upload additional attachments?

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

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

Yes. Please see the guidelines in the Collaboration section of the Program Narrative. If required letters of support are 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).

80. 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 10 or they will not be considered by objective reviewers.

81. What changes have been made to Attachment 1?

The requirements for Attachment 1: Service Area Map and Table have been expanded to include a table that lists each zip code tabulation area (ZCTA) in the service area, the number of Health Center Program grantees serving each ZCTA, the dominant grantee serving the ZCTA and its share of Health Center Program patients, total population, total low-income population, total Health Center Program grantee patients, and patient penetration levels for each ZCTA and for the overall proposed service area. Both the map and table should be created in UDS

Mapper. See <http://www.hrsa.gov/grants/apply/assistance/sac-aa> for samples and instructions on creating maps using UDS Mapper. For a tutorial on how to create a map, see *How To's: Create a Service Area Map and Data Table* at <http://www.udsmapper.org/tutorials.cfm>.

82. 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), Clinical Director (CD), 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.

83. 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 qualifications 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).

84. What should a public entity submit for Attachment 8 (Audit) and Attachment 9 (Articles of Incorporation)?

A public entity (the grantee of record for a public center) is required to submit an annual audit (Attachment 8) and the co-applicant’s Articles of Incorporation (Attachment 9), if applicable.

85. Is the Implementation Plan (Attachment 14) required for all applicants?

The Implementation Plan is a new attachment for FY 2014 and 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.

86. When outlining goals and action steps for the implementation plan, do I need to be fully operational within 120 days of the issue date of the Notice of Award, which could occur up to 60 days prior to the project period start date?

Yes, all proposed sites are expected to be open and operational (delivering some level of comprehensive services) within 120 days of Notice of Award.

ISSUE: Application Submission (includes **UPDATED item)**

87. **UPDATED Where can I access the SAC funding opportunity announcement (FOA) and application package?**

The SAC FOA and application package are available at www.grants.gov. Follow the instructions on the following page:

- Go to <http://www.grants.gov>.
- Select the SEARCH GRANTS tab.
- Type **HRSA-14-XXX** into the Funding Opportunity Number field, click the SEARCH button.
- Click the Funding Opportunity Number (**HRSA-14-XXX**).
- 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 for the FOA.
- Click the Download Application Package link for the electronic application.

*Use the SAC-AA TA website (<http://www.hrsa.gov/grants/apply/assistance/sac-aa>) to determine the correct announcement number.

88. How do I submit my application and when is it due?

There is a two-phase application submission process for the FY 2014 SAC-AA. Refer to Table 6 in the FOA for submission deadlines.

89. Can I apply on behalf of another organization?

No, the applicant organization, as listed on the SF-424 submitted in Grants.gov, is the organization that is expected carry out the proposed project. Each applicant organization should have a unique DUNS number (the nine-character identification number provided by Dun and Bradstreet) and SAM.gov, Grants.gov, and EHB account.

90. 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.

91. 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 an email 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.

ISSUE: Technical Assistance and Contact Information

92. If I encounter technical difficulties when trying to submit my application in Grants.gov, who should I contact?

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 one month.

93. If I encounter technical difficulties when trying to submit my application in HRSA EHB, who should I contact?

Contact the BPHC Helpline Monday through Friday, 8:30 a.m. to 5:30 p.m. 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>.

94. Who should I contact with programmatic questions concerning the SAC-AA application requirements and application process?

Refer to the SAC-AA TA page at <http://www.hrsa.gov/grants/apply/assistance/sac-aa> for TA slides, FAQs, and samples of the Program Specific Forms, among other resources. Applicants may also contact Katherine McDowell or Vesnier Lugo in the Bureau of Primary Health Care's Office of Policy and Program Development at BPHCSAC@hrsa.gov or 301-594-4300.

95. Who should I contact with budget-related questions?

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

96. Are there other sources for TA that I could contact?

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.