



**Fiscal Year (FY) 2015
Service Area Competition –
Additional Area (SAC-AA)
Brooklyn, NY
HRSA-15-122**

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



Agenda



- Overview
- Application Due Dates & Times
- Table 13: Service Area Details Table
- Eligibility Requirements
- Two-Tiered Electronic Submission Process
- Project Narrative
- Performance Measures
- Budget
- Technical Assistance Contacts
- Question & Answer Session



Overview



The Service Area Competition – Additional Area (SAC-AA) provides funding for the provision of continued comprehensive primary health care services to underserved and/or special populations.

Three types of applicants:

1. Current grantees applying to continue serving their current service area
2. New applicants
3. Current grantees applying to serve a new service area



Overview



- Project period: up to 3 years
- \$650,000 available for funding
- Project period start date: March 1, 2015
- Grants.gov deadline: October 8, 2014
- HRSA Electronic Handbook (EHB) deadline: October 22, 2014



Table 13: Service Area Details Table



| City (Current Grantee's Administrative Site Location) Click the City to access the Patient Origin Map | State | Total Funding | CHC Funding | MHC Funding | HCH Funding | PHPC Funding | Service Area Zip Code | Patients |
|--|--------------|----------------------|--------------------|--------------------|--------------------|---------------------|------------------------------|-----------------|
| Brooklyn | NY | \$650,000 | \$0 | \$0 | \$0 | \$650,000 | 11224 | 3,200 |



Eligibility Requirements



Applicants must:

1. Be public or nonprofit private entities such as a tribal, faith-based, or community-based organization.
2. Propose to serve a service area and its associated population(s) and patients identified in Table 13 of the Funding Opportunity Announcement (FOA).
3. Propose on Form 1A to serve at least 75 percent of patients by December 31, 2016, as listed in Table 13. See the Summary of Funding section in the FOA, if the patient projection is less than published in Table 13.



Eligibility Requirements



4. Propose on Form 5B the service area zip codes from which at least 75 percent of the current patients reside.
5. Propose to serve all currently targeted populations (i.e., PHPC) identified through the funding distribution in Table 13.



Eligibility Requirements



6. Request annual federal section 330 funding (as listed in Table 13 and presented on the SF-424A and Budget Justification Narrative) that DOES NOT exceed the established cap of section 330 funding (listed as Total Funding on Table 13) available to support the announced service area and its designated population(s).
7. Applicant does not apply on behalf of another organization.

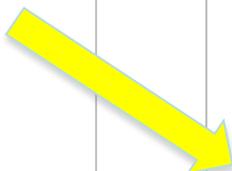
See Section III of the FOA for complete eligibility information



Form 1A: General Information Worksheet Patients/Eligibility



Applicant must propose on Form 1A to serve at least 75 percent of patients by December 31, 2016 as listed in Table 13.

| Unduplicated Patients and Visits by Population Type | | | | | | | | |
|--|----------------|--------|-------------------------|--------|-------------------------|--------|--------------------------------|--------|
| Population Type | Current Number | | Number at End of Year 1 | | Number at End of Year 2 | | Projected by December 31, 2016 | |
| | Patients | Visits | Patients | Visits | Patients | Visits | Patients | Visits |
| General Underserved Community | | | N/A | N/A | N/A | N/A | | |
| Migratory and Seasonal Agricultural Workers | | | N/A | N/A | N/A | N/A | | |
| Public Housing Residents | | | N/A | N/A | N/A | N/A | | |
| People Experiencing Homelessness | | | N/A | N/A | N/A | N/A | | |
| Total | | | | | | | | |
| <p><i><u>This figure will be compared to the figure on the Service Area Announcement Table to determine eligibility</u></i></p>  | | | | | | | | |



Form 5B: Service Sites Service Area Eligibility



- Applicants must propose on Form 5B the service area zip codes from which at least 75 percent of the current patients reside.

| | |
|--|---|
| (NPI) Number (Optional field) | Operation (Number of patients will be served per week) |
| Months of Operation | |
| Service Area Zip Codes |  |
| Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type) | Number of Intermittent Sites (Required only for 'Intermittent Site' Type) |



SF-424A



Funding Request/Funding Type/Eligibility

Request no more than the current level of support being provided to the service area and request all funding types that currently support the service area in the same proportion at which they were announced in Table 13.

| Section A – Budget Summary | | | | | | |
|------------------------------------|-------------|-----------------------------|-------------|-----------------------------------|-------------|--|
| Grant Program Function or Activity | CFDA Number | Estimated Unobligated Funds | | New or Revised Budget | | |
| | | Federal | Non-Federal | Federal | Non-Federal | Total <i>will auto-calculate in EHB</i> |
| Public Housing | 93.224 | | | | | |
| | 93.224 | | | | | |
| | 93.224 | | | | | |
| | 93.224 | | | | | |
| Total | | | | <i>will auto-calculate in EHB</i> | | |



Patient Projection and Funding Request



| Patient Projection Compared to Table 13 | Funding Request Reduction |
|---|---------------------------|
| 95-100% of patients listed in Table 13 | No reduction |
| 90-94.9% of patients listed in Table 13 | 0.5% reduction |
| 85-89.9% of patients listed in Table 13 | 1% reduction |
| 80-84.9% of patients listed in Table 13 | 1.5% reduction |
| 75-79.9% of patients listed in Table 13 | 2% reduction |
| 0-74.9% of patients listed in Table 13 | Ineligible application |

- Calculator tool available on SAC-AA TA page.
- Failure to meet projections by December 31, 2016 may result in proportionate funding decrease in future years.



Target Populations by Funding Types



Target Populations by Funding Type:

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



Ineligible Uses of Funding



Ineligible Uses of Funding:

- Construction of facilities
- Fundraising
- Lobbying efforts



Two-Tiered Submission Process



Step 1: Grants.gov

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

Applicants are required to maintain active SAM registration throughout the application and award period (if a grant is awarded)



Two-Tiered Submission Process



Step 2: HRSA EHB

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



Step 1: Grants.gov Items



<http://www.grants.gov>

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



SF-424: Application Type



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

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

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

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



SF-424: Application Type



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

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



Step 2: EHB Items



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

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



EHB Attachments



All attachments are required except:

- 6: Co-Applicant Agreement
- 7: Summary of Contracts and Agreements
- 11: Evidence of Non-Profit or Public Center Status
- 12: Floor Plans
- 13: Implementation Plan
- 14 and 15: Other Relevant Documents

See Table 3 in the FOA for details



EHB Forms



- All forms are required.
- New structured forms include Form 3: Income Analysis and the Summary Page.
- Summary Page requests the following:
 - Review/confirm funding request (all applicants)
 - Review/confirm patient projection (all applicants)
 - Review/confirm proposed sites and certify that all will be operational within 120 days of award (new and supplemental applicants)
 - Review/confirm scope of project based on Forms 5A and 5B (current grantees applying to continue serving their current service area)

See Table 4 and Appendix A in the FOA for details



Project Narrative & Review Criteria



Project Narrative / Review Criteria

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



Clinical Performance Measures



Standard Clinical Performance Measures:

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



Clinical Performance Measures



Standard Clinical Performance Measures:

- Tobacco Use Screening and Cessation
- Asthma – Pharmacological Therapy
- Coronary Artery Disease: Lipid Therapy
- Ischemic Vascular Disease: Aspirin Therapy
- Colorectal Cancer Screening
- New HIV Cases with Timely Follow-up
- Depression Screening and Follow-up
- Other



Financial Performance Measures



Standard Financial Performance Measures:

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

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



Performance Measures: General Information



- Information that will not fit on the performance measures forms should be included in the Evaluative Measures section of the Project Narrative.
- Applicants applying for special populations funding (MHC, HCH, and/or PHPC) are required to create performance measures specific to the targeted special population(s).



Budget



- The SF-424A Budget Categories form has been changed to capture details on the federal funding request and non-grant revenue supporting the project in the object class categories section.
- The budget justification should include a line-item budget and narrative justification for each year of the 3-year project period.
- Federal funds may not be used to pay the salary of an individual at a rate in excess of \$181,500.



SF-424A Budget Categories Form



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

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

Standard Form 424A



Project Period Determining Factors



- HRSA links project period length to health center performance.
- See Section V.2 of the FOA for details.



Important Facts



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



Technical Assistance Contacts



SAC-AA TA page:

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

Program Related Questions

- Beth Hartmayer: BPHCSAC@hrsa.gov or 301- 594-4300

Budget Related Questions

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

Grants.gov Related Questions

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

EHB Related Questions

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



Question & Answer Session



Reminder:

Throughout the application process, please refer to the Frequently Asked Questions (FAQs) on the SAC-AA TA page (<http://www.hrsa.gov/grants/apply/assistance/sac-aa>)