

**SAC-AA HRSA-15-112**  
**Technical Assistance Conference Call**  
**May 30, 2014**  
**1:00 pm**

Coordinator: Welcome and thank you for standing by. At this time all participants are in listen-only mode. During the Q&A session if you would like to ask a question you may press star 1 on your phone.

Today's conference is being recorded. If you have any objections, you may disconnect at this time. Now I would like to turn the meeting over to Katherine McDowell. Ms. McDowell, you may begin your conference.

Katherine McDowell: Thank you. Welcome to the Technical Assistance call for the Service Area Competition-Additional Area, Funding Opportunity Announcement, HRSA-15-112. I'm Katherine McDowell, a Public Health Analyst, in the Office of Policy and Program Development within the Bureau of Primary Health Care at HRSA.

I want to thank you all for joining us today. Before you review the Funding Opportunity Announcement or FOA, which is how I will refer to it throughout the remainder of the call today, Ms. Olivia Shockey, the Expansion Branch Chief, will share some introductory remarks.

Olivia Shockey: Hi. I wanted to emphasize to you that today's presentation is going to look a little different and feel a little different than the recent Service Area Competition - Additional Area presentations. We took a look back at our Fiscal Year '14 experience of the SAC and SAC-AAs, and noticed that there were a few mistakes that seem to be tripping people up in terms of eligibility.

As Katherine goes through her presentation today, she will highlight some of the common eligibility hiccups that we've seen over the course of the last year. She will show you very clearly with screen shots of the forms that you will see in EHB and how to avoid the most frequent problems we've seen.

As you are going through the application process, you may run upon other questions or concerns related to eligibility or any other aspect of your application. Please do not hesitate to reach out to Katherine. She is here to help you throughout your SAC application period, and she's going to share with you contact information, phone number, and the email address to reach our entire Service Area Competition Team.

I want to stress to everybody how important it is to be careful around eligibility issues. I also wanted to let you know that there might be a few changes in the Service Area Competition application compared to the last time you might have submitted a SAC application if you've done so in the past. Katherine will highlight those changes for you, but they're really to streamline the application process and we think you'll find them to be good enhancements. And with that, I'll turn it over to Katherine and we will be available to assist with questions and answers at the end of the presentation today.

Katherine McDowell: Thank you Olivia. For those on the call, if you are not already logged on into the webinar, you can join by clicking the URL in the email announcement you received for today's call or by visiting <https://hrsa.connectsolutions.com/sac1/>. Once you are on this Web page, click Guest and sign in with your first and last name. If you have trouble connecting to the webinar, the slide presentation for this call is also available

at the SAC-AA Technical Assistance Web page located at <http://www.hrsa.gov/grants/apply/assistance/sac/aa>. I will do my best to reference the slide numbers throughout this call so you can easily follow along if you are reviewing the TA slides via the TA web page and not in the webinar.

Slide 2 is overview of the FOA and a summary of changes. We will then move on to the application due dates, times, eligibility requirements, award information, and the two-tiered submission process. I will then touch on different key sections of the SAC-AA application including the Program Narrative, Performance Measures, and Budget. Please note that we will provide specific examples of eligibility criteria and required forms using a sample service area. The sample service area zip codes, funding amounts, and patients do not correspond to any of the service areas under this FOA. This is just to give an example. Today's call will conclude with a review of important facts and a list of TA contacts followed by a question and answer session. All participants are currently in a listen-only mode. Please make note of any questions that arise as we go along so you can ask them at the end of the presentation. If you are logged into the webinar, you will also be able to type your questions as we go along, but please note that we will most likely be answering the majority of those questions at the end of the call.

Slide 3 provides an overview of the purpose of the SAC-AA grant award which is to provide funding for the provision of comprehensive primary health care. The project period length is up to three years and begins November 1, 2014. The grants.gov due date is Wednesday, June 25, 2014 and the EHB application due date is Friday, July 11, 2014.

Slide 4 provides an overview of three potential types of applicants. First, we have current Health Center Program grantees whose project period is ending and who are applying to continue serving their current service area. Second, we have new applicants who do not currently have a Health Center Program grant who are applying to serve an available service area. Third, we have current Health Center Program grantees who are applying to serve a new available serve area in addition to their current service area.

Slide 5 highlights the FY '15 FOA changes. Updates to be aware of are the Executive level salary limitation was increased. Salaries supported by the Federal fund should not exceed \$181,500. The Federal Object Class Categories Form is no longer part of the budget package and has been removed. This means one less budget form to be completed. The SF-424A has been modified to support the removal of the Federal Object Class Categories Form. Details regarding the federal and non-federal funding once captured on the Federal Object Class Categories Form are now captured on the SF-424A in separate columns. Page 80 or Appendix C of the FOA, provides specific details on how to complete this form. Lastly, the Budget Justification must detail the costs of each line item within each Object Class Category separated into federal and non-federal columns as shown on the new SF-424A.

Slide 6 provides an illustration of Table 6 in the FOA which is the Service Area Details Table. The Table provides useful information such as city and state of the service area, the total projected funding and funding type for the service area grant, service area zip codes that comprise the established service area, and patient projections from the last competitive application. The details included in the table are to be used when completing specific sections of the application package, such as the SF-424A and Form 1A. I'll reference Table 6

and specific sections in upcoming slides to further illustrate how to best utilize Table 6 when completing your application.

Slide 7 shows some of the basic eligibility requirements. Detailed eligibility criteria are available in the FOA starting on page 4.

Slide 8 provides an example of a service area as it appears on Table 6 and the projected patients at the end of the project period as it appears on Form 1A. The image to the left of the screen is a half of the Service Area Details Table screen shot of the Service Area Details Table and the yellow arrow is pointing to the patient column figure. Eligibility requirement number two requires that applicants propose on Form 1A to serve at least an equivalent number of patients by the end of the project period as listed in Table 6. This means the applicants applying to serve the sample service area must propose a number equal to or greater than 19,472 patients by the end of the project period. The image to the right of the screen is a screen shot of the section of the Form 1A that will be referenced when determining application eligibility. The value that must be equal to or greater than 19,472 should appear in the box that the arrow is pointing toward. The Total Patients figure accounts for all population types listed - general underserved, migratory seasonal, homeless, and public housing. So, specific patient figures for population type should be placed where appropriate within the column. You will not be able to type directly into this total box. You must press the calculate button to automatically calculate the total number of patients and visits under the current number and the projected at the end of the project period columns. Please ensure that when you click the calculate button in EHB, the correct total number appears in this box.

Please note that consistency throughout your application is an expectation. All narrative components that reference the proposed end of project period patient projection should match the total number that appears at the bottom of Form 1A.

Slide 9 provides a screen shot of Table 6 and a screen shot of a section of Form 5B. Referencing the image to the left of the screen, which is half of the Service Area Details Table, the yellow area is pointing at the Service Area ZIP codes column. The image to the right of the screen is a screen shot of the section of Form 5B that will be referenced when determining application eligibility. For each proposed service site there will be a corresponding Service Area zip code section. If multiple service sites are proposed, proposed zip codes per individual service sites do not have to include all zip codes. However, when all service area zip codes listed on Form 5B for all proposed sites are combined, the total service area zip codes must represent those zip codes from which at least 75% of current patients originate.

Slide 10 provides a screen shot of Table 6 and the Budget Category Section of the SF-424A. Referencing the first image, which is half of the Service Area Details Table, the yellow arrow is pointing at the total projected funding for the service area. Eligibility requirement number four requires that applicants request no more than the current level of support being provided to the service area as listed on Table 6. The applicant must also request the correct funding type, which is Community Health Center noted as CHC in the first funding column for the service area. This means that applicants applying to serve the sample service area must request no more than \$1,323,147 in Community Health Center or CHC funding.

The second image is a screen shot of the Budget Category Section of the SF-424A that will be referenced when determining application eligibility. The requested funding level should be placed in Column E under Federal Funding. Please be sure to reference the FOA, Appendix C, on Page 80 for specific details on how to complete the SF-424A. This sample value of \$1,323,147 or less should also appear in the Budget Justification as the federal request. A screen shot of the completed SF-424A will be displayed later when providing an overview of the budget presentation.

Slide 11 highlights target populations by funding types. I previously mentioned that funding type details can be found on Table 6 of the FOA. Service areas are served through one or more funding types that are specific to the population served. This slide highlights target populations by funding type. Under HRSA-15-112, there is just one available funding type, which is Community Health Centers listed as CHC.

Slide 12 highlights ineligible uses of SAC-AA funding. SAC-AA funding is targeted towards the provision of primary health care services. So, grant funding cannot be used for construction, fund raising or lobbying efforts. However, SAC-AA funding can support the purchase of equipment and supplies necessary for the provision of primary health care. For more information about appropriate uses for SAC-AA funding, please contact Donna Marx. Her contact information will be provided at the end of this presentation.

Slide 13 highlights phase 1 of the two tier application submission process. To be eligible to submit your application at [grants.gov](https://grants.gov), you must have a current valid registration. The basic steps for registration include obtaining a Data Universal Numbering System or DUNS number and registering in the System

for Award management also known as SAM. It is vital that you ensure that your SAM registration is active throughout the entire application period through the project period start date. SAM registration must be renewed yearly and without an active registration, you will not be able to submit an application or be awarded grant funding.

Current grantees should already be registered in the appropriate systems. However, it is your responsibility to confirm and renew your registrations and access to grants.gov in advance of the deadline.

If you are a new applicant, please start the registration process immediately since each step takes time and grants.gov registration could take as long as one month. Please note that phase 1 of the application process is completed through a successful submission to grants.gov and you will receive a validation email upon successful submission.

Slide 14 highlights phase 2 of the two tiered submission process. You will receive a tracking number for accessing EHB in approximately seven business days following successful grants.gov submission. Unlike grants.gov which generates email confirmations, with EHB you will only receive an on screen notice that your application was successfully submitted to HRSA. Please print and save this notice for your records.

Slide 15 provides the grants.gov web address and an overview of forms that you will be required to submit in grants.gov. The SF-424 Application for Federal Assistance, the SF-424B Assurance Non-Construction Programs, Project/Performance Site Locations Forms, grants.gov Lobbying Forms and the SF-LLL Discloser of Lobbying Activities.

Slide 16 includes a couple of screen shots of the SF-424 referenced in the previous slide. I want to quickly discuss how to complete the type of application field on the SF-424 since incorrect selection at this point can delay EHB access or cause you to lose work in EHB when your application type is changed by HRSA. Select Continuation if you are a current Health Center Program grantee applying to continue serving your current service area. Select Revision if you are a current grantee applying to serve a new service area. Slide 17 continues with a screen shot of the SF-424, and here you will select new if you are not a current Health Center Program grantee.

Slide 18 highlights phase 2 of the application submission and specifically references items that you will be required to submit in EHB. Among the required submission components are the Program Narrative, SF-424A Budget Categories Form, Budget Justification, and attachments 1 through 15. Please note that not every attachment is required. Some will depend on the type of applicant. For example, attachment 14, the Implementation Plan is required for new and supplemental applicants but is not required for a current grantee applying to continue serving their current service area. Program specific forms are built into the EHB system and do not need to be uploaded. Examples of this are the clinical and financial performance measures.

Slide 19 provides an overview of the sections of the Program Narrative and corresponding review criteria. These are Need 15 points, Response 20 points, Collaboration 10 points, Evaluative Measures 15 points, Resources/Capabilities 20 points, Governance 10 points, and Support Requested 10 points. Please note that the FOA directs applicants and reviewers to cross reference the narratives, forms, and attachments when writing and reviewing the application. It is important that consistent information is presented across all components of the application.

Slide 20 highlights the components of a complete budget presentation. The SF-424A Budget Categories Form has been updated to capture details on the Federal Funding Request. This information will enable HRSA to review the proposed use of federal and non-federal grant dollars to ensure that all applicable requirements, such as salary limitation are followed. This will also make it easier for you to track your federal dollars. In addition to completing the SF-424A, applicants must also provide a Budget Justification, which we will also refer to as a Budget Narrative. All applicants must submit a three year Budget Justification, and for the first year are required to break down into federal and non-federal revenue and line item expenses. In other words, the Budget Justification will correspond to the new SF-424A. The Budget Justification must provide sufficient information to show that costs are reasonable and necessary for implementation of the proposed project.

If the line item Budget Justification, which will consist of sections such as personnel, travel, and supplies does not provide sufficient detail, additional narrative should be provided to fully explain all costs. When considering the Staffing Profile, please be reminded that the federal funds may not be used to pay the salary of an individual at a rate in excess of \$181,500. The table in the Budget Appendix of the FOA indicates that detailed salary information is required for each grant supported staff position. Please reference Table 9, Budget Justification, sample for Salary Adjustment on Page 82 in the FOA for details. The Income Analysis Form completes the budget presentation. Please refer to Appendix C of the FOA for specific instructions on how to complete the Income Analysis Form.

Slide 21 offers a screen shot of the completed SF-424A. As you can see, Section B, Budget Categories now offers columns for federal and non-federal funding.

Slide 22 offers a screen shot of the Form 3, Income Analysis Form. The Form was updated in 2014 to make it easier for applicants and reviewers. Most of the changes were made to Part 1, which is the Program Income or Patient Service Revenue Section of the form. The charge and adjustment data and the service classifications within the pay groups were eliminated because they didn't fully summarize revenue data by service type. Also, the income classification within the self-pay group was eliminated. A new column was added to capture patients by pay group. The patient numbers that you enter in this section should be unduplicated. A column showing the income per visit for each pay group was added and the Managed Care section was eliminated. Managed Care income data should now be consolidated into pay group categories. The updated version of this form provides complete classification of visits by pay type.

The next two slides, slides 23 and 24 provide an overview of the clinical performance measures. The items on these slides, which I have labeled as Standard Clinical Performance Measures are the ones that should be familiar to current grantees. The prenatal and perinatal performance measures are now required for all applicants. See Appendix B of the FOA for details. The Appendix notes that if you have never reported prenatal or perinatal measures in the past, you can enter zero as your baseline. For new applicants, please note that all measures listed on these two slides are defined for you, with the exception of behavioral and oral health, for which you can define your own measures based on your behavioral health and oral

health services. Additional details about these clinical performance measures can be found on the SAC-AA TA Web page.

Slide 25 offers the list of the financial performance measures. As in the past, the three audit-related measures noted on the slide with an asterisk can be marked not applicable by tribal and public center applicants. Additional details about the financial performance measures can be found on the SAC-AA TA Web page.

Slide 26 offers some general performance measures information. While performance measures in addition to those referenced in the previous slides are not required, any applicant can add additional performance measures by selecting Other Measures button at the bottom of the Performance Measures Form in EHB. Applicants must specify at least one contributing and one restricting key factor for each performance measure. Lastly, any information that will not fit in the Performance Measures Forms due to character limits, for example contributing or restricting factors details, should be provided in the Evaluative Measures Section of the Program Narrative. Please be reminded that any information included in the Program Narrative will count against your page limit.

Slide 27 provides special instructions for current Health Center Program grantees applying to continue serving their current service area. Current Health Center grantees will not be able to edit their baseline data for their required measures which will be pre-populated from 2012 UDS report. If you would like to report more current baseline data, this information should be included in the comments field. If a current Health Center Program grantee is no longer tracking a previously defined other performance measure, the measures can be marked not applicable to keep it from pre-populating in

future Budget Period Progress Reports and SAC Applications. However, this requires a justification in the Comments field. Lastly, current health center program grantees should provide a brief description of the progress made toward stated goals over the last year in the Comments field.

Slide 28 provides an overview of the project period determining factors, which can also be found in Table 8 of the FOA. On this slide where the number of health center program requirements conditions is discussed, this refers to both conditions that will carry over from a previous notice of award for current grantees, as well as conditions that would be warranted based on information included in the application, along with factors such as past performance. If you are a current grantee and are unsure of how many Health Center Program requirement conditions you currently have, please contact your project officer.

As listed on this slide, if the SAC-AA Notice of Award includes between zero and four Health Center Program requirement conditions, you will receive a three year project period. If the SAC-AA Notice of Award includes five or more Health Center Program requirement conditions, you will receive a one year project period.

Additional factors that can trigger a one year project period include the most recent audit calling into question whether an organization is going to be able to continue as a going concern and a current grantee with an unresolved condition related to Health Center Program requirements in the 30 day phase of progressive action that will carry over into the new project period. Please note that if a current grantee had a one year project period in Fiscal Year 2012 and Fiscal Year 2013 and meets the criteria for a one year project

period with this application, a SAC-AA award will not be made to this grantee.

Slide 29 highlights some important details to adhere to. First, your SAC-AA submission may not exceed 160 pages. Tables 1 through 4 of the FOA note which items will be included in the page limit. Applications that exceed the page limit will be automatically screened out by HRSA and will not be considered further.

As with all Health Center Program applications, the narrative portions of the submission such as the Program Narrative should be in 12 point font. If desired, tables and charts, such as a table for presenting the line item Budget Justification, can be in 10 or 11 point font. These types of details can be found in the HRSA Electronic Submission User Guide referenced in the FOA and linked on the SAC-AA TA Web site.

Please note that failure to complete and include all documents listed as required for completeness will result in your application not making it through the Completeness and Eligibility Screening and will be deemed ineligible. See Tables 2 through 4 on Pages 11 through 17 for the list of required for completeness and required for review documents.

When you are uploading attachments, please double check that you have uploaded the correct document in each attachment field. We have unfortunately had to deem applications ineligible when applicants have accidentally uploaded the same document in two places, thereby inadvertently omitting a required item. Again, although it's not on this slide, I just wanted to remind you that the EHB deadline is 5:00 PM Eastern Time.

Slide 30 provides resource and contact information should you have questions as you develop your application packages. Please reference the SAC-AA TA Web page located at <http://www.hrsa.gov/grants/apply/assistance/sac-aa/> for additional resources, FAQs, and other useful documents such as sample forms and templates.

I will be the primary contact for program related questions. The contact person for budget related questions is Donna Marx. For problems with registering or submitting in grants.gov, the information for the grants.gov contact center is provided.

This concludes our presentation. Before we move on to the Q&A portion of our call, please complete the polling questions that will be displayed on the screen. We will begin the Q&A shortly.

Katherine McDowell: Operator, if you could go ahead and open it up for questions.

Coordinator: Thank you. At this time, we will begin the question and answer session. To ask a question, please press star 1 on your phone. Please unmute your phone and when prompted, record your first and last name.

Once again if you would like to ask a question, please press star 1. One moment as we wait for our first question. At this time, I am showing no questions in the queue.

A question comes from Mark, your line is open.

Mark: Yes, a couple of things. Can you just help me understand what the difference is between a SAC-AA and a regular SAC?

Olivia Shockey: This is Olivia Shockey in OPPD. They're essentially the same thing, Mark. Their only real difference is that we try to release one SAC once a year. So, at the beginning of the fiscal year, we know the bulk of the service areas that are going to be announced during that fiscal year, we put them all out at once so that people know what's coming. So, in FY '14 there were about 300 that were announced in that original SAC.

As the year progresses, sometimes we find out that we missed listing a site in that original announcement that should have been listed. Sometimes we have an organization that might have some eligibility issues with their original applications that we have to list them in a SAC-AA. Sometimes we have situations where an organization decides for whatever reason that they are not going to continue services in their community. So, we have to list their service area to ensure services in that area. So, there can be a variety of reasons. And it really just is triggered - a SAC-AA is triggered any time we need to announce an area that didn't get clumped in that original clump for the year.

Mark: Okay, so yes. So it's not known really of any particular difficulties with the CHC in that area. It could be anything. It could be it just didn't get on the list.

Olivia Shockey: Right. It could be simply that when we put the list together we inadvertently left someone out. So, the best way to find that out is to talk with the Community Health Centers in the area and/or the Primary Care Association. Usually they have a good idea on the situations that are happening that affect that community and affect the patients that the Health Center

Program is serving. But it does not necessarily mean that there is anything happening in that area that's not being of great benefit to the patients. There could be a variety of clerical issues that happen behind them as well.

Mark: Okay. Another question. It mentions being operational - and this is customary language - within 120 days from the NOA - and then it says it could be 60 days prior to the project period start date. But, that the project period would be different for each grantee. I'm trying to figure out if that's relevant for me to know.

Olivia Shockey: It's relevant for this Funding Opportunity Announcement because we're actually hoping to make announcements early. So we've targeted a November 1 start date. We're hoping to make announcements in September. So, the 120 day clock starts in September and progresses for 120 days after that point, so two months before the official start and two months after the official start date. For organizations that might have a variety of project periods before they get swept up in a SAC announcement, HRSA will determine how project periods need to be readjusted on the back end. But, for the purposes of this application and for the purposes of planning forward, all applications should be submitted with a November 1 start and moving forward for 3 years to complete that project period. So, November 1, 2014 through October 31, 2017, if I did my math correctly.

Mark: Okay. I didn't look to see what's required on the grants that go to submission, but usually it's just some basic information. Can you vary at all by the time you do the EHBs part, like say the budget changes or something like that if that's asked for on the first phase. Is that okay?

Olivia Shockey: That's fine. What we often see is that organizations don't know the other resources they're going to leverage in support of a SAC application at the time of the grants.gov period. So, they know the amount of funding that they can apply for that is specified in the FOA. But what they might not know is other resources. We often see people readjusting those numbers when they get into the EHB portion of the application and that's perfectly fine. Just please be aware of the eligibility criterion that was pointed out to you today about budget and not requesting more federal funding than is available for the service area because that will result in an ineligible application.

Mark: Right. And my last question is the requirement to include the zip codes from which 75% of the current patients come from. It looks like that is available on that map which is included with the application?

Olivia Shockey: There is a map that's available on the Service Area Announcement - Additional Area web page.

Mark: Oh yes, that's very good, yes.

Olivia Shockey: If you have trouble reading it, if the font is too small, or if you are having trouble deciphering it, please reach out to us for assistance. We know sometimes when files get uploaded and downloaded and printed, it may make things hard for you to translate. So, if you're having difficulty and that's a concern for you because it is an eligibility criterion, then please reach out.

Mark: Okay, thank you.

Coordinator: Once again if you would like to ask a question, please press star 1. At this time there are no further questions in the queue.

Olivia Shockey: Okay. If we could give people just a moment, there may have been questions triggered by the questions that Mark proposed. We'll leave it open for just one more minute. And if there are no further questions, then we'll close with a reminder to follow-up with us by email or phone if further questions arise.

Katherine McDowell: Well, this is Katherine McDowell again. I guess we don't have any further questions. I would like to thank everybody for joining us today, and this concludes today's call. Thank you.

Coordinator: This concludes today's conference. Thank you for your participation. You may disconnect at this time.

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