

# Service Area Competition – Additional Area (HRSA-15-122) Transcript Brooklyn, New York Service Area September 17, 2014

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Coordinator: Welcome and thank you for standing by. At this time all participants are in a listen-only mode until the question and answer session of today's conference. At that time to ask a question you may press star one on your touch-tone phone and record your name at the prompt. This call is being recorded. If you have any objections you may disconnect at this time. I would now like to turn the call over to Beth Hartmayer. Ma'am, you may begin.

Beth Hartmayer: Thank you. Welcome to the technical assistance call for the fiscal year 2015 Service Area Competition-Additional Area or SAC-AA as it will be referred to throughout this call. I'm Beth Hartmayer, a Public Health Analyst in the Office of Policy and Program Development within the Bureau of Primary Health Care at HRSA.

For those of you joining into the call, if you are not already logged into the webinar, you can join by clicking the link on the SAC-AA technical assistance web site located at <http://www.hrsa.gov/grants/apply/assistance/sac-aa>. Once again, that's <http://www.hrsa.gov/grants/apply/assistance/sac-aa>. That's S as in service, A as in area, C as in competition, dash A as in additional, A as in area.

Once you're on this web page, click guest and sign in with your first and last name. Also, please take this opportunity to bookmark the SAC-AA technical assistance web site and refer to it often throughout the application process. I will do my best to reference the slide numbers throughout this call so you can easily follow along if you are viewing the slides via the SAC-AA TA web page. Slide 2 provides the agenda for this call.

The presentation will start with a basic overview of the SAC-AA funding opportunity announcement, also referred to as the FOA, due dates and times, Table 13 which is the service area details table, eligibility requirements, award information, and two-tiered submission process. I will then touch base on different key sections of a SAC-AA application including the project narrative, performance measures, and budget presentation.

Today's call will conclude with a review of the technical assistance contacts followed by a question and answer session. All participants are currently in a listen-only mode, so please make a note of any questions that arise as we go along so you can ask them at the end of the presentation. And pardon us as we experience technical difficulties with the application. Excuse me, the presentation is reloading.

I will move on to Slide 3. SAC-AA funding opportunity is intended to provide funding for the provision of continued comprehensive primary health care services to patients that live in public housing within the Brooklyn, New York service area. There are three potential types of applicants; current grantees applying to continue serving their current service area, new applicants who do not currently have a health center program grant who are applying to serve an available announced service area, and current health center grantees who are applying to serve a new available announced service area in addition to their current service area.

And, I am going to pause as the presentation reloads to see if we need to address any concerns. In the interest of time I will proceed through the slides. They are available on the SAC-AA web site as I had mentioned earlier if you're able to download the presentation and follow along. I do apologize for the technical difficulties.

Slide 4 provides a basic overview of the application and submission process. Please keep the three-year project period in mind when outlining your plans in the project narrative, setting your goals in the performance measures, and providing your multi-year budget justification. The project period start date is March 1, 2015. Applications are submitted in two parts. Basic organization and budget information will be provided in grants.gov by October 8, 2014 at 11:59 p.m. eastern time, while detailed project information will be provided in the HRSA Electronic Handbook, otherwise known as EHB, by October 22, 2014, at 5:00 p.m. eastern time.

Slide 5 shows Table 13 from the funding opportunity announcement. It is in appendix E on the last page. HRSA-15-122 is announcing \$650,000 to provide primary care to patients in public housing within the Brooklyn, New York service area. The zip code proposed on Form 5B must be 11224. Again, the zip code must be entered on Form 5B to meet eligibility criteria. You will refer to the patient target when completing form 1A, General Information Worksheet. You must propose to serve at least 75% of the patient target on Form 1A, so if you refer to the patient column on the far right on the table on Slide 5, you will see 3,200 is the patient target. To meet eligibility criteria, you must propose on Form 1A to serve at least 75% of that value.

Slide 6 provides the basic eligibility requirements. Detailed eligibility criteria are available in the FOA. All applicants must be public or non-profit private entities including tribal, faith-based, and community-based organizations that

propose to serve a service area and its associated populations and patients identified in Table 13 which is the Service Area Details Table. On Form 1A, applicants must propose to serve at least 75% of the number of patients cited in the patient target column of Table 13 by December 31, 2016.

The patient target for this service area is 3,200. There are two changes reflected in number 3 of this slide. Applicants can propose to serve 75% of patients listed in Table 13. Previously, you were required to serve 100%. Also, the patient projection must be met by December 31, 2016. If less patients are proposed than listed in the patient target column in Table 13, a minimal reduction in funding will be required. More information will be provided on this topic in a moment.

Slide 7, applicants responding to announcement number HRSA-15-122 must enter zip code 11224 on Form 5B. Applicants can request no more than the current level of support being provided to the service area which is \$650,000, and must request all funding types that currently support the service area in the same proportion at which they are announced in Table 13. This means that 100% of the federal funds requested in this application must serve public housing populations in the service area.

Slide 8, applicants may not request more funding for the service area than the amount listed in the total funding column on Table 13 which is \$650,000. An organization may not apply on behalf of another organization. The grantee is expected to perform the majority role in the project and meet health center program requirements. The applicant name on the SF-424 must meet all eligibility criteria.

Slide 9 illustrates where on Form 1A applicants must enter the projected number of patients to be served. The arrow is pointing to where you must

propose at least 75% of the 3,200 patient target found in the far right-hand column of Table 13. This number must be entered into the total row patients projected column by December 31, 2016. I continue to repeat this date because it is important that the patients projected to be served will be served by December 31, 2016.

Slide 10 illustrates that applicants must enter zip code 11224 in the service area zip code field on Form 5B.

Slide 11, request no more than the current level of support being provided to the service area which is \$650,000, and request all funding types that currently support the service area in the same proportion at which they are announced in Table 13, which is public housing. If you have proposed to serve less patients than the patient target identified in Table 13, the allowable federal request for funding must be calculated based on the chart on Slide 12. Use the patient versus budget calculator on the SAC-AA technical assistance web site.

Slide 12, as mentioned in the eligibility criteria, beginning in FY2015 applicants will be able to propose to serve down to 75% of the patient target listed in Table 13 for a service area. If less than 95% of the patient target is proposed to be served, federal requests for funding must be reduced according to this chart. The patient versus budget calculator available at the SAC-AA web site will assist with this calculation. The reduced funding amount must be requested on both the SF-424A and the budget justification narrative.

Slide 13 clarifies the target population information found in Table 13. The available service area is currently announced to serve public housing primary care which serves residents and individuals living immediately adjacent to public housing. The other three target populations are all of the defined

populations served by the health center program and are listed for your convenience.

Slide 14, SAC-AA funding is targeted toward 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.

Slides 15 and 16 provide an overview of the two-tiered submission process, which is grants.gov and EHB. The basic steps for registration include obtaining a data universal numbering system or a DUNS number and registering in the system for award management, otherwise known as SAM. Then you should register in grants.gov and EHB.

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. It is vital that you ensure that your SAM registration is active throughout the entire application period through to the project period start date. If you are a current health center program grantee, you should already be registered in the appropriate systems. You should verify all registrations and access to both grants.gov and EHB well in advance of the deadlines. Please note that phase one of the application process is completed through a successful submission to Grants.gov. You will receive a validation email upon successful submission. You will receive a tracking number for accessing EHB approximately 7 business days following successful grants.gov submission. Unlike grants.gov which generates email confirmations, within EHB you will only receive an on-screen notice that your application was successfully submitted to HRSA. Please print and save this for your records.

Slide 17 provides the Grants.gov web address along with a list of the required Grants.gov submission components. This includes the SF-424, SF-424B, project performance site locations form, grants.gov lobbying form, and the SF-LLL disclosure of lobbying activities which is only applicable if anyone in your organization participates in lobbying activities.

Slides 18 and 19 illustrate how to complete the type of application fields on the SF-424 since incorrect selection 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 the service area. Select revision if you are a current health center grantee applying to serve a new service area and select new if you are a new applicant not currently funded through the health center program.

Slide 20 provides the EHB web address along with a list of the required EHB submission components. These include the project narrative, SF-424A, budget justification narrative, attachments, program specific forms, and the performance measures.

Slide 21 provides information on the attachments. More details about the attachments can be found on Table 3 of the FOA. The following attachments are required only if applicable to your organization. Attachment 6, the co-applicant agreement will be provided only by public centers that need a co-applicant to ensure compliance with governance requirements. Attachment 7, a summary of current or proposed service-related contracts and agreements, will be provided only if such contracts and agreements exist. Attachment 11, proof of non-profit or public center status will be provided only if it is not already on file with HRSA. Attachment 12, floor plans will be provided for all new applicants and current grantees that are applying to serve a new service area. Attachment 13, an implementation plan must be provided by new

applicants and current grantees applying to serve a new service area that detailed steps be taken to ensure operational status of all proposed sites for the service area within 120 days of the Notice of Award. Attachments 14 and 15 are where you can attach any additional documents if desired. Please note that these do count against the page limit.

Slide 22 provides a summary of the forms changes. More details about the forms can be found on Table 4 of the FOA. In the past, Form 3 Income Analysis was downloaded, completed offline then uploaded into the application. It is now a structured form that has been programmed into EHB. In the summary page, all applicants must review and confirm their funding requests and patient projections.

New applicants and current grantees applying to serve a new service area must review and confirm sites proposed and certify that all will have providers in place and begin providing services within 120 days of receipt of the Notice of Award. Within the summary page, there are links to other forms that should be referenced to verify information.

Slide 23 provides an overview of the sections of the Project Narrative and corresponding Review Criteria. These are Need, 15 points, Response, 20 points, Collaboration, 10 points, Evaluative Measures, 15 points, Resources and Capabilities, 20 points, Governance, 10 points, and Support Requested, 10 points. The point values are the total points that may be awarded for each section during an objective review. Please note that the FOA directs applicants and reviewers to cross reference the narrative forms and attachments when writing and reviewing the application. It is important that consistent information is presented across all components of the application.

Slides 24 and 25 list the clinical performance measures.

The required clinical performance measures are 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, 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, and other.

The tobacco use assessment and tobacco use cessation counseling performance measures have been combined into one tobacco use and screening cessation performance measure. Two new clinical performance measures have been added, new HIV cases with timely follow-up and depression screening and follow-up. Applicants are required to report on these three new performance measures, depression screening and follow-up, tobacco screening and cessation, and new HIV cases with timely follow-up.

Applicants reporting these measures for the first time can enter zero in the baseline data and provide a date by which baseline data will be gathered.

Slide 26 provides a list of the 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, and long term debt to equity ratio. 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.

Slide 27, applicants applying for special populations, for example public housing primary care funding, are required to create performance measures specific to the targeted special population. Any information that won't fit in the performance measures forms due to character limits, for example

contributing or restricting factors, details should be provided in the evaluative measure section of the project narrative.

Please be reminded that any information included in the project narrative will count against the page limit. And Slide 26, as I have already stated, lists the financial performance measures.

Slide 28 provides information about the budget presentation. I will discuss these points while showing Slide 30, which illustrates the revised SF-424A budget categories form.

The information shown on slide 29 is for instructional purposes only and does not use values applicable to the Brooklyn, New York service area. 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 the salary limitation, are followed. This will also make it easier for you to track your federal dollars.

Section B, budget category section, now captures the federal funding request and non-grant revenue supporting the project. In addition to completing the SF-424A, applicants must also provide a budget justification narrative. All applicants must submit a three-year budget justification that breaks out the federal and non-federal revenue and line item expenses.

In other words, the budget justification will correspond to the revised 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.

If you propose to serve less patients than the patient target in Table 13, the required reduction in federal funding request must be entered on the SF-424A and the budget justification narrative. Federal funds may not be used to pay the salary of an individual at a rate in excess of \$181,500. Appendix C of the FOA provides more information on the budget presentation requirements.

Slide 30 links the project period length to health center performance. Please see the section of the same name in the FOA for details which is section 5.2.

Slide 31, SAC-AA submissions may not exceed 160 pages. Tables 1 through 4 of the funding opportunity announcement, notes items that will be included in the page limit. Applications that exceed the page limit will be deemed ineligible.

As with all health center program applications, the narrative portions of the submission such as the project narrative should be in 12 point font. If desired, tables and charts such as the 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 also on the SAC-AA technical assistance web site.

Please note that failure to complete and include all of the 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 in the FOA for the list of required for completeness and required for the review documents. I'd also like to take this opportunity to highlight that if you are a new applicant or a current grantee that is applying to serve the service area that is new to your organization, you must include an implementation plan in attachment 13.

Slide 32, the SAC TA web page is

<http://www.hrsa.gov/grants/apply/assistance/sac-aa>. Please bookmark this site.

Contact Beth Hartmayer - that's me - at [bphcsac@hrsa.gov](mailto:bphcsac@hrsa.gov) for program-related questions. Contact Donna Marks at [dmarks@hrsa.gov](mailto:dmarks@hrsa.gov) for budget-related questions. Questions specific to the grants.gov system should be sent to [support@grants.gov](mailto:support@grants.gov). EHB-related questions should be posed to the BPHC help line at [bphchelp@hrsa.gov](mailto:bphchelp@hrsa.gov).

Frequently asked questions (FAQs) are available at the SAC-AA web site.

Please note that the FAQs reference the main service area announcement table which will not apply to applicants responding to HRSA announcement number HRSA-15-122. Your table that is comparable to the usual service area announcement table is in Appendix E. It is Table 13 in the FOA. At this time we can take any questions that may have arisen during the presentation.

Coordinator: Thank you. We'll now begin the question and answer session. If you would like to ask a question, please press star 1 on your touch-tone phone. Unmute your phone and record your name clearly when prompted. If you need to withdraw your question at any time, you may press star two. It will take just a moment for those to come through. Please stand by. We do have a question coming in, one moment. Our first question comes from Michael Conner. Your line is open.

Michael Conner: Yes, I have a question. We're applying for HRSA-15-120 for Oakland, California. And our guidance suggested we dial into this TA call. Is there a separate call for the Oakland area?

Beth Hartmayer: There is not. There is an archived presentation already available on the SAC-AA web site and that includes the presentation. The recorded webinar which would be a recording similar to what you are viewing now as well as a

transcript and that does apply to HRSA-15-120. Are there any other questions in queue?

Coordinator: I show no further questions at this time, but again if you would like to ask a question, please press star one and record your name. And I'm showing no further questions at this time.

Beth Hartmayer: Great. Thank you everyone for listening in today and if you have any questions after today's call, please email them to [bphcsac@hrsa.gov](mailto:bphcsac@hrsa.gov). A recording of today's call as well as a transcript should be available next week on the SAC-AA technical assistance web site. Thank you.

Coordinator: That concludes today's conference. Thank you for participating. You may disconnect at this time.

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