

PROGRAM INFORMATION NOTICE

DOCUMENT NUMBER:

DATE:

DOCUMENT NAME: Fiscal Year 2004
Application Instructions for Service Area
Competition (including all competing
continuations) Funding for the Consolidated
Health Center Program

TO: Consolidated Health Center Grantees
Primary Care Associations
Primary Care Offices
Federally Qualified Health Center Look-Alikes
Other Potential Applicants

This application guidance details the service area competition eligibility requirements, review criteria and awarding factors for organizations seeking a grant for operational support under the Consolidated Health Center Program including: Community Health Centers (CHC), Migrant Health Centers (MHC), Health Care for the Homeless (HCH), Public Housing Primary Care (PHPC) and School Based Health Centers (SBHC) authorized under section 330 of the Public Health Service (PHS) Act as amended.

Applicants are limited to currently funded health centers whose project periods expire on or after 10/31/2003, and new organizations proposing to serve the same areas or populations currently being served by these existing health centers. Organizations are also eligible to apply for areas designated in the HRSA Preview as currently being served by interim grantees.

Organizations eligible to compete include public or nonprofit private entities, including tribal, faith-based and community-based organizations. Eligible new organizations should be existing operational providers of primary health care services to underserved populations in the area with facilities available in the existing service area. All applicants are expected to demonstrate compliance with the requirements of section 330 of the PHS Act as amended. Interested organizations should refer to the HRSA Preview for further information regarding specific areas and deadlines.

Applications submitted electronically or postmarked later than the HRSA Preview due date for a specific local area or sent to any other address will be returned without consideration. If mailing the application, the original and two copies, including all attachments, must be sent to the HRSA Grants Application Center. (Please note that application for Service Area Competition, including competing continuation applications **may not be submitted electronically** through the

Bureau of Primary Health Care's Web-based Single Grant Application.)

For your convenience, application deadlines for projects ending in FY 2003 are provided below, please review the HRSA Preview for more current information.

If your Project Period ENDS:	Then	Your application deadline is:
October 31, 2003		October 1, 2003
November 30, 2003		
December 31, 2003		
January 31, 2004		
February 29, 2004		
March 31, 2004		December 1, 2003
May 31, 2004		
June 30, 2004		
August 31, 2004		May 3, 2004

For additional information regarding please contact Preeti Kanodia in the Bureau of Primary Health Care's Division of Health Center Development at 301-594-4300 or pkanodia@hrsa.gov.

Sam S. Shekar, M.D., M.P.H.
Assistant Surgeon General and
Associate Administrator for Primary Health Care

Attachments

**Department of Health and Human Services
Health Resources and Services Administration
Bureau of Primary Health Care**

**Application Guidance for Fiscal Year 2004
Service Area Competition for the
Consolidated Health Center Program**

For use with
PHS-5161-1

**HEALTH RESOURCES AND SERVICES ADMINISTRATION
BUREAU OF PRIMARY HEALTH CARE**

TABLE OF CONTENTS

TABLE OF CONTENTS	IV
INTRODUCTION	V
I. INTRODUCTION.....	VI
II. GENERAL INFORMATION	VII
WHO IS ELIGIBLE TO APPLY?	vii
WHAT IS A SERVICE AREA COMPETITION APPLICATION?	vii
WHAT IS THE MAXIMUM LEVEL OF SUPPORT?	vii
WHEN ARE APPLICATIONS DUE?	viii
WHERE SHOULD APPLICATIONS BE SENT?	viii
OTHER INFORMATION:	ix
SECTION I: GENERAL INFORMATION.....	1
I. HEALTH CENTER REQUIREMENTS/EXPECTATIONS	2
II. FEDERAL TORT CLAIMS ACT COVERAGE/MEDICAL MALPRACTICE INSURANCE	4
III. 340B DRUG PRICING PROGRAM	4
IV. REVIEW PROCESS	5
SECTION II: APPLICATION PREPARATION.....	6
I. APPLICATION PREPARATION	7
II. STRUCTURE AND CONTENT OF THE APPLICATION	7
A. SEQUENCE OF THE APPLICATION.....	7
B. CONTENT OF THE APPLICATION.....	8
III. INSTRUCTIONS REGARDING FORMATTING OF THE APPLICATION	11
SECTION III: PROJECT DESCRIPTION AND REVIEW CRITERIA.....	12
I. PROJECT SUMMARY	13
II. PROJECT DESCRIPTION	14
SECTION IV: INSTRUCTIONS FOR DEVELOPING THE HEALTH CARE & BUSINESS PLANS.....	23
I. GUIDELINES FOR HEALTH CARE AND BUSINESS PLANS	24
“Sample”Health Care & Business Plan Presentation	25
SECTION V: GUIDELINES FOR DEVELOPING THE BUDGET PRESENTATION	26
I. GUIDELINES FOR THE BUDGET PRESENTATION	27
II. COMPLETION OF THE BUDGET FORMS.....	27
“Sample”Budget Narrative.....	32
SECTION VI: FORMS.....	34
I. DESCRIPTIONS OF THE FORMS.....	35
FORM 1 – PART A: GENERAL INFORMATION WORKSHEET.....	37
FORM 1 – PART B: BPHC FUNDING REQUEST SUMMARY	39
FORM 1 – PART C: APPLICATION CHECKLIST.....	40
FORM 2 - PROPOSED STAFF PROFILE.....	41
FORM 3 - INCOME ANALYSIS FORMAT	42
FORM 4 - COMMUNITY AND USER CHARACTERISTICS.....	43
FORM 5 - PART A: SERVICES PROVIDED	44
FORM 5 - PART B: SERVICE SITES	45
FORM 6 – PART A: CURRENT BOARD MEMBER CHARACTERISTICS.....	46
FORM 6 - PART B: REQUEST FOR WAIVER OF GOVERNANCE REQUIREMENTS	47
FORM 7 – COMPLIANCE CHECKLIST	48
FORM 8 - HEALTH CENTER AFFILIATION CHECKLIST.....	50
SECTION VI: EXHIBITS	53
EXHIBIT 1: DEFINITIONS.....	54
EXHIBIT 2: CROSSWALK OF THE APPLICATION.....	57

INTRODUCTION

I. INTRODUCTION

The Consolidated Health Center program promotes the development and operation of community-based primary health care service systems in medically underserved areas and improves the health status of medically underserved populations. This application guidance details the service area competition eligibility requirements, review criteria and awarding factors for organizations seeking a grant for operational support under the Consolidated Health Center program including: Community Health Centers (CHC), Migrant Health Centers (MHC), Health Care for the Homeless (HCH), Public Housing Primary Care (PHPC) and School Based Health Centers (SBHC) authorized under section 330 of the Public Health Service Act as amended. It is the intent of the Health Resources and Services Administration (HRSA) to continue to support health services in these underserved areas, given the unmet need inherent in the provision of services to medically underserved populations. It is expected that each application submitted to serve one of these areas or populations will present a clear focus on maintaining access to care and reducing health disparities identified in the same target population that is being served by a currently funded grantee.

The entire application guidance should be reviewed thoroughly prior to making a decision to apply for operational support for a service area and target population. In addition, it is recommended that applicants also thoroughly review the following reference documents.

- Health Care Safety Net Amendments of 2002, Public Law 107-251 (section 330 of the PHS Act as amended)
- PIN 98-12, “Implementation of the Section 330 Governance Requirements” (signed April 28, 1998)
- PIN 98-23, “Health Center Program Expectations” (signed August 17, 1998)
- PIN 97-27, “Affiliation Agreements of Community and Migrant Health Centers” (signed July 22, 1997)
- PIN 98-24, “Amendment to PIN 97-27 Regarding Affiliation Agreements of Community and Migrant Health Centers” (signed August 17, 1998)
- PIN 2001-13, “Clarification of Program Requirements and Benefits for Bureau of Primary Health Care Supported School-Based Health Center Programs” (signed June 6, 2001)
- PIN 2002-07, “Scope of Project Policy” (signed December 31, 2001)
- PAL 2002-09, “President’s Initiative to Expand Health Centers” (signed May 16, 2002)

These documents and any others referenced in this grant application kit are available on the Bureau of Primary Health Care (BPHC) web page: <http://www.bphc.hrsa.gov/pinspals/>. A complete application package is also available on the BPHC web page, or you may request the materials from the HRSA Grants Application Center (GAC). To request a hard copy of an application kit for this program, please call toll free at (877) HRSA-123 or email at hrsagac@hrsa.gov. When contacting the GAC regarding application materials, please refer to the Program Announcement Number, HRSA 04-032 (C/MHC), HRSA 04-033 (HCH), HRSA 04-034 (PHPC), or HRSA 04-035 (SBHC), as applicable.

II. GENERAL INFORMATION

WHO IS ELIGIBLE TO APPLY?

Currently funded health centers whose project periods expire on or after 10/31/2003, as well as new organizations proposing to serve the same areas and populations being served by these existing centers, may apply for a grant for operational support under section 330 of the Public Health Service (PHS) Act as amended. Organizations are also eligible to apply for areas designated in the HRSA Preview as currently being served by interim grantees.

Organizations eligible to compete include public or nonprofit private entities; including tribal, faith-based and community-based organizations. Eligible new organizations should be existing operational providers of primary health care services to underserved populations in the area, with facilities available in the existing service area. All applicants are expected to demonstrate compliance with the requirements of section 330 of the PHS Act as amended. Interested organizations should refer to the HRSA Preview for further information regarding specific areas and deadlines.

An application will be considered eligible if it meets all of the specific eligibility requirements. Applications that do not meet the eligibility requirements will not be accepted for processing and will be returned.

WHAT IS A SERVICE AREA COMPETITION APPLICATION?

A service area competition application is a request for financial assistance to serve an underserved area or population that has been competitively announced in the HRSA Preview. Existing Consolidated Health Center program grantees that are seeking support to extend a project period that would otherwise expire on or after 10/31/2003, must submit service area competition applications for one or more budget periods.

The service area competition is applicable **ONLY** for the current scope of project provided by an existing grantee in the defined service area. Existing grantees may **NOT** request a change in their scope of project through the service area competition. New organizations are expected to provide services to the same area and population covered by the existing grantees scope of project.

WHAT IS THE MAXIMUM LEVEL OF SUPPORT?

It is expected that the request for Federal support will not exceed the annual level of Federal health center funding that has previously been provided to the area and/or population. It is also expected that the budgets presented in the application will be reasonable and appropriate based on the scope of the services to be provided, and the number and type (i.e., uninsured, homeless, migrant, public housing residents, low income children and adolescents, etc.) of individuals to be served. Applicants may propose a multi-year project period, not to exceed 5-years for existing grantees, and 3-years for new organizations. The budgets should also be consistent with the health care and business plans presented in the application, as well as the proposed project period.

For additional information regarding the current level of targeted support for a specified community or population, please contact Preeti Kanodia with **Division of Health Center**

Development, Bureau of Primary Health Care at (301) 594-4300.

Federal funding levels and the length of project period may be adjusted based on an analysis of the organization’s performance and experience related to operating costs, utilization, provider staffing and revenue generation. See Section V of this application guidance for further information and instruction on the development of the application budget. Federal funding levels for newly funded applicants may also be adjusted based on analysis of the budget and cost factors.

WHEN ARE APPLICATIONS DUE?

Applications must be **submitted electronically or postmarked** by the due date and received in time for review by the Independent Review Committee. Applications are due on the dates associated with the service area specified in the HRSA Preview. Applications will be considered received on time if submitted electronically or mailed by 11:59 p.m. EST on the due date, as shown only by a legible U.S. Postal Service dated postmark or a legible date receipt from a commercial carrier. Please indicate that you are responding to HRSA 04-032 (CHC/MHC), HRSA 04-033 (HCH), HRSA 04-034 (PHPC), or HRSA 04-0035 (SBHC) announcement, as applicable.

For your convenience, application deadlines for projects ending in FY 2003 are provided below, please review the HRSA Preview for more current information.

If your Project Period ENDS:	Then	Your application deadline is:
October 31, 2003		October 1, 2003
November 30, 2003		
December 31, 2003		
January 31, 2004		
February 29, 2004		
March 31, 2004		December 1, 2003
May 31, 2004		
June 30, 2004		
August 31, 2004		May 3, 2004

WHERE SHOULD APPLICATIONS BE SENT?

Applications may be SUBMITTED ELECTRONICALLY OR POSTMARKED by 11:59pm EST on the due date. Information for preparing either paper or electronic applications can be found at <http://www.hrsa.gov/grants.htm>.

If mailing the application, PLEASE send the **original and two copies of the application, including all attachments to:**

HRSA Grants Application Center
Attn: Grants Management Officer
901 Russell Avenue, Suite 450
Gaithersburg, Maryland 20879
Phone: 1-877-477-2123
Fax: 1-877-477-2345
Email: hrsagac@hrsa.gov

HRSA is encouraging applicants to register and apply on-line at <http://grants.hrsa.gov> or at <http://www.hrsa.gov/grants.htm>. HRSA's on-line application system is designed to maximize data accuracy and speed processing. For help using the on-line application system, call 1-877-GO4-HRSA (1-877-464-4772) between 8:30 a.m. to 5:30 p.m. eastern time or email the callcenter@hrsa.gov.

Application narratives and spreadsheets will need to be created separately and submitted as attachments to the application. You will be prompted to "upload" your attachments at strategic points within the application interface. The following document types will be accepted as attachments: WordPerfect (.wpd), Microsoft Word (.doc), Microsoft Excel (.xls), Rich Text Format (.rtf), Portable Document Format (.pdf).

Please note that while HRSA is accepting service area competition applications on-line, these may **NOT** be submitted via the Web-based Single Grant Application.

OTHER INFORMATION:

1. **The Consolidated Health Center program is subject to the provisions of Executive Order 12372, as implemented by 45 CFR Part 100.** Executive Order 12372 allows States the option of setting up a system for reviewing applications from within their States for assistance under certain Federal programs. The application packages pursuant to this notice will contain a listing of States with review systems and will provide a single point of contact (SPOC) in the State for review. A list of SPOC contacts may be found at <http://www.whitehouse.gov/omb/grants/spoc.html>. Applicants (other than federally-recognized Indian tribal governments) should contact their SPOC's as early as possible to alert them to the prospective applications and receive any necessary instructions on the State process. For proposed projects serving more than one State, the applicant is advised to contact the SPOC of each affected State. The due date for State process recommendations is 60 days after the applicable Federal application receipt due date. The BPHC does not guarantee that it will accommodate or explain its responses to State process recommendations received after the due date. (See "Intergovernmental Review of Federal Programs," Executive Order 12372, and 45 CFR Part 100, for description of the review process and requirements.)
2. **Public Health System Reporting Requirements:** Under these requirements (approved by the Office of Management and Budget 0937-0195), the community-based non-governmental applicant must prepare and submit a Public Health System Impact Statement (PHSIS) to the head of the appropriate State and local health agencies in the area(s) to be impacted no later than the Federal application due date:

- a) A copy of the face page of the application (SF 424).
 - b) A summary of the project, not to exceed one page, which provides:
 - A description of the population to be served, whose needs would be met under the proposal.
 - A summary of the services to be provided, and
 - A description of the coordination planned with the appropriate State or local health agencies.
3. **Data Universal Numbering System:** Beginning October 1, 2003, all applicants will be required to have a Data Universal Numbering System (DUNS) number to apply for a grant from the Federal Government. The DUNS number is a unique nine-character identification number provided by the commercial company Dun & Bradstreet. There is no charge to obtain a DUNS number.

Organizations are encouraged to obtain a DUNS number now if it is believed an application(s) will be submitted to any Federal agency on or after October 1, 2003. Proactively obtaining a DUNS number will facilitate the receipt and acceptance of applications after September 2003.

A DUNS number is also required before an organization can register in the Federal Government's Central Contractor Registry (CCR), which is required to do business with the government, including electronically applying for HRSA grants. Additional information on registering with the CCR or obtaining a DUNS number can be found at <http://www.hrsa.gov/grants>.

4. **Change of Scope:** Currently funded Health Centers should ensure that their application only reflects their currently approved scope of project. **Any proposed changes must be submitted to the HRSA's Division of Grants Management Operations for prior approval under separate cover.** Please refer to the most recent BPHC guidance on this subject contained in PIN 2002-07, or contact BPHCscope@hrsa.gov for more information.

**SECTION I:
GENERAL INFORMATION**

I. HEALTH CENTER REQUIREMENTS/EXPECTATIONS

All applicants are expected to demonstrate compliance with the applicable requirements of section 330 of the PHS Act, as amended and BPHC guidelines, including the Health Center Program Expectations (PIN 98-23). Community Health Centers and Migrant Health Centers are also expected to demonstrate compliance with the implementing regulations (42 CFR PART 51c.). In addition to these general requirements, there are specific requirements and expectations for applicants requesting funding under each type of health center authorized under section 330. Applicants requesting funding to support one or more health center types are expected to demonstrate compliance in the application with guidelines, expectations and requirements, as applicable. Failure to document and demonstrate compliance in the application will significantly reduce the likelihood of approval and funding.

COMMUNITY HEALTH CENTER (CHC) APPLICANTS (section 330(e)):

CHC applicants must demonstrate in their proposal how they will maintain access to comprehensive primary and preventive health care and improve the health status of underserved and vulnerable populations in the area to be served. Applicants are also expected to demonstrate that the proposal will address the major health care needs of the target population and will ensure the availability and accessibility of essential primary and preventive health services, including oral health and mental health and substance abuse services, to all individuals in the service area. Applicants are expected to demonstrate compliance with section 330(e) and all applicable BPHC guidelines.

MIGRANT HEALTH CENTER (MHC) APPLICANTS (section 330(g)):

MHC applicants must address how the special needs of migratory and seasonal farmworkers and their families are being or will be met. MHC applicants must describe how they will ensure that farmworkers will have access to comprehensive and preventive health care services, including oral health, mental health and substance abuse services through mechanisms such as: outreach that is integrated into the primary health care delivery system; use of mobile vans or health teams that travel to migrant camps; transportation; extended clinic hours; etc. In addition, applicants must describe how they will address the special environmental health concerns that are associated with migratory and seasonal farmworkers. Applicants are expected to demonstrate compliance with section 330(e) and 330(g), and all applicable BPHC guidelines. MHC applicants must include information about how the health center governance requirements will be addressed. For organizations that are *only* requesting support for a MHC that are requesting a waiver of some portion of the governance requirements, the description of the reasons for the waiver and the alternative mechanism being proposed to ensure consumer input must comply with guidelines as described in PIN 98-12 and the waiver request must be submitted as a letter with the application. Requests for waivers will not be granted to applicants that are also approved for CHC or SBHC funding.

HEALTH CARE FOR THE HOMELESS (HCH) APPLICANTS (section 330(h)):

HCH applicants must demonstrate in the proposal how they will maintain access to comprehensive primary and preventive health care and improve the health status of underserved homeless people in the area to be served. The application must address the major health care needs of the target population and ensure the availability and accessibility

of essential primary and preventive health services, including oral health, mental health and substance abuse services. Applicants are expected to demonstrate compliance with section 330(e) and 330(h), and all applicable BPHC guidelines.

HCH applicants must indicate the mechanism for delivering substance abuse services to homeless patients. HCH applicants must thoroughly explain the manner in which comprehensive outreach is to be conducted, and how transportation and other enabling services will be provided. HCH applicants must describe the manner in which case management, eligibility assistance, and access to housing services will be made available to homeless patients. HCH applicants must include information about how the health center governance requirements will be addressed. If a waiver of some portion of the governance requirements is requested, the description of the reasons for the waiver and the alternative mechanism being proposed to ensure consumer input must comply with guidelines as described in PIN 98-12 and the waiver request must be submitted with the application. Requests for waivers will not be granted to applicants that are also approved for CHC or SBHC funding.

PUBLIC HOUSING PRIMARY CARE (PHPC) APPLICANTS (section 330(i)):

PHPC applicants must demonstrate in their proposal how they will maintain access to comprehensive primary and preventive health care and improve the health status of underserved public housing residents in the area to be served. The application must address the major health care needs of the target population and ensure the availability and accessibility of essential primary and preventive health services, including oral health, mental health, and substance abuse services. Applicants are expected to demonstrate compliance with section 330(e) and 330(i), and all applicable BPHC guidelines.

PHPC applicants must include information about how the health center governance requirements will be addressed. If a waiver of some portion of the governance requirements is requested, the description of the reasons for the waiver and the alternative mechanism being proposed to ensure consumer input must comply with guidelines as described in PIN 98-12 and the waiver request must be submitted as a letter with the application. Requests for waivers will not be granted to applicants that are also approved for CHC or SBHC funding.

SCHOOL-BASED HEALTH CENTERS (SBHC) APPLICANTS:

SBHC applicants must demonstrate in their proposal how they will maintain access to comprehensive primary and preventive health care, which includes referrals, tracking and follow-up. The application must address the major health care needs of the target population and ensure the availability and accessibility of essential primary and preventive health services, including oral health, mental health, and substance abuse services. Applicants are expected to demonstrate compliance with section 330(e) and all applicable BPHC guidelines.

SBHC applicants must propose a school-based health center that serves other community members in addition to the students attending the school(s) where the SBHC is located. Community members may be served in other locations operated by the applicant organization. If the applicant organization has sites within the “scope of project” that will serve non-students at the SBHC (e.g. teachers), that arrangement must be described. The proposed site must operate at least 30 hours per week at each school-based health center, except in sparsely populated and rural areas utilizing mobile vans. The van must be

operational at least 30 hours per week at school sites. Some SBHC services may be provided off site through established arrangements within the applicant organization. SBHC applicants must provide a signed agreement with the school that is hosting the SBHC.

II. FEDERAL TORT CLAIMS ACT COVERAGE/MEDICAL MALPRACTICE INSURANCE

Organizations that receive grant funds under section 330 are eligible for protection from suits alleging medical malpractice through the Federally Supported Health Centers Assistance Act of 1992 (Act). The Act provides that health center employees may be deemed Federal employees and be afforded the protections of the Federal Tort Claims Act. A health center must apply to be deemed annually. Health centers that are not deemed may apply by using the application found in BPHC PIN 99-08 and submitting it to their BPHC Project Officer. All currently deemed health centers must be re-deemed annually. If you are a currently deemed grantee seeking a project period renewal you must concurrently submit a new deeming application (PIN 99-08), to your project officer in the Bureau of Primary Health Care, Division of Health Center Management, (301) 594-4420. If approved, a new deeming letter will be issued. New organizations should include the costs of appropriate malpractice insurance in the budget, and may later request deeming if funded.

In order for its employees to be deemed, a health center must have implemented policies and procedures that reduce the risk of malpractice; and have reviewed and verified the credentials of all licensed and certified health care practitioners. More specifically, a health center must have a governing board-approved quality assurance plan with a copy of the most recent minutes submitted with the deeming application and a credentialing and privileging policy that meets the requirements of BPHC PIN 2002-22. All licensed or certified health care practitioners must be credentialed and privileged before a health center deeming application can be approved. Finally, the health center must agree to fully cooperate with the Attorney General in defending any claims.

Health centers must be aware that participation in the FTCA program is not guaranteed. If a health center (applicant) is not absolutely certain it can meet the requirements of the Act, the costs associated with the purchase of malpractice insurance should be included in the proposed budget. The search for malpractice insurance, if necessary, should begin as soon as possible.

For general information on this malpractice program please review PIN 1999-08, and contact our toll free hotline 866-FTCA-HELP (866-382-2435).

III. 340B DRUG PRICING PROGRAM

Organizations that receive grant funds under section 330 of the PHS Act, as amended, are eligible to purchase prescription and non-prescription medications for their outpatients at reduced cost through the 340B Drug Pricing Program. Grantees are not required to operate/own a pharmacy in order to participate in this program. Given the pharmacist shortage nationwide, grantees may want to consider contracting with a local pharmacy. In order to participate in this program, a health center must submit a Program Registration Form to the Division of Health

Center Development, Pharmacy Affairs Branch, Bureau of Primary Health Care along with its Medicaid information.

For general information on the 340B program, please contact the Division of Health Center Development, Pharmacy Affairs Branch at 800-628-6297 or visit the website at <http://bphc.hrsa.gov/opa>.

IV. REVIEW PROCESS

All service area competition applications will be reviewed initially for eligibility and completeness. **Those applications that are determined to be ineligible, incomplete or non-responsive will be returned to the applicant.** Those applications that are determined to be eligible will have the technical merit of the proposal evaluated using objective review criteria with points assigned up to a maximum of 100 points total. An Independent Review Committee (IRC) composed of Federal and non-Federal experts will be reviewing the applications through an objective review or peer review process. During the objective review process reviewers are persons expert in the field of endeavor for which support is requested. The peer review process is a form of objective review. Reviewers who are the professional equals of the project director for the proposed project, and who often are engaged or were previously engaged in comparable activities perform the peer review process.

HRSA reserves the right to review fundable applicants for compliance with BPHC program expectations through a review of site visits, audit data, Uniform Data System (UDS) reports, Medicare/Medicaid cost reports, external accreditation or performance review reports, etc. as applicable.

**SECTION II:
APPLICATION PREPARATION**

I. APPLICATION PREPARATION

The purpose of this application guidance is to provide comprehensive, supplemental grant application instructions and formats for applicants seeking support to extend a project period that would otherwise expire, for one or more additional budget periods. **This application should be used in conjunction with Application Form PHS-5161-1. The PHS-5161-1 includes standard instructions prescribed by the Office of Management and Budget (OMB), therefore, that information is not repeated in this document.**

Applicants are encouraged to thoroughly review documents referenced on page vi of this application guidance prior to finalizing a decision to apply and/or preparing an application for submission. Applications should provide all required information in the **sequence** and **format** described in the instructions. Information and data should be accurate and consistent, and written instructions should be followed carefully and completely. Applications not meeting application requirements may be returned without processing or may result in a low rating by the IRC.

II. STRUCTURE AND CONTENT OF THE APPLICATION

A. SEQUENCE OF THE APPLICATION

Application components should be assembled as follows:

- PHS 5161-1: Face Sheet (SF 424)
- Abstract
- Table of Contents
- General Information Worksheet (FORM 1-A)
- Application Checklist (FORM 1-C)
- Project Summary (see Section III of this document)
- Progress Report (only for existing grantees)
- PHS 5161-1 Requirements:
 - Non-Construction Assurances (SF 424B)
 - Certifications (Pages 17 - 19)
 - PHS Checklist (Pages 25 - 26)
- Budget Presentation:
 - BPHC Funding Request Summary (FORM 1-B)
 - PHS 5161-1: Form SF 424A, Sections A-F
 - Detailed Budget Narratives - for each Year of funding requested
 - Proposed Staff Profile – for each Year of funding requested (FORM 2)
 - Income Analysis Format – for each Year of funding requested (FORM 3)
- Project Description (see Section III of this document)
- Health Care Plan (see Section IV of this document)
- Business Plan (see Section IV of this document)
- Appendices:
 - FORMS 4-8 All applicants must submit Forms 1-7. Only applicants requesting a waiver for governance requirements must submit Form 6-B. Only those applicants requesting funding for CHC, MHC and/or SBHC must submit Form 8.
 - All Required Attachments (See FORM 1-C)
 - Other Attachments as applicable

Failure to include all of these pieces of the application may result in an application being returned to the applicant as “incomplete.” Applications are limited to no more than 200 pages in total including all required and optional documents.

B. CONTENT OF THE APPLICATION: INSTRUCTIONS FOR PREPARING EACH REQUIRED SECTION OF THE APPLICATION

1. **ABSTRACT:** Applicants should use the following format: at the top of the abstract please provide the congressional districts within your service area and the types of HRSA/BPHC funding received/requested. The abstract should not exceed one page in length (35 lines) and include the following information:

- A brief history of the organization, the community served and target population.
- Numbers of providers, FTEs, delivery locations, services, users, and total encounters using data included in you application for the last 12 months of operation.
- State initiatives/managed care, CHIP, 1115 Waivers, etc. that impact the health center
- Other relevant information about the current/proposed scope of project.

This document may be transmitted to Congress and the Department of Health and Human Services (HHS), or used in press releases to provide a short description of the services provided by this grant.

2. **TABLE OF CONTENTS:** To facilitate review, include a table of contents or index reflecting the major headings, including sub-headings and applicable page numbers.
3. **APPLICATION CHECKLIST – FORM 1-C**
4. **GENERAL INFORMATION WORKSHEET - FORM 1-A**
5. **PROJECT SUMMARY** - see Section III of this document for specific guidance.
6. **SUMMARY PROGRESS REPORT (only for existing grantees):**
Well-planned progress reports can be a great value by providing a record of accomplishments, which serve as a basis for continuing support of the project.

For existing grantees, the progress report should be a brief presentation of the accomplishments, in relation to the approved “ Scope of Project” during the current project period.

The report should include:

1. The period covered (dates)
2. Description of any significant changes in the service area or population being served (i.e., influx of refugee population, or closing of local hospital, etc.)
3. Goals and Objectives – Briefly describe goals and objectives of the approved

“Scope of Project.”

4. Result – Describe outcomes both positive and negative or unanticipated issues that may be important, and the organization’s response. Current grantees should include any issues identified in the Notice of Grant Award (NGA), Primary Care Effectiveness Review (PCER), pre-application guidance letter (PAGL) or other findings, and the organization’s response.

7. **PHS 5161-1 REQUIREMENTS:**
 - Non-Construction Assurances (SF 424B)
 - Certifications (Pages 17-19)
 - Checklist (Pages 25-26)

8. **BUDGET PRESENTATION** - Budget presentations should be included for each year of the proposed project period. Existing grantees may request up to a 5-year project period, and new organizations may request up to a 3-year project period. See instructions in Section V of this document for further guidance on completing the budget presentation.
 - BPHC Funding Request Summary (FORM 1-B)
 - PHS 5161-1: Form SF 424A, Sections A-F
 - Detailed Budget Narratives for each 12-month period requested for Federal funding.
 - Proposed Staff Profile - for each 12-month period requested (FORM 2)
 - Income Analysis Format – for each 12-month period requested (FORM 3)

9. **PROJECT DESCRIPTION** – see Section III of this document for specific guidance.

10. **HEALTH CARE PLAN** - a sample format is provided in Section IV of this document.

In general, this section should be used to outline plans related to identified community health needs/issues as well as quality improvement activities within the practice that are *specific to the area or population for which Federal funding is being requested*. The health care plan can and should be used as an ongoing monitoring and evaluation tool by both the grantee and BPHC. Fiscal, administrative, Management Information Systems (MIS), and leadership activities are, in general, described in the business plan. However, clinically related MIS, administrative, or management issues may also be described in the health care plan. In addition to major community health related issues, applicants are expected to address the following in their health care plan, as applicable:

- Major health-related goals and objectives for each of the life cycles and populations to be served by the proposal.
- Improving performance, quality, and outcomes, e.g. quality improvement plan activities, Clinical Outcome Measures, Healthy People 2010 Objectives, Health Disparities Collaboratives, Health Plan Employer Data and Information Set (HEDIS) measures, accreditation standards, Relative Value Units.
- Eliminating health disparities as appropriate for the target community, e.g., infant

mortality, adult and pediatric immunizations, diabetes mellitus, cardiovascular disease, HIV infection, cancer prevention, asthma, hypertension, obesity.

- Retention and recruitment of qualified staff.
- Participation in the Health Disparities Collaborative or implementation of any type of quality improvement, and description of sustaining and spreading the model of care, including the continuation and spread of the disease management and quality improvement activities.
- Unresolved clinical issues identified in a previous Notice of Grant Award (NGA), Primary Care Effectiveness Review (PCER), and/or pre-application guidance letter, as applicable.

If special populations (e.g., migrant/seasonal agricultural workers, residents of public housing, homeless persons, low-income school children, etc.) are included in the target population, the health care plan must describe how the special access problems and the unique health care needs of these populations are being met.

11. BUSINESS PLAN - a sample format is provided in Section IV of this document.

The business plan should be used to outline goals and objectives for improving operations of the project and indicating how these are tied into the overall operational business goals of the organization.

The business plan should be formatted in the categories of administrative, governance, fiscal, and MIS. Applicants are expected to address the following issues, as applicable, in the business plan.

- Network development in a managed care environment.
- Cost-savings activities such as joint purchasing or network development
- Continuous quality improvement relative to administrative/fiscal activities. Current grantees should address the status of issues identified in a previous Notice of Grant Awards (NGA) and/or pre-application guidance letter.
- Plans for attaining and maintaining long-term viability (i.e., future requirements for space, personnel, capital, etc.)

The business plan must also address in narrative form those issues that cannot be captured in the table format, such as the following items:

- Audit conditions or exceptions as identified in the most recent report.
- Managed care arrangements and their impact on the organization.
- Factors that may have affected, or are expected to affect, progress in either a positive or negative way.
- Current grantees should also address outstanding business/management issues identified in a previous NGA, pre-application guidance letter, and/or Primary Care Effectiveness Report (PCER).

12. APPENDICES - All forms and attachments are expected to reflect the scope of the application submitted, as appropriate. Only applicants requesting funding for CHC,

MHC and/or SBHC are required to submit Form 8.

13. **OTHER ATTACHMENTS** – Applicants may include other attachments and documents to the application, as applicable, to support the proposed project plan. **Applicants are reminded that applications are limited to no more than 200 pages IN TOTAL for all required and optional attachments.**

III. INSTRUCTIONS REGARDING FORMATTING OF THE APPLICATION

Applications and the attachments:

- **MUST NOT** exceed 200 pages including all required and optional attachments.
- **MUST** be typed single-spaced in standard size black type (not to exceed 15 characters per inch) on 8½ x 11 paper that can be photocopied;
- **MUST** be serially numbered starting with the SF 424 Face sheet (all pages, including any sectional inserts, are to be included in the numbering of pages);
- **MUST** have the applicant's name included on every page;
- **MUST** use conventional border margins;
- **MUST** use only one side of each page;
- **MUST** be secured with rubber bands or binder clips;
- **MUST NOT** use spiral bound or glued binders;
- **MUST NOT** have Photocopy Reductions;
- **MUST NOT** have over-sized documents, posters, videotapes, cassette tapes, or other materials which cannot be photocopied.

Figures, charts, tables, figure legends, and footnotes may be smaller in size but must be clear and readily legible. Applicants are cautioned against using color prints or graphics. Additional copies of an application must be duplicated for review purposes, any color print or graphics may not copy successfully. Computer-generated facsimiles may be substituted for any of the forms provided in this packet. Such substitute forms should be printed in black ink, but must maintain the exact wording and format of the government-printed forms contained in the PHS 5161-1, including all captions and spacing. Deviations may be grounds for BPHC to reject the entire application.

Applicants are reminded that applications MUST NOT exceed 200 pages IN TOTAL including all required and optional attachments. Any pages in excess of 200 will not be considered as part of the review of the application.

**SECTION III:
PROJECT DESCRIPTION AND
REVIEW CRITERIA**

I. PROJECT SUMMARY (RECOMMEND APPROXIMATELY 2-3 PAGES)

The project summary is intended to be a **brief synopsis of the community/target population, the applicant organization and the scope of the proposed project**. The applicant should summarize the need for health services in the community and the organization's proposed response to that need. More specifically, the following issues should be addressed:

ALL APPLICANTS MUST RESPOND TO THE FOLLOWING CRITERIA:

A. OVERVIEW OF THE COMMUNITY/POPULATION

- 1) Provide a brief description of the service area (e.g., urban, rural, sparsely populated (less than 7 people per square mile)) and identify any Medically Underserved Areas (MUAs), Medically Underserved Populations (MUPs), High Impact Areas, and Health Professional Shortage Areas (HPSAs), if applicable.
- 2) Identify the type of community/target population(s) (e.g., low income, elderly, farmworker, homeless population, low-income school children/adolescents and their families, public housing residents, etc.).
- 3) Indicate how many people will be served once the program is at full operational capacity.
- 4) Describe the major and unique health care needs of the target population.
- 5) Describe unique characteristics of the community/target population and health indicators (e.g., employment status, ethnicity/culture, languages, etc.).
- 6) Describe any major issues or barriers to care faced by the target population(s).

B. OVERVIEW OF THE ORGANIZATION

- 1) Provide a brief history of the organization including its mission statement, the date the organization was founded, how long the organization has been providing primary health care services to the target population, its status and history as a designated Federally Qualified Health Center; and the nature of the entity or partner that established the organization (e.g., established by a faith-based entity), as applicable.
- 2) Describe the organizational structure and the philosophy behind the design of the organizational structure (including sponsorship or corporate affiliation, if appropriate).
- 3) Describe the major linkages with community (public and private) organizations (e.g., other health care programs, human service agencies, health professional education programs, integrated service networks, school systems, housing programs, etc.)
- 4) Identify unique characteristics and significant accomplishments of the organization including past or current services related to the section 330 health center(s).

C. PROJECT PLAN

- 1) Describe the organization's general approach to meeting community/target population health care needs.

- 2) Describe the proposed service delivery model and the services to be provided.
- 3) Describe the current staffing and facility layout.

II. PROJECT DESCRIPTION (RECOMMEND APPROXIMATELY 25-30 PAGES)

The project description should be a **detailed picture of the community/target population to be served, the applicant organization and its plan for addressing the identified health care needs/issues of the community/target population.** [See Exhibit 3, for a definition of target population and service area.] In general, this section includes a description of the health care needs of the community/target population, the factors responsible for these needs, community resources available to meet community health needs, the planning process and community needs assessment that precipitated the grant application, how the organization has/will integrate services with other efforts in the community, the extent to which the applicant's project plan addresses the specific program requirements (i.e., compliance), the organization's capacity to address the health needs and experience in providing services, and the readiness of the applicant organization to initiate the proposed project. The plan should include in the Health Care and Business Plan sections, the specific, measurable and time-framed outcome objectives to be achieved, and describe who will do what, when, where, how, to what extent, and to what effect to achieve the outcome objectives.

Throughout this section, reference may be made to exhibits and charts, as needed, in order to reflect information about multiple sites and/or geographic or demographic data. These exhibits and charts should be a part of the required/optional attachments. **The attachments should not contain any narrative.**

The following review criteria will be used by the Independent Review Committee (IRC) to evaluate (out of 100 points) each service area competition application. Failure to adequately address the following criteria may result in the application being recommended for disapproval by the IRC.

The project description should be organized according to the following headings and instructions. ALL APPLICANTS MUST ADDRESS THE FOLLOWING REVIEW CRITERIA. In addition, applicants must address the appropriate health center specific review criterion, which follows at the end of each section.

A. DESCRIPTION OF THE SERVICE AREA/COMMUNITY AND TARGET POPULATION MAXIMUM 10 POINTS (recommend approximately 3-4 pages)

1. Applicant describes the service area(s)/community(ies) being served:
 - (a) Identify the counties, census tracts, minor civil divisions, schools/school districts, etc., (as appropriate) in the service area.
 - (b) Discuss any geographic factors and/or culturally specific characteristics that impact access to and the delivery of health care services.
 - (c) Describe any relevant geographic barriers to care and other factors impacting access to care.

- (d) Describe any significant changes over the past year in the service area or population being served (i.e., influx of refugee population, or closing of local hospital, etc.)
2. Applicant describes the target population(s) (e.g., general community members, migrant/seasonal agricultural workers, residents of public housing, homeless persons, low-income school children, etc.) within the service area/community:
 - (a) Identify the unserved and underserved populations in the community.
 - (b) Describe the unique demographic characteristics of the target population (e.g., age, gender, insurance status, unemployment, poverty level, ethnicity/culture, education, etc.).
 - (c) Define any special health care needs of the target population(s).
 - (d) Identify any other populations that are in need of access to primary health care (e.g., migrant/seasonal farmworkers, homeless populations, residents of public housing, low-income school children/adolescents and their families).
 - (e) Describe relevant access to care and health status indicators of the target population/community. Describe the unique characteristics and other factors of the target population.
3. Applicant identifies and describes the most significant barriers to care, gaps in services, significant health disparities and the major health care problems in the community. (The Health Care Plan should present goals and measurable, time-framed objectives to address these identified needs.)
4. Applicant identifies any health care providers of care, resources and/or services of other public and private organizations within the proposed service area that are providing care to the target population(s) and evaluates the effectiveness of available resources and/or services in providing care to the target community/population.
5. Applicant identifies any other section 330 funding received, including any special initiatives (e.g., integrated service network, dental pilot, etc.) and urgent supplemental funds and/or funds received from other related Federal programs such as Healthy Start, Housing and Urban Development Homeless resources, etc.

B. STRATEGIC PLANNING MAXIMUM 10 POINTS (recommend approximately 2-3 pages)

1. Applicant demonstrates a thorough understanding of the health care environment including:
 - (a) the impact in the State of the implementation of SCHIP, 1115 and 1915(b) waivers, State Medicaid prospective payment system; Medicaid managed care, State laws, current and proposed welfare reform initiatives, etc.;
 - (b) the impact that these changes have had on the access to services or demand for services among the target population(s);
 - (c) the organization's strategic response to these issues.
2. Applicant describes the organization's role and relationships within the

community including:

- (a) how the organization fits into the community and its service delivery network;
 - (b) the role of clients, community, staff and Board of Directors in establishing and evaluating the organization's objectives and priorities.
3. Applicant demonstrates and provides evidence of the community's support for the organization. Applicant may include letters of support and MOUs as appropriate, and/or may include a list of additional letters of commitment, MOUs, etc on file at the health center.
 4. Applicant describes the mechanism(s) by which the organization identifies and responds to the community and its needs.

In addition to the above criteria, applicants requesting funding for one or more types of health centers authorized under the section 330 program, should also respond to the following criteria:

FOR MHC APPLICANTS:

- (a) Identify the percentage increase in MSFWs in the service area(s) in the previous 3 years.
- (b) Discuss the agricultural area, the impact of agriculture, and relationship between the crops, growing seasons and their impact on the influx of MSFWs (e.g., the need for hand labor or the number of temporary workers).
- (c) Discuss any network of care for migrant health. Discuss linkages (e.g., MOAs, MOUs, contracts, etc.) with other migrant health organizations such as Migrant Education, Migrant Head Start, and Migrant WIC programs. Submit copies of all signed agreements, contracts, etc.

FOR PHPC APPLICANTS:

- (a) Document the relationship with the local public housing authority and with public housing resident groups within the community.

FOR HCH APPLICANTS:

- (a) Document the relationship with housing providers and other local organizations that provide services and support to homeless persons.
- (b) Document the degree of participation in community-wide planning on behalf of homeless persons through participation with the local continuum of care or other entities.

C. SERVICE DELIVERY STRATEGY AND MODEL MAXIMUM 20 POINTS
(recommend approximately 4-5 pages)

1. Applicant describes the proposed service delivery model (e.g., freestanding, single or multi-site, migrant voucher, or combination), including a discussion of comprehensiveness and continuity of care, services provided via contract, the referral system process and access problems the model would address and resolve.

2. Applicant describes how the proposed model is most appropriate and responsive to the identified community health care needs (i.e., the applicant provides a service delivery plan of services and staffing that addresses the priority health and social problems of the target population for all the major life cycles). In particular, the service delivery plan should address the special health care needs documented in the application, and the health care plan.
3. Applicant discusses the extent to which project activities are coordinated and integrated with the activities of other federally-funded, State and local health services delivery projects and programs serving the same population(s). Describe both formal and informal arrangements. Provide copies of relevant contracts, MOUs, letters of commitment or investment (e.g., from the school board, school principal), etc., as part of the application attachments.
4. Applicant demonstrates appropriate collaborations and partnerships in the service area (including other federally-funded organizations) to assure a seamless continuum of care and access to appropriate specialty care for the target population (e.g., signed MOUs, contracts, referral agreements, etc.).
5. Applicant discusses the extent to which the proposed service delivery model will increase access to primary health care services and reduce health disparities for the medically underserved in the community/target population.
6. Applicant describes how the proposed service delivery model is a cost-effective approach to meeting the primary care needs of the target population given the health care needs of the target population and the level of health care resources currently available in the community.
7. Applicant demonstrates how the proposed model will assure that all persons will have ready access to all of the required primary, preventive and supplemental health care services without regard to ability to pay.
8. Applicant demonstrates how the proposed model will assure that comprehensive oral health care, mental health care, and substance abuse services will be available and accessible to all persons without regard to ability to pay.
9. Applicant discusses any proposed plans regarding new activities such as plans to expand into new areas, and how such activities will be integrated into the current service delivery system.

In addition to the above criteria, applicants requesting funding for one or more types of health centers authorized under the section 330 program, should also respond to the following criteria:

FOR MHC APPLICANTS:

- (a) Describe an outreach program that will increase access to primary and preventive health care services and how the outreach program is integrated into the primary

care delivery system.

FOR SBHC APPLICANTS:

- (a) Provide documentation of access to health care during the summer.

FOR PHPC APPLICANTS:

- (a) Provide a formal agreement with the local public housing authority that demonstrates the sufficient provision of comprehensive primary care services.

FOR HCH APPLICANTS:

- (a) Describe, for each service offered, the service setting (e.g. permanent clinic site, mobile van, shelter site, etc.)

D. HEALTH CARE SERVICES MAXIMUM 15 POINTS (recommend approximately 5-6 pages)

1. Applicant demonstrates how the required primary, preventive and supplemental health services (e.g., enabling services, eligibility assistance, outreach, and transportation) will be available and accessible to all lifecycles of the target population either directly on-site or through established arrangements.
2. Applicant demonstrates a clear and defined plan for providing oral health care, mental health care and substance abuse services that assures availability and accessibility to the target population either directly on-site or through established arrangements (contract, referral, etc.).
3. Applicant demonstrates that the proposed clinical staffing pattern (e.g., number and mix of primary care physicians and other providers and clinical support staff, language and cultural appropriateness, etc.) is appropriate for the level and mix of services to be provided.
4. Applicant demonstrates that the services will be culturally and linguistically appropriate.
5. Applicant demonstrates through the health care plan that priority health care needs of the target population will be addressed and health disparities will be reduced.
6. Applicant demonstrates a detailed plan for recruiting and retaining appropriate health care providers as appropriate for achieving the proposed staffing pattern.
7. Applicant demonstrates an understanding of the chronic disease incidence within the target population, and discusses participation in a formal disease/care management and system improvement program, such as the BPHC-supported or sponsored Health Disparities Collaborative.
8. Applicant discusses comprehensiveness and continuity of care, including:
 - (a) Hours of operation to assure services are available and accessible at times meeting

- the needs of the population including evenings and weekends as appropriate;
- (b) Mechanism to assure professional coverage during the hours when the health center is closed;
- (c) Performance improvement system that includes eliminating disparities in health outcomes, reducing patient risk, improving patient satisfaction, credentialing and privileging, incident reporting, etc., that integrates planning, management, leadership and governance into the evaluation processes of program effectiveness;
- (d) Case management system that demonstrates care coordination at all levels of health care, including arrangements for referrals, hospital admissions discharge planning and patient tracking; and
- (e) Means to obtain patient feedback including conducting patient satisfaction surveys.

In addition to the above criteria, applicants requesting funding for one or more types of health centers authorized under the section 330 program, should also respond to the following criteria:

FOR MHC APPLICANTS:

- (a) Describe how the health care needs associated with the environmental hazards to which farmworkers and their families are exposed will be met.
- (b) Describe the setting(s) in which health and enabling services will be provided, i.e., are there special arrangements to provide services at camps and/or farms; use of mobile teams and or vans; extended hours/weekend services, etc.

FOR SBHC APPLICANTS:

- (a) Provide evidence of on-site care through established arrangements with the school staff and providers (e.g., school nurse, school psychologist, etc.) when applicable.

FOR HCH APPLICANTS:

- (a) Thoroughly describe the mechanism for informing homeless people of the availability of services and the features of its outreach program.
- (b) Address coordination of services with providers of housing, job training, and other essential supports for persons who are homeless. The applicant must also describe its relationship with homeless coalitions, advocacy groups, and the existing continuum of care organizations in their community.
- (c) Describe the nature and scope of its expanded case management services.

E. ORGANIZATIONAL CAPABILITIES AND EXPERTISE MAXIMUM 25 POINTS (recommend approximately 3-4 pages)

1. Applicant demonstrates why it is the appropriate entity to receive these funds and why these funds are needed (e.g. staff skills, capacity, clinical outcomes, cultural and linguistic competence, evaluation capabilities, etc.).
2. Applicant describes its prior experience and expertise in working with the target population(s), in addressing the identified health care needs and in developing and implementing appropriate administrative, clinical, and financial management systems.

3. Applicant describes its history and status as a designated Federally Qualified Health Center, where applicable, including eligibility for malpractice coverage under the Federal Tort Claims Act, and years of uninterrupted services to the target area and populations.
4. Applicant demonstrates that its structure, management system and lines of authority are appropriate and adequate for the size and scope of the proposed project.
5. Applicant demonstrates that its key management staff of the health center is appropriate and that the process for hiring key management staff is in accordance with Health Center Program Expectations.
6. Applicant describes any key management staff changes during the last year, and/or any long-term vacancy.
7. Applicant demonstrates financial viability and accounting and internal controls in accord with sound financial management procedures that are appropriate to the size of the organization, funding requirements, and staff skills available.
8. Applicant demonstrates the ability to monitor the quality and outcomes of the services provided (e.g., adequate management information systems, established quality assurance program, patient feedback.).
9. Applicant demonstrates the ability to evaluate the quality and outcomes of the services provided including an evaluation plan that includes specific time framed, measurable outcomes and clear methods/action steps.
10. Applicant demonstrates through the business plan that operational issues and administrative, financial and clinical systems for the establishment of the proposed project will be addressed.

F. BUDGET MAXIMUM 10 POINTS (recommend approximately 2-3 pages)

1. Applicant provides an annualized budget for each 12 month period for which funding is requested of the new project period (project period may be up to 5 years for existing grantees, and up to 3 years for new organizations). The budget should be appropriate and reasonable in terms of
 - (a) The level of requested Federal grant funds versus total budget;
 - (b) The total resources required to achieve the goals and objectives (i.e., to achieve the applicant's proposed service delivery plan);
 - (c) The maximization of non-grant revenue relative to the proposed plan and leveraging of other resources.
 - (d) The projected patient income is reasonable based on the patient mix and number of projected users and encounters.
 - (e) The number of proposed users and encounters.
 - (f) The total cost per user and encounter.

- (g) The total grant dollars per user.
- 2. Applicant demonstrates that the Federal grant funds requested are being used to leverage other sources of funding and that alternative sources of revenue (i.e., Medicaid, SCHIP, and other third party resources) are being maximized to support the operation of the health center.
- 3. Applicant demonstrates that the business plan goals and objectives are targeted and demonstrate appropriate financial planning in the development of the proposal and for the long-term success of the project.

In addition to the above criteria, applicants requesting funding for one or more types of health centers authorized under the section 330 program, should also respond to the following criteria:

FOR SBHC APPLICANTS:

- (a) Itemize the estimated value of in-kind resources (including equipment, rent, personnel, renovations and alterations).

FOR PHPC APPLICANTS:

- (a) Demonstrate that no more than 20 percent of the grant funds will be used for outreach activities.

G. GOVERNANCE MAXIMUM 10 POINTS (recommend approximately 2-3 pages)

SEE PIN 98-12 FOR ADDITIONAL INFORMATION ON SECTION 330 GOVERNANCE REQUIREMENTS. Please provide a copy of the signed bylaws demonstrating compliance with and reflecting all functions and responsibilities cited in section 330.)

- 1. Applicant describes the structure of the Board in terms of size, expertise, and representativeness of the populations served (e.g. appropriate racial/ethnic and gender representation)
- 2. Applicant demonstrates its plan for assuring that the Board appropriately represents the community/target population to be served.
- 3. Applicant discusses the mechanism to train the governing board and new governing board members in appropriate responsibilities and requirements of the Federal grant.

In addition to the above criteria, applicants requesting funding for one or more types of health centers authorized under the section 330 program, should also respond to the following criteria:

FOR CHC, MHC and SBHC APPLICANTS ONLY:

- (a) Demonstrates through completion of Form 8, Affiliation Checklist (page 50), that any potential affiliations related to the operation and management of the health center comply with the requirements and guidelines set forth in the BPHC Program

Expectations and PINs 97-27 and 98-24.

FOR HCH, PHPC, and MHC APPLICANTS ONLY:

- (a) Clearly identify a request for a waiver of governance requirements, if applicable. If a waiver is requested, the applicant has identified in Form 6-B which requirements are to be waived and has presented alternative arrangements proposed in lieu of required elements. [See PIN 98-12, "Implementation of Section 330 Governance Requirements" (signed April 28, 1998)].

**SECTION IV:
INSTRUCTIONS FOR
DEVELOPING THE HEALTH CARE
AND BUSINESS PLANS**

I. GUIDELINES FOR HEALTH CARE AND BUSINESS PLANS

The following components are intended for use in both the health care and business plans. Presenting the plans in "landscape" print format may facilitate easier reading and usage.

Problem/Need Statements are clearly and specifically defined descriptions of major needs or problems, quantified where possible. The problem/need statements should tie into and flow from the overall project description and the identified needs of the target population. For example, such statements in the health care plan may address:

1. Needs of the overall health system, covering multiple programs and populations,
2. Identification of disparities in health outcomes among populations served,
3. Need for practice performance improvement in a targeted health disparity area,
4. Problems of a specific service or population,
5. Specific public health problems (e.g., high infant mortality; high prevalence of HIV disease; complications from diabetes; high prevalence of cocaine addiction), and
6. Need for sustaining and spreading health disparities collaborative.

Please refer to Section II for information that should be addressed in the business plan.

Column 1: Goals and Objectives. Goals are relatively broad and express a sense of a desired future state or direction. Goals should address identified needs or problems and are usually long-term. Objectives are descriptions of desired, measurable, time-limited results or outcomes. These objectives (intended results or outcomes) are measures of progress towards a goal. They can be used to identify an acceptable level of performance or establish criteria for evaluation. Objectives can be either short-term (less than 1 year) or long-term (1 year or longer). Use an upper case letter (A...) for each goal and list corresponding objectives by number (1...).

Column 2: Key Action Steps - the major activities that must occur to accomplish an objective - critical actions that must be taken to attain the measurable outcome or end result. Reference each action step by corresponding upper case letter for goal, number for objective, and lower case letter for action step (i.e., A.1.a.).

Column 3: Expected Outcome - action steps to be taken towards an objective; quantifiable documented outcomes to be achieved. This column must be completed for each objective. Reference each action step in the same manner as above for key action steps.

Column 4: Data, Evaluation, & Measurement - the source of data, evaluation method and measurement used to evaluate progress towards an objective or to identify the actual outcome distinguished in the objective. Reference each action step in the same manner as above for key action steps.

Column 5: Person/Area Responsible – indicate the person or area of the operation responsible for the tracking, evaluation and completion of the objectives and key action steps.

Column 6: Comments - supplementary information for related entries in the plan. Reference each action step in the same manner as above for key action steps.

**“Sample”
Health Care & Business Plan Presentation**

This sample Health Care and Business Plan presentation is provided as a broad outline. Additional information may be provided to fully describe your proposal:

Problem/Need Statement:					
Goals/Objectives	Key Action Steps	Expected Outcome	Data, Evaluation & Measurement	Person/Area Responsible	Comments
A. Goal (1)					
A.1. Objective (1)	A.1.(a) Action step 1 for Objective 1 A.1 (b) Action step 2 for Objective 1	A.1.(a) Expected Outcome A.1.(b) Expected Outcome	A.1(a) Data, Evaluation & Measurement A.1(b) Data, Evaluation & Measurement	A.1.(a) Person/Area A.1.(b) Person/Area	A.1.(a) Comments A.1.(b) Comments
A.2. Objective (2)	A.2.(a) Action step 1 for Objective 2 A.2 (b) Action step 2 for Objective 2	A.2.(a) Expected Outcome A.2.(b) Expected Outcome	A.2.(a) Data, Evaluation & Measurement A.2.(b) Data, Evaluation & Measurement	A.2.(a) Person/Area A.2.(b) Person/Area	A.2.(a) Comments A.2.(b) Comments
B. Goal (2)					
B.1. Objective (1)	B.1.(a) Action step 1 for Objective 1 B.1 (b) Action step 2 for Objective 1	B.1.(a) Expected Outcome B.1.(b) Expected Outcome	B.1.(a) Data, Evaluation & Measurement B.1.(b) Data, Evaluation & Measurement	B.1.(a) Person/Area B.1.(b) Person/Area	B.1.(a) Comments B.1.(b) Comments
B.2. Objective (2)	B.2.(a) Action step 1 for Objective 2 B.2 (b) Action step 2 for Objective 2	B.2.(a) Expected Outcome B.2.(b) Expected Outcome	B.2.(a) Data, Evaluation & Measurement B.2.(b) Data, Evaluation & Measurement	B.2.(a) Person/Area B.2.(b) Person/Area	B.2.(a) Comments B.2.(b) Comments
C. Goal (3)					
C.1. Objective (1)	C.1.(a) Action step 1 for Objective 1 C.1 (b) Action step 2 for Objective 1	C.1.(a) Expected Outcome C.1.(b) Expected Outcome	C.1.(a) Data, Evaluation & Measurement C.1.(b) Data, Evaluation & Measurement	C.1.(a) Person/Area C.1.(b) Person/Area	C.1.(a) Comments C.1.(b) Comments
C.2. Objective (2)	C.2.(a) Action step 1 for Objective 2 C.2 (b) Action step 2 for Objective 2	C.2.(a) Expected Outcome C.2.(b) Expected Outcome	C.2.(a) Data, Evaluation & Measurement C.2.(b) Data, Evaluation & Measurement	C.2.(a) Person/Area C.2.(b) Person/Area	C.2.(a) Comments C.2.(b) Comments

**SECTION V:
GUIDELINES FOR DEVELOPING
THE SERVICE AREA
COMPETITION APPLICATION
BUDGET PRESENTATION**

I. GUIDELINES FOR THE BUDGET PRESENTATION

In completing the service area competition application, an applicant should present a complete 12-month budget and narrative for each budget period for which the applicant is seeking support of the requested new project period. This section explains the development and requirements for the preparation and presentation of a budget submitted as part of the application for Federal support under the Consolidated Health Center Program.

All budgets should be developed based on the estimated funding needs to accomplish the proposed project, as well as the target level of funding. The Form 424A budget forms the basis for the budget presentation that will enable reviewers to make judgments as to the appropriateness and reasonableness of the proposed costs as they relate to the project description, health care plan and business plan (see below for specific instructions on completing the SF424A). **A complete and comprehensive Budget Narrative that provides an explanation for each budget line item should accompany the budget.**

Federal funding levels will be reviewed for consistency and may be adjusted based on an analysis of performance and actual experience related to operating costs, utilization, provider staffing and revenue generation, for this specific service area.

II. COMPLETION OF THE BUDGET FORMS

Application of Federal cost principles relates only to Federal grant funds, as outlined in the Health Centers Consolidation Act of 1996. Amounts in the budgets may be rounded (i.e., hundreds, thousands).

A. FORM SF 424A, SECTIONS A-F

1. Budget Summary, SF 424A, Section A

Section A should break down the total budget by health center type to reflect the components of the budget as follows: lines (1) through (4) should reflect the budget for each BPHC health center type as applicable; and line (5) should reflect the total budget.

2. Budget Categories, SF 424A, Section B

This section is a summary of all budget calculations and information for the Consolidated Health Center Program project budget. Each line represents a distinct category that should be addressed in the budget narrative. The columns are designated “grant program, function or activity.” Column (1) should reflect all of the costs of Year 1 of the project, column (2) should reflect the costs of Year 2 of the project, etc. The SF 424A, Section B, row 7 should reflect only the projected patient service revenue for the service delivery mechanism shown in the column above.

Adequate justification must be presented in narrative form for information relative to the local area service area budget, identifying individual costs by

type of health center. Narrative justification items should be identifiable in the business or health care plan, as appropriate. See below for further detail.

3. Non-Federal Resources, SF 424A, Section C and Forecasted Cash Needs, Section D are non applicable.
4. Budget Estimates of Federal Funds needed for the Balance of the Project, SF 424A, Section E

This section has four columns for the future Federal funding period estimates WITHIN the proposed project period, but FOLLOWING the budget period for which this application requests support.

B. BUDGET NARRATIVE

Expense information must include further detail by object class. The budget justifications for the individual health center type must be provided in sufficient detail to support one-step below the object class category level, as described below. In addition, if there are budget items for which costs are shared with other programs (e.g., HRSA programs or an independent home health program administered by the applicant organization), the basis for the allocation of costs between federally supported programs and other independent programs must be explained.

- a) **Personnel:** Reference Form 2 as justification for dollar figures.
- b) **Fringe Benefits:** Itemize the components that comprise the fringe benefit rate (e.g., health insurance, FICA, SUTA, life insurance, retirement plan). For any increase greater than 5 percent over the prior year rate, provide an explanation.
- c) **Equipment:** Only major (with a cost over \$5,000 per unit) equipment items need to be itemized. Items costing less than \$5,000 should be aggregated with a brief explanation.
- d) **Supplies:** Categorize supplies according to type – medical, lab, pharmacy, office, etc. Explain how the amounts were developed (e.g., medical supplies were based on 20,000 encounters at \$2 per encounter to arrive at the \$40,000 appearing in the budget).
- e) **Travel:** Itemize travel costs according to traveler type (Executive Director, Project Director, Board, provider for continuing medical education (CME), etc.) and explain how the amounts were developed. It is not necessary to itemize each trip or the costs associated with each trip. (Example: CME 12 trips @ \$1,200 each)
- f) **Contractual:** Categorize substantive programmatic or administrative contracts costs according to type (e.g., medical referral, lab referral, management consultant) under 2 headings – patient care and non-patient care by costs.

- g) **Alteration and Renovation (A&R):** Describe all proposed A&R necessary for the project.
- h) **Other:** Itemize all costs in this category and explain in sufficient detail. In most cases, consultant costs for technical assistance, legal fees, rent, utilities, insurance, dues, subscriptions, and audit related costs would fall under this category.
- i) **Indirect Costs** (refer to PHS 5161-1, page 21)

C. INSTRUCTIONS FOR THE COMPLETION OF FORM 3: INCOME ANALYSIS FORMAT

Revenue information should be presented in a format that shows how projections for patient service revenue for each year were made by breaking out revenue by payment source. **Note that self-payors need only be broken out by 100 percent payors, sliding scale, and nominal-fee payors.**

If a capitated managed care program is included, the applicant should: describe each current capitated managed care arrangement, identifying the services for which the applicant is at risk; provide the current number of enrollees and support for the projected number of enrollees included in the total user count; and separately identify income and expenses based on the actual number of enrollees. Contact the Division of Health Center Development, Bureau of Primary Health Care for assistance in developing this information.

Projecting revenue should involve the following steps and can be presented using the sample Income Analysis format.

1. Special Instructions for Fee-for-Service

- (a) Enter in column a) the number of visits that will be covered by each type of payment source – Medicaid, Medicare, other third-party payors and patient self-pay (categorized by 100 percent pay, sliding fee pay and 0 percent self-pay).
- (b) Enter in column b) the average charge per visit by payor category.
- (c) Enter in column c) the total charges for each payment source. This may be obtained by multiplying column a) by column b).
- (d) Enter in column d) the average adjustment of the average charge per visit.
NOTE: Adjustments in this column relate to projected disallowance and sliding fee discounts to the average charge per visit.
- (e) Enter in column e) the total amount billed by payment source. This is computed by subtracting from column c), **total charges**, the total estimated adjustments [column a) x column d)].
- (f) Enter in column f) the estimated collection rate (%) by payor category.
- (g) Enter in column g) the total projected income for the projected Budget Period. Multiply column e) by column f).

- (h) Column h) represents the actual accrued income for the latest 12- month period for which data are available by payor category. The applicant should compare figures in columns g) and h) and explain in the budget presentation any significant increase or decrease in income.

2. Special Instructions for Capitation Arrangements

- (a) Enter in column a) the projected number of visits for enrollees under capitation arrangements for each major contract. Although by definition, capitation is not based on visits, an estimated number of total visits figure should be reported in this column.
- (b) Enter in column e) the total gross capitation amount to be received under the capitation arrangement.
- (c) Enter in column f) the collection rate excluding anticipated contractual withholds, if any.
- (d) Enter in column g) the total projected income. This should be equal to net receipts [column e) x column f)].
- (e) Enter in column h) the actual accrued income for the latest 12- month period for which data are available by payor category. The applicant should compare figures in columns g) and h) and explain in the budget presentation any significant increases or decreases in income.

Note: Charge-based income includes such revenues as insurance filing fees and surplus managed care distributions, and non-charge-based income includes interest receipts, contracts to serve as medical director of a nursing home, etc.

3. STATE, LOCAL AND OTHER OPERATIONAL FUNDING

- (a) List by amount, source, and purpose.
- (b) Include the source and value of in-kind donations in this description, including donated pharmaceuticals, such as samples.

“SAMPLE SF424a”

OMB Approval No. 0348-0044

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. CHC		\$0	\$0	\$550,000	\$7,473,934	\$8,023,934
2. MHC		\$0	\$0			
3. HCH		\$0	\$0			
4. ...		\$0	\$0	\$0	\$0	\$0
5. TOTALS						
SECTION B - BUDGET CATEGORIES						
6. Object Class Category	Grant Program Function or Activity					Total
	(1) Year 1	Year 2	Year 3	Year 4	Year 5	
a. Personnel	\$4,587,223	\$	\$	\$	\$	
b. Fringe Benefits	\$951,849	\$	\$	\$	\$	
c. Travel	\$25,432	\$	\$	\$	\$	
d. Equipment	\$118,000	\$	\$	\$	\$	
e. Supplies	\$1,452,940	\$	\$	\$	\$	
f. Contractual	\$326,020	\$	\$	\$	\$	
g. Construction – Alteration/Renovation	\$32,000	\$	\$	\$	\$	
h. Other	\$530,470	\$	\$	\$	\$	
i. Total Direct Charges (sum of 6a-6h)	\$8,023,934	\$	\$	\$	\$	
j. Indirect Charges	\$0	\$	\$	\$	\$	
k. TOTALS (sum of 6i and 6j)	\$8,023,934	\$	\$	\$	\$	
7. Program Income	\$4,770,180	\$	\$	\$	\$	

Standard Form 424A (7-97)

Prescribed by OMB Circular A-102

* Applicants are limited to the level of Federal funds identified in Program Guidance.

**“Sample”
Budget Narrative**

This sample budget narrative is provided as a broad outline. Providing additional information and detail is recommended to fully describe your proposal.

REVENUE: (From FORM 3 – Income Analysis)	<u>Year 1</u>	<u>Year 2</u>	<u>Year 3</u>	<u>Year 4</u>	<u>Year 5</u>
PATIENT SERVICE INCOME (including Pharmacy)	\$6,207,434				
LOCAL & STATE GRANTS	\$953,500				
LOCAL FUNDING	\$150,000				
FEDERAL BPHC 330 GRANT	\$681,000				
OTHER FEDERAL FUNDING (Break out by fund source)	\$				
TOTAL: REVENUE	\$7,991,934				

EXPENSES:	<u>Year 1</u>	<u>Year 2</u>	<u>Year 3</u>	<u>Year 4</u>	<u>Year 5</u>
PERSONNEL: See Personnel by Position and health center type	\$4,657,223				
FRINGE BENEFITS: Break out each portion of Fringe Benefits: FICA Retirement, etc.	\$951,849				
TOTAL: PERSONNEL & FRINGE	\$5,589,072				

TRAVEL:	
Providers CME (\$ per full-time equivalent (FTE))	\$
Nursing CME (\$ per FTE)	\$
Other Professional CME (\$ per FTE)	\$
Travel to meetings (\$ per attendees x # of trips)	\$
Executive Director (2 meetings)	
Board Chair (2 meetings)	
Management & Board	\$
State and National Meetings	\$
Other Board/Management Travel	\$
Local Travel (# of trips @ organization’s mileage rate)	\$
TOTAL: TRAVEL	\$ 25,932

EQUIPMENT:	
See attached Equipment Listing	
TOTAL: EQUIPMENT	\$5,500

SUPPLIES:	
Office & Printing Supplies \$X.XX per encounter	\$
Medical & Dental Records \$X.XX per encounter	\$
Medical Supplies \$X.XX per encounter	\$
Pharmacy Supplies including Drugs	
Average per # of Prescriptions	\$
X-ray supplies Average per # of X-rays	\$
Laboratory supplies per average # of procedures	\$

Expenses Continued	<u>Year 1</u>	<u>Year 2</u>	<u>Year 3</u>	<u>Year 4</u>	<u>Year 5</u>
Building and Maintenance Supplies per # of sites	\$				
TOTAL: SUPPLIES	\$1,452,940				

CONTRACTUAL (Please describe with enough detail to justify the costs)

“Patient Care Contracts”

Outside Reference Lab	\$
XYZ Company for any tests that cannot be Performed in house (Avg # of procedures X Avg Cost)	\$
Outside Contract Pharmacies (describe) (Avg # of prescriptions X Avg Cost)	\$
GYN/OB Contract with ABC Company (Avg # of Patients served X Avg Cost)	\$
Ophthalmologist with RST Company (Avg # of patients @ Avg Cost)	\$
Temporary Nursing Coverage (Avg # of days @ Avg Costs)	\$
Subtotal: Patient Care Contracts	\$

“Non-Patient Contracts”

Housekeeping Services with LMN Company for # of sites	\$
Security Services with DEF Company for # of hours per site	\$
Computer Maintenance Contract	\$
Subtotal: Non-Patient Contracts	\$
TOTAL: CONTRACTUAL	\$398,020

OTHER:

Payroll Processing Services	\$
Audit Services with JKL Company	\$
Legal Fees with WXY Company fee per hour	\$
Association Dues	\$
Building Contents Insurance	\$
Telephone Service	\$
Answering Services	\$
Postage	\$
Utilities	\$
Rent (describe per site)	\$
Marketing/Outreach	\$
Any special taxes (describe)	\$
Technical Assistance	\$
TOTAL: OTHER	\$580,470

TOTAL: ALL BUDGET	<u>Year 1</u>	<u>Year 2</u>	<u>Year 3</u>	<u>Year 4</u>	<u>Year 5</u>
	\$7,991,934				

EQUIPMENT:

	<u>Year 1</u>	<u>Year 2</u>	<u>Year 3</u>	<u>Year 4</u>	<u>Year 5</u>
1 Developing Unit (1 @ \$2,000)	\$ 2,000				
1 PC and related software (1 @ 3,500)	\$ 3,500				
TOTAL ALL EQUIPMENT	\$ 5,500				

SECTION VI: FORMS

I. DESCRIPTIONS OF THE FORMS

The forms are sample formats for supplying application requirements in a concise and consistent fashion. Shaded areas of Forms (rows and/or columns) should not be completed. Computer-generated facsimiles may be substituted for any of the forms provided in this packet. Such substitute forms should be printed in black ink, but they must maintain the exact wording and format of the government-printed forms, including all captions and spacing.

Applicants should complete the forms based on the entire scope of the project (i.e., total for all sites).

FORM 1, Part A – General Information Worksheet: Provides summary information. This form should present information that is consistent with the budget, user and encounter projections presented in the project description, Health Care and Business Plans and any other Forms.

FORM 1, Part B – BPHC-Funding Request Summary: To facilitate identification of the amount of Federal funding being requested, each applicant must complete the BPHC Funding Request Summary.

FORM 1, Part C – Application Checklist: To ensure the completeness of the application and facilitate review, each applicant must complete the Application Checklist, and arrange documents in the sequence provided.

FORM 2 – Proposed Staff Profile: Identifies the total personnel and number of FTEs to staff the health center and number to be supported federal funds. Applicants should include staff for the entire scope of the project (i.e., total for all sites).

FORM 3 – Income Analysis Format: Presents revenue information showing how projections for patient service revenue for each year were made by breaking out revenue by payment source.

FORM 4 – Community and User Characteristics: Reports community-wide and target population data for the most recent period for which data are available. Estimates are acceptable.

FORM 5, Part A – Services Provided: Applicants should identify what services will be available at the health center site(s) and how these services will be provided.

FORM 5, Part B – Service Sites: Applicants should include all sites to be included under the Scope of Project. Currently funded health centers should include all current sites listed on the most recent Exhibit B “Service Sites” (from the most recently submitted Change of Scope, or Budget Period Renewal). Current grantees may NOT request support for new sites in this application, see PIN 2002-07 for additional information.

FORM 6, Part A – Board Member Characteristics: Applicants should list all current board members and provide relevant characteristics, as requested.

FORM 6, Part B – Request for Waiver of Governance Requirements (if applicable):

Health centers are eligible for a governance waiver ONLY IF they receive HCH, PHPC, or MHC funding only. Requests for waivers will not be granted to applicants that are also approved for CHC or SBHC funding. If a waiver is requested, applicant should clearly identify which requirements are to be waived, and present alternative arrangements in lieu of the required elements. (See PIN 98-12 for additional information.)

FORM 7 – Compliance Checklist: This form provides a checklist for assuring compliance with all section 330 requirements.

FORM 8, Affiliation Checklist (CHC, MHC and SBHC applicants ONLY): In accordance with PIN 98-24, submission of Form 8 is required with all CHC, MHC and SBHC applications. The completed exhibit will provide the BPHC information regarding any proposed affiliation arrangements. This information will be used to assure that organizations receiving BPHC funds comply with the requirements and guidelines set forth in the BPHC Program Expectations for Health Centers and PINs 97-27 and 98-24. Grantees that have received a letter from the BPHC approving an affiliation agreement, since the issuance of PIN 98-24, should submit the approval letter with the completed Exhibit G (from the most recently submitted Single Grant Application or approved Change of Scope) must submit all pertinent documents as part of the application.

FORM 1 – PART A GENERAL INFORMATION WORKSHEET

Applicant Name: _____

Contact Person: _____

Mailing/Street Address: _____

Title: _____

Phone: _____ Fax: _____

City, State, Zip: _____

Email: _____

Proposed Service Area (City, County, State – Relevant Zip Codes): _____

Please Check ONE on each line:

- 1.) PRIVATE NONPROFIT PUBLIC ENTITY
 2.) NEW ORGANIZATION PROJECT PERIOD RENEWAL (UDS #: _____)
 3.) MEDICALLY UNDERSERVED AREA MEDICALLY UNDERSERVED POPULATION N/A
 4.) URBAN RURAL SPARSELY POPULATED/FRONTIER (persons/mile _____)

Please check all that apply:

- Tribal Entity Public Health Department Hospital Faith-based Organization University Local Government

GENERAL INFORMATION: Applicants proposing one or more delivery sites should report combined data for all of the sites to be included under the scope of project. Existing grantees should report on all current sites and may NOT request support of a new site or services. New organizations should report on currently operational sites to be included in the scope of project.

Total Service Area Population: _____

Total Target Population: _____

Total Number Projected for this Budget Period: ENCOUNTERS: _____ USERS: _____

	TOTAL Federal Funding Requested	TOTAL Budget
Year 1		
Year 2		
Year 3		
Year 4*		
Year 5*		

	USERS
General Community	
Migrant/Seasonal Farmworkers	
Public Housing Residents	
Homeless Persons	
School-based health center users	
TOTAL	

* Year 4 and 5 for existing grantees only.

UNDUPLICATED COUNTS	NUMBER of USERS
Medical Users	
Medical Encounters	
Dental Users	
Dental Encounters	
Mental Health Users	
Mental Health Encounters	
Substance Abuse Service Users	
Substance Abuse Service Encounters	

Provider Type	NUMBER of PROVIDERS
TOTAL FTE Medical Providers (Physicians, Nurse Practitioners, Physicians Assistants, etc.)	
TOTAL FTE Dental Providers (Dentists and hygienists)	
TOTAL FTE Mental Health Providers (Psychiatrists, psychologists, MSWs, etc.)	
TOTAL FTE Substance Abuse Service Providers	

**FORM 1- PART B
BPHC FUNDING REQUEST SUMMARY**

		FEDERAL FUNDS REQUESTED BASED ON A 12-MONTH BUDGET FOR YEAR 1, YEAR 2 OR YEAR 3							
REQUESTED BPHC FUNDING:	CFDA 93.224 section 330 Authority	NEW Organization			Project Period Renewal				
		Year 1	Year 2	Year 3	Year 1	Year 2	Year 3	Year 4	Year 5
Community Health Center	CHC – 330(e)								
Migrant Health Center	MHC – 330(g)								
Health Care for the Homeless	HCH – 330(h)								
School Based Health Centers	SHC – 330(e)								
Public Housing Primary Care	PHPC – 330(i)								
TOTAL FEDERAL FUNDING REQUEST		\$			\$				
ESTIMATED FUNDING (Indicate source of funding by health center type, e.g. CHC, MHC, HCH, PHPC, or SBHC)					<p>NOTE: Existing grantees should indicate current funding from each health center type, as applicable. New organizations should indicate/request for funding for the applicable health center type(s).</p> <p>NOTE: Applicants requesting funding for MHC, PHPC, HCH or SBHC are expected to demonstrate compliance with the specific program requirements for each health center.</p>				
	YEAR 1	YEAR 2	YEAR 3						
FUNDING PROGRAM:	TOTAL BUDGET	TOTAL BUDGET	TOTAL BUDGET						
A. Federal	\$	\$	\$						
B. Applicant	\$	\$	\$						
C. State	\$	\$	\$						
D. Local	\$	\$	\$						
E. Other	\$	\$	\$						
F. Program Income	\$	\$	\$						
G. Total	\$	\$	\$						

FORM 1 – PART C APPLICATION CHECKLIST

DOCUMENTS TO BE INCLUDED WITH APPLICATION	
ALL DOCUMENTS LISTED BELOW MUST BE INCLUDED WITH APPLICATION UNLESS SPECIFICALLY NOTED	APPLICATION PAGE # (s)
GENERAL INFORMATION	
PHS 5161-1 - Face Sheet (SF 424 – Application for Federal Assistance)	
Abstract	
Table of Contents	
Form 1, Part A: General Information Worksheet	
Form 1, Part C: Application Checklist	
Project Summary	
Progress Report (only for existing grantees)	
PHS 5161-1 - Standard Assurances (SF 424B – Non-Construction Programs)	
PHS 5161-1 - Certifications (Pages 17-19)	
PHS 5161-1 - Checklist (Pages 25 - 26)	
BUDGET INFORMATION	
Form 1, Part B: BPHC Funding Request Summary	
PHS 5161-1 - Form SF 424A, Sections A-F (2 pages)	
Detailed Budget with Narratives each for Year of the requested new project period	
Form 2: Proposed Staff Profile for each Year of the proposed project	
Form 3: Income Analysis Format for each Year of the proposed project	
BODY OF APPLICATION	
Project Description	
Health Care Plan	
Business Plan	
REQUIRED ATTACHMENTS	
Form 4: Community Characteristics	
Form 5, Part A: Services Provided	
Form 5, Part B: Service Sites	
Form 6, Part A: Current Board Member Characteristics	
Form 6, Part B: Request for Waiver of Governance Requirements, if applicable	
Form 7: Compliance Checklist	
Form 8: Affiliation Checklist (<i>CHC, MHC and SBHC applicants only</i>)	
Organization Chart	
Corporate Bylaws	
Job or Position Description for Key Personnel	
Resumes for Key Personnel	
Co-Applicant Agreement (if applicable)	
Other contracts, agreements, etc. as applicable or required	
Most recent independent financial audit including all management letters	
Articles of Incorporation	
Internal Revenue Service (IRS) Tax Exempt Certification for the Applicant, OR, if the Applicant is a public entity, the Co-Applicant Board	
Listed Letters of Support (Please keep actual letters in Institutional File)	

DOCUMENTS AVAILABLE ON SITE
MANAGEMENT AND FINANCE
Personnel Policies and Procedures
Data Collection and Information Systems
Schedule of discounts (Sliding Fee Schedule) (If Applicable)
Agreements with Medicaid and Medicare
Billing and Collection Policies and Procedures
Procurement Policies and Procedures
Travel Policies
Fee Schedule
Accounting Policies and Procedures Manual
Documentation of FQHC rates
Contracts with Agencies, Vendors, etc.
CLINICAL PROGRAM
Patient Confidentiality Policy and Procedures
Principles of Practice (As applicable)
List of Non-Physician Supervision Protocols
Health Maintenance Protocols by Age Group
Other Clinical Protocols (Provide List)
Continuing Professional Education Policies
Patient Flow
Sample Medical Record
Clinical Information and Tracking Systems
Patient Grievance Policy and Procedure
Quality Management and/or Assurance Plan
Malpractice Coverage and/or FTCA Deeming/Malpractice Coverage
OSHA Documents
CLIA Documents
Credentialing Policy and Procedures
OTHER DOCUMENTS
Current or requested MUA or MUP designation
Current or requested HPSA designation
Frontier Area Documentation

**FORM 2 - PROPOSED STAFF PROFILE
FOR EACH YEAR OF THE PROPOSED PROJECT**

YEAR

PERSONNEL BY CATEGORY	TOTAL FTEs PROPOSED	ANNUAL SALARY OF POSITION { b }	TOTAL SALARY { a * b }
	Applicant (All sites included in Exhibit B-2)		
ADMINISTRATION			
Executive Director			
Finance Director			
Chief Operating Officer			
Administrative Support Staff			
MEDICAL STAFF			
Medical Director			
Family Practitioners			
General Practitioners			
Internists			
OB/GYNs			
Pediatricians			
Psychiatrists			
Other Specialty Physicians (attach list by type)			
Physician Assistants/Nurse Practitioners			
Certified Nurse Midwives			
Nurses (RNs)			
Pharmacist			
Other Medical Personnel (attach list by type)			
Laboratory Personnel			
X-ray Personnel			
Clinical Support Staff			
DENTAL STAFF			
Dentists			
Dental Hygienists			
Dental Assistants, Aides, Technicians			
MENTAL HEALTH STAFF			
Mental Health Specialists			
Substance Abuse Specialists			
Case Managers			
Other Professional Personnel			
OTHER STAFF			
Patient Education Specialist			
Homemaker/Aide			
Outreach			
Other Enabling			
Other staff			

FORM 3 - INCOME ANALYSIS FORMAT

FOR EACH YEAR OF THE PROPOSED PROJECT

YEAR _____

PAYOR CATEGORY	NUMBER OF VISITS (a)	AVERAGE CHARGE PER VISIT (b)	TOTAL CHARGES (a * b) (c)	AVERAGE ADJUSTMENT PER VISIT (d)	AMOUNT BILLED [c-(a*d)] (e)	COLLECTION RATE (%) (f)	PROJECTED INCOME (e * f) (g)	ACTUAL ACCRUED INCOME (most recent 12 mos) (h)
FEE FOR SERVICE								
Medicaid: Fee for Services								
Medicaid: EPSDT								
Medicaid: Capitated								
Subtotal: Medicaid								
Medicare: Fee for Services								
Medicare: Capitated								
Subtotal: Medicare								
Private Insurance								
Self-Pay: 100 percent								
Self-Pay: Sliding Fee Scale								
Self-Pay: 0 percent								
Other: Capitation								
Other: Contracts								
SUB-TOTAL								
Contributions/Donations								
Fund Raising								
Other Federal Grants								
State Grants								
Local Support								
Foundation Grants								
Other								
GRAND TOTAL								

FORM 4 - COMMUNITY AND USER CHARACTERISTICS

	CHARACTERISTIC	COMMUNITY WIDE DATA		TARGET POPULATION DATA	
		#	%	#	%
RACE/ETHNICITY	White (non-Hispanic)				
	Black or African-American (non-Hispanic)				
	Hispanic				
	American Indian or Alaskan Native				
	Asian				
	Native Hawaiian or Other Pacific Islander				
	Other				
	Total Population				
INCOME AS A PERCENT OF POVERTY LEVEL	Below 100%				
	100-199 percent				
	200 percent and above				
	Unknown				
PRIMARY THIRD PARTY PAYMENT SOURCE	Medicaid/Capitated				
	Medicaid/Not Capitated				
	Medicare				
	Other Public Insurance				
	Private Insurance, including capitation				
	None/Uninsured				
SPECIAL POPULATIONS	Migrant/Agricultural worker				
	Seasonal Agricultural worker				
	Homeless People				
	People with AIDS				
	HIV-infected				
	Substance Abuse				
	Public Housing Residents				
	Low Income School Children/Adolescents				
	Other				

**FORM 5 - PART A
SERVICES PROVIDED**

APPLICANT'S NAME:				LOCATION:					
SERVICE TYPE		PROVIDED BY Applicant	BY REFERRAL/ Applicant PAYS	BY REFERRAL/ Applicant DOESN'T PAY	SERVICE TYPE		PROVIDED BY Applicant	BY REFERRAL/ Applicant PAYS	BY REFERRAL/ Applicant DOESN'T PAY
PRIMARY MEDICAL CARE SERVICES	General Primary Medical Care				OTHER SERVICES	Environmental Health			
	Diagnostic Laboratory					Hearing Screening			
	Diagnostic X-Ray					Nutrition (not WIC)			
	Diagnostic Tests/Screens					Occ./Voc. Therapy			
	Urgent Medical Care					Physical Therapy			
	24-Hour Coverage					Pharmacy			
	Family Planning					Podiatry			
	HIV Testing					Vision Screening			
	Immunizations					WIC			
	Following Hospitalized Patients					ENABLING SERVICES	Case Management		
OB/GYN CARE	Gynecological Care				Child Care				
	Obstetrical Care				Discharge Planning				
SPECIALTY SERVICES	TB Therapy				Eligibility Assistance				
	Other				Emp./Ed. Counseling				
	Other				Food Bank/Meals				
DENTAL SERVICES	Preventive				Health Education				
	Restorative				Homemaker/Aide				
	Emergency				Housing Assistance				
	Other				Translation				
MENTAL HEALTH SERVICES	Treatment/Counseling				Nursing Home and Other Placement				
	Developmental Screening				Outreach				
	24-Hour Crisis				Transportation				
	Other Mental Health				Other:				
	Substance Abuse				Other:				
	Other Substance Abuse				Other:				

**FORM 5 - PART B
SERVICE SITES**

SITE #1	SITE #2
<input type="checkbox"/> Year-Round <input type="checkbox"/> Seasonal DATE OPENED: _____ Name: Address: BPHC Funding Sources: Other HRSA Funding Sources:	<input type="checkbox"/> Year-Round <input type="checkbox"/> Seasonal DATE OPENED: _____ Name: Address: BPHC Funding Sources: Other HRSA Funding Sources:
SITE #3	SITE #4
<input type="checkbox"/> Year-Round <input type="checkbox"/> Seasonal DATE OPENED: _____ Name: Address: BPHC Funding Sources: Other HRSA Funding Sources:	<input type="checkbox"/> Year-Round <input type="checkbox"/> Seasonal DATE OPENED: _____ Name: Address: BPHC Funding Sources: Other HRSA Funding Sources:
SITE #5	SITE #6
<input type="checkbox"/> Year-Round <input type="checkbox"/> Seasonal DATE OPENED: _____ Name: Address: BPHC Funding Sources: Other HRSA Funding Sources:	<input type="checkbox"/> Year-Round <input type="checkbox"/> Seasonal DATE OPENED: _____ Name: Address: BPHC Funding Sources: Other HRSA Funding Sources:
SITE #7	SITE #8
<input type="checkbox"/> Year-Round <input type="checkbox"/> Seasonal DATE OPENED: _____ Name: Address: BPHC Funding Sources: Other HRSA Funding Sources:	<input type="checkbox"/> Year-Round <input type="checkbox"/> Seasonal DATE OPENED: _____ Name: Address: BPHC Funding Sources: Other HRSA Funding Sources:

Note: Current grantees may NOT request support of a new site under this application. See PIN 2002-07 for information to submit a Change of Scope.

FORM 6 – PART A: CURRENT BOARD MEMBER CHARACTERISTICS

BOARD MEMBER NAME	BOARD OFFICE HELD	AREA OF EXPERTISE	INDICATE IF USER OF HEALTH CENTER SERVICES (YES/NO)	LIVE (L) OR WORK (W) IN SERVICE AREA	YEARS OF CONTINUOUS BOARD SERVICE
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					

Indicate # Board Members by Sex: F = _____ M = _____

Indicate # Board Members by Race/Ethnicity:

White: _____

Hispanic or Latino: _____

Black/African American: _____

Asian/Pacific Islander _____

American Indian & Alaska Native: _____

- NOTES:**
- (1) Please indicate if a board member is a special population representative (MHC, SBHC, HCH, PHPC).
 - (2) HCH and/or PHPC applicants requesting a waiver of the governance requirements must describe any alternative arrangement for addressing Board requirements including the mechanism for receiving consumer input.
 - (3) Tribal entities are exempt from Governance Requirements.
 - (4) Add additional pages, if needed.

**FORM 6 - PART B
REQUEST FOR WAIVER OF GOVERNANCE REQUIREMENTS**

FOR HEALTH CENTERS THAT ARE SEEKING SUPPORT FOR MIGRANT HEALTH CENTER, HEALTH CARE FOR THE HOMELESS, OR PUBLIC HOUSING FUNDING **ONLY** AS NECESSARY. Requests for waivers will **not** be granted if applicant is also approved for CHC or SBHC funding,

Name of Organization: _____
Name of Sponsoring Organization (if different): _____

If existing grantee with Waiver Approval:
1. Date of Original Governance Waiver Request: _____
2. Date of Waiver Approval by BPHC Director: _____
3. Date of Most Recent approval of Continuation of Waiver Request (if different): _____

4. Nature of Items Currently Approved to be Waived: ___ 51 Percent User Majority
 ___ Monthly Meetings
5. Are you requesting the waiver be continued? ___ Yes (Complete questions 2. and 3. below)
 ___ No (Governing Board is in Full Compliance)
If Yes is your waiver request based on arrangements ___ Yes (Complete questions 2. below)
that are different from your original request? ___ No

All organizations Requesting Waiver:
1. Nature of Items Requested for Waiver: ___ 51 Percent User Majority
 ___ Monthly Meetings

2. Describe below the arrangements that are in place to assure appropriate user input and involvement is achieved. (See PIN 98-12 for additional guidance).

Signature of CEO, Project Director, or designated Signatory Authority

Date

FORM 7 – COMPLIANCE CHECKLIST

Page 1 of 2

		YES	NO
1.	Is the applicant organization a non-profit or public entity?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Does the applicant organization demonstrate the need for primary health care services in the community(ies) that make up its service area based on geographic, demographic, and economic factors?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Does the applicant organization serve, in whole or in part, a designated MUA or MUP? <i>(Requested, not required for HCH, PHPC or SBHC)</i>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Does the applicant organization have a system of care that contributes to the availability, accessibility, quality, comprehensiveness and coordination of health services in the service area?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Does the applicant organization provide ready access for all persons to all of the required primary, preventive and supplemental health services, including oral health care, mental health care and substance abuse services without regard to ability to pay either directly on-site or through established arrangements?	<input type="checkbox"/>	<input type="checkbox"/>
6.	Does the applicant organization provide all additional health services as appropriate and necessary?	<input type="checkbox"/>	<input type="checkbox"/>
7.	Does the applicant organization have patient case management services (including counseling, referral and follow-up services) designed to assist health center patients in establishing eligibility for and gaining access to Federal, State and local programs that provide or financially support the provision of medical, social, educational or other related services?	<input type="checkbox"/>	<input type="checkbox"/>
8.	Does the applicant organization collaborate appropriately with other health and social service providers in their area?	<input type="checkbox"/>	<input type="checkbox"/>
9.	Are all contracted services (including management agreements, administrative services contracts, etc.) under the governance, administration, quality assurance and clinical management policies of the applicant organization?	<input type="checkbox"/>	<input type="checkbox"/>
10.	Does the applicant organization arrange referrals to providers as may be appropriate to assure ready access for all persons to all of the required primary, preventive and supplemental health services without regard to ability to pay?	<input type="checkbox"/>	<input type="checkbox"/>
11.	Are all services available to all persons in the service area or target population regardless of age, gender, or the patient's ability to pay?	<input type="checkbox"/>	<input type="checkbox"/>
12.	Does the applicant organization maintain a core staff of primary care providers appropriate for the population served?	<input type="checkbox"/>	<input type="checkbox"/>
13.	Are the primary care providers working at the health center licensed to practice in the State where the center is located?	<input type="checkbox"/>	<input type="checkbox"/>
14.	Have all providers been properly credentialed and privileged according to PINs 99-08 and 2001-11?	<input type="checkbox"/>	<input type="checkbox"/>
15.	Do the applicant organization's physicians have admitting privileges at their referral hospital(s), or other such arrangement to ensure continuity of care?	<input type="checkbox"/>	<input type="checkbox"/>
16.	Does the applicant organization use a charge schedule with a corresponding discount schedule based on income for persons between 100 percent and 200 percent of the Federal poverty level?	<input type="checkbox"/>	<input type="checkbox"/>
17.	Is/will the health center be open to provide services at the times that meet the needs of the majority of potential users?	<input type="checkbox"/>	<input type="checkbox"/>

FORM 7 – COMPLIANCE CHECKLIST

Page 2 of 2

		YES	NO
18.	Does the applicant organization provide professional coverage during hours when the center is closed?	<input type="checkbox"/>	<input type="checkbox"/>
19.	Does the applicant organization have clear lines of authority from the Board to a chief executive (President, Chief Executive Officer or Executive Director) who delegates, as appropriate, to other management and professional staff?	<input type="checkbox"/>	<input type="checkbox"/>
20.	Does the applicant organization have systems which accurately collect and organize data for reporting and which support management decision-making and which integrate clinical, utilization and financial information to reflect the operations and status of the organization as a whole?	<input type="checkbox"/>	<input type="checkbox"/>
21.	Does the applicant organization have accounting and internal control systems appropriate to the size and complexity of the organization reflecting Generally Accepted Accounting Principles (GAAP) and separating functions appropriate to organizational size to safeguard assets?	<input type="checkbox"/>	<input type="checkbox"/>
22.	Does the applicant organization maximize revenue from third party payers and from patients to the extent they are able to pay?	<input type="checkbox"/>	<input type="checkbox"/>
23.	Does the applicant organization have written billing, credit and collection policies and procedures?	<input type="checkbox"/>	<input type="checkbox"/>
24.	Does the applicant organization assure that an annual independent financial audit is performed in accordance with Federal audit requirements?	<input type="checkbox"/>	<input type="checkbox"/>
25.	Does the applicant organization have a governing board that is composed of individuals, a majority of whom are being served by the organization and, who as a group, represent the individuals being serviced by the center? (Note if a waiver is being requested for HCH or PHPC applicants)	<input type="checkbox"/>	<input type="checkbox"/>
26.	Does the governing board have at least 9 but no more than 25 members? (Not required for HCH or PHPC applicants)	<input type="checkbox"/>	<input type="checkbox"/>
27.	Does the applicant organization’s corporate bylaws demonstrate that the governing board has the required authority and responsibility to oversee the operation of the center?	<input type="checkbox"/>	<input type="checkbox"/>
28.	Do the corporate bylaws include provisions that prohibit conflict of interest or the appearance of conflict of interest by board members, employees, consultants and those who provide services or furnish goods to the center?	<input type="checkbox"/>	<input type="checkbox"/>

I certify that the information contained herein is accurate to the best of my knowledge.

Signature of Governing Board Chairperson

Date

Printed Name

FORM 8 - HEALTH CENTER AFFILIATION CHECKLIST

Page 1 of 3

(MUST BE COMPLETED BY ALL CHC, MHC, AND SBHC APPLICANTS)

Organization: _____ Grant # _____
(where applicable)

1. Does your organization have, or propose to establish as part of the access point application, any of the following arrangements with another organization? (NOTE: You must complete a checklist for each organization with which you have any of the following arrangements. Copies of all applicable documents must be included with the application.)

YES _____ *(Please check all that apply and proceed to question #2)*

NO _____ *(Go to question #2)*

- a) Contract for a substantial portion of the approved scope of project
- b) Memorandum of Understanding (MOU)/Agreement (MOA) for a substantial portion of the approved scope of project
- c) Contract with another organization or individual contract for core providers
- d) Contract with another organization for staffing health center
- e) Contract with another organization for the Chief Medical Officer (CMO) or Chief Financial Officer (CFO)
- f) Merger with another organization
- g) Parent Subsidiary Model arrangement
- h) Acquisition by another organization
- i) Establishment of a New Entity (e.g., Network corporation)

Name of Affiliating Organization: _____

Address: _____

STAFFING

2) The center directly employs the CFO, CMO and the core staff of full-time primary care providers. YES NO

3) The center directly employs all non-provider health center staff. YES NO

If NO in question 2 or 3, the applicant must submit a request for a good cause exception. Please see PIN 98-24.

If YES in question 2 or 3, the CEO of the center retains the authority to select and dismiss staff assigned to the center. YES NO

(Please cite reference document and page #.) _____

FORM 8 - HEALTH CENTER AFFILIATION CHECKLIST

Page 2 of 3

GOVERNANCE:

4) **The Governing Board structure is in compliance with all section 330 requirements.** YES NO

5) **The Governing Board retains its full authorities, responsibilities and functions as prescribed in legislation/regulations/BPHC guidelines in regard to the following as identified below.** YES NO

	Reference Document	Page #
• board composition	_____	_____
• executive committee function and composition	_____	_____
• selection of board chairperson	_____	_____
• selection of members	_____	_____
• strategic planning	_____	_____
• approval of the annual budget of the center	_____	_____
• directly employs, selects/dismisses and evaluates the Chief Executive Officer (CEO)/Executive Director	_____	_____
• adoption of policies and procedures for personnel and financial management	_____	_____
• establishes center priorities	_____	_____
• establishes eligibility requirements for partial payment of services	_____	_____
• provides for an independent audit	_____	_____
• evaluation of center activities	_____	_____
• adoption of center’s health care policies including scope and availability of services, location, hours of operation and quality of care audit procedures	_____	_____
• establishes and maintains collaborative relationships with other health care providers in the service area	_____	_____
• existence of a conflict of interest policy	_____	_____

6) **The arrangements presented in the affiliation agreements, as defined in Question 1, do not compromise the Board authorities or limit its legislative and regulatory mandated functions and responsibilities.** *(Examples of compromising arrangements are: overriding approval or veto authority by another entity; dual majority requirements; super-majority requirements; or hiring and selection of the CEO).* YES NO

FORM 8 - HEALTH CENTER AFFILIATION CHECKLIST

Page 3 of 3

CONTRACTING

7) The center has justified the performance of the work by a third party. YES NO

(Please cite reference document and page #.) _____

8) Written affiliation agreement(s) comply with current Department of Health and Human Services (HHS) policies, i.e.: YES NO

	Reference Document	Page #
• contains appropriate provisions around the activities to be performed, time, schedules, the policies and procedures to be followed in carrying out the agreement, and the maximum amount of money for which the grantee may become liable to the contractor under the agreement;	_____	_____
• requires the contractor to maintain appropriate financial, program and property management systems and records in accordance with 45 CFR Part 74 and provides the center, HHS and the U.S. Comptroller General with access to such records;	_____	_____
• requires the submission of financial and programmatic reports to the health center;	_____	_____
• complies with Federal procurement standards or grant requirements including conflict of interest standards;	_____	_____
• is subject to termination (with administrative, contractual and legal remedies) in the event of breach by the contractor.	_____	_____

PLEASE INCLUDE LIST AND COPIES OF ALL RELEVANT AND CITED DOCUMENTS

I certify that the information contained herein is accurate to the best of my knowledge.

Signature of Governing Board Chairperson

Date

Printed Name

SECTION VI: EXHIBITS

EXHIBIT 1: DEFINITIONS

ALTERATION/RENOVATION: Alteration and renovation (A&R) is defined as work required to change the interior arrangements or other physical characteristics of an existing facility or installed equipment so that it may be more effectively utilized for its currently designated purpose or adapted to an alternative use to meet a programmatic requirement. A&R costs that do not constitute construction are allowable charges to PHS supported projects and activities. Section 330 grant funds may not be used to support construction of facilities

BUDGET PERIOD: is each 12-month period within an approved project period (see below for definition). A complete budget and narrative for each budget period in the proposed project period should be included in the application.

FULL OPERATIONAL CAPACITY: relates to the number of projected providers and the number of patients within the designated target population that the center can realistically serve. This capacity should be determined using the projected provider levels required by the center to operate at its full level of services (i.e., at the full-range of services required by section 330 statute, regulations and Health Center Program Expectations).

For **CHCs and MHCs**, full operational capacity for a center can be calculated based on the projected staffing levels. Applicants should use a physician to population ratio of 1:1,500 as a guide to calculate their full operational patient capacity. For midlevel practitioners (e.g., nurse practitioners, physician assistants, and certified nurse midwives), applicants may use a 1:750 provider to patient ratio. For example, a practice with a team of two full-time physicians and a full-time nurse practitioner would have a full operational capacity of 3 full-time equivalent (FTE) providers and 3,750 patients.

For **CHCs and MHCs** in urban areas, it is recommended that a minimum of five full-time equivalent (5 FTEs) providers be available to provide services to patients. In rural areas, it is recommended that three full-time equivalent (3 FTEs) providers be available to provide services to patients. (**Note: This recommendation does not preclude a more limited provider level for a particular service delivery site of a health center, but the health center's total service delivery capacity should include the recommended provider levels.**)

HOMELESS: A homeless individual means an individual who lacks housing (without regard to whether the individual is a member of a family), including an individual whose primary residence is a supervised public or private facility that provides temporary accommodations and an individual who is a resident in transitional housing.

MIGRATORY AND SEASONAL FARMWORKER: Migratory agricultural worker means an individual whose principal employment is in agriculture on a seasonal basis, who has so been employed in the last 24 months, and who establishes for the purposes of such employment a temporary abode. Seasonal agricultural worker means an individual whose principal employment is in agriculture on a seasonal basis and who is not a migrant agricultural worker.

PROJECT PERIOD: is defined as the total time for which Federal grant support of a project

has been approved. For existing grantees, a project period may be up to five years in length. For new organizations, a project period may be up to three years in length. The budgets submitted in the service area competition application should include information for each budget period in the project period.

SCOPE OF PROJECT: is a description of the health center's total approved project, specifically defining the services, sites, providers, target population, and service area(s), for which grant funds may be used, in whole or in part. This total project includes program income and other non-section 330 funds.

SERVICE AREA: is defined as a geographic area with precise boundaries that is federally-designated, in whole or in part, as a MUA or a MUP. The size of the service area should be appropriate to provide services in a timely and appropriate fashion. Within the service area, barriers to care should be overcome to the extent possible and the applicant must provide access to anyone who seeks services. The delineation of the service area should conform to relevant boundaries (such as political subdivision, school districts, health and social service programs) and should include a description of the service area population.

SPARSELY POPULATED RURAL AREAS: Given the unique needs of sparsely populated rural and frontier areas, preference will be given to new access point applications from these areas. Organizations applying under the sparsely populated rural areas classification should describe their proposed service area in terms of population density, travel distance to the nearest provider and geographic isolation. Using the frontier definition as a starting point (i.e., geographic area with less than 7 people per square mile), applicants must clearly demonstrate why their proposed service area should be classified as sparsely populated.

In terms of project plan requirements, it is recognized that the recommended level of staffing and/or services may not be supportable in sparsely populated areas. Therefore alternative methods of providing necessary support for isolated providers, including participation in rural service delivery networks may be considered appropriate. For example, health centers that by themselves may not be able to meet the staffing recommendations and/or service requirements may, through formal agreements regarding clinical and referral arrangements or strong collaborative relationships with other local providers, be considered to have met the staffing level recommendations and/or service requirements.

In addition, applicants from sparsely populated rural or frontier areas may request a waiver from the governing board requirements under section 330(j)(3)(H). However, such applicants must clearly demonstrate why any or all of the governing board requirements cannot be met and must provide a documented plan for soliciting community input in the operation of the health center.

TARGET POPULATION: A target population is usually a subset of the entire service area population but may include all residents of the service area. The description of the target population should include the major health problems of the target population and should serve as the basis for the center's service delivery plan. The target population for a center may be composed of a particular ethnic/socio-economic group or may be composed of a variety of different ethnic/socio-economic groups. A target population may also be a sparsely populated rural or

frontier area. It may not, however, be limited in terms of age or gender.

- **For CHCs** target population refers to the individuals within the service area to whom the center will direct its service delivery plan.
- **For MHCs** the target population refers to the migratory and seasonal farmworker individuals within the service area to whom the center will direct its service delivery plan.
- **For HCHs** the target population refers to the homeless individuals within the service area to whom the center will direct its service delivery plan.
- **For PHPCs** the target population refers to the residents of one or more public housing developments and the surrounding areas as appropriate.
- **For SBHCs** the target population refers to the students and other family members of students of a particular school or schools, and the surrounding areas as appropriate.

All health centers must provide access to the full-range of required services for all life cycle groups. This requirement does not preclude a more limited target population or range of services for a particular service delivery site. In such a case, assurance must be provided that all patients have access to the full-range of required services and necessary supplemental services within the health center's current service delivery capacity, or through appropriate referrals.

EXHIBIT 2: CROSSWALK OF THE APPLICATION

FORM 5161 WEB to PAPER MAPPING

APPLICATION PROCESS LABEL	HEADER LABEL	PAPER FORM
Application	Application Information	Application for Federal Assistance
Applicant	Applicant Organization Information	Application for Federal Assistance
Applicant	Applicant Organization Information	Checklist
Project	Project/Budget Information	Application for Federal Assistance
Program Narrative	Program Narrative	Program Narrative
Estimated Fundings (Construction Only)	Budget Information	Application for Federal Assistance
Construction Budget (Construction Only)	Budget Information (Construction Programs)	Budget Information – Construction Programs
Budget Summary (Non-Construction Only)	Budget Information – Non-Construction Programs/Section A – Budget Summary	Budget Information – Non-Construction Programs
Budget Categories (Non-Construction Only)	Budget Information – Non-Construction Programs/Section B – Budget Categories	Budget Information – Non-Construction Programs
Federal Resources (Non-Construction Only)	Budget Information – Non-Construction Programs/Section E – Budget Estimates of Federal Funds Needed for the Balance of the Project.	Budget Information – Non-Construction Programs
Other Information (Non-Construction Only)	Other Information – Non-Construction Programs/Section F – Other Budget Information	Budget Information – Non-Construction Programs
Budget Narrative	Budget Narrative	Budget Narrative
Construction Assurances (Construction Only)	Assurances - Construction Programs	Assurances – Construction Programs
Assurances (Non-Construction)	Assurances - Non-Construction Programs	Assurances - Non-Construction Programs
Certifications	Certifications	Certifications
Disclosure of Lobbying Activities	Disclosure of Lobbying Activities	NA
Checklist	Part A	Checklist
Checklist	Part B	Checklist
Checklist	Part D	Checklist
Checklist	Invention	Checklist
Appendices	Appendices	NA

FORM 5161 PAPER TO WEB MAPPING

Application for Federal Assistance	Application	Application Information
Application for Federal Assistance	Applicant	Applicant Organization Information
Application for Federal Assistance	Project	Project/Budget Information
Application for Federal Assistance (Construction Only)	Estimated Fundings	Budget Information
PAPER FORM	APPLICATION PROCESS LABEL	HEADER LABEL
Budget Information – Construction Programs (Construction Only)	Construction Budget	Budget Information (Construction Programs)
Budget Information – Non-Construction Programs (Non-Construction Only)	Budget Summary	Budget Information – Non-Construction Programs/ Section A – Budget Summary
Budget Information – Non-Construction Programs (Non-Construction Only)	Budget Categories	Budget Information – Non-Construction Programs/ Section B – Budget Categories
Budget Information – Non-Construction Programs (Non-Construction Only)	Federal Resources	Budget Information – Non-Construction Programs/ Section E – Budget Estimates of Federal Funds Needed for the Balance of the Project.
Budget Information – Non-Construction Programs (Non-Construction Only)	Other Information	Other Information – Non-Construction Programs/ Section F – Other Budget Information
Assurances – Construction Programs (Construction Only)	Construction Assurances	Assurances - Construction Programs
Assurances - Non-Construction Programs (Non-Construction Only)	Assurances	Assurances - Non-Construction Programs
Certifications	Certifications	Certifications
Program Narrative	Program Narrative	Program Narrative
Budget Narrative	Budget Narrative	Budget Narrative
Checklist	Applicant	Applicant Organization Information
Checklist	Checklist	Part A
Checklist	Checklist	Part B
Checklist	Checklist	Part D
Checklist	Checklist	Invention

