

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Health Resources and Services Administration**

**Bureau of Primary Health Care**

*Native Hawaiian Health Care Improvement Act*

**Announcement Type: Limited Competition**

**Announcement Number: HRSA-12-174**

**Catalog of Federal Domestic Assistance (CFDA) No. 93.932**

**FUNDING OPPORTUNITY ANNOUNCEMENT**

Fiscal Year 2012

**Application Due Date in Grants.gov: June 20, 2012**

*Ensure your Grants.gov registration and passwords are current immediately!  
Deadline extensions are not granted for lack of registration.  
Registration may take up to one month to complete.*

**Release Date: May 16, 2012  
Date of Issuance: May 16, 2012**

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<http://www.hrsa.gov/grants/apply/assistance/NHHCS>

Authority: Native Hawaiian Health Care Improvement Act, as amended (42 U.S.C. 11701 - 11714)

## EXECUTIVE SUMMARY

This Funding Opportunity Announcement (FOA) details the eligibility requirements and awarding factors for existing grantees funded under the Native Hawaiian Health Care Improvement Act (NHHCIA) requesting funding in fiscal year (FY) 2012 for activities related to the Native Hawaiian Health Care Systems (NHHCS). Applicants are limited to currently funded NHHCS and Papa Ola Lokahi (POL), whose project periods expire on July 31, 2012. Funding requests must be for activities occurring between August 1, 2012 and July 31, 2013.

In FY 2012, approximately \$13,000,000 will be available to fund POL and five NHHCS to improve the provision of comprehensive disease prevention, health promotion, and primary care services to Native Hawaiians in Hawaii. Grants have a one-year project and budget period (August 1, 2012 – July 31, 2013).

**Applications must be received in Grants.gov on or before June 20, 2012 at 8:00 PM ET.** Funding notifications will be made on or before **August 1, 2012.**

**HRSA has revised the NHHCIA application in order to streamline and clarify the application instructions. For FY 2012, the following significant application changes/program updates should be noted:**

- Federal sources may be used as matching funds if received as fees, payments, or reimbursements for the provision of a specific service, such as patient care reimbursements received under Medicare or Medicaid. See [Section III.2.](#)
- The Consolidated Appropriations Act, 2012 (P.L. 112-74) enacted December 23, 2011, limits the salary amount that may be awarded and charged to HRSA grants. Award funds may not be used to pay the salary of an individual at a rate in excess of Executive Level II (\$179,700). This salary limitation also applies to subawards/subcontracts under a HRSA grant. See [Section IV.2.iii.](#)
- The following sections have been revised: Project Narrative, including the section headers *NEED*, *PROJECT UPDATE*, *RESPONSE*, *RESOURCES/CAPABILITIES*, *EVALUATIVE MEASURES*, and *SUPPORT REQUESTED*; Review Criteria; and instructions for the Budget Presentation, Staffing Plan, and Income Analysis Form.
- The Income Analysis Form has been updated.
- Requirements for the Health Care Plan and Business Plan have been replaced by Clinical and Financial Performance Measures for the NHHCS. They are to be included as Attachment 1, instead of in a table in the Project Narrative. See [Appendix A](#) for detailed instructions.

## Table of Contents

<b>I. FUNDING OPPORTUNITY DESCRIPTION</b> .....	<b>2</b>
1. PURPOSE.....	2
2. BACKGROUND.....	2
<b>II. AWARD INFORMATION</b> .....	<b>5</b>
1. TYPE OF AWARD.....	5
2. SUMMARY OF FUNDING.....	5
<b>III. ELIGIBILITY INFORMATION</b> .....	<b>5</b>
1. ELIGIBLE APPLICANTS.....	5
2. COST SHARING/MATCHING.....	6
3. OTHER.....	6
<b>IV. APPLICATION AND SUBMISSION INFORMATION</b> .....	<b>7</b>
1. ADDRESS TO REQUEST APPLICATION PACKAGE.....	7
2. CONTENT AND FORM OF APPLICATION SUBMISSION.....	8
i. <i>Application for Federal Assistance SF-424</i> .....	12
ii. <i>Table of Contents</i> .....	13
iii. <i>Budget</i> .....	13
iv. <i>Budget Justification</i> .....	14
v. <i>Staffing Plan and Personnel Requirements</i> .....	14
vi. <i>Assurances</i> .....	14
vii. <i>Certifications</i> .....	14
viii. <i>Project Abstract</i> .....	14
ix. <i>Project Narrative</i> .....	15
x. <i>Attachments</i> .....	20
3. SUBMISSION DATES AND TIMES.....	20
4. INTERGOVERNMENTAL REVIEW.....	21
5. FUNDING RESTRICTIONS.....	21
6. OTHER SUBMISSION REQUIREMENTS.....	22
<b>V. APPLICATION REVIEW INFORMATION</b> .....	<b>23</b>
1. REVIEW CRITERIA.....	23
2. ANTICIPATED ANNOUNCEMENT AND AWARD DATE.....	27
<b>VI. AWARD ADMINISTRATION INFORMATION</b> .....	<b>27</b>
1. AWARD NOTICES.....	27
2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS.....	27
3. REPORTING.....	29
<b>VII. AGENCY CONTACTS</b> .....	<b>31</b>
<b>VIII. TIPS FOR WRITING A STRONG APPLICATION</b> .....	<b>32</b>
<b>APPENDIX A:</b> .....	<b>33</b>
<b>APPENDIX B: BUDGET PRESENTATION INSTRUCTIONS</b> .....	<b>43</b>
<b>APPENDIX C: INCOME ANALYSIS FORM INSTRUCTIONS</b> .....	<b>46</b>
<b>APPENDIX D: STAFFING PLAN INSTRUCTIONS</b> .....	<b>51</b>
<b>APPENDIX E: CURRENT BOARD MEMBER CHARACTERISTICS</b> .....	<b>52</b>

ATTENTION: *This Funding Opportunity Announcement (FOA) is for the use of previously identified organizations that have been appropriated money by Congress for specific projects. This announcement is not open to the public.*

## **I. Funding Opportunity Description**

### **1. PURPOSE**

The Native Hawaiian Health Care Improvement Act (NHHCIA), as amended (42 U.S.C. 11705 and 11706), states that “it is the policy of the United States in fulfillment of its special responsibilities and legal obligations to the indigenous people of Hawaii ... to (1) raise the health status of Native Hawaiians to the highest possible health level; and (2) provide existing Native Hawaiian health care programs with all resources necessary to effectuate this policy” [see 42 U.S.C. 11702(a)]. The NHHCIA authorizes funding opportunities for the following related activities:

- Service grant to Papa Ola Lokahi (POL) for the activities described in the NHHCIA, including the coordination of the health care programs and services provided to Native Hawaiians.
- Service grants to the five recognized community-based Native Hawaiian Health Care Systems (NHHCS) to provide a full range of services identified by the legislation and tailored to fit the needs of their respective island communities.

This Congressional Special Initiative is a non-competitive program announcement. This FOA provides instructions to be used by existing grantees under the NHHCIA in preparing applications for funding for fiscal year (FY) 2012. The project and budget period must be for the dates August 1, 2012 to July 31, 2013.

### **2. BACKGROUND**

The Native Hawaiian population experiences barriers to accessing health care services that significantly impact its overall health status. Some Native Hawaiians report a lack of trust in the Western system of care, while many have cultural beliefs regarding their health that differ from the standards of Western medicine. Geographic isolation from health services is also a serious barrier for many Native Hawaiians in Hawaii.

As a result of these and other barriers, Native Hawaiians suffer disproportionately from many chronic diseases, which underlie premature disability and high morbidity and mortality rates. When compared to other population groups, Native Hawaiians have significantly higher rates of diabetes mellitus, heart disease, obesity, stroke, asthma, hypertension, dental caries, and cancer.

Grants to the NHHCS and POL for coordination and support of the NHHCS are authorized by Sections 6 and 7 of the NHHCIA, as amended (42 U.S.C. 11701 and 11706).

## PROGRAM REQUIREMENTS

### NATIVE HAWAIIAN HEALTH CARE SYSTEMS (NHHCS)

NHHCS are required to provide comprehensive disease prevention, health promotion, and primary care services to Native Hawaiians. Specifically, NHHCS are required to provide the following services in accordance with the authorizing legislation [see 42 U.S.C. 11705(c)(1)(A-G)]:

1. Outreach services to inform Native Hawaiians of the availability of health services;
2. Education in health promotion and disease prevention of the Native Hawaiian population by, wherever possible, Native Hawaiian health care practitioners, community outreach workers, counselors, and cultural educators;
3. Services of physicians, physicians' assistants, nurse practitioners, or other health professionals;
4. Immunizations;
5. Prevention and control of diabetes, high blood pressure, and otitis media;
6. Pregnancy and infant care; and
7. Improvement of nutrition.

The following services are authorized under the statute and may be provided by NHHCS but are not mandated [see 42 U.S.C. 11705(c)(2)(A-C)]:

- Identification, treatment, control, and reduction of the incidence of preventable illnesses and conditions endemic to Native Hawaiians;
- Collection of data related to the prevention of diseases and illnesses among Native Hawaiians; and
- Health promotion, disease prevention, and primary health services that are included within the NHHCIA's definition of these terms [see 42 U.S.C. 11711, as excerpted below].

#### 42 U.S.C. 11711(1) *Disease Prevention*

The term "disease prevention" includes:

- a) Immunizations;
- b) Control of high blood pressure;
- c) Control of sexually transmittable diseases;
- d) Prevention and control of diabetes;
- e) Control of toxic agents;
- f) Occupational safety and health;
- g) Accident prevention;
- h) Fluoridation of water;
- i) Control of infectious agents; and
- j) Provision of mental health care.

#### 42 U.S.C. 11711(2) *Health Promotion*

The term "health promotion" includes:

- a) Pregnancy and infant care, including prevention of fetal alcohol syndrome;
- b) Cessation of tobacco smoking;

- c) Reduction in the misuse of alcohol and drugs;
- d) Improvement of nutrition;
- e) Improvement in physical fitness;
- f) Family planning; and
- g) Control of stress.

#### 42 U.S.C. 11711(8) Primary Health Services

The term “primary health services” means:

- a) Services of physicians, physicians' assistants, nurse practitioners, and other health professionals;
- b) Diagnostic laboratory and radiologic services;
- c) Preventive health services (including children's eye and ear examinations to determine the need for vision and hearing correction, perinatal services, well child services, and family planning services);
- d) Emergency medical services;
- e) Transportation services as required for adequate patient care;
- f) Preventive dental services; and
- g) Pharmaceutical services, as may be appropriate.

### **PAPA OLA LOKAHI (POL)**

POL is required to perform the following activities in accordance with the authorizing legislation:

1. Coordinate, implement, and update a Native Hawaiian comprehensive health care master plan designed to promote comprehensive health promotion and disease prevention services and to maintain and improve the health status of Native Hawaiians [see 42 U.S.C. 11703(a) and 11704(a)(1)].
2. Conduct training for Native Hawaiian health care practitioners, community outreach workers, counselors, and cultural educators to educate the Native Hawaiian population regarding health promotion and disease prevention [see 42 U.S.C. 11704(a)(2) and 11706(a)(2)].
3. Identify and perform research into the diseases that are most prevalent among Native Hawaiians [see 42 U.S.C. 11704(a)(3) and 11706(a)(3)].
4. Develop an action plan outlining the contributions that each member organization of POL will make in carrying out the policy of the NHHCIA [see 42 U.S.C. 11704(a)(4)].
5. Serve as a clearinghouse for:
  - Collection and maintenance of data associated with the health status of Native Hawaiians;
  - Identification and research into diseases affecting Native Hawaiians;
  - Availability of Native Hawaiian project funds, research projects and publications;
  - Collaboration of research in the area of Native Hawaiian health; and
  - Dissemination of information pertinent to NHHCS [see 42 U.S.C. 11704(c) and 11706(a)(5)].
6. Coordinate and assist with the health care programs and services provided to Native Hawaiians [see 42 U.S.C. 11704(d)].

7. Act as a statewide infrastructure to provide technical support and coordination of training and technical assistance to the NHHCS [see 42 U.S.C. 11704(e)].
8. Enter into agreements or memoranda of understanding with relevant agencies or organizations that are capable of providing resources or services to the NHHCS [see 42 U.S.C. 11704(f)].
9. Administer special projects pursuant to 42 U.S.C. 11706(a)(7).

## II. Award Information

### 1. TYPE OF AWARD

Funding will be provided in the form of a grant.

### 2. SUMMARY OF FUNDING

Approximately \$13,000,000 is expected to be available to fund six (6) grantees during Federal fiscal year 2012<sup>1</sup>. Funds will be available for a project and budget period of one year. The specific amount that each organization is eligible to receive is identified below.

**Table 1: Annual Maximum Awards**

<b>Grantee Name</b>	<b>Maximum Funding Amount</b>
Ho'ola Lahui Hawaii	\$2,397,829
Hui Malama Ola Na Oiwai	\$2,177,490
Hui No Ke Ola Pono	\$3,033,165
Ke Ola Mamo	\$2,484,183
Na Pu'uwai	\$1,696,281
Papa Ola Lokahi (POL)	\$1,282,052

## III. Eligibility Information

### 1. ELIGIBLE APPLICANTS

To be eligible for funding, an applicant must be one of the following six organizations:

- Ho`ola Lahui Hawai`i
- Hui Malama Ola Na `Oiwai
- Hui No Ke Ola Pono
- Ke Ola Mamo
- Na Pu'uwai
- Papa Ola Lokahi (POL)

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<sup>1</sup> Please note that HRSA issued a separate funding opportunity announcement for the Native Hawaiian Health Scholarship Program.

## 2. Cost Sharing/Matching

As described in the authorizing statute [see 42 U.S.C. 11705(e)], all applicants, **except** POL, must accrue non-Federal matching funds in an amount equal to \$1 for every \$5 of Federal funds. This means that at least 16.7% of the total budget must be paid for with non-Federal resources.

Applicants are required to discuss the plan for accruing required non-Federal matching funds in appropriate sections of this application (i.e., the budget, budget narrative, and financial performance measures). Non-Federal contributions may be in cash or in-kind, fairly evaluated, including plant, equipment, or services. Amounts provided by the Federal government or services assisted or subsidized to any significant extent by the Federal government may not be included as match. Federal sources may be used as matching funds if received as fees, payments, or reimbursements for the provision of a specific service, such as patient care reimbursements received under Medicare or Medicaid. Program income may be used as matching funds.

## 3. OTHER

Applications that exceed the ceiling amount described in [Table 1](#) will be considered non-responsive and will be returned for correction and resubmission, which may lead to a delay in issuing the Notice of Award.

### Administrative Costs

As described in the authorizing statute [42 U.S.C. 11707(e)], NHHCS **may not** spend more than 10 percent of grant funds for the purpose of administering the grant (e.g., administrative salaries, office/non-program supplies, audit services).

### Governance

**NHHCS:** The NHHCS must be organized under the laws of the State of Hawaii; provide or arrange for health care services through practitioners licensed by the State of Hawaii; and be a public or nonprofit private entity in which native Hawaiian health practitioners significantly participate in the planning, management, monitoring, and evaluation of health services (see 42 U.S.C. 11711(4)).

**POL:** The Board of POL consists of Alu Like, E Ola Mau, Ho`ola Lahui Hawai`i, Hui Malama Ola Na `Oiwai, Hui No Ke Ola Pono, Ke Ola Mamo, Na Pu`uwai, the Office of Hawaiian Affairs of the State of Hawaii, the Office of Hawaiian Health of the Hawaii State Department of Health, the University of Hawaii, and any other entities or organizations which the POL deems appropriate to achieve its stated purpose [unless the Secretary determines that the entity has not developed a mission statement and action plan pertaining to contributions the organization will make to the NHHCS (see 42 U.S.C. 11711(7))].

## IV. Application and Submission Information

### 1. ADDRESS TO REQUEST APPLICATION PACKAGE

#### **Application Materials and Required Electronic Submission Information**

HRSA *requires* applicants for this funding opportunity announcement to apply electronically through Grants.gov. This registration and application process protects applicants against fraud and ensures that only authorized representatives from an organization can submit an application. Applicants are responsible for maintaining their registrations, which should be completed well in advance of submitting an application. All applicants *must* submit in this manner unless they obtain a written exemption from this requirement in advance of the deadline by the Director of HRSA's Division of Grants Policy.

Applicants must request an exemption in writing from [DGPWaivers@hrsa.gov](mailto:DGPWaivers@hrsa.gov), and provide details as to why they are technologically unable to submit electronically through the Grants.gov portal. If requesting a waiver, include the following in the e-mail request: the HRSA announcement number; the organization's DUNS number; the name, address, and telephone number of the organization; the name and telephone number of the Project Director; the Grants.gov Tracking Number (GRANTXXXX) assigned to the submission; and a copy of the "Rejected with Errors" notification from Grants.gov. **HRSA and its Digital Services Operation (DSO) will only accept paper applications from applicants that received prior written approval.** However, the application must still be submitted by the deadline. It is suggested that applicants submit their applications to Grants.gov at least two days before the deadline to allow for unforeseen circumstances.

Note: Central Contractor Registration (CCR) information must be updated at least every 12 months to remain active (for both grantees and sub-recipients). As of August 9, 2011, Grants.gov began rejecting submissions from applicants with expired CCR registrations. Although active CCR registration at time of submission is not a new requirement, this systematic enforcement will likely catch some applicants off guard. According to the CCR website, it can take 24 hours or more for updates to take effect, so ***check for active registration well before the application deadline.***

Applicants can view their CCR Status by visiting <http://www.bpn.gov/CCRSearch> and searching by the organization's DUNS number. The CCR website (<https://www.bpn.gov/ccr>) provides user guides, renewal screen shots, FAQs, and other helpful resources.

Applicants that fail to allow ample time to complete registration with CCR and/or Grants.gov will not be eligible for a deadline extension or waiver of the electronic submission requirement.

Applicants are responsible for reading the instructions included in the *HRSA Electronic Submission User Guide*, available at <http://www.hrsa.gov/grants/apply/userguide.pdf>. This guide includes detailed application and submission instructions. Pay particular attention to Sections 2 and 5 that provide detailed information on the competitive application and submission process.

Applicants are also responsible for reading the Grants.gov Applicant User Guide, available at [http://www.grants.gov/applicants/app\\_help\\_reso.jsp#guides](http://www.grants.gov/applicants/app_help_reso.jsp#guides). This guide includes detailed information about using the Grants.gov system and contains helpful hints for successful submission.

Applicants must submit proposals according to the instructions in the guides and in this FOA in conjunction with Application Form SF-424. The SF-424 forms and instructions may be obtained by:

- (1) Downloading from <http://www.grants.gov>, or
- (2) Contacting the HRSA Digital Services Operation (DSO) at [HRSADSO@hrsa.gov](mailto:HRSADSO@hrsa.gov).

Each funding opportunity contains a unique set of forms, and only the specific forms package posted with an opportunity will be accepted. Specific instructions for preparing portions of the application that must accompany SF-424 appear in the Application Format Requirements section below.

## **2. CONTENT AND FORM OF APPLICATION SUBMISSION**

### **Application Format Requirements**

The total size of all uploaded files may not exceed the equivalent of 80 pages when printed by HRSA, or a total file size of 10 MB. See the following tables for information about the application components included in the page limit. **Applicants are strongly encouraged to print their applications before submitting electronically to ensure that they do not exceed the 80-page limit. Do not reduce the size of the fonts or margins to save space. See the formatting instructions in Section 5 of the *HRSA Electronic Submission User Guide* referenced above.**

**Applications must be complete, within the 80-page limit, within the 10 MB limit, and submitted prior to the deadline to be considered under this announcement.**

### **Application Format**

Applications for funding must consist of the following documents in the following order:

**Table 2: Submission through Grants.gov**

<http://www.grants.gov>

- It is mandatory to follow these instructions to ensure that your application can be printed efficiently and consistently for review.
- Failure to follow the instructions may make your application non-responsive. Non-responsive applications will not be considered for funding.
- For electronic submissions, applicants only have to number the electronic attachment pages sequentially, resetting the numbering for each attachment (i.e., start at page 1 for each attachment). Do not attempt to number standard OMB-approved form pages.
- For electronic submissions, no table of contents is required for the entire application. HRSA will construct an electronic table of contents in the order specified.
- Limit file attachment names to 50 characters or less. Do not use special characters (e.g., %, /, #) or spacing in the file name. An underscore (\_) may be used to separate words in a file name. Attachments will be rejected by Grants.gov if special characters are included or if file names exceed 50 characters.
- All items listed in this table are required unless otherwise noted.

Application Section	Form Type	Instruction	Guidelines
Application for Federal Assistance (SF-424)	E-Form	Complete pages 1, 2, & 3 of the SF-424. See instructions in <a href="#">Section IV.2.i.</a>	Not counted in the page limit
Project Abstract	Attachment	Upload the project abstract on page 2, Box 15 of the SF-424. See instructions in <a href="#">Section IV.2.viii.</a>	Counted in the page limit
Additional Congressional District(s) (as applicable)	Attachment	Upload a list of additional Congressional Districts served by the project if all districts served will not fit in Box 16b of the SF-424.	Not counted in the page limit
Project Narrative Attachment Form	E-Form	Supports the upload of Project Narrative document.	Not counted in the page limit
Project Narrative	Attachment	Upload in the Project Narrative Attachment Form. See instructions in <a href="#">Section IV.2.ix.</a>	Counted in the page limit
SF-424A Budget Information - Non-Construction Programs	E-Form	Complete Sections A, B, and C. Complete Section F if applicable. See instructions in <a href="#">Appendix B.</a>	Not counted in the page limit
Budget Narrative Attachment Form	E-Form	Supports the upload of Budget Narrative document.	Not counted in the page limit
Budget Narrative	Attachment	Upload in the Budget Narrative Attachment Form. See instructions in <a href="#">Appendix B.</a>	Counted in the page limit
SF-424B Assurances - Non-Construction Programs	E-Form	Complete the Assurances form.	Not counted in the page limit

Application Section	Form Type	Instruction	Guidelines
Project/Performance Site Location(s) Form	E-Form	Supports the listing of a primary (administrative) site and 29 additional service sites.	Not counted in the page limit
Additional Performance Site Location(s)	Attachment	Upload a list of additional site locations if all sites will not fit in the Project/Performance Site Location(s) form.	Not counted in the page limit
Grants.gov Lobbying Form	E-Form	Complete the Certification Regarding Lobbying form.	Not counted in the page limit
Disclosure of Lobbying Activities (SF-LLL)	E-Form	Complete the form only if lobbying activities are conducted.	Not counted in the page limit
Attachments Form	E-Form	Upload all required and applicable supporting attachments. See the attachment list in Table 2 below.	Not counted in the page limit

**Table 3: List of Attachments**

- To ensure that attachments are organized and printed in a consistent manner, follow the order provided below.
- Merge similar documents (e.g., Letters of Support) into a single document, and add a table of contents page specific to the attachment. The Table of Contents page will not be counted in the page limit.

Attachment	Instruction	Guidelines
Attachment 1: Clinical and Financial Performance Measures (required)	For NHHCS, upload the Clinical and Financial Performance Measures. Refer to <a href="#">Appendix A</a> for detailed instructions. For POL, upload the Project Work Plan.	Counted in the page limit
Attachment 2: Income Analysis Form (required, except POL)	Upload the Income Analysis Form. Refer to <a href="#">Appendix C</a> for detailed instructions.	Counted in the page limit
Attachment 3: Staffing Plan (required)	Upload a table that provides a justification for each staff member, including education and experience qualifications and rationale for the amount of time being requested for each staff position. See <a href="#">Appendix D</a> for instructions.	Counted in the page limit
Attachment 4: Position Descriptions for New Key Personnel (as applicable)	Upload position descriptions for new key staff only, including: Chief Executive Officer (CEO), Chief Financial Officer (CFO), Chief Operating Officer (COO), and Project Director (PD). Each position description should be limited to <b>one page</b> and must include the position title; description of duties and responsibilities; position qualifications; supervisory relationships; salary range; and work hours.	Counted in the page limit
Attachment 5: Biographical Sketches for New Key	Upload biographical sketches for new key personnel: CEO, CFO, COO, and PD. Biographical sketches should not exceed <b>one page</b> each. In the event that an identified	Counted in the page limit

Attachment	Instruction	Guidelines
Personnel (as applicable)	individual is not yet hired, include a letter of commitment from that person with the biographical sketch.	
Attachment 6: Letters of Support (as applicable)	Upload current dated letters of support that specifically indicate commitment to the project (e.g., financial support, in-kind services, staff, space, equipment).	Counted in the page limit
Attachment 7: Summary of Contracts and Agreements (as applicable)	<p>Upload a BRIEF SUMMARY describing new project-related contracts and agreements. The summary must address the following items for each contract or agreement:</p> <ul style="list-style-type: none"> <li>• Name and contract information for each affiliated agency.</li> <li>• Type of contract or agreement (e.g., contract, affiliation agreement).</li> <li>• Brief description of the purpose and scope (i.e., type of services provided, how/where services are provided).</li> <li>• Timeframe for each agreement/contract/affiliation.</li> </ul>	Counted in the page limit
Attachment 8: Board Profile	Upload a profile of Board Member Characteristics, including: Board office held, area of expertise, and years of continuous Board service. See <a href="#">Appendix E</a> for a sample Board Profile.	Counted in the page limit
Attachment 9: Other Relevant Documents (as desired)	Include other relevant documents to support the proposed project plan.	Counted in the page limit

## Application Format

### i. *Application for Federal Assistance SF-424*

Complete Application Form SF-424 provided with the application package. Prepare according to instructions provided in the form itself and the following guidelines:

- *Box 2: Type of Applicant:* Select Continuation.
- *Box 4: Applicant Identifier:* Leave blank.
- *Box 5a: Federal Entity Identifier:* Leave blank.
- *Box 5b: Federal Award Identifier:* 10-digit grant number (H1C...) found in box 4b from the most recent Notice of Award.
- *Box 8c: Organizational DUNS:* Applicant organization's DUNS number (see below).
- *Box 8f: Name and Contact Information of Person to be Contacted on Matters Involving this Application:* Provide the Project Director's name and contact information.  
**Note:** If, for any reason, the Project Director will be out of the office between the Grants.gov submission date and the project period start date, ensure that the email Out of Office Assistant is set to inform HRSA whom to contact if issues arise with the application and a timely response is required.
- *Box 11: Catalog of Federal Domestic Assistance Number:* 93.932
- *Box 14: Areas Affected by Project:* Provide a summary of the areas to be served (e.g., if entire counties are served, cities do not need to be listed) and upload as a Word document. This document will not count toward the page limit.
- *Box 15: Descriptive Title of Applicant's Project:* Type the title of the FOA (Native Hawaiian Health Care Improvement Act) and upload the project abstract. The abstract WILL count toward the page limit.
- *Box 16: Congressional Districts:* Provide the congressional district where the administrative office is located in 16a and the congressional districts to be served by the proposed project in 16b. If information will not fit in the boxes provided, attach a Word document. This document will not count toward the page limit.
- *Box 17: Proposed Project Start and End Date:* Provide the start date (August 1, 2012) and end date (July 31, 2013) for the proposed one-year project period.
- *Box 18: Estimated Funding:* Complete the required information based on the funding request. Each applicant, except POL, must include the amount of non-Federal matching funds.
- *Box 19: Review by State:* This program is not covered by E.O. 12372.
- *Box 21: Authorized Representative:* The electronic signature in Grants.gov (created when the Grants.gov forms are submitted) is the official signature when applying for a grant. The form should NOT be printed, signed, and mailed to HRSA.

## DUNS Number

All applicant organizations (and sub-recipients of HRSA award funds) are required to have a Data Universal Numbering System (DUNS) number in order to apply for a grant or cooperative agreement from the Federal Government. The DUNS number is a unique nine-character identification number provided by the commercial company, Dun and Bradstreet. There is no charge to obtain a DUNS number. Information about obtaining a DUNS number can be found at <http://fedgov.dnb.com/webform> or call 1-866-705-5711. Please include the DUNS number in Box 8c on the SF-424. Applications **will not** be reviewed without a DUNS number.

**Note:** A missing or incorrect DUNS number is the number one reason for applications being “Rejected for Errors” by Grants.gov. HRSA will not extend the deadline for applications with a missing or incorrect DUNS number. Applicants should take care in entering the DUNS number in the application.

Additionally, the applicant organization (and any sub-recipients of HRSA award funds) is required to register annually with the Central Contractor Registration (CCR) in order to conduct electronic business with the Federal Government. CCR must be maintained with current, accurate information at all times during which an entity has an active award or an application or plan under consideration by HRSA. It is extremely important to verify that the applicant organization CCR is active and the Marketing Partner ID Number (MPIN) is current. Information about registering with the CCR can be found at <http://www.ccr.gov>.

## **ii. Table of Contents**

The application should be presented in the order presented in [Tables 2-3](#). For electronic applications, no table of contents is necessary, as it will be generated by the system.

## **iii. Budget**

Complete Application Form SF-424A – Budget Information for Non-Construction Programs provided with the application package. Please complete Sections A, B, C, and F (if F is applicable). See [Appendix B](#) for detailed instructions.

## **Matching Funds**

Applicants (with the exception of POL) are required to include non-Federal matching funds in an amount equal to \$1 for every \$5 of Federal funds in Section C – Non-Federal Resources. Non-Federal contributions may be in cash or in-kind, fairly evaluated, including plant, equipment, or services. Amounts provided by the Federal government or services assisted or subsidized to any significant extent by the Federal government may not be included as match. Federal sources may be used as matching funds if received as fees, payments, or reimbursements for the provision of a specific service, such as patient care reimbursements received under Medicare or Medicaid. Generated program income may be used as matching funds.

## **Salary Limitation**

The Consolidated Appropriations Act, 2012 (P.L. 112-74) enacted December 23, 2011, limits the salary amount that may be awarded and charged to HRSA grants. Award funds may not be used to pay the salary of an individual at a rate in excess of Federal Executive Level II of the Federal Executive Pay scale. The Executive Level II salary is currently \$179,700. This amount reflects an individual’s base salary **exclusive of fringe benefits** and income that an individual may be permitted to earn outside of the duties to the applicant organization (i.e., the rate limitation only limits the amount that may be awarded and charged to HRSA grants). This salary limitation also applies to sub-awards/subcontracts under a HRSA grant.

## **Example of Application of this Limitation**

If an individual’s base salary is \$350,000 per year plus fringe benefits of 25 percent (\$87,500), and that individual is devoting 50 percent of his/her time to a HRSA award, the base salary must be adjusted to \$179,700 plus fringe benefits of 25 percent (\$44,925). This results in a total of

\$112,312 that may be included in the project budget and charged to the award in salary/fringe benefits for this individual. See the breakdown below:

**Table 4: Actual versus Claimed Salary**

<b>Current Actual Salary</b>	
Individual's actual base full time salary: \$350,000 (50% of time will be devoted to project)	
Direct Salary	\$175,000
Fringe (25% of salary)	\$ 43,750
Total	\$218,750
<b>Amount of Actual Salary Eligible to be Claimed on the Application Budget due to the Legislative Salary Limitation</b>	
Individual's base full time salary adjusted to Executive Level II: \$179,700 (50% of time will be devoted to the project)	
Direct Salary	\$ 89,850
Fringe (25% of salary)	\$ 22,462
Total	\$112,312

**iv. Budget Justification**

Provide a justification that includes a line-item budget and explains the amounts requested for each object class category in the budget (SF-424A, Section B). The budget justification must clearly support the achievement of proposed goals. The budget period is for ONE year. See [Appendix B](#) for a detailed explanation of object class categories to be included.

**v. Staffing Plan and Personnel Requirements**

Applicants must present a staffing plan (Attachment 3) and provide a justification for the plan that includes education and experience qualifications and rationale for the amount of time being requested for each staff position to be supported under the grant. Additional staffing and personnel information should be provided through Attachment 4: Position Descriptions for New Key Personnel and Attachment 5: Biographical Sketches for New Key Personnel. Position descriptions must include the roles, responsibilities, and qualifications of proposed project staff. When applicable, biographical sketches should include training, language fluency, and experience working with the cultural and linguistically diverse populations served.

**vi. Assurances**

Complete Application Form SF-424B: Assurances – Non Construction Programs provided with the application package.

**vii. Certifications**

Complete the Certification Regarding Lobbying. Complete the SF-LLL: Disclosure of Lobbying Activities only if the organization engages in lobbying.

**viii. Project Abstract**

Upload a single-spaced, one-page summary of the application in Box 15 of the SF-424. Because the abstract is distributed to the public and Congress, please ensure that it is clear, accurate, concise, and without reference to other parts of the application. It must include a brief

description of the proposed project, including the needs to be addressed, the proposed services, and the population group(s) to be served.

Place the following at the top of the abstract:

- Project Title
- Applicant Organization Name
- Address
- Project Director Name
- Contact Phone Numbers (voice, fax)
- E-Mail Address
- Web Site Address (if applicable)

**ix. Project Narrative**

Applicants must submit a Project Narrative that provides a comprehensive description of all aspects of the proposed project. The Project Narrative must be succinct, consistent with other application components, and well organized so that reviewers can fully understand the proposed project. The Project Narrative should:

- Address the specific review elements using the following section headers: **NEED, PROJECT UPDATE, RESPONSE, RESOURCES/CAPABILITIES, EVALUATIVE MEASURES, IMPACT,** and **SUPPORT REQUESTED**. The requested information should appear in the appropriate section of the Project Narrative or the designated forms and attachments. Unless specified, the attachments should not be used to extend the Project Narrative.
- Reference attachments and forms as needed to clarify information about the applicant organization, proposed activities, and key personnel. Referenced items must be part of the submission.

The following sections provide a framework for the Project Narrative.

**NATIVE HAWAIIAN HEALTH CARE SYSTEMS (NHHCS): Narrative Instructions**

**NEED**

The need section of the project narrative should be a broad description of the need in the community.

- 1) Describe the unique characteristics of the target population that affect access to health care, health care utilization, and health status, including:
  - Island-specific geographic areas where significant numbers of Native Hawaiians will be served
  - Demographic, cultural, and ethnic factors
  - Unemployment or educational factors
  - Barriers to accessing health services (e.g., cultural or language issues, access issues related to managed care or reimbursement, geography or transportation)

- The health status and treatment needs of the target population (i.e., unique or special treatment needs)
- 2) Describe the health care environment of the proposed service area and target population, including:
- Existing health services currently available to the target population
  - Service delivery considerations
  - Any significant changes that affect the availability of health care services

### ***PROJECT UPDATE***

- 1) The project update should cover the time period of **August 1, 2011 to April 30, 2012** and address the following:
- How the applicant organization has progressed in meeting requirements as outlined in authorizing legislation and the objectives set forth and approved in the FY 2011 application
  - Factors that have affected program progress in either a positive or negative way
  - How the applicant organization has addressed challenges and barriers
  - Milestones and accomplishments
  - Any major changes that the applicant organization has made to the project
  - Governance/community input plans and activities
  - Partnerships, contractual arrangements, and financial/legal arrangements with other entities
  - The status of any unresolved issues identified in the previous Notice of Award (NoA)
- 2) Provide specific updates on the FY 2011 health care plan that include:
- Written agreements and coordination of services between the NHHCS and other local health care entities in the communities (e.g., health centers, Area Health Education Centers, hospitals, universities, community-based organizations)
  - Progress and plans regarding outcomes of both new and ongoing clinical-related programs
  - Continuous quality improvements relative to the entire program (describe Quality Assurance plan, if available)
  - Compliance with the Health Insurance Portability and Accountability Act
  - Retention and recruitment of qualified staff, especially the recruitment of Native Hawaiian scholars in concert with POL
- 3) Provide specific updates on the FY 2011 business plan that include:
- Progress with third-party reimbursement
  - Personnel (including plans for malpractice coverage and corporate compliance issues)
  - Governance and board development
  - Fiscal status and Management Information System (MIS) capabilities
  - Plans for maintaining long-term viability (e.g., future requirements for space, personnel, capital, telehealth)
  - Outstanding business/management issues identified in the previous NoA, as applicable
  - Audit conditions or exceptions as identified in the most recent audit report

- How the applicant has met the legislative match requirement as identified in authorizing legislation

### ***RESPONSE***

- 1) Provide the clinical and financial performance measures as Attachment 1 (see [Appendix A](#) for instructions). Goals should be designed to meet the program requirements detailed in [Section I.3.](#)
- 2) Describe the activities planned to address the needs of the target population identified above.
- 3) Describe how the organization will collaborate with other organizations to achieve the proposed goals.

### ***RESOURCES/CAPABILITIES***

- 1) Describe the experience and expertise of the organization as well as the project personnel, including the organizational capacity to implement the proposed project.
- 2) Describe the organization's financial management capability, including financial leadership at the staff and board levels.
- 3) Describe the organization's revenues, including self-pay income, third-party reimbursement program in place, and the sliding-fee schedule.

### ***EVALUATIVE MEASURES***

- 1) Within the clinical and financial performance measures, provide clear goals and key factors that are predicted to contribute or restrict progress on achieving the established goals.
- 2) Discuss how progress towards meeting identified goals will be evaluated.
- 3) Discuss how evaluation results will be used to improve program performance over the course of the project period.

### ***IMPACT***

- 1) Discuss how activities are coordinated with and complementary to the state environment.
- 2) Describe the plan to assure that proposed activities can be initiated within 120 days of award.

### ***SUPPORT REQUESTED***

- 1) Provide a complete and detailed budget presentation through the submission of the SF-424A and budget justification (inclusive of line-item detail).
- 2) Describe how the budget is aligned and consistent with identified needs, proposed activities, and project goals.

- 3) Demonstrate that funds will not be duplicative or used to supplant or replace other funding sources.
- 4) Describe the plan to acquire the non-Federal matching funds in an amount equal to \$1 for every \$5 of Federal funds.

### **PAPA OLA LOKAHI (POL): Narrative Instructions**

#### ***NEED***

*The **NEED** section of the Project Narrative should be a broad description of the need in the community.*

- 1) Describe the unique characteristics of the target population that affect access to health care, health care utilization, and health status, including:
  - Island-specific geographic areas where significant numbers of Native Hawaiians will be served
  - Demographic, cultural, and ethnic factors
  - Unemployment or educational factors
  - Barriers to accessing health services (e.g., cultural or language issues, access issues related to managed care or reimbursement, geography or transportation)
  - The health status and treatment needs of the target population (i.e., unique or special treatment needs)
- 2) Describe the health care environment of the proposed service area and target population, including:
  - Existing health services currently available to the target population
  - Service delivery considerations
  - Any significant changes that affect the availability of health care services

#### ***PROJECT UPDATE***

- 1) The project update should cover the time period of **August 1, 2011 to April 30, 2012** and should address the following:
  - How the applicant organization has progressed in meeting requirements as outlined in authorizing legislation and the objectives set forth and approved in the FY 2011 application
  - Factors that have affected program progress in either a positive or negative way
  - How the applicant organization has addressed challenges and barriers
  - Milestones and accomplishments
  - Any major changes that the applicant organization has made to the project
  - The status of any unresolved issues identified in the previous NoA
- 2) Provide updates on the FY 2011 health care plan, reporting progress in implementing the nine activities detailed in the authorizing legislation (see [Section I.3](#)).

- 3) Provide specific updates on the FY 2011 business plan that include:
  - Efforts toward meeting program specific performance issues, as designated in the authorizing legislation
  - Continuous performance improvement
  - Plans for maintaining long-term viability (e.g., future requirements for space, personnel, capital, telehealth)
  - Personnel and retention and recruitment of qualified staff
  - Governance and board development
  - Fiscal status and Management Information System (MIS) capabilities

### ***RESPONSE***

- 1) Provide a one-year Project Work Plan that addresses the health care environment and business operations of the applicant as Attachment 1 (see <http://www.hrsa.gov/grants/apply/assistance/NHHCS> for a sample). Include the following sections in the plan tables:
  - Goals – Goals should be time-framed, measureable, and designed to meet the program requirements detailed in [Section I.3](#).
  - Key Action Steps – Activities that will contribute to the achievement of a goal.
  - Timeline – An indication of when each action step will be accomplished.
  - Expected Outcome – The predicted result of the action step. The outcome should quantify what the action step is predicted to accomplish.
  - Data Source and Evaluation Methodology – The process utilized to track and measure change.
  - Person/Area Responsible – Who will be accountable for accomplishing the action step.
  - Comments, as needed.
- 2) Discuss how the activities detailed in the work plan are consistent with the needs of the target population identified above.
- 3) Describe how the organization will collaborate with other organizations to achieve proposed objectives.

### ***RESOURCES/CAPABILITIES***

- 1) Describe the experience and expertise of the organization as well as the project personnel, including the organizational capacity to implement the proposed project.
- 2) Describe the organization's financial management capability, including financial leadership at the staff and board levels.

### ***EVALUATIVE MEASURES***

- 1) Within the Project Work Plan, provide clear goals and measures to evaluate goals.
- 2) Discuss how progress towards meeting identified goals will be evaluated.

- 3) Discuss how evaluation results will be used to improve program performance over the course of the project period.

### ***IMPACT***

- 1) Discuss how activities are coordinated with and complementary to the state environment.
- 2) Describe the plan to assure that proposed activities can be initiated within 120 days of award.

### ***SUPPORT REQUESTED***

- 1) Provide a complete and detailed budget presentation through the submission of the SF-424A and budget justification (inclusive of line-item detail).
- 2) Describe how the budget is aligned and consistent with identified needs, proposed activities, and project goals.

### **x. *Attachments***

Attachments are supplementary in nature and are not intended to be a continuation of the Project Narrative. Each attachment must be clearly labeled. See [Table 3](#) for a complete listing of required attachments, including instructions on completing them.

## **3. SUBMISSION DATES AND TIMES**

### **Application Due Date**

The due date for applications under this funding opportunity announcement is June 20, 2012 at 8:00 PM ET. Applications completed online are considered formally submitted when the application has been successfully transmitted electronically by the Authorized Organization Representative (AOR) through Grants.gov and has been validated by Grants.gov on or before the deadline date and time.

### **Receipt Acknowledgement**

Upon receipt of an application, Grants.gov will send a series of email messages regarding the progress of the application through the system. The first will confirm receipt in the system; the second will indicate whether the application has been successfully validated or has been rejected due to errors; the third will be sent when the application has been successfully downloaded at HRSA; and the fourth will notify the applicant of the Agency Tracking Number assigned to the application.

The Chief Grants Management Officer (CGMO) or designee may authorize an extension of published deadline when justified by circumstances such as natural disasters (e.g., floods, hurricanes) or other disruptions of services, such as a prolonged blackout. The CGMO or designee will determine the affected geographical area(s).

### **Late Applications**

Applications that do not meet the criteria above are considered late applications, and application review and issuance of the NoA may be delayed.

#### **4. INTERGOVERNMENTAL REVIEW**

This funding opportunity is not subject to the provisions of Executive Order 12372, as implemented by 45 CFR Part 100.

#### **5. FUNDING RESTRICTIONS**

Funding is limited to entities designated in the NHHCIA, as amended. Applicants responding to this announcement may request funding for a budget and project period of one year (August 1, 2012 – July 31, 2013). Funding requests must be for the amount specified in [Table 1](#) of Section II. Funds awarded to NHHCS may not be used to provide inpatient services, make cash payments to intended recipients of health services, purchase or improve real property (other than minor remodeling/repairs), or to purchase major medical equipment.

Pursuant to existing law, and consistent with Executive Order 13535 (75 FR 15599), health centers are prohibited from using Federal funds to provide abortion services (except in cases of rape or incest, or when the life of the woman would be endangered). This includes all grants awarded under this announcement and is consistent with past practice and long-standing requirements applicable to grant awards to health centers.

The Consolidated Appropriations Act, 2012 (P.L. 112-74) enacted December 23, 2011, limits the salary amount that may be awarded and charged to HRSA grants and cooperative agreements. Award funds may not be used to pay the salary of an individual at a rate in excess of Executive Level II. The Executive Level II salary of the Federal Executive Pay scale is \$179,700. This amount reflects an individual's base salary exclusive of fringe and any income that an individual may be permitted to earn outside of the duties to the applicant organization. This salary limitation also applies to subawards/subcontracts under a HRSA grant or cooperative agreement.

Per Division F, Title V, Section 503 of the Consolidated Appropriations Act, 2012 (P.L. 112-74) enacted December 23, 2011 (a) No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used, other than for normal and recognized executive-legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation to the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government, except in presentation to the executive branch of any State or local government itself. (b) No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body, other than for normal and recognized executive-legislative relationships or participation by an agency or officer of a State, local or tribal government in policymaking and administrative processes within the executive

branch of that government. (c) The prohibitions in subsections (a) and (b) shall include any activity to advocate or promote any proposed, pending or future Federal, State or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control.

Per Division F, Title V, Section 523 of the Consolidated Appropriations Act, 2012 (P.L. 112-74) enacted December 23, 2011, no funds appropriated in this Act shall be used to carry out any program of distributing sterile needles or syringes for the hypodermic injection of any illegal drug.

## 6. OTHER SUBMISSION REQUIREMENTS

As stated in Section [IV.1](#), except in very rare cases, HRSA will no longer accept applications in paper form. Applicants are **required** to submit **electronically** through Grants.gov. To submit an application electronically, use the APPLY FOR GRANTS section at <http://www.grants.gov>. When using Grants.gov, download a copy of the application package, complete it off-line, and then upload and submit the application via the Grants.gov site.

It is essential that each applicant organization **immediately register** in Grants.gov and become familiar with the Grants.gov application process. Applicants that do not complete the registration process will be unable to submit an application. The registration process can take up to one month.

To successfully register in Grants.gov, complete all of the following required actions:

- Obtain an organizational Data Universal Number System (DUNS) number
- Register the organization with Central Contractor Registration (CCR)
- Identify the organization's E-Business Point of Contact (E-Biz POC)
- Confirm the organization's CCR Marketing Partner ID Number (M-PIN) password
- Register and approve at least one Authorized Organization Representative (AOR)
- Obtain a username and password from the Grants.gov Credential Provider

Instructions on how to register, tutorials, and FAQs are available on the Grants.gov website at [http://www.grants.gov/applicants/app\\_help\\_reso.jsp](http://www.grants.gov/applicants/app_help_reso.jsp). Assistance is also available from the Grants.gov Contact Center 24 hours a day, 7 days a week (excluding Federal holidays) at [support@grants.gov](mailto:support@grants.gov) or 1-800-518-4726. Applicants must ensure that all passwords and registrations are current well in advance of the deadline.

**Applicants must ensure that the AOR is available to submit the application in Grants.gov by the published due date. HRSA will not accept submission or re-submission of incomplete, rejected, or otherwise delayed applications after the deadline.** Therefore, applicants are encouraged to submit their applications in advance of the deadline. If an application is rejected by Grants.gov due to errors, the application must be corrected and resubmitted to Grants.gov **before** the deadline date and time. Deadline extensions will not be provided to applicants who do not correct errors and resubmit to Grants.gov before the posted deadline.

**If, for any reason, an application is submitted more than once prior to the application due date, HRSA will only accept the applicant's last validated electronic submission prior to the Grants.gov application due date as the final and only acceptable application.**

### **Application Tracking**

Applicants must track their applications using the Grants.gov tracking number (GRANTXXXXXXXX) provided in the confirmation email from Grants.gov. More information about application tracking can be found at <https://apply07.grants.gov/apply/checkApplStatus.faces>. Applicants must ensure that their applications are validated by Grants.gov prior to the application deadline.

## **V. Application Review Information**

### **1. REVIEW CRITERIA**

Applications are not subject to independent objective review procedures and do not compete with new or competing continuation applications for funds. They are, however, reviewed by HRSA grants management officials (business and financial review) and program staff (technical review and analysis of performance measures) to determine if the applicant: 1) performed satisfactorily; 2) is in compliance with statutory/regulatory requirements; and 3) proposed appropriate goals and activities with allowable and reasonable costs. The following review criteria will be used by Federal staff to assess the merits of each application. Applicants should pay strict attention to addressing all criteria, as they are the basis upon which Federal staff will evaluate their application. Each application will be evaluated on the following seven review criteria:

#### **NHCS Review Criteria:**

##### **Criterion 1: NEED (10 points)**

- 1) To what extent does the applicant use reliable “island-specific” data on the population of individuals who will be served, citing sources of data and estimates?
- 2) To what extent does the applicant provide a thorough description of the target population, including the following?
  - Specific geographic areas where significant numbers of Native Hawaiians will be served
  - Demographic, cultural, and ethnic factors
  - Unemployment or educational factors
  - Barriers to accessing health services
  - The health status and treatment needs of the target population
- 3) To what extent does the applicant provide a thorough description of the health care environment, including the following?
  - Existing health services currently available to the target population
  - Service delivery considerations

- Any significant changes that affect the availability of health care services

**Criterion 2: PROJECT UPDATE** (15 points)

- 1) To what extent does the applicant address how it has progressed in meeting the responsibilities and requirements of the NHHCS, as outlined in authorizing legislation, and the objectives set forth and approved in the FY 2011 application?
- 2) To what extent does the applicant discuss the prior year activities, including: progress, challenges, accomplishments, changes to service area and/or population served, adjustments made in the applicant's approach, and the impact of any changes in scope approved/anticipated between August 1, 2011 and July 31, 2012?
- 3) To what extent does the applicant provide specific updates to the FY 2011 health care and business plans?
- 4) If applicable, to what extent does the applicant discuss specific changes the program has gone through during the previous grant year and present analyses of these program alterations in terms of the NHHCIA legislation?
- 5) If applicable, to what extent does the applicant explain any delays in start-up and continuation of activities that were proposed in FY 2011?
- 6) If applicable, to what extent does the applicant report on the status of any unresolved issues identified in the previous NoA?

**Criterion 3: RESPONSE** (35 points)

- 1) To what extent does the proposed project respond to the program requirements?
- 2) To what extent do the clinical and financial performance measures and proposed activities address identified needs of the target population?
- 3) To what extent does the applicant demonstrate the ability to effectively collaborate with other organizations to achieve proposed objectives?

**Criterion 4: RESOURCES/CAPABILITIES** (10 points)

- 1) To what extent does the applicant demonstrate the experience and expertise to implement the proposed project?
- 2) To what extent does the applicant demonstrate its financial stability by the following?
  - Discussing appropriate financial leadership at the staff and board levels
  - Discussing the revenues generated through self-pay and third-party reimbursement
  - Providing a thorough Income Analysis form
- 3) To what extent does the applicant provide documentation that a third-party reimbursement program, including a sliding-fee-schedule, has been fully implemented?

**Criterion 5: EVALUATIVE MEASURES (10 points)**

- 1) To what extent does the applicant provide clear goals, time-framed measurable outcomes, and appropriate key factors to consider?
- 2) To what extent does the applicant provide an evaluation plan that will ensure the following?
  - Monitor and measure progress toward goals and expected outcomes
  - Enable evaluation results to be used to improve program performance

**Criterion 6: IMPACT (10 points)**

- 1) To what extent does the proposal demonstrate that the activities are coordinated with and complementary to the state environment?
- 2) To what extent does the applicant demonstrate that proposed activities can be initiated within 120 days of award?

**Criterion 7: SUPPORT REQUESTED (10 points)**

- 1) How reasonable is the proposed budget in relation to the objectives, complexity of the activities, and the anticipated results?
- 2) To what extent is the budget aligned and consistent with the identified needs, proposed activities, and project goals?
- 3) To what extent does the applicant demonstrate that funds will not be duplicative or used to supplant or replace other funding sources?
- 4) To what extent does the applicant describe a clear plan as to how it will accrue their non-Federal matching funds in an amount equal to \$1 for every \$5 of Federal funds?

**POL Review Criteria:**

**Criterion 1: NEED (10 points)**

- 1) To what extent does the applicant use reliable “island-specific” data on the population of individuals who will be served, citing sources of data and estimates?
- 2) To what extent does the applicant provide a thorough description of the target population, including the following?
  - Specific geographic areas where significant numbers of Native Hawaiians will be served
  - Demographic, cultural, and ethnic factors
  - Unemployment or educational factors
  - Barriers to accessing health services
  - The health status and treatment needs of the target population

- 3) To what extent does the applicant provide a thorough description of the health care environment, including the following?
  - Existing health services currently available to the target population
  - Service delivery considerations
  - Any significant changes that affect the availability of health care services

**Criterion 2: PROJECT UPDATE** (15 points)

- 1) To what extent does the applicant address how it has progressed in meeting the requirements of the program, as outlined in authorizing legislation, and the objectives set forth and approved in the FY 2011 application?
- 2) To what extent does the applicant discuss the prior year activities, including: progress, challenges, accomplishments, changes to service area and/or population served, adjustments made in the applicant's approach, and the impact of any changes in scope approved/anticipated between August 1, 2011 and July 31, 2012?
- 3) To what extent does the applicant provide specific updates to the FY 2011 health care and business plans?
- 4) If applicable, to what extent does the applicant discuss specific changes the program has gone through during the previous grant year and present analyses of these program alterations in terms of the NHHCIA legislation?
- 5) If applicable, to what extent does the applicant explain any delays in start-up and continuation of activities that were proposed in FY 2011?
- 6) If applicable, does the applicant report on the status of any unresolved issues identified in the previous NoA?

**Criterion 3: RESPONSE** (35 points)

- 1) To what extent does the proposed project respond to the program requirements?
- 2) To what extent do the work plans and proposed activities address the identified needs of the target population?
- 3) To what extent does the applicant demonstrate the ability to effectively collaborate with other organizations to achieve proposed objectives?

**Criterion 4: RESOURCES/CAPABILITIES** (10 points)

- 1) To what extent does the applicant demonstrate the experience and expertise needed to implement the proposed project?
- 2) To what extent does the applicant demonstrate its financial stability by discussing appropriate financial leadership at the staff and board levels?

**Criterion 5: EVALUATIVE MEASURES (10 points)**

- 1) To what extent does the applicant provide clear goals, time-framed action steps, and measurable outcomes?
- 2) To what extent does the applicant provide an evaluation plan that will:
  - Monitor and measure progress toward goals and expected outcomes
  - Enable evaluation results to be used to improve program performance

**Criterion 6: IMPACT (10 points)**

- 1) To what extent does the proposal demonstrate that the activities are coordinated with and complementary to the state environment?
- 2) To what extent does the applicant demonstrate that proposed activities can be initiated within 120 days of award?

**Criterion 7: SUPPORT REQUESTED (10 points)**

- 1) How reasonable is the proposed budget in relation to the objectives, complexity of the activities, and anticipated results?
- 2) To what extent is the budget aligned and consistent with the identified needs, proposed activities, and project goals?

**2. Anticipated Announcement and Award Date**

It is anticipated that awards will be announced prior to August 1, 2012.

**VI. Award Administration Information**

**1. AWARD NOTICES**

The Notice of Award sets forth the funding amount, terms and conditions of the award, effective date of the award, budget period for which support will be given, the non-Federal share to be provided (if applicable), and the total project period for which support is contemplated. Signed by the Grants Management Officer, it is sent to the applicant's Authorized Organization Representative and is the only authorizing document. It is anticipated that it will be sent prior to the start date of August 1, 2012. Applicants may be required to respond in a satisfactory manner to conditions placed on their award before funding can proceed.

**2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS**

Successful applicants must comply with the administrative requirements outlined in [45 CFR Part 74](#): Uniform Administrative Requirements for Awards and Subawards to Institutions of Higher Education, Hospitals, Other Nonprofit Organizations, and Commercial Organizations

or [45 CFR Part 92](#): Uniform Administrative Requirements for Grants And Cooperative Agreements to State, Local, and Tribal Governments, as appropriate.

HRSA grant awards are subject to the requirements of the HHS Grants Policy Statement (HHS GPS) that are applicable based on recipient type and purpose of award. This includes any requirements in Parts I and II of the HHS GPS that apply to the award. The HHS GPS is available at <http://www.hrsa.gov/grants>. The general terms and conditions in the HHS GPS will apply as indicated unless there are statutory, regulatory, or award-specific requirements to the contrary (as specified in the Notice of Award).

### **Trafficking in Persons**

Awards issued under this FOA are subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104). For the full text of the award term, go to <http://www.hrsa.gov/grants/trafficking.html>.

### **Smoke-Free Workplace**

The Public Health Service strongly encourages all award recipients to provide a smoke-free workplace and promote the non-use of all tobacco products. Further, Public Law 103-227, the Pro-Children Act of 1994, prohibits smoking in certain facilities (or in some cases, any portion of a facility) in which regular or routine education, library, day care, health care, or early childhood development services are provided to children.

### **Cultural and Linguistic Competence**

HRSA programs serve culturally and linguistically diverse communities and multiple cultures. Although race and ethnicity are often thought to be dominant elements of culture, HRSA funded programs embrace a broader definition to incorporate diversity within specific cultural groups including but not limited to cultural uniqueness within Native American populations, Native Hawaiian, Pacific Islanders, and other ethnic groups, language, gender, socio-economic status, sexual orientation and gender identity, physical and mental capacity, age, religion, housing status, and regional differences. Organizational behaviors, practices, attitudes, and policies across all HRSA-supported entities respect and respond to the cultural diversity of communities and target populations served.

HRSA is committed to ensuring access to quality health care for all. Quality care means access to services, information, and materials delivered by competent providers in a manner that factors in the language needs, cultural richness, and diversity of populations served. Quality also means that, where appropriate, data collection instruments adhere to culturally competent and linguistically appropriate norms. For additional guidance, refer to the National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS) published by HHS and available at <http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=15>. Additional cultural competency and health literacy tools, resources, and definitions are available at <http://www.hrsa.gov/culturalcompetence> and <http://www.hrsa.gov/healthliteracy>.

### **Healthy People 2020**

Healthy People 2020 is a national initiative led by HHS that sets priorities for all HRSA programs. The initiative has four overarching goals: (1) attain high-quality, longer lives free of

preventable disease, disability, injury, and premature death; (2) achieve health equity, eliminate disparities, and improve the health of all groups; (3) create social and physical environments that promote good health for all; and (4) promote quality of life, healthy development, and healthy behaviors across all life stages. The program consists of over 40 topic areas containing measurable objectives. HRSA has actively participated in the work groups of all topic areas and is committed to the achievement of the Healthy People 2020 goals. More information about Healthy People 2020 may be found at <http://www.healthypeople.gov>.

### **National HIV/AIDS Strategy (NHAS)**

The National HIV/AIDS Strategy (NHAS) has three primary goals: 1) reducing the number of people who become infected with HIV; 2) increasing access to care and optimizing health outcomes for people living with HIV; and 3) reducing HIV-related health disparities. The NHAS states that more must be done to ensure that new prevention methods are identified and that prevention resources are more strategically deployed. Further, the NHAS recognizes the importance of early entrance into care for people living with HIV to protect their health and reduce their potential of transmitting the virus to others. HIV disproportionately affects people who have less access to prevention, care, and treatment services and, as a result, often have poorer health outcomes. Therefore, the NHAS advocates adopting community-level approaches to identify people who are HIV-positive but do not know their serostatus and reduce stigma and discrimination against people living with HIV.

To the extent possible, program activities should strive to support the three primary goals of the NHAS. As encouraged by the NHAS, programs should seek opportunities to increase collaboration, efficiency, and innovation in the development of program activities to ensure success of the NHAS. Programs providing direct services should comply with federally-approved guidelines for HIV Prevention and Treatment (see <http://www.aidsinfo.nih.gov/Guidelines/Default.aspx> as a reliable source for current guidelines). More information can also be found at <http://www.whitehouse.gov/administration/eop/onap/nhas>.

### **Health Information Technology**

Health information technology provides the basis for improving the overall quality, safety, and efficiency of the health delivery system. HRSA endorses the widespread and consistent use of HIT, which is the most promising tool for making health care services more accessible, efficient, and cost effective for all Americans. HIT resources can be found at [http://healthit.hhs.gov/portal/server.pt/community/healthit\\_hhs\\_gov\\_home](http://healthit.hhs.gov/portal/server.pt/community/healthit_hhs_gov_home) and <http://www.ahrq.gov/news/test031809.htm>.

## **3. REPORTING**

Successful applicants under this FOA must comply with the following reporting and review activities:

### **a. Audit Requirements**

Comply with audit requirements of Office of Management and Budget (OMB) Circular A-133. Information on the scope, frequency, and other aspects of the audits is available

at [http://www.whitehouse.gov/omb/circulars\\_default](http://www.whitehouse.gov/omb/circulars_default).

**b. Payment Management Requirements**

Submit a quarterly electronic Federal Financial Report (FFR) Cash Transaction Report via the Payment Management System. The report identifies cash expenditures against the authorized grant funds. The FFR Cash Transaction Reports must be filed within 30 days of the end of each calendar quarter. Failure to submit the report may result in the inability to access award funds. Go to [www.dpm.psc.gov](http://www.dpm.psc.gov) for additional information.

**c. Status Reports**

- 1) Federal Financial Report** – The Federal Financial Report (SF-425) is required within 90 days of the end of each budget period. The SF-425 is an accounting of yearly project expenditures. Financial reports must be submitted electronically through HRSA Electronic Handbooks (EHB). Specific information will be included in the Notice of Award.
- 2) Native Hawaiian Data System Reports** – Reports must be submitted in accordance with instructions provided by the HRSA Project Officer.
- 3) Progress Report** – NHHCS and POL must submit a **year-end progress report**, which is due on **September 1, 2012**. The report should be approximately ten pages in length and cover the time period of **May 1, 2012 to July 31, 2012**. The report should describe: (1) accomplishments since May 1, 2012; (2) problems encountered; (3) progress toward resolution of these problems; (4) programmatic issues that the grantee needs to bring to the attention of the HRSA Project Officer; (5) grant and budgetary issues that the grantee needs to bring to the attention of the HRSA Grants Management Specialist; and (6) lessons learned in carrying out the project during the designated time period defined above. The final report must be submitted electronically through HRSA EHB.

**d. Transparency Act Reporting Requirements**

Awards issued under this FOA are subject to the reporting requirements of the Federal Funding Accountability and Transparency Act (FFATA) of 2006 (Pub. L. 109–282), as amended by section 6202 of Public Law 110–252, and implemented by 2 CFR Part 170. Grant recipients must report information for each first-tier subaward of \$25,000 or more in Federal funds and executive total compensation for the recipient’s and sub-recipient’s five most highly compensated executives as outlined in Appendix A to 2 CFR Part 170 (FFATA details are available at <http://www.hrsa.gov/grants/ffata.html>).

## VII. Agency Contacts

Applicants may obtain additional information regarding business, administrative, or fiscal issues related to this funding opportunity announcement by contacting:

Christie Walker  
Grants Management Specialist  
HRSA Division of Grants Management Operations, OFAM  
Parklawn Building, Mail Stop 11A-02  
5600 Fishers Lane  
Rockville, MD 20857  
301-443-7742  
[cwalker@hrsa.gov](mailto:cwalker@hrsa.gov)

Additional information related to the overall program issues and/or technical assistance regarding this funding announcement may be obtained by contacting:

Mary Tom  
Project Officer  
HRSA Bureau of Primary Health Care, North Pacific Branch, Southwest Division  
Parklawn Building, Mail Stop 16-105  
5600 Fishers Lane  
Rockville, MD 20857  
301-594-0820  
[mtom@hrsa.gov](mailto:mtom@hrsa.gov)

Joanne Galindo  
Public Health Analyst  
HRSA Bureau of Primary Health Care, Office of Policy and Program Development  
Parklawn Building, Mail Stop 18C-07  
5600 Fishers Lane  
Rockville, MD 20857  
301-594-4300  
[jgalindo@hrsa.gov](mailto:jgalindo@hrsa.gov)

Applicants may need assistance when working online to submit their application forms electronically. Applicants should always obtain a case number when calling for support. For assistance with submitting the application in Grants.gov, contact Grants.gov 24 hours a day, seven days a week, excluding Federal holidays at:

Grants.gov Contact Center  
1-800-518-4726  
[support@grants.gov](mailto:support@grants.gov)  
<http://grants.gov/portal>

## **VIII. Tips for Writing a Strong Application**

A concise resource offering tips for writing proposals for HHS grants and cooperative agreements can be accessed at <http://www.hhs.gov/asrt/og/grantinformation/apptips.html>.

## **APPENDIX A: CLINICAL AND FINANCIAL PERFORMANCE MEASURES INSTRUCTIONS**

As noted in the **RESPONSE** section of the Project Narrative, NHHCS applicants are required to develop Clinical and Financial Performance Measures that set the clinical and financial goals for the one-year project period. Instructions for developing the performance measures are provided below. These forms must be downloaded from <http://www.hrsa.gov/grants/apply/assistance/NHHCS>, completed, and uploaded into Grants.gov as Attachment 1.

The goals must be responsive to identified community health and organizational needs and correspond to key service delivery activities and organizational capacity discussed in the Project Narrative. In addition, goals should be realistic and align with the legislative requirements below (see [Section II.2](#)).

1. Outreach services to inform Native Hawaiians of the availability of health services
2. Education in health promotion and disease prevention of the Native Hawaiian population by, wherever possible, Native Hawaiian health care practitioners, community outreach workers, counselors, and cultural educators
3. Services of physicians, physicians' assistants, nurse practitioners, or other health professionals
4. Immunizations
5. Prevention and control of diabetes, high blood pressure, and otitis media
6. Pregnancy and infant care
7. Improvement of nutrition

### **Important Details about the Performance Measures Forms**

There are 11 sample Clinical Performance Measures, and six additional sample areas for inclusion of additional performance measure goals. **Applicants must include at least four Clinical Performance Measures** using the core clinical measures samples. Applicants may include additional performance measures specific to the identified community health needs, as desired.

There are six sample Financial Performance Measures. **Applicants must include at least three Financial Performance Measures** using the core financial measures samples. Applicants may include additional performance measures specific to the organization.

### **Consolidated List of Performance Measures**

The following tables detail the sample Clinical and Financial Performance Measures. All performance measures must include a numerator and denominator that can be tracked over time.

## *Consolidated List of Performance Measures*

<b>Clinical Performance Measures</b>		
<b>Focus Area</b>	<b>Performance Measure</b>	<b>Measure Detail</b>
<b>Diabetes</b>	Percentage of diabetic patients whose HbA1c levels are less than 7 percent, less than 8 percent, less than or equal to 9 percent, or greater than 9 percent	<p><b>Numerator:</b> Number of adult patients age 18 to 75 years with a diagnosis of Type 1 or Type 2 diabetes whose most recent HbA1c level during the measurement year is &lt;7%, &lt;8%, ≤ 9%, or &gt;9%, among those patients included in the denominator</p> <p><b>Denominator:</b> Number of adult patients age 18 to 75 years as of December 31 of the measurement year with a diagnosis of Type 1 or Type 2 diabetes, who have had a visit at least twice during the reporting year</p>
<b>Cardiovascular Disease</b>	Percentage of adult patients with diagnosed hypertension whose most recent blood pressure was less than 140/90	<p><b>Numerator:</b> Patients 18 to 85 years of age with a diagnosis of hypertension with most recent systolic blood pressure measurement &lt; 140 mm Hg and diastolic blood pressure &lt; 90 mm Hg, among those patients included in the denominator</p> <p><b>Denominator:</b> All patients 18 to 85 years of age as of December 31 of the measurement year with diagnosis of hypertension and have been seen at least twice during the reporting year, and have a diagnosis of hypertension before June 30 of the measurement year</p>
<b>Cancer</b>	Percentage of women 21-64 years of age who received one or more tests to screen for cervical cancer	<p><b>Numerator:</b> Number of female patients 24-64 years of age receiving one or more Pap tests during the measurement year or during the two years prior to the measurement year, among those women included in the denominator</p> <p><b>Denominator:</b> Number of female patients age 24-64 years of age as of December 31 of the measurement year who were seen for a medical visit at least once during the measurement year and were first seen before their 65<sup>th</sup> birthday</p>
<b>Prenatal Health</b>	Percentage of pregnant women beginning prenatal care in first trimester	<p><b>Numerator:</b> All female patients who received perinatal care during the measurement year (regardless of when they began care) who initiated care in the first trimester either at the grantee's service delivery location or with another provider, among those patients included in the denominator</p> <p><b>Denominator:</b> Number of female patients who received prenatal care during the measurement year (regardless of when they began care), either at the grantee's service delivery location or with another provider. Initiation of care means the first visit with a clinical provider (MD, NP, CNM) where the initial physical exam was done and does not include a visit at which pregnancy was diagnosed or one where initial tests were done or vitamins were prescribed.</p>

## Clinical Performance Measures

<b>Perinatal Health</b>	Percentage of births less than 2,500 grams to health center patients	<p><b>Numerator:</b> Women whose child weighed less than 2,500 grams during the measurement year, regardless of who did the delivery, among those women included in the denominator</p> <p><b>Denominator:</b> Total births for all women who were seen for prenatal care during the measurement year regardless of who did the delivery</p>
<b>Child Health</b>	Percentage of children with 2nd birthday during the measurement year with appropriate immunizations	<p><b>Numerator:</b> Number of children who received all of the following: 4 DTP/DTaP, 3 IPV, 1 MMR, 2 Hib, 3 HepB, 1VZV (Varicella), 4 Pneumococcal conjugate, 2 HepA, 2 or 3 RV, and 2 influenza vaccines prior to or on their 2<sup>nd</sup> birthday whose second birthday occurred during the measurement year, among those children included in the denominator</p> <p><b>Denominator:</b> Number of children with at least one medical visit during the measurement year, who had their second birthday during the measurement year, who did not have a contraindication for a specific vaccine. This includes children who were first seen in the clinic prior to their second birthday, regardless of whether or not they came to the clinic for vaccinations or well child care.</p>
<b>Weight Assessment and Counseling for Children and Adolescents</b>	Percentage of patients age 2 to 17 years who had a visit during the current year and who had Body Mass Index (BMI) Percentile documentation, counseling for nutrition, and counseling for physical activity during the measurement year	<p><b>Numerator:</b> Number of child and adolescent patients age 3 to 17 years who had Body Mass Index (BMI) Percentile documentation, counseling for nutrition, and counseling for physical activity during the measurement year, among those patients included in the denominator</p> <p><b>Denominator:</b> Number of child and adolescent patients age 3 to 17 years as of December 31 of the measurement year, who have been seen in the clinic at least once during the measurement year</p>
<b>Adult Weight Screening and Follow-Up</b>	Percentage of patients age 18 years or older who had their Body Mass Index (BMI) calculated at the last visit or within the last six months <u>and</u> , if they were overweight or underweight, had a follow-up plan documented	<p><b>Numerator:</b> Number of adult patients age 18 years or older who had their Body Mass Index (BMI) calculated at the last visit or within the last six months <u>and</u>, if they were overweight or underweight, had a follow-up plan documented, among those patients included in the denominator</p> <p><b>Denominator:</b> Number of adult patients age 18 years or older as of December 31 of the measurement year, who have been seen in the clinic at least once during the measurement year</p>
<b>Tobacco Use Assessment and Counseling (Tobacco Use Assessment)</b>	Percentage of patients age 18 years and older who were queried about tobacco use one or more times within 24 months	<p><b>Numerator:</b> Number of patients age 18 years and older who were queried about tobacco use one or more times during their most recent visit or within 24 months of their most recent visit, among those patients included in the denominator</p> <p><b>Denominator:</b> Number of patients age 18 years and older who had at least one medical visit during the measurement year and have been seen for at least two office visits ever</p>
<b>Tobacco Use Assessment and</b>	Percentage of patients age 18 years and older who	<b>Numerator:</b> Number of patients age 18 years and older who are users of tobacco and who received (charted) advice to quit

<b>Clinical Performance Measures</b>		
<b>Counseling (Tobacco Cessation Counseling)</b>	are users of tobacco and who received (charted) advice to quit smoking or tobacco use	smoking or tobacco use during their most recent visit or within 24 months of their most recent visit, among those patients included in the denominator  <b>Denominator:</b> Number of patients age 18 years and older seen identified as users of tobacco during their most recent visit or within 24 months of their most recent visit and who had at least one medical visit during the current year and have been seen for at least two visits ever
<b>Asthma – Pharmacological Therapy</b>	Percentage of patients age 5 to 40 years with a diagnosis of persistent asthma (either mild, moderate, or severe) who were prescribed either the preferred long term control medication or an acceptable alternative pharmacological therapy during the current year	<b>Numerator:</b> Number of patients age 5 to 40 years included in the denominator with a diagnosis of persistent asthma (either mild, moderate, or severe) who were prescribed either the preferred long term control medication (inhaled corticosteroid) or an acceptable alternative pharmacological therapy (leukotriene modifiers, cromolyn sodium, nedocromil sodium, or sustained released methylxanthines) during the current year  <b>Denominator:</b> Number of patients age 5 to 40 years with a diagnosis of persistent asthma (either mild, moderate, or severe) and who had at least one medical visit during the current year and have been seen for at least two visits ever
<b>Behavioral Health</b>		<b>Applicant determines the information/data provided</b>
<b>Oral Health</b>		<b>Applicant determines the information/data provided</b>
<b>Hearing/Otitis Media</b>		<b>Applicant determines the information/data provided</b>
<b>Traditional Healing</b>		<b>Applicant determines the information/data provided</b>
<b>Health Education and Disease Prevention</b>		<b>Applicant determines the information/data provided</b>
<b>Nutrition and Physical Activity</b>		<b>Applicant determines the information/data provided</b>

<b>FINANCIAL PERFORMANCE MEASURES</b>		
<b>Focus Area</b>	<b>Performance Measure</b>	<b>Measure Detail</b>
<b>Costs</b>	<b>Total cost per patient</b>	<b>Numerator:</b> Total accrued cost before donations and

<b>FINANCIAL PERFORMANCE MEASURES</b>		
<b>Focus Area</b>	<b>Performance Measure</b>	<b>Measure Detail</b>
		after allocation of overhead <b>Denominator:</b> Total number of patients
<b>Costs</b>	<b>Medical Cost per Medical Visit</b>	<b>Numerator:</b> Total accrued medical staff and medical other cost after allocation of overhead (excludes lab and x-ray cost) <b>Denominator:</b> Non-nursing medical visits (excludes nursing (RN) and psychiatrist visits)
<b>Financial Viability</b>	<b>Change in Net Assets to Expense Ratio</b>	<b>Numerator:</b> Ending Net Assets - Beginning Net Assets <b>Denominator:</b> Total Expense
<b>Financial Viability</b>	<b>Working Capital to Monthly Expense Ratio</b>	<b>Numerator:</b> Current Assets - Current Liabilities <b>Denominator:</b> Total Expense / Number of Months in Audit
<b>Financial Viability</b>	<b>Long Term Debt to Equity Ratio</b>	<b>Numerator:</b> Long Term Liabilities <b>Denominator:</b> Net Assets
<b>Financial Viability</b>	<b>Non-Federal Matching Funds</b> (percentage of matching funds included in the total project budget)	<b>Numerator:</b> Non-Federal Matching Funds <b>Denominator:</b> Total Budget

## **Specific Elements of the Clinical and Financial Performance Measures**

### **Focus Area**

This is a concise categorization of the focus area to be addressed (e.g., Diabetes; Cardiovascular Disease; Costs; Financial Viability). See the Focus Area column in the tables above. Applicants may specify additional focus areas when including additional performance measures. Additional focus areas are expected to address key needs of the target population or organization as identified in the Project Narrative.

### **Performance Measure**

This field defines each measure. See the Performance Measure column in the tables above.

### **Target Goal Description**

Applicants must provide a goal for each performance measure that can be accomplished by the end of the one-year project period.

### **Numerator - Denominator Description**

The numerators and denominators for the sample Clinical and Financial Performance Measures are listed in the tables above and specified on the forms posted at <http://www.hrsa.gov/grants/apply/assistance/NHHCS>. Applicants including additional performance measures must provide a numerator and denominator description for each measure. For Clinical Performance Measures, the numerator is the number of patients that meet the criteria identified by the performance measure for the measurement year (e.g., patients in a specified age range that received a specified service). The denominator represents all of the patients to which the measure applies, as specified for each performance measure (e.g., patients in a specified age range, regardless of whether they received a specified service). The specification may include age range, diagnosis, or some other factor appropriate for that measure.

### **Baseline Data**

The baseline data field contains four subfields that provide information regarding an applicant's initial threshold that is used to measure progress over the course of the project period. The "***Baseline Year***" subfield identifies the initial data reference point from which an applicant will measure subsequent performance measure progress. The "***Measure Type***" subfield provides the unit of measure (i.e., percentage or ratio). The "***Numerator***" and "***Denominator***" subfields identify the quantified patient or organizational characteristics that will be measured over time by the applicant. If this is the first year that the applicant organization will be gathering this data, this year must be used to establish a baseline. In these cases, applicants may enter "0" in the "***Numerator***" and "***Denominator***" subfield and must indicate in the Comments field when baseline data will be available. Applicants are to use prior calendar year data and the UDS definitions for total cost, patients, medical cost, and medical visits to set baselines. Definitions can be found in the UDS manual available at <http://www.hrsa.gov/data-statistics/health-center-data/reporting/index.html>. Applicants are to use prior fiscal year audit data to set baselines for the three financial measures using audit data (change in net assets to expense ratio, working capital to monthly expense ratio, and long term debt to equity ratio).

### **Data Source and Methodology**

The Data Source and Methodology field provides information about the data sources used to develop each performance measure. Applicants are required to cite data sources and discuss the methodology used to collect and analyze data (e.g., electronic health records (EHR), disease registries). Data must be valid, reliable, and derived from established management information systems.

### **Key Factor and Major Planned Action**

The Key Factor and Major Planned Action field contains three subfields. The "***Key Factor Type***" subfield requires applicants to select Contributing and/or Restricting factor categories. Applicants must specify at least one key factor of each type. The "***Key Factor Description***" subfield provides a description of the factors predicted to contribute to and/or restrict progress toward stated goals. The "***Major Planned Action Description***" subfield provides a description of the major actions planned for addressing key factors. Applicants must use this subfield to provide detailed major action steps and strategies for achieving each performance measure.

### **Comments**

Applicants may provide additional information for each performance measure, as applicable.

### **Resources for the Development of Performance Measures**

The following resources may be helpful when developing clinical performance measures:

- State and national health center Uniform Data System benchmarks and comparison reports (available at <http://www.hrsa.gov/data-statistics/health-center-data/reporting>).
- Meaningful use clinical quality measures (available at [http://www.cms.gov/QualityMeasures/03\\_ElectronicSpecifications.asp](http://www.cms.gov/QualityMeasures/03_ElectronicSpecifications.asp)).
- Healthy People 2020 objectives (available at <http://www.healthypeople.gov/2020/topicsobjectives2020/pdfs/HP2020objectives.pdf>).

All the Clinical and Financial Performance Measures forms are available to download from <http://www.hrsa.gov/grants/apply/assistance/NHHCS>. Samples are provided below.

## SAMPLE CLINICAL PERFORMANCE MEASURE

OMB No.: 0915-0285. Expiration Date 10/31/2013

<b>DEPARTMENT OF HEALTH AND HUMAN SERVICES</b> <b>Health Resources and Services Administration</b>  <b>SAMPLE CLINICAL PERFORMANCE MEASURE</b>	<b>FOR HRSA USE ONLY</b>	
	Grantee Name	Application Tracking Number
	XYZ Health	00000
	Project Period Date	8/01/2012 - 7/31/2013
<b>Focus Area: Diabetes</b>		
<b>Performance Measure:</b> Percentage of diabetic patients whose HbA1c levels are less than or equal to 9 percent		
Is this Performance Measure Applicable to your Organization?	Yes	
Target Goal Description	By the end of the Project Period, increase the % of adult patients with type 1 or 2 diabetes whose most recent hemoglobin A1c (HbA1c) is $\leq$ 9% (under control) from 55% up to 60%.	
Numerator Description	Number of adult patients age 18 to 75 years with a diagnosis of Type 1 or Type 2 diabetes whose most recent hemoglobin A1c level during the measurement year is $\leq$ 9%, among those patients included in the denominator.	
Denominator Description	Number of adult patients age 18 to 75 years as of December 31 of the measurement year with a diagnosis of Type 1 or Type 2 diabetes, who have been seen in the clinic at least twice during the reporting year and do not meet any of the exclusion criteria.	
Baseline Data	<b>Baseline Year:</b> 2011      Projected Data (by 60% <b>Measure Type:</b> Percentage      End of Project <b>Numerator:</b> 2200      Period) <b>Denominator:</b> 4000	
Data Source & Methodology	<b>Data Source:</b> <input checked="" type="checkbox"/> EHR <input type="checkbox"/> Chart Audit <input type="checkbox"/> Other (specify below)  Audit of all applicable patient records utilizing EHR system installed in 2009. (Data run occurred 1/10/2012)	
Key Factor and Major Planned Action #1	<b>Key Factor Type:</b> <input checked="" type="checkbox"/> Contributing <input type="checkbox"/> Restricting <input type="checkbox"/> Not Applicable  <b>Key Factor Description:</b> XYZ offers a variety of pharmaceutical assistance programs, including the provision of free, discounted, or generic medications as well as medications through its 340B Federal Drug Pricing arrangement. At least 70% of diabetic patients are on 3 to 8 medications because of co-morbidity complications that occur.  <b>Major Planned Action Description:</b> Increase education and outreach efforts to diabetic patients on the importance of daily testing and the availability of free/discounted glucometers and test strips available through XYZ.	

<p>Key Factor and Major Planned Action #2</p>	<p><b>Key Factor Type:</b> <input checked="" type="checkbox"/> Contributing <input type="checkbox"/> Restricting <input type="checkbox"/> Not Applicable</p> <p><b>Key Factor Description:</b> XYZ has an agency-wide, multidisciplinary team that includes physicians, nurses, medical assistants, a quality management coordinator and a data specialist. The team works with each site to analyze and improve the internal processes to achieve effective diabetes care delivery.</p> <p><b>Major Planned Action Description:</b> At each site, XYZ will identify a physician champion who will be allotted administrative time to work with fellow staff to test and implement changes. The agency-wide and site-specific teams will form a collaborative infrastructure that provides diabetic patients with the necessary tools and support to successfully manage their disease.</p>
<p>Key Factor and Major Planned Action #3</p>	<p><b>Key Factor Type:</b> <input type="checkbox"/> Contributing <input checked="" type="checkbox"/> Restricting <input type="checkbox"/> Not Applicable</p> <p><b>Key Factor Description:</b> Time management becomes problematic when XYZ staff juggles regular work with Diabetes Collaborative tasks. The agency-wide team would like to meet more frequently, but providers are pressed for administrative time given their full clinical schedules. Any type of backlog or deficiency adds system stress to a provider or staff member's work schedule that negatively affects patient care management.</p> <p><b>Major Planned Action Description:</b> Hire an additional clinical staff person to provide additional "non-clinical" review time for the agency-wide team members.</p>
<p>Comments</p>	

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0285. Public reporting burden for this collection of information is estimated to average .5 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 10-33, Rockville, Maryland, 20857.

## SAMPLE FINANCIAL PERFORMANCE MEASURE

OMB No.: 0915-0285. Expiration Date 10/31/2013

<b>DEPARTMENT OF HEALTH AND HUMAN SERVICES</b> <b>Health Resources and Services Administration</b>  <b>SAMPLE FINANCIAL PERFORMANCE MEASURE</b>	<b>FOR HRSA USE ONLY</b>		
	Grantee Name	Application Tracking Number	
	XYZ Health	00000	
	Project Period Date	8/01/2012 - 7/31/2013	
<b>Focus Area: Cost</b>			
<b>Performance Measure: Medical Cost per Medical Visit</b>			
Is this Performance Measure Applicable to your Organization?	Yes		
Target Goal Description	By the end of the Project Period, maintain rate of increase not exceeding 5% per year, such that medical cost per medical visit is less than or equal to \$129.15 (current cost is \$123.00).		
Numerator Description	Total accrued medical staff and medical other cost after allocation of overhead (excludes lab and x-ray costs).		
Denominator Description	Non-nursing medical visits (excludes nursing (RN) and psychiatrist visits).		
Baseline Data	<b>Baseline Year:</b> 2011 <b>Measure Type:</b> Ratio <b>Numerator:</b> 492000 <b>Denominator:</b> 4000	<b>Projected Data (by End of Project Period)</b>	129.15
Data Source & Methodology	Data from 2010 audited financial statements		
Key Factor and Major Planned Action #1	<b>Key Factor Type:</b> <input checked="" type="checkbox"/> Contributing <input type="checkbox"/> Restricting <input type="checkbox"/> Not Applicable  <b>Key Factor Description:</b> Recent addition of nurse practitioner providers increased to XYZ encounters.  <b>Major Planned Action Description:</b> Continue assessing current patient/provider mix to best utilize resources.		
Key Factor and Major Planned Action #2	<b>Key Factor Type:</b> <input type="checkbox"/> Contributing <input checked="" type="checkbox"/> Restricting <input type="checkbox"/> Not Applicable  <b>Key Factor Description:</b> Recently lost our pediatrician to a local competitor, therefore child visits are down.  <b>Major Planned Action Description:</b> We are beginning efforts to recruit a NHSC loan repayer to address the shortage.		
Key Factor and Major Planned Action #3	<b>Key Factor Type:</b> <input type="checkbox"/> Contributing <input type="checkbox"/> Restricting <input type="checkbox"/> Not Applicable  <b>Key Factor Description:</b>  <b>Major Planned Action Description:</b>		
Comments			

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0285. Public reporting burden for this collection of information is estimated to average .5 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 10-33, Rockville, Maryland, 20857.

## **APPENDIX B: BUDGET PRESENTATION INSTRUCTIONS**

This appendix explains the requirements for developing and presenting the Standard Form 424A and budget justification. The budget justification includes the line-item budget and the narrative.

### **STANDARD FORM 424A**

Complete Sections A, B, C, and F (if F is applicable) of the SF-424A: Budget Information – Non-Construction Programs. The budget must be prepared for the requested 12-month period based on the project period start date (August 1, 2012). All budget amounts must be rounded to the nearest whole dollar.

The following guidelines must be used in the completion of the SF-424A. In addition, please review the sample SF-424A located in this appendix.

### **SECTION A – BUDGET SUMMARY**

Under New or Revised Budget, use the rows to provide the proposed budget for the 12-month budget period.

### **SECTION B – BUDGET CATEGORIES**

Provide the object class category breakdown for the annual amount specified in Section A. Each line represents a distinct object class category that must be addressed in the budget justification. Please place in separate columns the Federal, Match, and Administrative expenses for your total budget.

### **SECTION C – NON-FEDERAL RESOURCES**

Enter amounts of non-Federal resources. Applicants (with the exception of POL) are required to include non-Federal matching funds in an amount equal to \$1 for every \$5 of Federal funds. Non-Federal contributions may be in cash or in-kind, fairly evaluated, including plant, equipment, or services. Amounts provided by the Federal government or services assisted or subsidized to any significant extent by the Federal government may not be included as match. Federal sources may be used as matching funds if received as fees, payments, or reimbursements for the provision of a specific service, such as patient care reimbursements received under Medicare or Medicaid. Generated program income may be used as matching funds.

### **SECTION F – OTHER BUDGET INFORMATION (ONLY IF APPLICABLE)**

Line 21: Explain amounts for individual direct object class categories that may appear to be out of the ordinary.

Line 22: Enter the type of indirect rate (provisional, predetermined, final or fixed) that will be in effect during the project period, the estimated amount of the base to which the rate is applied, and the total indirect expense.

Line 23: Provide other explanations as necessary.

### **BUDGET JUSTIFICATION**

A detailed budget justification in line-item format must be provided for the requested 12-month period of Federal funding. The budget justification must be concise and should not be used to expand the Program Narrative.

Provide the following information in the Budget Justification narrative:

- The total resources required to achieve the goals and objectives.
- The expectations regarding Federal grant support and maximization of non-grant revenue relative to the proposed plan.
- A **detailed** presentation of the breakdown and sources for matching funds as required in 42 U.S.C. § 1170(e). *This is **not** a requirement for POL.*
- A complete breakdown of the costs for each proposed activity.
- A comprehensive and detailed discussion on how the applicant is meeting the 10% administrative cap. *This is **not** a requirement for POL.*
- For POL only: One-time minor capital needs, defined as the purchase of equipment with a useful life of more than one year and costing more than \$5,000. (Per Section 11705 (f), NHHCS may not purchase major medical equipment with grant funds.)

*Personnel Costs:* Personnel costs must be explained by listing the exact amount requested along with the following information for each staff member within the proposed scope of project: name (if possible), position title, percent full time equivalency (FTE), and annual salary. Reference Attachment 6: Staffing Plan as justification for dollar figures.

**Reminder:** Award funds may not be used to pay the salary of an individual at a rate in excess of Federal Executive Level II or \$179,700. An individual's base salary, per se, is **not** constrained by the legislative provision (see [Section IV.2.iii](#)). The rate limitation simply limits the amount that may be awarded and charged to HRSA grants. Please provide an individual's actual base salary if it exceeds the cap. See the sample below.

#### Budget Justification Sample for Salary Adjustment

Name	Position Title	% of FTE	Annual Salary	Amount Requested
J. Smith	Chief Executive Officer	50	\$179,700*	\$89,850
R. Doe	Nurse Practitioner	100	\$ 75,950	\$75,950
D. Jones	Data/AP Specialist	25	\$ 33,000	\$ 8,250

\*Actual annual salary = \$350,000

*Fringe Benefits:* List the components of the fringe benefits rate (e.g., health insurance, taxes, unemployment insurance, life insurance, retirement plan, tuition reimbursement). Fringe benefits should be directly proportional to the portion of personnel costs allocated for the project.

*Travel:* List travel costs categorized by local and long distance travel. For local travel, the mileage rate, number of miles, reason for travel and staff member/consumers completing the travel must be outlined. The budget must also reflect travel expenses associated with participating in proposed meetings, trainings, or workshops.

*Equipment:* List articles of nonexpendable, tangible property having a useful life of more than one year and an acquisition cost of \$5,000 or greater (unless the capitalization level established by the organization is lower, in which case, the organization's definition for equipment prevails). Identify the cost per item and justify the need for each piece of

equipment to carry out the proposed project. Items costing less than \$5,000 should be identified under Supplies.

*Supplies:* List the items necessary for implementing the proposed project, separating items into three categories: office supplies (e.g., paper, pencils); medical supplies (e.g., syringes, blood tubes, plastic gloves); and educational supplies (e.g., training materials). 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).

*Contractual:* Provide a clear explanation as to the purpose of each contract, how the costs were estimated, and the specific contract deliverables. Each applicant is responsible for ensuring that its organization has in place an established and adequate procurement system with fully developed written procedures for awarding and monitoring all contracts.

*Other:* Include all costs that do not fit into any other category and provide an explanation of each cost. Include *Technical Assistance* under *Other*. Grantees are strongly encouraged to set aside a portion of the budget for technical assistance (e.g., strategic planning, ongoing board development and training, third-party reimbursement training). In general, funds set aside for the purpose of technical assistance do not count towards administrative costs. This category can also include the cost of access accommodations, including sign language interpreters, plain language materials, health-related print materials in alternate formats (e.g., Braille, large print), and cultural/linguistic competence modifications (e.g., use of cultural brokers, translation, or interpretation services at meetings, clinical encounters, and conferences).

*Indirect Costs:* Indirect costs are those costs incurred for common or joint objectives that cannot be readily identified but are necessary to the operations of the organization (e.g., facility operation and maintenance, depreciation, administrative salaries). If not currently on file with HRSA, **organizations with previously negotiated Federal indirect cost rates must provide the current Federally Negotiated Indirect Costs Rate Agreement in Attachment 9: Other Relevant Documents.**

If an organization does not have an indirect cost rate agreement, the applicant may wish to obtain one through the HHS Division of Cost Allocation (DCA). Visit <http://rates.psc.gov/> to learn more about rate agreements, including the process for applying for them. If an organization does not have an indirect cost rate agreement, all costs will be considered direct costs until a rate agreement is negotiated with a Federal cognizant agency and provided to HRSA as part of the budget request. If the application is funded, HRSA will reallocate any amount identified under the Indirect Charges cost category to the Other cost category. If the grantee can provide an approved indirect cost rate agreement within 90 days of award, the funds can be moved back to the Indirect Charges cost category.

*Administrative Cap:* Applicants (with the exception of POL) are required to show the 10% administrative cap in the line-item budget detail.

## APPENDIX C: INCOME ANALYSIS FORM INSTRUCTIONS

The Income Analysis Form provides a format for presenting the estimated non-Federal revenues for the proposed budget (all sources of income except the BPHC Native Hawaiian grant).

The two major classifications of revenues are as follows:

- **Program Income (Part 1)** includes fees, premiums, third party reimbursements, and payments generated from the projected delivery of services. Program income is divided into Fee for Service and Capitated Managed Care. **All service-related income must be reported in this section of the form.**
- **Other Income (Part 2)** includes state, local, other Federal grants or contracts (e.g., Ryan White, HUD, Head Start), and local or private support that is not generated from charges for services delivered.

**If the categories in the worksheet do not describe all possible categories of Program Income or Other Income, applicants may add lines for any additional income sources and provide an explanation in the Comments/Explanatory Notes box.**

### ***PART 1: PROGRAM INCOME***

All service-related income must be reported in this section of the form.

#### **Projected Fee For Service Income**

**Lines 1a.-1e. and 2a.-2b. (Medicaid and Medicare):** Show income from Medicaid and Medicare *regardless of whether there is another intermediary involved*. For example, if the applicant has a Blue Cross fee-for-service managed Medicaid contract, the information would be included on lines 1a.-1e., not on lines 3a.-3c. If CHIP is paid through Medicaid, it must be included in the appropriate category on lines 1a-1e. In addition, if the applicant receives Medicaid reimbursement via a Primary Care Case Management (PCCM) model, this income must be included on line 1e.—Medicaid: Other Fee for Service.

**Line 5 (Other Public):** Include CHIP not paid through Medicaid as well as any other State or local programs that pay for visits (e.g., Title X family planning visits, CDC's Breast and Cervical Cancer Early Detection Program, Title I and II Ryan White visits).

**Column (a):** Enter the number of billable visits that will be covered by each category and payment source: Medicaid, Medicare, other third-party payors, and uninsured self-pay patients. **Do not calculate visits for laboratory, imaging, pharmacy, or other professional services.**

**Column (b):** Enter the average charge per visit by payor category. An analysis of charges will generally reveal different average charges (e.g., average Medicare charges may be higher than average Medicaid Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) charges). If this level of detail is not available, averages may be calculated on a more general level (i.e., at the payor, service type, or agency level).

**Column (c):** Enter Gross Charges before any discount or allowance for each payment category calculated as [columns (a)\*(b)].

**Column (d):** Enter the adjustment rate (percentage) to the average charge per visit listed in column (b). In actual operation, adjustments may be taken either before or after the bill is submitted to a first or third party. Adjustments reported here do NOT include adjustments for bad debts which are shown in columns (f) and (g). Adjustments in column (d) include those related to:

1. Projected contractual allowances or discounts to the average charge per visit.
2. Sliding discounts given to self-pay patients (with incomes 0-200% of the FPL).
3. Adjustments to bring the average charge/reimbursement up or down to the:
  - a. Negotiated Federally Qualified Health Center (FQHC) reimbursement rate
  - b. Established Prospective Payment System reimbursement rate
  - c. Cost based reimbursement expected after completion of a cost reimbursement report
4. Any other applicable adjustments. These must be discussed in the Comments/Explanatory Notes box.

**Note:** An adjustment rate that has the effect of increasing charges is expressed as a negative.

**Column (e):** Enter the total Net Charges by payment source calculated as [column (c) - columns (a)\*(d)]. Net charges are gross charges less adjustments described in column (d).

**Column (f):** Enter the estimated collection rate by payor category. The collection rate is the amount projected to be collected divided by the net charges. As a rule, collection rates will not exceed 100%, and may be less than 100% due to factors such as bad debts (especially for self pay), billing errors, or denied claims not re-billable to another source. Explain any rate greater than 100% using the Comments/Explanatory Notes box.

**Note:** Do not show sliding discount percentages here; they are included in column (d). Show the collection rate for actual direct patient billings.

**Column (g):** Enter Projected Income for each payor category calculated as [columns (e)\*(f)].

**Column (h):** Enter the actual accrued income by payor category for the most recent 12-month period for which data are available (e.g., previous fiscal year, previous audit year) and state the time period in the text box below Line 6.

### **Projected Capitated Managed Care Income**

This section applies only to capitated programs. Visits provided under a fee-for-service managed care contract are included in the fee-for-service section of this form.

**Lines 7a.-7d. (Type of Payor):** Group all capitated managed care income types of service by payor on a single line. Thus, capitated Medicaid dental visits and capitated Medicaid medical visits are added together and reported on line 7a.

**Number of Member Months (Column a):** The number of member months for which payment is received. One person enrolled for one month is one member month; a family of

five enrolled for six months is 30 member months. A member month may cover just medical services, or medical and dental, or a unique mix of services. Unusual service mixes that provide for unusually high or low per member per month (PMPM) payments must be described in the Comments/Explanatory Notes box.

**Rate per Member Month (Column b):** Also referred to as PMPM rate, this is the average payment across all managed care contracts for one member. PMPM rates may be based on multiple age/gender specific rates or on service specific plans, but all these must be averaged together for a “blended rate” for the provider type.

**Risk Pool and Other Adjustments (Column c):** This is an *estimate* of the *total* amount that will be earned from risk or performance pools, including any payment made by a Health Maintenance Organization (HMO) to the applicant for effectively and efficiently managing the health care of the enrolled members. The estimate is usually for a prior period, but must be accounted for in the period it is received. Describe risk pools and other adjustments in the Comments/Explanatory Notes box. Risk pools may be estimated using the average risk pool receipt PMPM over an appropriate prior period selected by the applicant.

**FQHC Cost Settlement and Wrap Adjustments (Column d):** This is the *total* amount of payments made to the applicant to cover the difference between the PMPM amount paid for Medicaid or Medicare managed care visits and the applicant’s PPS/FQHC rate.

**Projected Gross Income (Column e):** Calculate this for each line as [columns (a)\*(b)] + [columns (c)+(d)] = column (e).

## ***PART 2: OTHER INCOME***

This section includes **all income not entered elsewhere** on this form. It includes grants for services, construction, equipment, or other activities that support the project, where the revenue **is not** generated from services provided or visit charges. It also includes income generated from fundraising and contributions.

**Line 10:** Enter the amount of funds applied from the applicant's retained earnings, reserves, and/or assets needed to achieve a breakeven budget. Please explain the reason for and source of amounts entered on this line in the Comments/Explanatory Notes box.

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Health Resources and Services Administration

OMB No.: 0915-0285, Expiration Date: 10/31/2013  
FOR HRSA USE ONLY

**INCOME ANALYSIS**

Applicant Name

Grant Number

Application  
Tracking  
Number

<b>PART 1: NON FEDERAL SHARE, PROGRAM INCOME</b>								
Payor Category	Number Of Visits	Average Charge Per Visit	Gross Charges (a*b)=(c)	Adjustment Rate (%)	Net Charges (Amount Billed) [c*(100- d)]	Collection Rate (%)	Projected Income (e*f)	Actual Accrued Income Past 12 Months**
	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
<b>PROJECTED FEE FOR SERVICE INCOME</b>								

- 1a. Medicaid: Medical
- 1b. Medicaid: EPSDT (if different from medical rate)
- 1c. Medicaid: Dental
- 1d. Medicaid: BH/SA
- 1e. Medicaid: Other Fee for Service
- 1. Subtotal: Medicaid**
- 2a. Medicare: All Inclusive FQHC Rate
- 2b. Medicare: Other Fee for Service
- 2. Subtotal: Medicare**
- 3a. Private Insurance: Medical
- 3b. Private Insurance: Dental
- 3c. Private Insurance: BH/SA
- 3d. Private Insurance: Other Fee for Service
- 3. Subtotal: Private**
- 4a. Self-Pay: 100% Charge, No Discount (Medical)
- 4b. Self-Pay: 0-99% of Charge, Sliding Discounts Including Full Discount (Medical)
- 4c. Self-Pay: 100% Charge, No Discount (Dental)
- 4d. Self-Pay: 0-99% of Charge, Sliding Discounts Including Full Discount (Dental)
- 4e. Self-Pay: 100% Charge, No Discount (BH/SA)
- 4f. Self-Pay: 0-99% of Charge, Sliding Discount Including Full Discount (BH/SA)
- 4g. Self-Pay: 100% Charge, No Discount (Other)
- 4h. Self-Pay: 0-99% of Charge, Sliding Discount Including Full Discount (Other)
- 4. Subtotal: Self Pay**
- 5. Subtotal: Other Public**
- 6. TOTAL FEE FOR SERVICE**

\*\* State the time period used for **Actual Accrued Income Past 12 Months** by listing the 12-month period end date (month and year):

<b>PROJECTED CAPITATED MANAGED CARE INCOME</b>					
TYPE OF PAYOR	Number of Member	Rate Per Member	Risk Pool and Other	FQHC Cost Settlement	Projected Gross Income

	Months (a)	Month (b)	Adjustments (c)	and Wrap Adjustments (d)	(e)
7a. Medicaid					
7b. Medicare					
7c. Commercial					
7d. Other Public					
<b>7. TOTAL CAPITATED MANAGED CARE</b>					
	<b>Visits (a)</b>		<b>Average Charge Per Visit (b)</b>		<b>Total Charges (c)</b>
8. Capitated Managed Care					
<b>9. TOTAL PROGRAM INCOME [line 6, column g + line 7, column e] matches line 7 "Program Income" of the SF-424A</b>					

**PART 2: NON-FEDERAL SHARE, OTHER INCOME**

	Total Other Income by Source			
10. Applicant Funds (Retained Earnings)				
11. State Funds				
12. Local Funds				
Other Support				
13a. Other Federal Grants				
13b. Contributions and Fundraising				
13c. Foundation Grants				
13d. Other_____ (please list)				
<b>13. Subtotal Other Support</b>				
<b>14. TOTAL OTHER INCOME</b>				

**15. TOTAL NON-FEDERAL SHARE**  
 [line 6, column g + line 7, column e + line 14] matches line 5, column f, "Non-Federal Totals" of the SF-424A

**Comments/Explanatory Notes (if applicable):**

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## APPENDIX D: STAFFING PLAN INSTRUCTIONS

The staffing plan provides a presentation and justification of all staff required to execute the project. The staffing plan needs to identify the total personnel who will be supported under the grant. See the TA website at <http://www.hrsa.gov/grants/apply/assistance/NHHCS> to download a sample staffing plan. Include the following elements in the staffing plan:

1. Position Title (e.g., Chief Executive Officer)
2. Staff Name (Note: If an individual has not been identified to occupy this position, indicate "To Be Determined")
3. Education/Experience Qualifications
4. General Responsibilities

Note: Additional information must be submitted for Key Personnel (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Project Director) in Attachment 4: Position Descriptions and Attachment 5: Biographical Sketches.

5. Annual Salary
6. Percentage of Full Time Equivalent (FTE) for staff involvement
7. Amount Requested (list the NHHCS/POL grant funds requested for each position)

# APPENDIX E: CURRENT BOARD MEMBER CHARACTERISTICS

*Optional*

OMB No.: 0915-0285. Expiration Date: 10/31/2013

<b>DEPARTMENT OF HEALTH AND HUMAN SERVICES</b> Health Resources and Services Administration  <b>CURRENT BOARD MEMBER CHARACTERISTICS</b>		<b>FOR HRSA USE ONLY</b>			
		Grant Number		Application Tracking Number	
BOARD MEMBER NAME	BOARD OFFICE HELD	AREA OF EXPERTISE	USER OF NATIVE HAWAIIAN SERVICES	LIVE OR WORK IN SERVICE AREA	YEARS OF CONTINUOUS BOARD SERVICE
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					

<b>Gender</b>	<b>Number of Board Members</b>
Male	
Female	
<b>Ethnicity</b>	<b>Number of Board Members</b>
Hispanic or Latino	
Non-Hispanic or Latino	
Unreported/Refused to Report	
<b>Race</b>	<b>Number of Board Members</b>
Native Hawaiian or Other Pacific Islander	
Asian	
Black/African American	
American Indian or Alaska Native	
White	
More Than One Race	
Refused to Report	

**Note: Add additional pages if needed.**

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0285. Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 10-33, Rockville, Maryland, 20857