

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES



Bureau of Primary Health Care
Health Center Program

***Health Center Program Look-Alikes:
Expanding Capacity for Coronavirus Testing***

**Funding Opportunity Number: HRSA-20-147
Funding Opportunity Type(s): New
Assistance Listings (CFDA) Number: 93.527**

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2020

Application Due Date: June 2, 2020

SAM.gov and Grants.gov administrative flexibilities have been implemented. Please see Section IV.3 for more information.

Issuance Date: May 18, 2020

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[LAL ECT technical assistance webpage](#)

Authority: Paycheck Protection Program and Health Care Enhancement Act, Public Law 116-139

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for fiscal year (FY) 2020 Health Center Program Look-Alikes: Expanding Capacity for Coronavirus Testing (LAL ECT). Look-alikes (LALs) are health centers that: (1) are designated by HRSA as providing comprehensive primary health care services in compliance with all Health Center Program requirements, but (2) do not receive Health Center Program grant funding. Just as Health Center Program award recipients, LALs improve the health of the nation’s underserved communities and vulnerable populations by expanding access to comprehensive, culturally competent, quality primary health care services. The purpose of this funding is to support LALs in preventing, preparing for, and responding to coronavirus disease (COVID-19). Specifically, LAL ECT funds are to be used for necessary expenses to purchase, administer, and expand capacity for testing to monitor and suppress COVID-19.

Funding Opportunity Title:	Health Center Program Look-Alikes: Expanding Capacity for Coronavirus Testing (LAL ECT)
Funding Opportunity Number:	HRSA-20-147
Due Date for Applications:	June 2, 2020
Anticipated Total Annual Available FY 20 Funding:	Approximately \$17,000,000
Estimated Number and Type of Award(s):	Approximately 86 grants
Estimated Award Amount:	Varies and is subject to the availability of funds
Cost Sharing/Match Required:	No
Period of Performance:	July 1, 2020 through June 30, 2021 (1-year)
Eligible Applicants:	LAL ECT funding is only available to designated LALs. See details in Section III.1 . A complete list of LALs eligible to receive funding is available on the LAL ECT technical assistance webpage. HRSA has informed these organizations of their eligibility for LAL ECT funding.

Application Guide

You (the applicant organization/agency) are responsible for reading and complying with the instructions included in HRSA's *SF-424 Application Guide*, available online at <http://www.hrsa.gov/grants/apply/applicationguide/sf424guide.pdf>, except where instructed in this notice of funding opportunity (NOFO) to do otherwise.

Technical Assistance

HRSA will hold a pre-application technical assistance webinar and question and answer session for LALs seeking funding through this opportunity. Visit the [LAL ECT technical assistance webpage](#) for webinar details, sample documents, and additional resources.

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I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity for Health Center Program designated look-alikes (LALs) to apply for one-time funding under the fiscal year (FY) 2020 Health Center Program Look-Alikes: Expanding Capacity for Coronavirus Testing (LAL ECT). The purpose of this funding is to support designated LALs in preventing, preparing for, and responding to coronavirus disease (COVID-19). Specifically, funds are to be used for necessary expenses to purchase, administer, and expand capacity for testing to monitor and suppress COVID-19.

This funding is appropriated by the [Paycheck Protection Program and Health Care Enhancement Act](#), P.L. 116-139.

2. Background

The Health Resources and Services Administration (HRSA) Health Center Program is authorized by Section 330 of the Public Health Service (PHS) act, as amended (42 U.S.C. 254b). Pursuant to section 1861(aa)(4)(B) and 1905(l)(2)(B) of the Social Security Act, approximately 86 entities have been designated by HRSA as look-alike (LAL) federally qualified health centers.¹

LALs are entities that meet the requirements of the Health Center Program, as determined by HRSA, but do not receive Health Center Program funding. LAL designation is based on the need for primary health care services, meeting all of the eligibility requirements, and being operational and compliant with Health Center Program requirements at the time of application. LALs provide comprehensive, culturally competent, quality primary health care services that are responsive to community needs, regardless of ability to pay. In 2019, more than 70 LALs served approximately 595,000 patients.

On January 31, 2020, the Department of Health and Human Services (HHS) declared a nationwide public health emergency related to severe acute respiratory syndrome coronavirus 2 (COVID-19). The spread of COVID-19 within our communities threatens to strain our nation's health care systems. In response to this public health emergency, the [Paycheck Protection Program and Health Care Enhancement Act](#) provides HRSA with funding to help communities prevent, prepare for, and respond to COVID-19. Of this funding, approximately \$17 million is being made available to LALs through the Health Center Program to purchase, administer, and expand capacity for testing to monitor and suppress COVID-19.

¹ FQHC Look-Alikes are authorized under sections 1861(aa)(4)(B) and 1905(l)(2)(B) of the Social Security Act (SSA).

II. Award Information

1. Type of Application and Award

Type(s) of applications sought: New

HRSA will provide one-time funding in the form of a grant. The amount of funding awarded to each recipient will be determined according to the formula described in the [Summary of Funding](#) section below.

Note: One-time LAL ECT funding authorized by the [Paycheck Protection Program and Health Care Enhancement Act](#) does not confer Health Center Program award recipient status under Section 330 of the Public Health Service Act, as amended ([42 U.S.C. 254b](#)).

2. Summary of Funding

HRSA will award approximately \$17 million in one-time grant funding to HRSA designated LALs to expand their COVID-19 testing capacity. You may apply for a ceiling amount based on the formula below and provided on the [LAL ECT technical assistance webpage](#) as well as in the email sent to your organization announcing the availability of this funding. This amount is for total costs (includes both direct and indirect, facilities and administrative costs) for the 1-year period. HRSA determined your ceiling amount using the following formula:

- Base value of \$98,329, plus
- \$15 per patient reported in the 2019 Uniform Data System (UDS).

If awarded, you will use LAL ECT funds for in-scope activities that enhance testing for COVID-19.² Funding may support a wide-range of testing and testing-related activities, including pre-award costs dating back to January 20, 2020, which may change as COVID-19 needs evolve within your community, which may include:

- Maintain and increase health center capacity and personnel levels to support COVID-19 testing and related clinical and operational needs, including hiring and contracting with providers and other personnel
- Development of testing plans for both active infection and prior exposure
- Procurement and distribution of tests within the service area
- Purchase of testing equipment and supplies
- Temporary drive- or walk-up testing
- Laboratory services
- Patient and community education related to testing

² LALs should maximize support through the Provider Relief Fund for testing and treatment for uninsured individuals. See the [Cares Act Provider Relief Fund technical assistance webpage](#) for details.

- Assessment of symptoms, delivering test results, and appropriate follow up assessment, including by telephone, text monitoring systems, or videoconference
- Testing personnel to support a safe workplace and facilitate timely return to work
- Personnel training related to testing
- Outreach to patients who may be at high risk or who have access barriers
- In coordination with federal, state and local public health agencies to notify identified contacts of infected health center patients of their exposure to COVID-19, consistent with applicable law (including laws relating to communicable disease reporting and privacy)
- Reporting information on COVID-19 infection to federal, state, and local public health agencies consistent with applicable law (including laws relating to communicable disease reporting and privacy)
- Personal protective equipment
- Equipment (e.g., telehealth equipment, temporary and non-fixed barriers to separate patients, vehicles to transport patients or health center personnel)
- Health information technology and digital tools (e.g., technology to support patient engagement and remote monitoring, case management, health information exchange with state/local public health and enhanced reporting)
- Purchase or lease of mobile vans/units directly supporting testing capacity expansion

This list is not exhaustive, as there may be other allowable uses of funds. Ensure that your activities to enhance testing for COVID-19 take into consideration CDC and federal, state, territorial and local public health guidance for healthcare professionals.

All activities supported by Paycheck Protection Program and Health Care Enhancement Act funding must support COVID-19 testing and testing-related activities in alignment with your LAL scope of project. As needed, you should submit scope adjustment or change in scope requests to HRSA to ensure that your scope of project accurately reflects any changes needed to implement activities. This includes: (1) Form 5A: Services Provided, (2) Form 5B: Service Sites, and (3) Form 5C: Other Activities/Locations. For additional information, review the technical assistance materials on the [Scope of Project webpage](#) and related emergency-specific scope of project FAQs and Program Assistance Letter at [Emergency Preparedness, Response and Recovery Resources for Health Centers](#). Consult with your project officer as needed to submit any necessary scope adjustment or change in scope requests.

This is a one-time, 1-year award. The period of performance is July 1, 2020 through June 30, 2021. Depending on the number of approvable applications, HRSA may adjust your award amount consistent with available funds.

All HRSA awards are subject to the Uniform Administrative Requirements, Cost Principles, and Audit Requirements at [45 CFR part 75](#).

III. Eligibility Information

1. Eligible Applicants

ECT funding is available to currently designated Health Center Program LALs, which, as set forth above, are health centers that: (1) are designated by HRSA as providing comprehensive primary health care services in compliance with all Health Center Program requirements, but (2) do not receive Health Center Program grant funding. Eligible applicants must be designated as LALs by the date of NOFO release. See the [LAL ECT technical assistance webpage](#) for a list of currently designated LALs.

2. Cost Sharing/Matching

Cost sharing is not required for this program.

3. Other

HRSA will make awards based on the funding formula listed in [Section II.2 Summary of Funding](#), including any adjustments made due to the availability of funds.

HRSA will consider any application that fails to satisfy the deadline requirements referenced in [Section IV.4](#) non-responsive and will not consider it for funding under this notice.

HRSA will consider any application that does not contain the documents listed in [Section IV.2.v](#) non-responsive and will not consider it for funding under this notice. This includes the [Project Narrative](#), [Budget Narrative](#), and [Equipment List](#) (if applicable).

HRSA will only accept your **last** validated electronic submission, under the correct funding opportunity number, prior to the Grants.gov application due date as the final and only acceptable application.

IV. Application and Submission Information

1. Address to Request Application Package

HRSA **requires** you to apply electronically through [Grants.gov](#) using the SF-424 workspace application package associated with this NOFO following the directions provided at <http://www.grants.gov/applicants/apply-for-grants.html>. If you have questions or concerns regarding the electronic submission process, please contact the Grants.gov Contact Center at 1-800-518-4726 or support@grants.gov.

The NOFO is also known as “Instructions” on Grants.gov. You must select “Subscribe” and provide your email address for each NOFO you are reviewing or preparing in the workspace application package in order to receive notifications including modifications,

clarifications, and/or republications of the NOFO on Grants.gov. You will also receive notifications of documents placed in the RELATED DOCUMENTS tab on Grants.gov that may affect the NOFO and your application. *You are ultimately responsible for reviewing the [For Applicants](#) page for all information relevant to this NOFO.*

2. Content and Form of Application Submission

Section 4 of HRSA's [SF-424 Application Guide](#) provides instructions for the budget, budget narrative, staffing plan, and personnel requirements. You must submit the information outlined in the Application Guide in addition to the program-specific information below. You are responsible for reading and complying with the instructions included in HRSA's [SF-424 Application Guide](#) except where instructed in the NOFO to do otherwise. You must submit the application in the English language and in the terms of U.S. dollars (45 CFR § 75.111(a)).

See Section 8.5 of the [SF-424 Application Guide](#) for the Application Completeness Checklist.

Application Page Limit

HRSA anticipates that an application package may average **10 pages**. Applications may be fewer or more than 10 pages, as needed. What is most important is that you provide the information requested in this notice. **Applications may not exceed 20 pages.**

Applications must be complete and validated by [Grants.gov](#) under HRSA-20-147 prior to the deadline to be considered under this notice.

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

- 1) You certify on behalf of the applicant organization, by submission of your proposal, that neither you nor your principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
- 2) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. 3321.)
- 3) Where you are unable to attest to the statements in this certification, include an explanation in Attachment 4: Other Relevant Documents.

See Section 4.1 viii of HRSA's [SF-424 Application Guide](#) for additional information on all certifications.

Program-Specific Instructions

In addition to application requirements and instructions in Section 4 of HRSA's [SF-424 Application Guide](#) (including the budget and budget narrative), include the following:

i. Project Narrative

Provide a brief narrative (1-2 pages) describing how funds have been (dating back to January 20, 2020) or will be used to support activities to expand coronavirus testing capacity and access. Activities must align with your approved LAL scope of project.

Reference the list of allowable activities in [Section II.2 Summary of Funding](#).

ii. Budget

Provide an SF-424A budget form that includes only the ECT funds to be awarded. You do NOT need to break the funding out by the designation categories (i.e., CHC, MCH, HCH, PCHP) you would normally list on the Budget Information Form that is part of your annual LAL submission (i.e., Renewal of Designation or Annual Certification).

The following are ineligible costs:

- Costs reimbursed or compensated by other federal or state programs that provide for such benefits (e.g., Small Business Administration's Paycheck Protection Program, Public Health and Social Services Emergency Fund, unemployment compensation)
- Purchase or upgrade of an electronic health record (EHR) that is not certified by the Office of the National Coordinator for Health Information Technology³
- New construction activities, including additions or expansions
- Alteration or renovation (A/R) projects
- Installation of trailers and permanently affixed modular or pre-fabricated buildings
- Facility or land purchases
- Significant exterior site work such as new parking lots or storm water structures

You may not use grant funds for costs that are reimbursed or compensated by other federal or state programs that provide for such benefits, including but not limited to the Small Business Administration's Paycheck Protection Program, the Provider Relief Fund, the COVID-19 Uninsured Program, or unemployment compensation.

Additionally, for health centers funded by HRSA in addition to being designated LALs, costs supported with H80, H8C, and/or H8D, and/or H8E funding are ineligible.

³ The Centers for Medicare and Medicaid Services and the Office of the National Coordinator for Health Information Technology have established standards and other criteria for structured data. For additional information, refer to <https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Certification.html>

The Further Consolidated Appropriations Act, 2020 (P.L. 116-94), Division A, § 202 states, “None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II.” The level is current \$197,300. See Section 4.1.iv Budget – Salary Limitation of HRSA’s [SF-424 Application Guide](#) for additional information. Note that these or other salary limitations may apply in the following fiscal years, as required by law.

iii. Budget Narrative

See Section 4.1.v. of HRSA’s [SF-424 Application Guide](#). Your budget narrative must clearly detail costs for each federal object class category, with calculations for how each cost is derived, and not include any ineligible cost.

Funds may be used to support activities related to expanding coronavirus testing capacity and access dating back to January 20, 2020. As provided for in [Office of Management and Budget Memorandum M-20-11 - Administrative Relief for Recipients and Applicants of Federal Financial Assistance Directly Impacted by the Novel Coronavirus \(COVID-19\)](#), your budget should clearly indicate any requested reimbursement of allowable costs incurred retroactive to January 20, 2020.

Your budget may include indirect costs if you have an existing negotiated indirect cost rate agreement (submit the agreement in [Attachment 4: Other Relevant Documents](#)). If you have never received a negotiated indirect cost rate, you may elect to charge a de minimis rate of 10% of modified direct costs. Costs must be consistently charged as either indirect or direct costs, but may not be double charged or inconsistently charged as both. If chosen, this methodology must be used consistently for all your Federal awards until such time as you choose to negotiate for a rate, which you may apply to do at any time.

Explain personnel costs by listing each staff member who will be supported from LAL ECT funds, name (if possible), position title, percentage of full-time equivalency, and annual salary. **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 \$197,300. An individual's base salary, per se, is **NOT** constrained by the legislative provision for a limitation of salary. The rate limitation simply limits the amount that may be awarded and charged to the HRSA grant. Provide an individual’s actual base salary if it exceeds the cap. Visit the [LAL ECT technical assistance webpage](#) for an example Personnel Justification Table.

iv. Equipment List (as indicated)

If your budget includes equipment, provide an Equipment List Form ([Attachment 3: Equipment List](#)). Equipment is tangible personal property (including information technology systems) that has a useful life of more than 1 year and a per-unit acquisition cost of at least \$5,000. Moveable equipment can be readily shifted from place to place without requiring a change in the utilities or structural characteristics of the space.

Permanently affixed equipment (e.g., heating, ventilation, and air conditioning (HVAC), generators, lighting) is categorized as minor A/R, and therefore is not an allowed cost. Any equipment purchased with award funds must be pertinent to the ECT activities, procured through a competitive process, and maintained, tracked, and disposed of in accordance with [45 C.F.R. Part 75](#). While M-20-11 remains in effect, you may request that HRSA waive the procurement requirements contained in 2 CFR § 200.319(b) regarding geographical preferences, and 2 CFR § 200.321 regarding contracting small and minority businesses, women's business enterprises, and labor surplus area firms.

For each item on the Equipment List Form, the following fields must be completed:

- **Type** – Select clinical or non-clinical
- **Item Description** – Provide a description of each item
- **Unit Price** – Enter the price of each item
- **Quantity** – Enter of the number of each item to be purchased
- **Total Price** – Calculate the total by multiplying the unit price by the quantity

The selection of all equipment should be based on a preference for recycled content, non-hazardous substances, non-ozone depleting substances, energy and water efficiency, and consideration of final disposal (disposed in a manner that is safe, protective of the environment, and compliant with all applicable regulations), unless there are conflicting health, safety, and performance considerations. You are strongly encouraged to employ the standards established by either the Electronic Product Environmental Assessment Tool (EPEAT) or ENERGY STAR®, where practicable, in the procurement of equipment. Following these standards will mitigate the negative effects on human health and the environment. Additional information for these standards can be found at <http://www.epeat.net> and <http://www.energystar.gov>.

v. Attachments

In addition to completing the forms associated with HRSA-20-147 in Grants.gov, attach the following:

Attachment 1: [Project Narrative](#)

- See [Section IV.2.i](#) for instructions.

Attachment 2: [Budget Narrative](#)

- See [Section IV.2.iii](#) for instructions. A sample budget narrative is available on the [LAL ECT technical assistance webpage](#).

Attachment 3: [Equipment List](#) (if applicable)

- See [Section IV.2.iv](#) for instructions. A sample form is available on the [LAL ECT technical assistance webpage](#).

Attachment 4: Other Relevant Documents (optional)

- Upload additional items to support your LAL ECT application, as desired. If you include indirect costs based on a negotiated indirect cost rate in your budget, you must upload your indirect cost rate agreement.

Note: Attachments 1 through 4 are all included in the 20 page limit, with the exception of the Indirect Cost Rate Agreement, if applicable.

3. Dun and Bradstreet Data Universal Numbering System (DUNS) Number Transition to the Unique Entity Identifier (UEI) and System for Award Management

The requirements for SAM (System of Award Management) registration have temporarily changed due to the federal government's response to the COVID-19 pandemic. To support entities impacted by COVID-19, applicants are not required to have an active SAM registration at the time of submission of the application under this NOFO. HRSA will perform a DUNS and SAM validation check at the time of award and work with recipients post award to complete and maintain registration as required.

If you have already completed Grants.gov registration for HRSA or another federal agency, confirm that the registration is still active and that the Authorized Organization Representative (AOR) has been approved.

For further details, see Section 3.1 of HRSA's [SF-424 Application Guide](#).

In accordance with the Federal Government's efforts to reduce reporting burden for recipients of federal financial assistance, the general certification and representation requirements contained in the Standard Form 424B (SF-424B) – Assurances – Non-Construction Programs, and the Standard Form 424D (SF-424D) – Assurances – Construction Programs, have been standardized federal-wide and are stored and maintained within SAM. You must validate the federally required common certifications and representations annually at [SAM.gov](#).

4. Submission Dates and Times

Application Due Date

The due date for applications under this NOFO is June 2, 2020 at 11:59 p.m. ET. HRSA suggests submitting applications to Grants.gov **before the deadline** to allow for any unforeseen circumstances. See Section 8.2.5 – Summary of emails from Grants.gov of HRSA's [SF-424 Application Guide](#) for additional information.

5. Intergovernmental Review

The FY 2020 Health Center Program Look-Alikes: Expanding Capacity for Coronavirus Testing funding is subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

See Section 4.1.ii of HRSA's [SF-424 Application Guide](#) for additional information.

6. Funding Restrictions

You may request funding for a period of performance of up to 1 year, at no more than the ceiling amount based on the formula in [Section II.2 Summary of Funding](#) and provided in the email sent to your organization announcing the availability of this funding (includes both direct and indirect costs).

The General Provisions in Division A of the Further Consolidated Appropriations Act, 2020 (P.L. 116-94) apply to this program. Please see Section 4.1 of HRSA's [SF-424 Application Guide](#) for additional information. Note that these or other restrictions will apply in the following fiscal years, as required by law.

You are required to have policies, procedures, and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding including statutory restrictions on use of funds for lobbying, executive salaries, gun control, abortion, etc. Like those for all other applicable grants requirements, the effectiveness of these policies, procedures, and controls is subject to audit.

All program income generated as a result of awarded funds must be used for approved project-related activities. The program income alternative applied to the award(s) under the program will be the addition/additive alternative. You can find post-award requirements for program income at [45 CFR § 75.307](#).

V. Application Review Information

1. Review Criteria

The FY 2020 Health Center Program Look-Alikes: Expanding Capacity for Coronavirus Testing is formula-based and available to all designated LALs (see [Section II.2 Summary of Funding](#)). HRSA has procedures for assessing the technical merit of applications to provide for an objective review and to assist you in understanding the standards against which your application will be reviewed. HRSA will use the following criteria in order to complete the review. HRSA will review each application for completeness and eligibility, all required documents, and compliance with the requirements outlined in this NOFO.

1. Does the narrative describe only activities that have been (dating back to January 20, 2020) or will be conducted to expand coronavirus testing capacity and access? Refer to the list of example activities in [Section II.2 Summary of Funding](#).
2. Does the budget (SF-424A and budget narrative) align with the activities described in the narrative and list only expenses (dating back to January 20, 2020, if applicable) associated with purchasing, administering, and expanding

capacity for testing to monitor and suppress COVID-19? Refer to the list of examples activities in [Section II.2 Summary of Funding](#).

2. Review and Selection Process

HRSA has procedures for assessing the technical merit of applications to provide for an objective review. HRSA reserves the right to request budget modifications and/or narrative revisions if an application is not fully responsive to the LAL ECT instructions or if ineligible activities or purchases are proposed.

3. Assessment of Risk

HRSA may elect not to fund applicants with management or financial instability that directly relates to the organization's ability to implement statutory, regulatory, or other requirements ([45 CFR § 75.205](#)).

HRSA will review fundable applications for other considerations that include past performance, as applicable, cost analysis of the project/program budget, assessment of your management systems, ensuring continued applicant eligibility, and compliance with any public policy requirements, including those requiring just-in-time submissions. HRSA may ask you to submit additional programmatic or administrative information (such as an updated budget or "other support" information) or to undertake certain activities (such as negotiation of an indirect cost rate) in anticipation of an award. However, even at this point in the process, such requests do not guarantee that HRSA will make an award. Following review of all applicable information, HRSA's approving and business management officials will determine whether HRSA can make an award, if special conditions are required, and what level of funding is appropriate.

Award decisions are discretionary and are not subject to appeal to any HRSA or HHS official or board.

HRSA is required to review and consider any information about your organization that is in the [Federal Awardee Performance and Integrity Information System \(FAPIIS\)](#). You may review and comment on any information about your organization that a federal awarding agency previously entered. HRSA will consider your comments, in addition to other information in [FAPIIS](#) in making a judgment about your organization's integrity, business ethics, and record of performance under federal awards when completing the review of risk posed as described in 45 CFR § 75.205 HHS Awarding Agency Review of Risk Posed by Applicants.

HRSA will report to FAPIIS a determination that an applicant is not qualified ([45 CFR § 75.212](#)).

VI. Award Administration Information

1. Award Notices

HRSA will issue the Notice of Award (NoA) on or around the start date of July 1, 2020. See Section 5.4 of HRSA's [SF-424 Application Guide](#) for additional information.

2. Administrative and National Policy Requirements

See Section 2.1 of HRSA's [SF-424 Application Guide](#).

Requirements of Subawards

The terms and conditions in the NoA apply directly to the recipient of HRSA funds. The recipient is accountable for the performance of the project, program, or activity; the appropriate expenditure of funds under the award by all parties; and all other obligations of the recipient, as cited in the NoA. In general, the requirements that apply to the recipient, including public policy requirements, also apply to subrecipients under awards, and it is the recipient's responsibility to monitor the compliance of all funded subrecipients. See [45 CFR § 75.101 Applicability](#) for more details.

3. Reporting

Award recipients must comply with Section 6 of HRSA's [SF-424 Application Guide](#) and the following reporting and review activities:

- 1) **Progress Reports.** At a minimum, the recipient must submit a progress report to HRSA on a **quarterly** basis. Further information will be available in the NoA.
- 2) **Federal Financial Report:** The Federal Financial Report (SF-425) is required no later than October 30, 2021. The report is an accounting of expenditures under the project that year. The recipient must submit the financial report electronically through HRSA's Electronic Handbooks (EHBs). HRSA will provide more specific information in the NoA.
Integrity and Performance Reporting. The NoA will contain a provision for integrity and performance reporting in [FAPIS](#), as required in [45 CFR part 75 Appendix XII](#).

VII. Agency Contacts

You may request additional information and/or technical assistance regarding business, administrative, or fiscal issues related to this NOFO by contacting:

Christie Walker
Grants Management Specialist
Division of Grants Management Operations,
Office of Federal Assistance Management (OFAM)
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10SWH03
Rockville, MD 20857
Telephone: (301) 443-7742
Email: cwalker@hrsa.gov

You may request additional information regarding the overall program issues and/or technical assistance related to this NOFO by contacting:

Allison Arnone
Public Health Analyst
Office of Policy and Program Development
Bureau of Primary Health Care (BPHC)
Health Resources and Services Administration
5600 Fishers Lane, Room 16N-09
Rockville, MD 20857
Telephone: (301) 594-4300
Contact: [BPHC Contact Form](#) - Select Requestor Type (Applicant), under Health Center or EHBs Question, select Coronavirus Inquiries (COVID-19) and select Look-Alike COVID-19 Funding for programmatic questions.

You may need assistance when working online to submit your application forms electronically. 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, 7 days a week, excluding federal holidays at:

Grants.gov Contact Center
Telephone: 1-800-518-4726 (International Callers, please dial 606-545-5035)
Email: support@grants.gov
Self-Service Knowledge Base: <https://grants-portal.psc.gov>

VIII. Other Information

Technical Assistance

HRSA will hold a pre-application technical assistance webinar for designated LALs seeking funding through this opportunity to respond to questions. Visit the LAL ECT technical assistance webpage for webinar details, sample documents, and additional resources.

COVID-19 frequently asked questions and resources are available at [Emergency Preparedness and Recovery Resources for Health Centers](#).