U.S. Department of Health and Human Services

HRSA

Health Resources & Services Administration

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2025

Bureau of Primary Health Care

Health Center Program

New Access Points

Funding Opportunity Number: HRSA-25-085

Funding Opportunity Type(s): New and Competing Supplement

Assistance Listing Number: 93.224

PHASE 1: Application Due Date in Grants.gov: August 30, 2024

PHASE 2: Supplemental Information Due Date in HRSA EHBs: September 30, 2024

Ensure your SAM.gov and Grants.gov registrations and passwords are current immediately!

We will not approve deadline extensions for lack of registration.

Registration in all systems may take up to 1 month to complete.

Issuance Date: May 30, 2024

MODIFICATION & POSTING NOTICE

MODIFICATION DETAILS: Modified on July 26, 2024 – Removed Attachment 1: Service Area Map and Table and Attachment 9: Collaboration Documentation from the page limit and changed Phase 1 due date to August 30**.**

MODIFICATION DETAILS: Modified on July 12, 2024 - Appendix C added to provide clarification for Look-alike (LAL) sites.

Allison Arnone & Menna Girma
Public Health Analysts, Bureau of Primary Health Care
Call: 301-594-4300
Contact: BPHC Contact Form

[NAP technical assistance (TA) webpage](#)

See [Section VII](#) for a complete list of agency contacts.

Authority: [42 U.S.C. § 254b](#) (Title III, § 330 of the Public Health Service (PHS) Act)

508 COMPLIANCE DISCLAIMER

Persons using assistive technology may not be able to fully access information in this file. For assistance, email or call one of the HRSA staff listed in Section VII. Agency Contacts.

SUMMARY

Funding Opportunity Title:	New Access Points (NAP)
Funding Opportunity Number:	HRSA-25-085
Assistance Listing Number:	93.224
Due Date for Applications – **Grants.gov**:	**Phase 1:** August 30, 2024 (11:59 p.m. ET)
Due Date for Supplemental Information – **HRSA Electronic Handbooks (EHBs)**:	**Phase 2:** September 30, 2024 (5 p.m. ET)
Purpose:	To support new health center service delivery sites to expand affordable, accessible, and high-quality primary health care for underserved communities and populations.
Program Objectives:	1. Begin operations at all proposed sites within 120 days of the notice of award. 2. Demonstrate compliance with all Health Center Program requirements within 120 days of the notice of award.
Eligible Applicants:	Your organization must be a private, non-profit entity or a public agency in the United States or its territories. Tribal and urban Indian organizations may apply. See Section III of this notice of funding opportunity (NOFO) for complete eligibility information.

Anticipated FY 2025 Total Available Funding:	$50,000,000 *We're issuing this notice to ensure that if funds become available for this purpose, we can process applications and award funds. We may cancel this program notice before award if funds are not appropriated.*
Estimated Number and Type of Award(s):	Approximately 77 new grants
Estimated Award Amount:	Up to $650,000 per award, subject to the availability of appropriated funds
Cost Sharing or Matching Required:	No
Period of Performance:	June 1, 2025 through May 31, 2026 (1 year)
Agency Contacts:	**Business, administrative, or fiscal issues:** Brian Feldman or Patrick Johnson Grants Management Specialists Division of Grants Management Operations, OFAM Email: bfeldman@hrsa.gov or pjohnson3@hrsa.gov **Program issues or technical assistance:** Allison Arnone & Menna Girma Public Health Analysts, Office of Policy and Program Development Bureau of Primary Health Care Contact: BPHC Contact Form • Under *Funding*, select *Applications for Notice of Funding Opportunities* then *NAP*

Application Guide

You (the applicant organization/agency) are responsible for reading and complying with the instructions included in this NOFO and in HRSA's *SF-424 Two-Tier Application Guide*. Visit HRSA's How to Prepare Your Application page for more information.

Technical Assistance

The [Health Center Program Compliance Manual](#) explains the Health Center Program requirements. You need to understand the requirements and show how you meet them in your application.

The [NAP TA webpage](#) includes:

- Application resources, such as example forms and documents.

- Answers to frequently asked questions.

- Details about our pre-application TA webinar.

- Contact information for questions.

The [HRSA Primary Health Care Digest](#) is a weekly email newsletter containing updates about the Health Center Program, including funding opportunities and technical assistance.

You can search the HRSA-supported [Health Center Resource Clearinghouse](#) to find many health center resources.

The [Strategic Partnerships webpage](#) lists HRSA-supported training and TA partners. They may provide you with resources to support your application, including applicants serving [people experiencing homelessness](#), [public housing residents](#), and [migratory and seasonal agricultural workers](#).

The [National Health Service Corps](#) (NHSC) has resources for provider recruitment, including the [Health Workforce Connector](#).

If you receive Health Center Program funds, you will be eligible for federal benefits. For details, see [Section VIII. Other Information](#).

Summary of Major Changes since FY 2019 NAP

- We clarified that if you do not verify a site within 120 days of award, we will apply a condition to your award that provides 120 more days for your site to open.

- A [satellite applicant](#) may propose to use funds to add only a new mobile unit that provides services at least 40 hours per week.

- HRSA will award NAP funding as new grant awards with a 1-year period of performance.

- Award recipients must provide mental health and substance use disorder services. You may propose to provide these services directly, though a contract, or through a formal referral arrangement.

- If you request funding for Health Care for the Homeless (HCH) or Public Housing Primary Care (PHPC), you must verify on the Summary Page that you will use this

funding to supplement, and not supplant, other resources for the delivery of services to these populations.

- A Work Plan in EHBs replaced the Operational Plan attachment.

- We removed Form 10: Emergency Preparedness Report and the Performance Measure forms.

- All applicants must provide proof that they are eligible organizations (see Attachment 11).

- The page limit is 90 pages, which does not include attachments required for eligibility such as the bylaws, co-applicant agreement, and proof of non-profit or public status. Also, the service area map and table and collaboration documentation are not included in the page limit.

- We updated the Funding Priorities:

  o High-need area priority points include higher thresholds for the Unmet Need Score and the unserved low-income population.

  o Sparsely populated priority points include zip codes designated as Level 3 and 4 frontier and remote (FAR) areas.

  o Look-alike priority points changed. Performance now accounts for 5 points, and the proposal of a new, full-time service site accounts for 5 points.

- We updated how we calculate the Unmet Need Score (UNS) for look-alikes that propose a new site. We may base the UNS on the service area zip codes listed on Form 5B for the new site only. See unmet need for details.

- We updated the GEOGRAPHIC CONSIDERATION OF NEED and SERVICE AREA EXPANSION criteria. You must submit extra documentation in Attachment 12 and HRSA may not fund your application if:

  o You propose a NAP site within 1 mile of a current Health Center Program award recipient or look-alike site.

  o Your proposed service area has a Health Center Program penetration level of the low-income population that is 50 percent or greater (per GeoCare Navigator).

  o You select "urban" on Form 1A, and your proposed NAP site is more than 15 miles from your closest current Health Center Program service delivery site or from your closest proposed NAP site, if proposing multiple sites.

  o You select "rural" on Form 1A, and your proposed NAP site is more than 30 miles from your closest current Health Center Program service delivery site or from your closest proposed NAP site, if proposing multiple sites.

Table of Contents

I. Program Funding Opportunity Description

1. Purpose

This Notice of Funding Opportunity (NOFO) announces the opportunity to apply for New Access Points (NAP) funding under the Health Center Program. The purpose of this funding is to support new health center service delivery sites to expand affordable, accessible, and high-quality primary health care for underserved communities and populations. In this NOFO, such sites are referred to as new access points. Award recipients will use NAP funding to provide primary health care services at one or more new access points.

See Program Requirements and Recommendations for more details.

2. Background

The Health Center Program is authorized by 42 U.S.C. § 254b (Title III, § 330 of the Public Health Service (PHS) Act).

The Health Center Program supports nearly 1,400 health centers that provide primary health care services to more than 30.5 million people. NAP funding targets the nation's high-need geographic areas and medically underserved populations, including low-income, uninsured people. NAP is the main way that organizations become funded health centers.

Health centers provide patient-centered primary health care that combines medical, dental, and behavioral health services. Health centers also provide enabling services that make it easier for people to get health care and connect patients to community resources that address social determinants of health.[1]

There are 3 types of organizations that can apply for NAP:

- A **NEW START** applicant is an organization that does not currently receive operational (H80) grant funding from the Health Center Program and is not currently designated as a Health Center Program look-alike. The NAP application should address the entire project proposed for NAP funding.

- A **LOOK-ALIKE** applicant is an organization designated as a Health Center Program look-alike. The NAP application should address the look-alike scope of project and any proposed new site(s), areas, and populations. If awarded, you will stop being a look-alike and become a funded health center (H80). All sites in your look-alike scope of project and in the NAP application will become part of the H80 scope of project.[2]

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[1] Social determinants of health (SDOH) affect a wide range of health and quality-of-life outcomes and risks. HHS groups SDOH into 5 areas: economic stability; education access and quality; health care access and quality; neighborhood and built environment; and social and community context. See Healthy People 2030 for more information.
[2] Refer to Chapter 1: Health Center Program Eligibility of the Compliance Manual.

- A **SATELLITE** applicant is an organization currently receiving operational funding from the Health Center Program (H80 grant funding). The NAP application should address ONLY the proposed new sites, areas, and populations.

In your NAP application, you will request funding to serve one or more specific population types as described below:

COMMUNITY HEALTH CENTER (CHC) APPLICANTS:

- Comply with PHS Act section 330(e) and program regulations, requirements, and policies.

- Provide a plan that ensures the availability and accessibility of required primary health services to underserved populations in the service area.

MIGRANT HEALTH CENTER (MHC) APPLICANTS:

- Comply with PHS Act section 330(g); and as applicable, section 330(e), program regulations, requirements, and policies.

- Provide work-related health services such as injury prevention and screening for parasitic infections.

- Provide a plan that ensures the availability and accessibility of required primary health services to migratory and seasonal agricultural workers and their families in the service area. They include:

  o Migratory agricultural workers whose main job has been in agriculture within the last 24 months, and who have a temporary home because of that job.

  o Seasonal agricultural workers whose main job is in agriculture on a seasonal basis and who do not meet the definition of a migratory agricultural worker.

  o People who are no longer employed in migratory or seasonal agriculture because of age or disability who are within your service area; and/or

  o Family members of those described above.

Note: Agriculture refers to farming in all its branches (Section 330(g) of the PHS Act), as defined by the North American Industry Classification System under codes 111, 112, 1151, and 1152 (48 CFR § 219.303).

HEALTH CARE FOR THE HOMELESS (HCH) APPLICANTS:

- Comply with PHS Act section 330(h); and as applicable, section 330(e), program regulations, requirements, and policies.

- Provide substance use disorder services.

- Provide a plan that ensures the availability and accessibility of required primary health services to people:

  o Who lack housing (whether or not the person is a part of a family);

- Whose main residence during the night is a supervised public or private facility that provides temporary lodging;

- Who live in transitional housing;

- Who live in permanent supportive housing or other housing programs for people experiencing homelessness; and/or

- Who are children and youth at risk of homelessness, homeless veterans, and veterans at risk of homelessness.

PUBLIC HOUSING PRIMARY CARE APPLICANTS (PHPC)[3]

- Comply with PHS Act section 330(i); and as applicable, section 330(e), program regulations, requirements, and policies.

- Consult with residents of the proposed public housing sites on the planning and administration of the program.

- Provide a plan that ensures the availability and accessibility of required primary health services to residents of public housing and people living in areas immediately accessible to public housing.

  - Public housing is low-income housing that is developed, owned, or assisted by a public housing agency, including mixed finance projects.

  - Public housing does not include housing units that accept Section 8 housing vouchers, but do not receive other support from a public housing agency.

II. Award Information

1. Type of Application and Award

Application type(s): New (for new start and look-alike applicants) and Competing Supplement (for satellite applicants).

Awards will be in the form of a grant.

2. Summary of Funding

We estimate $50,000,000 will be available each year to fund approximately 77 awards. Of this total, approximately:

- $40,750,000 is expected to be available for applicants requesting CHC funding.

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[3] For a proposed site that will serve public housing residents under Section 330(i), the site must be located in public housing or immediately accessible to public housing. "Immediately accessible" means that the proposed site is next to the public housing and to the extent possible, there are no physical barriers that prevent public housing residents from accessing the site (for example, a highway or river).

- $4,300,000 is expected to be available for applicants requesting MHC funding.

- $4,350,000 is expected to be available for applicants requesting HCH funding.

- $600,000 is expected to be available for applicants requesting PHPC funding.

You may apply for up to $650,000 (reflecting direct and indirect costs). Of the $650,000, you may request Health Center Program funding up to $250,000 for one-time costs for equipment and/or minor alteration/renovation (see Appendix B).

The period of performance is June 1, 2025 through May 31, 2026 (1 year). This program notice depends on the appropriation of funds. If funds are appropriated for this purpose, we will proceed with the application and award process. The estimated awards depend on the future appropriation of funds and are subject to change based on the availability and amount of appropriations.

If you receive a satellite NAP award, we will award the NAP funding as a new grant award, separate from your current Health Center Program (H80) award. Under 45 CFR § 75.302, you must document use of NAP funds separately and distinctly from other Health Center Program funds and other federal award funds. You must maintain your H80 award status to maintain your NAP funding.

All uses of NAP funds must align with your proposed scope of project. Once funded, your scope of project includes the approved service sites, services, providers, service area, and target population that are supported (wholly or in part) under your total approved health center budget. You must comply with all Health Center Program requirements as described in the Health Center Program Compliance Manual, and applicable law and regulations.

Funding Beyond the 1-Year Period of Performance

Funding beyond the 1-year period of performance depends on availability of funds and the following:

- New start and look-alike NAP award recipients must apply for Service Area Competition (SAC) funding. The SAC application will be due approximately midway through the NAP period of performance. We will consider progress toward the NAP post-award objectives when making final SAC award decisions.

- We will assess satellite NAP award recipients' progress toward the NAP post-award objectives approximately 8 months into the NAP period of performance. The assessment may result in continued, reduced, or no additional funding. We may extend the NAP period of performance with or without funds and/or make the NAP funding available under your current H80 award.

45 CFR part 75 - Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards applies to all HRSA awards.

III. Eligibility Information

1. Eligible Applicants

Eligibility Requirement	What We Check
1) Your organization must be a private, non-profit entity or a public agency in the United States or its territories. Tribal and urban Indian organizations may apply.[4]	• [Attachment 11: Evidence of Non-profit or Public Agency Status](#)
2) Your organization must provide all required health services to medically underserved populations, as defined in section 330 of the PHS Act.[5]	• Project Narrative [RESPONSE](#) section • Form 5A: Services Provided

3) You must propose at least one service delivery site that provides primary medical care as its main purpose and is open for at least 40 hours per week (full-time).
 	
• NEW START and LOOK-ALIKE APPLICANTS must propose a full-time, fixed (not mobile), service delivery site.
 	
  o If you apply for only MHC funding, this site may be permanent or seasonal.
 	
  o If you apply for any other type of funding (CHC, HCH, PHPC), this site must be permanent (operating year-round).
 	
• SATELLITE APPLICANTS must propose a full-time service delivery site. This site may be fixed or mobile.
 	
  o If you apply for only MHC funding, this site may be permanent, seasonal, or mobile.
 	
  o If you apply for any other type of funding (CHC, HCH, PHPC), this site may be permanent or mobile (operating year-round).
	• Form 1A: General Worksheet: The number of projected medical patients must be greater than projected patients for other service types.
	
	• Form 5A: Services Provided: You must provide General Primary Medical Care directly (Column I) or through contracts the health center pays for (Column II).
	
	• Form 5B: Service Sites: You must select an eligible Location Type (permanent, seasonal, or mobile) based on your proposed NAP project. A permanent site is a fixed building location that operates year-round. A seasonal site is a fixed building location that operates for less than 12 months out of the year.

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[4] Refer to [Chapter 1](#): Health Center Program Eligibility of the [Compliance Manual](#).
[5] Refer to the [Service Descriptors for Form 5A: Services Provided](#) for details regarding required primary health care services.

Eligibility Requirement	What We Check
4) You must make services accessible to all. You may not propose to serve **ONLY** a single age group or address a single health issue or disease. If you propose only a school-based service site(s), you must explain how you will make all required services available to the entire underserved population in the service area.	• Project Narrative RESPONSE section
5) Your NAP site(s) must have a valid street address, in an area with unmet need for health services. You may not propose a site that: • Is in the same building as a site already in the approved scope of project of any Health Center Program award recipient or look-alike.[6] ○ Exception: Look-alike applicants should include their own look-alike sites as part of their NAP application. • Relocates, replaces, or merges sites already in your scope of project. • Is waiting to be verified operational through an active Change in Scope request or a funded Health Center Program award (including SBSE, CARE, and ARP-Capital)[7] at the time of application.	• Form 5B: Service Sites • Health Center Program scope of project: Visit Find a Health Center to see the addresses for current Health Center Program service sites.
6) *NEW START APPLICANTS:* If you apply for CHC funding, you must propose to serve an area that is designated, in whole or in part, as a Medically Underserved Area or Population (MUA/P). To find out if all or part of your service area is designated as an MUA/P, see MUA Find or Find Shortage Areas by Address.	• Form 1A: General Information Worksheet: Enter the MUA/P number(s) or indicate the MUA/P is pending. • Attachment 1: Service Area Map

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[6] Sites cannot be in the same building as any service delivery or administrative/service delivery site.
[7] These are Health Center Program awards for School-Based Service Expansion, Capital Assistance for Hurricane Response and Recovery Efforts, and American Rescue Plan Capital Improvements.

Eligibility Requirement	What We Check
7) PUBLIC HOUSING PRIMARY CARE APPLICANTS: If you apply for PHPC funding, you must consult with public housing residents as you plan your new site(s). You must also explain how you will have ongoing input from public housing residents.	• Project Narrative RESPONSE section
8) *HEALTH CARE FOR THE HOMELESS AND PUBLIC HOUSING PRIMARY CARE APPLICANTS*: If you apply for HCH or PHPC funding, you must use this funding to supplement, and not supplant, the expenditures of the health center and the value of in-kind contributions for the delivery of services to these populations.	• Summary Page: Describe how NAP funds will increase the level of services you provide to these populations.

2. Cost Sharing or Matching

Cost sharing or matching is not required for this program.

3. Other

We may consider your application ineligible for review if it:

- Requests more than $650,000.

- Does not include a Project Narrative, Attachment 2: Bylaws, and Attachment 11: Evidence of Non-profit or Public Agency Status.

- Does not include Attachment 6: Co-Applicant Agreement, if you are a public agency with a co-applicant.

- Fails to meet the deadlines referenced in Section IV.4.

- Is submitted on behalf of another organization or does not demonstrate that the applicant organization (as listed on the SF-424) will perform a substantive role in the project. Evidence that the applicant organization is performing a substantive role in the project may include providing general primary medical care directly through the applicant organization's employees and sites.

Multiple Applications

We will only review your **first** validated application under HRSA-25-085 in Grants.gov. If you wish to change attachments submitted in Grants.gov, you may do so in the EHBs application phase.

IV. Application and Submission Information

1. Address to Request Application Package

We *require* you to apply online through Grants.gov **and** EHBs. Use the SF-424 workspace application package associated with this NOFO. You must use a **two-phase** submission process. Follow these directions: How to Apply for Grants **and** those in EHBs.

- **Phase 1 – Grants.gov** – You must submit your application via Grants.gov by *August 30, 2024,* at 11:59 p.m. ET, and

- **Phase 2 – EHBs** – You must submit your application via EHBs by *September 30, 2024* at 5 p.m. ET.

Only applicants who successfully submit the workspace application package for this NOFO in Grants.gov (Phase 1) by the due date may submit the additional required information in EHBs (Phase 2). If you wish to change information you submitted in EHBs, you may reopen and revise your application before the EHBs deadline. For more details, see Sections 3 and 4 of the Two-Tier Application Guid*e.* **Note**: Grants.gov calls the NOFO, "Instructions."

Select "Subscribe" and enter your email address for HRSA-25-085 to receive emails about changes, clarifications, or instances where we republish the NOFO. You will also be notified by email of documents we place in the RELATED DOCUMENTS tab that may affect the NOFO and your application. *You're responsible for reviewing all information that relates to this NOFO.*

2. Content and Form of Application Submission

Application Format Requirements

Follow instructions in Sections 4 and 5 of the Two-Tier Application Guide and this NOFO. Write your application **in English. Use U.S. dollars for your budget.** There's an Application Completeness Checklist in the Two-Tier Application Guide to help you.

In **Grants.gov (Phase 1)**, submit your:

- Application for Federal Assistance (SF-424)

  - *Box 2: Type of Applicant*, select:

    - *New* if you are **not** a current Health Center Program award recipient (including look-alikes)

    - *Satellite* if you **are** a current Health Center Program award recipient. Check the "Revision" box, select "Other" and type "Supplement"

  - *Box 4: Applicant Identifier*: Enter your 10-digit H80 or LAL number, as applicable

- Project Abstract Summary

- Project/Performance Site Locations (enter information for your primary service delivery site)

- Grants.gov Lobbying Form

- Key Contacts

In **EHBs (Phase 2)**, submit your:

- Project Narrative

- SF-424A Budget Information Form

- Budget Narrative and Table of Personnel Paid with Federal Funds

- Program-Specific Forms

- Attachments

Application Page Limit

The page limit for your application is **90 pages**. We will not review any pages that exceed the page limit. Using the pages within the page limit, we will determine eligibility using Section III. Eligibility Information of the NOFO.

These items do not count toward the page limit:

- Standard OMB-approved forms in the NOFO's workspace application package and program-specific forms in EHBs

- Attachments that are uploaded to program-specific forms in EHBs

- Abstract (standard form (SF) "Project Abstract Summary")

- Indirect Cost Rate Agreement

- Attachments required to determine eligibility, such as bylaws, co-applicant agreement, and proof of non-profit or public status

- Attachment 1: Service Area Map and Table, Attachment 9: Collaboration Documentation, and documentation for geographic consideration of need and service area expansion criteria included in Attachment 12

If there are other items that do not count toward the page limit, we'll make this clear in Section IV.2.vi Attachments.

If you use an OMB-approved form that is not in the HRSA-25-085 workspace application package or EHBs application, it may count toward the page limit. Therefore, we recommend you only use Grants.gov and EHBs workspace forms for this NOFO to avoid exceeding the page limit.

It is important to ensure your application does not exceed the specified page limit. See Appendix A: Applicant Page Limit Worksheet for additional information.

Applications must be complete, validated by Grants.gov, and submitted under HRSA-25-085 before the Grants.gov and EHBs deadlines.

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

- When you submit your application, you certify that you and your principals[8] (for example, program director) can participate in receiving award funds to carry out a proposed project. That is, no federal department or agency has debarred, suspended, proposed for debarment, claimed you ineligible, or you have voluntarily excluded yourself from participating.

- If you fail to make mandatory disclosures, we may take an action like those in 45 CFR § 75.371. This includes suspending or debarring you.[9]

- If you cannot certify this, you must explain why in *Attachment 12: Other Relevant Documents*.

See Section 5.1 viii – Certifications of the *Two-Tier Application Guide*.

Program Requirements

Sites and population types:

You may request funding for one or more sites that meet the definition of a service site. See PIN 2008-01: Defining Scope of Project and Policy for Requesting Changes. At least one site must meet the eligibility requirements in Section III.

You may request funding to serve one or more population types (CHC, MHC, HCH, PHPC). For example, if you plan to serve both the general community and people experiencing homelessness, you may apply for both CHC and HCH funding. See Section I for each population type's requirements.

Required Services:

Your application must demonstrate that you will provide all required health services and mental health and substance use disorder services. See the Service Descriptors for Form 5A: Services Provided for details about these services. You may provide these services directly, through a contract, or through a formal referral arrangement.

Post-award objectives:

Your application must demonstrate how you will achieve 2 objectives that will be assessed post-award:

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[8] See definitions at 2 CFR § 180.995 -- Principal and 2 CFR § 376.995 -- Principal.
[9] See also 2 CFR parts 180 and 376, 31 U.S.C. § 3354, and 45 CFR § 75.113.

1. Open all proposed sites within 120 days of the notice of award. Staff and systems must be in place to deliver primary health services to the proposed population(s). In the [Project Narrative](#) and Work Plan, you will describe your plan to open the site(s) listed on Form 5B: Service Sites and provide the services listed on Form 5A: Services Provided.

2. Demonstrate compliance with all Health Center Program requirements within 120 days of the notice of award. You will document how you will be compliant in the [Project Narrative](#), Work Plan, and other forms and attachments.

How we will track your progress on the objectives:

For objective 1, you must verify when each site is open. If you do not verify that a site is open within 120 days of award, we will place a condition on your award. That condition will provide up to 120 more days for your site to open. If you do not resolve a site-related condition within the specified timeframes, HRSA may terminate all, or part, of your NAP award per [45 CFR § 75.371](#).

You must verify when you start providing new services. HRSA will also verify your services and hours of operation during your Operational Site Visit (OSV).

For objective 2, the requirements are detailed in the Health Center Program [Compliance Manual](#).

- If you receive funding as a new start or look-alike applicant, HRSA will assess your compliance during an OSV conducted approximately 120 days after award. HRSA may choose to delay your OSV until after your site(s) are open.

- If you receive funding as a satellite applicant, you will have an OSV during your current H80 period of performance.

If you are not compliant during the OSV, we will place conditions on your award. See [Chapter 2 of the Compliance Manual](#) to learn more about oversight.

Service area:

You must propose a service area that reflects where your projected patients live. See [Chapter 3 of the Compliance Manual](#) for things to consider, including political subdivisions, size, and how your NAP sites fit with your existing service area (if you have one). You will show this in [Attachment 1: Service Area Map and Table](#).

Projected patients:

You will project an achievable number of patients that you expect to serve through your NAP project in 2026 on Form 1A: General Information Worksheet. If you do not serve the number of patients you project to serve in 2026, HRSA may reduce funding when you apply to a future Service Area Competition.

Unmet need:

HRSA uses the Service Area Needs Assessment Methodology (SANAM) to create an unmet need score (UNS) for each application. The UNS is an objective assessment of unmet need. The SANAM uses public data sources to calculate an UNS for every zip code.[10] The UNS for each service area zip code (on Form 5B: Service Sites) is combined to establish the UNS for your application. The application-level UNS can be viewed at the Unmet Need Score Map Tool and appears in EHBs. The UNS is up to 20 points of the NEED section score and is a factor in one of the funding priorities. See Understanding Service Area Needs for more information on SANAM and UNS.

For look-alike applicants that propose a new, full-time (fixed or mobile) site that provides primary medical care as its main purpose, HRSA will also calculate the UNS for the service area zip codes listed on Form 5B for the new site using the Unmet Need Score Map Tool. HRSA will use the higher UNS for your NAP application. See Appendix C: Clarification for Look-alike (LAL) Sites for additional information.

Consult and collaborate:

You must consult with the following about the need for your proposed project:

- State and local government agencies (such as the local health department, state Medicaid agency, and state Primary Care Office).

- Health care providers (such as safety net hospitals, and other providers serving Medicaid patients).

You will describe how you will use input from patients and the community to impact community health needs. You will also describe how you will collaborate and coordinate with community partners in your proposed service area. You will document this in the Project Narrative and certify on the Summary Page.

Program Recommendations

When planning your project, consider:

- How to expand health care access[11] for high-need communities and reduce health disparities.

- How to increase access to services for low-income patients without health insurance, including at school-based service sites.

- How your team's cultural and clinical competence can impact the patient experience.

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[10] HRSA uses Zip Code Tabulation Areas (ZCTAs) to calculate the UNS. Each ZCTA is associated with one or more zip codes.

[11] See the Unmet Need Score Resource Guide for information about these 5 parts of health care access: Availability, Affordability, Approachability, Acceptability, and Appropriateness.

- Barriers such as trauma, discrimination, and stigma that people may experience when seeking health care.

- Social risk factors such as food insecurity, housing insecurity, financial strain, or lack of transportation.[12]

- Other health-related social needs that may affect access to care, contribute to poor health outcomes, and worsen health disparities.

- How the NAP award can improve your performance.[13]

Program-Specific Instructions

Follow application requirements and instructions from Section 5 of the *Two-Tier Application Guide* (budget, budget narrative, personnel requirements, assurances, certifications, and abstract). Also include the following:

i. *Project Abstract*

Use the Standard OMB-approved Project Abstract Summary Form in the workspace application package. Do not upload the abstract as an attachment or it may count toward the page limit. For information you must include in the Project Abstract Summary Form, see Section 5.1.ix of the Two-Tier Application Guide. In addition, include your proposed service delivery site address(es) and the estimated number of new patients you will serve in 2026 across your proposed NAP sites.

NARRATIVE GUIDANCE

The following table provides a crosswalk between the narrative language and where each section falls within the review criteria. Make sure you address everything. We will consider any forms or attachments you reference in a narrative section during the merit review.

Narrative Section, Forms, Attachments	Review Criteria
- Need section of the Project Narrative - Attachments and Forms listed in the Need section	Criterion 1: Need
- Response section of the Project Narrative - Attachments and Forms listed in the Response section	Criterion 2: Response

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[12] See the 2023 UDS Manual for information about reporting social risk factors.
[13] See the Advancing Health Center Excellence Framework.

Narrative Section, Forms, Attachments	Review Criteria
• Collaboration section of the Project Narrative • Attachments listed in the Collaboration section	Criterion 3: Collaboration
• Impact section • Forms listed in the Impact section	Criterion 4: Impact
• Resources/Capabilities section of the Project Narrative • Attachments and Forms listed in the Resources/Capabilities section	Criterion 5: Resources/Capabilities
• Governance section of the Project Narrative • Attachments and Forms listed in the Governance section	Criterion 6: Governance
• Support Requested section of the Project Narrative • Attachments and Forms listed in the Support Requested section	Criterion 7: Support Requested

ii. *Project Narrative*

This section must describe all aspects of the proposed project. Make it brief and clear.

Your Project Narrative must reflect your NAP proposed scope of project (proposed services, providers, sites, service area zip codes, and target population). If you are a satellite applicant, you may refer to current services, policies, procedures, and capacity as they relate to the NAP project.

Provide information in the following order. Use the section headings. Number your responses in each section. This ensures reviewers can understand your proposed project.

NEED – Corresponds to *Section V.1 Review Criterion 1: NEED*

1) Describe the proposed service area (consistent with Attachment 1: Service Area Map and Table), including:

   a) How the service area overlaps with political subdivisions like counties, cities, townships, and school districts.

- If all the zip codes in your proposed service area are not next to each other, or do not border your current Health Center Program service area (if applicable), explain why.[14]

b) How the service area reflects where most of your proposed patients live.

c) How the service area is currently served by the Health Center Program, including:

- The locations of current health centers and how close they are to your proposed NAP site(s).[15] If your NAP site is within 1 mile of another health center site, you will provide more information in Attachment 12.

- How much your target population is already served by current health centers. Discuss your service area's overall Health Center Program penetration percentage from Attachment 1: Service Area Map and Table.

d) How much of your target population is currently served by other primary health care providers such as rural health clinics, critical access hospitals, and private providers serving Medicaid patients.

e) If it is located in an Opportunity Zone.

2) Describe health care needs that are not being met in your proposed service area. If you are applying for MHC, HCH and/or PHPC funding, include the unmet needs of **each** targeted special population. Cite relevant data and their sources, which may include the UNS. Address the following:

a) Gaps in available primary care, including behavioral health services.

b) Factors that affect health care access, outcomes, and disparities.

c) Any other health-related social needs (if applicable).

3) Describe how the following informed your proposed NAP project:

a) Community input.

b) Patient board members' lived experience.

4) Provide a brief overview of your consultation with state and local government agencies (such as the health department, state Medicaid agency, state Primary Care Office) and other health care providers about the need for your NAP site(s).

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[14] HRSA may choose not to fund your NAP application if your proposed NAP site is more than 15 miles from your other sites in an urban area, or more than 30 miles from your other sites in a rural area. See Section V.2 for details.
[15] If your proposed NAP site is within 1 mile of another health center service delivery site or look-alike site, HRSA may choose not to fund your NAP application. See Section V.2 for details.

RESPONSE – *Corresponds to Section V.1 Review Criterion 2: RESPONSE*

1) Describe how your proposed NAP site location(s) noted on Form 5B: Service Sites and Attachment 1: Service Area Map and Table will support equitable access to services and minimize barriers identified in the NEED section.

2) Complete the work plan on the Project Overview Form in EHBs by describing activities that will help you achieve the 2 post-award objectives and provide comprehensive health services for the proposed number of hours per week at each site. See the NAP TA webpage for a sample. The work plan should be consistent with Form 2: Staffing Profile, Form 5A: Services Provided, minor A/R forms, and Attachment 7: Summary of Contracts and Agreements, as applicable.

3) Describe how you will reach those with the greatest need in your service area (for example, uninsured, low-income, chronically ill).

4) Document how you will provide all required services and any proposed additional services on Form 5A: directly (Column I), through contracts that the health center pays for (Column II), or through formal referral arrangements (Column III).[16] In the narrative, address the following:

   a) How all age groups will have access to all required services and any additional services.

   b) Which required services on Form 5A you will not provide in-person at all NAP site(s) and how you will make those services accessible to all patients.

   c) How you will support continuity, clinical effectiveness, and patient-centered care coordination.

   d) How your services will account for individual patient preferences, culture, values, and needs (including language and access needs).[17]

   e) How you will make mental health and substance use disorder services available to all patients.

   f) **Applicants requesting MHC funding:** How you will provide work-related health services such as injury prevention and screening for parasitic infections.

   g) **Applicants requesting HCH funding:**

   - How you will provide substance use disorder services (consistent with Form 5A).

   - How you will provide services to people who have needs that may be best met at locations other than your fixed sites. This includes providing care

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[16] Refer to Scope of Project, including the Column Descriptors for Form 5A: Services Provided.
[17] See HRSA: Culture, Language, and Health Literacy and Think Cultural Health for more information.

through street medicine, using a mobile unit, or partnering with other organizations.

h) **Applicants requesting PHPC funding**:

- How you consulted with public housing residents in the proposed service area as you developed the NAP service delivery plan.

- How you will involve public housing residents in administration of the proposed NAP project.

5) Describe how you will provide the following enabling services:

a) Patient case management, informing patients about insurance options, helping patients apply for government assistance programs, and linking to community partners.

b) Connecting people to health center services, such as street outreach, community health worker, and peer navigator activities.

c) Transportation.

d) If a substantial number of the proposed patients are of limited English-speaking ability, the services of appropriate personnel fluent in the language spoken.

e) Health education and informing the public that:

- You provide care regardless of the ability to pay.

- You provide sliding fee discounts.

6) Describe the following aspects of your sliding fee discount program policies:

a) How you assess all patients for sliding fee discount eligibility based only on income and family size.

b) How you adjust patient charges based on the ability to pay (consistent with Attachment 8: Sliding Fee Discount Schedule).

c) Whether you have a nominal charge[18] for patients with incomes at or below 100 percent of the Federal Poverty Guidelines (FPG). If so, describe how the amount is nominal from the perspective of the patient[19] and would not reflect the actual cost of the service being provided.

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[18] Nominal charges are not minimum fees, minimum charges, or co-pays. They must be flat and cannot reflect the actual cost of services. See Chapter 9: Sliding Fee Discount Program of the Compliance Manual.

[19] For example, based on input from patient board members, patient surveys, advisory committees, or a review of co-pay amount(s) associated with Medicare and Medicaid for patients with comparable incomes.

d) How you evaluate your sliding fee discount program to ensure that it reduces financial barriers to care.

COLLABORATION *– Corresponds to Section V.1 Review Criterion 3: COLLABORATION*

1) Describe your efforts to collaborate with other providers and community organizations in your proposed service area. Include the following:

   a) Providers of specialty services and other services not available through your health center.

   b) Local hospitals, to reduce non-urgent use of hospital emergency departments.

   c) Others that serve similar populations and focus on health-related social needs (such as health departments, schools, community organizations, homeless shelters, and Indian Health Services health facilities).

2) In Attachment 9: Collaboration Documentation,[20] provide letters of support from providers in the service area. You should also note providers on Attachment 1: Service Area Map and Table. Letters and other documentation you provide should state support of your proposed NAP project. At a minimum, you should attempt to include documentation from:

   • Health centers (including look-alikes)

   • Rural health clinics and critical access hospitals, if applicable

   • Public Housing Authority, if you are requesting PHPC funding

   If you do not have letters of support from these organizations:

   a) Describe your efforts to establish a working relationship with these providers and how your NAP services will complement the health services they provide.

   b) Provide evidence of your request for the letter of support in Attachment 9: Collaboration Documentation.

IMPACT *– Corresponds to Section V.1 Review Criterion 4: IMPACT*

1) On Form 1A: General Information Worksheet, under Unduplicated Patients and Visits by Population Type, provide the number of patients you project to serve in 2026 at your proposed NAP site(s). In the narrative, describe:

   a) How you determined the projected number of patients. State the current number of patients served at any proposed NAP site that is already operational.

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[20] You must sufficiently document both collaboration and unmet need within the service area. If you do not and your proposed service area has a Health Center Program penetration level of the low-income population of 50 percent or greater, HRSA may not fund your NAP application.

b) How your projected number of patients is realistic and achievable. Consider the need in the community, your proposal for use of NAP funds, and other revenues and Health Center Program benefits.

2) Describe how you will use input from patients and the community to improve the patient experience and impact community health needs.

3) Describe how your Quality Improvement/Quality Assurance (QI/QA) program:

   a) Follows clinical guidelines and standards of care.

   b) Addresses patient safety.

   c) Assesses and improves the quality of services.

   d) Uses systems such as an electronic health record or population management software for monitoring performance and annual UDS reporting.

RESOURCES/CAPABILITIES – *Corresponds to Section V.1 Review Criterion 5: RESOURCES/CAPABILITIES*

1) Describe your organizational structure. Refer to Attachment 3: Project Organizational Chart.

   a) If you are a public agency[21] with a co-applicant board: Describe the relationship between you and the co-applicant board (consistent with Attachment 6: Co-Applicant Agreement).

   b) If you have subrecipients or contractors: Describe how they will they help carry out the proposed project (consistent with Attachment 7: Summary of Contracts and Agreements and Form 8: Health Center Agreements, as applicable). If you will contract for a majority of required health services, attach the contract to Form 8.

   c) If you are part of a parent, affiliate, or subsidiary organization, or have a contract with another organization for a majority of required health services (consistent with Form 8: Health Center Agreements): Describe how you will play a substantive role in your NAP project.

2) Describe the following about your management team, including the project director (PD)/chief executive officer (CEO), clinical director (CD), and chief financial officer (CFO). Reference Attachment 4: Position Descriptions and Attachment 5: Biographical Sketches as needed.

   a) How the team will support the operation and oversight of your NAP project, including accountability, policies, and risk management.

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[21] Only public agency health centers can have a co-applicant. The co-applicant functions as the health center's governing board when the public agency determines that it cannot meet the Health Center Program governing board requirements directly (Section 330(r)(2)(A) of the Public Health Service Act).

b) How the CEO[22] will report to the board and oversee other key staff in carrying out the day-to-day activities of the proposed project.

3) Describe how your financial accounting and internal control systems and policies:

a) Ensure effective control over all health center funds, property, and other assets.

b) Track the financial performance of the health center.

c) Separate accounting for this award from other federal awards, including documentation of the receipt and expenditure of NAP funds.

d) Mitigate conflict of interest by board members, employees, and others when buying supplies, property, equipment, and services.

4) Describe how you will make every reasonable effort to:

a) Request payments from patients, while ensuring that no patient is denied service because they cannot pay.

b) Bill Medicare, Medicaid, Children's Health Insurance Program (CHIP), and other public and private assistance programs or insurance.

5) If you have sites that are recognized as patient-centered medical homes (PCMH), describe how you will use that experience to implement your NAP project. If not, describe how you plan to incorporate the PCMH model in your service delivery.[23]

GOVERNANCE – *Corresponds to [Section V.1 Review Criterion 6: GOVERNANCE](#)*

Native American tribal or urban Indian organizations are ONLY required to respond to Item 4 below. Items 1-3 do not apply to these organizations.

1) Specify where in [Attachment 2: Bylaws](#) and, if applicable, [Attachment 6: Co-Applicant Agreement](#) you document the following board composition requirements:[24]

a) Board size is at least 9 and no more than 25 members.[25] (You will list your board members on Form 6A: Board Member Characteristics.)

b) At least 51 percent of board members are patients served by the health center.[26]

c) Patient members of the board reflect those served by the health center in terms of demographic factors. (You will document your patient board members' demographics on Form 6A: Board Member Characteristics.)

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[22] Per Section 330(k)(3)(H)(ii), the PD/CEO must be a direct employee of the health center. For public agencies with a co-applicant, the CEO must be a direct employee of the public agency.

[23] See the [definition of PCMH](#) and HRSA's [PCMH initiative](#).

[24] Refer to [Chapter 20](#): Board Composition of the [Compliance Manual](#).

[25] For the purposes of the Health Center Program, the term "board member" refers only to voting members of the board.

[26] For the purposes of board composition, a patient is someone who had at least one health center visit in the past 24 months. Both the service and the site where the service was received must be within the health center's scope of project.

d) Non-patient members of the board:

- Are connected to the community served by the health center.

- Are selected for their expertise and skills.

e) No more than one-half of non-patient board members earn more than 10 percent of their annual income from the health care industry.

f) Health center employees and their immediate family members (spouses, children, parents, or siblings through blood, adoption, or marriage) may not be board members.[27]

g) **If you are requesting MHC, HCH, or PHPC funding:**[28] At least one board member will be from/represent each special population. This member must be able to clearly communicate the special population's needs and concerns.

2) Specify where in Attachment 2: Bylaws and, if applicable, Attachment 6: Co-Applicant Agreement you document the following board requirements:

a) Holding monthly meetings.

b) Approving the selection and dismissal/termination of the PD/CEO.

c) Approving the Health Center Program budget and applications.

d) Approving the locations and hours of operation of health center sites.

e) Approving health center services.

f) Evaluating the performance of the health center.

g) Establishing or adopting policies related to the operations of the health center.

h) Making sure the health center operates in compliance with applicable federal, state, and local laws and regulations.

3) Describe the following related to your governing board. Reference Attachments 2: Bylaws, 3: Project Organizational Chart, and 6: Co-Applicant Agreement, if applicable.

a) How no individual, entity, or committee has approval authority or veto power over the board for required authorities and functions.

b) How collaborations or contracts do not restrict or infringe on the board's required authorities and functions. Reference Form 8: Health Center Agreements if applicable.

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[27] In the case of public agencies with co-applicant boards, this includes employees or immediate family members of either the co-applicant organization or the public agency (employees within the same department, division, or agency).

[28] If you are requesting funding to serve only special populations (HCH, MHC, and/or PHPC funding), you may request a waiver of the 51 percent patient majority board composition requirement on Form 6B.

c) How the board promotes a culture of quality improvement and encourages capacity-building to strengthen its governance.

d) How patients of the proposed NAP site(s) are represented on the governing board.

e) **Public agency applicants with a co-applicant board**: Confirm that [Attachment 6: Co-Applicant Agreement](#) both delegates the required authorities and functions to the co-applicant board and lays out the roles and responsibilities of the public agency and the co-applicant in carrying out the project.

4) **Native American tribal or urban Indian organization applicants only:** Describe your governance structure and how you:

a) Get input from the community/target population on health center priorities.

b) Ensure fiscal and programmatic oversight of the proposed project.

SUPPORT REQUESTED *– Corresponds to [Section V.1 Review Criterion 7: SUPPORT REQUESTED](#)*

1) Provide a complete, consistent, and detailed budget presentation through the submission of the following: [SF-424A](#), [Budget Narrative](#), Form 2: Staffing Profile, and Form 3: Income Analysis. If you request funding for equipment or minor A/R, your equipment list and minor A/R budget must align with your proposed NAP project.

2) Explain why the federal dollars per patient on the Summary Page are appropriate and reasonable. This value will appear on the Summary Page form after Forms 1A: General Information Worksheet and 1B: BPHC Funding Request Summary are complete.

iii. *Budget*

Follow the instructions in Section 5.1.iv of the *[Two-Tier Application Guide](#)* and the specific instructions listed in this section. Your total NAP budget should show a well-organized plan.

A health center's "total budget" includes the Health Center Program federal award funds and all other sources of revenue in support of the health center scope of project. The NAP total budget includes all allowable (direct **and** indirect) costs used for the NAP project. This includes costs charged to the award and non-federal funds used to support the project.

If you've never received a negotiated indirect cost rate, you may elect to charge a *de minimis* rate of 10 percent of modified total direct costs*. You may use this for the life of the award. If you choose this method, you must use it for all federal awards until you choose to negotiate for a rate. You may apply to do so at any time. See Section 5.1.v. Budget Narrative in the Two-Tier Application Guide.

Note: One exception is a governmental department or agency unit that receives more than $35 million in direct federal funding.

Your total budget must:

- Include the amount of NAP funds to be awarded (up to $650,000).

- Include all non-federal funds that will support your proposed project.

- Directly relate to and support the proposed project.

- Comply with all related HHS policies and other federal requirements.

You have discretion about how you propose to allocate the total budget between NAP federal funds and other funding that supports the project, if you follow the outlined policies and federal requirements. See 45 CFR part 75 and the HHS Grants Policy Statement.

You must carry out all activities consistent with Health Center Program requirements as described in the Health Center Program Compliance Manual, including Chapter 17: Budget.

Program Income

The non-federal share of the project budget includes all program income sources such as fees, premiums, third party reimbursements, and payments that are generated from the delivery of services. The non-federal share also includes other revenue sources such as state, local, or other federal grants or contracts; and income from fundraising, donations, and contributions.

In accordance with § 330(e)(5)(D) of the PHS Act relating to the use of non-grant funds, health centers shall use non-grant funds, including funds in excess of those originally expected, "as permitted under this section [§ 330]," and may use such funds "for such other purposes as are not specifically prohibited under this section [§ 330] if such use furthers the objectives of the project."

Specific Instructions

During the period of performance, you may use up to $250,000 for one-time costs necessary to implement the NAP project, including:

- Minor alteration/renovation (A/R) (as defined in Appendix B, the total federal and non-federal cost of the A/R project must be less than $1 million, excluding the cost of moveable equipment), and/or

- Moveable equipment that has a unit cost of $5,000 or more.

You may use minor A/R funds to support the delivery of comprehensive care, including dental and behavioral health services.

As required by the Consolidated Appropriations Act, 2023 (P.L. 117-328), Division H, § 202, "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." Effective January 2024, the salary rate limitation is **$221,900.** As required by law, salary rate limitations may apply in future years and will be updated.

Budget Information Form (SF-424A)

Complete the Budget Information Form in EHBs. The budget information in these sections must match the total cost of the NAP project.

- Section A – Budget Summary: Under New or Revised Budget, in the Federal column, enter the NAP federal funding requested (up to $650,000).

    o You can request funding for one or more population type (CHC, MHC, HCH, PHPC). Enter each on separate rows.

    o The federal amount refers to only the NAP funding requested, not all federal funding that you receive.

    o Enter other support for the NAP project in the Non-Federal column.

    o Leave the Estimated Unobligated Funds column blank.

- Section B – Budget Categories: Enter an object class category (line item) budget, broken out by federal and non-federal funding. The amounts for each category in the Federal and Non-Federal columns, as well as the totals, should align with the Budget Narrative.

    o You may request up to $250,000 for equipment and/or minor A/R. If you request funds for equipment, include that amount on the equipment line. If you request funds for minor A/R, include that amount on the construction line.

    o See Appendix B for one-time funding instructions.

- Section C – Non-Federal Resources: Under each population type requested, enter all sources of funding except for the NAP federal funding request. The total in Section C must match the Non-Federal Total in Section A.

    o When providing Non-Federal Resources by funding source, include other federal funds supporting the proposed project in the "other" category.

    o Program Income should be consistent with the Total Program Income (patient service revenue) presented on Form 3: Income Analysis.

- Section D – Forecasted Cash Needs: Leave this section blank.

- Section E – Budget Estimates of Federal Funds Needed for Balance of the Project: Leave this section blank.

- Section F – Other Budget Information (if applicable): Explain amounts for individual object class categories that may appear to be out of the ordinary in

Direct Charges. Enter the type of indirect rate (provisional, predetermined, final, fixed, or de minimis) that will be in effect during the period of performance.

iv. *Budget Narrative*

The NAP NOFO requires a detailed budget narrative that outlines federal and non-federal costs for the 1-year period of performance. The sum of line-item costs for each category must align with those presented on the SF-424A Budget Information Form. See Section 5.1.v. of the *Two-Tier Application Guide*.

See the NAP TA webpage for a sample budget narrative.

Your budget narrative must:

- Demonstrate that you will use NAP funds to meet the program objectives.

- Clearly detail proposed costs for each line item on your SF-424A Budget Information Form, section B, with calculations for how you estimated each cost.

- Not include ineligible costs.

- Not exceed $250,000 in one-time costs.

- Provide us with enough information to determine that you will use NAP funds separately and distinctly from other Health Center Program support.

- Include a Table of Personnel to be Paid with Federal Funds, as shown in the example in the Two-Tier Application Guide.

You must provide oversight of services provided through contractual arrangements to assure compliance with Section 330 requirements. See Chapter 12: Contracts and Subawards in the Compliance Manual.

Format the budget narrative to have all columns fit on an 8.5 x 11" page when printed.

v. *Program-Specific Forms (Submit in EHBs)*

For **Phase 1**, you will submit the required SF-424 information through Grants.gov. For **Phase 2**, you will submit supplemental information through EHBs.

See the NAP TA webpage for instructions and samples of the following forms:

- Project Overview Form

- Form 1A: General Information Worksheet

- Form 1B: Funding Request Summary

- Form 1C: Documents on File

- Form 2: Staffing Profile

- Form 3: Income Analysis

- Form 4: Community Characteristics

- Form 5A: Services Provided

- Form 5B: Service Sites

- Form 5C: Other Activities/Locations (if applicable)

- Form 6A: Current Board Member Characteristics

- Form 6B: Request for Waiver of Board Member Requirements (if applicable)

- Form 8: Health Center Agreements

- Form 12: Organization Contacts

- Summary Page

See Appendix B for the list of required forms for minor A/R and equipment.

vi. *Attachments (Submit in EHBs)*

Provide the following attachments in the order we list them. Most attachments count toward the application page limit. Your bylaws, co-applicant agreement, indirect cost rate agreement, and proof of non-profit or public status will not count toward the page limit. Also, your service area map and table and collaboration documentation are not included in the page limit.

Clearly label each attachment. Upload attachments into the application. Reviewers will not open any attachments you link to.

Attachment 1: Service Area Map and Table

Upload a map of the service area for the proposed project, indicating the:

- Proposed NAP site(s) listed on Form 5B: Service Sites and any sites currently within your scope of project (as applicable).

- Proposed service area zip codes.

- Medically underserved areas/populations (MUA/Ps).

- Health Center Program service sites.

- Rural health clinics and critical access hospitals.

Create the map and table using the Health Center Program GeoCare Navigator.

Include the corresponding data table, which lists the following for each ZCTA[29] in the service area:

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[29] The table will display ZCTAs, which include one or more zip codes.

- Number of health centers serving each ZCTA.

- Dominant health center.

- Total population.

- Low-income population.

- Total Health Center Program patients.

- Percentage of the low-income population served by the Health Center Program.

- Percentage of the total population served by the Health Center Program.

Attachment 2: Bylaws (Eligibility requirement for all applicants)

Upload a complete copy of your most recent bylaws. Bylaws must be **signed and dated**, as proof of approval by the governing board. If you are a public agency with a co-applicant, you must submit the co-applicant governing board's bylaws. Bylaws should demonstrate compliance with Health Center Program requirements in Chapter 19: Board Authority and Chapter 20: Board Composition of the Compliance Manual.

Attachment 3: Project Organizational Chart

Upload a one-page document that shows your current organizational structure. Include the governing board, key personnel, and any subrecipients or affiliated organizations.

Attachment 4: Position Descriptions

Upload current position descriptions for the PD/CEO, CD, and CFO. Indicate if positions are combined or part time. At a minimum, include qualifications, duties, and functions.

The PD/CEO position description must address the following:

- Direct employment by the health center.[30]

- Reports directly to the governing board.

- Oversees other key management staff in carrying out the day-to-day activities necessary for the proposed project.

Attachment 5: Biographical Sketches

Upload current biographical sketches for the PD/CEO, CD, and CFO. Identify if someone will fill more than one position. Include training, language fluency, and experience working with underserved populations. Keep it two pages or less per person.

Attachment 6: Co-Applicant Agreement (Eligibility requirement for public agencies with a co-applicant)

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[30] For public agencies with a co-applicant, the CEO must be a direct employee of the public agency.

Public agencies that have a co-applicant board must submit a complete copy of the formal co-applicant agreement **signed** by both the co-applicant governing board and the public agency. The co-applicant agreement must detail the required authorities and functions of the co-applicant board and lay out the roles and responsibilities of the public agency and the co-applicant in carrying out the Health Center Program project. Refer to Chapter 19: Board Authority of the Compliance Manual.

Attachment 7: Summary of Contracts and Agreements (as applicable)

Upload a brief summary describing:

1) All current or proposed patient service-related contracts and referral arrangements, consistent with Form 5A: Services Provided, Columns II and III.[31]

2) Agreements for a substantial portion of the project. If you contract with one entity for the majority of health care providers, or have a subrecipient agreement, you must include the contract or agreement in Form 8.

3) Lease agreement(s), if applicable.

The summary must address the following items for each contract or agreement:

- Name of contractor or referral organization.

- If it is a contract or referral arrangement.[31]

- Brief description of the services the contractor or referral organization will provide, how and where they will provide these services, and the timeframe for the agreement.

- The process for tracking and referring patients back to the health center for appropriate follow-up care.

Refer to Chapter 12: Contracts and Subawards in the Compliance Manual for details about what you must include in your agreements to ensure compliance with program requirements.

Attachment 8: Sliding Fee Discount Schedule(s)

Upload your sliding fee discount schedule (SFDS). It must be consistent with the policy described in the RESPONSE section of the Project Narrative. Your SFDS must provide discounts as follows:

- Discounts are based on the most current FPG.

- A full discount is provided for people with annual incomes at or below 100 percent of the current FPG, unless you have a nominal charge, which would be

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[31] Refer to the Scope of Project policy documents, including the Form 5A Column Descriptors, for the requirements if you provide services via contract and formal written referral arrangement.

less than the fee paid by a patient in the first sliding fee discount pay class above 100 percent of the FPG.

- Partial discounts are provided for people with incomes above 100 percent of the current FPG and at or below 200 percent of the current FPG. You must include at least three discount pay classes based on income levels.

- No discounts are provided to people with annual incomes above 200 percent of the current FPG.

Upload each SFDS if you have more than one, such as for medical and dental. For more information about sliding fee requirements, see [Chapter 9: Sliding Fee Discount Program](#) of the Compliance Manual.

Attachment 9: Collaboration Documentation

Upload letters of support[32] and other documentation that show collaboration specific to the NAP project. See the [COLLABORATION](#) section for details on what is required. Letters of support should be addressed to the applicant's board, PD/CEO, or other key management staff. If you do not have a requested letter of support, upload documentation that you requested it.

Note: Reviewers will only consider documentation submitted with the application.

Attachment 10: Articles of Incorporation (as applicable)

New Start Applicants Only: Upload your Articles of Incorporation official signatory page (including state seal or stamp) that documents non-profit status.

- A public agency with a co-applicant will upload the co-applicant's Articles of Incorporation signatory page, if incorporated.

- A Native American tribal organization will reference its designation in the Federally Recognized Tribal Entity List maintained by the Bureau of Indian Affairs.

Attachment 11: Evidence of Nonprofit or Public Agency Status (Eligibility requirement for all applicants)

Private, Non-profit Organization: Upload one of the following:

- A copy of your currently valid Internal Revenue Service (IRS) tax exemption letter or certificate.

- A statement from a state taxing body, state attorney general, or other appropriate state official certifying that your organization has a non-profit status and that none of the net earnings accrue to any private shareholders or individuals.

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[32] HRSA reviews these letters when making funding decisions. See [geographic consideration of need](#).

- A certified copy of your certificate of incorporation or similar document (for example, Articles of Incorporation). It must have the state or tribal seal and clearly show the non-profit status of the organization.

Public Agency Organization: Upload one of the following:

- A "letter ruling" which provides a determination by the Internal Revenue Service of the organization's exempt status as an instrumentality under Internal Revenue Code section 115.

- A current dated letter affirming your organization's status as a state, territorial, county, city, municipal, or Native American tribal government; a health department organized at the state, territory, county, city, or municipal level; or a subdivision or municipality of a United States (U.S.) affiliated sovereign state (e.g., Republic of Palau).

- A copy of the law that created the organization and that grants one or more sovereign powers (such as the power to tax, eminent domain, police power) to the organization (for example, a public hospital district). If you choose to provide this, clearly indicate the part of the law that specifically names your organization.

- A ruling from the state Attorney General affirming your legal status as either a political subdivision or instrumentality of the state (for example, a public university).

Attachment 12: Other Relevant Documents (as applicable)

Upload your indirect cost rate agreement. The indirect cost rate agreement does not count toward the page limit.

You must upload extra information about your service area if it meets any of the [geographic consideration of need](#) or [service area expansion](#) criteria. Include all required additional information noted in those sections in this attachment to support HRSA's decision making. This will not count toward the page limit if you include it in attachment 12. Failure to include the required information or failure to provide sufficient information to justify an award, given limited federal resources, could result in your application being skipped for funding. HRSA may choose not to fund your application if:

- You propose a NAP site within 1 mile of a current Health Center Program award recipient or look-alike site.

- Your proposed service area has a Health Center Program penetration level of the low-income population that is 50 percent or greater (per [GeoCare Navigator](#)).

- You select "urban" on Form 1A, and your proposed NAP site is more than 15 miles from your closest current Health Center Program service delivery site or from your closest proposed NAP site, if proposing multiple sites.

- You select "rural" on Form 1A, and your proposed NAP site is more than 30 miles from your closest current Health Center Program service delivery site or from your closest proposed NAP site, if proposing multiple sites.

3. **Unique Entity Identifier (UEI) and System for Award Management (SAM)**

A UEI is required to apply for this funding. You must register in the SAM.gov to receive your UEI.

You cannot use a Data Universal Numbering System (DUNS) number to apply. For more details, visit the General Service Administration's UEI Update webpage.

After you register with SAM, maintain it. Keep your information updated when you have:

- An active federal award,

- An application, or

- A plan that an agency is considering.[33]

When you register, you must submit a notarized letter naming the authorized Entity Administrator.

We will not make an award until you comply with all relevant SAM requirements. If you have not met the requirements by the time we're ready to make an award, we will deem you unqualified and award another applicant.

If you already registered on Grants.gov, confirm that the registration is active and that the Authorized Organization Representative (AOR) is approved.

To register in Grants.gov, submit information in two systems:

- System for Award Management (SAM) (SAM Knowledge Base)

- Grants.gov

Effective March 3, 2023, individuals assigned a SAM.gov Entity Administrator role must be an employee, officer, or board member, and cannot be a non-employee. This change is to ensure entities are in control of who has permission to control roles within their entity.

Here's what this means:

- Entity Administrators assigning roles to non-employees will only be able to assign a Data Entry role or lower.

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[33] Unless 2 CFR § 25.110(b) or (c) exempts you from those requirements or the agency approved an exemption for you under 2 CFR § 25.110(d)**.**

- Any entities assigning Entity Administrator roles using an Entity Administrator Role Request Letter (formerly called "notarized letter") will no longer be able to assign the Entity Administrator role to a non-employee.

- Entity Administrator roles assigned to non-employees will be converted to Data Entry roles. With a Data Entry role, non-employees can still create and manage registration data entry but cannot manage roles.

If you are an entity using a non-employee or if you are a non-employee working with an entity to manage registrations, please read (and share) more about this change on the BUY.GSA.gov blog to know what to expect.

For more details, see Section 3.1 of the Two-Tier Application Guide.

Note: **Allow enough time to register with SAM and Grants.gov. We do not grant application extensions or waivers if you fail to register in time.**

4. Submission Dates and Times

Application Due Dates

- Your application is due in Grants.gov (**Phase 1**) by *August 30, 2024, at 11:59 p.m. ET.*

- Your supplemental application is due in EHBs (**Phase 2**) by *September 30, 2024, at 5 p.m. ET.*

We suggest you submit your application to Grants.gov at least **3 calendar days before the deadline** to allow for any unexpected events. See the Two-Tier Application Guide's Section 9.2.5 – Summary of emails from Grants.gov.

EHBs allows the authorizing official (AO) to reopen the application in EHBs before the EHBs deadline. For additional details and step-by-step instructions with screenshots, refer to the Reopen Submitted Applications webpage. The AO must resubmit the reopened application in EHBs by 5 p.m. ET on the EHBs due date for the application to be considered.

5. Intergovernmental Review

The Health Center Program must follow the terms of Executive Order 12372 in 45 CFR part 100.

See Section 5.1 ii of the *Two-Tier Application Guide* for more information.

6. Funding Restrictions

The General Provisions in Division H of the Consolidated Appropriations Act, 2023 (P.L. 117-328) apply to this program. See Section 5.1 of the Two-Tier Application Guide for information. Note that these and other restrictions will apply in fiscal years that follow, as the law requires.

45 CFR part 75 and the HHS Grants Policy Statement (HHS GPS) include information about allowable expenses. You cannot use NAP funds for the following:

- Costs for services and activities that are not provided directly by or on behalf of the health center and health center project

- Costs not aligned with your Health Center Program scope of project

- Purchase or upgrade of an Electronic Health Record (EHR) that is not certified by the Office of the National Coordinator for Health Information Technology's [Health IT Certification Program](#).

- New construction activities, including additions or expansions

- Major alteration/renovation in excess of $1,000,000 in total federal and non-federal costs (excluding the cost of moveable equipment)

- Purchase or installation of a permanently affixed modular or prefabricated building

- Facility or land purchases

Under existing law, and consistent with Executive Order 13535 (75 FR 15599), health centers are prohibited from using federal funds to provide abortions, except in cases of rape or incest, or when a physician certifies that the woman has a physical disorder, physical injury, or physical illness that would place her in danger of death unless an abortion is performed. This includes all funds awarded under this notice.

You must have policies, procedures, and financial controls in place. Anyone who receives federal funding must comply with legal requirements and restrictions, including those that limit specific uses of funding.

- Follow the list of statutory restrictions on the use of funds in Section 5.1 (**Funding Restrictions**) of the Two-Tier Application Guide. We may audit the effectiveness of these policies, procedures, and controls.

- 2 CFR § 200.216 prohibits certain telecommunications and video surveillance services or equipment. For details, see the [HRSA Grants Policy Bulletin Number: 2021-01E](#).

V. Application Review Information

1. Review Criteria

We review your application on its technical merit. We have measures for each review criterion to help you present information and to help reviewers evaluate the applications.

We use seven review criteria to review NAP applications. Here are descriptions of the review criteria and their scoring points.

Criterion 1: NEED (10 Points determined by the objective review process; UNS accounts for an additional 20 points) – *Corresponds to Section IV.2.ii NEED*

1) How reasonable the proposed service area is based on boundaries, accessibility, the target population, and services already available.

2) The strength of the documented unmet health care needs in the service area and target population.

3) How well the applicant used community input along with patient board members' lived experience to inform the proposed NAP project.

4) The need for the proposed NAP site(s) based on consultation with state and local government agencies and other health care providers.

Criterion 2: RESPONSE (25 Points) – *Corresponds to Section IV.2.ii RESPONSE*

1) How well the proposed NAP site(s) will support equitable access to services and minimize access barriers.

2) The strength of the work plan, including how well it will meet the objectives and provide comprehensive services.

3) The strength of the plan to reach those with the greatest need in the service area.

4) The strength of the plan to provide all required services and any proposed additional services for all age groups. The plan must address:

   a) Access to services.

   b) Continuity, clinical effectiveness, and care coordination.

   c) Culturally affirming care.

   d) Mental health and substance use disorder services.

   e) Requirements and considerations for proposed special populations.

5) The strength of the plan to provide enabling services.

6) How well the sliding fee discount program meets the requirements (consistent with Attachment 8: Sliding Fee Discount Schedule).

Criterion 3: COLLABORATION (10 points) – *Corresponds to Section IV.2.ii COLLABORATION*

1) The strength of the applicant's efforts to collaborate with other providers and community organizations in the service area.

2) The extent to which the applicant has support from other providers and/or documents efforts to work with them, consistent with Attachment 9: Collaboration Documentation.

Criterion 4: IMPACT (5 points) – *Corresponds to Section IV.2.ii IMPACT*

1) How reasonable the patient projection is (on Form 1A: General Information Worksheet).

2) The extent to which the applicant will use input from patients and the community to improve the patient experience and impact community health needs.

3) The strength of how the applicant's QI/QA program addresses standards of care, patient safety, quality of services, systems for monitoring performance, and UDS reporting.

Criterion 5: RESOURCES/CAPABILITIES (15 points) – *Corresponds to Section IV.2.ii RESOURCES/CAPABILITIES*

1) The appropriateness of the organizational structure.

2) The capabilities of the management team to support the operation and oversight of the NAP project. This includes having a direct-hire CEO who reports to the board and oversees staff responsible for day-to-day operations.

3) The strength of the applicant's financial accounting and internal control systems and policies.

4) The strength of the applicant's plan to ensure that no patient is denied service because they cannot pay, request payments, and bill public and private assistance programs or insurance.

5) The strength of the applicant's experience with or plan to use the PCMH model.

Criterion 6: GOVERNANCE (10 points) – *Corresponds to Section IV.2.ii GOVERNANCE*

Items 1-3 do not apply to, and will not be completed by, Native American tribal or urban Indian organizations.

1) How compliant the board composition is based on information included in Attachment 2: Bylaws, Attachment 6: Co-Applicant Agreement (if applicable) and Form 6A: Board Member Characteristics.

2) How well the board meets all requirements based on information included in Attachment 2: Bylaws and Attachment 6: Co-Applicant Agreement (if applicable).

3) The extent to which the governing board:

- Maintains authority and oversight over the proposed project, including the delegation of required authorities and functions to the co-applicant board, if applicable (consistent with Attachments 2: Bylaws, 3: Project Organizational Chart, and, if applicable, 6: Co-Applicant Agreement and Form 8: Health Center Agreements).

- Supports quality improvement, capacity building, and patient representation.

4) **Native American tribal or urban Indian organization applicants only**: How well the applicant describes their governance structure, how they get input from the community/target population, and how they will oversee the NAP project.

Criterion 7: SUPPORT REQUESTED (5 points) – *Corresponds to Section IV.2.ii SUPPORT REQUESTED*

1) The extent to which the applicant provides a detailed and consistent budget presentation across the SF-424A, Budget Narrative, Form 2: Staffing Profile, and Form 3: Income Analysis. If the applicant requests funding for equipment or minor A/R, the equipment list and minor A/R budget must align with the proposed NAP project.

2) How reasonable the federal cost per patient is (consistent with the Summary Page form).

2. Review and Selection Process

Subject matter experts provide an impartial evaluation of your application. Then, they pass along the evaluations to us, and we decide who receives awards. See Section 6.3 of the Two-Tier Application Guide for details. When we make award decisions, we consider the following when selecting applications for award:

- Past performance (if applicable)
- How high your application ranks
- Funding availability
- Risk assessments
- Other pre-award activities, as described in Section V.3 of this NOFO
- Funding priorities, distribution criteria, and compliance status

For this program, HRSA will use:

Priority Points

NAP includes funding priorities, as authorized by Section 330 of the PHS Act (42 U.S.C. § 254b). A funding priority adds points to the score assigned through merit review if you meet specified criteria. If you score within the fundable range for eligibility, HRSA staff adjusts the score by a pre-determined number of points. NAP has 3 funding priorities:

- *High-Need Area (5 points):* A high-need zip code is defined as having:

  o An UNS of 75 or greater and an unserved low-income population in the zip code of at least 1,500;

  o A Health Center Program penetration of the low-income population of 5% or less; and

o No current health center service delivery sites. This includes your current health center sites, if any.

If one proposed NAP full-time, fixed (not mobile) service delivery site is located in a high-need zip code that meets the above criteria, HRSA will add 5 points to your application score. We use the site address zip code on Form 5B: Service Sites in your NAP application. After June 6, 2024, you can see which zip codes are high-need areas in the data table of the UNS Map Tool.

- *Sparsely Populated Area (5 points)*: If one proposed NAP service delivery site is located in a sparsely populated zip code where no current health center service delivery sites are located, HRSA will add 5 points to your application score. We use the site address zip code on Form 5B: Service Sites in your NAP application. The proposed (fixed or mobile) site must operate for at least 20 hours per week.

  o For the 50 U.S. states, a sparsely populated zip code is designated as a Level 3 and 4 frontier and remote (FAR) area that has both a low population size and high geographic remoteness. To find out if your proposed NAP site is located in a FAR area, see the Am I Rural? Tool.

  o For the U.S. Territories and Compact of Free Association states (Federated States of Micronesia, Republic of the Marshall Islands, and Republic of Palau), a sparsely populated zip code is an area that has seven or fewer people per square mile. HRSA will calculate the population density by dividing the population in the area by the landmass.

- *Health Center Program Look-Alikes (10 points)*: Look-alike applicants may receive up to 10 points.

  o **Performance (5 points):** You will receive 5 priority points if HRSA designated your organization as a Health Center Program look-alike before October 1, 2023 and you meet all of the following conditions:

    1) The NAP application includes all sites in your look-alike scope of project at the time of application. All look-alike Form 5B sites must be in the NAP application on Form 5B: Service Sites.

    2) The NAP application includes the service area zip codes on Form 5B: Service Sites in which at least 75 percent of current patients reside. This is based on your look-alike 2023 UDS report.

    3) You reported patient data in the 2023 Uniform Data System (UDS).

    4) The total unduplicated patient projection by December 31, 2026 on Form 1A is greater than the total unduplicated patients included in your 2023 UDS report.

    5) You do not have an active 60-day or 30-day Health Center Program requirement condition at the time of application.

o **New Site (5 points):** You will receive an additional 5 priority points if you meet all look-alike Performance criteria above and you propose at least one new, full-time (fixed or mobile) service site that provides primary medical care as its main purpose on Form 5B: Service Sites in your NAP application.[34] See Appendix C: Clarification for Look-alike (LAL) Sites for additional information.

Distribution of Awards

RURAL/URBAN DISTRIBUTION OF AWARDS: We will make aggregate awards in FY 2025 to ensure that the ratio of rural to urban target populations is not less than two to three or greater than three to two as set forth in § 330(e)(6)(B) of the PHS Act. To ensure this distribution, we may award funding to applications out of rank order.

PROPORTIONATE DISTRIBUTION: Aggregate awards in FY 2025 to the various types of health centers (CHC, MHC, HCH, PHPC) will be made to support proportionate distribution across the Health Center Program as set forth in § 330(r)(2)(B) of the PHS Act. To meet this intended distribution, HRSA may award funding out of rank order.

PUBLIC CENTERS: Aggregate awards in FY 2025 to public centers will not exceed 5 percent of the amounts appropriated across the Health Center Program as set forth in § 330(r)(2)(A) of the PHS Act. To meet this intended distribution, HRSA may award funding out of rank order.

GEOGRAPHIC CONSIDERATION OF NEED: HRSA may consider the extent to which an area is currently served by Health Center Program award recipients and look-alikes when deciding which applications to fund.[35] When proposing a new service site, you must consider the population served by other health care providers, and the impact of the new site on the viability of neighboring health centers. When making decisions about service area overlap,[36] we consider:

o The community's unmet health care needs;

o The use of limited federal grant dollars to provide access to as many underserved people as possible;

o Feedback from state and local government agencies regarding the need for the health services to be provided at the proposed site,[37] and

o The potential impact of a new site on neighboring health center(s).

- If you propose a NAP site[38] within 1 mile of a current Health Center Program award recipient or look-alike site, HRSA may not fund your NAP application. When making

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[34] See unmet need for details about the UNS calculation for look-alikes that propose a new site.

[35] HRSA will use 2023 UDS data to complete this assessment. The GeoCare Navigator currently includes 2022 UDS data.

[36] See PIN 2008-01, Defining Scope of Project and Policy for Requesting Changes (hrsa.gov).

[37] HRSA may contact the state Medicaid agency or Primary Care Office to discuss needs in the area.

[38] For look-alike applicants, we only do this assessment for new sites not yet in your look-alike scope of project.

funding decisions, HRSA will consider whether your application justifies the use of limited federal funds to support a new health center within 1 mile of an existing health center site.[39] In Attachment 12, upload the following additional data and narrative:

- Explain why a NAP site within 1 mile of a current Health Center Program site is necessary to meet the needs of underserved populations in that area. Indicate:

  - The walking or driving distance and public transportation time between your proposed site(s) and current Health Center Program service delivery site(s).

  - Gaps in service delivery.

  - Why your target population may not be able to access services currently.

  - Why you did not choose another location that is farther away from other health center sites.

- Explain how you collaborate with every funded health center and designated look-alike with a site within 1 mile of your proposed NAP site. You will also provide letters of support from these health centers in Attachment 9: Collaboration Documentation.

If your proposed service area has a Health Center Program penetration level of the low-income population that is 50 percent or greater (per GeoCare Navigator), HRSA may not fund your NAP application. When making funding decisions, HRSA will consider whether your application justifies the use of limited federal funds to support a health center in an area where a significant portion of the low-income population is already served by the Health Center Program. In Attachment 12, upload the following additional data and narrative:

- Explain why there is a need for a new site in an area where the Health Center Program penetration of the low-income population is at or above 50 percent. Take into account the number of unserved low-income patients, and patient trends of health centers in the service area.[40]

- Using GeoCare Navigator, indicate:

  - The percent of patients served by each health center in each ZCTA.

  - The number of uninsured individuals not served by health centers in each ZCTA.

  - The 2-year change in the uninsured population.

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[39] You do not need to provide this extra documentation if the only sites within 1 mile are your own sites.
[40] See Health Center Program Data for health center patient data.

- o Include other data that further explains unmet need in the service area. For example:

  - Geographic considerations such as rurality and population density.

  - Ratio of population to primary care physicians.[41]

  - Ratio of population to primary care providers other than physicians.[41]

- o Explain how you collaborate with health centers that serve the majority of patients in the area. The GeoCare Navigator shows the percentage of patients served by each health center in each ZCTA. You will also provide letters of support from these health centers in your proposed service area in Attachment 9: Collaboration Documentation.

SERVICE AREA EXPANSION: HRSA may consider your service area boundaries, including the extent to which your service area boundaries conform to relevant boundaries of political subdivisions, school districts, and federal and state health and social service programs.

- HRSA may not fund your NAP application if:

  - o You select "urban" on Form 1A and your proposed NAP site is more than 15 miles from:

    - Your closest current Health Center Program service delivery site (satellite and look-alike applicants), or

    - Your closest proposed NAP site, if proposing multiple sites (all applicants).

  - o You select "rural" on Form 1A, and your proposed NAP site is more than 30 miles from:

    - Your closest current Health Center Program service delivery site (satellite and look-alike applicants), or

    - Your closest proposed NAP site, if proposing multiple sites (all applicants).

  - o If you meet the criteria above, upload the following information in Attachment 12:

    - Indicate the driving distance between your proposed site(s) and your closest current Health Center Program service delivery site. Also indicate the driving distance between your proposed sites, if proposing multiple sites.

    - Explain why the proposed site is necessary to support your projected patients.

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[41] See County Health Rankings.

- Describe how you will ensure patient access to all required services.

- Explain how you will ensure patients of the distant site are represented on the governing board.

o You will also provide letters of support from each health center with a site within your proposed service area in [Attachment 9: Collaboration Documentation](#).

Compliance Status[42]

HRSA reserves the right to review fundable applicants for compliance with HRSA program requirements through reviews of site visits, audit data, Uniform Data System (UDS) or similar reports, Medicare/Medicaid cost reports, external accreditation, and other performance reports, as applicable. The results of this review may impact final funding decisions. For example, if you have a federal grant and have not submitted the required audit to the [Federal Audit Clearinghouse](#), we may not fund your application.

LOOK-ALIKE and SATELLITE APPLICANTS: You will **not** receive NAP funding if you have an active 60-day or 30-day Health Center Program requirement condition at the time HRSA makes final NAP funding decisions.

NEW STARTS:

- At least part of your service area must be designated as an MUA/P before award or you will not receive NAP funding.

- If funded, you will receive a condition on the notice of award to submit a Compliance Achievement Plan, which outlines steps you will take to meet the Health Center Program requirements.

3. Assessment of Risk

If you have management or financial instability that directly relates to your ability to carry out statutory, regulatory, or other requirements, we may apply special conditions of award or decide not to fund your high-risk application ([45 CFR § 75.205](#)).

First, your application must get a favorable merit review. Then we will:

- Review past performance (if applicable).

- Analyze the cost of the project/program budget.

- Review audit reports and findings.

- Assess your management systems.

- Ensure you continue to be eligible.

- Make sure you comply with any public policies.

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[42] See [Chapter 2: Health Center Program Oversight](#) of the Compliance Manual.

We may ask you to submit additional information (for example, an updated budget) or to begin activities (for example, negotiating an indirect cost rate) as you prepare for an award.

HRSA does not guarantee that you'll receive an award. After a full review we'll decide whether to make an award, and if so, if special conditions are required, and what level of funding is appropriate.

Award decisions are discretionary and final. You cannot appeal them to any HRSA or HHS official or board.

As part of this review, we use SAM.gov Entity Information Responsibility/Qualification (formerly named Federal Award Performance and Integrity Information System (FAPIIS) to check your history for all awards likely to be over $250,000. You can comment on your organization's information in SAM.gov. We'll consider your comments before making a decision about your level of risk.

VI. Award Administration Information

1. Award Notices

The Notice of Award (NOA) is issued on or around the start date listed in the NOFO. See Section 6.4 of the Two-Tier Application Guide for more information.

2. Administrative and National Policy Requirements

See Section 2.1 of the Two-Tier Application Guide.

If you receive an NOA and accept the award, you agree to conduct the award activities in compliance/accordance with:

- All provisions of 45 CFR part 75, currently in effect.

- The termination provisions in 45 CFR 75.372. No other specific termination provisions apply.

- Other federal regulations and HHS policies in effect at the time of the award. In particular, the following provision of 2 CFR part 200, which became effective on or after August 13, 2020, is incorporated into this NOFO: 2 CFR § 200.301 Performance measurement.

- Any statutory provisions that apply.

- The Assurances (standard certification and representations) included in the annual SAM registration.

Accessibility Provisions and Non-Discrimination Requirements

If you receive an award, you must follow all applicable nondiscrimination laws. You agree to this when you register in SAM.gov. You must also submit an Assurance of

Compliance ([HHS-690](#)). To learn more, see the [Laws and Regulations Enforced by the HHS Office for Civil Rights](#).

Contact the [HHS Office for Civil Rights](#) for more information about obligations and prohibitions under federal civil rights laws or call 1-800-368-1019 or TDD 1-800-537-7697.

The HRSA Office of Civil Rights, Diversity, and Inclusion (OCRDI) offers technical assistance, individual consultations, trainings, and plain language materials to supplement OCR guidance. Visit [OCRDI's website](#) to learn more about how federal civil rights laws and accessibility requirements apply to your programs, or contact OCRDI directly at [HRSACivilRights@hrsa.gov](#).

Executive Order on Worker Organizing and Empowerment

[Executive Order on Worker Organizing and Empowerment (E.O. 14025)](#) encourages you to support worker organizing and collective bargaining. Bargaining power should be equal between employers and employees.

This may include developing policies and practices that you could use to promote worker power. Describe your plans and activities to promote this in the application narrative.

Subaward Requirements

If you receive an award, you must follow the terms and conditions in the NOA. You'll also be responsible for how the project, program, or activity performs; how you and others spend award funds; and all other duties.

In general, subrecipients must comply with the award requirements that apply to you. You must make sure your subrecipients comply with these requirements. [45 CFR § 75.101 Applicability](#) gives details.

If you make subawards, you must document that, at the time a subaward is made, the subrecipient meets all of the Health Center Program requirements. This includes, but is not limited to, requirements found in Section 330 of the PHS Act ([42 U.S.C. § 254b](#)), program regulations found in [42 CFR part 51c](#) (for CHC) and [42 CFR part 56](#) (for MHC), and grants regulations found in [45 CFR part 75](#). Consistent with 45 CFR § 75.351(a), entities that receive a subaward for the purpose of carrying out a portion of a federal award must adhere to applicable federal program requirements specified in the federal award.

Health Information Technology (IT) Interoperability Requirements

Successful applicants under this NOFO must agree that:

Where award funding involves:	Recipients and subrecipients are required to:

Implementing, acquiring, or upgrading health IT for activities by eligible clinicians in ambulatory settings, or hospitals, eligible under Sections 4101, 4102, and 4201 of the HITECH Act	Use health IT certified under the ONC Health IT Certification Program, if certified technology can support the activity. Visit https://www.healthit.gov/topic/certification-ehrs/certification-health-it to learn more.

3. Reporting

Award recipients must comply with Section 7 of the Two-Tier Application Guide **and** the following reporting and review activities:

1. **Federal Financial Report**. The Federal Financial Report (SF-425) is required. The report is an accounting of expenditures under the project that year. Financial reports must be submitted electronically. See Reporting Requirements and your NOA for more information.

2. **Uniform Data System (UDS) Report**. The UDS collects data on all health centers to ensure compliance with legislative and regulatory requirements, improve health center performance and operations, and report overall program accomplishments. In February of each year, you must submit a UDS Universal Report and, if applicable, a UDS Grant Report. In the Universal Report, all health centers provide data on patients, services, staffing, and financing. If you receive MHC, HCH, and/or PHPC funding, you will provide data on patients and services for special populations in the Grant Report. HRSA is implementing UDS patient-level submission (UDS+). See the UDS Modernization webpage for details. Failure to submit a complete UDS report by the deadline may result in conditions or restrictions being placed on your award. For example, you may be required to get HRSA approval before drawing down funds and/or you may not be eligible for future supplemental funding.

3. **Progress Report**. Recipients will submit an interim progress report to describe accomplishments and barriers in carrying out the proposed project.

4. **Integrity and Performance Reporting.** The NOA will contain a provision for integrity and performance reporting in SAM.gov Entity Information Responsibility/Qualification (formerly named FAPIIS), as 45 CFR part 75 Appendix I, F.3. and 45 CFR part 75 Appendix XII require.

Further information on reporting requirements, including timing of reports, will be included in your NOA and posted to the NAP TA webpage.

VII. Agency Contacts

Business, administrative, or fiscal issues:

Brian Feldman or Patrick Johnson
Grants Management Specialists
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
Call: 301-443-3190 or 301-443-0157
Email: bfeldman@hrsa.gov or pjohnson3@hrsa.gov

Program issues or technical assistance:

Allison Arnone & Menna Girma
Public Health Analysts, Office of Policy and Program Development
Attn: New Access Points
Bureau of Primary Health Care
Health Resources and Services Administration
Call: 301-594-4300
Contact: BPHC Contact Form

- Under *Funding*, select *Applications for Notice of Funding Opportunities*

- Select *NAP*

Web: NAP TA webpage

You may need help applying through Grants.gov and EHBs. Always get a case number when you call.

Grants.gov Contact Center (24 hours a day, 7 days a week, except federal holidays)
Call: 1-800-518-4726 (International callers: 606-545-5035)
Email: support@grants.gov
Search the Grants.gov Knowledge Base

Health Center Program Support (Monday–Friday, 8 a.m. – 8 p.m. ET, except federal holidays)
Call: 1-877-464-4772
Contact: BPHC Contact Form

- Under *Technical Support*, select *EHBs Tasks/EHBs Technical Issues*

For step-by-step instructions on creating a Login.gov account refer to the EHBs Wiki Help page.

VIII. Other Information

Technical Assistance

HRSA will hold a pre-application TA webinar for applicants seeking funding through this opportunity. Visit the [NAP TA webpage](#) for resources that may support developing your application. See [TA details](#) in Summary.

Federal Benefits

If you receive a NAP award, you will be eligible for federal benefits such as Federal Tort Claims Act (FTCA) coverage, the 340B Drug Pricing Program, [National Health Service Corps](#), and Federally Qualified Health Center (FQHC) reimbursement. You must apply for these benefits and meet their program requirements. The Centers for Medicare & Medicaid Services manages FQHC reimbursement. See the [FQHC Center](#) for more information.

Federal Tort Claims Act (FTCA) Coverage

Organizations that receive operational funds under the Health Center Program are eligible for liability protection for certain claims or suits under the FTCA. Health Center volunteers may be eligible for FTCA coverage under 42 U.S.C. 233(q). See the [FTCA webpage](#) for more details.

Once funded, you can apply annually through EHBs to become a deemed PHS employee for purposes of FTCA coverage. However, you must maintain private malpractice coverage until the effective date of such coverage (and may maintain private gap insurance for activities not covered by FTCA after the effective date of FTCA coverage).

Deemed PHS employee status with **FTCA coverage is not guaranteed.** Review the Health Center FTCA Program requirements outlined in the [Compliance Manual](#). Contact [Health Center Program Support](#) with any questions.

340B Drug Pricing Program

The 340B Drug Pricing Program limits the cost of covered outpatient drugs for certain safety net providers, known as covered entities. If you are interested in 340B Program participation, you must register, be approved by HRSA's Office of Pharmacy Affairs (OPA), and comply with all 340B Program requirements. For more information, visit the [OPA webpage](#).

Tips for Writing a Strong Application
See Section 5.7 of the Two-Tier Application Guide.

Appendix A: Page Limit Worksheet

Use this worksheet to ensure that the number of pages you upload into your application is within the 90-page limit. Do not submit this worksheet with your application.

Reminders

- Standard Forms listed in Column 1 **do not** count against the page limit.

- Attachments listed in Column 2 **do** count toward the page limit unless noted.

- Program-Specific Forms in EHBs and attachments to those forms do **not** count against the page limit. For example, the documents you attach to your A/R Project Cover Page, such as floor plans, do not count against the page limit. But if you upload them under Attachment 12, they do count toward the page limit.

- Attachments 1: Service Area Map and Table, 2: Bylaws, 6: Co-applicant Agreement, 9: Collaboration Documentation, and 11: Evidence of Non-profit or Public Agency Status, your indirect cost rate agreement, and documentation for geographic consideration of need, and service area expansion criteria **do not** count against the page limit.

Standard Form Name Submitted in Grants.gov or EHBs *Forms do not count against the page limit*	Attachment Name *Unless otherwise noted, attachments count against the page limit*	Optional or Required	# of Pages *Applicant Instruction – enter the number of pages of the attachment*
Grants.gov Application for Federal Assistance (SF-424 - Box 14)	Areas Affected by Project (Cities, Counties, States)	Optional	*My attachment = ___ pages*
Grants.gov Application for Federal Assistance (SF-424 - Box 16)	Additional Congressional District	Optional	*My attachment = ___ pages*
Grants.gov Application for Federal Assistance (SF-424 - Box 20)	Is the Applicant Delinquent On Any Federal Debt?	Required if "Yes"	*My attachment = ___ pages*
Grants.gov Project/Performance Site Location Form	Additional Performance Site Location(s)	Optional	*My attachment = ___ pages*
EHBs	Project Narrative (required for eligibility)	Required	*My attachment = ___ pages*
EHBs	Budget Narrative	Required	*My attachment = ___ pages*

Standard Form Name Submitted in Grants.gov or EHBs _Forms do not count against the page limit_	Attachment Name _Unless otherwise noted, attachments count against the page limit_	Optional or Required	# of Pages _Applicant Instruction – enter the number of pages of the attachment_
EHBs Appendices	Attachment 3: Project Organizational Chart	Required	_My attachment = ___ pages_
EHBs Appendices	Attachment 4: Position Descriptions	Required	_My attachment = ___ pages_
EHBs Appendices	Attachment 5: Biographical Sketches	Required	_My attachment = ___ pages_
EHBs Appendices	Attachment 7: Summary of Contracts and Agreements	Required as Applicable	_My attachment = ___ pages_
EHBs Appendices	Attachment 8: Sliding Fee Discount Schedule(s)	Required	_My attachment = ___ pages_
EHBs Appendices	Attachment 10: Articles of Incorporation	Required if Applicable	_My attachment = ___ pages_
EHBs Appendices	Attachment 12: Other Relevant Documents Note: Documentation for geographic consideration of need and service area expansion criteria do not count toward the page limit.	As Applicable	_My attachment = ___ pages_
Page Limit for HRSA-25-085 is 90 pages		**My total =**	

Appendix B: One-Time Funding Request Information

Within the maximum award amount of $650,000, you may request to use up to $250,000 in funding for one-time costs for equipment and/or minor alteration/renovation (A/R). If requesting one-time funding, you must enter the amount on the SF-424A Budget Information Form in the Equipment line and/or Construction line.

One-time funding cannot be used for new construction activities, including work that requires ground disturbance (such as new parking surfaces or expansion of a building footprint), the installation of trailers/pre-fabricated modular units, or major A/R. For a minor A/R activity, the total federal and non-federal cost of the project must be less than $1,000,000, excluding the cost of moveable equipment.

Equipment includes moveable items that:

- Are non-expendable, tangible personal property (including information technology systems and mobile units)

- Have a useful life of more than 1 year and a per-unit

- Cost $5,000 or more (per unit).

- Can be readily shifted from place to place without requiring a change in the utilities or structural characteristics of the space.

Costs to attach equipment, flooring, paint, or carpeting are considered A/R. Include those costs in your A/R project budget.

Permanently affixed equipment is part of a minor A/R project (not equipment). This includes heating, ventilation, and air conditioning (HVAC), generators, signs in or on the existing building, and lighting.

An allowable minor A/R project must be a stand-alone project consisting of work in an existing facility required to:

- Install fixed equipment;

- Modernize, improve, and/or reconfigure the interior arrangements or other physical characteristics of a facility;

- Repair and/or replace the exterior envelope;

- Improve accessibility such as curb cuts, ramps, or widening doorways; and/or

- Address life safety requirements.

If you are requesting one-time funding, you must complete the Equipment List Form (if proposing equipment), and the A/R Project Cover Page and Other Requirements for Sites forms (if proposing minor A/R). See the NAP TA webpage for detailed instructions for the required forms and attachments.

Appendix C: Clarification for Look-alike (LAL) Sites

LAL applicants will include their current LAL sites in the NAP application on Form 5B: Service Sites. If these sites meet the NAP eligibility requirements, LAL applicants do not need to propose additional sites.

However, LAL applicants may choose to propose a new service site. This appendix clarifies the requirements those new sites must meet for LAL applicants to get the 5 additional priority points and the UNS calculation for the new site(s).

New site LAL priority points

To receive the 5 additional new site LAL priority points, your new site must meet the NAP eligibility criteria. In summary, the new site can be fixed or mobile, and must:

- Have a valid street address and be open 40 hours per week.

- Not be located in the same building as one of your current LAL service sites or a site already in the approved scope of project of any Health Center Program award recipient or look-alike.

- Not relocate, replace, or merge sites already in your scope of project.

- Provide primary medical care as its main purpose.

- Operate year-round, unless the site will target migratory and seasonal agricultural workers and you apply for MHC funding. In this case, the site can be seasonal.

- Make services accessible to all. You may not propose to serve **ONLY** a single age group or address a single health issue or disease.

- Not be in the process of being added to a health center's scope of project.

Calculating the UNS

To get an Unmet Need Score (UNS) for only your new sites, you must propose one or more new sites in your NAP application that meet the eligibility criteria (see summary above). You can use the UNS Map Tool to view the UNS for just the service area zip codes for your new sites.

The UNS that automatically appears in the EHBs portion of your application will be based on the service area zip codes you enter in Form 5B: Service Sites across all of your proposed NAP sites (your current LAL sites, plus all proposed new sites). After you submit your application, we will calculate the UNS for your new sites ONLY and compare it to the UNS for all of your sites. We will use the higher of these scores to calculate your application's final score.