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

Bureau of Primary Health Care

Affordable Care Act
Patient Centered Medical Home –
Facility Improvements (P-FI) Grant Program

Announcement Type: New
Announcement Number: HRSA-14-073

Catalog of Federal Domestic Assistance (CFDA) No. 93.526

FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2014

Application Due Date in Grants.gov: March 14, 2014
Supplemental Information Due Date in EHB: April 17, 2014

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

Release Date: February 3, 2014
Issuance Date: February 3, 2014

Bureau of Primary Health Care
Office of Policy and Program Development
Telephone: 301-594-4300
Fax: 301-594-4997
Email: BPHCCapital@hrsa.gov
Technical Assistance Resources: http://www.hrsa.gov/grants/apply/assistance/pfi

Authority: Patient Protection and Affordable Care Act of 2010, Section 10503(c), P.L. 111-148.

EXECUTIVE SUMMARY

This Funding Opportunity Announcement (FOA) details the fiscal year (FY) 2014 Patient Centered Medical Home – Facility Improvement (P-FI) Grant Program, as authorized by the Patient Protection and Affordable Care Act (Affordable Care Act) (P.L. 111-148, Section 10503(c)). Funds made available by the P-FI Program will support health centers' efforts to make facility enhancements through alteration and renovation or construction that will improve patient access to services and quality of care using the Patient Centered Medical Home (PCMH) model of care. Subject to the availability of funds, this funding opportunity will award approximately $35 million in FY 2014 to support approximately 150-175 awards through competitive one-time awards for capital projects for existing health centers receiving funding under the Health Center Program (section 330 of the Public Health Service (PHS), 42 U.S.C. 254b, as amended).

This FOA details the eligibility requirements, review criteria, and awarding factors for health centers seeking a P-FI award in FY 2014. Applicants must comply with applicable requirements of section 330, implementing regulations, and guidelines, including the Health Center Program requirements available at http://bphc.hrsa.gov/about/requirements. All applicants requesting P-FI funding must follow the instructions in this announcement.

Eligible health center applicants may submit only one P-FI application proposing one distinct, site-specific, stand-alone facility project. P-FI applicants must demonstrate how their proposals will address the PCMH model and lead to improvements in the delivery of care and patient access. P-FI awards are one-time awards, and there will be no ongoing support of P-FI award activities after the end of the two-year project period.

Eligibility Information: Applicants must meet all of the following eligibility requirements:

a) Applicant is an existing health center receiving Health Center Program operational support (sections 330(e), (g), (h), and/or (i)) at the time of application, and is not subject to the following under its Health Center Program award:
    - Received initial health center funding in FY 2013 or FY 2014;
    - Five or more active 60 or 30 day progressive action conditions on current award; or
    - One or more 30 day progressive action condition(s) on current award.
b) Application request for funding as presented on Standard Form (SF)-424C is less than or equal to $250,000.
c) The project will support new alteration/renovation activities and/or new construction costs. No more than 50 percent of the total allowable budget will support moveable equipment costs (line item 10 of the budget information). Applications for only moveable equipment purchases will not be considered for funding.

d) Proposed construction and alteration/renovation activity associated with the project or connected activity (e.g., site grading, installation of utilities, demolition) that have started before the award date will not be considered for funding.[1]
e) The proposed project is located at an active service delivery site or administrative/service delivery site that is within the health center's current approved scope of project (i.e., an approved service delivery site listed on Form 5B) at the time of application submission.
f) The project will not occur at a sub-recipient or contractor site.
g) The project will not occur at a site with an active HRSA award that supports construction (i.e., new construction, expansion, or alteration/renovation/repair projects).

Applications that do not meet all of the eligibility requirements will be considered non-responsive and will not be considered for funding under this announcement.

Cost Sharing/Matching: There is no cost sharing or matching requirement.

Application Submission: HRSA will use a two-phase submission process for P-FI applications via Grants.gov and the HRSA Electronic Handbooks (EHB).

Please see the following discussion and chart for detailed information on the application process. The following are deadlines for each part:

• **Phase 1 – Grants.gov Deadline:** March 14 2014 at 11:59 PM ET
• **Phase 2 – EHB Deadline:** April 17, 2014 at 5:00 PM ET

HRSA recommends that applications be submitted in Grants.gov as soon as possible to ensure that maximum time is available for providing the supplemental information in HRSA EHB.

Application Contact: If there are questions regarding the FY 2014 P-FI funding opportunity and/or the review process, contact Ann Piesen in the Bureau of Primary Health Care's (BPHC) Office of Policy and Program Development at 301-594-4300 or email BPHCCapital@hrsa.gov.

Technical Assistance (TA) Web Site: Please visit the P-FI TA web site at http://www.hrsa.gov/grants/apply/assistance/pfi for PFI-related information and resources. HRSA will hold a pre-application TA call for applicants seeking funding through this opportunity. This TA call will provide an overview and other information regarding this FOA and will include a question and answer session. Visit the web site listed above for the call details, Frequently Asked Questions (FAQs), sample documents, and additional resources.

[1] Reference Section VI.1. Award Notices for additional information

Table of Contents

I. FUNDING OPPORTUNITY DESCRIPTION 1

1. PURPOSE 1

2. BACKGROUND 2

II. AWARD INFORMATION 2

1. TYPE OF AWARD 2

2. SUMMARY OF FUNDING 2

III. ELIGIBILITY INFORMATION 2

1. ELIGIBLE APPLICANTS 2

2. COST SHARING/MATCHING 3

3. OTHER 3

IV. APPLICATION AND SUBMISSION INFORMATION 3

1. ADDRESS TO REQUEST APPLICATION PACKAGE 3

2. CONTENT AND FORM OF APPLICATION SUBMISSION 6

3. SUBMISSION DATES AND TIMES 18

4. INTERGOVERNMENTAL REVIEW 18

5. FUNDING RESTRICTIONS 19

V. APPLICATION REVIEW INFORMATION 20

1. REVIEW CRITERIA 20

2. REVIEW AND SELECTION PROCESS 22

3. ANTICIPATED ANNOUNCEMENT AND AWARD DATES 22

VI. AWARD ADMINISTRATION INFORMATION 22

1. AWARD NOTICES 22

2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS 22

3. REPORTING 31

VII. AGENCY CONTACTS 33

VIII. OTHER INFORMATION 34

IX. TIPS FOR WRITING A STRONG APPLICATION 34

APPENDIX A: INSTRUCTIONS FOR THE SF-424C BUDGET INFORMATION - CONSTRUCTION PROGRAMS 35

APPENDIX B: PATIENT CENTERED MEDICAL HOME (PCMH) OVERVIEW 40

I. Funding Opportunity Description

1. Purpose

This announcement solicits applications for the Patient Centered Medical Home (PCMH) – Facility Improvement (P-FI) Grant Program, as authorized by the Patient Protection and Affordable Care Act (Affordable Care Act), (P.L. 111-148, Section 10503(c)). Subject to the availability of funds, HRSA anticipates awarding approximately $35 million in fiscal year (FY) 2014 through competitive one-time capital development awards to existing health centers receiving operational awards under the Health Center Program (section 330 of the Public Health Service (PHS), 42 U.S.C. 254b, as amended) for a two-year project period. This announcement is available for existing Health Center Program grantees to address facility modifications needed to improve or enhance a health center's capacity to deliver care using the PCMH model.

Applicants for the 2014 P-FI funding will address PCMH-related capital needs at an existing facility (i.e., an active service delivery site listed within the health center's Form 5B) for the following project types:

- Alteration/renovation (A&R): Project types include work required to modernize, improve, and/or reconfigure the interior arrangements of an existing facility; work to improve and/or replace exterior envelope; work to improve accessibility (such as sidewalks and ramps) and/or life safety requirements in an existing facility. This type of project would not increase the total square footage of an existing building, and does not require ground disturbance or footings. This type of project may include the purchase of related moveable equipment.[2]

- Construction: Project types include expansion of an existing structure to increase the total square feet of a facility.[3] Construction projects may include use of a permanently affixed modular or prefabricated building and the purchase of related moveable equipment.

Eligible health center applicants may submit only one P-FI application proposing one distinct, site-specific, stand-alone facility project. P-FI applicants must demonstrate how their proposals will address the PCMH model and lead to improvements in the delivery of care and patient access.

[2] Moveable equipment includes non-expendable items with a useful life of more than one year that are not permanently affixed (such as generators, heating and cooling systems, and wiring) and can be easily moved, such as x-ray equipment, freezers, autoclaves, furniture, and administrative equipment, (i.e., computers, servers, telephones, fax machines, copying machines, software)), and special purpose equipment used for medical activities (e.g., stethoscopes, blood pressure monitors, scales, electronic thermometers). Office supplies (e.g., paper, pencils, toner, etc.); medical supplies (e.g., syringes, blood tubes, plastic gloves, etc.), and educational supplies (e.g., pamphlets, educational videotapes, etc.) are not defined as moveable equipment and are unallowable.

[3] If a proposed facility expansion project also includes alteration/renovation to the existing structure, this falls under the construction project type.

Award recipients must be able to track P-FI award funds separately from other federal awards and will have separate reporting requirements.

2. Background

This program is authorized by the Patient Protection and Affordable Care Act (Affordable Care Act) (P.L. 111-148, Section 10503(c)). This legislation provided $1.5 billion in funding to support the construction and renovation of community health centers. The P-FI Program will support capital projects needed to improve or enhance a health center's capacity to deliver care using the PCMH model.

II. Award Information

1. Type of Award

Funding will be provided in the form of a grant.

2. Summary of Funding

This program is expected to provide funding in FY 2014 for a two-year project period. Approximately $35 million is expected to be available to fund approximately 150-175 awards. Capital development projects will be fully funded in year one, and there will be no ongoing support of P-FI activities after the end of the two-year project period. Applicants may apply for a ceiling amount of up to $250,000 with their application.

The proposed project under the P-FI award must be reasonable and appropriate based on the parameters outlined in this announcement. The completed P-FI project must improve access to services, quality of care, and patient outcomes through the PCMH model of care. The proposed project must be supported without utilizing Health Center Program operational funding.

III.Eligibility Information

1. Eligible Applicants

Applicants must meet all of the following eligibility requirements. Applications that do not meet all of the eligibility requirements will be considered non-responsive and will not be considered for funding under this announcement.

a) Applicant is an existing health center receiving Health Center Program operational support (sections 330(e), (g), (h), and/or (i)) at the time of application, and is <u>not</u> subject to the following under the existing Health Center Program award:
    - Received initial health center funding in FY 2013 or FY 2014;
    - Five or more active 60 or 30 day progressive action conditions on current award; or

- One or more 30 day progressive action condition(s) on current award.

b) The project will support new alteration/renovation activities and/or new construction costs. No more than 50 percent of the total allowable budget will support moveable equipment costs (line item 10 of the budget information).

c) The proposed project is located at an active service delivery site or administrative/service delivery site that is within the health center's current approved scope of project (i.e., an approved service delivery site listed on Form 5B) at the time of application submission.
   - The project will not occur at a sub-recipient or contractor site.
   - The project will not occur at a site with an active HRSA award that supports construction (i.e., new construction, expansion, or alteration/renovation/repair projects).

2. Cost Sharing/Matching

Cost sharing and/or matching is not a requirement for this program.

3. Other

Applications that exceed the ceiling amount ($250,000) will be considered non-responsive and will not be considered for funding under this announcement.

Any application that fails to satisfy the deadline requirements referenced in Section IV will be considered non-responsive and will not be considered for funding.

Applications for only moveable equipment purchases will not be considered for funding under this announcement.

Proposed construction and alteration/renovation activities associated with the project or connected activities (e.g., site grading, installation of utilities, demolition) that have started before the award date will not be considered for funding under this announcement.[4]

NOTE: Multiple applications from an organization are not allowable.

IV. Application and Submission Information

1. Address to request application package

Application Materials and Required Submission Information
This funding opportunity requires a two phase application process.

Registration and Phase 1 of the application process is in Grants.gov. HRSA ***requires*** applicants for this funding opportunity announcement (FOA) to apply electronically through http://www.grants.gov. The registration and application process protects applicants against fraud

and ensures that only authorized representatives from an organization can submit an application. Applicants are responsible for maintaining these registrations, which should be completed well in advance of submitting an application. All applicants ***must*** submit in this manner unless they obtain a written exemption from this requirement in advance of the deadline by the Director of HRSA's Division of Grants Policy. Applicants must request an exemption in writing from DGPWaivers@hrsa.gov, and provide details as to why they are technologically unable to submit electronically through the Grants.gov portal. If requesting a waiver, include the following in the email request: the HRSA announcement number (HRSA-14-073); the organization's DUNS number; the name, address, and telephone number of the organization; the name and telephone number of the Project Director; the Grants.gov Tracking Number (GRANTXXXX) assigned to the submission (if any); and a copy of the "Rejected with Errors" notification as received from Grants.gov (if any). HRSA's Division of Grants Policy is the only office authorized to grant waivers. **HRSA and its Digital Services Operation (DSO) will only accept paper applications from applicants that received prior written approval.** However, the application must still be submitted by the deadline.

Suggestion: Submit the application to Grants.gov at least two days before the deadline to allow for unforeseen circumstances.

IMPORTANT NOTICE: CCR moved to SAM effective July 30, 2012
Central Contractor Registration (CCR) transitioned to the System for Award Management (SAM) on July 30, 2012. For any registrations in process during the transition period, data submitted to CCR migrated to SAM.

If a record was scheduled to expire between July 16, 2012 and October 15, 2012, CCR extended the expiration date by 90 days. The registrant received an email notification from CCR when the expiration date was extended. The registrant then received standard email reminders to update their record based on the new expiration date. Future email notifications will come from SAM. SAM will reduce the burden on those seeking to do business with the government. Organizations will be able to log into one system to manage their entity information in one record, with one expiration date, through one streamlined business process. Federal agencies will be able to look in one place for entity pre-award information. Everyone will have fewer passwords to remember and see the benefits of data reuse as information is entered into SAM once and reused throughout the system.

Active SAM registration is a pre-requisite to the successful submission of grant applications!

Items to consider are:

- When does the account expire?
- Does the organization need to complete the annual renewal of registration?
- Who is the eBiz Point of Contact (POC)? Is this person still with the organization?
- Does anything need to be updated?

To learn more about SAM, please visit https://www.sam.gov.

Note: SAM information must be updated at least every 12 months to remain active (for both grantees and sub-recipients).

Grants.gov will reject submissions from applicants with expired registrations. Do not wait until the last minute to update your registration in SAM. According to the SAM Quick Start Guide for Grantees (https://www.sam.gov/sam/transcript/SAM_Quick_Guide_Grants_Registrations-v1.6.pdf), an entity's registration will become active after three to five days. Therefore, ***check for active registration well before the application deadline.***

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

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

Applicants are also responsible for reading the *Grants.gov Applicant User Guide*, available online at http://www.grants.gov/documents/19/18243/GrantsGovApplicantUserGuide.pdf. This guide includes detailed information about using the Grants.gov system and contains helpful hints for successful submission.

Applicants must submit proposals according to the instructions in these guides and this FOA, in conjunction with application form SF-424. The form contains additional general information and instructions for applications. The forms and instructions may be obtained by:

1) Downloading from http://www.grants.gov or

2) Contacting HRSA Digital Services Operation (DSO) at HRSADSO@hrsa.gov

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

Phase 2 of the application process in HRSA EHB is required. For information on registering in HRSA EHB, refer to http://www.hrsa.gov/grants/apply/userguide.pdf. Applicants will be able to access EHB approximately seven business days following completing Grants.gov registration and receipt of a Grants.gov tracking number. **The Authorizing Official (AO) must complete submission of the application in EHB.** Visit http://www.hrsa.gov/grants/apply or contact the HRSA Contact Center Monday through Friday, 9:00 AM to 5:30 PM ET (excluding federal holidays) at 877-464-4772 or CallCenter@hrsa.gov for technical assistance on the EHB registration process.

Application Contacts
If you have questions regarding the P-FI application and/or the review process described in this funding opportunity announcement, refer to Section VII to determine the appropriate agency contact(s).

2. Content and Form of Application Submission

Application Format Requirements
The total size of all uploaded files may not exceed the equivalent of 80 pages (10 MB) when printed by HRSA. See the following tables for information about the application components included in the page limit. **HRSA strongly encourages you to print your application to ensure it does not exceed the 80-page limit.** Do not reduce the size of the fonts or margins to save space. See the formatting instructions in Section 5 of the *HRSA Electronic Submission User Guide* referenced above.

Applications must be complete, within the 80-page (10 MB) limit, and submitted prior to the Grants.gov and EHB deadlines to be considered under this announcement.

Application Format
The following tables detail the documents required for this funding opportunity and the order in which they must be submitted. In the Form Type column of Table 1 and 2, the word "Form" refers to a document that must be downloaded, completed in the template provided, and then uploaded. "E-Form" refers to forms that are completed online in EHB and therefore do not require downloading or uploading. "Document" refers to a document to be uploaded for which no template is provided. "Fixed" refers to forms that cannot be altered.

In Tables 1 and 2, documents and forms marked as "required for completeness" will be used to determine if an application is complete. Applications that fail to include all forms and documents indicated as "required for completeness" will be considered incomplete or non-responsive and will not be considered for funding under this announcement. Failure to include documents indicated as "required for review" may negatively impact an application's objective review score.

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

Table 1: Step 1–Submission through Grants.gov

http://www.grants.gov

- It is mandatory to follow the provided instructions to ensure that your application can be printed efficiently and consistently for review.
- Failure to follow the instructions may make your application non-responsive. Non-responsive applications will not be considered under this FOA.
- Number the electronic attachment pages sequentially, resetting the numbering for each attachment (i.e., start at page 1 for each attachment). Do not attempt to number standard OMB-approved form pages.
- For electronic submissions, no table of contents is required for the entire application. HRSA will construct an electronic table of contents in the order specified.
- Limit file attachment names to 50 or fewer characters. Use only the following characters when naming your attachments: A-Z, a-z, 0-9, underscore (_), hyphen (-), space, and period (.). Attachments that do not follow this rule will cause the entire application to be rejected by Grants.gov.
- The Other Attachments Form (listed as an Optional Document in Grants.gov) is not required and should NOT be submitted.

Application Section	Form Type	Instruction	Counted in Page Limit (Y/N)
Application for Federal Assistance (SF-424) (required)	Form	Complete pages 1, 2 & 3 of the SF-424 face page. See detailed instructions in the Application Format section.	N
Disclosure of Lobbying Activities (SF-LLL) (as applicable)	Form	Complete this form per the embedded instructions.	N
Project Summary/Abstract (required)	Document	Type the title of the funding opportunity and upload the project abstract on page 2 of SF-424 - Box 15.	Y
Grants.gov Lobbying Form (required)	Form	Complete this form per the embedded instructions.	N

Additional Congressional Districts (as applicable)	Document	If applicable, awardees serving multiple districts can upload a list of all districts served on page 2 of SF-424 - Box 16.	Y
Project Performance Site Location (SF-P/P SL) (required)	Form	Provide administrative site information.	N

Within seven business days following successful submission of the required items in Grants.gov, you will be notified by HRSA confirming the successful receipt of your application and requiring the Project Director and Authorizing Official to submit additional information in HRSA EHB. Your application will not be considered complete unless you review and validate the information submitted through Grants.gov and submit the additional required portions of the application required through HRSA EHB.

Table 2: Step 2–Submission through HRSA Electronic Handbooks (EHB)

https://grants.hrsa.gov/webexternal

- It is mandatory to follow the provided instructions to ensure that your application can be printed efficiently and consistently for review.
- Failure to follow the instructions may make your application non-responsive. Non-responsive applications will not be considered for funding.
- Number the electronic attachment pages sequentially, resetting the numbering for each attachment (i.e., start at page 1 for each attachment). Do not attempt to number standard OMB-approved form pages.
- Limit file names for documents to 100 characters or less. Documents will be rejected by EHB if file names exceed 100 characters.
- To ensure that attachments are organized and printed in a consistent manner, follow the order provided in Table 2.
- Merge similar documents (e.g., Letters of Support) into a single document. Add a table of contents page specific to the attachment.
- If the attachments marked “required for completeness” are not uploaded, the application will be considered incomplete and non-responsive, thereby making it ineligible. Ineligible applications will not proceed to Objective Review.
- If the attachments marked “required for review” are not uploaded, the application’s Objective Review score may be negatively impacted.

Application Section	Required for Completeness(C) /Review(R)	Form Type	Instruction	Counted in Page Limit (Y/N)
Proposal Cover Page	C	E- Form	Complete this form electronically online.	N
Project Cover Page	C	E -Form	Complete this form electronically online.	N
Budget Information for Construction Programs (SF-424C)	C	E -Form	Complete this form electronically online. See APPENDIX A for further information.	N
Funding Sources	R	E -Form	Provide this information electronically online.	N
SF-424D Assurances-Construction Programs (required)	Form	Complete page 2 of the document. See detailed instructions in the Application Format section.	Provide a completed SF-424D Assurances.	SF-424D Assurances-Construction Programs (required)
Equipment List	R	E -Form	List all moveable equipment.	N
Form 5B Service Sites	C	E -Form	Complete this form electronically online for the project site.	N
Other Requirements for Sites	R	E -Form	Complete this form electronically online. All projects must complete information relating to Federal Interest, site control, and Cultural and Historic Preservation.	N
Attachment 1: Budget Justification	C	Document	Provide a budget justification. Sample budget justifications are available at : http://www.hrsa.gov/grants/apply/assistance/pfi	Y

Attachment 2: Site Plan	R	Document	Provide a site plan or diagram for the proposed project.	Y
Attachment 3: Floor Plans/Schematic Drawings	C	Document	Provide a floor plan for the proposed project, including proposed exam rooms, waiting area, etc. Dimensions must be indicated, as well as distinguishing existing space from improved space.	Y
Attachment 4: Environmental Information and Documentation (EID) Checklist	R	Document	Provide a completed EID checklist. The EID checklist is available at: http://bphc.hrsa.gov/policiesregulations/capital/application/environmentalchecklist.docx	N
Attachment 5: Property Information	R	Document	Provide a copy of the title, deed, or lease.	Y

Application Preparation
The P-FI technical assistance web site (http://www.hrsa.gov/grants/apply/assistance/pfi provides essential resources for application preparation.

Only materials included with an application submitted by the announced deadlines will be considered. Supplemental materials submitted after the application deadlines or sent directly to HHS, HRSA, or BPHC will **not** be added to an application for consideration by the Objective Review Committee.

Application Format
i. Application for Federal Assistance (SF-424) (Grants.gov)
In Grants.gov, complete Application Form SF-424 provided with the application package. Prepare the form according to instructions provided in the form itself (mouse over fields for specific instructions) and the following guidelines:

- *Box 2: Type of Applicant:* Select New (new applicants).
- *Box 4: Applicant Identifier:* Leave blank.
- *Box 5a: Federal Entity Identifier:* Leave blank.
- *Box 5b: Federal Award Identifier:* 10-digit grant number (H80…) found in box 4b from the most recent Notice of Award (NoA) for current Health Center Program (section 330) awardees. New applicants should leave this blank.
- *Box 8c: Organizational DUNS:* Applicant organization's DUNS number (see below).
- *Box 8f: Name and contact information of person to be contacted on matters involving this application:* Provide contact information of Project Director. If for any reason the Project Director will be out of the office, please ensure their email Out of Office Assistant is set so HRSA will be aware if any issues arise with the application and a timely response is required.
- *Box 11: Catalog of Federal Domestic Assistance Number:* 93.526
- Box 12: Funding Opportunity Number and Title: HRSA-14-073 and the Patient Centered Medical Home–Facility Improvements, respectively.
- *Box 14: Areas Affected by Project:* leave blank.
- *Box 15: Descriptive Title of Applicant's Project:* Type the title of the FOA (Patient Centered Medical Home –Facility Improvement (P-FI)) and upload the project abstract. The abstract will count toward the page limit.
- *Box 16: Congressional Districts*: Provide the Congressional District where the administrative office is located in 16a and the Congressional Districts to be served by the proposed project in 16b. If information will not fit in the boxes provided, attach a Word document. This document will count toward the page limit.
- *Box 17: Proposed Project Start and End Date:* The proposed project start date is 9-1-2014 and the proposed project end date is 8-31-2016.
- *Box 18: Estimated Funding:* Complete the required information based on the funding request for the proposed project. The funding request should be entered on line a. Federal (not to exceed $250,000). All other sources of funding, including other sources of Federal funding, should be entered on line e. Other. This information should be consistent with the total provided in the 424C Budget Information-Construction Programs form.

- *Box 19: Review by State*: See Section IV.4, Intergovernmental Review, for guidance in determining applicability.
- *Box 21: Authorized Representative*: The electronic signature in Grants.gov (created when the Grants.gov forms are submitted) is the official signature when applying for a Patient Centered Medical Home –Facility Improvements (P-FI) award. The form should NOT be printed, signed, and mailed to HRSA.

DUNS Number
All applicant organizations (and subrecipients of HRSA award funds) are required to have a Data Universal Numbering System (DUNS) number in order to apply for a grant or cooperative agreement from the Federal government. The DUNS number is a unique nine-character identification number provided by the commercial company Dun and Bradstreet. There is no charge to obtain a DUNS number. Information about obtaining a DUNS number can be found by visiting http://fedgov.dnb.com/webform or calling 1-866-705-5711. Applications ***will not*** be reviewed without a DUNS number.

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

Additionally, applicant organizations (and subrecipients of HRSA award funds) are required to register annually with the System for Award Management (SAM) in order to conduct electronic business with the Federal government. SAM registration must be maintained with current, accurate information at all times during which an entity has an active award from, or an application under consideration, by HRSA. It is extremely important to verify that the applicant organization's SAM registration is active and the Marketing Partner ID Number (MPIN) is current. Information about registering with SAM can be found at https://www.sam.gov. Please see Section IV of this funding opportunity announcement for SAM registration requirements.

ii. Assurances
Complete Application Form SF-424D Assurances –Construction Programs provided with the application package.

iii. Certifications
In Grants.gov, complete the SF-LLL: Certifications and Disclosure of Lobbying Activities Application Form provided with the application package.

iv. Project Abstract
Provide a summary of the application. The abstract is often distributed by HRSA to provide information to the public and Congress; prepare this so that it is clear, accurate, concise, and without reference to other parts of the application.

The abstract must be single-spaced and limited to one page in length. Place the following at the top of the application abstract:
- Project title
- Applicant organization name

- Program (Patient Centered Medical Home –Facility Improvement (P-FI) Grant Program), and funding opportunity number (HRSA-14-073)
- Project Director
- Address
- Project Director contact numbers (phone and fax)
- Email address
- Organizational website address (if applicable)
- Congressional district(s) served by the project site
- Project type (alteration and renovation or construction)
- Projected date for project completion

The project abstract narrative should include:
- A brief history of the applicant organization;
- A brief description of the P-FI award proposal, including the description of the proposed capital project;
- A brief description of the PCMH principle/domain area to be addressed by the project (see Appendix B);
- A brief description of any other relevant information.

v. Grants.gov Lobbying Form (Grants.gov)
Complete the Grants.gov Lobbying Form provided with the application package.

vi. SF-424 LLL Disclosure of Lobbying Activities (Grants.gov)
Complete the Disclosure of Lobbying Activities Application Form provided with the application package, when applicable.

vii. Proposal Cover Page (EHB) (Required)
The Proposal Cover Page provides a comprehensive, consolidated description of the proposed project. Responses should be succinct, self-explanatory, and well-organized so that reviewers can understand the proposed application. Applicants should ensure that all of the specific elements in the Proposal Cover Page are completely addressed.

a) Need *(4,000 characters)*
Identify the health center's current level of PCMH implementation. Describe the health center's overall needs, plans, and efforts to enhance health care delivery using the PCMH model. Describe how the existing facility directly poses a barrier to improving or enhancing service delivery using the PCMH model of care in one or more principle/domain areas.

b) Response *(4,000 characters)*
Describe how the proposed project will respond to the current facility barriers, address the needs identified in the principle/domain area and subtopic (see Appendix B) and enhance patient access and care in context of the PCMH model.

c) Impact *(4,000 characters)*
Describe how the project will create immediate and tangible benefits upon completion. As it relates to the PCMH model of care, describe expected outcomes in terms of improved

efficiencies and potential enhancements in the quality of care and patient outcomes that would otherwise not be available in the health center's operations.

h) Resources/Capabilities *(4,000 characters)*
Describe how the health center has the appropriate knowledge, resources, and capabilities to successfully complete the proposed project (e.g., prior experience, project management capabilities). Describe how the project will fully comply with Federal procurement and project management requirements. Explain how the applicant organization will ensure the project will be completed on time (within the 2-year project period) and within budget (e.g., role of the board, management team, project team). Explain how any the additional organizational costs (including operating costs, increases in utilities, daily maintenance and repair, and long term capital reinvestment for the project) resulting from the project will be maintained within the existing operational budget for the health center.

viii. Standard Form SF-424C. Budget Information for Construction Programs-Consolidated Budget (EHB) (Required)

The EHB will automatically calculate the information to populate this form based on information provided for the proposed project. **This announcement is inviting applications for project/budget periods of up to two years.**

ix. Consolidated Funding Sources (EHB) (Required)

The EHB will automatically calculate the information to populate this form based on information provided for the proposed project.

x. Project Cover Page (EHB) (Required)

The Project Cover Page will be completed for the proposed P-FI project. It should be succinct, self-explanatory, and well organized so that reviewers can clearly understand the proposed P-FI project.

a) Project Title
Identify the title for the project.

b) Project Type
- Alteration and renovation (A&R); or
- Construction/Expansion

c) Project Description *(4,000 characters)*
Provide a detailed description of the scope of work (all project components) involved in the project. Indicate where the project involves the construction of new facilities, or the renovation of existing ones. Describe each of the project components in terms of dimensions, quantities, capacities, square footage, etc. Identify the proposed method of construction. Describe how the major clinical and non-clinical spaces will be improved from the project. The description should also list major improvements, such as permanently affixed equipment to be installed; modifications and repairs to the building exterior (including windows); heating, ventilation and air conditioning (HVAC) modifications (including the installation of climate control and duct work); electrical upgrades; plumbing work; and improvements/additions to parking lots.

Indicate whether construction procurement shall be done through competitive bid or other method. Indicate if any portion of the project is to be done by design/build, construction management at risk, by the applicant's own forces, or whether a third party construction manager will be used.

Clearly describe the extent to which sustainability principles and green building practices will be incorporated into the facility design and equipment purchases (e.g., using project materials, construction and design strategies, equipment selection, etc.). Clearly describe how the applicant will reduce the project's potential adverse impacts on the environment.

d) Project Management *(2,000 characters)*

Explain the administrative structure and oversight for the project, including the role and responsibilities of the health center's key management staff as well as oversight by the governing board. Identify the individual who will be the Project Manager and the individuals who comprise the Project Team responsible for managing the project. Indicate the qualifications of the Project Manager who will be responsible for managing the project and the Project Team that will be implementing the project. Describe how the Project Team has the expertise and experience necessary to successfully manage a federally supported capital project within the timeline outlined and achieve the goals and objectives established for this project. Describe the Project Team's ability to manage risk and take corrective action as necessary.

e) Project Timeline *(2,000 characters)*

Provide an overall project schedule, including the number of months for each of the following critical milestones within the two-year budget/project period (24 months): planning, design period, obtain required permits and/or variances, meet Federal environmental and historic preservation requirements, solicitation of bids and awarding of contracts, alteration/renovation or construction period, and expected project completion date. Describe the current status of the project including any steps that may have been accomplished to date and identify the person or entity accountable for each milestone.

f) Equipment List

List all moveable equipment to be used at the site. Equipment type will be categorized as clinical or non-clinical.

Moveable equipment includes non-expendable items with a useful life of more than one year that is not permanently affixed (such as generators, heating and cooling systems, and wiring) and can be easily moved, such as x-ray equipment, freezers, autoclaves, furniture and administrative equipment (i.e., computers, servers, telephones, fax machines, copying machines, software), and special purpose equipment used for medical activities (e.g., stethoscopes, blood pressure monitors, scales, electronic thermometers). Administrative equipment, such as servers and computers, should be categorized as non-clinical. Office supplies (e.g., paper, pencils, toner), medical supplies (e.g., syringes, blood tubes, plastic gloves), and educational supplies (e.g., pamphlets, educational videotapes) are not defined as moveable equipment and are unallowable.

Please note that equipment must be maintained, tracked, and disposed of in accordance with 45 CFR Parts 74 and 92. While title to the equipment vests with the awardee, the Federal government retains interest in the equipment purchased with Federal funds in accordance with 2 CFR 215.34.

xi. Budget Information for Construction - Standard Form SF-424C (EHB) (Required)

Complete the SF-424C as presented for the proposed project. See instructions in Appendix A for further details on completing the SF-424C.

xii. Funding Sources

As part of the Budget Justification (Appendix A), identify the total cost (federal and non-federal) associated with the P-FI project and describe all public, private, or other sources of funding, including governmental agencies or other award funds or proposed debt. Identify the status of obtaining the full funding needed to undertake the project (e.g., whether the funds are secured, expected, or forthcoming including the date, source, and amount) and describe the plan for securing the balance of the funds that are neither secured nor committed. Include letters of commitment from potential funding sources, including those that are contingent upon the receipt of a P-FI award.

xiii. Form 5B: Service Sites (EHB)

Applicants must propose an existing, active operational site from the current scope. Only one site is allowed.

xiv. Other Requirements for Sites

Site Control and Federal Interest

Identify whether the property is owned or leased.

- If the applicant has a title to the property:
  - Attach the title and plot plan survey; or
  - Attach an opinion from counsel describing the interest that the applicant has in the site and certifying that the estate or interest is legal and valid. A plot plan must be attached as well; and
  - Identify potential issues, such as procurement issues, e.g., property ownership is not at arm's length.
- If the applicant is leasing the project space, the following requirements must be met:
  - The property owner must agree in writing to the renovation of the property and consent to the language outlined within the Leasehold Improvements section, whether as a provision of a new lease or an amendment to an existing lease, agreed to by both the recipient and lessor/property owner.
  - Acknowledgement of Federal Interest in the property.
  - Agreement to file a Notice of Federal Interest (NFI) in the land records of the local jurisdiction before the project begins (if the proposed project cost (Federal and Non-Federal share), less movable equipment, is greater than $500,000).

Cultural Resource Assessment and Historic Preservation Considerations
For alteration/renovation projects, applicants are required to respond to the following questions:

1) Is the project facility 50 years or older?
2) Does the overall proposed project include a) any renovation/modification to the exterior of the facility (including the installation of new signage), orb) ground disturbance activities (including installation of permanent access ramps, utility work, installation of curb cuts, fencing, and parking)?
3) Does the project involve alteration/renovation/repair to a project facility that is architecturally, historically, or culturally significant?
4) Is the site located on Native American, Alaskan Native, Native Hawaiian, or equivalent culturally significant lands?

xv. Attachments (EHB)
Please provide the following items to complete the content of the application. Unless otherwise noted, attachments count toward the application page limit. Each attachment must be clearly labeled.

- **Attachment 1 – Budget Justification (Required):** Provide a budget narrative for **the proposed project** that provides a concise cost estimate, showing quantities, unit prices and total cost for each line item in the budget, as well as a breakout of Federal and Non-Federal costs for each line item. Provide information on Funding Sources as described in part ***xi.*** of this section. Do NOT use the justification to expand the program narrative. If applicable, provide an extensive justification and a detailed status of current equipment when requesting funds for the purchase of computers and furniture items that will supplement existing items. **(**See instructions in Appendix A for program-specific allowable and unallowable costs.)

- **Attachment 2 – Site Plan (Required):** Applicant must provide a site plan for the proposed project showing the general layout and location of the existing site conditions. The plan should clearly diagram the location of the project and indicate the uses and structures proposed for a parcel of land. As applicable, it should include lot lines, streets, building sites, preserved open space, buildings, major landscape features, and locations of proposed utility lines. Documents must include rough dimensions for major project components, as well as a north arrow, should be shown and labeled on the drawings.

- **Attachment 3 – Floor Plans/Schematic Drawings (Required):** Applicant must provide a floor plan drawn to scale for the proposed project, including proposed exam rooms, waiting area, etc. Documents must include rough dimensions for major project components. Drawings should clearly identify the project components that are being proposed, as well as distinguishing improved space from unaffected space.

- **Attachment 4 – Environmental Information Document (EID) Checklist (Required):** Applicants must provide a completed EID checklist for the project.

- **Attachment 5 – Property Information (Required)** Applicants must provide a copy of the title, deed, or lease for the project.

- **Attachment 6 – Landlord Letter of Consent (As applicable):** Applicants proposing a P-FI project on a leased property must provide a Landlord Letter of Consent as described under xiv. Other Requirements for Sites.

- **Attachment 7 – Other Relevant Documents (As applicable):** Applicants may include other relevant documents to support the proposed project plan such as charts, organizational brochures, and/or Environmental Assessment. Merge all other relevant documents into a single document.

3. SUBMISSION DATES AND TIMES

Application Due Date
The due date for applications under HRSA-14-073 is **March 14, 2014 at 11:59 p.m. ET in Grants.gov and April 17, 2014 at 5:00 p.m. ET in HRSA EHB.** Applications completed online are considered formally submitted when the application has (1) been successfully transmitted electronically by your organization's Authorized Organization Representative (AOR) through Grants.gov and has been validated by Grants.gov on or before the deadline date and time; and (2) the AOR has submitted the additional information in the HRSA EHB on or before the deadline date and time.

Receipt acknowledgement: Upon receipt of an application in Phase 1, Grants.gov will send a series of email messages to document the progress of an application through the system.

1. The first will confirm receipt in the system;
2. The second will indicate whether the application has been successfully validated or has been rejected due to errors;
3. The third will be sent when the application has been successfully downloaded at HRSA; and
4. The fourth will notify the applicant of the Agency Tracking Number assigned to the application.

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

Late Applications
Applications which do not meet the criteria above are considered late and will not be considered in the current competition.

4. Intergovernmental Review

The P-FI Program is not subject to the provisions of Executive Order 12372, as implemented by 45 CFR Part 100.

5. Funding Restrictions

Funds awarded through P-FI awards must be fully obligated by the end of the 2-year project/budget period.

Specific costs that are NOT allowable under P-FI awards can be found in Appendix A of this funding opportunity.

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

Other Submission Requirements

As stated in Section IV.1, except in very rare cases HRSA will no longer accept applications in paper form. Applicants submitting for this funding opportunity are ***required*** to submit ***electronically*** through Grants.gov. To submit an application electronically, please use the http://www.Grants.gov APPLY site. When using Grants.gov you will be able to download a copy of the application package, complete it off-line, and then upload and submit the application via the Grants.gov site.

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

To be able to successfully register in Grants.gov, it is necessary that you complete all of the following required actions:

- Obtain an organizational Data Universal Numbering System (DUNS) number
- Register the organization with System for Award management (SAM)
- Identify the organization's E-Business Point of Contact (E-Biz POC)
- Confirm the organization's SAM "Marketing Partner ID Number (M-PIN)" password
- Register and approve an Authorized Organization Representative (AOR)
- Obtain a username and password from the Grants.gov Credential Provider

Instructions on how to register, tutorials and FAQs are available on the Grants.gov web site at http://www.grants.gov. Assistance is also available 24 hours a day, 7 days a week (excluding Federal holidays) from the Grants.gov help desk at support@grants.gov or by phone at 1-800-518-4726. Applicants should ensure that all passwords and registration are current well in advance of the deadline.

It is incumbent on applicants to ensure that the AOR is available to submit the application to HRSA by the published due date. HRSA will <u>not</u> accept submission or re-submission of

incomplete, rejected, or otherwise delayed applications after the deadline. Therefore, you are urged to submit your application in advance of the deadline. If your application is rejected by Grants.gov due to errors, you must correct the application and resubmit it to Grants.gov before the deadline date and time. Deadline extensions will not be provided to applicants who do not correct errors and resubmit before the posted deadline.

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

Tracking your application: It is incumbent on the applicant to track application by using the Grants.gov tracking number (GRANTXXXXXXXX) provided in the confirmation email from Grants.gov. More information about tracking your application can be found at **http://www07.grants.gov/applicants/app_help_reso.jsp**. Be sure your application is validated by Grants.gov prior to the application deadline.

V. Application Review Information

1. Review Criteria

Procedures for assessing the technical merit of applications have been instituted to provide for an objective review of applications and to assist the applicant in understanding the standards against which each application will be judged. Critical indicators have been developed for each review criterion to assist the applicant in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation. Review criteria are outlined below with specific detail and scoring points.

Review Criteria are used to review and rank applications. The P-FI application has five review criteria.

Criterion 1: Need (25 points)

1) The extent to which the application discusses the health center's needs, plans, and efforts to enhance health care delivery and access using the PCMH model.
2) The extent to which the application clearly identifies unmet PCMH need(s) for one or more principle/domain and related subtopics that the proposed project is intended to address.
3) The extent to which the existing facility directly poses a barrier to implementing a PCMH model for the principle/domain and related subtopics identified in Criterion 1.2.

Criterion 2: Response (25 points)

1) The extent to which the proposed project clearly and directly responds to the overall needs and current facility barriers under one or more principle/domain to help enhance patient access and care under the PCMH model.
2) The extent to which the application presents a realistic schedule for implementing the proposed project during the award project period.

3) The extent to which the application clearly illustrates the proposed project through site plans, schematics, floor plans and other design documents.

Criterion 3: Impact (15 points)

1) The extent to which the proposed project will create immediate and tangible benefits for the health center upon completion.
2) The extent to which the proposed project responds to expected outcomes in terms of improved efficiencies that would otherwise not be available in the health center's operations, and enhance the quality of care and patient outcomes, based on the PCMH model.
3) The extent to which the proposed project clearly outlines how it will incorporate sustainable/green design, construction practices, and products.

Criterion 4: Resources/Capabilities (25 points)

1) The extent to which the applicant identifies an appropriate administrative structure and qualified oversight for the proposal, including:
   a. commitment from the health center's governing board;
   b. the key staff who will be responsible for managing the project and the individuals (name and title) who comprise the Project Team;
   c. the expertise and experience of the Project Team necessary to effectively manage a federally supported capital construction project and ensuring that it integrates with implementation of the PCMH model of care; and
   d. identifying appropriate acquisition strategies, policies, and procedures that fully comply with federal procurement requirements.
2) The extent to which the applicant demonstrates it will be able to complete the project on time (within the 2-year project period) and within budget. The extent to which the applicant can demonstrate adequate site control for the proposed project. If the site is leased, the applicant demonstrates consent from the landlord to implementing the project and acknowledgment of Federal Interest, as well as an appropriate length of lease for the full value of the award-supported improvements to benefit the award activity.
3) The extent to which the application demonstrates that the additional organizational costs (including operating costs, increases in utilities, daily maintenance and repair, and long term capital reinvestment for the project) resulting from the project will be maintained within the existing operational budget for the health center.

Criterion 5: Support Requested (10 points)

1) The extent to which the application budget narrative/justification provides a clear, detailed, narrative description for each budget line item.
2) The extent to which the application provides a complete and reasonable equipment list that is justified based on PCMH needs identified.
3) If the total project cost exceeds the amount of award funding requested in the application, the extent to which the applicant demonstrates and documents that additional capital funding sources have been secured to support the proposed project.

2. Review and Selection Process

The Division of Independent Review is responsible for managing objective reviews within HRSA. Applications competing for Federal funds receive an objective and independent review performed by a committee of experts qualified by training and experience in particular fields or disciplines related to the program being reviewed. In selecting review committee members, other factors in addition to training and experience may be considered to improve the balance of the committee, e.g., geographic distribution. Each reviewer is screened to avoid conflicts of interest and is responsible for providing an objective, unbiased evaluation based on the review criteria noted above. The committee provides expert advice on the merits of each application to program officials responsible for final selections for award.

Applications that pass the initial HRSA eligibility screening will be reviewed and rated by a panel based on the program elements and review criteria presented in relevant sections of this funding opportunity announcement. The review criteria are designed to enable the review panel to assess the quality of a proposed project and determine the likelihood of its success. The criteria are closely related to each other and are considered as a whole in judging the overall quality of an application.

3. Anticipated Announcement and Award Dates

It is anticipated that awards will be announced on or around the project period start date of September 1, 2014.

VI. Award Administration Information

1. Award Notices

Each applicant will receive written notification of the outcome of the objective review process, including a summary of the expert committee's assessment of the application's merits and weaknesses, and whether the application was selected for funding. Applicants who are selected for funding may be required to respond in a satisfactory manner to Conditions placed on their application before funding can proceed. Conditions of award must be met and lifted through a Notice of Award prior to physical construction activities commencing (including demolition, grading, utility work). Letters of notification do not provide authorization to begin performance.

The Notice of Award sets forth the amount of funds awarded, the terms and conditions of the award, the effective date of the award, the budget period for which initial support will be given, the non-Federal share to be provided (if applicable), and the total project period for which support is contemplated. Signed by the Grants Management Officer, it is sent to the applicant's Authorized Organization Representative, and reflects the only authorizing document. It will be sent or around the project period start date of September 1, 2014.

2. Administrative and National Policy Requirements

Successful applicants must comply with the administrative requirements outlined in 45 CFR Part 74 Uniform Administrative Requirements for Awards and Subawards to Institutions of Higher Education, Hospitals, Other Nonprofit Organizations, and Commercial Organizations or 45 CFR Part 92 Uniform Administrative Requirements For Grants And Cooperative Agreements to State, Local, and Tribal Governments, as appropriate.

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

Successful applicants will be required to follow the Federal construction requirements cited in this funding opportunity announcement and on the Notice of Award before proceeding with the P-FI project. The BPHC will provide guidance pertaining to monitoring and surveillance on federally-assisted projects to ensure that the design, bidding documents, and construction comply with Federal requirements. Additional information is available on the BPHC website at http://bphc.hrsa.gov/policiesregulations/capital/postaward/faqprocurment.pdf.

Accessible Design Requirements

On September 15, 2010, the United States Department of Justice (DOJ) published revised Americans with Disabilities Act (ADA) regulations in the Federal Register that update and amend some of the provisions in the original 1991 ADA regulations. These changes include revised accessibility standards, called the 2010 Standards for Accessible Design (2010 Standards), which establish minimum criteria for accessibility in design and construction.

The Architectural Barriers Act of 1968, as amended, the Federal Property Management Regulations 101-19.6 (41 CFR 101-19.6), and the Uniform Federal Accessibility Standards issued by the General Services Administration (41 CFR 101-19.6, Appendix C) set forth requirements to make facilities designed, built, altered, or leased with Federal funds accessible to, and usable by, the physically handicapped and include minimum design standards. In addition, The Americans with Disabilities Act, 42 U.S.C. 12101 et seq., (http://www.ada.gov/pubs/ada.htm) and Architectural Barriers Act Accessibility Requirements are available online at (http://www.access-board.gov/guidelines-and-standards/buildings-and-sites/about-the-ada-standards/background/ada-aba-accessibility-guidelines-2004).

Federal Interest

Real Property

The Federal Government retains a reversionary interest in real property constructed, acquired, or improved with Federal funds. The Federal interest is based on the total allowable project costs (Federal), excluding movable equipment, as a percent of the value of the property after completion of the project. In addition:

- For all P-FI construction projects, regardless of award amount, applicants are required to file a NFI.

- For alteration and renovation (A&R) projects, Federal interest exists for the useful life attributable to the A&R funded under this award. Each P-FI A&R project having a total allowable project cost (Federal and non-Federal) of more than $500,000, excluding movable equipment with a unit cost of $5,000 or more and other items with a useful life of more than one year and a unit cost less than $5,000, is required to file a Notice of Federal Interest (NFI) against the property title. The level of Federal interest declines with physical depreciation or replacement of the alteration/renovation made to the asset.

The NFI requires HRSA's Associate Administrator of the Office of Federal Assistance Management to provide prior written approval in order for the property owner to mortgage, sell, transfer, or use the property for a purpose inconsistent with the award. A notarized NFI must be filed against the property deed prior to construction in the appropriate public records office of the jurisdiction in which the property is located and once filed, a copy must be provided to the appropriate HRSA Grants Management Specialist.

Applicants not required to file a NFI (i.e., projects less than $500,000) will acknowledge with the receipt of the Notice of Award that the Federal interest exists irrespective of the filing of a NFI. Adequate documentation must be maintained by the award recipient to track and protect the Federal interest. Such documentation includes communications between the lessor and the lessee related to protecting such interest, in accordance with the standard award terms and conditions. This documentation must be available for subsequent review by HRSA.

The NFI requires HRSA's Associate Administrator of the Office of Federal Assistance Management to provide prior written approval in order for the property owner to mortgage, sell, transfer, or use the property for a purpose inconsistent with the award. A notarized NFI must be filed against the property deed prior to construction in the appropriate public records office of the jurisdiction in which the property is located and once filed, a copy must be provided to the appropriate HRSA Grants Management Specialist.

A sample NFI can be obtained at:
http://bphc.hrsa.gov/policiesregulations/capital/postaward/samplenoticeoffederalinterest.docx

A NFI FAQ can be found at:
http://bphc.hrsa.gov/policiesregulations/capital/nfifilingguide.pdf

Equipment
Applicants must provide a detailed equipment list, including non-expendable items with a useful life of more than one year and a unit cost of $5,000 or more (or equal to the applicant's capitalization threshold), and items with a useful life of more than one year and a unit cost of less than $5,000, to identify items to be purchased with the P-FI project. Please note that equipment must be maintained, tracked, and disposed of in accordance with 45 CFR Parts 74.34 or 92.32 (as appropriate).

Leasehold Improvements
While leasehold improvements are allowed under the P-FI funding opportunity, please note:

a) Lessors/Property Owners must provide a Landlord Letter of Consent, and agree in writing to the following:
    - Permit the grantee to undertake the proposed alteration/renovation project;
    - Acknowledge Federal interest in the project, and file a Notice of Federal Interest against the property title in the local jurisdiction before the project begins (as applicable);
    - Agree to modify the lease with additional terms that indicate the continued rights of the recipient/Federal Government in the event that the lessor of record changes.
b) HRSA will determine if the term of the lease is long enough for the full value of the award-supported improvements to benefit the award activity. HRSA will take into account the purpose and duration of the award, the expected life of the facility, and the use of the facility for award-supported purposes.
c) The lease agreement must provide the applicant reasonable control[4].
d) Funds may not be used to pay lease costs.
e) Funds for a leased property cannot address needs that are part of the terms of the lease (i.e., the responsibility of the lessor/property owner).
f) If funds address improvements that would impact terms of the lease (e.g., double paned windows) applicants must have written evidence of negotiated offset in the rent.

All other improvements that comply with the requirements of this funding opportunity are allowable.

For A&R projects proposed in leased facilities, the applicant must provide evidence that the lease includes the following language, whether as a provision of a new lease or an amendment to an existing lease, agreed to by both the recipient (occupant) and lessor (owner):

a) the recipient agrees not to sublease, assign, or otherwise transfer the leased property, or use the property for a non-award-related purpose(s) without the written approval from HRSA (at any time during the term of the lease, whether or not award support has ended);
b) the lessor will inform HRSA of any default by the recipient under the lease;
c) HRSA shall have 60 days from the date of receipt of the lessor's notice of default in which to attempt to eliminate the default, and that the lessor will delay exercising remedies until the end of the 60-day period;
d) HRSA may intervene to ensure that the default is eliminated by the recipient or another recipient named by HRSA;
e) the lessor shall accept payment of money or performance of any other obligation by the HRSA's designee, for the recipient, as if such payment of money or performance had been made by the recipient;

[4] "Reasonable control" for the purpose of the P-FI program is considered the ability to implement the project and realize the benefits of the project without unnecessary demands, such as unreasonably restrictive access and limited control, at the site.

f) in the event that the recipient defaults, the award is terminated, or the recipient vacates the leasehold before the end of the lease term, HRSA shall have the right to designate a replacement for the recipient for the balance of the lease term, subject to approval by the lessor, which will not be withheld except for good reason; and
g) the lease and any amendment to it shall be recorded in the land records of the jurisdiction where the property is situated.

In addition, the lessor/property owner must agree to file an NFI against the property title in the local jurisdiction before the project begins (if the proposed net project cost, less movable equipment, is greater than $500,000).

Environmental Review
The National Environmental Policy Act of 1969 (NEPA), 42 U.SC 4321 (P.L. 91-190, Sec. 2, Jan. 1, 1970, 83 Stat., 852), including Public Disclosure, Section 102 of NEPA, and EO 11514, requires Federal agencies to assess the environment impacts of major Federal actions, including construction projects supported in whole or in part through Federal contracts, grants, subsidies, loans, or other forms of funding assistance.

HRSA requires that applicants provide information on anticipated environmental impact as part of their applications. APPLICANTS MUST SUBMIT WITH THEIR APPLICATION an Environmental Information and Documentation (EID) Checklist for each project. The EID Checklist is available at:
http://bphc.hrsa.gov/policiesregulations/capital/application/environmentalchecklist.docx.

If after reviewing the project description and the EID, HRSA determines that the funded project may have a significant impact on the environment, HRSA will request that the awardee initiate and prepare an Environmental Assessment (EA). Based on the review of the draft EA, HRSA will determine if there is a Finding of No Significant Impact (FONSI) or additional review is required.

NEPA related reviews must be completed and conditions of award must be released prior to commencing work outside of purchasing moveable equipment, engaging architectural and engineering services, or acquiring necessary licenses, permits and other approvals for the project.

For additional information regarding compliance with NEPA, please visit:
http://bphc.hrsa.gov/policiesregulations/capital/environmentandhistoric/capitaldevelopment.html

Cultural Resource and Historic Preservation (HP) Section 106 Reviews
Successful applications for P-FI funds will be reviewed under the terms of section 106 of the National Historic Preservation Act (NHPA). Under section 106, prior to the expenditure of funds, an assessment must be made of the potential effects of undertakings on historic properties (which include any prehistoric or historic district, site, building, structure, or object), that are eligible for listing or are listed on the National Register of Historic Places (NRHP).

HRSA has determined that the following activities constitute an undertaking under the NHPA: 1) all new construction and expansion projects (including demolition of existing buildings); 2)

alteration/renovation/repair projects where exterior changes to the building façade or surroundings (such as grading, fencing, or additional parking) may be made (including roof, windows and parking lots); and 3) where interior renovations may be made to a building that is over fifty (50) years old, or is historically, architecturally, or culturally significant.

Under section 106, prior commencing work outside of purchasing moveable equipment, engaging architectural and engineering services, or acquiring necessary licenses, permits and other approvals for the project, an assessment must be made of the potential effects of undertakings on historic properties, and a notification/consultation must take place with all interested parties. Pursuant to the regulations at 36 CFR Part 800, HRSA determines the project's effect on historic properties in consultation with the State Historic Preservation Officer (SHPO), Tribal Historic Preservation Officers (THPO), representatives of the local government, and other affected Indian tribes and interested parties.

For projects that require section 106 review, P-FI project funds may not be drawn down until HRSA receives documentation from the SHPO/THPO concurring whether the property:

- is not historic; or
- is historic, with the project causing no potential adverse effects; or
- is historic and the project may cause adverse effects and provide a resolution to the adverse effects through a fully executed MOA finalized by all parties.

For additional information regarding compliance with section 106, please visit http://bphc.hrsa.gov/policiesregulations/capital/environmentandhistoric/capitaldevelopment.html.

Section 106 and any related historic preservation reviews must be completed and conditions of award must be released prior to commencing work outside of purchasing moveable equipment, engaging architectural and engineering services, or acquiring necessary licenses, permits and other approvals for the project.

Sustainable Design

The U.S. Department of Health and Human Services (HHS) 2013 Strategic Sustainability Performance Plan (http://www.hhs.gov/about/sustainability/2013-sustainability-plan.pdf) commits the Department to leading the way on implementation of sustainable practices and provision of climate-resilient health and human services. In support of this policy, HRSA places a priority on incorporation of sustainable design principles in the design, construction, and operations of facilities that we support through federal funds. HHS' FY2010-2015 Strategic Plan highlights sustainability in Goal 4 (See Objective D). In particular, HHS seeks to improve HHS environmental, energy, and economic performance to promote sustainability. HHS seeks awardees that envision and work toward sustainable facilities and provides a number of strategies to do so in the HHS Sustainable Buildings Plan: (http://www.hhs.gov/asa/ofmp/about/sustainable_buildings_plan_2011a.pdf).

To the greatest extent practicable for this project, applicants must demonstrate incorporation of appropriate sustainability principles and federal green building requirements in the following federal statutes:

- Executive Order (EO) 13514: http://www.epa.gov/oaintrnt/projects/requirements.htm
- The Guiding Principles for Federal Leadership in High Performance and Sustainable Buildings (Guiding Principles): http://www.epa.gov/oaintrnt/projects/requirements.htm#gps
- EO 13423: http://www.epa.gov/oaintrnt/projects/requirements.htm
- Energy Independence and Security Act of 2007 (EISA): http://www.epa.gov/oaintrnt/projects/requirements.htm
- Energy Policy Act of 2005 (EPAct 2005): http://www.epa.gov/oaintrnt/projects/requirements.htm

For further guidance, applicants may reference:

- EPA Federal Green Building Requirements: http://www.epa.gov/oaintrnt/projects/requirements.htm
- Green Guide for Health Care™: http://www.gghc.org/
- The Healthier Hospitals Initiative: http://healthierhospitals.org/
- U.S. Green Buildings Council: http://www.usgbc.org/leed/rating-systems/healthcare Facility Guidelines Institute: http://www.fgiguidelines.org
- Sustainable Design Guidelines for Hospitals and Outpatient Facilities: http://fgiguidelines.org/pdfs/FGI_SustainabilityWhitePaper_130812_for_comment.pdf

Equipment

Following these standards will mitigate many of the negative effects on human health and the environment from the proliferation, rapid obsolescence, low recycling rate, high energy consumption, and potential to contain hazardous materials and increased liability from improper disposal are strongly encouraged, where practicable, to Electronic Product Environmental Assessment Tool (EPEAT) - Silver Rated products: http://www.epeat.net .

When EPEAT-registered products are not available, the following environmental features should be given priority:

- Energy Star features, (www.energystar.gov)
- Computer Power Management – Enable CPU's to go into power save mode after an appropriate time period (e.g., 15-60 minutes)
- Monitor Power Management – Enable monitors to go into power save mode after an appropriate time period (e.g., 15-60 minutes)
- Establishment of a four year or higher replacement cycle (refresh Rate) for desktop computers and laptops
- Establishment of default setting to double sided printing for printers and print driver software.
- Recycled content, reduced packaging
- Reduced toxic constituents in the product and in the manufacturing process
- Designed for recycle/reuse including upgradeability considerations
- Vendor provided take-back service
- Vendor demonstration of corporate environmental responsibility

Procurement
A awardee may acquire a variety of commercially available goods or services in connection with a award-supported project or program. Awardees can use their own procurement procedures that reflect applicable State and local laws and regulations, as long as those procedures conform to the applicable U.S. Department of Health and Human Services (HHS) regulations, and the HHS Grants Policy Statement. For more information regarding procurement requirements, including awardee responsibilities, competitive bidding requirements, bonding, and conflicts of interest, please review the procurement resource at:
http://bphc.hrsa.gov/policiesregulations/capital/postaward/faqprocurment.pdf

Force Account Labor
If an applicant chooses to use its in-house personnel for in-house design work and/or in-house construction work in lieu of selecting a private firm, the awardee must obtain approval from BPHC prior to beginning the design phase. The awardee must show that it is more cost effective in comparison to outsourcing the work. The total cost for in-house personnel plus the fee for the architect and engineer must not exceed the prevailing architectural and engineering fee costs (usually 5 to 15 percent of the construction bid cost).

Detailed information regarding the format and content of the justification needed for an assessment of the proposal are available online at:
http://bphc.hrsa.gov/policiesregulations/forcefaq.pdf

Community Development Financial Institutions (CDFI) Fund
The mission of the U.S. Department of the Treasury's CDFI Fund is to expand the capacity of financial institutions to provide credit, capital, and financial services to underserved populations and communities in the United States. Through its various programs, the CDFI Fund enables locally-based organizations to further goals such as: economic development (job creation, business development, and commercial real estate development); affordable housing (housing development and homeownership); and community development financial services (provision of basic banking services to underserved communities and financial literacy training).

HRSA recommends that applicants consider utilizing programs offered by participating CDFIs operating nationally or within your State. For further information on the CDFI Fund, the programs it administers, and a listing of organizations in your community that have been certified as CDFIs, please visit http://www.cdfifund.gov/.

Non-Discrimination Requirements
To serve persons most in need and to comply with Federal law, services must be widely accessible. Services must not discriminate on the basis of age, disability, sex, race, color, national origin, or religion. The HHS Office for Civil Rights provides guidance to award recipients on complying with civil rights laws that prohibit discrimination on these bases. Please see http://www.hhs.gov/ocr/civilrights/understanding/index.html. HHS also provides specific guidance for recipients on meeting their legal obligation under Title VI of the Civil Rights Act of 1964, which prohibits discrimination on the basis of race, color or national origin in programs and activities that receive Federal financial assistance (P.L. 88-352, as amended and 45 CFR Part

80). Please see http://www.hhs.gov/ocr/civilrights/resources/laws/revisedlep.html to learn more about the Title VI requirement to take reasonable steps to provide meaningful access to persons with limited English proficiency.

Cultural and Linguistic Competence

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

Trafficking in Persons

Awards issued under this funding opportunity announcement are subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104). For the full text of the award term, go to http://www.hrsa.gov/grants/trafficking.html. If you are unable to access this link, please contact the Grants Management Specialist identified in this funding opportunity to obtain a copy of the Term.

Healthy People 2020

Healthy People 2020 is a national initiative led by HHS that sets priorities for all HRSA programs. The initiative has four overarching goals: (1) attain high-quality, longer lives free of preventable disease, disability, injury, and premature death; (2) achieve health equity, eliminate disparities, and improve the health of all groups; (3) create social and physical environments that promote good health for all; and (4) promote quality of life, healthy development, and healthy behaviors across all life stages. The program consists of over 40 topic areas, containing measurable objectives. HRSA has actively participated in the work groups of all the topic areas and is committed to the achievement of the Healthy People 2020 goals. More information about Healthy People 2020 may be found online at http://www.healthypeople.gov/.

National HIV/AIDS Strategy (NHAS)

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

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

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

Pilot Program for Enhancement of Contractor Employee Whistleblower Protections
A standard term of award will be included in the final notice of award; all grantees will be subject to a term and condition that applies the terms of 48 CFR section 3.908 to the award and requires that awardees inform their employees in writing of employee whistleblower rights and protections under 41 U.S.C. 4712 in the predominant native language of the workforce. (Regarding 48 CFR section 3.908, note that use of the term "contract," "contractor," "subcontract," or "subcontractor" for the purpose of this term and condition, should read as "grant," "grantee," "subgrant," or "subgrantee.")

3. REPORTING

The successful applicant under this guidance must comply with the following reporting and review activities.

a) Audit Requirements
Comply with audit requirements of Office of Management and Budget (OMB) Circular A-133. Information on the scope, frequency, and other aspects of the audits can be found on the Internet at http://www.whitehouse.gov/omb/circulars_default.

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

c) Status Reports

1) **Federal Financial Report**. The Federal Financial Report (SF-425) is required within 90 days of the end of each year of the two-year project period. The report is an

accounting of expenditures under the project that year. Financial reports must be submitted electronically through EHB. More specific information will be included in the Notice of Award.

2) **Progress Report(s)**. The awardee must submit a progress report to HRSA on a quarterly basis through the EHB, which may include the following:
   - Project completion status (percent complete)
   - Actual versus projected budget information—uses of P-FI award funds
   - Construction Schedule
   - Earned Value Management

   Further information will be provided in the award notice.

3) **Reporting Requirements.** The awardee must submit the following documentation to HRSA through the EHB:
   - Project Implementation Certification
   - Final Design Certification
   - Bonding Coverage Certification
   - Construction Contract Information

   Further information will be provided in the award notice.

4) **Final Report**. A final report is required within 90 days of the completion of the P-FI project period. The report will include the following items:
   - Photos of the completed project, including "before" photos
   - A certificate of substantial completion
   - A certificate of occupancy
   - A letter stating that the project was completed in accordance with previously certified contract documents and in accordance with all applicable Federal statutes and regulations.

   Further information will be provided in the Notice of Award (NoA).

5) Submit the SF-428 Tangible Personal Property Report. Due within 90 days of the project period end date. Tangible personal property means property of any kind, except real property, that has physical existence. It includes equipment and supplies. It does not include copyrights, patents or securities. More specific information will be provided in the Notice of Award (NoA).

6) **Ad Hoc Submissions**: Throughout the project period, HRSA may determine that a project requires additional information to be submitted beyond the standard deliverables. This information may include, but is not limited to, the following:
   - Purchase orders
   - Contract documentation
   - Project implementation photos

d. Transparency Act Reporting Requirements

New awards ("Type 1") issued under this funding opportunity announcement are subject to the reporting requirements of the Federal Funding Accountability and Transparency Act

(FFATA) of 2006 (Pub. L. 109–282), as amended by section 6202 of Public Law 110–252, and implemented by 2 CFR Part 170. IMPORTANT: The reporting requirements apply for the duration of the project period and so include all subsequent award actions to aforementioned HRSA grants and cooperative agreement awards (e.g., Type 2 (competing continuation), Type 5 (non-competing continuation), etc.). Grant and cooperative agreement recipients must report information for each first-tier subaward of $25,000 or more in Federal funds and executive total compensation for the recipient's and subrecipient's five most highly compensated executives as outlined in Appendix A to 2 CFR Part 170 (FFATA details are available online at http://www.hrsa.gov/grants/ffata.html).

VII. Agency Contacts

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

Ann Piesen
Bureau of Primary Health Care, HRSA
5600 Fishers Lane, 17C-26
Rockville, MD 20857
301-594-4300
BPHCCapital@hrsa.gov

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

Neal Meyerson
Division of Grants Management Operations, HRSA
5600 Fishers Lane, 12A-07
Rockville, MD 20857-0001
301-443-5906
NMeyerson@hrsa.gov

Applicants may need assistance when working online to submit their application forms electronically. For assistance with submitting the application in Grants.gov, contact Grants.gov 24 hours a day, 7 days a week, excluding Federal holidays at:

Grants.gov Contact Center
Phone: 1-800-518-4726
Email: support@grants.gov
iPortal: http://grants.gov/iportal

Note: Applicants should always obtain a case number when calling Grants.gov for support.

For assistance with submitting the remaining information in HRSA EHB, contact HRSA's Bureau of Primary Health Care, Monday through Friday, 8:30 a.m. to 5:30 p.m. ET, excluding Federal holidays:

BPHC Helpline
1-877-974-2742
BPHCHelpline@hrsa.gov

Note: The BPHC Helpline will remain open until 5:00 p.m. ET on the EHB application due date.

VIII. Other Information

Technical Assistance Page
A technical assistance Web site has been established to provide applicants with copies of forms, FAQs, and other resources that will help organizations submit competitive applications. To review available resources, visit http://www.hrsa.gov/grants/apply/assistance/pfi.

IX. Tips for Writing a Strong Application

HRSA has designed a technical assistance Web site to assist applicants in preparing applications. Resources include help with system registration, finding and applying for funding opportunities, writing strong applications, understanding the review process, and many other topics which applicants will find relevant. The website can be accessed online at: http://www.hrsa.gov/grants/apply/index.html.

In addition, a concise resource offering tips for writing proposals for HHS grants and cooperative agreements can be accessed online at: http://www.hhs.gov/asfr/ogapa/aboutog/apptips.html.

Appendix A: Instructions for Completing the Budget Information—Construction Programs

Complete the Budget Information—Construction Programs (SF-424C) for either project type (construction or alteration/renovation). Do NOT use the non-construction forms, SF-424A or SF-424B.

Column A – Total Cost: Indicate the total cost of the project as defined for each individual P-FI project. Identify the entire cost of the P-FI project in this column.

Column B – Costs Not Allowable for Participation: Only costs defined as unallowable in the chart below should be entered in Column B. P-FI funds may not be used to cover these costs. Do not include costs in Column B merely to reduce Column C to the award amount.

Column C – Total Allowable Costs: Subtract Column B from Column A. Column C should contain all allowable costs, whether or not these costs will be paid with award funds.

P-FI award funds cannot exceed the amount in Line 16 (columns A and C). Applicants will be entering the portion of the P-FI award to be allocated to each project in Line 17C. The entry in Line 17 (A/B) is a calculated field based on the Federal share percentage. The percentage is restricted to whole numbers (no decimals).

A sample format for the Budget Justification can be found at:
http://www.hrsa.gov/grants/apply/assistance/pfi

Allowable and Unallowable Costs

The following uses of award funds are unallowable under the P-FI award:

1) Health center operating costs (e.g., funding direct services, clinical full-time equivalents, costs for staff not directly related to the implementation of the proposed project within the project scope of work) rent, mortgage payments, refinanced credit facilities
2) Costs related to Electronic Health Records (EHR) ongoing operations, and maintenance
3) Pre-construction (architectural and engineering) costs incurred prior to 90 days before the award date.
4) All construction costs before the award date.
5) Creation of shell space for future use.
6) Creation or improvement of space for use that is not consistent with the Health Center Program (section 330 of the Public Health Service Act, as amended).

The following chart lists the allowable and unallowable costs for the proposed P-FI project[5]:

	ALLOWABLE	UNALLOWABLE
Line 1 - Administrative and legal expenses	• Salary of applicant's staff and consultant fees that are directly related to the administration of the technical aspects of the proposed project. Administrative and legal expenses cannot exceed 10% of line 16c (total costs) • Costs associated with the evaluation of the environmental effects and historic preservation effects of proposed A&R activity and obtaining public input, producing the necessary studies, analysis, and resultant reports, as well as compliance with other environmental and historic preservation laws, are allowable • Costs of title insurance, physical-destruction insurance, builder's risk insurance and liability insurance • Bid advertising	• Salary of applicant's staff and consultant fees that are not related to the administration of the technical aspects of the proposed project • Bonus payments to construction contractors • Costs of groundbreaking and dedication ceremonies and items such as plaques • Indirect expenses such as general department operations and maintenance • Expendable office, medical, and laboratory supplies • Fund-raising expenses • Damage judgment suit • Consultant fees not related to actual construction • Costs related to other sources of project financing
Line 2 - Land, structures, right-of-way, appraisals, etc.	• Filing fees for recording the NFI	▪ Land or the cost of purchasing a building (including title search, closing costs, etc.)
Line 3 - Relocation expenses and payments	• Relocation payments to be made to displaced persons, business concerns and nonprofit organizations for moving expenses and replacement housing • Relocation advisory assistance and the net amounts for replacement (last resort) housing. This line is limited to	• The cost of permanently relocating the health center

[5] For additional information for allowable and unallowable costs related to grants, please reference Successful 45 CFR Part 74 Uniform Administrative Requirements for Awards and Subawards to Institutions of Higher Education, Hospitals, Other Nonprofit Organizations, and Commercial Organizations or 45 CFR Part 92 Uniform Administrative Requirements For Grants And Cooperative Agreements to State, Local, and Tribal Governments, as appropriate, as well as HHS Grants Policy Statement The general terms and conditions in the HHS GPS will apply as indicated unless there are statutory, regulatory, or award-specific requirements to the contrary.

	ALLOWABLE	UNALLOWABLE
	approved applicants whose project involves the displacement of persons and businesses that must comply with the provisions of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 ((42 U.S.C. 4601 et seq.) 84 Stat.1894) and 49 CFR Part 24 • Costs to lease a temporary space while the main space is being constructed or altered/renovated/repaired	
Line 4 - Architectural and engineering fees	• Fees associated with architectural and engineering professional services including, but not limited to, preparation of bid documents and inspections during construction • Associated expenses for preparation of specifications and reproduction of design documents • Costs incurred before an award for architect's fees and consultant's fees necessary to the planning and design of the project, if the project is approved and funded and the costs comply with Federal procurement requirements (when applicable)	• Architectural and engineering fees for work that is not within the scope of the approved project • Elaborate or extravagant designs or projects that are above the known local costs for comparable buildings
Line 5 - Other architectural and engineering fees	• Other architectural and engineering services, such as surveys, tests, and borings • Preliminary expenses associated with the approved award • Sustainable design services, such as LEED, including commissioning • Costs associated with the preparation of the Environmental Assessment and SHPO consultation • Project/Construction management Fees	• Costs of abandoned designs or (costs associated with a design that will not be used to construct the building) • Costs for work not directly related to the project; • Costs for preparing grant applications.
Line 6 - Project inspection fees	• Clerk-of-the-works, inspection fees, structural certification, etc., to be provided by architectural engineering firm or the applicant's staff.	• Fees not directly related with the requested project.

	ALLOWABLE	UNALLOWABLE
Line 7 - Site work	• Site clearance, grading, land improvement costs, including reasonable costs for landscaping to stabilize the site, sidewalks, drives, and parking areas which are located on the site and are essential for the use and operation of an approved project; • Sanitary sewer, storm sewer, and portable water connections, providing that existing municipal utilities are located in streets, roads, and alleys contiguous to the site; • Sidewalks, drives, and parking areas which are located on the site and are essential for the use and operation of an approved project; and • Reasonable landscaping costs for seeding and sodding required for soil/slope stabilization.	• Fees not directly related with the requested project; • Landscaping outside of vegetation needed for site stabilization.
Line 8 - Demolition and removal	• Costs of demolition or removal of structures or improvements. Reduce the costs on this line by the amount of expected proceeds from the sale of salvage.	• Costs not directly related with the requested award; • Funds may not be used for demolition and removal of debris that will not result in a usable structure; and, • Hazardous materials remediation/abatement.
Line 9 - Construction	• Costs of acquisition and installation of fixed equipment[6] necessary for the functioning of the facility. • Construction costs for remodeling and alteration of existing buildings, which will be used for the program • Costs of connecting to existing central utility distribution systems contiguous to the site, such as steam and chilled	• Abandoned projects • Relocation of utilities that are off site and off-site improvements • Landscaping to improve the appearance of the facility • Prorated cost of existing central utility plant and distribution systems, which

[6] Fixed equipment are items that requires modification of the facility for its satisfactory installation or removal and is included in the construction contract. Examples include: HVAC Units, duct work, generators, fume hoods, sinks, fixed shelving, built-in sterilizers, built-in refrigerators, and drinking fountains.

	ALLOWABLE	UNALLOWABLE
	water that service a campus from centrally located boiler and refrigeration plants. Prorated costs for new boilers and chillers to serve the proposed facility are acceptable. • Special features for seismic code requirements. Use nationally recognized codes adopted by authorities having jurisdiction; • Costs of eliminating architectural barriers to the handicapped • Bid guarantees and performance and payment bonds • Costs of pollution-control equipment for the facility's boilers, incinerators, waste water treatment, etc., which may be required by local, State, or Federal regulations. The facility must meet requirements of both current and future pollution abatement regulations as described in currently approved pollution plans	serve the proposed facility • Interior and exterior decorating fees (e.g. purchase of artwork, sculpture, etc) • Elaborate or extravagant materials that are above the known local costs for comparable buildings • Fixed equipment if it is not part of the construction contract • Bonus payments to contractors
Line 10 - Equipment	• Equipment that is pertinent to the PP-FI project and does not exceed 50% of line 16c (total cost) • Tangible personal property (i.e., moveable equipment- a non-expendable item with a useful life of more than one year and a unit cost of $5,000 or more (or equal to the applicant's capitalization threshold) that is not permanently affixed and can be easily moved (e.g., medical exam tables, dental chairs, x-ray equipment, computers, modular workstations, autoclaves, and freezers) • Furniture and administrative equipment (i.e., computers, servers, telephones, fax machines, copying machines, software) with a useful life of one year or greater and a unit cost of less than $5,000	• Donated equipment • Luxury furniture • Vehicles and/or Mobile Medical vans • Fixed equipment that is permanently attached to the building (it should be listed under line item 9)

	ALLOWABLE	UNALLOWABLE
Line 11 - Miscellaneous	• Enter an itemized list for items not specifically mentioned above that are directly related to the project. Such costs should generally be no more than 10% of line 16c (total cost) • The cost of alternate bid work up to the amount of the original bid submitted	• Additional expense resulting from the rejection of an alternate bid at the start of construction and later reinstating the bid at an increased cost due to escalation • Sales taxes, Federal excise taxes, and other taxes when the applicant is exempt from such taxes or is entitled to a refund by the State or Federal Government after payment • Costs or charges associated with routine maintenance, or operation of the facility
Line 12 – SUBTOTAL	Enter the sum of Lines 1 through 11	
Line 13 - Contingencies	• The contingency of this program is limited to 5% of Lines 7c, 8c, and 9c. However, the contingency must be reduced to 2% of the construction line after the contract is awarded. Contingency does not include moveable equipment	• Contingency costs included in the final budget
Line 14 – SUBTOTAL	Enter the sum of Lines 12 and 13	
Line 15 – Project (program) income		
Line 16 – TOTAL PROJECT COSTS	Enter the amount in line 14	
Line 17	Enter the portion of the P-FI award that is allocated to the project (Note: round to the nearest whole dollar amount)	

Appendix B: Patient Centered Medical Home (PCMH) Overview

The PCMH is a care delivery model designed to improve quality of care through enhanced access, planning, management, and monitoring of care. These tenets of the PCMH model are integral to ensuring patients receive important preventive and primary health care services. Patients who receive their health care in a patient-centered practice have been shown to receive a higher rate of preventive services. Initial evaluations of the PCMH model show favorable results in terms of improvements to access, cost, and quality of care. HRSA currently supports a number of PCMH activities including the HRSA Patient-Centered Medical/Health Home Initiative in partnership with NCQA, and the HRSA Accreditation Initiative.

Although this funding opportunity is utilizing the NCQA principle/domains, the PCMH standards are similar and complimentary across the various paths to PCMH accreditation/recognition. HRSA does not endorse one PCMH accreditation/recognition entity over another.

PCMH Principle/Domains

The six principle/domains of a PCMH are the overarching categories that work in coordination to create a patient-centered medical home. When put together, they create a patient-centered delivery model with an emphasis on quality improvement and patient safety. The National Committee for Quality Assurance (NCQA) has defined six core functional areas of a patient-centered medical home:

- **Enhance Access/Continuity** – Access to culturally and linguistically appropriate routine and urgent care during and after office hours, patient participation in clinician selection, and use of Electronic Health Records for comprehensive integrated care.
- **Identify/Manage Patient Populations** – Collection of demographic and clinical data for population management (i.e., how to appropriately identify needs of your patient population), assessment, and documentation of patient risk factors.
- **Plan/Manage Care** – Identification of high-risk or complex care needs, care management, medication reconciliation, and e-prescribing.
- **Provide Self-Care Support/Community Resources** – Assessment of patient and family self-management, development of self-care plans with patients and families, and health behavior counseling.
- **Track/Coordinate Care** – The follow-up and coordination of tests, referrals, and care at other facilities.
- **Measure/Improve Performance** – Demonstration of continuous quality improvement and use of performance and patient experience data for continuous quality improvement.

Additional PCMH Resources

- BPHC PCMH Guidance*:*
    - Program Assistance Letter 2011-01: HRSA Patient-Centered Medical/Health Home Initiative: http://bphc.hrsa.gov/policiesregulations/policies/pal201101.html

- Program Assistance Letter 2009-12, Accreditation Initiative Update: http://bphc.hrsa.gov/policiesregulations/policies/pal200912.html

- Initiatives
  - The HRSA Patient-Centered Medical/Health Homes Initiative website contains information about gaining NCQA recognition through this HRSA-supported program: http://bphc.hrsa.gov/policiesregulations/policies/pal201101.html
  - The HRSA Accreditation Initiative website contains information about gaining PCMH Accreditation through this HRSA-support program: http://bphc.hrsa.gov/policiesregulations/accreditation.html

- Resources for Choosing the Right PCMH Model for Your Health Center
  - HRSA PCMH Accreditation and NCQA Comparison Chart: http://bphc.hrsa.gov/policiesregulations/policies/pcmhrecognition.pdf
  - HRSA May 31, 2012 Archived Training: PCMH – Which One is Right for My Health Center: http://bphc.hrsa.gov/policiesregulations/policies/pal201101.html

- Free Readiness Assessment Tools
  - Primary Care Development Corporation assessment tool: http://www.pcdc.org/resources/patient-centered-medical-home/pcdc-pcmh/pcdc-pcmh-resources/toolkit-appendix/6_baseline-pcmh-self-assessmenttool.xls
    PCMH Assessment from the Safety Net Medical Home Initiative: http://www.safetynetmedicalhome.org/sites/default/files/PCMH-A.pdf

- Resources on Team Based Care
  - Team Based Care Implementation Guides: http://www.safetynetmedicalhome.org/change-concepts/continuous-team-based-healing-relationships
  - Guide to the Team Development Measure: http://www.queri.research.va.gov/ciprs/projects/team_development_measure.pdf

- Free Implementation Assistance:
  - NCQA Standards: http://www.nhchc.org/2011/10/patient-centered-medical-home-case-study-featuring-mary-howard-health-center/
  - The Joint Commission: http://www.jointcommission.org/accreditation/bureau_of_primary_health_care.aspx
  - Accreditation Association for Ambulatory Health Care: http://www.aaahc.org/en/accreditation/FQCHCs/