

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES



Bureau of Primary Health Care
Health Center Program

American Rescue Plan – Funding for Look-Alikes (ARP-LAL)

Funding Opportunity Number: HRSA-21-115
Funding Opportunity Type(s): New
Assistance Listings (CFDA) Number: 93.527

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2021

Application Due Date: May 14, 2021

Issuance Date: April 16, 2021

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Authority: Section 2601, American Rescue Plan Act of 2021 (P.L.117-2) , Social Security Act, Sections 1861(aa)(4) and 1905(l)(2)(B) (42 U.S.C. 1395x(aa)(4)(B) and 42 U.S.C. 1396d(l)(2)(B)(iii)), and Public Health Service Act, Section 330 (42 U.S.C. 254b))

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for fiscal year (FY) 2021 American Rescue Plan – Funding for Look-Alikes (ARP-LAL). Look-alikes (LALs) are health centers that: (1) are designated by HRSA as providing comprehensive primary health care services in compliance with all Health Center Program requirements, but (2) do not receive Health Center Program grant funding. Like Health Center Program award recipients, LALs improve the health of the nation’s underserved communities and vulnerable populations by expanding access to comprehensive, culturally competent, quality primary health care services. The purpose of this funding is to support LALs to respond to and mitigate the spread of COVID-19, and to enhance health care services and infrastructure.

Funding Opportunity Title:	American Rescue Plan – Funding for Look-Alikes (ARP-LAL)
Funding Opportunity Number:	HRSA-21-115
Due Date for Applications:	May 14, 2021
Anticipated Total Annual Available FY 21 Funding:	Up to \$145,000,000
Estimated Number and Type of Award(s):	Approximately 100 grants
Estimated Award Amount:	Varies and is subject to the availability of funds
Cost Sharing/Match Required:	No
Period of Performance:	July 1, 2021 through June 30, 2023 (2 years)
Eligible Applicants:	<p>ARP-LAL funding is only available to LALs designated as of April 1, 2021. See details in Section III.1.</p> <p>A complete list of LALs eligible to receive funding is available on the ARP-LAL technical assistance webpage. HRSA has informed these organizations of their eligibility for ARP-LAL funding.</p>

Application Guide

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

Technical Assistance

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

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I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity for designated Health Center Program look-alikes (LALs) to apply for one-time funding under the fiscal year (FY) 2021 American Rescue Plan – Funding for Look-Alikes (ARP-LAL). The purpose of this funding is to support designated LALs to respond to and mitigate the spread of COVID-19, and to enhance health care services and infrastructure.

This funding is appropriated by section 2601 of the American Rescue Plan Act of 2021 (P.L. 117-2), available at <https://www.congress.gov/117/bills/hr1319/BILLS-117hr1319enr.pdf>, which also provides authority for this program.

2. Background

As authorized under sections 1861(aa)(4)(B) and 1905(l)(2)(B) of the Social Security Act (SSA), HRSA has designated approximately 100 entities as look-a-like (LAL) federally qualified health centers (“look-alikes” or “LALs”) as of April 1, 2021. In addition to other requirements, to receive such designation, look-alikes must comply with the requirements of Section 330 of the Public Health Service Act, as amended (42 U.S.C. 254b). LALs provide essential primary health care services that are responsive to community needs, regardless of ability to pay, and in compliance with Health Center Program requirements set forth in Section 330 of the Public Health Service Act. In 2019, LALs served approximately 595,000 patients.

The spread of COVID-19 within the nation’s communities threatens to strain the nation’s health care systems. In response to this public health emergency, the American Rescue Plan Act of 2021 (P.L. 117-2) provided funding to respond to and mitigate the spread of COVID-19, and to enhance health care services and infrastructure. Of this funding, up to \$145 million is being made available by HRSA to LALs to:

- (1) Plan, prepare for, promote, distribute, administer, and track COVID–19 vaccines, and to carry out other vaccine-related activities;
- (2) Detect, diagnose, trace, and monitor COVID–19 infections and related activities necessary to mitigate the spread of COVID–19, including activities related to, and equipment or supplies purchased for, testing, contact tracing, surveillance, mitigation, and treatment of COVID-19;
- (3) Purchase equipment and supplies to conduct mobile testing or vaccinations for COVID-19, purchase and maintain mobile vehicles and equipment to conduct such testing or vaccinations, and hire and train laboratory personnel and other staff to conduct such mobile testing or vaccinations, particularly in medically underserved areas;
- (4) Establish, expand, and sustain the health care workforce to prevent, prepare for, and respond to COVID–19, and to carry out other health workforce-related activities;

- (5) Modify, enhance, and expand health care services and infrastructure; and
- (6) Conduct community outreach and education activities related to COVID-19.

II. Award Information

1. Type of Application and Award

Type(s) of applications sought: New

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

Note: One-time ARP-LAL funding authorized by the [American Rescue Plan Act of 2021](#) does not confer Health Center Program award recipient status under Section 330 of the Public Health Service Act, as amended ([42 U.S.C. 254b](#)).

2. Summary of Funding

HRSA will award up to \$145 million in one-time grant funding to LALs designated as of April 1, 2021, to respond to and mitigate the spread of COVID-19 and to enhance health care services and infrastructure ([items \(1\) - \(6\)](#)) as listed in the [Background](#) section). You may apply for the ceiling amount listed for your organization on the [ARP-LAL technical assistance webpage](#), as well as in the email sent to your organization announcing the availability of this funding. This amount is for total costs (includes both direct and indirect, facilities and administrative costs) for the 2-year period of performance.

This is one-time funding, with no expectation of additional funding beyond the 2-year period of performance. HRSA has determined your ceiling amount using the following formula:

- Base value of \$500,000¹, plus
- \$125 per patient reported in the 2019 Uniform Data System (UDS), plus
- \$250 per uninsured patient reported in the 2019 UDS.

ARP-LAL funds may be used to support the activities described above during the 2-year period of performance, as well as pre-award costs for those activities dating back to January 31, 2020. ARP-LAL funding is separate from previous FY 2020 Health Center Program Look-Alikes: Expanding Capacity for Coronavirus Testing (LAL ECT) funding (activity code L1C). If you received LAL ECT funding, continue to use that funding for the COVID-19 testing capacity purpose for which it was awarded. You are required to have the necessary policies, procedures, and financial controls in place to ensure that

¹ LALs that did not report 2019 UDS data will have the base value of \$500,000 as their ceiling amount.

your organization maintains documentation that shows the funding source of each supported activity.

ARP-LAL funding must be used for the purposes described in [items \(1\) - \(6\), above](#), to support activities as further described by the following categories (see [Appendix A: ARP-LAL Activities Plan](#) for a complete list):

- **COVID-19 Vaccination Capacity** – Support to plan, prepare for, promote, distribute, administer, and track COVID-19 vaccines, and to carry out other vaccine-related activities, including outreach and education.
- **COVID-19 Response and Treatment Capacity** – Support to detect, diagnose, trace, monitor, and treat COVID–19 infections and related activities necessary to mitigate the spread of COVID–19, including outreach and education.
- **Maintaining and Increasing Capacity** – Support to establish, modify, enhance, expand, and sustain the accessibility and availability of comprehensive primary care services to meet the ongoing and evolving needs of the service area and its vulnerable patient populations.
- **Recovery and Stabilization** - Support for ongoing recovery and stabilization, including enhancing and expanding the health care workforce and services to meet pent up demand due to delays in patients seeking preventive and routine care; address the behavioral health, chronic conditions, and other needs of those who have been out of care; and support the well-being of personnel who have been on the front lines of the pandemic.
- **Infrastructure: Minor Alteration/Renovation (A/R), Mobile Units, and Vehicles** - Modify and improve physical infrastructure, including minor A/R and purchase of mobile units and vehicles, to enhance or expand access to comprehensive primary care services, including costs associated with facilitating access to mobile testing and vaccinations, as well as other primary care activities.

Within the required purposes described in [items \(1\) - \(6\)](#), and as reflected by the further description of activities above and in Appendix A, you have flexibility in how you use the funding consistent with those purposes as COVID-19 circumstances and related community, patient, and organizational needs evolve over the 2-year period of performance. You are encouraged to use funding to address:

- Equitable access to COVID-19 vaccination, testing, and treatment;
- Other current and anticipated COVID-19 and primary health care needs in the service area; and
- Population and social determinants of health that may impact access to care, contribute to poor health outcomes, and exacerbate health disparities.

All activities supported by funding must align with your LAL scope of project. You must receive approval for any changes in scope before implementing a new service, service delivery method, or service delivery site or location in support of your ARP-LAL project activities. For additional information, review the technical assistance materials on the

[Scope of Project webpage](#) and related [Considerations for Health Center Scope of Project and the COVID-19 Public Health Emergency](#). Contact the Program Official listed on your notice of award for guidance.

This is a one-time, 2-year award. The period of performance is July 1, 2021 through June 30, 2023. Depending on the number of approvable applications, HRSA may adjust your award amount consistent with available funds.

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

III. Eligibility Information

1. Eligible Applicants

ARP-LAL funding is available to Health Center Program LALs designated as of April 1, 2021. See the [ARP-LAL technical assistance webpage](#) for a list of designated LALs.

2. Cost Sharing/Matching

Cost sharing is not required for this program.

3. Other

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

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

HRSA will consider any application that fails to satisfy the deadline requirements referenced in [Section IV.4](#) non-responsive and will not consider it for funding under this notice. **NOTE:** In contrast to the standard policy as described in HRSA's [Policy on Late Submissions](#), in order to expedite the awarding of ARP-LAL funding, you will have only 3 days following the Grants.gov deadline to request a deadline extension.

IV. APPLICATION and Submission Information

1. Address to Request Application Package

HRSA **requires** you to apply electronically through [Grants.gov](#) using the SF-424 workspace application package associated with this NOFO following the directions provided at <http://www.grants.gov/applicants/apply-for-grants.html>. If you have

questions or concerns regarding the electronic submission process, please contact the Grants.gov Contact Center at 1-800-518-4726 or support@grants.gov.

The NOFO is also known as “Instructions” on Grants.gov. You must select “Subscribe” and provide your email address for each NOFO you are reviewing or preparing in the workspace application package in order to receive notifications including modifications, clarifications, and/or republications of the NOFO on Grants.gov. You will also receive notifications of documents placed in the RELATED DOCUMENTS tab on Grants.gov that may affect the NOFO and your application. *You are ultimately responsible for reviewing the [For Applicants](#) page for all information relevant to this NOFO.*

2. Content and Form of Application Submission

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

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

Application Page Limit

While there is no application page limit, HRSA anticipates that an application package may average 20 pages, exclusive of minor A/R information. Applications may be fewer or more than 20 pages, as needed. What is most important is that you provide the information requested in this notice.

Applications must be complete and validated by [Grants.gov](#) under HRSA-21-115 prior to the deadline to be considered under this notice.

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

- 1) You certify on behalf of the applicant organization, by submission of your proposal, that neither you nor your principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
- 2) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. 3321.)
- 3) Where you are unable to attest to the statements in this certification, include an explanation in [Attachment 6: Other Relevant Documents](#).

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

Program-Specific Instructions

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

i. ARP-LAL Activities Plan

Review the ARP-LAL Activities Plan available as [Appendix A](#) and on the [ARP-LAL technical assistance webpage](#) to determine the activities you will conduct using this funding. Use the ARP-LAL Activities Plan template included in the email sent to your organization announcing the availability of this funding to indicate activities you plan to conduct using your ARP-LAL funds and upload the completed plan as [Attachment 1: ARP-LAL Activities Plan](#).

The ARP-LAL Activities Plan includes allowable activity options under the following categories:

- COVID-19 Vaccination Capacity
- COVID-19 Response and Treatment Capacity
- Maintaining and Increasing Capacity
- Recovery and Stabilization
- Infrastructure: Minor Alteration/Renovation (A/R), Mobile Units, and Vehicles

To complete your ARP-LAL Activities Plan, select “Yes” to document your proposed activities for the 2-year period of performance in alignment with your proposed budget. Select “No” for any listed activities you do not propose to complete during the 2-year period of performance. The activities listed are not exhaustive, and you may write in self-defined activities under “Other” within each activity category.

All activities supported by ARP-LAL funding must be consistent with the [purpose](#) of the funding and must align with your LAL scope of project. You must receive approval for any changes in scope before implementing a new service, service delivery method, or service delivery site or location in support of your ARP-LAL project activities. To propose to use funds for activities dating back to January 31, 2020, select “Other” under the appropriate category and provide a detailed description of the pre-award activities that align with your budget narrative and the purpose of the funding. Reference the list of allowable activities in [Section II.2 Summary of Funding](#).

ii. Project Narrative

Provide a brief narrative (2 - 3 pages) as [Attachment 2: Project Narrative](#) describing:

- The specific COVID-19, health care services, and infrastructure needs in your community that you plan to address with this funding, and how the selected activities in your ARP-LAL Activities Plan (submitted as Attachment 1) will meet those needs.

- How your health center’s organizational capacity is appropriate to use this funding to complete the selected activities to meet the needs of your community.
- How your proposal will advance equitable access to COVID-19 vaccination, testing, and treatment and other essential health center services by underserved and vulnerable populations.

Information provided in this narrative must align with [Attachment 1: ARP-LAL Activities Plan](#) and your budget proposal.

iii. Budget

Complete the SF-424A Budget Information Form for the requested ARP-LAL funds for the 2-year period of performance. You do not need to break the funding out by the designation categories (i.e., Community Health Center (CHC), Migrant Health Center (MHC), Health Care for the Homeless (HCH), Public Housing Primary Care (PHPC)) you would normally list on the Budget Information Form that is part of your annual LAL submission (i.e., Renewal of Designation or Annual Certification).

- In Section A – Budget Summary, under New or Revised Budget, enter the federal and non-federal project funding for the entire 2-year period of performance. The federal funding amount must be no more than ceiling amount based on the formula in [Section II.2 Summary of Funding](#) and provided in the email sent to your organization announcing the availability of this funding (includes both direct and indirect costs). Do not include any amount under Estimated Unobligated Funds.
- In Section B – Budget Categories, enter an object class category line item budget (e.g., Personnel, Equipment, Contractual) for the entire 2-year period of performance. You may request up to \$500,000 for minor A/R. If requesting funds for minor A/R, include that amount on the Construction line.
- In Section C – Non-Federal Resources, enter the amount of all other sources of funding for the ARP-LAL project for entire 2-year period of performance (if any). [See 45 CFR parts 75.2 and 75.307 for information about program income.](#) Do not include LAL ECT (L1C) funding.

The following are ineligible costs for purposes of this funding opportunity:

- Costs already paid for by L1C, H80, H8C, H8D, H8E, or H8F funding
- Purchase or upgrade of an electronic health record (EHR) system that is not certified by the Office of the National Coordinator for Health Information Technology²
- New construction activities (new stand-alone structure) and/or associated work required to expand a structure to increase the total square feet of a facility

² The Centers for Medicare and Medicaid Services and the Office of the National Coordinator for Health Information Technology have established standards and other criteria for structured data that EHRs must meet to qualify for use in the [Promoting Interoperability Programs](#).

- Major alteration or renovation (A/R) projects valued at \$500,000 or greater in total federal and non-federal costs (excluding the cost of allowable moveable equipment)
- Significant site work such as new parking lots or storm water structures
- Work outside of the building other than improvements to the building entry for accessibility for people with disabilities, generator concrete pads, and other minor ground disturbance
- Purchase or installation of a permanently affixed modular or prefabricated building
- Facility or land purchases

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

[HRSA's Standard Terms](#) apply to this program, "None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II." The current Executive Level II salary is \$199,300. See Section 5.1.iv Budget – Salary Limitation of HRSA's [SF-424 Application Guide](#) for additional information. Note that these or other salary limitations may apply in the following fiscal years, as required by law.

iv. Budget Narrative

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

Upload a detailed budget narrative as [Attachment 3: Budget Narrative](#) that clearly details federal and non-federal costs by object class category for each year of the 2-year period of performance, along with a 2-year total. The sum of federal line item costs across the 2 years for each category must align with those on the SF-424A, Section B. Include the calculations for how you derive each cost and a detailed list of personnel to be supported with ARP-LAL funding.

Funding may support costs dating back to January 31, 2020 expended in alignment with the purpose of ARP-LAL funding. In your budget narrative, provide a detailed description of the pre-award costs, including the date incurred. See the sample budget narrative on the [ARP-LAL technical assistance webpage](#) for how to document costs. Your budget may include indirect costs if your organization has an existing negotiated indirect cost rate agreement. If you have never received a negotiated indirect cost rate, you may elect to charge a de minimis rate of 10 percent of modified total direct costs. Costs must be consistently charged as either indirect or modified total direct costs, and may not be double charged or inconsistently charged as both. If the de minimis rate is chosen, this methodology must be used consistently for all your federal awards until

such time as you choose to negotiate an indirect cost rate agreement. If applicable, upload your indirect cost rate agreement as [Attachment 6: Other Relevant Documents](#).

v. Equipment List(s) (if applicable)

If you propose to use ARP-LAL funds for equipment, complete the Equipment List form(s) found on the [ARP-LAL technical assistance webpage](#) for year 1 and/or year 2 (consistent with Section B of the SF-424A and your Budget Narrative) and upload as [Attachment 4: Equipment List\(s\)](#). Include all moveable equipment that has a useful life of more than 1 year and a per-unit acquisition cost of at least \$5,000, including information technology systems. Moveable equipment can be readily shifted from place to place without requiring a change in the utilities or structural characteristics of the space. Any equipment purchased with ARP-LAL funds must be procured, maintained, tracked, and disposed of in accordance with [45 CFR part 75](#).

Complete the following fields for each item on the Equipment List Form:

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

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

vi. Minor A/R Information (if applicable)

You may use up to \$500,000 for minor A/R activities at one or more in-scope LAL sites to support ARP-LAL activities as described above and in Appendix A. The total site-specific minor A/R project cost must be less than \$500,000 (excluding the cost of moveable equipment).

Minor A/R includes work required to modernize, improve, and/or reconfigure the interior arrangements or other physical characteristics of a facility. Permanently affixed equipment (e.g., heating, ventilation, and air conditioning (HVAC), generators, lighting) and its installation is categorized as minor A/R. Minor A/R projects may not increase the total square footage of existing buildings (e.g., by construction of a building addition) and may not be part of larger construction projects.

If you propose to use ARP-LAL funds for minor A/R, provide the minor A/R information below for each site-specific minor A/R project and submit it as [Attachment 5: Minor A/R](#)

[Information](#). See the Other Requirements for Sites form on the [ARP-LAL technical assistance webpage](#) for instructions. The site address for each minor A/R project must align with the site address in your LAL scope of project form 5B. For additional information, review the technical assistance materials on the [Scope of Project webpage](#) and related [Considerations for Health Center Scope of Project and the COVID-19 Public Health Emergency](#). Contact the Program Official listed on your notice of award for guidance. For each site where minor A/R activities will occur, you must provide all the following documents:

- Other Requirements for Sites form addressing site control, federal interest, cultural resources, and historic preservation considerations. This form can be found on the [ARP-LAL technical assistance webpage](#).
- Minor A/R Project Budget Justification. See the minor A/R budget example and instructions on the [ARP-LAL technical assistance webpage](#).
- Environmental Information and Documentation (EID) Checklist. See the [EID template](#) and instructions.
- Schematics and/or Floor Plans showing the location and dimensions of the proposed minor A/R in the existing building.
- Property information (title, deed, or lease).
- Signed Landlord Letter of Consent (required for leased property). See [Landlord Letter of Consent sample](#).

vii. Attachments

In addition to completing the forms associated with HRSA-21-115 in Grants.gov, attach the following:

Attachment 1: ARP-LAL Activities Plan

- See [Section IV.2.i](#) and [Appendix A: ARP-LAL Activities Plan](#) for instructions. Refer to the editable form provided with the email sent to your organization announcing the availability of this funding.

Attachment 2: Project Narrative

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

Attachment 3: Budget Narrative

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

Attachment 4: Equipment List(s) (if applicable)

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

Attachment 5: Minor A/R Information (if applicable)

- See [Section IV.2.vi](#) for instructions. Sample templates and instructions for minor A/R information is available on the [ARP-LAL technical assistance webpage](#).

Attachment 6: Other Relevant Documents (optional)

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

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

The requirements for SAM (System of Award Management) registration have temporarily changed due to the federal government's response to the COVID-19 pandemic. To support entities impacted by COVID-19, applicants are not required to have an active SAM registration at the time of submission of the application under this Notice of Funding Opportunity (NOFO). If not registered at time of award, HRSA requires the recipient to obtain a unique entity identifier (i.e., DUNS) and complete SAM registration within 30 days of the Federal award date.

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

Currently, the Grants.gov registration process requires information in three separate systems:

- Dun and Bradstreet (<http://www.dnb.com/duns-number.html>)
- System for Award Management (SAM) (<https://www.sam.gov>)
- Grants.gov (<http://www.grants.gov/>)

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

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

4. Submission Dates and Times

Application Due Date

The due date for applications under this NOFO is *May 14, 2021 at 11:59 p.m. ET*. HRSA suggests submitting applications to Grants.gov at least **3 calendar days before the deadline** to allow for any unforeseen circumstances. See Section 8.2.5 – Summary of emails from Grants.gov of HRSA's [SF-424 Application Guide](#) for additional information.

5. Intergovernmental Review

The FY 2021 American Rescue Plan – Funding for Look-Alikes is subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

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

6. Funding Restrictions

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

[HRSA's Standard Terms](#) apply to this program. Please see Section 4.1 of HRSA's [SF-424 Application Guide](#) for additional information. Note that these or other restrictions will apply in the following fiscal years, as required by law.

You are required to have the necessary policies, procedures, and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding, including, but not limited to, statutory restrictions on use of funds for lobbying, executive salaries, gun control, and abortion. Like those for all other applicable grants requirements, the effectiveness of these policies, procedures, and controls is subject to audit.

Be aware of the requirements for HRSA recipients and subrecipients at 2 CFR § 200.216 regarding prohibition on certain telecommunications and video surveillance services or equipment. For details, see the [HRSA Grants Policy Bulletin Number: 2021-01](#).

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

V. Application Review Information

1. Review Criteria

The FY 2021 American Rescue Plan – Funding for Look-Alikes is formula-based and available to all designated LALs (see [Section II.2 Summary of Funding](#)). HRSA has procedures for assessing the technical merit of applications to provide for an objective review and to assist you in understanding the standards against which your application will be reviewed. HRSA will use the following criteria in order to complete

the review. HRSA will review each application for completeness and eligibility, and compliance with the requirements outlined in this NOFO.

1. **ARP-LAL Activities Plan** (submitted as [Attachment 1: ARP-LAL Activities Plan](#))
 - Does the ARP-LAL Activities Plan include proposed activities that align with the [purpose](#) of ARP-LAL funding?
 - Are all Other activities (those written in by the applicant) consistent with the purposes of the ARP-LAL funding [\(items \(1\) - \(6\)\)](#)?
 - Do all proposed activities align with the project narrative and budget proposal?

2. **Project Narrative** (submitted as [Attachment 2: Project Narrative](#))
 - How well does the information provided in the project narrative describe the specific COVID-19, health care services, and infrastructure needs of the community?
 - How well does the project narrative explain how the health center's organizational capacity is appropriate to use this funding to complete the selected activities to meet the needs of the community?
 - How well does the project narrative describe how the health center will advance equitable access to COVID-19 vaccination, testing, and treatment and other essential health center services by underserved and vulnerable populations?
 - How well does the information provided serve as the basis for, and align with, the proposed activities in [Attachment 1: ARP-LAL Activities Plan](#)?

3. **Budget Proposal** (submitted as the SF-424A and [Attachment 3: Budget Narrative](#))
 - Do all proposed costs align with the five activity categories and the purposes of this funding [\(items \(1\) - \(6\)\)](#)?
 - Does the budget narrative clearly detail costs for each federal object class category, with calculations for how each cost is derived, and does not include any [ineligible costs](#)?
 - Are past expenses (dating back to January 31, 2020) included in the budget narrative and, if so, are they sufficiently justified and clearly aligned with the purposes of this funding [\(items \(1\) - \(6\)\)](#)?

4. **Equipment List(s)** (submitted as [Attachment 4: Equipment List\(s\)](#)), if applicable
 - Do proposed equipment purchases align with the activities described in [Attachment 1: ARP-LAL Activities Plan](#) and the purposes of this funding [\(items \(1\) - \(6\)\)](#)?
 - Do proposed equipment costs align with equipment costs documented in Section B of the SF-424A and the Budget Narrative?

5. **Minor A/R Information** (submitted as [Attachment 5: Minor A/R Information](#)), if applicable

- How well does each proposed minor A/R project align with the activities described in [Attachment 1: ARP-LAL Activities Plan](#) and the purposes of this funding ([items \(1\) - \(6\)](#))?

Note: HRSA will review all minor A/R information for alignment with minor A/R requirements.

2. Review and Selection Process

HRSA has procedures for assessing the technical merit of applications to provide for an objective review. HRSA reserves the right to request budget modifications and/or narrative and activities plan revisions as part of pre-award negotiations, or apply special conditions of award, if an application is not fully responsive to the ARP-LAL instructions, additional documents or information is required, or if ineligible activities or costs are proposed.

3. Assessment of Risk

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

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

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

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

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

VI. Award Administration Information

1. Award Notices

HRSA will issue the Notice of Award (NoA) on or around the start date of July 1, 2021. See Section 5.4 of HRSA's [SF-424 Application Guide](#) for additional information.

If you are successful and receive an NoA, in accepting the award, you agree that the award and any activities thereunder are subject to all provisions of [45 CFR part 75](#), currently in effect or implemented during the period of the award, other Departmental regulations and policies in effect at the time of the award, and applicable statutory provisions.

2. Administrative and National Policy Requirements

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

Requirements of Subawards

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

Data Rights

All publications developed or purchased with funds awarded under this notice must be consistent with the requirements of the program. Pursuant to 45 CFR § 75.322(b), the recipient owns the copyright for materials that it develops under an award issued pursuant to this notice, and HHS reserves a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use those materials for federal purposes, and to authorize others to do so. In addition, pursuant to 45 CFR § 75.322(d), the Federal Government has the right to obtain, reproduce, publish, or otherwise use data produced under this award and has the right to authorize others to receive, reproduce, publish, or otherwise use such data for federal purposes (e.g., to make it available in government-sponsored databases for use by others). If applicable, the specific scope of HRSA rights with respect to a particular grant-supported effort will be addressed in the NoA. Data and copyright-protected works developed by a subrecipient also are subject to the Federal Government's copyright license and data rights.

3. Reporting

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

- 1) **Progress Reports.** You must submit quarterly progress reports into the HRSA Electronic Handbooks (EHBs). Reports will describe the status of the activities and use of the ARP-LAL funds, and include submissions related to minor A/R-related activities, if applicable. Details about progress reporting will be posted to the [ARP-LAL technical assistance webpage](#) when available.

HRSA will use the Uniform Data System (UDS) and other data sources to assess the outcomes of this funding, understanding that ARP-LAL resources are one-time, the allowable uses of funds are expansive within the parameters noted above, and there is flexibility to use funds to address evolving needs, as well as costs incurred back to January 31, 2020.

In aggregate, BPHC expects that ARP-LAL funding will result in outcomes across the Health Center Program in several areas, that may be evaluated by examining increases in the:

- Number of COVID-19 vaccinations completed, including by race and ethnicity
- Number of COVID-19 tests, including by race and ethnicity
- Number of patients screened for social determinants of health
- Number of health center patients/visits, including those receiving COVID-19 treatment
- Number and type of virtual care visits
- Number of enabling services patients
- Number of new mobile units

Because resources are one-time and flexible (as detailed above), HRSA will consider your performance as indicated through progress reports and measures noted above as they relate to your approved project to inform decisions regarding potential future extension without funds requests at the end of your period of performance.

- 2) **Federal Financial Report:** The annual Federal Financial Report (SF-425) is required no later than October 30 for each year of the period of performance. The report is an accounting of expenditures under the project that year. The recipient must submit financial reports electronically through HRSA's Electronic Handbooks (EHBs). HRSA will provide more specific information in the NoA.
- 3) **Integrity and Performance Reporting.** The NoA will contain a provision for integrity and performance reporting in [FAPIS](#), as required in [45 CFR part 75 Appendix XII](#).

Note that the OMB revisions to Guidance for Grants and Agreements termination provisions located at [2 CFR § 200.340 - Termination](#) apply to all federal awards effective August 13, 2020.

VII. Agency Contacts

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

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

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

Marlene Saez Banks
Public Health Analyst
Office of Policy and Program Development
Bureau of Primary Health Care (BPHC)
Health Resources and Services Administration
5600 Fishers Lane, Room 16N-43
Rockville, MD 20857
Telephone: (301) 594-4300

Use the [BPHC Contact Form](#):

- Select “Applicant” for Requestor Type
- Select “Coronavirus Inquiries (COVID-19)” for the Health Center Program Questions
- Select “Look-Alike COVID-19 Funding” for BPHC Category

You may need assistance when working online to submit your application forms electronically. Always obtain a case number when calling for support. For assistance with submitting the application in Grants.gov, contact Grants.gov 24 hours a day, 7 days a week, excluding federal holidays at:

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

VIII. Other Information

Technical Assistance

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

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

508 Compliance Disclaimer

Note: Persons using assistive technology may not be able to fully access information in this file. For assistance, please contact Marlene Saez using the [BPHC Contact Form](#) or call (301) 594-4300.

APPENDIX A: ARP-LAL ACTIVITIES PLAN

Instructions for Completing the ARP-LAL Activities Plan

Use the ARP-LAL Activities Plan template included in the email sent to your organization announcing the availability of this funding to indicate activities you plan to conduct using your ARP-LAL funds. Upload the completed plan as [Attachment 1: ARP-LAL Activities Plan](#).

When completing the ARP-LAL Activities Plan, ensure that the selected activities are consistent with the [purpose](#) of the funding, including [\(items \(1\)-\(6\)\)](#), and align with your LAL scope of project.

- Select activities under one or more categories to outline your proposed 2-year activities by indicating “YES”.
- To ensure a complete plan, select “NO” for all activities you do NOT propose for the 2-year period of performance.
- You may write in self-defined activities under “Other” for each category. You may add as many “Other” rows as required to fully outline your proposed activities.
- To propose to use funds for activities dating back to January 31, 2020, select “Other” under the appropriate category and provide a detailed description.

ARP-LAL Activities Plan Sample

COVID-19 Vaccination Capacity		
Support to plan, prepare for, promote, distribute, administer, and track COVID-19 vaccines, and to carry out other vaccine-related activities, including outreach and education.		
Vaccine Administration	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Administer vaccinations at permanent and temporary health center service sites or other locations, including through mobile, drive-up, walk-up, or community-based vaccination events. Such vaccine administration activities should address the unique and evolving access barriers experienced by underserved and vulnerable populations and be carried out in alignment with CDC, state/jurisdiction, and other public health guidance.		
Outreach	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Perform vaccine-related outreach and education, including promoting health center vaccination efforts and supporting COVID-19 vaccine acceptance. Such activities should include a focus on providing services to racial and ethnic minorities, homeless individuals and families, agricultural workers, residents of public housing, individuals with limited English proficiency, and other underserved and vulnerable populations at greatest risk for COVID-19 exposure or severe disease.		

COVID-19 Vaccination Capacity		
Support to plan, prepare for, promote, distribute, administer, and track COVID-19 vaccines, and to carry out other vaccine-related activities, including outreach and education.		
Enabling Services	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Expand or increase health center enabling services (e.g., transportation, translation, interpretation) that facilitate access to COVID-19 vaccination.		
Supplies and Equipment	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Purchase COVID-19 vaccination supplies (e.g., PPE, hygiene and other disposable supplies), storage (including back-up systems), sterilization equipment, and moveable physical barriers, along with temporary signage to promote vaccination locations.		
Vaccine Administration Workflows and Clinical Support	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Modify, enhance, and expand systems and workflows to efficiently and effectively administer COVID-19 vaccine, including aligning workflows with current and evolving public health guidance, enhancing and maximizing use of patient registries, enhancing clinical decision support and use of data from electronic health records (EHR), and coordination and collaboration with jurisdictions and other community partners.		
Vaccine Management and Distribution	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Support vaccine ordering, distribution to administration sites, and inventory management, including activities necessary for participation in the CDC COVID-19 Vaccination Program and/or the Health Center COVID-19 Vaccine Program .		
Personnel	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Hire and/or contract additional health center providers, clinical staff, and other personnel (e.g., pharmacy personnel, community health workers, patient/community education specialists, billing staff, case managers, information technology staff) as needed to support COVID-19 vaccination.		
Trainings	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Train health center workforce on vaccine handling, storage, and administration; assessment and prioritization of patients; and social and other barriers to accessing care.		
Data Systems and Reporting	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Establish and enhance health center data systems that ensure that vaccine administration data are available, secure, complete, timely, valid, and reliable and support related data reporting activities.		
Health Information Interoperability	<input type="checkbox"/> YES	<input type="checkbox"/> NO

COVID-19 Vaccination Capacity		
Support to plan, prepare for, promote, distribute, administer, and track COVID-19 vaccines, and to carry out other vaccine-related activities, including outreach and education.		
Purchase or enhance health information technology software and hardware that support interoperability of health center data systems with federal, state, and local vaccine administration and distribution data systems.		
Adverse Events Monitoring	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Establish and enhance workflows and personnel skills to diagnose, treat, and report potential COVID-19 vaccination adverse events.		
Hours and Availability	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Support increased access to COVID-19 vaccination through extended health center operating hours; enhanced telephone triage capacity; mobile, virtual, and home services; and establishment of temporary service sites and locations.		
Develop and Deploy Digital Tools	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Develop and/or enhance health center websites, patient portals, digital applications, and other tools to support scheduling, show rates, and follow up for COVID-19 vaccination.		
Other	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Provide Details:		

COVID-19 Response and Treatment Capacity		
Support to detect, diagnose, trace, monitor, and treat COVID-19 infections and related activities necessary to mitigate the spread of COVID-19, including outreach and education.		
Testing	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Support self, mobile, drive-up and/or walk-up testing that addresses the unique and evolving access barriers experienced by underserved and vulnerable populations in the community.		
Hours and Availability	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Support increased access to COVID-related services (e.g., screening, testing, and treatment) through extended health center operating hours; enhanced telephone triage capacity; mobile, virtual, and home services; and temporary service sites and locations.		
Develop and Deploy Digital Tools	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Develop and/or enhance websites, patient portals, digital applications, and other tools to support scheduling, show rates, and follow up for COVID-related services including screening, vaccination, testing, and contact tracing.		
Personnel	<input type="checkbox"/> YES	<input type="checkbox"/> NO

COVID-19 Response and Treatment Capacity		
Support to detect, diagnose, trace, monitor, and treat COVID-19 infections and related activities necessary to mitigate the spread of COVID-19, including outreach and education.		
Hire and contract additional clinical staff and other personnel (e.g., community health workers, behavioral health specialists, billing staff, case managers) who will support health center outreach, testing, delivery of test results, COVID-19 treatment, and related behavioral health services.		
Laboratory	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Support health center COVID-19 testing and laboratory costs, including purchasing COVID-19 tests ; distribution of home tests to established health center patients; specimen handling and collection; and storage and processing equipment.		
Treatment	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Provide health center-based treatment for patients with COVID-19, as appropriate (including monoclonal antibody therapy).		
Care Coordination	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Support care coordination with other health care providers for patients that require hospitalization or other advanced care and treatment not available through the health center.		
Workflows	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Enhance workflows using CDC guidance to facilitate access to testing and necessary follow up services, including risk modification education, plans for repeat testing, and treatment.		
Interoperability	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Enhance health information exchange capacity to support communications with public health partners, emergency response teams, centralized assessment locations, reporting entities and registries, and/or other health care providers.		
Reporting	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Report information on COVID-19 infection to federal, state, and local public health agencies consistent with applicable law (including laws relating to communicable disease reporting and privacy).		
Supplies and Equipment	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Purchase equipment and supplies to diagnose and treat COVID-19 (e.g., COVID-19 tests, radiological equipment, health information technologies, PPE, hygiene and other disposable supplies), along with temporary signage to promote testing and treatment locations.		
Outreach	<input type="checkbox"/> YES	<input type="checkbox"/> NO

COVID-19 Response and Treatment Capacity		
Support to detect, diagnose, trace, monitor, and treat COVID-19 infections and related activities necessary to mitigate the spread of COVID-19, including outreach and education.		
Conduct outreach and education to patients who may be at risk of COVID-19 exposure or severe illness, have need for extra precautions, or who have barriers to accessing testing or treatment, including enrollment in affordable health insurance coverage options.		
Enabling Services	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Expand or increase health center enabling services (e.g., transportation, translation, interpretation) that facilitate access to COVID-19 education, testing, and treatment.		
Contact Tracing	<input type="checkbox"/> YES	<input type="checkbox"/> NO
In coordination with federal, state, and local public health activities, notify identified contacts of infected health center patients of their exposure to COVID-19, consistent with applicable law (including laws relating to communicable disease reporting and privacy).		
Other	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Provide Details:		

Maintaining and Increasing Capacity		
Support to establish, modify, enhance, expand, and sustain the accessibility and availability of comprehensive primary care services to meet the ongoing and evolving needs of the service area and its vulnerable patient populations.		
Personnel	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Ensure the availability of comprehensive primary and behavioral health care, through in-person and virtual visits, to meet the needs of underserved and vulnerable populations in the community by supporting salaries and benefits for health center personnel providing in-scope services.		
Immunization (other than COVID-19 vaccination)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Establish and/or expand adult and childhood immunization/vaccination programs, including aligning workflows with current public health guidance, maximizing use of patient registries, enhancing clinical decision supports and use of data from electronic health records (EHR), leveraging community partners, increasing staff, purchasing vaccines and supplies, storage, and outreach.		
Facilitating Access	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Expand or increase enabling services (e.g., transportation, translation, outreach, eligibility assistance) and other strategies, such as home and/or virtual visits, that facilitate access to care and address social and other risk factors, including those amplified or worsened by the public health emergency.		

Maintaining and Increasing Capacity		
Support to establish, modify, enhance, expand, and sustain the accessibility and availability of comprehensive primary care services to meet the ongoing and evolving needs of the service area and its vulnerable patient populations.		
Broadband	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Increase the health center's broadband capacity to support virtual care models and assist patients in connecting to virtual care by referring them to government subsidy programs such as the Emergency Broadband Benefit program and the Lifeline program .		
Telehealth	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Expand and enhance health center telehealth capacity to perform triage, deliver care, support care transitions, and support follow-up via telehealth, including the use of home monitoring devices and video to provide care to patients in their homes, community settings, and other locations. Support access to virtual care for patients with unstable or no housing or other barriers to accessing care.		
Training and Education	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Train personnel on digital platforms, devices, and workflows supporting the use of telehealth, and provide patient education that will increase digital literacy and competence using digital devices and applications that promote health.		
Develop and Deploy Digital Tools	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Develop and/or enhance software and digital applications to support patients' access to and engagement in virtual care, including patient self-management tools, remote patient monitoring, patient portals, digital applications, websites, and use of social media.		
Cybersecurity	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Enhance telehealth and health information technology cybersecurity infrastructure, including mobile device management, patient portals, and digital applications; develop and implement plans for data risk management, mitigation, and recovery; and update software and operating systems.		
Equipment and Supplies	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Purchase equipment and supplies to support the provision of comprehensive primary care (e.g., clinical and diagnostic equipment; telehealth equipment; information technology systems to enhance data collection, exchange, reporting, and billing; equipment and supplies for use by remotely located staff to ensure continuity of health center services).		
Electronic Health Record (EHR)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Purchase or upgrade an EHR that is certified by the Office of the National Coordinator for Health Information Technology.		

Maintaining and Increasing Capacity		
Support to establish, modify, enhance, expand, and sustain the accessibility and availability of comprehensive primary care services to meet the ongoing and evolving needs of the service area and its vulnerable patient populations.		
Recuperative Care	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Provide or support short-term health services to individuals recovering from an acute illness or injury. Such services do not include health services provided in lieu of or concurrent to hospitalization, skilled nursing, or other residential health care.		
Behavioral Health	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Enhance or expand access to behavioral health (mental health and substance use disorder) services.		
Community Partnerships	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Establish and strengthen community partnerships and referrals for housing, child care, food banks, employment, education counseling, legal services, and other related services.		
Other	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Provide Details:		

Recovery and Stabilization		
Support for ongoing recovery and stabilization, including enhancing and expanding the health care workforce and services to meet pent up demand due to delays in patients seeking preventive and routine care; address the behavioral health, chronic conditions, and other needs of those who have been out of care; and support the well-being of personnel who have been on the front lines of the pandemic.		
Pent Up Demand	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Bring sites, services, and staff to an operational capacity sufficient to meet pent up demand for services, including addressing the needs of patients and other vulnerable populations who have been without care and whose conditions and needs may have been exacerbated by the social and financial impacts of COVID-19.		
Patient Registries	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Develop new and/or update existing patient registries to support continuity of services to patients, including those who have delayed care due to factors related COVID-19.		
Virtual Care	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Expand and enhance virtual care to respond to evolving service area and patient needs and to support access to equitable, high quality care for populations served by the health center.		
Care Transitions and Coordination	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Recovery and Stabilization		
Support for ongoing recovery and stabilization, including enhancing and expanding the health care workforce and services to meet pent up demand due to delays in patients seeking preventive and routine care; address the behavioral health, chronic conditions, and other needs of those who have been out of care; and support the well-being of personnel who have been on the front lines of the pandemic.		
Support transitions in care settings and coordination with health care and public health partners to address changing needs by enhancing workflows, updating telehealth plans, and enhancing health information and data exchange capacity.		
Outreach	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Conduct outreach to patients and residents of the service area who have been out of care or who may be in need of a medical home.		
Facilitating Access	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Expand or enhance enabling or other services to address the unique and evolving access barriers experienced by underserved and vulnerable populations who have been without care and whose conditions and needs may have been exacerbated by the social and financial impacts of COVID-19.		
Population Health and Social Determinants	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Enhance or update patient population and community needs assessments; update strategic plans, policies, and procedures to reduce disparities in access, care delivery, and clinical quality measures; expand or develop new partnerships with social services organizations that can address identified social determinants of health; and develop or enhance the data infrastructure necessary to track and close social service referral loops.		
Patient Engagement	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Enhance patient activation and engagement, including through virtual and in-person outreach and education, self-management programs and techniques, partnerships with families and caregivers, patient-centered care coordination, and other evidence-based interventions to support self-care.		
Workforce Well-being	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Assess needs and develop interventions to support staff well-being and address needs related to burnout and recovery, productivity, stress, professional fulfillment, diversity, and inclusion.		
Training	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Adapt and deliver staff training to meet new and returning patients' needs, including training to assess and address social risk and other barriers to accessing and engaging in care provided by the health center.		
Continuity of Care	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Recovery and Stabilization		
Support for ongoing recovery and stabilization, including enhancing and expanding the health care workforce and services to meet pent up demand due to delays in patients seeking preventive and routine care; address the behavioral health, chronic conditions, and other needs of those who have been out of care; and support the well-being of personnel who have been on the front lines of the pandemic.		
Increase team-based and inter-professional service delivery through both in-person and virtual visits to provide continuity of care.		
Strategic Planning	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Align strategic plans to reflect recovery and stabilization needs.		
Other	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Provide Details:		

Infrastructure: Minor Alteration/Renovation (A/R)³, Mobile Units, and Vehicles		
Modify and improve physical infrastructure, including minor A/R and purchase of mobile units and vehicles, to enhance or expand access to comprehensive primary care services, including costs associated with facilitating access to mobile testing and vaccinations, as well as other primary care activities.		
General Physical Infrastructure Improvements	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Enhance the health center physical infrastructure to ensure continued access to comprehensive primary care services (e.g., roof repairs, ADA-compliant entrances, new foot traffic pathways to facilitate physical access to health center services).		
Facilitating Access	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Adjust space to support access through enhanced cultural and linguistic competency (e.g., examination rooms that can accommodate support staff/chaperones/family, screens to facilitate face-to-face translation) and provide enhanced enabling services that address social determinants of health and promote health equity.		
Virtual Care Access	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Reconfigure space to maximize the ongoing use of telehealth technology (e.g., configuring spaces to better accommodate video screens and creating telehealth command centers).		
Team-based Care	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Renovate space to support team-based and inter-professional service delivery models needed to provide continuity of care in public health emergencies, including new or further integration of behavioral health, oral health, vision, and/or pharmacy services.		

³ Up to \$500,000 may be used for minor A/R projects, with no single A/R project totaling \$500,000 or more in federal and nonfederal funds.

Infrastructure: Minor Alteration/Renovation (A/R)³, Mobile Units, and Vehicles		
Modify and improve physical infrastructure, including minor A/R and purchase of mobile units and vehicles, to enhance or expand access to comprehensive primary care services, including costs associated with facilitating access to mobile testing and vaccinations, as well as other primary care activities.		
Physical Distancing	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Reconfigure space to support physical distancing of patients and/or maximize isolation precautions for individuals being evaluated for possible COVID-19 infection and those testing positive for COVID-19 and other communicable diseases.		
HVAC	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Enhance or install heating, ventilation, and air conditioning (HVAC) systems to improve facility air quality and hygiene, including addressing needs specific to mitigate the spread of COVID-19.		
Mobile Unit	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Purchase and maintain a mobile unit(s) that may be used to provide comprehensive primary care services and to conduct COVID-19 testing and/or vaccination.		
Vehicles	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Purchase and maintain a vehicle to transport patients for health services, including to vaccination and testing locations; deliver equipment, supplies, and vaccines to service sites and locations; and/or to transport health center personnel to service sites and locations.		
Other	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Provide Details:		