

**FY 2015 Budget Period Progress Report (BPR)  
Noncompeting Continuation  
Frequently Asked Questions (FAQs)**

Below are frequently asked questions and corresponding answers for the FY 2015 Budget Period Progress Report (BPR). The FAQs are available on the BPR Technical Assistance webpage located at <http://bphc.hrsa.gov/policiesregulations/continuation>. New FAQs will be added as necessary, so please check this site frequently. The FAQs are organized under the following topics:

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**General Information**

**1. Who should submit a BPR?**

The Budget Period Progress Report (BPR) should be submitted by Health Center Program grantees who **do not** have a project period end date in FY 2015 (October 1, 2014 – September 30, 2015). A grantee will receive notification from the EHB system that work can begin on the BPR submission approximately 6 weeks before the submission deadline.

**2. What is the deadline for submitting the BPR?**

Refer to Table 1 in the BPR Instructions or <http://bphc.hrsa.gov/policiesregulations/continuation> for the EHB deadline for each FY 2015 budget period start date.

**3. What should I submit as part of my BPR submission?**

Table 2 of the BPR Instructions identifies the components of the BPR submission. The Budget Narrative is the only required attachment. All other information will be provided directly in EHB.

**4. Can a grantee make changes to the scope of project within the BPR submission?**

No. Changes to the scope of project must be requested using the Change in Scope module within EHB. In the BPR, Forms 5A, 5B, and 5C will be pre-populated from the grantee’s official scope of project and cannot be modified. Narrative included in the submission related to changes in scope will not constitute a formal request for change in scope via EHB.

**5. How should the Program Narrative Update be completed if a grantee has a change in scope request pending HRSA approval?**

In EHB, a refresh button is available in Forms 5A: Services, 5B: Sites and 5C: Other locations/activities, to ensure that the revised scope information is displayed once change in scope requests has been approved. Address the predicted impact of pending changes in scope in the narrative for each question, as appropriate.

**6. What is the purpose of the Scope Verification Summary Page?**

A Scope Verification summary page has been added so that Health Centers can annually certify the accuracy of their Form 5A: Services and Form 5B: Services Sites.

**7. If a grantee receives multiple Health Center Program funding streams (e.g. CHC, HCH, and PHPC), should the BPR include all of these?**

Yes. All target populations (in this case, general underserved community, homeless individuals, and residents of public housing) and their funding streams are considered to be in the current scope of project and relevant updates on progress should be included in the BPR submission.

**Patient Capacity**

**8. How has the Patient Capacity section changed since FY 2014?**

For the FY 2015 BPR, the Patient Capacity table includes the addition of three new columns of pre-populated information to facilitate progress reporting: % Change 2011-2013 Trend; % Change 2011-2013; and % Progress Toward Goal. Additionally, the project period was added to the table to provide a reference point for the progress narrative.

**9. How are patient projections calculated in the Program Narrative?**

The information in the Projected Number of Patients column is pre-populated from the application/submission that initiated the current budget period (NAP/SAC/BPR). If the Health Center was/is awarded an FY 2012, FY 2013, and/or FY 2014 New Access Point (NAP) satellite grant, and/or FY 2014 Expanded Services Supplemental funding (HRSA-14-148), the new patient projection in your NAP and/or ES application(s) will be added to the patient projection from the application that initiated your current budget period.

If pre-populated patient projections are not accurate, provide adjusted projections and explain (e.g., overall patient projection has increased due to a capital development grant award) in the Patient Capacity Narrative section.

**10. If patient data shows a decline, how should this be addressed in the narrative?**

HRSA expects patient numbers to trend upward or remain steady. If data are showing a downward trend, explain the cause as well as the impact of this trend on meeting the projected patient number in the Patient Capacity Narrative section.

**11. Since public housing patient data did not pre-populate for 2011-2013, how can this data be accessed?**

The 2011 and 2012 public housing data are pre-populated from the FY 2014 BPR (if data was provided in the FY 2014 BPR). Grantees should use the Health Center data to provide 2013 public housing patient numbers, and any missing 2011 and 2012 public housing patient numbers, if applicable.

**Supplemental Awards****12. What are the changes to the Supplemental Awards table in FY 2015?**

The Supplemental Awards table has been updated to reflect the most current list of supplemental awards for grantees and includes a new Numeric Progress Toward Goal column. The supplemental awards that will appear in this section include the FY 2012, FY 2013, FY 2014 New Access Point (NAP) satellite grant awards, the FY 2014 Expanded Services Supplemental funding (HRSA-14-148), and the FY 2014 Behavioral Health Integration (HRSA-14-110)

**13. I have not received notification about FY 2014 Expanded Services Supplemental (HRSA-14-148) or FY 2014 Behavioral Health Integration (HRSA-14-110) award. What should I include in these sections of the Supplemental Awards?**

Progress reports are only required for supplemental awards that have been received by the time that the BPR is submitted.

**14. What should a grantee that did not receive any supplemental awards include in this section?**

If the grantee did not receive a specific supplemental award, the system will display 'Not Applicable' and will not require information to be provided.

**Performance Measures - UPDATED****15. How has the Performance Measures section changed since FY 2014?**

For the FY 2015 BPR, the Performance Measures table in the Program Narrative Update section includes three new measures (Tobacco Use Screening and Cessation, Newly Identified HIV Cases with Timely Follow Up, and Depression Screening and Follow Up). For details, refer to [PAL 2014-01](#). Additionally, the Behavioral Health measure included in the "Other Measures" category is no longer required.

**16. What is the source of the pre-populated performance measures data?**

The clinical/financial performance measures table has been pre-populated with 2011, 2012, and 2013 Uniform Data System (UDS) data. The Measure Goals column has been pre-populated from the goals included in the most recent application/submission (NAP/SAC/BPR).

If pre-populated data are not accurate, provide adjusted goals and explain (e.g., goal for the diabetes measure has increased to XX% based on improved patient tracking via a new EHR) in the appropriate Measure Narrative section.

**17. What should a grantee do if a previously defined Other Measure is no longer relevant?**

Grantees cannot designate an Other Measure as not applicable via the BPR. Grantees can state that the measure is no longer applicable and provide an explanation in the narrative field, but the measure will continue to appear in future BPRs until it is designated not applicable via the next Service Area Competition application.

**18. Where can I find more information on the performance measures?**

Refer to Table 5: Performance Measures of the BPR Instructions for details on how to complete the Performance Measures table in EHB. General performance measure information is also available at

<http://bphc.hrsa.gov/healthcenterdatastatistics/reporting/2013udsmanual.pdf> and <http://bphc.hrsa.gov/healthcenterdatastatistics/reporting/index.html>.

**19. Are Tribal and Public Entity grantees expected to have data for all of the financial measures?**

Tribal and Public Entities are not required to report on the following Financial Measures: Long Term Debt to Equity Ratio, Change in Net Assets to Expense Ratio, and the Working Capital to Monthly Expense Ratio.

**20. (NEW) To make progress on the Low Birth Weight clinical performance measure, data needs to decline over time (fewer infants born with low birth weight). How should grantees interpret the data for the Perinatal Health – Low Birth Weight (<2500 grams) measure to determine progress?**

The Low Birth Weight performance measure is the proportion of infants born to health center patients whose birth weight was less than 2,500 grams. For this measure, the higher the number of infants born with below normal birth weight, the worse the performance on the measure. For the BPR the trend data provides context for the progress of your measure goal. Unlike the other clinical performance measures, a negative progress percentage (e.g., a negative number in the “% change 2012-2013” column) should be interpreted as a positive progress toward the goal.

The “% Progress toward Goal” for a measure is calculated as follows: Value from Latest UDS Report/Measure Goal Value) x 100%. Use the following rules to help you interpret your progress using the “% Progress toward Goal” value:

- If the “% Progress toward Goal” value is more than 100%, your data are moving in the opposite direction of your goal.
- If the “% Progress toward Goal” value is 100%, you’ve met your goal.
- If the “% Progress toward Goal” value is less than 100%, you have exceeded your goal.

## **Budget Presentation**

### **21. How has the Budget Presentation changed since FY 2014?**

For the FY 2015 BPR, the Budget Information: Budget Details form has been modified to capture federal and non-federal funding in the Object Class Categories section, and the Federal Object Class Categories form has been removed. Additionally, Form 3: Income Analysis has been programmed into the Program Specific Forms section and should be completed in EHB rather than uploaded as an attachment.

### **22. Are there activities that are ineligible for BPR funding?**

Yes. BPR funding may not be used for construction of facilities, fundraising/grant writing, or lobbying efforts. The HHS Grants Policy Statement (HHS GPS) available at <http://www.hrsa.gov/grants> includes information about allowable expenses.

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 funding included under this non-competing continuation and is consistent with past practice and long-standing requirements applicable to grant awards to health centers.

### **23. Does HRSA require grantees to have an indirect cost rate?**

No. If a grantee does not have an indirect cost rate agreement, costs that would fall into such a rate (e.g., the cost of operating and maintaining facilities, administrative salaries) may be charged as direct line-item costs. If a grantee wishes to apply for an indirect cost rate agreement, more information is available at <http://rates.psc.gov>.

### **24. What should be included in the budget narrative?**

The budget narrative is for one year based on your upcoming 12-month budget period. The one-year budget narrative must itemize revenues AND expenses of your federal request and non-federal contribution. Use the budget narrative to clearly explain each line-item within each cost element. It is important to ensure that the budget narrative contains detailed calculations explaining how each line-item expense is derived (e.g., number of visits, cost per unit).

### **25. What format is required for the budget narrative?**

There is no required format for the budget narrative. The BPR TA webpage (<http://bphc.hrsa.gov/policiesregulations/continuation>) includes a sample budget narrative template. As long as all required information is included, other formats are acceptable.

### **26. If the sub-program (e.g., CHC, HCH) is incorrect on the Budget Information: Budget Details form, how can it be corrected?**

On the Budget Information: Budget Details form, click the Change Sub-Program link, and then select the applicable sub-program(s). Once the correction is made, the incorrect sub-

program will be deleted and the selected sub-program(s) (i.e., Community Health Center, Migrant Health Center, Health Care for the Homeless, and/or Public Housing Primary Care) will appear. Further instructions are included in the EHB User Guide for BPR/NCC located in EHB and posted on the BPR TA webpage

<http://bphc.hrsa.gov/policiesregulations/continuation>.

**27. How much information does HRSA need on staff supported by H80 grant funding (federal section 330 funding)?**

Refer to Table 7 in the BPR Instructions (also included at the bottom of the Sample Budget Narrative posted at <http://bphc.hrsa.gov/policiesregulations/continuation>) for the information that must be provided. This includes the name of the staff person (if applicable), the position, percentage of full-time equivalent (FTE), base salary, adjusted annual salary (if the salary must be adjusted to conform to the salary limitation which is \$181,500—see the Q&As below), and federal amount requested (BPR funding requested to support the position).

**28. What information must be provided on staff supported with non-federal funding (not paid with any section 330 funds)?**

Consistent with past practice, grantees can reference Form 2: Staffing Profile as justification for staff supported with non-federal funding.

**29. What individuals does the salary limitation apply to?**

This limitation applies to salaries paid to all individuals that are employed by a Health Center Program grantee or by a sub-recipient of a Health Center Program grantee and whose FTE or partial FTE is charged to the Health Center Program grant project.

**30. Does the salary limitation apply to individuals performing services on behalf of the health center via a contract?**

The salary limitation does not apply to the typical types of contractual arrangements that Health Center Program grantees enter into. The exception is Health Center Program grantees that contract with other organizations for core provider staff and/or key management staff (i.e., a substantial portion of the health center project is being carried out via a contract). In these cases, the salary limitation applies only when amounts paid by the Health Center Program grantee are based solely on an FTE percentage that is applied to an individual rate of pay and these details are clearly specified within the terms of the contract.

**31. Since health center budgets reflect multiple revenue sources in addition to the section 330 grant consistent with authorizing statute, is it permissible for a health center budget to contain salaries at a rate in excess of Executive Level II (i.e., \$181,500)?**

Yes, Health Center Program grant project budgets may contain salaries at a rate in excess of \$181,500 due to the fact that Health Center Program grantees are permitted to use non-grant funds for expenditures that would otherwise be considered unallowable uses of

federal grant funds, as long as these uses: (1) are not specifically prohibited in section 330 statute, and (2) further the objectives of the project.

Note that salaried amounts paid in excess of the capped rate of pay must be covered entirely by program income sources and not by federal grant dollars. Consulting with the Health Center Program grantee's auditor regarding appropriate accounting of income sources for such expenditures is recommended. In addition, HRSA recommends that Health Center Program grantees retain documentation that salary levels above the cap have been approved by the governing board as being reasonable and consistent with local and prevailing salary levels for such positions and furthering the objectives/mission of the project.

**32. Does the salary limitation apply to other forms of compensation (bonuses, incentives, fringe benefits, etc.) that are awarded to individuals employed by the health center?**

No, the salary limitation does not apply to other forms of compensation; however, health centers should ensure these are reasonable and further the objectives of the Health Center Program.

**33. Who can I contact for specific questions about budget preparation, including eligible costs?**

Contact Carolyn Testerman in the Division of Grants Management Operations at 301-594-4244 or [ctesterman@hrsa.gov](mailto:ctesterman@hrsa.gov).

### **Application Submission**

**34. Where can I get the BPR Instructions?**

The BPR Instructions are available on the BPR TA webpage:  
<http://bphc.hrsa.gov/policiesregulations/continuation>.

**35. How do I submit my BPR?**

All components of the BPR submission are to be provided to HRSA via EHB.

**36. When is my BPR due?**

Refer to Table 1 in the BPR Instructions or  
<http://bphc.hrsa.gov/policiesregulations/continuation> for the EHB deadline for each FY 2015 budget period start date.

**37. Is there a page limit for the BPR submission?**

The page limit is 40 pages. However, submissions are likely to be considerably shorter than this limit due to the majority of information being submitted directly in EHB.

**38. When can a grantee begin the EHB submission process?**

A grantee will receive notification from the EHB system that work can begin on the BPR submission approximately six weeks before that grantee's BPR submission deadline.

Notification from EHB will go to all individuals who have noncompeting continuation edit privileges in EHB for the grantee organization.

**39. How will a grantee be notified if its BPR was not successfully submitted in EHB?**

After attempting to submit, grantees will receive any error messages directly on their screen, not by e-mail. All submission errors must be corrected prior to the EHB deadline.

**40. What happens if HRSA determines that a grantee's submission is insufficient?**

An incomplete or non-responsive BPR submission will be returned to the grantee through a "request change" notification via EHB. The grantee will be required to provide clarification or submit missing information within a short time-frame. Failure to submit the BPR by the established deadline or submitting an incomplete or non-responsive progress report may result in a delay in Notice of Award issuance or a lapse in funding.

**Award Information**

**41. When will BPR funds be awarded?**

BPR funding will be issued on or around the FY 2015 budget period start date (see Table 1 of the BPR Instructions).

**Technical Assistance and Contact Information**

**42. Who should I contact with programmatic questions concerning the BPR submission requirements and process?**

Refer to the BPHC TA webpage at <http://bphc.hrsa.gov/policiesregulations/continuation> for TA slides, a recording of the grantee TA call, EHB User Guide for BPR/NCC, FAQs, and samples of the Program Specific Forms, among other resources. Grantees may also contact René Herbert in the Bureau of Primary Health Care's Office of Policy and Program Development at [BPHCBPR@hrsa.gov](mailto:BPHCBPR@hrsa.gov) or 301-594-4300.

**43. Who should I contact with budget-related questions?**

Contact Carolyn Testerman in the Division of Grants Management Operations at 301-594-4244 or [ctesterman@hrsa.gov](mailto:ctesterman@hrsa.gov).

**44. If I encounter technical difficulties when trying to submit my application in HRSA EHB, who should I contact?**

Contact the BPHC Helpline Monday through Friday, 8:30 a.m. to 5:30 p.m. ET (excluding Federal holidays) at 1-877-974-2742 or [BPHCHelpline@hrsa.gov](mailto:BPHCHelpline@hrsa.gov).