



August 14, 2023

Dear Potential Applicant:

You are invited to submit an application to the Pennsylvania Department of Health in accordance with the enclosed Request for Applications (RFA) #67-161.

A pre-application conference will be held via Microsoft Teams on August 30, 2023 from 9:30 AM-11:30 a.m. ET. Potential applicants can join via Microsoft Teams by clicking on this link or pasting it into your browser:

https://teams.microsoft.com/l/meetup-join/19%3ameeting_NTUxZTg5ZTEtM2FiNy00MzY1LTliMDYtZWZkODU5%40thread.v2/0?context=%7b%22id%22%3a%22418e2841-0128-4dd5-9b6c-47fc5a9a1bde%22%2c%22oid%22%3a%228a56d791-2277-430a-aaf1-89a5ee44200d%22%7d

or by phone at 1-267-332-8737. The conference ID is 298 535 793#. If attending by phone, any content shown on Teams call screen will not be visible. Applicant attendance is optional but highly recommended due to revision of program policies.

All questions regarding this RFA must be directed by e-mail to RA-DHCBHCP@pa.gov, no later than 12:00 p.m. on **August 23, 2023**. All questions must include the specific section of the RFA about which the potential applicant is requesting clarification. Answers to all questions will be posted at www.emarketplace.state.pa.us. Click on 'Solicitations' and search for the above RFA number.

Please submit one application, (Part 2 of this RFA) by email to RA-DHHEALTH_DEPT_DOC@pa.gov. The Department cannot accept secure or encrypted emails. Any submission via secure or encrypted email will be immediately discarded. **Applications must be received no later than 1:30 p.m. ET on September 19, 2023**. Applications can be submitted as soon as they are ready for submission; to prevent late submissions, applicants are encouraged to not wait until this closing date and time. The timestamp on the received application email in the RA-DHHEALTH_DEPT_DOC@pa.gov inbox is the final and only timekeeper to determine if the application was received by the deadline.

LATE APPLICATIONS WILL NOT BE ACCEPTED REGARDLESS OF THE REASON.

Please type "APPLICATION ENCLOSED RFA #67-161" as the subject line of your e-mail submission.

We expect that the evaluation of applications and the selection of Grantees will be completed within eight weeks of the submission due date.

Sincerely,

Office of Procurement
For Agency Head

Enclosure

Request for Application
Community-based Health Care Program

RFA Number
RFA# 67-161

Date of Issuance
August 14, 2023

Issuing Office: Pennsylvania Department of Health
Office of Procurement
Email: RA-DHHEALTH_DEPT_DOC@pa.gov

RFA Project Officer: Dawn Spero
Pennsylvania Department of Health
Pennsylvania Primary Care Office
Email: RA-DHCBHCP@pa.gov

Community-based Health Care Program RFA# 67-161

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Part Two: Title of Application

Application Forms and Attachments

- I. Cover Page
- II. BOP-2201 Worker Protection and Investment Certification Form
- III. Work Statement
- IV. Budget Template is downloadable and is attached for completion of the budget request
- V. Budget Justification
- VI. Additional Appendices
- VII. 501 (c) (3)

Any Grant Agreement resulting from this RFA will include certain standard terms and conditions, which will either be attached as paper appendices or incorporated by reference and may be found at <http://www.health.pa.gov/vendors>. These terms and conditions are listed below:

- Payment Provisions (Rev. 9/21)
- Standard General Terms and Conditions (Rev. 2/21)
- Audit Requirements (Rev. 8/18)

- Commonwealth Travel and Subsistence Rates (Rev. 8/18)
- Federal Lobbying Certification and Disclosure (Rev. 12/05)
- Minimum Personal Computer Hardware, Software, and Peripherals Requirements (Rev. 1/19)
- Pro-Children Act of 1994 (Rev. 12/05)

PART ONE

Community-based Health Care Program RFA# 67-161

General Information

A. Information for Applicants

In May 2013, Act 10 of 2013, Community-based Health Care Act, became law and established the Community-based Health Care Program (Program) within the Pennsylvania Department of Health (Department). The purpose of the Program is to provide funding to Community-based health care clinics to:

- a) Expand and improve health care access and services such as preventive care, chronic care and disease management; prenatal, obstetric, postpartum and newborn care; dental treatment, behavioral health and pharmacy services
- b) Reduce unnecessary utilization of hospital emergency services by providing an effective alternative health care delivery system, and
- c) Encourage collaborative relationships among Community-based health care clinics, hospitals and other health care providers

Through this RFA process, the Pennsylvania Department of Health (Department) is soliciting applications for primary health care projects for the Community-based Health Care Program. The anticipated Grant Agreement term is July 1, 2024, to June 30, 2026, subject to the availability of funding. If the anticipated effective date is changed by the Department for the resulting Grant Agreement, the term is expected to remain a total of 24 months, subject to the availability of funding.

The Department is soliciting Program applications for Grant funding in the following categories:

- a) **Grant Category 1:** The development and opening of a new Community-based health care clinic providing comprehensive primary health care services. **Applications for Category 1 do not include relocation of a current clinic to a new site. Applications for Category 1 do not include development and opening of any new Community-based health care clinic that does not provide comprehensive primary health care services.**
- b) **Grant Category 2:** The expansion or improvement of the delivery of primary health services at an existing Community-based health care clinic.
- c) **Grant Category 3:** The addition, expansion or improvement of the delivery of prenatal, obstetric, postpartum and newborn care services at an existing Community-based health care clinic.
- d) **Grant Category 4:** The development of alternate health care delivery systems administered by Community-based health care clinics to improve the delivery of services and access to reduce hospital emergency room utilization.
- e) **Grant Category 5:** The establishment of collaborative relationships between community-based health care clinics, hospitals and other health care providers.

The overall goal of this funding to increase access to comprehensive primary health care services for the uninsured, underinsured and underserved populations of the Commonwealth of Pennsylvania.

For the purposes of this RFA, comprehensive primary health services are defined as basic primary and preventive health care services provided by physicians, and where appropriate, physician

assistants, nurse practitioners, and certified nurse midwives practicing in family medicine, internal medicine, pediatrics, obstetrics and gynecology.

Services proposed for this Program may include prenatal and perinatal services; cancer screening; well-child services; immunizations against vaccine preventable diseases; screenings for elevated blood levels, communicable diseases and cholesterol; eye, ear and dental screenings; preventive dental services; family planning services; referrals to other providers of medical services (including medical specialists and mental and substance abuse providers).

In addition to the services provided by physicians, physician assistants, nurse practitioners and nurse midwives, the following services are considered comprehensive primary health care services: general dental services; behavioral and mental health services; pharmaceutical services; patient case management services; services that enable individuals to use health clinic services (such as transportation services, language interpreter services); patient health education services; chronic care and disease management services.

For the purposes of this RFA, comprehensive primary health care services ***do not include*** medical specialty services (such as, but not limited to hospice, rehabilitation, oncology, rheumatology, endocrinology, gastroenterology, cardiology) or dental specialty services (such as, but not limited to orthodontics, endodontics, periodontics or other dental specialty services).

Only organizations and clinics that provide comprehensive primary and preventive health care services furnished by physicians (and other health care providers named above) practicing in family medicine, internal medicine, pediatrics, obstetrics and gynecology are eligible to apply through this RFA. Organizations and clinics that only provide general dentistry services, behavioral and mental health services, medical specialty services, dental specialty services and social and human services are not eligible to apply.

Funding through this Program is for initial implementation or service expansion that will be sustained by the Grant awarded applicant(s) beyond the Grant period. Funding may not be used to sustain existing operations or continue current service programs.

Applications are welcomed from Pennsylvania community-based health care clinics providing comprehensive primary health care services meeting all eligibility requirements as outlined in this RFA.

GRANT ELIGIBILITY: APPLICATIONS THAT DO NOT MEET THE FOLLOWING ELIGIBILITY REQUIREMENTS WILL NOT BE REVIEWED AND WILL BE REJECTED.

- a) Applicants shall be a community-based health care clinic located in Pennsylvania that provides (or proposes to provide, if applying to establish a new community-based health care clinic) comprehensive primary health services as defined in Section A.1. to all patients without regard for the patient's ability to pay.
- b) Applicants shall be one of the following:
 - i. Federally Qualified Health Center (FQHC) or FQHC-Look Alike
 - ii. Certified Rural Health Clinic (RHC)

- iii. Hospital health clinic: A clinic owned and operated by a hospital or health system that provides outpatient comprehensive primary health services.
 - iv. Free health clinic (that provides services through volunteer and non-volunteer health care providers): A clinic that provides primary health services and does not accept reimbursement for health care services from any third-party payer, which would include reimbursement under any insurance policies or health benefits plans, including Federal or state health benefits programs. The clinic does not charge patients for services provided based on the ability to pay or otherwise. The clinic may accept voluntary donations for the provision of services.
 - v. Nurse managed health care clinic: A clinic that provides primary health services and is managed by a Certified Clinical Nurse Specialist, Certified Registered Nurse Anesthetist, Certified Registered Nurse Practitioner or a Certified Nurse Midwife.
- c) Applications shall document that the **proposed project site location** where services shall be delivered either:
- i. Is located within an area that has a **current** Federal designation as defined by the U.S. Health Resources and Services Administration (HRSA) as a Primary Care (PC) Health Professional Shortage Area (HPSA); a Medically Underserved Area/Population (MUA/P) designation; a FQHC/FQHC-Look Alike or (RHC) with a “facility PC HPSA designation”, or,
 - ii. Served a minimum of 30% low income patients at the location from January 1, 2022 to December 31, 2022. Low income patients include patients in the following categories: Medicaid (MA) patients, Discounted sliding fee scale patients and No pay patients. (The form to document low income patient profile is found in the Project Impact Section of the Work Statement Template for each application Grant Category (Appendices 1, 2, 3, 4 and 5 of this RFA)).

To determine the location of the proposed project site relative to currently designated PC HPSAs or MUA/Ps, contact the Primary Care Office at (717) 772-5298 or refer to the HRSA website: www.hrsa.gov/shortage/ for current PC HPSA designations, MUA/P designations and HPSA/MUA/P criteria and definitions.

Applicants are encouraged to focus on population health improvement by proposing new, evidence-based, innovative models of service delivery which will measurably demonstrate improved health outcomes for the population(s) served by the clinic (or a for a defined sub-population of clinic patients, for example homeless patients, and patients with diabetes). These innovative models may focus on the social determinants of health, as well as collaborative, intersectoral partnerships to improve health and access to health care services.

Applicants may submit more than one application for this RFA cycle. **Each application must be submitted for one project at one clinic site location.** Only one award shall be made per applicant organization, including those with multiple health clinic sites, regardless of the number of applications submitted. Awards will be made in accordance with Act 10 of 2013, Subchapter B, Section 111, paragraph b5.

A current Category 1 Grantee with a Grant ending June 30, 2024, may **not** apply in Categories 2, 3, 4 or 5 for the same health clinic site in response to this RFA as any application would be considered

an extension of the current project to open a new community health care clinic. All grants are stand-alone projects and are expected to be self-sustaining following the expiration of the Grant period. A current Category 1 Grantee may submit a Grant Category 1 application for another health clinic site location.

A current Grantee with a Grant ending June 30, 2024, in Categories 2, 3, 4 or 5 may **not** apply in Categories 2, 3, 4 or 5 for the **same** health clinic site, but may apply in Categories 1, 2, 3, 4 or 5 for a new and separate project at **another** health clinic site. **All applications received for projects at the current health clinic site will be rejected and will not be reviewed.**

Additional information about how to apply, relevant and specific restrictions, and stated preferences regarding applicants are noted and outlined in Section B. Applicants are encouraged to be innovative and creative in their approach.

This RFA provides interested and eligible parties with information to prepare and submit applications to the Department. Questions about this RFA can be directed to the contact listed on the potential applicant letter (which is the first page of this RFA) by the date and time listed therein. All questions must include the specific section of the RFA about which the potential applicant is requesting clarification. Answers to all questions will be posted under the RFA Solicitation at www.emarketplace.state.pa.us. Each applicant shall be responsible to monitor the website for new or revised RFA information. The Department shall not be bound by any information that is not either contained within the RFA or formally issued as an addendum by the Department.

In order to do business with the Commonwealth of Pennsylvania providers are required to enroll in the SAP system. Applicants may enroll by selecting “Non-Procurement” at: <https://www.budget.pa.gov/Services/ForVendors/Pages/Vendor-Registration.aspx> or by calling toll free at 1-877-435-7363. The PDF and MP4 embedded links next to “Non-Procurement” provide guidance on enrolling.

All Grant Agreement awards are subject to availability of funds.

All Grant Agreements issued pursuant to this RFA shall include a requirement for a matching commitment of 25% of the Grant Agreement amount which can be in the form of cash or equivalent in-kind service. The matching funds or value of in-kind services for all Grant Agreement categories shall not exceed 25% of Grant Agreement amount. The source and amount of the matching commitment (including the dollar equivalent of in-kind services) shall be identified in the budget portion of the application. Fund raising may not be used for matching commitment. Matching commitment (cash or in-kind) must directly support the proposed project.

All matching commitments shall be committed at the time of the submission of the Grant application via a signed letter(s), included in the additional appendices section of the application. Each letter shall be signed by an individual with signatory authority from the organization(s) committing the matching funds or in-kind services. Each letter shall state the dollar amount of the commitment (cash or in-kind equivalent) for each budget year of the Grant Agreement. If the matching commitment is in-kind services, a description, valuation and method of valuation of those services related to the proposed project shall be included in

the letter. Each letter shall also note any specific restrictions for the use of matching funds in the resulting Grant Agreement (for example, if the organization providing matching funds requests that those funds be used only for direct patient care and not for renovations or equipment, this restriction shall be noted in the signed letter of commitment). If the applicant is the organization committing the matching funds or in-kind services, the letter shall be signed by an officer of the Board of Directors. Any letters that are sent separately from the application will be returned to the sender and will not be accepted.

Projects shall not exceed 24 months.

B. Application Procedures

1. General

- a) Applications must be received by the Department by the time and date stated in the cover letter. The Department will reject any late applications. The decision of the Department with regard to timeliness of submission is final.
- b) If it becomes necessary to revise any part of the application guidelines, an amendment will be posted under the RFA Solicitation at www.emarketplace.state.pa.us.
- c) The decision of the Department with regard to selection of applicants is final. The Department reserves the right, in its sole and complete discretion, to reject any and all applications received as a result of this request and to negotiate separately with competing applicants.
- d) The Department is not liable for any costs the applicant incurs in preparation and submission of its application, in participating in the RFA process or in anticipation of award of the resulting Grant Agreement(s).
- e) The Department reserves the right to cancel the RFA at any time up until the full execution of the resulting Grant Agreement(s).
- f) Awarded applicants and non-selected applicants shall not be permitted to issue news releases pertaining to this project prior to official written notification of award by the Department review committee. Any subsequent publication or media release issued by the Grantee throughout the life of the Grant using funding from this Grant Agreement must acknowledge the Department as the granting agency and be approved in writing by the Department.
- g) All applicants shall include a copy of an Internal Revenue Service 501(c)(3) Tax Exempt Verification Letter issued in the name of the applicant organization as proof of the applicant's nonprofit status. Failure to include this documentation may result in the the application being rejected and not evaluated and the applicant will be notified in writing of same.
- h) Applicants may submit more than one application for this RFA. **Each application shall be submitted for one project at one clinic-site location and shall be submitted separately.** Only one award shall be made per applicant organization, including those with multiple health clinic sites, regardless of the number of applications submitted.

2. Evaluation of Applications

All applications meeting stated requirements in this RFA and received by the designated date and

time, will be reviewed by a committee of qualified personnel selected by the Department. The Review Committee will recommend applications that most closely meet the evaluation criteria developed by the Department. If the Review Committee determines that additional clarification of an application is needed, Pennsylvania Primary Care Office staff and staff from the Office of Procurement will schedule an oral presentation, either in person or via a conference call, or assign a due date for the submission of a written clarification, or both.

Evaluation criteria used by the Review Committee for all applicants, include:

- a) Demonstration of understanding and intent of the RFA
- b) Soundness of Approach
- c) Feasibility
- d) Budget and Budget Justification

3. Awards

Grants will be administered through the Department.

Following technical review of applications, Grant Agreement awards will be made in accordance with Act 10 of 2013, Subchapter B, Section 111, paragraph 1 following general limitations and conditions, except that the Department may reallocate funds among the Grant categories if sufficient qualified Grant applications in each Grant category are not received:

- a) Not more than 50% of available funding will be awarded for expansion or service delivery system improvements at existing community-based health care clinics and the development of new community-based health care clinics. The Department anticipates awarding approximately six Grant Agreements for expansion at existing community-based health care clinics and the development of new community-based health care clinics.
- b) Not more than 25% of available funding will be awarded for expansion or improvements in the delivery of prenatal, obstetric, postpartum and newborn care services. The Department anticipates awarding four Grant Agreements for expansion or improvements in the delivery of prenatal, obstetric, postpartum and newborn care services.
- c) Not more than 20% of available funding will be awarded for service delivery system improvements, to increase access to care and to reduce utilization of hospital emergency room services. The Department anticipates awarding three Grant Agreements for service delivery system improvements, to increase access to care and to reduce utilization of hospital emergency room services.
- d) Not more than 5% of available funding will be awarded for the establishment of collaborative relationships among community-based health care clinics, hospitals and other health care providers to improve transitions of care for patients. The Department anticipates awarding three Grant Agreements for the establishment of collaborative relationships among community-based health care clinics, hospitals and other health care providers to improve transitions of care for patients.
- e) Not more than 15% of available funding will be awarded to applicants within any one

city, town, borough or township of this Commonwealth.

All applicants will receive official written notification of the status of their application from the Department. Unsuccessful applicants may request a debriefing. This request must be in writing and must be received by the Pennsylvania Primary Care Office within 30 calendar days of the written official notification of the status of the application. The Pennsylvania Primary Care Office will determine the time and place for the debriefing. If the debriefing is held via Microsoft Teams, a link, phone number, and conference ID number will be provided. The debriefing will be conducted individually by Pennsylvania Primary Care Office staff. Comparison of applications will not be provided. Applicants will not be given any information regarding the evaluation other than the position of their application in relation to all other applications and the strengths and weaknesses in their individual application.

4. Deliverables

a) Refer to Appendices 1-5 for the selected project Category 1-5 for Work Statement deliverables.

5. Reporting Requirements

- a) The awarded applicants shall submit to the Department a written quarterly report of progress, issues and activities, and, at a minimum, identify if activities are proceeding according to the project plan, and explain any deviations from the project plan. The specific format of these reports shall be provided prior to the start of the Grant Agreement. Any changes to the scope of the proposed project are not permitted. Any changes to the methodology of the proposed project during the term of the Grant Agreement must be approved in writing by the Department.
- b) The awarded applicants shall submit to the Department a final written report no later than August 15, 2026. The final report shall include the last three months of the Grant Agreement term, provide an overall summary of the project, and include the total number of new patients and patient visits for the proposed project during the term of the Grant Agreement.
- c) The awarded applicants shall report to the Department any changes in key personnel. Key personnel are defined as any personnel the applicant deems necessary for the completion of the Grant Agreement deliverables.

C. Application Instructions and Required Format

1. Application Instructions

The following is a list of requirements.

- a) The applicant must submit one application (Part Two of this RFA), by email to RA-DHHEALTH_DEPT_DOC@pa.gov. The Department cannot accept secure or encrypted emails. Any submission via secure or encrypted email will be immediately discarded.

- b) The application must be received by the date and time specified in the cover letter. Applicants should consider that technical difficulties could arise and allow sufficient time to ensure timely email receipt. **(Late applications will be rejected, regardless of the reason). The application can be submitted as soon as it is ready for submission; to prevent late submissions, applicants are encouraged to not wait until the closing date and time in the cover letter.**
- c) Note there is a 10MB size limitation per email. If the application exceeds 10MB, zip the file to reduce the size or submit multiple emails so the entire application is able to be received.
- d) The application must be submitted using the format described in subsection 2, below – Application Format.
- e) The Certifications Form must be completed and signed by an official authorized to bind the applicant/organization to the application.
- f) The Worker Protection and Investment Certification Form (BOP-2201) must be completed and signed by an official authorized to execute the certification on behalf of the applicant, and certify that the applicant is compliant with applicable Pennsylvania state labor and workplace safety laws.
- g) 501(c)(3) form

Applicants are strongly encouraged to be brief but clear in the presentation of ideas.

2. Application Format

Applicants must follow the format as described below to complete Part Two of this RFA. Applications must be typewritten on 8 ½” by 11” paper, with a font size no smaller than 10 point and margins of at least ½ inch.

- a) **Cover Page** – Complete the form. This form must be signed by an official authorized to bind the applicant/organization to the application.
- b) **501(c)(3) Form - Applicant shall document its status as not-for-profit. A not-for-profit** organization must submit a copy of its Internal Revenue Service 501(c)(3) Tax Exempt Verification Letter. If a not-for-profit organization is a unit of a foundation or corporation, and is not a separate legal entity, the application, the 501(c)(3) and federal Employer Identification Number (EIN) must be that of the foundation or corporation. If the applicant is a separate legal entity, even if it is a subsidiary of a parent organization, the application, 501(c)(3), and federal EIN must be that of the applicant itself. The applicant for the Community-Based Health Care Program funds shall have the fiscal and administrative ability to receive funds and to carry out the purpose of the Grant Agreement. It shall be the applicant’s responsibility to execute the Grant Agreement and assume the obligations included in that Grant Agreement.
- c) **Worker Protection and Investment Certification Form (BOP-2201)** – BOP-2201 must be completed and signed by an official authorized to execute the certification on behalf of the applicant, and must certify that the applicant is compliant with applicable **Pennsylvania state labor and workplace safety laws.**

- d) **Work Statement** – The work statement narrative shall not exceed 14 single-spaced pages, 12 font type, 1-inch margins, single sided, and numbered consecutively starting with page 1. The Budget, Budget Narrative and Appendices are not included in the 14-page limit of the Work Statement. Provide a narrative description of the proposed project as outlined in Appendices 1-5 for the selected Category project. **Applications for each category shall include all requested information in the required format. All information supplied shall be separated according to the work statement topic, clearly labeled by topic and submitted in the order identified in the work statement format.**
- e) **Budget Detail and Budget Narrative** – Use the downloadable format to present your budget request. Instructions regarding completion of the budget can be found in the last worksheet of the downloadable excel budget file. The anticipated Grant Agreement term is effective July 1, 2024 and terminates June 30, 2026. The overall 24-month budget for the application shall not exceed \$300,000 for Category 1, and \$250,000 for Categories 2, 3 or 4 and \$100,000 for Category 5. The budget must contain an Overall Summary in addition to a Summary with Budget Details for each year. The annual 12-month budget may not exceed \$150,000 for Category 1, \$125,000 for Categories 2, 3 and 4 and \$50,000 for Category 5.

Category 1	Overall Summary July 1, 2024 to June 30, 2026	\$300,000
	Year 1 Summary July 1, 2024 to June 30, 2025	\$150,000
	Year 2 Summary July 1, 2025 to June 30, 2026	\$150,000
Category 2, 3 and 4	Overall Summary July 1, 2024 to June 30, 2026	\$250,000
	Year 1 Summary July 1, 2024 to June 30, 2025	\$125,000
	Year 2 Summary July 1, 2025 to June 30, 2026	\$125,000
Category 5	Overall Summary July 1, 2024 to June 30, 2026	\$100,000
	Year 1 Summary July 1, 2024 to June 30, 2025	\$50,000
	Year 2 Summary July 1, 2025 to June 30, 2026	\$50,000

Applicants shall include a budget narrative which justifies the need to allocate funds for items in the spreadsheet of the itemized budget and demonstrates how they will maximize cost effectiveness of Grant expenditures. **Applicants shall also explain how all costs are calculated, how they are relevant to the completion of the proposed project, and how they correspond to the information and figures provided in the Budget Detail Summary.**

See the Budget Definitions section below for more information.

3. Budget Definitions

Personnel: This budget category shall identify each position by job title, hourly rate, and the

number of hours per year allocated to the project. Fringe benefits are to be shown as a separate line-item by percentage and shall include a detailed listing of the benefits being covered.

Consultant Services: This budget category shall identify the services to be provided by each consultant including hourly rate and number of hours to be utilized under this Grant Agreement.

Subcontract Services: This budget category shall identify the services to be provided by each subcontractor under this Grant Agreement.

Patient Services: This budget category is not applicable to this RFA and must not be utilized.

Equipment: This budget category shall reflect the actual or projected cost of any equipment \$5,000 or greater. Justification for the purchase of any equipment must be included. Purchase of equipment is not a priority of the Department.

Supplies: This budget category shall reflect expected costs for medical or dental supplies or both, as well as general office supplies including personal computers and facsimile machines valued at less than \$5,000, needed to support this project. Purchase of supplies is not a priority of the Department.

Travel: This budget category shall include anticipated expenditures for travel including mileage, hotels and meals.

Other: This budget category shall be used for anticipated expenditures that do not fit into any of the other budget categories such as telephone, printing, postage and office renovation. Indirect rates are not applicable to this funding and therefore shall not be included.

D. Appendices

1. Category 1 Work Statement Format
2. Category 2 Work Statement Format
3. Category 3 Work Statement Format
4. Category 4 Work Statement Format
5. Category 5 Work Statement Format
6. Primary Care Office Discounted Sliding Fee Requirements
7. Community-based Health Care Program PATIENT AND Patient Visit Instructions

Category 1 Work Statement Format

Grant Category 1: The development of a new Community-based health care clinic providing comprehensive primary health care services to increase access to care for the uninsured, underinsured and underserved populations in the community. **This Category does not include relocation of a current clinic to a new site or any site not offering comprehensive primary care services. Any applications submitted incorrectly as a Category 1 Application shall be evaluated in the appropriate Category.**

1. Topic: Project Overview (maximum half page)

Provide a brief overview of the proposed project describing the target population to be served, proposed services to be offered, how the Grant funding will be utilized and how the proposed project will increase access to primary health care for the uninsured, underinsured or underserved populations in the community.

2. Topic: Project Description

A narrative description of the proposed project must include:

- a) Description of applicant organization (maximum half page).
- b) Identification of the HPSA or MUA/P of the proposed new Community-based health care clinic.
- c) Description of proposed site including address, ownership of the property, status of any lease agreement, if applicable, conditions for the site to be operational and proposed opening date. Identify and explain the need for renovations or modifications to be completed and provide a **signed copy** of the contractor's cost proposal.
- d) Description of the **community need** for the new Community-based health care clinic. Provide data and sources to support your proposal.
- e) Description of **target population** to be served by the new Community-based health care clinic including minority and low income populations. Provide data and sources to support your proposal.
- f) Description of comprehensive primary health care services to be provided to the proposed target population.
- g) Description of how the services will increase access to primary health care for the target populations described in 2.e. above during the project period.
- h) Brief description of how Grant funds will be used and matching commitment will be applied in the project.
- i) Identification of the proposed director for this project, including a brief description of the director's competencies and role in managing the project.
- j) Description of new and existing (if any) staff positions to be utilized in implementing this project as well as any specialized training or licenses or both required for the specific positions. Note that funding for this proposed project does not reimburse for fulltime current existing employees. This includes staff transferred from other clinic sites.

- k) Resumes of existing staff persons and position descriptions for vacant positions working directly on the proposed project must be included in the Additional Appendices section of the application

3. Topic: Logic Model

Complete the logic model template below to describe the quarterly inputs, activities, outputs and overall expected outcome(s) for the proposed project for the entire Grant term July 1, 2024, through June 30, 2026.

Inputs: Describes/lists the resources, money, staff time, volunteers, facilities, equipment, etc. needed to implement and operate the proposed project. These inputs relate directly to the funding requested or the matching commitment.

Activities: Explains what the program will do with its inputs to achieve the measurable outputs within the proposed timelines.

Outputs: Describes what is produced as a measurable result of the activities, explaining how the program uses its inputs to implement the proposed project which lead to the desired outcomes. Outputs measure what the program achieves and who the program reaches. Some examples include the number of workshops held, the number of counseling sessions conducted, the number of community outreach programs contacted.

Outcomes: Describes the results, improvements, changes or benefits for patients as a result of the program activities. Outcomes can be short term, medium term or long term.

Project Period	Inputs	Activities	Outputs	Outcomes
July 1, 2024- September 30, 2024				
October 1, 2024 – December 31, 2024				
January 1, 2025 – March 31, 2025				
April 1, 2025 – June 30, 2025				
July 1, 2025 – September 30,				

2025				
October 1, 2025 - December 31, 2025				
January 1, 2026 – March 31, 2026				
April 1, 2026 – June 30, 2026				

4. Topic: Access

- a) The narrative must include a statement of intent to provide services to all, regardless of ability to pay and a written policy to this effect must be included in the Additional Appendices section of the application.
- b) The narrative must include a statement that the organization is enrolled in (or will enroll) and remain enrolled throughout the Grant period in:
 - i. Medicare
 - ii. Medicaid (MA)
 - iii. Children’s Health Insurance Program (CHIP)
- c) A discounted sliding fee scale and an approved policy by applicant’s Board of Directors (Board) to implement the discounted sliding fee scale must be included in the Additional Appendices section of the application.
 - i. The discounted sliding fee scale must be developed using current Federal poverty guidelines with discounts to those with income up to 200 % of poverty level. Refer to Appendix 6 Primary Care Office Discounted Sliding Fee Scale Requirements.
 - ii. The applicant’s Board approved policy must include a **“no pay” or “\$0 fee” option** for those unable to pay, provisions that assure no patient will be denied service based on inability to pay, a full discount or only a nominal charge for individuals or families at or below 100 % of the poverty level, the process for the applicant’s Board to review and update the discounted sliding fee scale and the policy and process for how patients are made aware of the discounted sliding fee scale and the process for determining nominal fees.
 - iii. The only exception to the requirements that the applicant be enrolled in public insurance (Medicare, MA, and CHIP) and include with the application a discounted sliding fee scale is for clinics that provide services to patients at no charge (free clinics), in which case the application shall include a statement that individuals having MA or Medicare insurance but who document having no access to a primary health care provider accepting these insurances will receive primary health care services at the free clinic until such time that a provider participating in the applicable insurance program (MA or Medicare) is available. Applicant’s Board

approved policy regarding the provision of primary health care services at no charge to MA and Medicare covered individuals who do not have access to participating primary health care providers must be included in the Additional Appendices Section of the application.

5. Topic: Project Impact

To complete the tables below, refer to **Appendix 7** Community-based Health Care Program Patient and Patient Visit Instructions which defines “patient” and “patient visits” and provides instructions for counting both.

TABLE 1 – PATIENT NUMBERS: Provide realistic and supportable projections of the total number of unduplicated **new patients for the proposed project** during each year of the project period by coverage type in the following format. Applicant must explain how these projections were determined **describing the methodology used to create these projections.**

Coverage Type	Proposed # New Patients (7/1/2024 - 6/30/2024)	Proposed # New Patients (7/01/2024-6/30/2025)
Number of patients served with Medicare		
Number of patients served with Medicaid (MA)		
Number of patients served with Children’s Health Insurance Program (CHIP)		
Number of patients served not charged due to inability to pay		
Number of patients served that could not pay full amount but paid something (discounted sliding fee scale)		
Number of patients with full pay/commercial insurance		
TOTAL Number of Patients		

TABLE 2 – PATIENT VISITS: Provide realistic and supportable projections of the total number of patient visits **related to the project** during each year of the project period by coverage type in the following format. **Applicant must provide a description of the methodology used to create these projections.**

Coverage Type	Proposed # Patient Visits (7/01/2024-6/30/2025)	Proposed # Patient Visits (7/01/2025-6/30/2026)
Number of visits for patients with Medicare		
Number of visits for patients with Medicaid (MA)		

Number of visits for patients served with Children’s Health Insurance Program (CHIP)		
Number of visits for patients not charged due to inability to pay		
Number of visits for patients that could not pay full amount but paid something (discounted sliding fee scale)		
Number of visits for patients with full pay/commercial insurance		
TOTAL Number of Patient Visits		

6. Topic: Capacity to Implement

Description of applicant’s capacity to implement project:

- a) Description of applicant’s governance structure.
- b) Description of applicant’s organizational structure.
- c) Description of proposed clinical staffing at new clinic.
- d) Description of proposed administrative and support staffing at new clinic.
- e) Detailed plan for provider retention and recruitment
- f) Description of applicant’s fiscal status demonstrating capacity to implement.
(Note: Grant funds provide reimbursement for expenditures; applicant must describe plan to pay for costs incurred prior to reimbursement.)

7. Topic: Sustainability Plans

Description of plans to sustain project beyond the Grant period to include:

- a) **Detailed** plans for maintaining long-term operation of the project:
- b) Project growth projections (facilities, personnel, services)
- c) Funding sources
- d) Fiscal plan

8. Additional Appendices (Attachment VI)

The following must be included:

- a) Signed letters of financial commitment for matching requirement (cash or dollar equivalent in-kind services with supporting valuation documentation)
- b) Signed letter of approval to use other Grant funds as matching funds, if applicable
- c) Resumes of the Director and staff proposed for the project, if available. See reference in 2. i and j.
- d) Position description for new or vacant positions referenced in 2. k.
- e) Copy of discounted sliding fee scale and applicant’s Board approved policy to ensure services to those unable to pay
- f) Contractor description and estimate for office renovations, if applicable

DO NOT INCLUDE LETTERS OF SUPPORT. Any letters of support will not be considered for this RFA.

9. Budget Template (Attachment IV)

Use the downloadable format to present your budget request. Instructions regarding completion of the budget can be found in the last worksheet of the downloadable Excel budget file.

The anticipated Grant Agreement term is July 1, 2024, to June 30, 2026. The overall 24-month budget for the application shall not exceed \$300,000. The budget must contain an Overall Summary in addition to a Summary with Budget Details for each fiscal year.

		Maximum Amounts
Overall Summary	July 1, 2024 to June 30, 2026	\$300,000
Year 1 Summary	July 1, 2024 to June 30, 2025	\$150,000
Year 2 Summary	July 1, 2025 to June 30, 2026	\$150,000

10. Budget Justification (Attachment V)

The Budget Justification must be a **narrative** of the budget, by category, clearly **justifying** budget requests and needs as they relate to the proposed project and explaining in detail the method which was used to arrive at specific budget amounts. The Budget Justification must relate to the logic model inputs, activities, outputs and outcomes (Section 3 above) to include:

- a) explanation of personnel expenses
- b) explanation and justification for equipment, supplies, and office renovations
- c) written estimates for equipment, supplies, and for any renovations included in this project
- d) identification of consultants and contractors with written estimates

11. Budget Definitions:

- a) **Personnel:** This budget category shall identify each position **to be hired** by job title, hourly rate, and the number of hours per year allocated to the project. Fringe benefits are to be shown as a separate line item by percentage and shall include a detailed listing of the benefits being covered.
- b) **Consultant Services:** This budget category shall identify the services to be provided by each consultant including hourly rate and number of hours to be utilized under this Grant.
- c) **Subcontractor Services:** This budget category shall identify the services to be provided by each subcontractor under this Grant.
- d) **Patient Services:** This budget category is not applicable to this RFA.
- e) **Equipment:** This budget category shall reflect the actual or projected cost of any equipment \$5,000 or greater. Justification for the purchase of any equipment must be included. Purchase of equipment is not a priority of the Department.
- f) **Supplies:** This budget category shall reflect expected costs for medical or dental supplies or both, as well as for general office supplies including personal computers and facsimile machines valued at less than \$5,000 needed to support this project. Purchase of supplies is not a priority of the Department. All supplies purchased must relate directly to the provision of services outlined in the proposed project.

- g) **Travel:** This budget category shall include anticipated expenditures for mileage included in this project for the provision of direct patient services.
- h) **Other:** This budget category shall be used to anticipate expenditures that do not fit into any of the other budget categories such as telephone, printing, postage, office renovations, malpractice insurance and rental costs.

12. Allowable Use of Grant funds and Matching Commitment

Requested funding and matching commitment must be **directly** related to the specified goal of the proposed project which is to expand and improve health care access and services at Community-based health care clinics serving underserved populations. **Moreover, requested funding and matching commitment, as itemized in the Budget Justification, must relate directly to logic model inputs, activities, outputs and outcomes (Section 3 above).**

Grant funds and matching commitment may only be used for the following:

- a) Primary Health Care Practitioner, Administrative and Support Salaries and Fringe Benefits:
 - Physicians practicing Family Medicine, General Internal Medicine, General Pediatrics, Psychiatry, Obstetrics/Gynecology
 - Physician Assistant-Certified (PA-C)
 - Certified Registered Nurse Practitioner (CRNP)
 - Certified Nurse Midwife (CNM)
 - Registered Nurse (RN)
 - Licensed Practical Nurse (LPN)
 - Dentist
 - Registered Dental Hygienist (RDH)
 - Expanded Function Dental Assistant (EFDA)
 - Public Health Dental Hygiene Practitioner
 - Dental Assistants
 - Psychologists (Licensed)
 - Licensed Professional Counselors
 - Licensed Clinical Social Workers
 - Marriage and Family Therapists (Licensed)
 - Pharmacists (Licensed)
 - Pharmacy Technicians
 - Medical Assistants
 - Medical Interpreters
 - Executive Director
 - Project Director
 - Project Coordinator
 - Outreach or Education Coordinator
 - Community Health Worker
 - Case Manager, Nurse Case Manager
 - Registered Dietician, Nutritionist
 - Office Manager
 - Accountants

- Billing Office staff
- Front Office staff
- Maintenance staff
- b) Medical, Dental, Pharmacy, Behavioral Health Equipment and Supplies (consistent with proposed services)
- c) Other Costs Directly Related to the Provision of Services
 - Public transportation expenses that enable patients to utilize Community-based health care clinic services
 - Office renovations (modification of interior office space to accommodate more equipment; additional patient exam rooms/dental operatories)
 - External additions or modifications to an existing building to accommodate a health clinic
 - Copier Purchase
 - Computer/Printer Purchase
 - Telephone/Fax Machine Purchase
 - Rental Costs for Office Equipment
 - Office Supplies
 - Electronic medical record technology and equipment
 - Leasing of building space
 - Malpractice Insurance
 - Patient Education Materials

Total infrastructure expenditures including renovations, office equipment and office supplies may not exceed 50% of the total award amount.

Grant Funds and matching commitment may not be used for the following:

- a) Continuation of a project funded with state funds or from other Department Grants or Contracts.
- b) Funding to supplant funds currently being used to support similar activities.
- c) Salaries for existing positions **unless** the funds requested are to provide **new or expanded services** by an existing position **and** there will be **an increase in the salary and hours** for that position.
- d) Loan Repayment /Scholarships
- e) Real Estate purchases
- f) Construction of new buildings
- g) Ambulance/ Medical Transportation services
- h) Advertising costs
- i) Costs for direct patient care, including, but not limited to hospital bills, lab fees, pharmacy fees, x-ray fees, phlebotomy fees and prosthodontic fees
- j) Vehicle purchases or vehicle maintenance
- k) Attendance at conferences, symposiums, meetings
- l) Purchase of journals, magazines, other publications
- m) Provider recruitment costs

If an applicant is selected for an award and the proposed budget contains unallowable expenses, the unallowable expenses will be removed from the Grant budget and reduce the overall amount of the award.

13. Matching Commitment Requirements

- a) Matching funds and in-kind commitments must be used for costs **directly** incurred to support the proposed project.
- b) Matching commitment must be in the ratio of one dollar of matching commitment for each four dollars of Commonwealth funding and **shall not exceed this ratio**. It is required that the 1:4 ratio be entered in the budget by line item in each budget category in which funding is requested.
- c) Matching commitment may be in the form of cash or dollar equivalent in-kind services and must include supporting valuation documentation.
- d) **Matching commitment requirement applies to each budget year as well as the overall Grant period.**
- e) The name of the source and amount of the matching commitment (including the dollar equivalent in-kind services) must be identified on the Budget Summary form for the overall Grant period and each budget year.
- f) **Fundraising may not be used for matching commitment.**
- g) **Matching commitments (cash or dollar equivalent in-kind services) must be committed at the time of the Grant application via a signed letter of financial commitment from an individual with signatory authority from the organization(s) providing the matching funds or dollar equivalent in-kind services. Letters must state the dollar amount of the commitment (cash or in-kind equivalent) for each budget year of the Grant. If the matching commitment is in-kind services, a description of those services and value related to the proposed project must be included in the letter.** Letters must also note any specific restrictions for the use of match funds in this Grant (for example, if the organization providing matching funds requests that those funds be used only for direct patient care and not for renovations or equipment, this must be noted in the signed letter of commitment).
- h) **If the applicant is the organization providing matching commitment the letter of commitment must be signed by an officer of the Board of Directors.**
- i) **Matching commitments may not be used to allocate existing expenses to this project.**
- j) Federal, state, foundation or other Grant funds may be used **to meet the matching commitment requirement**. However, a signed letter from the entity supplying the other Grant funds approving the use of those funds for the matching commitment requirement of this Grant must be included in the Additional Appendices section of the application.

14. Pursuant to Executive Order 2021-06 Worker Protection and Investment (October 21, 2021), the Commonwealth is responsible for ensuring that every Pennsylvania work has a safe and healthy work environment the protections afforded them through labor laws. To that end, Contractors and Grantees of the Commonwealth must certify that they are in compliance with all applicable Pennsylvania state labor and

workforce safety laws. Such certification shall be made through the Worker Protection and Investment Certification Form (BOP-2201) and submitted with the application.

Category 2 Work Statement Format

Grant Category 2: The expansion of or improvement of the delivery of primary health care services at an existing Community-based health care clinic with the intention of increasing access to care for the uninsured, underinsured and underserved populations in the community.

1. Topic: Project Overview (maximum half page)

Provide a brief overview of the proposed project describing the target population to be served, proposed services to be offered, how the Grant funding will be utilized and how the proposed project will increase access to primary care for the uninsured, underinsured and underserved populations in the community.

2. Topic: Delivery of Primary Health Services

A narrative description of the proposed project must include:

- a) Description of the applicant organization (maximum half page)
- b) Geographical location of health care clinic including:
 - i. Identification of PC HPSA or MUA/P located in; or identification of significant low income population the health care clinic will serve;
 - ii. Description of the site including address, building ownership, status of any lease agreement, if applicable;
 - iii. Description of any site renovations or modifications with a signed copy of the contractor's cost proposal; and
 - iv. Conditions to be met and date for additional or expanded services to begin.
- c) Description of current primary health services provided by the existing health care clinic site;
- d) Description of the population currently served by the existing health care clinic site, including population health data such as health status, demographic, socio-economic and geographic. Include sources of data..
- e) Description of community need for expanded health care access and improved services. Include data and sources to support need.
- f) Description of proposed health care service improvement or expansion to include:
 - i. Defined health care clinic population targeted for proposed project (including population health data and sources)
 - ii. Description of proposed new, innovative or expanded services proposed in this project
 - iii. Evidence-based data supporting proposed **new, innovative or expanded** services, including sources.
 - iv. Expected measureable population health outcomes to be addressed by new, innovative or expanded services (including baseline and target data and method that will be used to measure population health outcomes).
- g) Description of how total budget request (Grant funds and matching commitment) will be used.

- h) Identification of the proposed director for this project including a brief description of the director’s competencies related to the project.
- i) Description of other existing staff positions to be utilized in administering this project. Resumes of existing staff persons or position descriptions for vacant positions working directly on the proposed project must be included in the Additional Appendices section of the application. Note that funding for this proposed project does not reimburse for fulltime current existing employees. This includes existing staff transferred from other clinic sites.
- j) Description of the job responsibilities of each new position proposed in the project as well as any specialized training or licenses or both required for the specific positions. Position descriptions of proposed staff positions must be included in the Additional Appendices section of the application.

3. Topic: Logic Model

Complete the logic model template below to describe the quarterly inputs, activities, outputs and overall expected outcome(s) for the proposed project for the entire Grant term July 1, 2024, through June 30, 2026.

Inputs: Describes/lists the resources, money, staff time, volunteers, facilities, equipment, etc. needed to implement and operate the proposed project. These inputs relate directly to the funding requested or the matching commitment.

Activities: Explains what the program will do with its inputs to achieve the measurable outputs within the proposed timelines.

Outputs: Describes what is produced as a measurable result of the activities, explaining how the program uses its inputs to implement the proposed project which lead to the desired outcomes. Outputs measure what the program achieves and who the program reaches. Some examples include the number of workshops held, the number of counseling sessions conducted, the number of community outreach programs contacted.

Outcomes: Describes the results, improvements, changes or benefits for patients as a result of the program activities. Outcomes can be short term, medium term or long term.

Project Period	Inputs	Activities	Outputs	Outcomes
July 1, 2024 - September 30, 2024				
October 1, 2024 – December 31, 2024				
January 1, 2025 – March				

31, 2025				
April 1, 2025 – June 30, 2025				
July 1, 2025– September 30, 2025				
October 1, 2025 - December 31, 2025				
January 1, 2026 – March 31, 2026				
April 1, 2026 – June 30, 2026				

4. Topic: Access

- a) The narrative must include a statement of intent to provide services to all, regardless of ability to pay and a written policy to this effect must be included in the Additional Appendices section of the application.
- b) The narrative must include a statement that the organization is enrolled in (or will enroll) and remain enrolled throughout the Grant period in:
 - i. Medicare
 - ii. Medicaid (MA)
 - iii. Children’s Health Insurance Program (CHIP)
- c) A discounted sliding fee scale and an approved policy by applicant’s Board of Directors (Board) to implement the discounted sliding fee scale must be included in the Additional Appendices section of the application.
 - i. The discounted sliding fee scale must be developed using current Federal poverty guidelines with discounts to those with income up to 200 % of poverty level. Refer to Appendix 6 Primary Care Office Discounted Sliding Fee Scale Requirements.
 - ii. The applicant’s Board approved policy must include a “**no pay**” or “**\$0 fee**” **option** for those unable to pay, provisions that assure no patient will be denied service based on inability to pay, a full discount or only a nominal charge for individuals or families at or below 100% of the poverty level, the process for the applicant’s Board review and update of the discounted sliding fee scale and the policy and process of how patients are made aware of the discounted sliding fee scale and the process for determining nominal fees.
 - iii. The only exception to the requirements that the applicant be enrolled in public insurance (Medicare, MA, and CHIP) and include with the application a discounted sliding fee scale is for clinics that provide services to patients at no charge (free clinics), in which case the application shall include a

statement that individuals having MA or Medicare insurance but who document having no access to a primary health care provider accepting these insurances will receive primary health care services at the free clinic until such time that a provider participating in the applicable insurance program (MA or Medicare) is available. Applicant’s Board approved policy regarding the provision of primary health care services at no charge to MA and Medicare covered individuals who do not have access to participating primary health care providers must be included in the Additional Appendices Section of the application.

5. Topic: Project Impact

To complete the tables below, refer to **Appendix 7** Community-based Health Care Program Patient and Patient Visit Instructions which defines “patient” and “patient visits” and provides instructions for counting both. The applicant should provide both existing and proposed patient numbers and patient visits.

TABLE 1 – PATIENT NUMBERS: Provide realistic and supportable projections of unduplicated **new** patients for the proposed project during each year of the project period by coverage type in the format below. Applicant must **explain how these projections were determined describing the methodology used to create projections of proposed patient numbers.** *If the location of the proposed site is not in a HPSA or MUA/P, then the total sum of Rows 2, 4, and 5, columns 1 and 2 must be at least 30% of total patients served.

Coverage Type	Current # Patients (1/01/22-12/31/22)	Percent Patients Served (1/01/22-12/31/22)	Proposed # New Patients (7/01/24-6/30/25)	Proposed # New Patients (7/01/25-6/30/26)
Number of patients served with Medicare				
Number of patients served with Medicaid (MA)*				
Number of patients served with Children’s Health Insurance Program (CHIP)				
Number of patients served not charged due to inability to pay*				
Number of patients served that could not pay full amount but paid something (discounted sliding fee scale)*				
Number of patients with full pay/commercial insurance				
TOTAL Number of Patients				

TABLE 2 – PATIENT VISITS: Provide current number of patient visits and realistic and supportable projections of the total number of patient visits related to the project during each year of the project period by coverage type in the following format. Applicant must explain how these projections were determined describing the methodology used to create projections of proposed patient visit numbers.

Coverage Type	Current # Patient Visits (1/01/22-12/31/22)	Proposed # Patient Visits (7/01/24-6/30/25)	Proposed # Patient Visits (7/01/25-6/30/26)
Number of visits for patients with Medicare			
Number of visits for patients with Medicaid (MA)			
Number of visits for patients served with Children’s Health Insurance Program (CHIP)			
Number of visits for patients not charged due to inability to pay			
Number of visits for patients that could not pay full amount but paid something (discounted sliding fee scale)			
Number of visits for patients with full pay/commercial insurance			
TOTAL Number of Patient Visits			

6. Topic: Capacity to Implement

Description of applicant’s capacity to implement project:

- a) Description of applicant’s governance structure
- b) Description of applicant’s organizational structure
- c) Description of current clinical staffing
- d) Description of current administrative and support staffing
- e) Detailed plan for provider retention and recruitment
- f) Description of applicant’s fiscal status demonstrating capacity to implement
(Note: Grant funds provide reimbursement for expenditures; applicant must describe plan to pay for costs incurred prior to reimbursement)

7. Topic: Sustainability Plans

Description of plans to sustain project beyond the Grant period to include:

- a) **Detailed** plans for maintaining long-term operation of the project:
- b) Project growth projections (facilities, personnel, services)
- c) Funding sources
- d) Fiscal plan

8. Additional Appendices (Attachment VI)

The following must be included:

- a) Signed letters of financial commitment for matching funds or dollar equivalent of in-kind services with supporting valuation documentation
- b) Signed letter of approval to use other Grant funds as matching funds, if applicable
- c) Resumes of the Director and staff proposed for the project, if available. See reference 2. h and i.
- d) Position description for new or vacant key positions. See reference 2. j.
- e) Copy of discounted sliding fee scale and board approved policy to ensure services to those unable to pay
- f) Signed contractor estimate for clinic renovations, if applicable

DO NOT INCLUDE LETTERS OF SUPPORT. Any letters of support will not be considered for this RFA.

9. Budget Template (Attachment IV)

Use the downloadable format to present your budget request. Instructions regarding completion of the budget can be found in the last worksheet of the downloadable Excel budget file.

The anticipated Grant Agreement term is July 1, 2024, to June 30, 2026. The overall 24-month budget for the application shall not exceed \$250,000. The budget must contain an Overall Summary in addition to a Summary with Budget Details for each fiscal year.

		Maximum Amounts
Overall Summary	July 1, 2024 to June 30, 2026	\$250,000
Year 1 Summary	July 1, 2024 to June 30, 2025	\$125,000
Year 2 Summary	July 1, 2025 to June 30, 2026	\$125,000

10. Budget Justification (Attachment V)

The Budget Justification must be a **narrative** of the budget, by category, clearly **justifying** budget requests and needs as they relate to the proposed project and explaining in detail the method which was used to arrive at specific budget amounts. The Budget Justification must relate to the logic model inputs, activities, outputs and outcomes (Section 3 above) to include:

- a) explanation of personnel expenses
- b) explanation and justification for equipment, supplies, and clinic renovations
- c) written estimates for equipment, supplies, and for any clinic renovations included in this project
- d) identification of consultants and contractors with written estimates

11. Budget Definitions

- a) **Personnel:** This budget category shall identify each position to be hired by job title, hourly rate, and the number of hours per year allocated to the project.

Fringe benefits are to be shown as a separate line item by percentage and shall include a detailed listing of the benefits being covered.

- b) **Consultant Services:** This budget category shall identify the services to be provided by each consultant, including hourly rate and number of hours to be utilized under this Grant.
- c) **Subcontractor Services:** This budget category shall identify the services to be provided by each subcontractor under this Grant.
- d) **Patient Services:** This budget category is not applicable to this RFA.
- e) **Equipment:** This budget category shall reflect the actual or projected cost of any equipment \$5,000. or greater. Justification for the purchase of any equipment must be included. Requested equipment must be directly related to the proposed project. Purchase of any equipment is not a priority of the Department.
- f) **Supplies:** This budget category shall reflect expected costs for medical or dental supplies or both, as well as for general office supplies including personal computers and facsimile machines valued at less than \$5,000, needed to support this project. Purchase of supplies is not a priority of the Department. All supplies purchased must relate directly to the provision of services outlined in the proposed project.
- g) **Travel:** This budget category shall **only** include anticipated expenditures for mileage included in this project for the provision of direct patient services.
- h) **Other:** This budget category shall be used to anticipate expenditures that do not fit into any of the other budget categories such as telephone, printing, postage, office renovations, malpractice insurance and rental costs.

12. Allowable Use of Grant funds and Matching Commitment

Requested funding and matching commitment must be **directly** related to the specified goal of the proposed project which is to expand and improve health care access and services at Community-based health care clinics serving underserved populations. **Moreover, requested funding and matching commitment, as itemized in the Budget Justification, must relate directly to logic model inputs, activities, outputs and outcomes (Section 3 above.)**

Grant funds and matching commitment may only be used for the following:

- a) Primary Health Care Practitioner, Project Administration and Support Salaries and Fringe Benefits:
 - Physician practicing Family Medicine, General Internal Medicine, General Pediatrics, Psychiatry, Obstetrics/Gynecology
 - Physician Assistant-Certified (PA-C)
 - Certified Registered Nurse Practitioner (CRNP)
 - Certified Nurse Midwife (CNM)
 - Registered Nurse (RN)
 - Licensed Practical Nurse (LPN)
 - Dentist
 - Registered Dental Hygienist (RDH)
 - Expanded Function Dental Assistant (EFDA)
 - Public Health Dental Hygiene Practitioner
 - Dental Assistants

- Psychologists (Licensed)
- Licensed Professional Counselors
- Licensed Clinical Social Workers
- Marriage and Family Therapists (Licensed)
- Pharmacists (Licensed)
- Pharmacy Technicians
- Medical Assistants
- Medical Interpreters
- Project Director
- Project Coordinator
- Outreach or Education Coordinator
- Community Health Worker
- Case Manager, Nurse Case Manager
- Registered Dietician, Nutritionist
- b) Medical, Dental, Pharmacy, Behavioral Health Equipment and Supplies (consistent with proposed expansion of primary health services)
- c) Other Costs Directly Related to the Provision of Primary Care Services
 - Travel-mileage for the provision of services detailed in the logic model
 - Public transportation expenses that enable patients to utilize Community-based health care clinic services
 - Clinic renovations (modification of interior clinic space to accommodate more equipment or additional patient services or both)
 - Copier Purchase
 - Computer/Printer Purchase
 - Telephone/Fax Machine Purchase
 - Rental Costs of Office Equipment
 - Office Supplies
 - Electronic medical record technology and equipment
 - Leasing of building space
 - Malpractice Insurance
 - Patient Education Materials
 - Mobile Clinic Equipment

Total infrastructure expenditures including renovations, office equipment and office supplies may not exceed 30% of total award amount.

To ensure the most appropriate use of funds, Applicants may not use Grant funds or matching commitment for the following:

- a) Continuation of a project funded with state funds or from other Department Grants or Contracts
- b) Funding to supplant funds currently being used to support similar activities
- c) Salaries for existing positions **unless** the funds requested are to provide **new or expanded services** by an existing position **and** there will be **an increase in the salary and hours** for that position
- d) Loan Repayment/Scholarships
- e) Real Estate purchases

- f) Construction of new buildings
- g) Ambulance/ Medical Transportation services
- h) Advertising Costs
- i) Costs for direct patient care, including, but not limited to, hospital bills, lab fees, pharmacy fees, x-ray fees, phlebotomy fees and prosthodontic fees.
- j) Vehicle purchases or vehicle maintenance
- k) Attendance at conferences, symposiums, meetings
- l) Purchase of journals, magazines, other publication
- m) Provider recruitment costs
- n) Billing, administrative or maintenance staff

If an applicant is selected for an award and the proposed budget contains unallowable expenses, the unallowable expenses will be removed from the Grant budget and reduce the overall amount of the award.

13. Matching Commitment Requirements

- a) Matching funds and in-kind commitments must be used for costs directly incurred to support the proposed project.
- b) Matching commitment must be in the ratio of one dollar of matching commitment for each four dollars of Commonwealth funding and **shall not exceed this ratio**. It is required that the 1:4 ratio be entered in the budget by line item in each budget category in which funding is requested.
- c) Matching commitment may be in the form of cash or dollar equivalent in-kind services.
- d) **Matching commitment requirement applies to each budget year as well as the overall Grant period.**
- e) The name of the source and amount of the matching commitment (including the dollar equivalent in-kind services) must be identified on the Budget Summary form for the overall Grant period and each budget year.
- f) **Fundraising may not be used for matching commitment.**
- g) **Matching commitments (cash or dollar equivalent in-kind services) must be committed at the time of the Grant application via a signed letter of financial commitment from an individual with signatory authority from the organization(s) providing the matching funds or dollar equivalent in-kind services. Letters must state the dollar amount of the commitment (cash or in-kind equivalent) for each budget year of the Grant. If the matching commitment is in-kind services, a description of those services and value related to the proposed project must be included in the letter.** Letters must also note any specific restrictions for the use of match funds in this Grant (for example, if the organization providing matching funds requests that those funds be used only for direct patient care and not for renovations or equipment, this must be noted in the signed letter of commitment).
- h) **If the applicant is the organization providing matching commitment the letter of commitment must be signed by an officer of the Board of Directors.**

- i) **Matching commitments may not be used to allocate existing expenses to this project.**
- j) Federal, state, foundation or other Grant funds may be used to **meet the matching commitment requirement.** However, a signed letter from the entity supplying the other Grant funds approving the use of those funds for the matching commitment requirement of this Grant must be included in the Additional Appendices section of the application.

14. Pursuant to Executive Order 2021-06 Worker Protection and Investment (October 21, 2021), the Commonwealth is responsible for ensuring that every Pennsylvania work has a safe and healthy work environment the protections afforded them through labor laws. To that end, Contractors and Grantees of the Commonwealth must certify that they are in compliance with all applicable Pennsylvania state labor and workforce safety laws. Such certification shall be made through the Worker Protection and Investment Certification Form (BOP-2201) and submitted with the application.

Category 3 Work Statement Format

Grant Category 3: The addition, expansion or improvement of the delivery of prenatal, obstetric, postpartum and newborn care services at an existing Community-based health care clinic with the intention of increasing access to care for the uninsured, underinsured and underserved populations in the community.

1. Topic: Project Overview (maximum of half page)

Provide a brief overview of the proposed project describing the target population to be served, proposed services to be offered, how the Grant funding will be utilized and how the proposed project will increase access to primary care for the uninsured, underinsured and underserved populations in the community.

2. Topic: Project Description

A narrative description of the proposed project must include:

- a) Description of the applicant organization (maximum half page)
- b) Geographical location of health care clinic with either:
 - i. Identification of PC HPSA or MUA/P located in; or identification of a significant low income population the health clinic will serve;
 - ii. Description of the site including address, building ownership, and status of any lease agreement, if applicable;
 - iii. Description of any site renovations or modifications with **signed** copy of the contractor's cost proposal; and
 - iv. Conditions to be met and date for additional or expanded services to begin.
- c) Description of current primary health services provided by the existing health care clinic site.
- d) Description of the population currently served by the health care clinic, including population health data such as health status, demographic, socio-economic and geographic. Include sources of data.
- e) Description of community need for expanded prenatal, obstetric, postpartum and newborn care services, or improved delivery of services. Include sources of data to support the need.
- f) Description of proposed health care service improvement or expansion to include:
 - i. Defined health care clinic population targeted for proposed project (including population health data and sources);
 - ii. Description of proposed new, innovative or expanded services proposed in this project;
 - iii. Evidence-based data supporting proposed new, innovative or expanded services, including sources; and
 - iv. Expected measurable population health outcomes to be addressed by new, innovative or expanded services (including baseline and target data and method that will be used to measure population health outcomes).

- g) Description of how total budget request (Grant funds and matching commitment) will be used.
- h) Identification of the proposed director for this project including a brief description of the director’s competencies related to the project.
- i) Description of other existing staff positions to be utilized in administering this project. Resumes of existing staff persons or position descriptions for vacant positions working directly on the proposed project must be included in the Additional Appendices section of the application. Note that funding for this proposed project does not reimburse for fulltime existing current employees. This includes staff transferred from other clinic sites.
- j) Description of the job responsibilities of each new position proposed in the project as well as any specialized training or licenses or both required for the specific positions. Position descriptions of proposed staff positions must be included in the Additional Appendices section of the application.

3. Topic: Logic Model

Complete the logic model template below to describe the quarterly inputs, activities, outputs and overall expected outcome(s) for the proposed project for the entire Grant term July 1, 2024, through June 30, 2026.

Inputs: Describes/lists the resources, money, staff time, volunteers, facilities, equipment, etc. needed to implement and operate the proposed project. These inputs relate directly to the funding requested or the matching commitment.

Activities: Explains what the program will do with its inputs to achieve the measurable outputs within the proposed timelines.

Outputs: Describes what is produced as a measurable result of the activities, explaining how the program uses its inputs to implement the proposed project which lead to the desired outcomes. Outputs measure what the program achieves and who the program reaches. Some examples include the number of workshops held, the number of counseling sessions conducted, the number of community outreach programs contacted.

Outcomes: Describes the results, improvements, changes or benefits for patients as a result of the program activities. Outcomes can be short term, medium term or long term.

Project Period	Inputs	Activities	Outputs	Outcomes
July 1, 2024 - September 30, 2024				
October. 1, 2024–				

December 31, 2024				
January 1, 2025 – March 31, 2025				
April 1, 2025 – June 30, 2025				
July 1, 2025 – September 30, 2025				
October 1, 2025- December 31, 2025				
January 1, 2026 – March 31, 2026				
April 1, 2026 – June 30, 2026				

4. Topic: Access

- a) The narrative must include a statement of intent to provide services to all, regardless of ability to pay and a written policy to this effect must be included in the Additional Appendices section of the application.
- b) The narrative must include a statement that the organization is enrolled in (or will enroll) and remain enrolled throughout the Grant period in:
 - i. Medicare
 - ii. Medicaid (MA)
 - iii. Children’s Health Insurance Program (CHIP)
- c) A discounted sliding fee scale and an approved policy by Applicant’s Board of Directors (Board) to implement the discounted sliding fee scale must be included in the Additional Appendices section of the application.
 - i. The discounted sliding fee scale must be developed using current Federal poverty guidelines with discounts to those with income up to 200% of poverty level. Refer to Appendix 6 Primary Care Office Discounted Sliding Fee Scale.
 - ii. The applicant’s Board approved policy must include a “**no pay**” or “**\$0 fee**” **option** for those unable to pay, provisions that assure no patient will be denied service based on inability to pay, a full discount or only a nominal charge for individuals or families at or below 100% of the poverty level, the process for the applicant’s Board review and update of the discounted sliding

- fee scale and the policy and process of how patients are made aware of the discounted sliding fee scale and the process for determining nominal fees.
- iii. The only exception to the requirements that the applicant be enrolled in public insurance (Medicare, MA, and CHIP) and include with the application a discounted sliding fee scale is for clinics that provide services to patients at no charge (free clinics), in which case the application shall include a statement that individuals having MA or Medicare insurance but who document having no access to a primary health care provider accepting these insurances will receive primary health care services at the free clinic until such time that a provider participating in the applicable insurance program (MA or Medicare) is available. Applicant’s Board approved policy regarding the provision of primary health care services at no charge to MA and Medicare covered individuals who do not have access to participating primary health care providers must be included in the Additional Appendices Section of the application.

5. Topic: Project Impact

To complete the tables below, refer to **Appendix 7** Community-based Health Care Program Patient and Patient Visit Instructions which defines “patient” and “patient visits” and provides instructions for counting both. The applicant should provide both existing and proposed patient numbers and patient visits.

TABLE 1 – PATIENT NUMBERS: Provide realistic and supportable projections of the total number of unduplicated **new** patients for the proposed project during each year of the project period by coverage type in the format. Applicant must explain how these projections were determined describing **the methodology used to create projections of proposed patient numbers**. *If the location of the proposed site is not in a HPSA or MUA/P, then the total sum of Rows 2, 4, and 5, columns 1 and 2 must be at least 30% of total patients served.

Coverage Type	Current # Patients (1/01/22-12/31/22)	Percent Patients Served (1/01/22-12/31/22)	Proposed # new Patients (7/01/24-6/30/25)	Proposed # new Patients (7/01/25-6/30/26)
Number of patients served with Medicare				
Number of patients served with Medicaid (MA)*				
Number of patients served with Children’s Health Insurance Program (CHIP)				
Number of patients served not charged due to inability to pay*				

Number of patients served that could not pay full amount but paid something (discounted sliding fee scale)*				
Number of patients with full pay/commercial insurance				
TOTAL Number of Patients				

TABLE 2 – PATIENT VISITS: Provide current number of patient visits and projections of the total number of patient visits related to the proposed project during each year of the project period by coverage type in the following format. Applicant must explain **how these projections were determined describing the methodology used to create projections of proposed patient visit numbers.**

Coverage Type	Current # Patient Visits (1/01/22-12/31/22)	Proposed # Patient Visits (7/01/24-6/30/25)	Proposed # Patient Visits (7/01/25-6/30/26)
Number of visits for patients with Medicare			
Number of visits for patients with Medicaid (MA)			
Number of visits for patients served with Children’s Health Insurance Program (CHIP)			
Number of visits for patients not charged due to inability to pay			
Number of visits for patients that could not pay full amount but paid something (discounted sliding fee scale)			
Number of visits for patients with full pay/commercial insurance			
TOTAL Number of Patient Visits			

6. Topic: Capacity to Implement

Description of applicant’s capacity to implement project:

- a) Description of applicant’s governance structure
- b) Description of applicant’s organizational structure
- c) Description of current clinical staffing
- d) Description of current administrative and support staffing
- e) Detailed plan for provider retention and recruitment
- f) Description of applicant’s fiscal status demonstrating capacity to implement (Note: Grant funds provide reimbursement for expenditures; applicant must describe plan to pay for costs incurred prior to reimbursement)

7. Topic: Sustainability Plans

Description of plans to sustain project beyond the Grant period to include **detailed** plans for maintaining long-term operation of the project:

- a) Project growth projections (facilities, personnel, services)
- b) Funding sources
- c) Fiscal plan

8. Additional Appendices (Attachment VI)

The following must be included:

- a) Signed letters of financial commitment for matching funds or dollar equivalent of in-kind services with supporting valuation documentation
- b) Signed letter of approval to use other Grant funds as matching funds, if applicable
- c) Resumes of the Director and staff proposed for the project. See references in 2. h and i.
- d) Position description for new or vacant key positions referenced in 2. j.
- e) Copy of discounted sliding fee scale and applicant’s Board approved policy to ensure services to those unable to pay
- f) Contractor estimate for clinic renovations, if applicable

DO NOT INCLUDE LETTERS OF SUPPORT. Any letters of support will not be considered for this RFA.

9. Budget Template (Attachment IV)

Use the downloadable format to present your budget request. Instructions regarding completion of the budget can be found in the last worksheet of the downloadable Excel budget file.

The anticipated Grant Agreement term is July 1, 2024 to June 30, 2026. The overall 24-month budget for the application shall not exceed \$250,000. The budget must contain an Overall Summary in addition to a Summary with Budget Details for each year.

		Maximum Amounts
Overall Summary	July 1, 2024 to June 30, 2026	\$250,000
Year 1 Summary	July 1, 2024 to June 30, 2025	\$125,000
Year 2 Summary	July 1, 2025 to June 30, 2026	\$125,000

10. Budget Justification (Attachment V)

The Budget Justification must be a **narrative** of the budget, by category, clearly **justifying** budget requests and needs as they relate to the proposed project and explaining in detail the method which was used to arrive at specific budget amounts. The Budget Justification must relate to the logic model inputs, activities, outputs and outcomes (Section 3 above) to include:

- a) explanation of personnel expenses

- b) explanation and justification for equipment, supplies, and clinic renovations
- c) written estimates for equipment, supplies, and for any clinic renovations included in this project
- d) identification of consultants and contractors with written estimates

11. Budget Definitions

- a) **Personnel:** This budget category shall identify each position by job title, hourly rate, and the number of hours per year allocated to the project. Fringe benefits are to be shown as a separate line item by percentage and shall include a detailed listing of the benefits being covered.
- b) **Consultant Services:** This budget category shall identify the services to be provided by each consultant including hourly rate and number of hours to be utilized under this Grant.
- c) **Subcontractor Services:** This budget category shall identify the services to be provided by each subcontractor under this Grant.
- d) **Patient Services:** This budget category is not applicable to this RFA.
- e) **Equipment:** This budget category shall reflect the actual or projected cost of any medical equipment equal to or greater than \$5,000 or greater. Justification for the purchase of any equipment must be included. Purchase of equipment is not a priority of the Department.
- f) **Supplies:** This budget category shall reflect expected costs for medical supplies, as well as for general office supplies including personal computers and facsimile machines valued at less than \$5,000, needed to support this project. Purchase of supplies is not a priority of the Department. All supplies purchased must relate directly to the provision of services as outlined in the proposed project.
- g) **Travel:** This budget category shall **only** include anticipated expenditures for mileage included in this project for the provision of direct patient services.
Other: This budget category shall be used to anticipate expenditures that do not fit into any of the other budget categories such as telephone, printing, postage, office renovations, malpractice insurance and rental costs.

12. Allowable Use of Grant funds and Matching Commitment

Requested funding and matching commitment must be **directly** related to the specified goal of the project which is to expand and improve health care access and services at Community-based health care clinics serving underserved populations. **Moreover, requested funding and matching commitment, as itemized in the Budget Justification, must relate directly to logic model inputs, activities, outputs and outcomes (Section 3 above).**

Grant funds and matching commitment may only be used for the following:

- a) Primary Health Care Practitioner, Project Administration and Support Salaries and Fringe Benefits:
 - Physician practicing Obstetrics/Gynecology, General Pediatrics, Family Medicine, General Internal Medicine, Psychiatry
 - Physician Assistant-Certified (PA-C)
 - Certified Registered Nurse Practitioner (CRNP)
 - Certified Nurse Midwife (CNM)

- Registered Nurse (RN)
- Licensed Practical Nurse (LPN)
- Medical Assistants
- Medical Interpreters
- Psychologists (Licensed)
- Licensed Professional Counselors
- Licensed Clinical Social Workers
- Marriage and Family Therapists (Licensed)
- Project Director
- Project Coordinator
- Outreach or Education Coordinator
- Community Health Worker
- Case Manager, Nurse Case Manager
- Registered Dietician, Nutritionist
- b) Medical, Pharmacy and Behavioral Health Equipment and Supplies
(consistent with proposed expansion of prenatal, obstetric, postpartum and newborn care services)
- c) Other Costs Directly Related to the Provision of Services
 - Travel-mileage for the provision of services detailed in the logic model
 - Public transportation expenses that enable patients to utilize Community-based health care clinic services
 - Clinic renovations (modification of interior office space to accommodate more equipment or additional patient services or both)
 - Copier
 - Computer/Printer
 - Telephone/Fax Machine
 - Rental Costs for Office Equipment
 - Office Supplies
 - Electronic medical record technology and equipment
 - Leasing of building space
 - Malpractice Insurance
 - Patient Education Materials
 - Mobile Clinic Equipment

Total infrastructure expenditures including renovations, office equipment and office supplies may not exceed 30% of total award amount.

To ensure the most appropriate use of funds, there are certain categories of **costs that cannot be funded by Grant funds or matching commitment:**

- a) Continuation of a project funded with state funds or from other Department Grants or Contracts.
- b) Funding to supplant funds currently being used to support similar activities.
- c) Salaries for existing positions **unless** the funds requested are to provide **new or expanded services** by an existing position **and** there will be **an increase in the salary and hours** for that position.

Applicants may not use Grant funds or matching commitment for the following:

- a) Loan Repayment/Scholarships
- b) Real Estate purchases
- c) Construction of new buildings or additions to existing buildings
Ambulance/ Medical Transportation services
- d) Advertising costs
- e) Costs for direct patient care, including but not limited to, hospital bills, lab fees, pharmacy fees, x-ray fees, phlebotomy fees and prosthodontic fees
- f) Vehicle purchases
- g) Attendance at conferences, symposiums, meetings
- h) Purchase of journals, magazines, other publications
- i) Provider recruitment costs
- j) Billing, administrative or maintenance personnel

If the applicant is selected for award, all unallowable expenses will be removed from the budget and reduce the total amount of the award.

13. Matching Commitment Requirements

- a) Matching funds and in-kind commitments must be used for costs directly incurred to support the proposed project.
- b) Matching commitment must be in the ratio of one dollar of matching commitment for each four dollars of Commonwealth funding and **shall not exceed this ratio**. It is required that the 1:4 ratio be entered in the budget by line item in each budget category in which funding is requested.
- c) Matching commitment may be in the form of cash or dollar equivalent in-kind services.
- d) **Matching commitment requirement applies to each budget year as well as the overall Grant period.**
- e) The name of the source and amount of the matching commitment (including the dollar equivalent in-kind services) must be identified on the Budget Summary form for the overall Grant period and each budget year.
- f) **Fundraising may not be used for matching commitment.**
- g) **Matching commitments (cash or dollar equivalent in-kind services) must be committed at the time of the Grant application via a signed letter of financial commitment from an individual with signatory authority from the organization(s) providing the matching funds or dollar equivalent in-kind services. Letters must state the dollar amount of the commitment (cash or in-kind equivalent) for each budget year of the Grant. If the matching commitment is in-kind services, a description of those services and value related to the proposed project must be included in the letter.** Letters must also note any specific restrictions for the use of match funds in this Grant (for example, if the organization providing matching funds requests that those funds be used only for direct patient care and not for renovations or equipment, this must be noted in the signed letter of commitment).
- h) **If the applicant is the organization providing matching commitment the letter of commitment must be signed by an officer of the Board of Directors.**

- i) **Matching commitments may not be used to allocate existing expenses to this project.**
- j) Federal, state, foundation or other Grant funds may be used **to meet the matching commitment requirement.** However, a signed letter from the entity supplying the other Grant funds approving the use of those funds for the matching commitment requirement of this Grant must be included in the Additional Appendices section of the application.

14. Pursuant to Executive Order 2021-06 Worker Protection and Investment (October 21, 2021), the Commonwealth is responsible for ensuring that every Pennsylvania work has a safe and healthy work environment the protections afforded them through labor laws. To that end, Contractors and Grantees of the Commonwealth must certify that they are in compliance with all applicable Pennsylvania state labor and workforce safety laws. Such certification shall be made through the Worker Protection and Investment Certification Form (BOP-2201) and submitted with the application.

Category 4 Work Statement Format

Grant Category 4: The development of alternate health care delivery systems administered by Community-based health care clinics to improve the delivery of health care services and access to the uninsured, underinsured and underserved populations to reduce non-emergent hospital emergency room utilization.

1. Topic: Project Overview (maximum of half page)

Provide a brief overview of the proposed project describing the target population to be served, proposed services to be offered, how the Grant funds will be utilized and how the proposed project will increase access to primary health care for the uninsured, underinsured and underserved populations in the community.

2. Topic: Delivery of Primary Health Services

- a) Description of the applicant organization (maximum half page)
- b) Geographical location of health care clinic with either:
 - i. Identification of PC HPSA or MUA/P located in, or;
 - ii. Identification of significant low-income population that health care clinic serves;
 - iii. Description of the clinic site including address, building ownership, status of any lease agreement, if applicable;
 - iv. Description of any site renovations or modifications with a signed copy of the contractor's cost proposal; and
 - v. Conditions to be met and date for additional or expanded services to begin.
- c) Description of the population currently served by the existing health care clinic site, including population health data such as health status, demographic, socio-economic and geographic. Include sources of data.
- d) Description of community need for the development of an alternative health care delivery system to increase patient access to care and to reduce unnecessary hospital emergency room usage. Include data and sources to support the need.
- e) Description of proposed alternative health delivery system to be added through proposed project, to include:
 - i. Defined population to be targeted for proposed project (including population health data and sources).
 - ii. Description of new, innovative or expanded services proposed in this project.
 - iii. Evidence-based data supporting proposed new, innovative or expanded services, including sources.
 - iv. Expected measurable population health outcomes to be addressed by new, innovative or expanded services (including baseline and target data and method that will be used to measure population health outcomes).
 - v. Description of how project will measure and report upon reduction of hospital emergency room usage because of the project.

- vi. Description of all locations at which services will be provided and any organizations (and their role) that will participate in the proposed alternative health delivery system.
- f) Description of how total budget request (Grant funds and matching commitment) will be used.
- g) Identification of the proposed director for this project including a brief description of the director’s competencies related to the project. Include a description of his/her role in supervising and administering the project.
- h) Description of other existing staff positions to be utilized in administering this project. Resumes of existing staff persons or position descriptions for vacant positions working directly on the proposed project must be included in the Additional Appendices section of the application. Note that funding for this proposed project does not reimburse for fulltime existing current employees. This includes staff transferred from other clinic sites.
- i) Description of the job responsibilities of each new position proposed in the project as well as any specialized training or licenses or both required for the specific positions. Position descriptions of proposed staff positions must be included in the Additional Appendices section of the application.

3. Topic: Logic Model

Complete the logic model template below to describe the quarterly inputs, activities, outputs and overall expected outcome(s) for the proposed project for the entire Grant term July 1, 2024, through June 30, 2026.

Inputs: Describes/lists the resources, money, staff time, volunteers, facilities, equipment, etc. needed to implement and operate the proposed project. These inputs relate directly to the funding requested or the matching commitment.

Activities: Explains what the program will do with its inputs to achieve themeasurable outputs within the proposed timelines.

Outputs: Describes what is produced as a measurable result of the activities, explaining how the program uses its inputs to implement the proposed project which lead to the desired outcomes. Outputs measure what the program achieves and who the program reaches. Some examples include the number of workshops held, the number of counseling sessions conducted, the number of community outreach programs contacted.

Outcomes: Describes the results, improvements, changes or benefits for patients as a result of the program activities. Outcomes can be short term, medium term or long term.

Project Period	Inputs	Activities	Outputs	Outcomes
July 1, 2024 - September 30,				

2024				
October 1, 2024– December 31, 2024				
January 1, 2025– March 31, 2025				
April 1, 2025 – June 30, 2025				
July 1, 2025– September 30, 2025				
October 1, 2025 - December 31, 2025				
Jan.1, 2026– March 31, 2026				
April 1, 2026 – June 30, 2026				

4. Topic: Access

- a) The narrative must include a statement of intent to provide services to all, regardless of ability to pay and a written policy to this effect must be included in the Additional Appendices section of the application.
- b) The narrative must include a statement that the organization is enrolled in (or will enroll) and remain enrolled throughout the Grant period in:
 - i. Medicare
 - ii. Medicaid (MA)
 - iii. Children’s Health Insurance Program (CHIP)
- c) A discounted sliding fee scale and an approved policy by Applicant’s Board of Directors (Board) to implement the discounted sliding fee scale must be included in the Additional Appendices section of the application.
 - i. The discounted sliding fee scale must be developed using current Federal poverty guidelines with discounts to those with income up to 200% of poverty level. Refer to Appendix 6 Primary Care Office Discounted Sliding Fee Scale Requirements.
 - ii. The applicant’s Board approved policy must include a “**no pay**” or “**\$0 fee**” **option** for those unable to pay, provisions that assure no patient will be denied service based on inability to pay, a full discount or only a nominal charge for individuals or families at or below 100% of the poverty level, the

process for the applicant’s Board review and update of the discounted sliding fee scale and the policy and process of how patients are made aware of the discounted sliding fee scale and the process for determining nominal fees.

- iii. The only exception to the requirements that the applicant be enrolled in public insurance (Medicare, MA, and CHIP) and include with the application a discounted sliding fee scale is for clinics that provide services to patients at no charge (free clinics), in which case the application shall include a statement that individuals having MA or Medicare insurance but who document having no access to a primary health care provider accepting these insurances will receive primary health care services at the free clinic until such time that a provider participating in the applicable insurance program (MA or Medicare) is available. Applicant’s Board approved policy regarding the provision of primary health care services at no charge to MA and Medicare covered individuals who do not have access to participating primary health care providers must be included in the Additional Appendices Section of the application.

5. Topic: Project Impact

To complete the tables below, refer to **Appendix 7** Community-based Health Care Program Patient and Patient Visit Instruction which defines “patient” and “patient visits” and provides instructions for counting both. The applicant should provide both existing and proposed patient numbers and patient visits.

TABLE 1 – PATIENT NUMBERS: Provide current number of unduplicated patients and realistic and supportable projections of unduplicated new patients for the proposed project during each year of the project period by coverage type in the format below. **Applicant must explain how these projections were determined describing the methodology used to create projections of proposed patient numbers.*** If the location of the proposed site is not in a HPSA or MUA/P, then the total sum of Rows 2, 4, and 5, columns 1 and 2 must be at least 30% of total patients served.

Coverage Type	Current # Patients (1/01/20-12/31/22)	Percent Patients Served (1/01/22-12/31/22)	Proposed # new Patients (7/01/24-6/30/25)	Proposed # new Patients (7/01/25-6/30/26)
Number of patients served with Medicare				
Number of patients served with Medicaid (MA) (Medicaid)				
Number of patients served with Children’s Health Insurance Program (CHIP)				
Number of patients served not charged due to inability to pay*				

Number of patients served that could not pay full amount but paid something (discounted sliding fee scale)*				
Number of patients with full pay/commercial insurance				
TOTAL Number of Patients				

TABLE 2 – PATIENT VISITS: Provide current number of patient visits and realistic and supportable projections of the total number of patient visits for the proposed project during each year of the project period by coverage type in the following format. **Applicant must explain how these projections were determined describing the methodology used to create projections of proposed patient visit numbers.**

Coverage Type	Current # Patient Visits (1/01/22-12/31/22)	Proposed # Patient Visits (7/01/24-6/30/25)	Proposed # Patient Visits (7/01/25-6/30/26)
Number of visits for patients with Medicare			
Number of visits for patients with Medicaid (MA)			
Number of visits for patients served with Children’s Health Insurance Program (CHIP)			
Number of visits for patients not charged due to inability to pay			
Number of visits for patients that could not pay full amount but paid something (discounted sliding fee scale)			
Number of visits for patients with full pay/commercial insurance			
TOTAL Number of Patient Visits			

6. Topic: Capacity to Implement

Description of applicant’s capacity to implement project:

- a) Description of applicant’s governance structure
- b) Description of applicant’s organizational structure
- c) Description of current clinical staffing
- d) Description of current administrative and support staffing
- e) Detailed plan for practitioner recruitment and retention

- f) Description of applicant’s fiscal status demonstrating capacity to implement (Note: Grant funds provide reimbursement for expenditures; applicant must describe plan to pay for costs incurred prior to reimbursement.)

7. Topic: Sustainability Plans

Description of plans to sustain project beyond the Grant period to include **detailed** plans for maintaining long-term operation of the project:

- a) Project growth projections (facilities, personnel, services)
- b) Funding sources
- c) Fiscal plan

8. Additional Appendices (Attachment VI)

The following must be included:

- a) Signed letters of financial commitment for matching funds or dollar equivalent of in-kind services with supporting valuation documentation
- b) Signed letter of approval to use other Grant funds as matching funds, if applicable
- c) Resumes of the Director and staff proposed for the project. Reference 2. g and h.
- d) Position description for new or vacant positions referenced in 2. i.
- e) Copy of discounted sliding fee scale and board approved policy to ensure services to those unable to pay
- f) Contractor estimate for clinic renovations, if applicable

DO NOT INCLUDE LETTERS OF SUPPORT. Any letters of support will not be considered for this RFA.

9. Budget Template (Attachment IV)

Use the downloadable format to present your budget request. Instructions regarding completion of the budget can be found in the last worksheet of the downloadable Excel budget file.

The anticipated Grant Agreement term is July 1, 2024, to June 30, 2026. The overall 24-month budget for the application shall not exceed \$250,000. The budget must contain an Overall Summary in addition to a Summary with Budget Details for each year.

		Maximum Amounts
Overall Summary	July 1, 2024 to June 30, 2026	\$250,000
Year 1 Summary	July 1, 2024 to June 30, 2025	\$125,000
Year 2 Summary	July 1, 2025 to June 30, 2026	\$125,000

10. Budget Justification (Attachment V)

The Budget Justification must be a **narrative** of the budget, by category, clearly **justifying** budget requests and needs as they relate to the proposed project and explaining in detail the method which was used to arrive at specific budget amounts.

The Budget Justification must relate to the logic model inputs, activities, outputs and outcomes (Section 3 above) to include:

- a) explanation of personnel expenses.
- b) explanation and justification for equipment, supplies, and clinic renovations.
- c) written estimates for equipment, supplies, and for any clinic renovations included in this project.
- d) identification of consultants and contractors with written estimates.

11. Budget Definitions

- a) **Personnel:** This budget category shall identify each position by job title, hourly rate, and the number of hours per year allocated to the project. Fringe benefits are to be shown as a separate line item by percentage and shall include a detailed listing of the benefits being covered.
- b) **Consultant Services:** This budget category shall identify the services to be provided by each consultant including to hourly rate and number of hours to be utilized under this Grant.
- c) **Subcontractor Services:** This budget category shall identify the services to be provided by each subcontractor under this Grant.
- d) **Patient Services:** This budget category is not applicable to this RFA.
- e) **Equipment:** This budget category shall reflect the actual or projected cost of any equipment \$5,000. or greater. Justification for the purchase of any equipment must be included. Purchase of equipment is not a priority of the Department.
- f) **Supplies:** This budget category shall reflect expected costs for medical or dental supplies or both, as well as for general office supplies including personal computers and facsimile machines valued at less than \$5,000 needed to support this project. Purchase of supplies is not a priority of the Department.
- g) **Travel:** This budget category shall **only** include anticipated expenditures for mileage included in this project for the provision of direct patient services.
- h) **Other:** This budget category shall be used to anticipate expenditures that do not fit into any of the other budget categories such as telephone, printing, postage, office renovations, malpractice insurance and rental costs.

12. Allowable Use of Grant funds and Matching Commitment:

Requested funding and matching commitment must be **directly** related to the specified goal of the project which is to expand and improve health care access and services at Community-based health care clinics serving underserved populations. **Moreover, requested funding and matching commitment, as itemized in the Budget Justification, must relate directly to logic model inputs, activities, outputs and outcomes. (Section 3 above.)**

Grant funds and matching commitment may only be used for the following

- a) Primary Health Care Practitioner, Project Administration and Support Salaries and Fringe Benefits:
 - Physician practicing Family Medicine, General Internal Medicine, General Pediatrics, Psychiatrist, Obstetrics/Gynecology
 - Physician Assistant-Certified (PA-C)

Certified Registered Nurse Practitioner (CRNP)
 Certified Nurse Midwife (CNM)
 Registered Nurse (RN)
 Licensed Practical Nurse (LPN)
 Dentist
 Registered Dental Hygienist (RDH)
 Expanded Function Dental Assistant (EFDA)
 Public Health Dental Hygiene Practitioner
 Dental Assistants
 Psychologists (Licensed)
 Licensed Professional Counselors
 Licensed Clinical Social Workers
 Marriage and Family Therapists (Licensed)
 Pharmacists (Licensed)
 Pharmacy Technicians
 Medical Assistants
 Medical Interpreters
 Project Director
 Project Coordinator
 Outreach or Education Coordinator
 Community Health Worker
 Case Manager, Nurse Case Manager
 Registered Dietician, Nutritionist

- b) Public transportation expenses that enable patients to utilize Community-based health care clinic services
- c) Medical, Dental, Pharmacy, Behavioral Health Equipment and Supplies (consistent with proposed alternate health care delivery system to reduce unnecessary hospital emergency room usage)
- d) Other Costs Directly Related to the Provision of Services
 - Travel-mileage for the provision of services detailed in the logic model
 - Clinic renovations (modification of interior office space to accommodate more equipment or additional patient services or both)
 - Copier Purchase
 - Computer/Printer Purchase
 - Telephone/Fax Machine Purchase
 - Rental Costs of Office Equipment
 - Clinic Supplies
 - Electronic medical record technology and equipment
 - Lease of building space
 - Malpractice Insurance
 - Patient Education Materials
 - Mobile Clinic Equipment

Total infrastructure expenditures including renovations, office equipment and office supplies may not exceed 30% of the total award amount.

Grant funding and matching commitment may not be used for the following:

- a) Continuation of a project funded with state funds or from other Department Grants or Contracts.
- b) Funding to supplant funds currently being used to support similar activities.
- c) Salaries for existing positions **unless** the funds requested are to provide **new or expanded services** by an existing position **and** there will be **an increase in the salary and hours** for that position.
- d) Loan Repayment/Scholarships
- e) Real Estate purchases
- f) Construction of new buildings
- g) Ambulance/ Medical Transportation services
- h) Advertising costs
- i) Costs for direct patient care, including but not limited to hospital bills, lab fees, pharmacy fees, x-ray fees, phlebotomy fees and prosthodontic fees
- j) Vehicle purchases and maintenance
- k) Attendance at conferences, symposiums, meetings
- l) Purchase of journals, magazines, other publications
- m) Provider recruitment costs
- n) Billing, administrative or maintenance personnel

If the application is selected for award, all unallowable expenses will be removed from the Grant Agreement Budget and reduce the total amount of the award.

13. Matching Commitment Requirements

- a) Matching funds and in-kind commitments must be used for costs directly incurred to support the proposed project.
- b) Matching commitment must be in the ratio of one dollar of matching commitment for each four dollars of Commonwealth funding and **shall not exceed this ratio**. It is required that the 1:4 ratio be entered in the budget by line item in each budget category in which funding is requested.
- c) Matching commitment may be in the form of cash or dollar equivalent in-kind services.
- d) **Matching commitment requirement applies to each budget year as well as the overall Grant period.**
- e) The name of the source and amount of the matching commitment (including the dollar equivalent in-kind services) must be identified on the Budget Summary form for the overall Grant period and each budget year.
- f) **Fundraising may not be used for matching commitment.**
- g) **Matching commitments (cash or dollar equivalent in-kind services) must be committed at the time of the Grant application via a signed letter of financial commitment from an individual with signatory authority from the organization(s) providing the matching funds or dollar equivalent in-kind services. Letters must state the dollar amount of the commitment (cash or in-kind equivalent) for each budget year of the Grant. If the matching commitment is in-kind services, a description of those services and value related to the proposed project must be included in the letter. Letters must also note any specific restrictions for the use of match funds in this Grant (for**

example, if the organization providing matching funds requests that those funds be used only for direct patient care and not for renovations or equipment, this must be noted in the signed letter of commitment).

- h) **If the applicant is the organization providing matching commitment the letter of commitment must be signed by an officer of the Board of Directors.**
 - i) **Matching commitments may not be used to allocate existing expenses to this project.** For example, if the salary of the Executive Director will be funded at \$1,000 per year from matching funds, the \$1,000 must represent a sum of money being paid to the Director over and above the Executive Director's current salary and must correspond to work related to the project being funded.
 - j) Federal, state, foundation or other Grant funds may be used **to meet the matching commitment requirement.** However, a letter from the entity supplying the other Grant funds approving the use of those funds for the matching commitment requirement of this Grant must be included in the Additional Appendices section of the application.
14. Pursuant to Executive Order 2021-06 Worker Protection and Investment (October 21, 2021), the Commonwealth is responsible for ensuring that every Pennsylvania work has a safe and healthy work environment the protections afforded them through labor laws. To that end, Contractors and Grantees of the Commonwealth must certify that they are in compliance with all applicable Pennsylvania state labor and workforce safety laws. Such certification shall be made through the Worker Protection and Investment Certification Form (BOP-2201) and submitted with the application.

Category 5 Work Statement Format

Grant Category 5: The implementation of collaborative relationships among Community-based health care clinics, hospitals and other health care providers to improve transitions of care for clinic patients seen in or admitted to the hospital and to develop referral mechanisms to establish a health clinic medical home for patients seen in the hospital or specialty clinics or both.

1. Topic: Project Overview (maximum of half page)

Provide a brief overview of the proposed project describing the target population to be served, proposed services to be offered, how the Grant funding will be utilized and how the proposed project will increase access to health care for the uninsured, underinsured and underserved populations in the community.

2. Topic: Project Description

A narrative description of the proposed project must include:

- a) Description of applicant organization (maximum half page)
- b) Geographical location of health care clinic with:
 - i. Identification of PC HPSA or MUA/P located in or serving, or
 - ii. Identification of significant low income population that health care clinic serves
 - iii. Description of the site including address, building ownership, status of any lease agreement, if applicable
 - iv. Conditions to be met and date for additional or expanded services to begin
- c) Description of population currently served including population health data such as health status, demographic, socio-economic and geographic. Include sources of data described
- d) Description of current primary health services provided by health care clinic
- e) Description of other community health service providers including primary care clinics, hospitals and specialty care clinics in applicant health clinic service area
- f) Description of community need (including population health data and sources) for the development of collaborative relationships to enhance transitions of care for health care clinic patients seen in or admitted to hospitals and to develop referral mechanisms to establish a health clinic medical home for patients seen in the hospitals and specialty clinics
- g) Description of proposed project to include:
 - i. Defined patient population to be targeted for proposed project. Include population health data and sources
 - ii. Description of proposed new, innovative or expanded services proposed in this project.
 - iii. Evidence-based data supporting proposed new, innovative or expanded services including sources
 - iv. Other community health service providers that will collaborate in this project, the roles each provider will assume and the method that will be utilized to

- formally establish collaborative agreements between the applicant and other community health service providers
- v. Expected population health outcomes to be addressed by new, innovative or expanded services (including baseline and target data and method that will be used to measure population health outcomes).
 - h) Description of how total budget request (Grant funds and matching commitment) will be used.
 - i) Identification of the proposed director for this project including a brief description of the director's competencies related to the project. Include a description of his/her role in supervising and administering the project.
 - j) Description of other existing staff positions to be utilized in administering this project. Resumes of existing staff persons or position descriptions for vacant positions working directly on the proposed project must be included in the Additional Appendices section of the application. Note that funding for this project does not reimburse for fulltime current employees. This includes staff transferred from other clinic sites.
 - k) Description of the job responsibilities of each new position proposed in the project as well as any specialized training or licenses or both required for the specific positions. Position descriptions of proposed staff positions must be included in the Additional Appendices section of the application.

3. Topic: Logic Model

Complete the logic model template below to describe the quarterly inputs, activities, outputs and overall expected outcome(s) for the proposed project for the entire Grant term July 1, 2024, through June 30, 2026.

Inputs: Describes/lists the resources, money, staff time, volunteers, facilities, equipment, etc. needed to implement and operate the proposed project. These inputs relate directly to the funding requested or the matching commitment.

Activities: Explains what the program will do with its inputs to achieve the measurable outputs within the proposed timelines.

Outputs: Describes what is produced as a measurable result of the activities, explaining how the program uses its inputs to implement the proposed project which lead to the desired outcomes. Outputs measure what the program achieves and who the program reaches. Some examples include the number of workshops held, the number of counseling sessions conducted, the number of community outreach programs contacted.

Outcomes: Describe the improvements, results, changes or benefits for patients as a result of the program activities. Outcomes can be short, medium or long term.

Project Period	Inputs	Activities	Outputs	Outcomes
July 1, 2024- September 30, 2024				
October 1, 2024– December 31, 2024				
January 1, 2025 – March 31, 2025				
April 1, 2025 – June 30, 2025				
July 1, 2025 – September 30, 2025				
October 1, 2025 - December 31, 2025				
January 1, 2026 – March 31, 2026				
April 1, 2026 – June 30, 2026				

4. Topic: Access

- a) The narrative must include a statement of intent to provide services to all, regardless of ability to pay and a written policy to this effect must be included in the Additional Appendices section of the application.
- b) The narrative must include a statement that the organization is enrolled in (or will enroll) and remain enrolled throughout the Grant period in:
 - i. Medicare
 - ii. Medicaid (MA)
 - iii. Children’s Health Insurance Program (CHIP)
- c) A discounted sliding fee scale and a Board approved policy to implement the discounted sliding fee scale must be included in the Additional Appendices section of the application.
 - i. The discounted sliding fee scale must be developed using current Federal poverty guidelines with discounts to those with income up to 200% of

poverty level. Refer to Appendix 6 Primary Care Office Discounted Sliding Fee Scale Requirements.

- ii. The applicant’s Board approved policy must include a “**no pay**” or “**\$0 fee**” **option** for those unable to pay, provisions that assure no patient will be denied service based on inability to pay, a full discount or only a nominal charge for individuals or families at or below 100% of the poverty level, the process for the applicant’s Board review and update of the discounted sliding fee scale and the policy and process of how patients are made aware of the discounted sliding fee scale and the process for determining nominal fees.
- iii. The only exception to the requirements that the applicant be enrolled in public insurance (Medicare, MA, and CHIP) and include with the application a discounted sliding fee scale is for clinics that provide services to patients at no charge (free clinics), in which case the application shall include a statement that individuals having MA or Medicare insurance but who document having no access to a primary health care provider accepting these insurances will receive primary health services at the free clinic until such time that a provider participating in the applicable insurance program (MA or Medicare) is available. A Board approved policy regarding the provision of primary health services at no charge to MA and Medicare covered individuals who do not have access to participating primary health care providers must be included in the Additional Appendices Section of the application.

5. Topic: Project Impact

To complete the tables below, refer to **Appendix 7** Community-based Health Care Program Patient and Patient Visit Instructions which defines “patient” and “patient visits” and provides instructions for counting both.

TABLE 1 – PATIENT NUMBERS: Provide realistic and supportable projections of the total number of unduplicated **new** patients for the proposed project during each year of the project period by coverage type in the following format. Applicant must explain how these projections were determined describing the **methodology used to create these projections**.* If the location of the proposed site is not in a HPSA or MUA/P, then the total sum of Rows 2, 4, and 5, columns 1 and 2 must be at least 30% of total patients served.

Coverage Type	Current # Patients (1/01/20-12/31/22)	Percent Patients Served (1/01/22-12/31/22)	Proposed # new Patients (7/01/24-6/30/25)	Proposed # new Patients (7/01/25-6/30/26)
Number of patients served with Medicare				
Number of patients served with Medicaid (MA)*				
Number of patients served with Children’s Health				

Insurance Program (CHIP)				
Number of patients served not charged due to inability to pay*				
Number of patients served that could not pay full amount but paid something (discounted sliding fee scale)*				
Number of patients with full pay/commercial insurance				
TOTAL Number of Patients				

TABLE 2 – PATIENT VISITS: Provide current number of patient visits and projections of the total number of patient visits for the proposed project during each year of the project period by coverage type in the following format. Applicant must provide a description of the methodology used to create these projections.

Coverage Type	Current # Patient Visits (1/01/22-12/31/22)	Proposed # Patient Visits (7/01/24-6/30/25)	Proposed # Patient Visits (7/01/25-6/30/26)
Number of visits for patients with Medicare			
Number of visits for patients with Medicaid (MA)			
Number of visits for patients served with Children’s Health Insurance Program (CHIP)			
Number of visits for patients not charged due to inability to pay			
Number of visits for patients that could not pay full amount but paid something (discounted sliding fee scale)			
Number of visits for patients with full pay/commercial insurance			
TOTAL Number of Patient Visits			

6. Topic: Capacity to Implement

Description of applicant’s capacity to implement project:

- a) Description of applicant’s governance structure
- b) Description of applicant’s organizational structure
- c) Description of current clinical staffing
- d) Description of current administrative and support staffing

- e) Detailed plan for provider retention and recruitment
- f) Description of applicant’s fiscal status demonstrating capacity to implement (Note: Grant funds provide reimbursement for expenditures; applicant must describe plan to pay for costs incurred prior to reimbursement.)

7. Topic: Sustainability Plans

Description of plans to sustain project beyond the Grant period to include **detailed** plans for maintaining long-term operation of the project:

- a) Project growth projections (facilities, personnel, services)
- b) Funding sources
- c) Fiscal plan

8. Additional Appendices (Attachment VI)

The following must be included:

- a) Letters of financial commitment for matching funds or dollar equivalent of in-kind services
- b) Letter of approval to use other Grant funds as matching funds, if applicable
- c) Resumes of the Director and staff proposed for the project. See reference 2. i and j.
- d) Position description for new or vacant positions referenced in 2. k.
- e) Copy of discounted sliding fee scale and board approved policy to ensure services to those unable to pay

DO NOT INCLUDE LETTERS OF SUPPORT. Any letters of support will not be considered for this RFA.

9. Budget Template (Attachment IV)

Use the downloadable format to present your budget request. Instructions regarding completion of the budget can be found in the last worksheet of the downloadable Excel budget file.

The anticipated Grant Agreement term is July 1, 2024, to June 30, 2026. The overall 24-month budget for the application shall not exceed \$50,000. The budget must contain an Overall Summary in addition to a Summary with Budget Details for each year.

		Maximum Amounts
Overall Summary	July 1, 2024 to June 30, 2026	\$ 50,000
Year 1 Summary	July 1, 2024 to June 30, 2025	\$ 25,000
Year 2 Summary	July 1, 2025 to June 30, 2026	\$ 25,000

10. Budget Justification (Attachment V)

The Budget Justification must be a **narrative** of the budget, by category, clearly **justifying** budget requests and needs as they relate to the proposed project and explaining in detail the method which was used to arrive at specific budget amounts.

The Budget Justification must relate to the logic model inputs, activities, outputs and

outcomes (Section (3) above) to include:

- a) explanation of personnel expenses.
- b) explanation and justification for equipment and supplies.
- c) written estimates for equipment and supplies
- d) identification of consultants and contractors with written estimates.

11. Budget Definitions

- a) **Personnel:** This budget category shall identify each position by job title, hourly rate, and the number of hours per year allocated to the project. Fringe benefits are to be shown as a separate line item by percentage and shall include a detailed listing of the benefits being covered.
- b) **Consultant Services:** This budget category shall identify the services to be provided by each consultant including hourly rate and number of hours to be utilized under this Grant.
- c) **Subcontractor Services:** This budget category shall identify the services to be provided by each subcontractor under this Grant.
- d) **Patient Services:** This budget category is not applicable to this RFA.
- e) **Equipment:** This budget category shall reflect the actual or projected cost of any equipment \$5,000 or greater. Justification for the purchase of any equipment must be included. Purchase of equipment is not a priority of the Department.
- f) **Supplies:** This budget category shall reflect expected costs for medical or dental supplies or both, as well as for general office supplies including personal computers and facsimile machines valued at less than \$5,000, needed to support this project. Purchase of supplies is not a priority of the Department.
- g) **Travel:** This budget category shall **only** include anticipated expenditures for mileage between clinical sites included in this project for the provision of direct patient services.

Other: This budget category shall be used to anticipate expenditures that do not fit into any of the other budget categories such as telephone, printing, postage, office renovations, malpractice insurance and rental costs

12. Allowable Use of Grant funds and Matching Commitment:

Requested funding and matching commitment must be **directly** related to the specified goal of the project which is to expand and improve health care access and services at Community-based health care clinics serving underserved populations. **Moreover, requested funding and matching commitment, as itemized in the Budget Justification, must relate directly to logic model objectives and activities (Section 3 above.)**

Grant funds and matching commitment may only be used for the following:

- a) Primary Health Care Practitioner, Project Administration and Support Salaries and Fringe Benefits:
Physicians practicing in Family Medicine, General Internal Medicine, General Pediatrics, Psychiatrist, Obstetrics/Gynecology
Physician Assistant-Certified (PA-C)
Certified Registered Nurse Practitioner (CRNP)

- Certified Nurse Midwife (CNM)
- Registered Nurse (RN)
- Licensed Practical Nurse (LPN)
- Dentist
- Registered Dental Hygienist (RDH)
- Expanded Function Dental Assistant (EFDA)
- Public Health Dental Hygiene Practitioner
- Dental Assistants
- Psychologists (Licensed)
- Licensed Professional Counselors
- Licensed Clinical Social Workers
- Marriage and Family Therapists (Licensed)
- Pharmacists (Licensed)
- Pharmacy Technicians
- Medical Assistants
- Medical Interpreters
- Project Director
- Project Coordinator
- Outreach or Education Coordinator
- Community Health Worker
- Case Manager, Nurse Case Manager
- Registered Dietician, Nutritionist
- b) Public transportation expenses that enable patients to utilize Community-based health care clinic services
- c) Other Costs Directly Related to the Provision of Services
 - Travel-mileage between clinical sites for the provision of services detailed in the logic model
 - Copier Purchase
 - Computer/Printer Purchase
 - Telephone/Fax Machine Purchase
 - Office Supplies
 - Electronic medical record technology and equipment

Grant funding may not be used for the following:

- a) Continuation of a project funded with state funds or from other Department of Health Grants or Contracts.
- b) Funding to supplant funds currently being used to support similar activities.
- c) Salaries for existing positions **unless** the funds requested are to provide **new or expanded services** by an existing position **and** there will be **an increase in the salary and hours** for that position.
- d) Loan Repayment/Scholarships
- e) Real Estate purchases
- f) Construction of new buildings
- g) Clinic renovations
- h) Ambulance/ Medical Transportation services
- i) Advertising costs

- j) Costs for direct patient care, including but not limited to hospital bills, lab fees, pharmacy fees, x-ray fees, phlebotomy fees and prosthodontic fees
- k) Vehicle purchases and maintenance
- l) Attendance at conferences, symposiums, meetings
- m) Purchase of journals, magazines, other publications
- n) Provider recruitment costs
- o) Billing, administrative or maintenance positions

If the applicant is selected for award, all unallowable expenses will be removed from the Grant Agreement budget and reduce the total amount of the award.

13. Matching Commitment Requirements

- a) Matching funds and in-kind commitments must be used for costs directly incurred to support the proposed project.
- b) Matching commitment must be in the ratio of one dollar of matching commitment for each four dollars of Commonwealth funding and **shall not exceed this ratio**. It is required that the 1:4 ratio be entered in the budget by line item in each budget category in which funding is requested.
- c) Matching commitment may be in the form of cash or dollar equivalent in-kind services.
- d) **Matching commitment requirement applies to each budget year as well as the overall Grant period.**
- e) The name of the source and amount of the matching commitment (including the dollar equivalent in-kind services) must be identified on the Budget Summary form for the overall Grant period and each budget year.
- f) **Fund raising may not be used for matching commitment.**
- g) **Matching commitments (cash or dollar equivalent in-kind services) must be committed at the time of the Grant application via a signed letter of financial commitment from an individual with signatory authority from the organization(s) providing the matching funds or dollar equivalent in-kind services. Letters must state the dollar amount of the commitment (cash or in-kind equivalent) for each budget year of the Grant. If the matching commitment is in-kind services, a description of those services and value related to the proposed project must be included in the letter.** Letters must also note any specific restrictions for the use of match funds in this Grant (for example, if the organization providing matching funds requests that those funds be used only for direct patient care and not for renovations or equipment, this must be noted in the signed letter of commitment).
- h) **If the applicant is the organization providing matching commitment the letter of commitment must be signed by an officer of the Board of Directors.**
- i) **Matching commitments may not be used to allocate existing expenses to this project.**
- j) Federal, state, foundation or other Grant funds may be used **to meet the matching commitment requirement**. However, a letter from the entity

supplying the other Grant funds approving the use of those funds for the matching commitment requirement of this Grant must be included in the Additional Appendices section of the application.

14. Pursuant to Executive Order 2021-06 Worker Protection and Investment (October 21, 2021), the Commonwealth is responsible for ensuring that every Pennsylvania work has a safe and healthy work environment the protections afforded them through labor laws. To that end, Contractors and Grantees of the Commonwealth must certify that they are in compliance with all applicable Pennsylvania state labor and workforce safety laws. Such certification shall be made through the Worker Protection and Investment Certification Form (BOP-2201) and submitted with the application.

**PENNSYLVANIA DEPARTMENT OF HEALTH
PRIMARY CARE OFFICE
DISCOUNTED SLIDING FEE SCALE REQUIREMENTS**

The Primary Care Office (PCO) administers the following programs with the goal of providing a safety-net for access to health care for low income populations, including those without health insurance: Community-based Health Care Grant Program, Community Primary Challenge Grant Program, Health Practitioner Loan Repayment Program, Conrad 30 J-1 Visa and National Interest Waiver Programs. As such, the Bureau requires organizations wishing to participate in these programs comply with the following requirements:

- Use of a **discounted sliding fee scale** based upon **current** Federal Poverty Guidelines to ensure that no financial barriers to care exist for those who meet certain financial eligibility criteria;
- Posting a **statement indicating that no one who is unable to pay will be denied access** to services;
- Having a **policy of non-discrimination** in the delivery of health care services.

What is a discounted sliding fee schedule?

Discounted sliding fee schedules are locally driven mechanisms (discounts) to address how to equitably charge patients for services rendered. The mechanism must be in writing. Fees are set based upon current, annual Federal Poverty Guidelines; patient eligibility is determined by annual income and family size. Schedules are established and implemented to ensure that a non-discriminatory, uniform, and reasonable charge is consistently and evenly applied, on a routine basis. For patients whose income and family size place them below poverty, a “typical” nominal fee is often between \$7 and \$15; patients between 101-200% of poverty are expected to pay some percentage of the full fee. **Patients who document no ability to pay should be treated without charge.** A discounted sliding fee schedule applies only to amounts assessed to patients. Billing for third party coverage such as Medicare, Medicaid and private insurance carriers, is set at the usual and customary full charge.

Why have a discounted sliding fee schedule?

Program requirements prescribe that a locally determined discounted sliding fee schedule be used, and that services be provided either at no fee or a nominal fee, as determined by the provider to ensure access to health care for those who cannot afford full charges. The reasonableness of fees, and the percent of a full fee that is assessed, may be subject to review/challenge by the Department during the program application process or during routine programmatic reviews by Department project officers or program administrators.

To which patients does a discounted sliding fee schedule apply?

By participating in any of the Department programs requiring a discounted sliding fee schedule, you are agreeing to apply the schedule equally, consistently, on a continuous basis, to all recipients of services in the entirety of the site/location, without regard to the particular practitioner that treats them.

Where can I find more information on developing a discounted sliding fee schedule and policy?

The National Health Service Corps has developed a Discounted Sliding Fee Schedule Information Package which can be accessed at: <http://nhsc.hrsa.gov/downloads/discountfeeschedule.pdf>

Where can I find more information on Federal Poverty Guidelines?

Federal Poverty Guidelines are updated and published annually in the Federal Register. They can be accessed through the Department of Health and Human Services at: <http://aspe.hhs.gov/poverty/15poverty.cfm>

COMMUNITY-BASED HEALTH CARE PROGRAM Patient & Patient Visit Instructions

For Community-based Health Care Program patient data reporting, report data only from the **specific practice site address** proposed in the application. Follow specific definitions and instructions below when reporting **patient** and **patient visit** data.

DEFINITIONS

Patient – An individual who has received at least one visit with a Provider during the reporting year. **An individual patient may be counted only once.** People who only receive services from large-scale efforts such as immunization programs, screening programs, and health fairs are not counted as patients.

Provider – A **licensed** medical professional who assumes primary responsibility for assessing the patient, exercises independent judgment as to the services that are rendered and is responsible for documenting the patient’s record.

Providers of patient visits for the Community-based Health Care Program may be:

Physicians practicing Family Practice, Osteopathic General Practice, Ob/Gyn, General Pediatrics, General Practitioner, General Internal Medicine, Psychiatry
Physician Assistant-Certified (PA-C)
Certified Registered Nurse Practitioner (CRNP)
Certified Nurse Midwife (CNM)
Registered Nurse (RN)
General Dentist
Registered Dental Hygienist (RDH)

Patient Visit – A **face-to-face contact between a Patient and a Provider**, when the Provider exercises independent professional judgment **in the provision of services** to the Patient. To be included as a visit, services rendered **must be documented in a Patient Record** possessed by the clinical practice site.

INSTRUCTIONS

A. Counting Patients:

1. Do not count the same patient in more than one category such as Medicare, Medicaid, CHIP or Commercial Insurance
2. Count an individual patient only once in a given year

A. Counting Visits:

1. A visit may take place only at the Community-based Health Care Program site.
2. If there is more than one Provider involved in the visit (for example, a dental hygienist and dentist seeing same patient for same purpose) it counts as one visit.
3. Count only one visit per Patient per Provider per day. If a patient has multiple procedures on a single day it counts as one visit only. For example, if a patient was seen by a dental hygienist for a cleaning and a dentist for a filling on the same day, this would count as a single patient visit.

PART TWO

Pennsylvania Department of Health
Pennsylvania Primary Care Office

Community-based Health Care Program

Request for Applications (RFA) #67-161



APPLICATION COVER PAGE
RFA #67-161

Applicant Name: _____
(Organization or Institution)

Type of Legal Entity _____
(Corporation, Partnership, Professional Corporation, Sole Proprietorship, etc.)

Federal I.D.#: _____ **SAP Vendor #:** _____

HPSA name and #: _____ **MUA/P name and #:** _____
(DO NOT LEAVE BLANK)

Applicant Address: _____

City _____ **County** _____ **State** _____ **Zip Code** _____

Proposed Site Address: _____

City _____ **County** _____ **State** _____ **Zip Code** _____

Application Category: (Carefully and clearly select only one category)

- ___ **Category 1 Open a new clinic providing comprehensive primary care services**
- ___ **Category 2 Expansion of comprehensive primary care services at an existing clinic**
- ___ **Category 3 Expansion of prenatal, obstetric, postpartum and newborn care at an existing clinic**
- ___ **Category 4 Improvement of primary care services or delivery of services to reduce non-emergent utilization of emergency room services**
- ___ **Category 5 Implementation of collaborative relationships between community-based health clinics, hospitals and other specialty clinics to improve transitions of care and develop referral mechanisms**

Type of organization:

- ___ **Federally Qualified Health Clinic (FQHC) or FQHC Look-alike**
- ___ **Hospital-based Health Clinic**
- ___ **Free Clinic**
- ___ **Certified Rural Health Clinic (not for profit)**
- ___ **Nurse-managed Health Clinic**

Application Contact Person Name: (print) _____

Title: _____

Telephone No.: _____ **Fax:** _____ **E-mail:** _____

BY SIGNING BELOW, THE APPLICANT, BY ITS AUTHORIZED SIGNATORY, IS BINDING ITSELF TO THE APPLICATION AND REPRESENTING THAT ALL THE INFORMATION SUBMITTED IS TRUE AND CORRECT TO THEIR BEST KNOWLEDGE, INFORMATION AND BELIEF.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE
	DATE



WORKER PROTECTION AND INVESTMENT CERTIFICATION FORM

A. Pursuant to Executive Order 2021-06, *Worker Protection and Investment* (October 21, 2021), the Commonwealth is responsible for ensuring that every worker in Pennsylvania has a safe and healthy work environment and the protections afforded them through labor laws. To that end, contractors and grantees of the Commonwealth must certify that they are in compliance with Pennsylvania’s Unemployment Compensation Law, Workers’ Compensation Law, and all applicable Pennsylvania state labor and workforce safety laws including, but not limited to:

1. Construction Workplace Misclassification Act
2. Employment of Minors Child Labor Act
3. Minimum Wage Act
4. Prevailing Wage Act
5. Equal Pay Law
6. Employer to Pay Employment Medical Examination Fee Act
7. Seasonal Farm Labor Act
8. Wage Payment and Collection Law
9. Industrial Homework Law
10. Construction Industry Employee Verification Act
11. Act 102: Prohibition on Excessive Overtime in Healthcare
12. Apprenticeship and Training Act
13. Inspection of Employment Records Law

B. Pennsylvania law establishes penalties for providing false certifications, including contract termination; and three-year ineligibility to bid on contracts under 62 Pa. C.S. § 531 (Debarment or suspension).

CERTIFICATION

I, the official named below, certify I am duly authorized to execute this certification on behalf of the contractor/grantee identified below, and certify that the contractor/grantee identified below is compliant with applicable Pennsylvania state labor and workplace safety laws, including, but not limited to, those listed in Paragraph A, above. I understand that I must report any change in the contractor/grantee’s compliance status to the Purchasing Agency immediately. I further confirm and understand that this Certification is subject to the provisions and penalties of 18 Pa. C.S. § 4904 (Unsworn falsification to authorities).

<i>Signature</i>	<i>Date</i>
<i>Name (Printed)</i>	
<i>Title of Certifying Official (Printed)</i>	
<i>Contractor/Grantee Name (Printed)</i>	

Work Statement

See Part One, General Information; Section C, Application Instructions and Required Format; Subsection 2d Work Statement for completion instructions.

The following language is required to be included in the Work Statement:

Pursuant to Executive Order 2021-06, Worker Protection and Investment (October 21, 2021), the Commonwealth is responsible for ensuring that every Pennsylvania worker has a safe and healthy work environment and the protections afforded them through labor laws. To that end, Contractors and Grantees of the Commonwealth must certify that they are in compliance with all applicable Pennsylvania state labor and workforce safety laws. Such certification shall be made through the Worker Protection and Investment Certification Form (BOP-2201) and submitted with the application.

Budget Information

Directions for Category 1-See Appendix 1, section 9

Directions for Category 2-See Appendix 2, section 9

Directions for Category 3-See Appendix 3, section 9

Directions for Category 4-See Appendix 4, section 9

Directions for Category 5-See Appendix 5, section 9

BUDGET JUSTIFICATION

Directions for Category 1-See Appendix 1, section 10

Directions for Category 2-See Appendix 2, section 10

Directions for Category 3-See Appendix 3, section 10

Directions for Category 4-See Appendix 4, section 10

Directions for Category 5-See Appendix 5, section 10

ADDITIONAL APPENDICES

Directions for Category 1-See Appendix 1, section 8

Directions for Category 2-See Appendix 2, section 8

Directions for Category 3-See Appendix 3, section 8

Directions for Category 4-See Appendix 4, section 8

Directions for Category 5-See Appendix 5, section 8

501(c)(3) Form

See Part One, General Information; Section C, Application Format; Subsection 2b for instructions.

PAYMENT PROVISIONS

The Department agrees to pay the Contractor for services rendered pursuant to this Contract as follows:

- A. Subject to the availability of state and Federal funds and the other terms and conditions of this Contract, the Department will reimburse the Contractor in accordance with Appendix C, and any subsequent amendments thereto, for the costs incurred in providing the services described in this Contract.
- B. This Contract may span several state fiscal periods; therefore, the Department is obligated to pay no more than the dollar amounts for each state fiscal year (SFY), for the periods of time indicated on the Budget, Appendix C. This shall not prohibit the Department from exercising its discretion to move funds unspent at the end of the SFY from one SFY to another to pay for services provided with separate written Department approval and in accordance with this Contract.
- C. Payment to the Contractor shall be made in accordance with the Budget set forth in Appendix C, and any subsequent amendments thereto, as follows:
 - 1. The Department shall have the right to disapprove any expenditure made by the Contractor that is not in accordance with the terms of this Contract and adjust any payment to the Contractor accordingly.
 - 2. Payments will be made monthly upon submission of an itemized invoice for services rendered pursuant to this Contract using the invoice format in Attachment 1 to this Appendix.
 - 3. An original invoice shall be sent by the Contractor directly to the address listed in Attachment 1 to this Appendix unless otherwise directed in writing by the Project Officer. Documentation supporting that expenditures were made in accordance with the Contract Budget shall be sent by the Contractor to the Department's Project Officer. The Department's Project Officer may request any additional information he or she deems necessary to determine whether the expenditures in question were appropriately made. The adequacy and sufficiency of supporting documentation is solely within the discretion of the Project Officer.
 - 4. The Contractor has the option to reallocate funds between and within budget categories (Budget Revision), subject to the following criteria:
 - a. General Conditions for Budget Revisions
 - i. *Budget Revisions At or Exceeding 20%.*
 - A. The Contractor shall not reallocate funds between budget categories in an amount at or exceeding 20% of the total amount of the Contract per budget year as set forth in Appendix C Budget, and any subsequent amendments thereto, without prior written approval of the Department's Project Officer.
 - B. The Contractor shall request prior written approval from the Department's Project Officer when the cumulative total of all prior Budget revisions in the budget year is 20% or greater of the total amount of the Contract per budget year.
 - C. Reallocations at or exceeding 20% of the total amount of the Contract per budget year may not occur more than once per budget year unless the Department's Project Officer finds that there is good cause for approving one additional request. The Project Officer's determination of good cause shall be final.
 - ii. *Budget Revisions Under 20%.* The Contractor shall notify the Department's Project Officer of any Budget Revision under 20% of the total amount of the Contract per budget year in writing, but need not request Department approval, except as provided for in Paragraph 4(a)(i)(B) above.

- iii. The Contractor shall obtain written approval from the Department's Project Officer prior to reallocating funding into a previously unfunded budget category or prior to eliminating all funding from an existing budget category, regardless of the percentage amount.
 - iv. The Contractor shall provide the Department's Project Officer with notice or make a request for approval prior to the submission of the next invoice based on these changes.
 - v. At no time can Administrative/Indirect cost rates be increased via a Budget Revision.
- b. Budget Revisions Relating to Personnel
- i. Any change to funds in the Personnel Category requires the approval of the Department's Project Officer, and any such change at 20% or over as set forth in Paragraph 4(a) shall be counted as one Budget Revision under that paragraph.
 - ii. The Contractor may not reallocate funds to, or move funds within, the Personnel Services Category of the Budget (Appendix C), and any subsequent amendments thereto, to increase the line items in that category unless one of the following circumstances apply:
 - A. The Contractor is subject to a collective bargaining agreement or other union agreement and, during the term of this Contract, salaries, hourly wages, or fringe benefits under this Contract are increased because of a renegotiation of that collective bargaining agreement or other union agreement. The Contractor shall submit to the Department's Project Officer written documentation of the new collective bargaining or other union agreement, which necessitates such reallocation.
 - B. The Contractor is unable to fill a position that is vacant or becomes vacant at or after the effective date of this Contract. The Contractor shall submit to the Department's Project Officer written justification for the request to increase line item amounts and reallocation of funds in connection with filling such a position in sufficient detail for the Department to evaluate the impact of that reallocation on the performance of the work of the Contract, as well as the Contractor's inability to fill the position. Justification may include, for example, documentation of salaries for the same or similar positions in the same geographic area.
 - C. The Contractor is unable to perform the work of the Contract with the existing positions, titles or classifications of staff. The Contractor may add or change a position, title or classification in order to perform work that is already required. The Contractor shall submit to the Department's Project Officer for his or her approval written justification for the request to reallocate funds in connection with changing or adding a position, title or classification, in sufficient detail for the Department to evaluate the impact of that reallocation on the performance of the work of the contract, as well as the Contractor's inability to fill current position. Justification may include, for example, documentation of salaries for the same or similar positions in the same geographic area.
 - iii. The number of positions accounted for by any one line item may not be decreased, or consolidated into one position, without prior written approval of the Department.
 - iv. All increases are subject to the availability of funds awarded under this Contract. The Commonwealth is not obligated to increase the amount of award.
 - v. This paragraph is not intended to restrict any employee from receiving an increase in salary from the Contractor based on the Contractor's fee schedule for the job classification.
5. Unless otherwise specified elsewhere in this Contract, the following shall apply. The Contractor shall submit monthly invoices within 30 days from the last day of the month within which the work is performed. The final invoice shall be submitted within 45 days of the Contract's termination date. The Department will neither honor nor be liable for invoices not submitted in compliance with the time

requirements in this paragraph unless the Department agrees to an extension of these requirements in writing. The Contractor shall be reimbursed only for services acceptable to the Department.

6. The Department, at its option, may withhold the last 20 percent of reimbursement due under this Contract, until the Project Officer has determined that all work and services required under this Contract have been performed or delivered in a manner acceptable to the Department.
 7. The Commonwealth will make payments through the Automated Clearing House (ACH). Within 10 days of award of the Contract or Purchase Order, the Contractor must submit or must have already submitted its ACH information within its user profile in the Commonwealth's procurement system (SRM). Within 10 days of the Grant award, the Grantee must submit or must have already established its ACH information in the Commonwealth's Master Database. The Grantee will also be able to enroll to receive remittance information via electronic addenda and email (e-Remittance). ACH and e-Remittance information is available at <https://www.budget.pa.gov/Services/ForVendors/Pages/Direct-Deposit-and-e-Remittance.aspx>.
 - a. The Contractor must submit a unique invoice number with each invoice submitted. The unique invoice number will be listed on the Commonwealth of Pennsylvania's ACH remittance advice to enable the Contractor to properly apply the state agency's payment to the invoice submitted (for Contracts or Purchase Orders) or to the invoice or program (for Grant Agreements).
 - b. It is the responsibility of the Contractor to ensure that the ACH information contained in SRM (for Contracts or Purchase Orders) or in the Commonwealth's Master Database (for Grant Agreements) is accurate and complete. Failure to maintain accurate and complete information may result in delays in payments.
 - c. In the event this language conflicts with language contained elsewhere in this agreement, the language contained herein shall control.
- D. The Department's determination regarding the validity of any justification or of any request for approval under this Appendix B (Payment Provisions) is final.