



Pennsylvania  
**Department of Health**

**October 16, 2025**

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) #67-202.

A pre-application conference will be held via Microsoft Teams on October 29, 2025 from 9:30 am to 11:30 am ET. Potential applicants can join via Microsoft Teams by clicking on this link: <https://teams.microsoft.com/meet/2275428453007?p=wqv6PVFWwOHAHBrt7s> and entering the following: The meeting ID is 227 542 845 300 7, and meeting Passcode is LV3Gw9oC; or by phone at +1 267-332-8737,841448391#. If attending by phone, any content shown on Teams call screen will not be visible. Applicant attendance is optional.

All questions regarding this RFA must be directed by e-mail to [RA-DHCBHCP@pa.gov](mailto:RA-DHCBHCP@pa.gov), no later than 12:00 p.m. ET on **November 7, 2025**. 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](http://www.emarketplace.state.pa.us). Click on 'Solicitations' and search for the above RFA number.

Submit one application, (Part 2 of this RFA) by email to [RA-DHHEALTH\\_DEPT\\_DOC@pa.gov](mailto: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 **November 17, 2025**. 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](mailto: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.**

Type "APPLICATION ENCLOSED RFA #67-202" as the subject line of your e-mail submission.



Pennsylvania  
**Department of Health**

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  
67-202

Date of Issuance  
October 16, 2025

Issuing Office: Pennsylvania Department of Health  
Office of Procurement  
Email: [RA-DHHEALTH\\_DEPT\\_DOC@pa.gov](mailto:RA-DHHEALTH_DEPT_DOC@pa.gov)

RFA Project Officer: Paul Dismukes  
Pennsylvania Department of Health  
Pennsylvania Primary Care Office  
Email: [RA-DHCBHCP@pa.gov](mailto:RA-DHCBHCP@pa.gov)

# Community-based Health Care Program (RFA# 67-202)

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### Application Forms and Attachments

- I. Cover Page
- II. BOP-2201 Worker Protection and Investment Certification Form
- III. BOP-1307 Lobbying Certification Form
- IV. Certifications
- V. Proof of Designation as a 501(c)(3) organization
- VI. Work Statement
- VII. Budget Template is downloadable and is attached for completion of the budget request
- VIII. Budget Information
- IX. Additional Appendices

Any Grant Agreement resulting from this RFA will include certain standard terms and conditions that will be attached as appendices and will be part of the agreement, which may either be found at <http://www.health.pa.gov/vendors> or are attachments to this RFA. These terms and conditions are not negotiable and are listed below:

- Payment Provisions (Rev. 9/21) and Attachment 1
- Commonwealth Standard General Terms and Conditions (Grant) (Rev. 10/1/23)
- Department Standard General Terms and Conditions (Grant)

(Rev. 12/24)

- Audit Requirements (Rev. 10/24)
- Commonwealth Travel and Subsistence Rates (Rev. 8/18)
- Minimum Personal Computer Hardware, Software, and Peripherals Requirements (Rev. 1/19)
- Pro-Children Act of 1994 (Rev. 12/05)
- Federal Standard Terms and Conditions (Grant) (Rev. 12/24)

# PART ONE

## **Community-based Health Care Program RFA# 67-202**

### General Information

## A. Information for Applicants

Through this Request for Applications (RFA) process, the Pennsylvania Department of Health (Department) is soliciting applications on Community-based Health Care. The Department is interested in funding applications addressing primary health care projects. The overall goal of this funding is to promote, 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, reduce unnecessary utilization of hospital emergency services by providing an effective alternative health care delivery system, and encourage collaborative relationships among Community-based health care clinics, hospitals, and other health care providers. The anticipated grant agreement term is July 1, 2026, to June 30, 2028, 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.

At the Department's discretion and by letter notice, the Department may extend the resulting grant agreement as follows:

**Extension.** Upon notice to the Grantee, without the need for a formal amendment, the Department may, for any reason, exercise an extension that extends the term of the agreement, the period of performance, or both. The aggregate duration for all extension periods, exclusive of the 3-month extension, cannot extend the term of the agreement more than 5 years from the effective date. The same terms and conditions apply to an extension unless otherwise stated. The extension is part of the agreement and subject to its provisions.

**1. No-Cost.** The Department may issue a no-cost extension of the agreement for any reason. The no-cost extension only extends the time period when the Grantee is permitted to use remaining funds and does not extend the agreement beyond five years from the agreement's effective date. The Department shall provide the Grantee written notice of its decision to issue a no-cost extension. No additional funding is awarded to Grantee in a no-cost extension.

**2. 3-Month.** The 3-month extension extends the agreement for up to three months.

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. Additional information about how to apply, relevant and specific restrictions, and stated preferences regarding applicants are noted and outlined in Section B, Application Procedures. 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](http://www.emarketplace.state.pa.us). Each applicant shall be responsible for monitoring 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.

## **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](http://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.



## **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, the 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 include:

1. Demonstration of understanding and intent of the RFA
2. Soundness of Approach
3. Feasibility
4. Budget and Budget Justification

## **3. Awards**

Grants will be administered through the Department.

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 of their individual application.

## **4. Deliverables**

- a) The awarded applicant(s) shall provide or expand primary health care services starting July 1, 2026.
- b) The awarded applicant(s) shall track health outcomes throughout the term of the grant agreement.
- c) The awarded applicant(s) shall identify a project director and a fiscal point of contact by July 1, 2026.
- d) The awarded applicant(s) shall participate in Community-based Health Care Program Grantee conference calls held by the Department at times designated

- by the Department throughout the term of the grant agreement.
- e) The awarded applicant(s) shall assess the adequacy of revenue generated by the provision of primary health services to sustain the project beyond the grant agreement.
  - f) Refer to Appendices 1-5 for the selected project Category 1-5 for Work Statement deliverables.

## **5. Reporting Requirements**

- a) The awarded applicant(s) shall submit to the CBHC's Project Officer a written reports of progress, issues, and activities to the Department every 120 calendar days after the grant agreement effective date. The reports shall, at a minimum, identify if activities are proceeding according to the project plan, and explain any deviations from the project plan. Any changes to the scope or methodology of the proposed project during the term of the grant agreement must be approved in writing by the Department.
- b) The awarded applicant(s) shall submit a final written report within 30 calendar days after the end date of the grant agreement. The final report shall summarize 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 applicant(s) shall submit to the Department's Project Officer an annual assessment report once per calendar year throughout the term of the Grant Agreement, using the "CLAS Self-Assessment Tool for Grantees" template that can be found at the following link: <https://www.pa.gov/en/agencies/health/resources/contractor-grantee.html>. The annual report shall summarize in detail how the awarded applicant(s) have met the Health Equity requirements contained in paragraph 22 of the Department Standard General Terms and Conditions (Grant) (Rev. 12/24).
- d) The awarded applicant(s) 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](mailto: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 not to wait until the closing date and time in the cover letter.**

- c) Please 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) 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 application being rejected, not evaluated, and the applicant will be notified in writing of the same.
- f) 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.

Applicants are strongly encouraged to be brief and 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, single sided with a font size no smaller than 12 point, margins of at least 1 inch and numbered consecutively starting with Page 1.

- a) **Cover Page** – Complete the form. This form must be signed by an official authorized to bind the applicant organization to the application.
- b) **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.
- c) **Lobbying Certification Form (BOP-1307)** – BOP-1307 must be completed and signed by an official authorized to execute the certification on behalf of the applicant.
- d) **Certifications Form (REV. 2/15)** – REV. 2/15 must be completed and signed by an official authorized to execute the certification on behalf of the applicant

regarding debarment and suspension and application/proposal/bid validity.

e) **Work Statement** – The work statement narrative cannot exceed 14 pages, 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 the 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, 2026 - June 30, 2028. The overall 24-month budget for the application shall not exceed \$300,000 for Category 1, \$250,000 for Categories 2, 3, and 4 independently, and \$100,000 for Category 5. The budget must contain an Overall Summary in addition to a Summary with Budget Details for each year.

|                     |                                                |           |
|---------------------|------------------------------------------------|-----------|
| Category 1          | Overall Summary July 1, 2026, to June 30, 2028 | \$300,000 |
|                     | Year 1 Summary July 1, 2026, to June 30, 2027  | \$150,000 |
|                     | Year 2 Summary July 1, 2027, to June 30, 2028  | \$150,000 |
| Category 2, 3 and 4 | Overall Summary July 1, 2026, to June 30, 2028 | \$250,000 |
|                     | Year 1 Summary July 1, 2026, to June 30, 2027  | \$125,000 |
|                     | Year 2 Summary July 1, 2027, to June 30, 2028  | \$125,000 |
| Category 5          | Overall Summary July 1, 2026, to June 30, 2028 | \$100,000 |
|                     | Year 1 Summary July 1, 2026, to June 30, 2027  | \$50,000  |
|                     | Year 2 Summary July 1, 2027, to June 30, 2028  | \$50,000  |

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

See the Budget Definitions section below for more information.

f) **Redacted Copy**- Applicants may provide a redacted copy of the full application that is submitted for this RFA, which redacts confidential, proprietary information, or

trade secrets, or some combination thereof. Follow the process as outlined in Paragraph 26 (Confidentiality) of Department Standard General Terms and Conditions (Grant) (Rev. 12/24), which can be found at <http://www.health.pa.gov/vendors>.

### 3. Definitions

#### a) 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 shall reflect funding dedicated for patient services.

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 general office supplies including personal computers and facsimile machines valued at less than \$5,000, needed to support this project.

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 indirect costs (overhead, general, and administrative). Indirect rates cannot exceed the provider's Federally approved indirect cost rate schedule. In the description area under OTHER COSTS include the percentage that the rate reflects, identify the budget categories to which the rate was applied, and list the specific items that the indirect is paying for.

**b) Program/Work Statement 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.

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 shall be documented in a Patient Record possessed by the clinical practice site.

### **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.

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

The applicant shall provide a brief overview of the proposed project describing the target population to be served, proposed services to be offered, how the state and matching funds shall be utilized and how the proposed project shall increase access to primary health care for the uninsured, underinsured, or underserved populations in the community.

**2. Topic: Project Description**

The applicant shall provide a narrative description of the proposed project and shall 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. The applicant shall provide data and sources to support the 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 the 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 description shall also include staff transferred from other clinic sites.
- k) Resumes of existing staff persons and position descriptions for vacant positions working directly on the proposed project shall be included in the Additional Appendices section of the application

### **3. Topic: Logic Model**

The applicant shall 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, 2026, through June 30, 2028.

**Inputs:** The applicant shall describe/list the resources, money, staff time, volunteers, facilities, supplies, equipment, consultant services, subcontract services, travel, and other costs needed to implement and operate the proposed project. These inputs relate directly to the funding requested or the matching commitment.

**Activities:** The applicant shall explain what the program shall do with its inputs to achieve the measurable outputs within the proposed timelines.

**Outputs:** The applicant shall describe 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, and the number of community outreach programs contacted.

**Outcomes:** The applicant shall describe 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, 2026 - September 30, 2026   |        |            |         |          |
| October 1, 2026 - December 31, 2026 |        |            |         |          |
| January 1, 2027 - March 31, 2027    |        |            |         |          |
| April 1, 2027 - June 30, 2027       |        |            |         |          |
| July 1, 2027 - September 30, 2027   |        |            |         |          |
| October 1, 2027 - December 31, 2027 |        |            |         |          |
| January 1, 2028 - March 31, 2028    |        |            |         |          |
| April 1, 2028 - June 30, 2028       |        |            |         |          |

#### 4. Topic: Access

The applicant shall provide a narrative including the following:

- a) Statement of intent to provide services to all, regardless of ability to pay and a written policy to this effect shall be included in the Additional Appendices section of the application.
- b) Statement that the organization is enrolled in (or will enroll in) and remain enrolled throughout the grant period in:
  - i. Medicare;
  - ii. Medicaid (MA); and
  - iii. Children's Health Insurance Program (CHIP).
- c) Discounted sliding fee scale and an approved policy by applicant's Board of Directors (Board) to implement the discounted sliding fee scale shall be included in the Additional Appendices section of the application.
  - i. The discounted sliding fee scale shall be developed using current Federal poverty guidelines with discounts to those with income up to 200 % of poverty level. Please refer to Appendix 6 Primary Care Office Discounted Sliding Fee Scale Requirements.
  - ii. The applicant's Board approved policy shall 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 shall be included in the Additional Appendices Section of the application.

##### 5. Topic: Project Impact

The applicant shall complete the tables below. Refer to Section C.3.b. of the RFA which defines "patient" and "patient visits". Refer to Appendix 7, Community-based Health Care Program Patient and Patient Visit Instructions, provides instructions for counting both patients and patient visits.

TABLE 1 – PATIENT NUMBERS: The applicant shall 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. The applicant shall explain how these projections were determined by describing the methodology used to create these projections.

| Coverage Type                                                                                              | Proposed # New Patients (7/1/2026 - 6/30/2027) | Proposed # New Patients (7/1/2027- 6/30/2028) |
|------------------------------------------------------------------------------------------------------------|------------------------------------------------|-----------------------------------------------|
| Number of patients served with Medicare                                                                    |                                                |                                               |
| Number of patients served with MA                                                                          |                                                |                                               |
| Number of patients served with 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: The applicant shall 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. The applicant shall provide a description of the methodology used to create these projections.

| Coverage Type                                                                                                  | Proposed # Patient Visits (7/1/2026-6/30/2027) | Proposed # Patient Visits (7/1/2027-6/30/2028) |
|----------------------------------------------------------------------------------------------------------------|------------------------------------------------|------------------------------------------------|
| Number of visits for patients with Medicare                                                                    |                                                |                                                |
| Number of visits for patients with MA                                                                          |                                                |                                                |
| Number of visits for patients served with 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**

The applicant shall provide a description of the applicant's capacity to implement project. The description shall include the following:

- 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 practitioner retention and recruitment; and
- f) Description of applicant's fiscal status demonstrating capacity to implement. (Note: Grant funds provide reimbursement for expenditures; applicant shall describe its plan to pay for costs incurred prior to reimbursement.)

**7. Topic: Sustainability Plans**

The applicant shall provide a description of plans to sustain the project beyond the grant period including:

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

**8. Additional Appendices (Attachment VII)**

The applicant shall include the following:

- 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, as referenced in 2. i and j of this Appendix 1;
- d) Position description for new or vacant positions as referenced in 2. K of this Appendix 1;
- e) Copy of discounted sliding fee scale and applicant's Board approved policy to guarantee services to those unable to pay; and
- 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 V)**

Use the downloadable format to present the 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.

|                 |                                | <b>Maximum<br/>Amounts</b> |
|-----------------|--------------------------------|----------------------------|
| Overall Summary | July 1, 2026, to June 30, 2028 | \$300,000                  |
| Year 1 Summary  | July 1, 2026, to June 30, 2027 | \$150,000                  |
| Year 2 Summary  | July 1, 2027, to June 30 2028  | \$150,000                  |

**10. Budget Justification (Attachment VI)**

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

- 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; and
- 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 shall 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, shall 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 shall 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; and
- 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 shall be used for costs directly incurred to support the proposed project.
- b) Matching commitment shall 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 shall be in the form of cash or dollar equivalent in-kind services and shall 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) shall be identified on the Budget Summary form for the overall grant period and each budget year.
- f) Fundraising shall not be used for matching commitment.
- g) Matching commitments (cash or dollar equivalent in-kind services) shall 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 of financial commitment shall 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 of financial commitment. Letters of financial commitment shall 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 shall be noted in the signed letter of financial commitment).
- h) If the applicant is the organization providing matching commitment the letter of financial commitment shall be signed by an officer of the Board of Directors.
- i) Matching commitments shall 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 shall be included in the Additional Appendices section of 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)**

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

**2. Topic: Delivery of Primary Health Services**

The applicant shall provide a narrative description of the proposed project and shall 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 or improved services. Include data and sources to support need;
- f) Description of proposed health care service improvement or expansion including:
  - 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) shall 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 description shall also include staff transferred from other clinic sites; and
- 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. The applicant shall include position descriptions of proposed staff positions in the Additional Appendices section of the application.

### **3. Topic: Logic Model**

The applicant shall 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:** The applicant shall describe/list the resources, money, staff time, volunteers, facilities, supplies, equipment, consultant services, subcontract services, travel, and other costs needed to implement and operate the proposed project. These inputs relate directly to the funding requested or the matching commitment.

**Activities:** The applicant shall explain what the program will do with its inputs to achieve the measurable outputs within the proposed timelines.

**Outputs:** The applicant shall describe 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, and the number of community outreach programs contacted.

**Outcomes:** The applicant shall describe 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, 2026-September 30, 2026     |        |            |         |          |
| October 1, 2026 – December 31, 2026 |        |            |         |          |
| January 1, 2027 – March 31, 2027    |        |            |         |          |
| April 1, 2027 – June 30, 2027       |        |            |         |          |
| July 1, 2027 – September 30, 2027   |        |            |         |          |
| October 1, 2027 - December 31, 2027 |        |            |         |          |
| January 1, 2028 – March 31, 2028    |        |            |         |          |
| April 1, 2028 – June 30, 2028       |        |            |         |          |

#### 4. Topic: Access

- a) The narrative shall 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 shall 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); and
  - iii. Children’s Health Insurance Program (CHIP)
- c) The applicant shall provide a discounted sliding fee scale and an approved policy by applicant’s Board of Directors (Board) to implement the discounted sliding fee scale shall be included in the Additional Appendices section of the application.
  - i. The discounted sliding fee scale shall be developed using current Federal poverty guidelines with discounts to those with income up to 200 % of poverty level. Please refer to Appendix 6 Primary Care Office Discounted Sliding Fee Scale Requirements.
  - ii. The applicant’s Board approved policy shall include a “no pay” or “\$0 fee” option for those unable to pay, provisions that assure no patient shall 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. The 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 shall be included in the Additional Appendices Section of the application.

**5. Topic: Project Impact**

The applicant shall complete the tables below. Refer to Section C.3.b. of the RFA which defines "patient" and "patient visits". Refer to Appendix 7, Community-based Health Care Program Patient and Patient Visit Instructions, which provides instructions for counting both patients and patient visits. The applicant should provide both existing and proposed patient numbers and patient visits.

**TABLE 1 – PATIENT NUMBERS:** The applicant shall 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. The applicant shall explain how these projections were determined by 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 shall be at least 30% of total patients served.

| Coverage Type                                 | Current #<br>Patients<br>(1/1/2022 -<br>12/31/2024) | Percent<br>Patients<br>Served<br>(1/1/2024-<br>12/31/2024) | Proposed #<br>New<br>Patients<br>(7/1/2026 –<br>6/30/2027) | Proposed #<br>New<br>Patients<br>(7/1/2027-<br>6/30/2028) |
|-----------------------------------------------|-----------------------------------------------------|------------------------------------------------------------|------------------------------------------------------------|-----------------------------------------------------------|
| Number of<br>patients served<br>with Medicare |                                                     |                                                            |                                                            |                                                           |

|                                                                                                             |  |  |  |  |
|-------------------------------------------------------------------------------------------------------------|--|--|--|--|
| Number of patients served with MA*                                                                          |  |  |  |  |
| Number of patients served with 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: The applicant shall 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. The applicant shall explain how these projections were determined by describing the methodology used to create projections of proposed patient visit numbers.

| Coverage Type                                                     | Current # Patient Visits (1/1/2024-12/31/2024) | Proposed # Patient Visits (7/1/2026-6/30/2027) | Proposed # Patient Visits (7/1/2027-6/30/2028) |
|-------------------------------------------------------------------|------------------------------------------------|------------------------------------------------|------------------------------------------------|
| Number of visits for patients with Medicare                       |                                                |                                                |                                                |
| Number of visits for patients with MA                             |                                                |                                                |                                                |
| Number of visits for patients served with 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**

The applicant shall provide a description of applicant's capacity to implement project, including:

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

**7. Topic: Sustainability Plans**

The applicant shall provide a description of plans to sustain project beyond the resulting grant agreement period including detailed plans for maintaining long-term operation of the project, including:

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

**8. Additional Appendices (Attachment VII)**

The applicant shall include the following within the addition appendices.

- 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. Please 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 guarantee services to those unable to pay; and
- 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 V)**

Use the downloadable format to present the 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, 2026, to June 30, 2028. 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.

|                 |                                | <b>Maximum<br/>Amounts</b> |
|-----------------|--------------------------------|----------------------------|
| Overall Summary | July 1, 2026, to June 30, 2028 | \$250,000                  |
| Year 1 Summary  | July 1, 2026, to June 30, 2027 | \$125,000                  |
| Year 2 Summary  | July 1, 2027, to June 30 2028  | \$125,000                  |

**10. Budget Justification (Attachment VI)**

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) including:

- 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; and
- 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 shall 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, shall relate directly to logic model inputs, activities, outputs and outcomes (Section 3 above).

Grant funds and matching commitment shall 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, Psychiatrist
  - 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 shall not exceed 30% of total award amount.

To guarantee 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; and
- 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 shall 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; and
- 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 shall be used for costs directly incurred to support the proposed project.
- b) Matching commitment shall 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 shall 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) shall be identified on the Budget Summary form for the overall grant period and each budget year.
- f) Fundraising shall not be used for matching commitment.
- g) Matching commitments (cash or dollar equivalent in-kind services) must be committed at the time of the 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 of financial commitment must 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 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 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 must be noted in the signed letter of commitment).

- h) If the applicant is the organization providing matching commitment the letter of financial commitment shall be signed by an officer of the Board of Directors.
- i) Matching commitments shall 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 agreement shall be included in the Additional Appendices section of 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.

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

The applicant shall 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**

The applicant shall provide a narrative description of the proposed project shall 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; or
  - iv. Conditions to be met and date for additional or expanded services to begin.
- c) Description of current primary health services provided by the health care clinic;
- 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 described;
- 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 base 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 shall be included in the Additional Appendices section of the application; and
- 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 shall be included in the Additional Appendices section of the application.

### 3. Topic: Logic Model

The applicant shall 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, 2026, through June 30, 2028.

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

**Activities:** The applicant shall explains what the program will do with its inputs to achieve the measurable outputs within the proposed timelines.

**Outputs:** The applicant shall describes what is produced as a result of the activities, explaining how the program uses its inputs to implement the proposed project which leads to the desired outcomes. Outputs measure what the program does and who the program reaches. Some examples include the number of workshops held, the number of counseling sessions conducted, and the number of community outreach programs contacted.

**Outcomes:** The applicant shall describes the results, 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, 2026 - September 30, 2026   |        |            |         |          |
| October 1, 2026 - December 31, 2026 |        |            |         |          |
| January 1, 2027 - March 31, 2027    |        |            |         |          |
| April 1, 2027 - June 30, 2027       |        |            |         |          |
| July 1, 2027 - September 30, 2027   |        |            |         |          |
| October 1, 2027 - December 31, 2027 |        |            |         |          |
| January 1, 2028 - March 31, 2028    |        |            |         |          |
| April 1, 2028 - June 30, 2028       |        |            |         |          |

#### 4. Topic: Access

- a) The narrative shall include a statement of intent to provide services to all, regardless of ability to pay and a written policy to this effect shall be included in the Additional Appendices section of the application.
- b) The narrative shall 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); and
  - iii. Children's Health Insurance Program (CHIP).
- c) The applicant shall provide a discounted sliding fee scale and an approved policy by Applicant's Board of Directors (Board) to implement the discounted sliding fee scale shall be included in the Additional Appendices section of the application.
  - i. The discounted sliding fee scale shall be developed using current Federal poverty guidelines with discounts to those with income up to 200% of poverty level. Please refer to Appendix 6 Primary Care Office Discounted Sliding Fee Scale Requirements.
  - ii. The applicant's Board approved policy shall include a "no pay" or "\$o fee" option for those unable to pay, provisions that assure no patient shall 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. The 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

The applicant shall complete the tables below, refer to Section C.3.b. of the RFA which defines "patient" and "patient visits". Refer to Appendix 7, Community-based Health Care Program Patient and Patient Visit Instructions, which provides instructions for counting both patients and patient visits. The applicant should provide both existing and proposed patient numbers and patient visits.

TABLE 1 – PATIENT NUMBERS: The applicant shall provide realistic and supportable projections of the total number of unduplicated new patients during each year of the project period by coverage type in the format. The applicant shall explain how these projections were determined by 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<br>(1/1/25-12/31/25) | Proposed # new<br>Patients (7/1/26-<br>6/30/27) | Proposed # new<br>Patients<br>(7/1/27-<br>6/30/28) |
|-------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------------|----------------------------------------------------|
| Number of patients served<br>with Medicare                                                                              |                                         |                                                 |                                                    |
| Number of patients served<br>with MA*                                                                                   |                                         |                                                 |                                                    |
| Number of patients served<br>with CHIP                                                                                  |                                         |                                                 |                                                    |
| Number of patients served<br>not charged due to<br>inability to pay*                                                    |                                         |                                                 |                                                    |
| Number of patients served<br>that could not pay full<br>amount but paid<br>something (discounted<br>sliding fee scale)* |                                         |                                                 |                                                    |



|                                                       |  |  |  |
|-------------------------------------------------------|--|--|--|
| Number of patients with full pay/commercial insurance |  |  |  |
| TOTAL Number of Patients                              |  |  |  |

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

| Coverage Type                                                                                                  | Current # Patient Visits (1/1/25-12/31/25) | Proposed # Patient Visits (7/1/26-6/30/27) | Proposed # Patient Visits (7/1/27-6/30/28) |
|----------------------------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------------------------|--------------------------------------------|
| Number of visits for patients with Medicare                                                                    |                                            |                                            |                                            |
| Number of visits for patients with MA                                                                          |                                            |                                            |                                            |
| Number of visits for patients served with 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

The applicant shall provide a description of applicant's capacity to implement project, including:

- Description of applicant's governance structure;
- Description of applicant's organizational structure;
- Description of current clinical staffing;
- Description of current administrative and support staffing;
- Detailed plan for practitioner retention and recruitment; and
- Description of applicant's fiscal status demonstrating capacity to implement (Note: Grant funds provide reimbursement for expenditures;

applicant shall describe plan to pay for costs incurred prior to reimbursement).

**7. Topic: Sustainability Plans**

Description of plans to sustain project beyond the resulting grant agreement period to include detailed plans for maintaining long-term operation of the project, including:

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

**8. Additional Appendices (Attachment VI)**

The applicant shall include the following within the additional appendices:

- 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. Please 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 guarantee services to those unable to pay; and
- 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 V)**

Use the downloadable format to present the 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, 2026, to June 30, 2028. 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<br>Amounts |
|-----------------|-------------------------------|--------------------|
| Overall Summary | July 1, 2026 to June 30, 2028 | \$250,000          |
| Year 1 Summary  | July 1, 2026 to June 30, 2027 | \$125,000          |
| Year 2 Summary  | July 1, 2027 to June 30, 2028 | \$125,000          |

**10. Budget Justification (Attachment VIII)**

The Budget Justification shall be a narrative of the budget, by category, justifying budget requests and explaining in detail the method which was used to arrive at specific budget amounts. The Budget Justification shall relate to the logic model inputs, activities, outputs and outcomes (Section 3 above) including:

- 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; and
- 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.
- 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.
- 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. Indirect costs are also listed in this category; however, they may not be paid for from Grant funding and therefore should not be included.

**12. Allowable Use of Grant funds and Matching Commitment**

Requested funding and matching commitment shall 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 shall only be used for the following:

- a) Primary Health Care Practitioner, Project Administration and Support Salaries and Fringe Benefits:

- Physician Specialties: Obstetrics/Gynecology, General Pediatrics, Family Medicine, General Internal Medicine, Psychiatrist

- 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 between clinical sites for the provision of services detailed in the workplan

- 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 guarantee 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; and
- 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 shall 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; and
- j) Billing, administrative or maintenance personnel.

**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 shall 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 highly recommended 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 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 of financial commitment must 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 of those services and value related to the proposed project must be included in the letter. Letters of financial commitment must also note any specific restrictions for the use of match funds in this 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 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 shall 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 signed letter from the entity supplying the other grant funds approving the use of those funds for the matching commitment requirement of this grant shall be included in the Additional Appendices section of 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)**

The applicant shall 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 shall increase access to primary health care for the uninsured, underinsured, and underserved populations in the community.

**2. Topic: Delivery of Primary Health Services**

The applicant shall provide a narrative description of the proposed project and shall 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;
  - 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. The applicant shall 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. The applicant shall include data and sources to support the need;
- e) Description of proposed alternative health delivery system to be added through proposed project, including:
  - 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 shall be used to measure population health outcomes);
  - v. Description of how project shall measure and report upon reduction of hospital emergency room usage because of the project; and
  - vi. Description of all locations at which services shall be provided and any organizations (and their role) that shall participate in the proposed alternative health delivery system.
- f) Description of how total budget request (grant funds and matching commitment) shall be used;
  - g) Identification of the proposed director for this project including a brief description of the director's competencies related to the project. The applicant shall include a description of their 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 shall 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 description shall also include staff transferred from other clinic sites; and
  - 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. The applicant shall include position descriptions of proposed staff positions in the Additional Appendices section of the application.

### **3. Topic: Logic Model**

The applicant shall 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:** The applicant shall describe/list the resources, money, staff time, volunteers, facilities, and equipment needed to implement and operate the proposed project. These inputs relate directly to the funding requested or the matching commitment.



**Activities:** The applicant shall explain what the program will do with its inputs to achieve the measurable outputs within the proposed timelines.

**Outputs:** the applicant shall 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, and the number of community outreach programs contacted.

**Outcomes:** The applicant shall 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, 2026-September 30, 2026     |        |            |         |          |
| October 1, 2026 – December 31, 2026 |        |            |         |          |
| January 1, 2027 – March 31, 2027    |        |            |         |          |
| April 1, 2027 – June 30, 2027       |        |            |         |          |
| July 1, 2027 – September 30, 2027   |        |            |         |          |
| October 1, 2027 - December 31, 2027 |        |            |         |          |
| January 1, 2028 – March 31, 2028    |        |            |         |          |
| April 1, 2028 – June 30, 2028       |        |            |         |          |

#### **4. Topic: Access**

- a) The narrative shall include a statement of intent to provide services to all, regardless of ability to pay and a written policy to this effect shall be included in the Additional Appendices section of the application.
- b) The narrative shall 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 shall be included in the Additional Appendices section of the application.
  - i. The discounted sliding fee scale shall be developed using current Federal poverty guidelines with discounts to those with income up to 200% of poverty level. Please refer to Appendix 6 Primary Care Office Discounted Sliding Fee Scale Requirements.

- ii. The applicant's Board approved policy shall include a "no pay" or "\$o 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. The 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 shall be included in the Additional Appendices Section of the application.

##### 5. Topic: Project Impact

The applicant shall complete the tables below. Refer to Section C.3.b. of the RFA which defines "patient" and "patient visits". Refer to Appendix 7, Community-based Health Care Program Patient and Patient Visit Instructions, which provides instructions for counting both patients and patient visits. The applicant should provide both existing and proposed patient numbers and patient visits.

TABLE 1 – PATIENT NUMBERS: The applicant shall 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. The applicant shall explain how these projections were determined by 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 | Percent Patients | Proposed # New | Proposed # New |
|---------------|--------------------|------------------|----------------|----------------|
|---------------|--------------------|------------------|----------------|----------------|

|                                                                                                             | (1/1/2022 -<br>12/31/2024) | Served<br>(1/1/2024-<br>12/31/2024) | Patients<br>(7/1/2026 –<br>6/30/2027) | Patients<br>(7/1/2027-<br>6/30/2028) |
|-------------------------------------------------------------------------------------------------------------|----------------------------|-------------------------------------|---------------------------------------|--------------------------------------|
| Number of patients served with Medicare                                                                     |                            |                                     |                                       |                                      |
| Number of patients served with MA*                                                                          |                            |                                     |                                       |                                      |
| Number of patients served with 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: The applicant shall 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. The applicant shall explain how these projections were determined by describing the methodology used to create projections of proposed patient visit numbers.

| Coverage Type                               | Current #<br>Patient Visits<br>(1/1/2024-<br>12/31/2024) | Proposed #<br>Patient Visits<br>(7/1/2026-<br>6/30/2027) | Proposed #<br>Patient Visits<br>(7/1/2027-<br>6/30/2028) |
|---------------------------------------------|----------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------|
| Number of visits for patients with Medicare |                                                          |                                                          |                                                          |
| Number of visits for patients with MA       |                                                          |                                                          |                                                          |

|                                                                                                                |  |  |  |
|----------------------------------------------------------------------------------------------------------------|--|--|--|
| Number of visits for patients served with 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**

The applicant shall provide a description of their capacity to implement project. The description shall include:

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

**7. Topic: Sustainability Plans**

The applicant shall provide a description of plans to sustain project beyond the grant period including detailed plans for maintaining long-term operation of the project:

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

**8. Additional Appendices (Attachment VII)**

The applicant shall include the following within the Additional Appendices section:

- 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. Please 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 guarantee services to those unable to pay; and
- 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 V)**

Use the downloadable format to present the 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, 2026, to June 30, 2028. 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.

|                 |                                | <b>Maximum<br/>Amounts</b> |
|-----------------|--------------------------------|----------------------------|
| Overall Summary | July 1, 2026, to June 30, 2028 | \$250,000                  |
| Year 1 Summary  | July 1, 2026, to June 30, 2027 | \$125,000                  |
| Year 2 Summary  | July 1, 2027, to June 30 2028  | \$125,000                  |

**10. Budget Justification (Attachment VI)**

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

- 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.

**11. Allowable Use of Grant funds and Matching Commitment:**

Requested funding and matching commitment shall 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, shall 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 shall not exceed 30% of the total award amount.

Grant funding and matching commitment shall 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; and
- 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 shall be used for costs directly incurred to support the proposed project.
- b) Matching commitment shall 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 shall 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) shall be identified on the Budget Summary form for the overall grant period and each budget year.
- f) Fundraising shall not be used for matching commitment.
- g) Matching commitments (cash or dollar equivalent in-kind services) shall 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 of financial commitment shall 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 of financial commitment shall 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 shall be noted in the signed letter of financial commitment).

- h) If the applicant is the organization providing matching commitment the letter of commitment shall be signed by an officer of the Board of Directors.
- i) Matching commitments shall 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 shall 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 shall be included in the Additional Appendices section of 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)**

The applicant shall 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 shall increase access to health care for the uninsured, underinsured, and underserved populations in the community.

**2. Topic: Project Description**

The applicant shall provide a narrative description of the proposed project and shall include the following:

- 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; and
  - iv. Renovations or modifications 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 including:

- 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 shall assume and the method that shall be utilized to formally establish collaborative agreements between the applicant and other community health service providers; and
  - v. Expected population health outcomes to be addressed by new, innovative or expanded services (including baseline and target data and method that shall be used to measure population health outcomes).
- h) Description of how total budget request (Grant funds and matching commitment) shall 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 shall be included in the Additional Appendices section of the application. Note that funding for this project does not reimburse for fulltime current employees including 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 shall be included in the Additional Appendices section of the application.

### **3. Topic: Logic Model**

The applicant shall 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, 2026, through June 30, 2028.

**Inputs:** The applicant shall describe/list the resources, money, staff time, volunteers, facilities, and equipment needed to implement and operate the proposed project. These inputs relate directly to the funding requested or the matching commitment.

**Activities:** The applicant shall explain what the program will do with its inputs to achieve the measurable outputs within the proposed timelines.

Outputs: The applicant shall describe 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: The applicant shall 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, 2026-September 30, 2026     |        |            |         |          |
| October 1, 2026 – December 31, 2026 |        |            |         |          |
| January 1, 2027 – March 31, 2027    |        |            |         |          |
| April 1, 2027 – June 30, 2027       |        |            |         |          |
| July 1, 2027 – September 30, 2027   |        |            |         |          |
| October 1, 2027 - December 31, 2027 |        |            |         |          |
| January 1, 2028 – March 31, 2028    |        |            |         |          |
| April 1, 2028 – June 30, 2028       |        |            |         |          |

#### 4. Topic: Access

- a) The narrative shall include a statement of intent to provide services to all, regardless of ability to pay and a written policy to this effect shall 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); and
  - 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 shall be included in the Additional Appendices section of the application.
  - i. The discounted sliding fee scale shall be developed using current Federal poverty guidelines with discounts to those with income up to 200% of poverty level. Please 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 “\$o fee” option for those unable to pay, provisions that assure no patient shall 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 shall 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 shall be included in the Additional Appendices Section of the application.

##### 5. Topic: Project Impact

The applicant shall complete the tables below. Refer to Section C.3.b. of the RFA which defines “patient” and “patient visits”. Refer to Appendix 7, Community-based Health Care Program Patient and Patient Visit Instructions, which provides instructions for counting both patients and patient visits.

TABLE 1 – PATIENT NUMBERS: The applicant shall 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. The applicant shall explain how these projections were determined by 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 #<br>Patients<br>(1/1/2022 -<br>12/31/2024) | Percent<br>Patients<br>Served<br>(1/1/2024-<br>12/31/2024) | Proposed #<br>New<br>Patients<br>(7/1/2026 –<br>6/30/2027) | Proposed #<br>New<br>Patients<br>(7/1/2027-<br>6/30/2028) |
|-----------------------------------------------|-----------------------------------------------------|------------------------------------------------------------|------------------------------------------------------------|-----------------------------------------------------------|
| Number of<br>patients served<br>with Medicare |                                                     |                                                            |                                                            |                                                           |
| Number of<br>patients served                  |                                                     |                                                            |                                                            |                                                           |

|                                                                                                             |  |  |  |  |
|-------------------------------------------------------------------------------------------------------------|--|--|--|--|
| with MA*                                                                                                    |  |  |  |  |
| Number of patients served with 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: The applicant shall 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. The applicant shall provide a description of the methodology used to create these projections.

| Coverage Type                                                         | Current # Patient Visits<br>(1/1/2024-12/31/2024) | Proposed # Patient Visits<br>(7/1/2026-6/30/2027) | Proposed # Patient Visits<br>(7/1/2027-6/30/2028) |
|-----------------------------------------------------------------------|---------------------------------------------------|---------------------------------------------------|---------------------------------------------------|
| Number of visits for patients with Medicare                           |                                                   |                                                   |                                                   |
| Number of visits for patients with MA                                 |                                                   |                                                   |                                                   |
| Number of visits for patients served with 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**

The applicant shall provide a description of their capacity to implement project including the following:

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

**7. Topic: Sustainability Plans**

The applicant shall provide description of plans to sustain project beyond the grant period including:

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

**8. Additional Appendices (Attachment VII)**

The applicant shall include the following:

- 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. Please see reference 2. i and j.;
- d) Position description for new or vacant positions referenced in 2. k.; and
- e) Copy of discounted sliding fee scale and board approved policy to cover 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 V)**

Use the downloadable format to present the 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, 2026, to June 30, 2028. 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.

|                 |                                | <b>Maximum<br/>Amounts</b> |
|-----------------|--------------------------------|----------------------------|
| Overall Summary | July 1, 2026, to June 30, 2028 | \$50,000                   |
| Year 1 Summary  | July 1, 2026, to June 30, 2027 | \$25,000                   |
| Year 2 Summary  | July 1, 2027, to June 30 2028  | \$25,000                   |

**10. Budget Justification (Attachment VI)**

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

- a) Explanation of personnel expenses;
- b) Explanation and justification for equipment and supplies;
- c) Written estimates for equipment and supplies; and
- 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.
- 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 shall 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, shall relate directly to logic model objectives and activities (Section 3 above.)

Grant funds and matching commitment shall 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 workplan
  - Copier Purchase
  - Computer/Printer Purchase
  - Telephone/Fax Machine Purchase
  - Office Supplies
  - Electronic medical record technology and equipment

**Grant funding shall 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) 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; and
- 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 shall be used for costs directly incurred to support the proposed project.
- b) Matching commitment shall 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) shall be identified on the Budget Summary form for the overall grant period and each budget year.
- f) Fund raising shall 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 of financial commitment shall 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 shall be included in the letter of financial commitment. Letters of financial commitment shall 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 shall be noted in the signed letter of commitment).
- h) If the applicant is the organization providing matching commitment the letter of commitment shall be signed by an officer of the Board of Directors.
- i) Matching commitments shall 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.

**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 to 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; and
- Having a policy of non-discrimination in the delivery of health care services.

**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 shall 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 confirm 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, MA, CHIP, and private insurance carriers, is set at the usual and customary full charge.

**Discounted sliding fee schedule Requirements**

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 confirm 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.

### **Discounted sliding fee schedule Patient Population**

By participating in any of the Department programs requiring a discounted sliding fee schedule, applicant is 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.

### **Additional information on developing a discounted sliding fee schedule and policies**

The National Health Service Corps has developed a Discounted Sliding Fee Schedule Information Package which can be accessed at: <https://nhsc.hrsa.gov/sites/default/files/nhsc/nhsc-sites/nhsc-site-sliding-fee-discount-program-sample.pdf>

### **Additional 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

**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)**

### **INSTRUCTIONS**

#### **A. Counting Patients:**

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

#### **B. 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) #67-202**





**COVER PAGE**  
**RFA #67-202**

**Applicant Name:** \_\_\_\_\_  
(Organization or Institution)

**Type of Legal Entity** \_\_\_\_\_  
(Corporation, Partnership, Professional Corporation, Sole Proprietorship, etc.)

**Federal I.D.#:** \_\_\_\_\_ **Grant Amount:** \$ \_\_\_\_\_

**SAP Vendor #:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City** \_\_\_\_\_ **County** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

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**Application Contact Person:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Telephone No.:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

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*Applications/proposals/bids received shall remain valid, unless deemed unresponsive, until such time that final award(s) is or are made.*

**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).

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

## LOBBYING CERTIFICATION FORM

### Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with this federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form- LLL, Disclosure of Lobbying Activities, which can be found at:

[https://www.epa.gov/sites/default/files/2020-06/documents/sflll\\_1\\_2-v1.2\\_fill-sign.pdf](https://www.epa.gov/sites/default/files/2020-06/documents/sflll_1_2-v1.2_fill-sign.pdf)

(3) The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed under *Section 1352, Title 31, U. S. Code*. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than **\$100,000** for such failure.

SIGNATURE: \_\_\_\_\_

TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

**CERTIFICATIONS****1. Certification Regarding Debarment and Suspension**

- a. The Contractor certifies, in writing, for itself and all its subcontractors required to be disclosed or approved by the Commonwealth, that as of the date of its execution of this Bid/Contract, that neither the Contractor, nor any such subcontractors, are under suspension or debarment by the Commonwealth or any governmental entity, instrumentality, or authority and, if the Contractor cannot so certify, then it agrees to submit, along with its Bid/Contract, a written explanation of why such certification cannot be made.
- b. The Contractor also certifies, in writing, that as of the date of its execution of this Bid/Contract it has no tax liabilities or other Commonwealth obligations, or has filed a timely administrative or judicial appeal if such liabilities or obligations exist, or is subject to a duly approved deferred payment plan if such liabilities exist.
- c. The Contractor's obligations pursuant to these provisions are ongoing from and after the effective date of the Contract through the termination date thereof. Accordingly, the Contractor shall have an obligation to inform the Commonwealth if, at any time during the term of the Contract, it becomes delinquent in the payment of taxes, or other Commonwealth obligations, or if it or, to the best knowledge of the Contractor, any of its subcontractors are suspended or debarred by the Commonwealth, the Federal government, or any other state or governmental entity. Such notification shall be made within 15 days of the date of suspension or debarment.
- d. The failure of the Contractor to notify the Commonwealth of its suspension or debarment by the Commonwealth, any other state, or the Federal government shall constitute an event of default of the Contract with the Commonwealth.
- e. The Contractor agrees to reimburse the Commonwealth for the reasonable costs of investigation incurred by the Office of State Inspector General for investigations of the Contractor's compliance with the terms of this or any other Agreement between the Contractor and the Commonwealth that results in the suspension or debarment of the Contractor. Such costs shall include, but shall not be limited to, salaries of investigators, including overtime; travel and lodging expenses; and expert witness and documentary fees. The Contractor shall not be responsible for investigative costs for investigations that do not result in the Contractor's suspension or debarment.
- f. The Contractor may obtain a current list of suspended and debarred Commonwealth Contractors by either searching the Internet at <http://www.dgs.state.pa.us/> or contacting the:

Department of General Services  
Office of Chief Counsel  
603 North Office Building  
Harrisburg, PA 17125  
Telephone No: (717) 783-6472  
FAX No: (717) 787-9138

**IF THE CONTRACTOR INTENDS TO USE ANY SUBCONTRACTORS, LIST THEIR NAMES(S), ADDRESS(ES), AND FEDERAL IDENTIFICATION OR SOCIAL SECURITY NUMBER(S) IN THE SPACE BELOW.**

**2. Certification Regarding Application/Proposal/Bid Validity**

This application/proposal/bid shall be valid for a period of 60 days following the time and date designated for bid opening of applications/proposals/bids received in response to this Request for Application/Request for Proposal/Invitation for Bid # 67-202.

**BY SIGNING BELOW, THE APPLICANT, BY ITS AUTHORIZED SIGNATORY, IS BINDING ITSELF TO THE ABOVE TWO CERTIFICATIONS.**

|                                             |                                          |
|---------------------------------------------|------------------------------------------|
| SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL | TITLE                                    |
| APPLICANT ORGANIZATION                      | ADDRESS OF ORGANIZATION                  |
| DATE SUBMITTED                              | CONTRACTOR'S FEDERAL I.D. OR S.S. NUMBER |

## **501(c)(3) Form**

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

## **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**

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

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.

## **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.



**RFA# 67-202**  
**PAYMENT PROVISIONS**

The Department agrees to pay the Grantee for services rendered pursuant to this Agreement as follows:

- A. Subject to the availability of state and Federal funds and the other terms and conditions of this Agreement, the Department will reimburse the Grantee in accordance with Appendix C, and any subsequent amendments thereto, for the costs incurred in providing the services described in this Agreement.
- B. This Agreement 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 Agreement.
- C. Payment to the Grantee 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 Grantee that is not in accordance with the terms of this Agreement and adjust any payment to the Grantee accordingly.
  - 2. Payments will be made monthly upon submission of an itemized invoice for services rendered pursuant to this Agreement using the invoice format in Attachment 1 to this Appendix.
  - 3. An original invoice shall be sent by the Grantee directly to the email 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 Appendix C Budget shall be sent by the Grantee to the Department's Project Officer. The Department's Project Officer may request any additional information deemed 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 Grantee 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 Grantee shall not reallocate funds between budget categories in an amount at or exceeding 20% of the total amount of the Agreement 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 Grantee 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 Agreement per budget year.
        - C. Reallocations at or exceeding 20% of the total amount of the Agreement 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 Grantee shall notify the Department's Project Officer of any Budget Revision under 20% of the total amount of the Agreement per budget year in writing, but need not request Department approval, except as provided for in Paragraph 4(a)(i)(B) above.
  - iii. The Grantee 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 Grantee 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 Grantee 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 Grantee is subject to a collective bargaining agreement or other union agreement and, during the term of this Agreement, salaries, hourly wages, or fringe benefits under this Agreement are increased because of a renegotiation of that collective bargaining agreement or other union agreement. The Grantee 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 Grantee is unable to fill a position that is vacant or becomes vacant at or after the effective date of this Agreement. The Grantee 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 Agreement, as well as the Grantee'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 Grantee is unable to perform the work of the Agreement with the existing positions, titles or classifications of staff. The Grantee may add or change a position, title or classification in order to perform work that is already required. The Grantee 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 Agreement, as well as the Grantee'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 Agreement. 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 Grantee based on the Grantee's fee schedule for the job classification.
5. Unless otherwise specified elsewhere in this Agreement, the following shall apply. The Grantee 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 Agreement'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 Grantee 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 Agreement, until the Project Officer has determined that all work and services required under this Agreement have been performed or delivered in a manner acceptable to the Department.
7. The Commonwealth shall make payments to the Grantee through the Automated Clearing House (ACH). Within 10 days of the grant award, the Grantee must submit or must have submitted its ACH information within its user profile in the Commonwealth's Master Database. The Grantee may enroll to receive remittance information via electronic addenda and email (e-Remittance). ACH and e-Remittance information is available at the following:
- <https://www.budget.pa.gov/Services/ForVendors/Pages/Direct-Deposit-and-e-Remittance.aspx>.
- a. The Grantee must submit a unique invoice number with each invoice submitted. The Commonwealth shall list the Grantee's unique invoice number on its ACH remittance advice to enable the Grantee to properly apply the state agency's payment to the respective invoice or program.
  - b. The Grantee shall ensure that the ACH information contained in the Commonwealth's Master Database 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.

**INVOICE**

| Payee Name and Address    |               |                                        | Date                               |                                   |                                                |                                           |
|---------------------------|---------------|----------------------------------------|------------------------------------|-----------------------------------|------------------------------------------------|-------------------------------------------|
|                           |               |                                        | Current Billing Period             |                                   |                                                |                                           |
| SAP Vendor Number         |               |                                        | Invoice Number                     |                                   |                                                |                                           |
| Telephone Number<br>( )   |               |                                        | SAP Document Number                |                                   |                                                |                                           |
| Category                  | Budget Amount | Expenditures to Date for Prior Periods | Balance to Date from Prior Periods | Invoice Amount for Current Period | Cumulative Expenditures through Current Period | Action Amount (Tolerance Exceeded)<br>(1) |
| I. Personnel Services     |               |                                        | 0.00                               |                                   | 0.00                                           | 0.00                                      |
| II. Consultant Services   |               |                                        | 0.00                               |                                   | 0.00                                           | 0.00                                      |
| III. Subcontract Services |               |                                        | 0.00                               |                                   | 0.00                                           | 0.00                                      |
| IV. Patient Services      |               |                                        | 0.00                               |                                   | 0.00                                           | 0.00                                      |
| V. Equipment              |               |                                        | 0.00                               |                                   | 0.00                                           | 0.00                                      |
| VI. Supplies              |               |                                        | 0.00                               |                                   | 0.00                                           | 0.00                                      |
| VII. Travel               |               |                                        | 0.00                               |                                   | 0.00                                           | 0.00                                      |
| VIII. Other Costs         |               |                                        | 0.00                               |                                   | 0.00                                           | 0.00                                      |
| Total                     | 0.00          | 0.00                                   | 0.00                               | 0.00                              | 0.00                                           | 0.00                                      |

\_\_\_\_\_  
Contractor's Authorized Signature

\_\_\_\_\_  
Date

(1) The Action Amount is the amount at which action is required, either a budget revision or written approval. Please refer to the payment provisions within the contractual document for allowability of reallocating funds between budget categories.