

## NAP 2013: FUNDING PRIORITIES

A funding priority is defined as the favorable adjustment of review scores when applications meet specified criteria. **Applicants do not need to request funding priorities.** Prior to final funding decisions, HRSA will assess all NAP applications within the fundable range for eligibility to receive priority point adjustment(s). The FY 2013 NAP funding opportunity has two funding priorities:

***Unserved, High Poverty Population (3-15 points):*** HRSA will assess the current Health Center Program penetration in the applicant’s service area (defined by the service area zip codes listed on Form 5B) along with the number of unserved, low-income individuals in the service area. For priority points to be awarded, the service area must meet two criteria:

- 1) The proposed service area must have a Health Center Program (grantees and look-alikes) penetration rate for the low-income (below 200% of the poverty limit<sup>1</sup>) population at or below 25% (i.e., 75% or more of the proposed service area’s low-income population is not being served under the Health Center Program); AND
- 2) The number of low income residents not currently served under the Health Center Program must be at least 150% of the proposed patients to be served by the NAP site(s) as identified on Form 1A. For example, if the application proposes to serve 1,000 individuals, there must be at least 1,500 low-income residents in the proposed service area that are not being served under the Health Center Program.

Applicants meeting the two criteria above will receive 3-15 points based on the table below. HRSA will utilize UDS Mapper (located at <a href="http://www.udsmapper.org">http://www.udsmapper.org</a> ) to complete this assessment. FY 2013 NAP 51 <b>Percent of High Poverty Unserved Residents Compared to Proposed Patients</b>	<b>Percent Penetration of the Low Income Population</b>	<b>Priority Points</b>
150% or more	25% to 20.1%	3
150% or more	20% to 15.1%	6
150% or more	15% to 10.1%	9
150% or more	10% to 5.1%	12
150% or more	5% to 0%	15

<sup>1</sup> Since publically available income data (American Community Survey) are reported for “below 200% poverty of the FPL”, data analyses (i.e., funding priorities, NFA worksheet) must be based on the population below 200%. However, sliding fee discounts must apply to individuals with incomes at or below 200% of the FPL.

***Sparsely Populated Area (5 points):*** For applicants requesting funding under section 330(e) - CHC (alone or in combination with special populations funding (section 330(g), (h) and/or (i)), HRSA will assess whether the entire proposed service area (defined by the zip codes listed on Form 5B) has seven or fewer people per square mile. Applicants requesting funding ONLY under section 330(g), section 330(h), and/or section (i) are not eligible for this priority. Applicants with a service area of seven or fewer people per square mile, will receive 5 points. HRSA will utilize US Census data to complete this assessment.

### **Special Funding Considerations**

Other factors such as geographic distribution, past performance, and compliance with section 330 program requirements and applicable regulations may be considered as part of the selection of applications for funding. Additionally, HRSA will consider the following factors in making FY 2013 NAP awards:

- ***RURAL/URBAN DISTRIBUTION OF AWARDS:*** Aggregate awards in FY 2013 will be made to ensure that no more than 60 percent and no fewer than 40 percent of centers serve people from urban areas and no more than 60 percent and no fewer than 40 percent serve people from rural areas. In order to ensure this distribution, HRSA may award grants to applications out of rank order.
- ***PROPORTIONATE DISTRIBUTION:*** Aggregate awards in FY 2013 to support the various types of health centers will be made to ensure continued proportionate distribution of funds across the Health Center Program as set forth in section 330(r)(2)(B) of the PHS Act. In order to meet this distribution, HRSA may award grants to applications out of rank order.
- ***GEOGRAPHIC CONSIDERATION:*** The intent of this funding opportunity is to expand the current safety net on a national basis by creating new access points in areas not currently served by federally funded health centers. In order to meet this intent, HRSA will consider geographic distribution and the extent to which an area may currently be served by another section 330-funded health center when deciding which applications to fund.