

is to provide a broad range of coordinated health care services to their defined community's uninsured and underinsured populations.

2. The community-wide consortium represented by the applicant entity must include at least one of each of the following providers that serve the stated community, unless such provider does not exist, declines or refuses to participate, or places unreasonable conditions on its participation:

- A Federally qualified health center (as defined in section 1861(aa) of the Social Security Act (42 U.S.C. 1395x(aa));
- A hospital with a low-income utilization rate (as defined in section 1923(b)(3) of the Social Security Act (42 U.S.C. 1396r-4(b)(3))), that is greater than 25 percent;
- A public health department; and
- An interested public or private sector health care provider or an organization that has traditionally served the medically uninsured and underserved.

3. The applicant entity is neither a current nor former Community Access Program (CAP) grantee and is proposing to serve either a service area or target population of uninsured and underinsured individuals that has not been exclusively served by a previous CAP grant.

For an existing CAP grantee to be eligible to receive a completing Continuation HCAP award, the following requirements must be met.

1. The applicant entity must represent a consortium whose principal purpose is to provide a broad range of coordinated health care services to their defined community's uninsured and underinsured populations.

2. The community-wide consortium represented by the applicant entity must include at least one of each of the following providers that serve the stated community, unless such provider does not exist, declines or refuses to participate, or places unreasonable conditions on its participation:

- A Federally qualified health center (as defined in section 1861(aa) of the Social Security Act (42 U.S.C. 1395x(aa));
- A hospital with a low-income utilization rate (as defined in section 1923(b)(3) of the Social Security Act (42 U.S.C. 1396r-4(b)(3))), that is greater than 25 percent;
- A public health department; and
- An interested public or private sector health care provider or an organization that has traditionally served the medically uninsured and underserved.

Existing CAP grantees seeking a 4th year if funding must demonstrate extraordinary circumstances, *i.e.*, an event (or events) outside the control of the eligible entity that has prevented the eligible entity from fulfilling the objectives described by such entity in their approved grant application for the budget period for the preceding fiscal year. The event(s) and impact, or impact alone, of any of the extraordinary circumstances noted below must have occurred during the applicant's budget period (September 1, 2002–August 31, 2003) for the preceding fiscal year. Examples include: Natural disasters or other major disruptions to the security or health of the community served by the applicant that directly and adversely affect the applicant; or significant economic deteriorations in the community served by the applicant that directly and adversely affect the applicant.

DATES: The timelines for application submission and award are as follows:

Application Deadline: August 26, 2003.

Grant Awards Announced: September 28, 2003.

Applications will be considered on time if they are received by 5 p.m. eastern standard time on August 26, 2003 or before the established deadline. Applicants should obtain a legibly dated receipt from a commercial carrier or the U.S. Postal Service or request a legibly dated U.S. Postal Service postmark. Private metered postmarks will not be accepted as proof of timely mailing. Applicants sent to any address other than that specified below are subject to being returned. Applicants will receive notification of their application receipt. Applicants should note that HRSA will be accepting grant applications online in the last quarter of the fiscal year (July through September). Please refer to the HRSA grants schedule at <http://www.hrsa.gov/grants.htm> for more information.

How To Request and Submit an Application: To obtain a complete application kit (*i.e.*, application instructions, necessary forms, and application review criteria), call toll free 1-877-HRSA-123 (1-877-477-2123). When contacting the HRSA Grants Application Center (GAC) please refer to the program announcement number HRSA-03-39 and the name of this program.

An original and two copies of the application must be sent to: HRSA Grants Application Center, 901 Russell Avenue, Suite 450, Gaithersburg, Maryland 20879; FAX: 1-877-HRSA-

345 (1-877-477-2345); E-mail: hrsagac@hrsa.gov.

Application Review and Funding Criteria: Each application received by the deadline will be screened for eligibility. An application will be considered eligible if it meets all of the specific eligibility requirements listed above. Applications that do not meet the eligibility requirements will not be accepted for processing and will be returned. An Objective Review Committee (ORC) will review all eligible applications. The review criteria used by the Objective Review Committee to assess each application (out of 100 points) will include:

- *Community Health Care Delivery System Needs Assessment (maximum 10 points):* Extent to which the applicant clearly defines the service area and target population of uninsured and underinsured individuals for the project and provides a detailed assessment of the current delivery system for the applicant's uninsured and underinsured populations so as to describe the extent of unmet need for a more coordinated system of care.

- *Consortium Organizational and Functional Structure (Maximum 15 Points):* Extent to which the applicant describes the history, membership, functional structure, accountability, and strategies of the applicant's HCAP consortium in terms of its capacity to implement an efficient, higher quality, comprehensive system of care for the stated target population of uninsured and underinsured individuals.

- *Project Work Plan (Maximum 35 Points):* Extent to which the applicant's work plan demonstrates the clarity, feasibility, and scope of proposed activities, goals, and measurable objectives which are consistent and aligned with stated needs and will develop or strengthen an integrated community health care delivery system that provides more efficient, effective, coordinated, and quality care at a lower cost for the stated population of uninsured or underinsured individuals.

- *Program Performance Plan (Maximum 15 Points):* Extent to which the applicant provides an appropriate plan for evaluation of the activities carried out under the grant that ensures monitoring and measurement of progress towards the corresponding goals and objectives as well as the use of evaluation findings to improve program performance and support sustainability.

- *Sustainability Plan (Maximum 15 Points):* Extent to which the applicant provides an appropriate plan for long-term project sustainability and community-reinvestment for HCAP