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HRSA-04-035 Increase in Medical Capacity in Programs Funded Under the Health Care Consolidation Act of 1996 (IMCHC)

CFDA: 93.224.

Legislative Authority: Public Health Service Act, Section 330, 42 U.S.C. 254b.

Purpose: FY 2004 marks the third year of the President's multi-year plan to serve more of the Nation's neediest communities through significantly expanded health center access points. The HRSA is committed to improving and expanding access to health care for the underserved and to pledging new funding to strengthen the health care safety net through each of the Health Center programs funded under section 330 of the Public Health Service Act. Health centers extend preventive and primary health care services to populations currently without such services and improve the health status of medically underserved individuals. One way of achieving these goals and reaching new users of health centers is to approve funding increases for existing health center grantees that provide a plan for achieving increased medical capacity within their current service area. The programs included under this activity include: (1) Community Health Centers, section 330(e); (2) Migrant Health Centers, section 330(g); (3) Health Care for the Homeless; section 330(h); (4) Public Housing Primary Care, section 330(i); and (5) School Based Health Centers, section 330. The populations served by these programs are: (1) Medically underserved populations in urban and rural areas; (2) migratory and seasonal agricultural workers and their families; (3) homeless people, including children and families; (4) residents of publicly subsidized housing, and (5) medically underserved students in grades K through 12, their families, and medically underserved populations surrounding the school.

Eligibility: Applicants are limited to currently funded health center programs (i.e., those organizations funded under section 330).

Review Criteria: Final review criteria are included in the application kit.

Funding Preferences: In selecting applications for funding, preference will be given to approvable applications submitted from sparsely populated areas.

Estimated Amount of This Competition: \$42,000,000.

Estimated Number of Awards To Be Made: 94.

Estimated Project Period: 1-5 years.

HRSA-04-035 Increase in Medical Capacity in Programs Funded Under the Health Care Consolidation Act of 1996 (IMCHC)

Application Availability Date:

December 1, 2003.

Application Deadline: February 2, 2004.

Projected Award Date: June 30, 2004.

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HRSA-04-036 National Health Center Technical Assistance Cooperative Agreement (NAT)

CFDA: 93.224.

Legislative Authority: Public Health Service Act, Title III, Section 330(m), 42 U.S.C. 254b(m).

Purpose: The purpose of the funding for National Health Center Technical Assistance Cooperative Agreements is to support and expand Primary Care Association's capacity to address the following three strategies:

1. Strengthening and expanding existing health center grantees;
2. Creating new access points; and
3. Improving health status outcomes of persons served in BPHC-supported programs.

Federal Involvement: The scope of Federal involvement is included in the application kit.

Eligibility: Public and private nonprofit entities, including faith-based organizations and community-based organizations, as well as for-profit entities, are eligible to apply.

Estimated Amount of This Competition: \$8,000,000.

Estimated Number of Awards To Be Made: 4.

Estimated Project Period: 3 years.

HRSA-04-036 National Health Center Technical Assistance Cooperative Agreement (NAT)

Application Availability Date:

February 1, 2004.

Application Deadline: April 5, 2004.

Projected Award Date: August 1, 2004.

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HRSA-04-037 Increase in Mental Health and Substance Abuse, Oral Health, and Care Management, in Programs Funded Under the Health Centers Consolidation Act of 1996 (IMHSA)

CFDA: 93.224.

Legislative Authority: Public Health Service Act, Section 330, 42 U.S.C. 254b.

Purpose: Access to mental health and substance abuse (MH/SA), and oral health is critical to ensuring the overall health and well being of the populations served by health centers and reducing disparities in health center populations being served. In addition, sustaining and spreading the care and improvement models implemented through the Health Disparities Collaborative is enhanced by expanded care management capacity. As part of the President's multi-year plan to impact 1,200 of the Nation's neediest communities, the HRSA will continue to expand access to essential health care services and to support practice improvement through a targeted approach to care management.

The availability of MH/SA, oral health and care management services will enhance the ability of health centers to provide basic primary care result in an increase in users at existing grantee sites, and continue to improve the health status of persons served. Applicants for this funding opportunity are expected to: (1) Describe the target population and its need for MH/SA, oral health, or care management services; (2) present a service delivery plan that demonstrates responsiveness to the identified needs of the target population; and (3) present a sound business plan that links the goals and objectives from the service delivery plan to the budget. The programs included under this activity include: (1) Community Health Centers, section 330(e); (2) Migrant Health Centers, section 330 (g); (3) Health Care for the Homeless, section 330(h); (4) Public Housing Primary Care, section 330(i); and (5) School Based Health Centers, section 330. The populations served by these programs are: (1) Medically underserved populations in urban and rural areas; (2) migratory and seasonal agricultural workers and their families; (3) homeless people, including children and families; (4) residents of publicly subsidized housing; and (5) medically underserved students in grades K through 12, their families, and medically underserved populations surrounding the school.

Eligibility: Applicants are limited to currently funded health center programs