

# Attachments

As you prepare your responses to each of the prompts provided above, you are encouraged to provide attachments here for your more detailed responses. When necessary, place an attachment below and identify the attachment with the related identification above. Begin each attachment on a new page. Examples of attachments would include a Service Area Map, or a Summary of Contracts and Agreements for the project:

Examples are provided for reference only. Applicants may submit equivalent documentation

## Attachment A1:

### A1- HRSA Health-Centers-09-20-2024 Map (NOFO PFQHC-2026-Q1A)

Example:

include Health Center Name here (example map listing service sites where you intend to utilize enhanced automated retinopathy screening camera).pdf

[proactivefqhc.org](http://proactivefqhc.org)

**Name:** St. Jude Neighborhood Health Centers

**Location:** 731 S Highland Ave, Fullerton, CA, 92832-2753

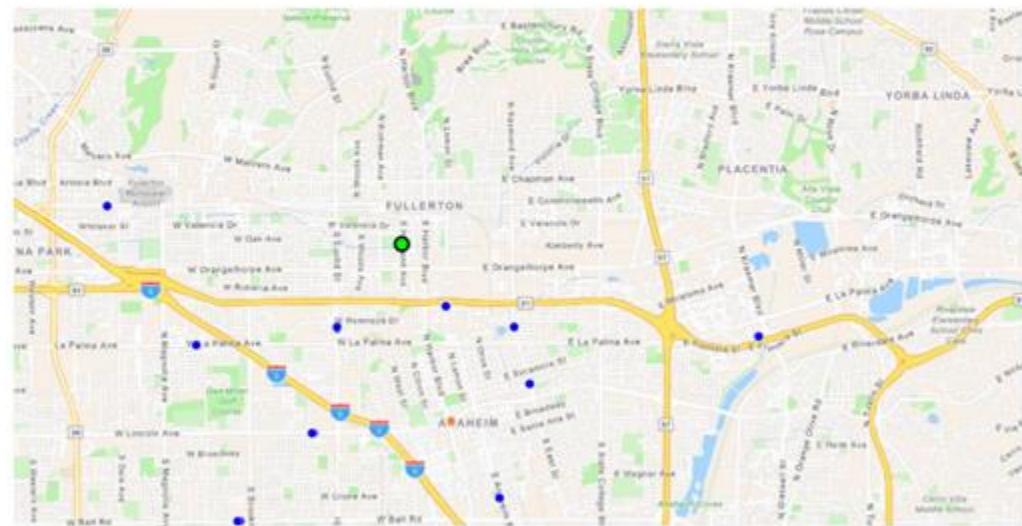
**Phone:** 714-446-5100

**Website:** n/a

**Type:** Service Delivery Site

**Center Point:** Los Angeles, California (30 miles)

Map data is sourced from the [Health Resources & Services Administration \(HRSA\)](#) that may include inactive or relocated centers.



## List of Health Centers

### JWCH Institute - Downtown Women's Center

**Location:** 442 S Los Angeles St, Los Angeles, CA, 90013-1425

**Phone:** 213-223-2900

**Type:** Service Delivery Site

**Attachment A2:****A2- Sliding Fee Schedule for this project's services (NOFO PFQHC-2026-Q1A)**

Example:

[Creating a Sliding Scale Fee: A Detailed Guide for FQHCs - Oatmeal Health](#)

A sliding scale fee is a vital tool for Federally Qualified Health Centers (FQHCs) to ensure that low-income and underserved patients can access essential healthcare services. It allows FQHCs to charge fees based on a patient's income and household size, making healthcare affordable for all patients, regardless of their financial circumstances. The following guide provides detailed steps for creating and implementing a sliding scale fee for FQHCs:

Family Size	Discount level A (0% - 100%)	Discount level B (101 - 138%)	Discount level C (139% - 150%)	Discount level D (151% - 200%)
	\$10.00 per Behavioral Health Visit	\$15.00 per Behavioral Health Visit	\$20.00 per Behavioral Health Visit	\$25.00 per Behavioral Health Visit
	Annual Income Less Than	Annual Income Less Than	Annual Income Less Than	Annual Income Less Than
1	\$13,590	\$18,754	\$20,385	\$27,180
2	\$18,310	\$25,268	\$27,465	\$36,620
3	\$23,030	\$31,781	\$34,545	\$46,060
4	\$27,750	\$38,295	\$41,625	\$55,500
5	\$32,470	\$44,809	\$48,705	\$64,940
6	\$37,190	\$51,322	\$55,785	\$74,380
7	\$41,910	\$57,836	\$62,865	\$83,820
8	\$46,630	\$64,349	\$69,945	\$93,260
Each additional family member, add:	4,720	6279	6810	9440

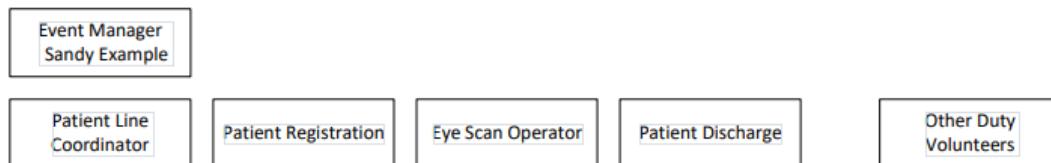
**Attachment A3:**

**A3- The project organizational chart, patient flow, and patient information flow (NOFO PFQHC-2026-Q1A)**

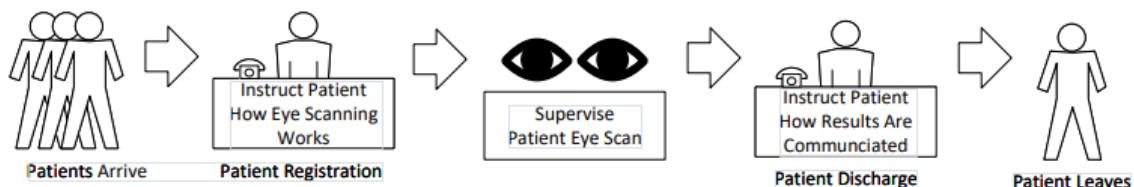
Example:

**Appendix #3 PFQHC-2026-Q3A Example**  
The project organizational chart, patient flow, and patient information flow

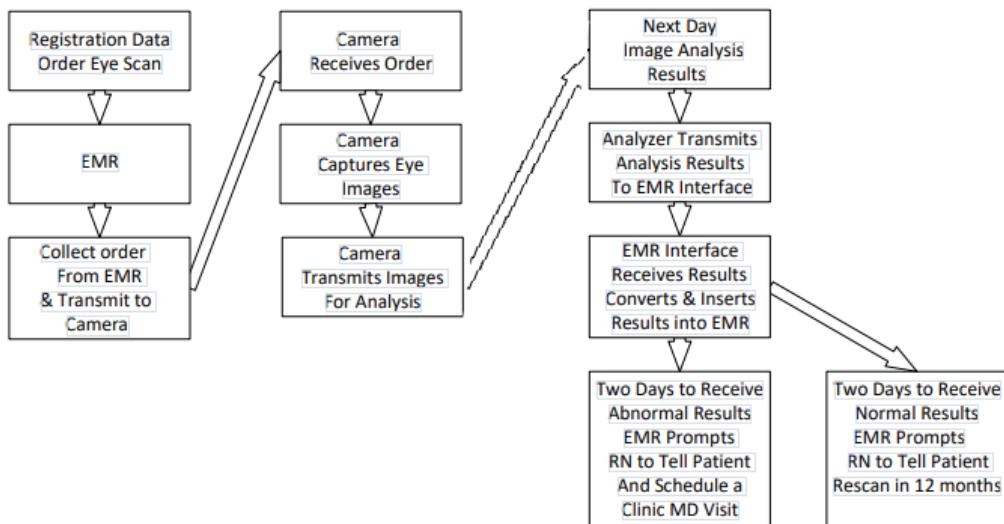
**Project Automated Retinopathy Eye Scan Event Organizational Chart**



**Retinopathy Eye Scan Event Patient Flow**



**Patient Eye Scan Data Flow**



Attachment A4:

**A4- 3<sup>rd</sup> party service providers' support activities (NOFO PFQHC-2026-Q1A)**

Example:

The camera service provider we have selected is xxxx who will install the model yyyy automated retinopathy camera on date xx/yy/zz at our site at address zzzz. They will demonstrate the full cycle of EMR order submission, and then order number associated:

- 1) image capture,
- 2) image analysis,
- 3) image results reporting
- 4) images and results into our EMR's chart for that patient.

After an acceptable installation demonstration, the provider will train our staff to use it. We will update you with the status of our progress.

We expect to begin patient scanning on date xx/yy/zz.

Attachment A5:

Example:

**A5- Summary list of Contracts and Agreements with 3<sup>rd</sup> parties NOFO PFQHC-2026-Q1A**

Service provider #1 is xxxx and is the only 3rd party provider supporting this project and has provided us with copies of all necessary HIPAA and HITECH compliance certifications and associated BAA agreements necessary to assure proper handling of Protected Health Information.

The service provider xxxx sub-contracts data communications with rrrr and temporary data storage with ssss. The service provider has the necessary BAA agreements in place with its subcontractors.

The service provider xxxx confirms that order number associated scanned images and analysis results are all correctly stored in our EMR and then does not retain any copies of the image scans, analysis or results longer than 15 days after placing images and results into our EMR, confirming successful order number related placement, and providing us with the associated completion status.