MOBILE MEDICAL Clinic OPERATIONS NOFA
PART B - Application

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# Application Summary

The City of Fresno (City) invites eligible organizations to submit applications for mobile medical clinic operations through the Community Development Block Grant – Coronavirus (CDBG-CV) Program. The 2015-2019 Consolidated Plan prioritizes the provision of services to low-income and special needs households, and Substantial Amendment 2019-08 to the 2019-2020 Annual Action Plan reprograms CDBG-CV funds for the operation of a mobile medical clinic that serves unsheltered and sheltered homeless individuals in underserved neighborhoods.

Maximum funding available will be approximately $1,342,600 to operate the mobile clinic. It is anticipated that this agreement will start April 1, 2023, for one term of 12 months.

Appendix A includes the minimum scope of work to be included.

|  |  |
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| Activity | Potential Funding |
| Mobile Medical Clinic Operations | **CDBG-CV** |

# Application Submission

## Application Deadline

***Application Deadline***

**February 10, 2023, by 4:00 p.m.**

***Resolutions Authorizing Application Submission Deadline*February 24, 2023, by 4:00 p.m.**

## Application Delivery

* **Ple**ase submit an electronic version of your application by:

Email HCDD@fresno.gov, or

If your file is over 40 MB, email HCDD@fresno.gov to receive a link for large file uploads

Hard copies of applications and authorizing resolutions are not requested or accepted. If assistance is required for digital submission, please reach out to the contact listed below.

We will email you within one business day of receipt to confirm application submission – if you do not receive a confirmation, please contact the relevant person.

## Contact Person

* Erika Lopez, Senior Management Analyst
559-621-8403
Erika.Lopez@fresno.gov
* General Inquiries
Housing & Community Development Division | 559-621-8300 | HCDD@fresno.gov

# Application Overview and Instructions

The City of Fresno is requesting proposals from qualified and experienced vendors to operate a mobile medical clinic within the City of Fresno for the purposes of providing medical services to people experiencing, or at risk of experiencing, homelessness to prevent, prepare for, and respond to the Coronavirus.

## Instructions

Applications have been designed to support a standardized method of evaluation for eligibility and consideration. Applicants are encouraged to carefully review their applications prior to submission to ensure all questions are complete and narrative attachments are included. Once the application is submitted, additional information will not be accepted. In the event additional clarification is needed, City staff will contact the agency. In most instances, applicants will have 24 hours to provide the additional clarifying information in order to be considered responsive.

Prior to completing their applications, applicants should review Appendices A and B. The Appendices provide additional information on the scope of work, threshold eligibility requirements, and CDBG National Objectives.

An organization’s completed application includes one Part A (organizational information), and one Part B (application) including all relevant exhibits and attachments.

* Applicants may provide as attachment a maximum of two, single-page letters of support. Additional pages beyond the maximum will not be reproduced. For this reason, applicants should select the two “best” support letters.

## Evaluation Process

Applications will be scored and ranked according to the below criteria.

| **Category** | **Points** |
| --- | --- |
| **Qualified / Disqualified:*** Are the proposed costs eligible under CDBG-CV? (if no in part or full, the application is disqualified in part or full.)
* Is the applicant an established corporation chartered and in good standing with the State of California or a 501(c)(3) tax-exempt organization? (if no, the application is disqualified)
* Does the applicant have established financial and management systems? (if no, the application is disqualified)
* Has the applicant failed to meet any other threshold eligibility requirements in Appendix B? (If yes, the application is disqualified.)
 | Qualified or Disqualified  |
| **Organizational Capacity:** * Does the organization have demonstrated success in administering a similar activity? (0 years = 0 points; 1 or more years = 5 points)
* Has the organization provided financial statements showing current assets sufficient to cover operating expenses for at least six months? (5 points)
* Does this organization have any unresolved monitoring finding? (Up to -10)
 | 10 |
| **Quality of the Proposal / Alignment to Community Needs:** * Is the program targeted to specific areas identified as Racially/Ethnically Concentrated Areas of Poverty (RECAPs)? (10 points)
* Does the applicant demonstrate a thorough plan of how to reach the target population and how they will affirmatively market the program to the target population? (Up to 15 points)
* Does the applicant clearly articulate how it will perform the Scope of Work? (Up to 15 points)
* Does the applicant clearly describe how the activities will assist the City in preventing, preparing for, and responding to COVID-19? (Up to 10 points)
 | 50 |
| **Impact and Outcome:*** Does the proposal demonstrate that the activity will be completed in a timely manner? (Up to 15 points)
 | 15 |
| **Cost Effectiveness / Leveraging:*** Is the proposed budget consistent with the proposed program service(s)? (Up to 5 points)
* Will the proposed activity leverage additional funds that would otherwise not be available? (Up to 5 points)
* Will the proposed activity be able to continue beyond the contract period without additional funding from the City of Fresno? (Up to 5 points)
 | 15 |
| **Coordination / Collaboration*** To what extent does the applicant describe how its activities will be delivered in coordination with other community resources to address the overall needs of its clientele? (Up to 10 points)
 | 10 |
| **Total Possible Points** | **100** |

# Mobile Medical Clinic Operations NOFA Application

1. **Project Summary Information** – please complete the below summary information for the project/program.

Project Name (10 words or less):

Amount Requested: $      .00

This is a:

 [ ]  New Project/Program

 [ ]  Existing Project/Program

Provide a short description of the proposed program/activity. (1 to 3 sentences and must fit in the provided space).

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If this is an existing project/program that has not received federal funding from the City previously, please briefly explain how CDBG-CV funds will be used to increase the level of service.

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1. **Organizational Capacity**
	1. Briefly describe how your organization’s prior activities have resulted in meaningful impact:

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* 1. Describe the organization’s experience with administering federally funded programs of this nature.

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* 1. For how many years has the organization administered activities of the type described in this application?

* 1. Does the organization have the following in place (check box if ‘yes’)?

[ ]  Written policies and procedures for the proposed project or program (i.e. intake, eligibility)

[ ]  Written Financial Management Policies and Procedures

[ ]  Non-Discrimination / Equal Opportunity Policy

[ ]  Conflict of Interest Policies and Procedures

[ ]  Procurement Policies and Procedures

1. **Proposed Scope of Work**
	1. Briefly describe how the project will meet the specific needs of the target, eligible population.

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* 1. Describe the marketing plan for the proposed activity and how the organization will ensure it reaches the target, eligible population.

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* 1. The City’s Analysis of Impediments to Fair Housing Choice recommends that the City prioritize investments in areas identified as Racially/Ethnically Concentrated Areas of Poverty (RECAPs – see NOFA Handbook). Will this program be:

[ ]  Offered Citywide

[ ]  Offered Citywide with an emphasis and affirmative marketing toward RECAPs

[ ]  Offered exclusively to residents of RECAPs

* 1. Describe the service area:
	Note: Strong applications will include specifically defined services areas such as ‘residents within ½ mile radius of [facility address]’ or ‘residents within the boundaries defined on the attached map.’

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[ ]  Service area map attached as exhibit

* 1. Estimate the number of unduplicated people expected to benefit from the project:

      unduplicated people will receive a direct benefit from this project.

* 1. Eligibility:
	CDBG-CV-eligible programs must meet the national objective of primarily benefiting low- and moderate-income persons. The mobile medical clinic operations falls under the “limited clientele activity” in that it is limited to low- and moderate-income individuals. More specifically, the mobile medical clinic falls under the presumed benefit category as it will be exclusively serving homeless persons.

Briefly describe how the organization will ensure the activity serves exclusively homeless persons.

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* 1. Describe how the project will prevent, prepare for, and respond to COVID-19.

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* 1. Detailed Narrative Description of Project/ProgramDescribe the project/program in detail in the space below. Limit description to the space provided on this and the next page. Refer to Appendix A for the minimum scope of work.

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Detailed Narrative Description of Project/Program (Continued from previous page)

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* 1. Collaboration
	Briefly describe any collaboration efforts with other organizations for this project/program or related initiatives.

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| **Collaborating Organization** | **Description of Collaboration** |
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1. **Project/Program Budget**
	1. The City is interested in applicants that can deploy activities in a timely manner (12 months) while balancing the need to maintain high standards of program delivery. Please propose how you will address this need.

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* 1. List of Funding Sources

Provide all planned funding anticipated/ committed for this activity. If the organization has received funding commitment letters, please attach as an exhibit to this application.

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| **Funding Source (Name of Funder)** | **Name of Funding Program (if applicable)** | **Dollar Amount** | **Commitment Status (Committed or Pending)** | **If Pending, Expected Commitment Date** |
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* 1. Activity Budget Summary

	Please complete Exhibit A – Operating Budget Summary.

The above referenced Budget worksheet is available at [www.fresno.gov/housing](http://www.fresno.gov/housing) under the ‘Notices of Funding Available’ tab.

Please complete Exhibit B – Budget Narrative to provide a brief explanation of the expenses included in the budget.

Please note the following costs are not allowable for CDBG-CV: bad debts; contingencies; contributions and donations; entertainment costs (including meals for social events and awards/graduation banquets); gifts or incentive awards to individuals; fines and penalties resulting from violations of or non-compliance with Federal, State, and Local laws; interest on borrowed capital; fundraising; investment management.

* 1. Prior-Year Financial Statement

Please attach a financial statement labeled as Exhibit B for the proposed program for the last full operating year. Failure to provide the financial statement will result in disqualification.

# Attachments to Part B Application:

[ ]  EXHIBIT A – OPERATING BUDGET SUMMARY

[ ]  EXHIBIT B – BUDGET NARRATIVE[ ]  EXHIBIT C – PRIOR-YEAR AUDITED FINANCIAL STATEMENT INCLUDING STATEMENT OF ACTIVITIES, STATEMENT OF FINANCIAL POSITION AND STATEMENT OF CASH FLOWS (REQUIRED WHEN TOTAL FEDERAL GRANT AWARDS EQUALED OR EXCEEDED $750,000 DURING THE ANNUAL AUDIT PERIOD); OR

[ ]  EXHIBIT D – PRIOR-YEAR UNAUDITED FINANCIAL STATEMENT WHEN TOTAL FEDERAL GRANT AWARDS FOR THE ANNUAL AUDIT PERIOD WAS LESS THAN $750,000

Optional Additional Exhibits:

[ ]  EXHIBIT       – FUNDING COMMITMENT LETTERS (IF AVAILABLE)

[ ]  EXHIBIT       – LETTERS OF SUPPORT (OPTIONAL-MAXIMUM 2)

[ ]  EXHIBIT       – SERVICE AREA MAP (REQUIRED IF NOT DESCRIBED IN 3.d.)

## Exhibit A: Operating Project Budget Summary (or submit via Excel)

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| **Budgeted Position (Personnel) or Category (Operations)** | **City of Fresno HUD Funds** | **Other Funds for Project** | **Project Totals (All Funds)** |
| **Salaries & Wages** | **Fringe Benefits** | **Totals(City of Fresno HUD Funds)** | **Other Federal Funds** | **State Funds** | **Local Govm't Funds** | **Private / Donor Funds** | **Other Funds (specify)** |
| **Salaries/Wages (Specify each position; add additional rows as needed)** |
| **Direct Service Personnel (enter position titles):** |
|  |       |       |  |       |       |       |       |       |  |
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| **Administrative Personnel (enter position titles):** |
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| **Independent Contractors / Consultants (enter position titles):** |
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|  **TOTAL PERSONNEL BUDGET**  | $      | $      | **$** | $      | $      | $      | $      | $      | **$** |
| **Other Direct Costs (Include only costs that are direct; indirect costs are covered under the Indirect Cost Rate)** |
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| **TOTAL OTHER DIRECT COSTS** |  |  | **$** | $      | $      | $      | $      | $      | **$** |
| **INDIRECT COSTS (Select 1 indirect rate Only)** |
| **Approved Indirect Cost Rate** |  |  |  |       |       |       |       |       |  |
| **De minimus 10 % Rate**  |  |  |  |       |       |       |       |       |  |
| **TOTAL INDIRECT COST BUDGET** |  |  | **$** | $      | $      | $      | $      | $      | **$** |
| **TOTAL PROJECT BUDGET** | **$** | **$** | **$** | **$** | **$** | **$** | **$** | **$** | **$** |

\*An approved indirect cost rate must be applied to the base identified in the agreement with the federal cognizant agency.

Per 2 CFR 200.414, any non-federal entity that does not have a current negotiated rate may elect to charge a de minimis rate of 10% of Modified Total Direct Costs (defined in 2 CFR 200.68).

## Exhibit B: Budget Narrative

Please provide a brief narrative describing the expenses included in each category of the budget summary.

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# Appendix A

## Scope of Work

Operations must include, but are not limited to:

1. COVID-19 vaccine administration for all ages authorized by the U.S. Food and Drug Administration (FDA) on a walk-in basis
2. Rapid and polymerase chain reaction (PCR) testing for COVID-19 on a walk-up basis
3. Prescribing and filling medications to prevent or treat COVID-19 infection
4. Influenza vaccine administration on a walk-in basis
5. On-site or telehealth screening for post-COVID conditions
6. Referral to homeless services
7. Make the clinic available Monday – Friday for a minimum of 20 days per month during the hours of 9 AM – 5 PM

Preference given to recognized Test-to-Treat sites for COVID-19.

# Appendix B

## Threshold Eligibility Requirements

Each proposed project, program, or activity to be funded must meet each of the threshold criteria listed below. If City staff reviews the proposal and cannot determine, strictly based on the information presented, how one or more of the criteria will be met the proposal will be deemed ineligible and will not be forwarded for consideration.

1. **Eligible Entity.** An eligible entity is:
* A unit of local government serving program beneficiaries residing in the Fresno, or;
* A nonprofit corporation that: 1) is incorporated in California or incorporated with a State of the United States, the District of Columbia or a United States Territory and properly registered as a “Foreign Corporation” with the California Secretary of State; and 2) possesses a 501(C)(3) determination of exempt status. The City will accept an advance determination ruling from the IRS.
1. **In Good Standing.** If the entity is a prior recipient of federal funds through the City, it must be in good standing to be eligible for award. This includes having resolved, or actively be in the process of resolving, any open monitoring findings.
2. **Mobile Medical Clinic Operations NOFA Part A – Cover Page**. Each Applicant must submit a fully completed and signed Mobile Medical Clinic Operations NOFA Part A Cover Page by the deadline provided herein. Application Part A must, without exception, include the applicant’s DUNS number. A DUNS number is a unique nine-character number used to identify your organization. The federal government uses the DUNS number to track how federal money is allocated. If your organization does not have a DUNS number visit the grants.gov website at:

<https://www.grants.gov/web/grants/applicants/registration.html>

Registering for a DUNS number is free of charge. You will need all of the following information to obtain a DUNS number:
	* Name of organization
	* Organization address
	* Name of the chief executive officer, president, or Board of director’s chair
	* Legal structure of the organization (nonprofit corporation)
	* Year the organization started
	* Primary type of business
	* Total number of employees (full and part-time)
3. **Mobile Medical Clinic Operations NOFA Part B - Application**. Submit the NOFA Application Part B for which funding is being sought.
4. **Eligible Activity**: Each proposal must: (1) implement an eligible activity (2) serving eligible beneficiaries and (3) achieving an eligible objective (4) at a reasonable cost (5) in a timely manner. These five considerations are found in the HUD regulations at links provided in the below table. Additionally, the CDBG-CV program is subject to Federal Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards found at 2 CFR 200.

| **Funding Source** | **Program Regulation** | **e-CFR Link** |
| --- | --- | --- |
| CDBG-CV | 24 CFR 570 | <https://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title24/24cfr570_main_02.tpl>  |
| Federal Uniform Requirements | 2 CFR 200 | <https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200?toc=1> |

1. **Eligible Expenses**: Each proposal must budget only for ‘eligible expenses’ consistent with the applicable provisions of the program regulations identified in the above table.
2. **Financial and Management Systems**: Each subrecipient must complete the Financial and Management Systems question section of the Mobile Medical Clinic Operations NOFA Application Part A. Failure to answer the questions/requests for information or to provide answers consistent with good financial management practices may disqualify the applicant for funding. Successful applicants will be required to submit evidence that the program manager or line supervisor overseeing the project or program has completed the HUD Exchange online Financial Management 101, 201, and the applicable Advanced Financial Management webinars and passed the associated tests/quizzes with an acceptable score. Evidence will be a certificate issued by HUD or a transcript printed from the manager’s/supervisor’s HUD Exchange account. Evidence of this requirement being met will be a precedent to contract execution.
3. **Active & in Good Standing**: Non-profit organizations must be registered and in good standing with the IRS, State of California Secretary of State, and State of California Office of Attorney General. City staff will verify organizations’ status on the following web sites, and any missing filings, ‘inactive’ or ‘delinquent’ statuses will be grounds for disqualification failing sufficient explanation by the applicant.
* IRS: <https://www.irs.gov/charities-non-profits/tax-exempt-organization-search>
* California Secretary of State: <https://businesssearch.sos.ca.gov/>
* California Office of the Attorney General: <https://rct.doj.ca.gov/Verification/Web/Search.aspx?facility=Y>
1. **No Open or Unresolved Findings with the City’s Housing & Community Development Division**: Any current or previous City of Fresno subrecipient for whom a monitoring finding is currently open and unresolved will be disqualified. Staff reserves the right to recommend exceptions for subrecipients who are actively working to resolve the findings.
2. **Location of Activities**: This activity must be located in, and benefit, residents of the City of Fresno.

### Important Additional Notes

* **Pre-Award Cost**

Applicants should note that any premature commitment or expenditure of funds for proposed activities is prohibited. No project expenses will be eligible for CDBG-CV reimbursement if they have been incurred or commissioned prior to a completed environmental review and clearance by the City. Project expenses will also not be eligible for reimbursement if they have been incurred or commissioned prior to the commencement date identified in the executed subrecipient agreement with the City.

## CDBG-CV National Objectives

### National Objective No. 1 – Activities Benefiting Lower Income Persons/Households

The definition of a lower income person or household is one having an income equal to or less than 80 percent of the Fresno Area median income, as established by HUD. Income levels are provided in a later section of this Information Guide. All CDBG awarded subrecipient activities are required to serve 100% low- to moderate-income persons. Activities benefiting lower income persons/households fall into four categories: area wide activities, limited clientele activities, housing activities, and job activities.

Area Wide Activities: Activities that serve geographic areas in which at least 51% of the households are lower income based on census data. Examples of Area Benefit Activities include public improvements, i.e., street, sidewalk, curb, gutter improvements), park improvements, community centers, and public facilities (including related design and engineering work).

Limited Clientele Activities: To qualify as a limited clientele activity, there must be documentation that the service or project directly benefits a low-income clientele or a presumably low-income clientele. HUD presumes certain groups meet the lower income criteria. HUD has defined these groups as abused children, battered spouses, elderly persons, adults with severe disabilities, homeless persons, illiterate adults, persons living with AIDS, and migrant workers.

Housing Activities: Housing activities include acquisition or rehabilitation of properties. CDBG funds may not be used for new housing construction. However, funds may be used for property acquisition and construction of off-site improvements in conjunction with new construction.

The City currently has a housing rehabilitation program for lower-income owner occupied units. Persons wanting more information about these programs should contact the Housing Division at (559) 621-8300. Applications received for these types of activities from individuals will not be accepted. Individuals will be redirected to the existing programs.

Job Activities: CDBG funds may be used to undertake certain economic development activities. Activities under this category are required to create and/or retain jobs for low- and moderate-income persons. There are stringent guidelines under this activity. It is advised that persons or organizations interested in this activity work directly with staff to ensure the parameters of the regulations are met.

### National Objective No. 2 – Activities That Aid in the Prevention or Elimination of Slums or Blight

If a project cannot meet the low-income objective, a project may qualify if it benefits a slum or blighted area. State or local laws define slum and blighted areas as those that contain a high number of deteriorating or dilapidated buildings or infrastructure. Redevelopment project areas generally qualify under this category. Note: Most blighted areas also qualify under National Objective No. 1 (Activities Benefiting Lower-Income Persons/Households) and it is not necessary for you to spend time on the application justifying how you meet the special requirements for slums and blight.

To meet this objective, the activity must be located in a City redevelopment area or in an area where there is a substantial number of deteriorated or deteriorating buildings. The activity must be designed to address one or more of the conditions that qualified the area as slum/blighted.

Projects may qualify outside a slum or blighted area on a spot blight basis. Activities include acquisition, demolition, rehabilitation, relocation, and historic preservation. Under this standard, rehabilitation of a building or a house is limited, to the extent necessary, to eliminate the substandard conditions that are detrimental to public health and safety.

### National Objective No. 3 – Activities Designed to Meet Community Development Needs Having a Particular Urgency

Activities must be designed to alleviate existing conditions that pose a serious and immediate threat to the health or welfare of the community that became urgent within the past 18 months. The City must demonstrate that other sources of funding are not available. Again, projects that meet either National Objective No. 1 or 2 do not need to meet this objective.

# Appendix C

## Racially/Ethnically Concentrated Areas of Poverty (RECAPS)

The Public and Community Services, under which this application falls, applications award additional points for projects that are targeted to areas designated by HUD as Racially/Ethnically Concentrated Areas of Poverty (RECAPs). The below map indicates the location of these census tracts within the City (shaded areas). If you are unsure if the

location of your proposed activity is within a RECAP tract, contact us for support.

