
HRSA Electronic Handbooks

Service Area Competition

User Guide for Grant Applicants

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1. Introduction

1.1 Document Purpose and Scope

The purpose of this document is to provide detailed instructions to help applicants and grantees complete their Service Area Competition (SAC) applications in the HRSA Electronic Handbooks (EHB). It is intended as a supplement to the *HRSA Electronic Submission User Guide*, available at <http://www.hrsa.gov/grants/apply>.

This document is not meant to replace the SAC Funding Opportunity Announcement (FOA); applicants and grantees are directed to follow the FOA for all programmatic questions.

1.2 Document Organization

This document contains the following sections:

Section	Description
Before You Begin	Provides information grantees/applicants need to know before they submit an application.
Submit an Application in Grants.gov	Describes the steps necessary to complete and submit an application through Grants.gov.
Get Started with the HRSA Electronic Handbooks	Describes how to log in to the HRSA Electronic Handbooks and access the Service Area Competition (SAC) application.
Complete the Standard Form (SF-424)	Describes the steps necessary to complete the Standard Form sections of the SAC application in the Electronic Handbooks.
Complete the Program Specific Information Forms	Describes the steps necessary to complete the Program Specific Information Sections of the SAC application in the Electronic Handbooks.
Review the Application	Describes how to review a SAC application to ensure that all information is accurate before submitting the application to HRSA.
Submit the Application	Describes the steps necessary to submit the SAC application to HRSA.
Customer Support	Provides contact information to address technical and programmatic questions.
Frequently Asked Questions	Provides answers to frequently asked questions by various categories.

2. Before You Begin

2.1 Register with Grants.gov

Note: An applicant organization may skip this section if the organization has already registered with Grants.gov for HRSA or another Federal agency.

You or your organization must complete the Grants.gov registration process to apply for grants. The registration process will require between three business days to four weeks to complete, so register as soon as possible.

Visit http://www.grants.gov/applicants/get_registered.jsp for registration information.

Contact the Grants.gov Contact Center for questions regarding Grants.gov registration. Visit <http://www.grants.gov/contactus/contactus.jsp>.

2.2 Register with the HRSA Electronic Handbooks

Registration with HRSA EHB is independent of registration with Grants.gov. Registration with HRSA EHB is required only once for each user for each organization they represent.

The Project Director and Authorizing Official must register with the HRSA Electronic Handbooks (EHB) to complete the grant application in HRSA EHB. Registration allows HRSA to collect consistent information from all users, avoid collection of redundant information, and identify each system user uniquely.

For registration information, see the *HRSA Electronic Submission User Guide*, available at <http://www.hrsa.gov/grants/apply>.

For assistance in registering with HRSA EHB, call 877-GO4-HRSA (877-464-4772) or 301-998-7373 between 9:00 am to 5:30 pm ET or email callcenter@hrsa.gov.

3. Begin Your Application

Use the Grants.gov site to complete the first step in applying for a Service Area Competition funding opportunity. The following sections describe the Grants.gov application process.

3.1 Locate the Funding Opportunity

1. Go to <http://www.grants.gov>.
2. Click Find Grant Opportunities under For Applicants in the left navigation panel (**Figure 1**).

Figure 1: Find Grant Opportunities Link



- The **Find Grant Opportunities** page opens.

Figure 2: Find Grant Opportunities



3. Click a button under Search Grant Opportunities to perform a search. For example, if you click **Basic Search**, the following page opens:


Figure 3: Basic Search Page

BASIC SEARCH

[Basic Search](#) • [Browse by Category](#) • [Browse By Agency](#) • [Advanced Search](#)

To perform a **basic search** for a grant opportunity, complete at least one of the following fields Keyword Search, Search by Funding Opportunity Number, **OR** Search by CFDA Number and then select the Search button.

Only open opportunities will be returned. To search closed or archived opportunities, use [Advanced Search](#).

For helpful search tips and to learn more about finding grant opportunities check out the [Search Grant Opportunities](#)  guide.

Keyword Search:

Search by Funding Opportunity Number:

Search by CFDA Number:

4. Enter your search criteria.
5. Click the **Search** button.
 - The **Search Results** page opens (**Figure 4**).

Figure 4: Search Results

Search Results [New Search](#)

Sort: Open Date, Descending [Sort by Close Date](#) Results 1 - 1 of 1

Open Date	Opportunity Title	Agency	Funding Number
5/24/2012	Service Area Competition	Health Resources & Services Administration	HRSA-13-220

Results Page: 1

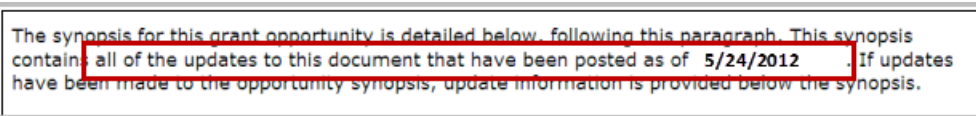
6. Click the link under Opportunity Title.
 - The next page displays a synopsis of the opportunity.

Figure 5: Synopsis of the Opportunity



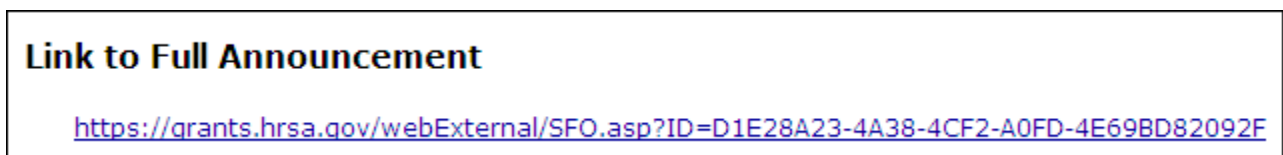
The synopsis provides an overview of the opportunity and presents all of the updates to the announcement document that have been posted as of a particular date (Figure 6).

Figure 6: Introductory Paragraph Showing Date of the Latest Synopsis Update



- Click the link under the Link to Full Announcement heading to see the complete announcement in the HRSA Electronic Handbooks.

Figure 7: Hyperlink to the Complete Announcement in the HRSA Electronic Handbooks



3.2 Download the Application Package and Instructions

You must have the PureEdge Viewer or compatible Adobe Reader installed to view and complete an application package.

You can use the synopsis page or the funding opportunity number to access the grant application package and instructions.

3.2.1 Use the Synopsis Page

You can access the grant application and instructions from the **Synopsis** page for the grant opportunity. To download the grant application and instructions from this page,

1. Click the Application link at the top of the **Synopsis** page.
 - The **Selected Grant Applications for Download** page opens.

Figure 8: Application Link on the Synopsis Page to Access the Grant Application

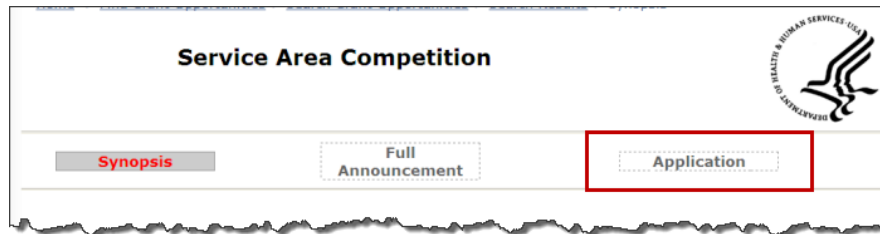
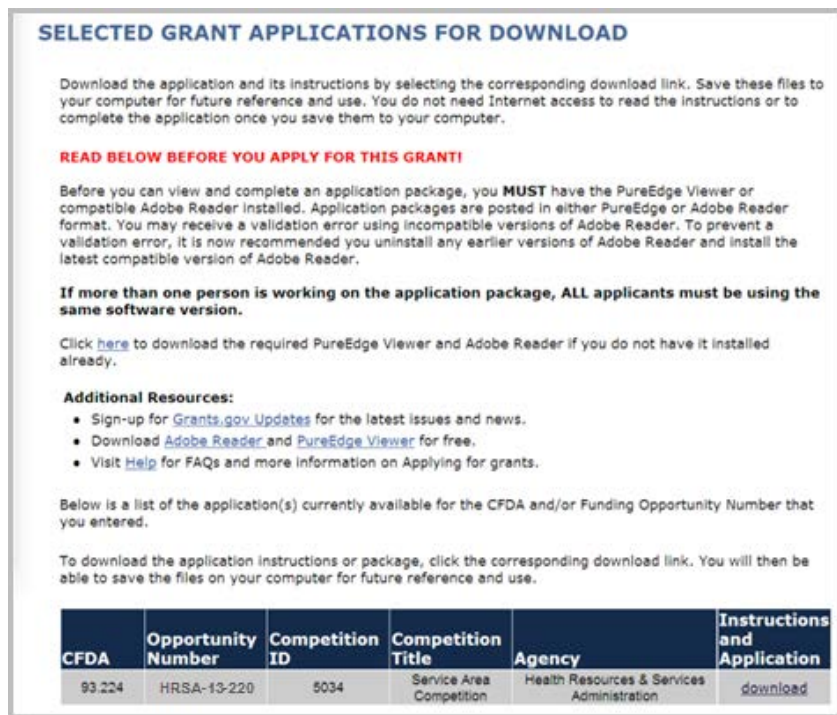


Figure 9: Selected Grant Applications for Download

A screenshot of a web page titled "SELECTED GRANT APPLICATIONS FOR DOWNLOAD". The page contains instructions for downloading the application, a red heading "READ BELOW BEFORE YOU APPLY FOR THIS GRANT!", and a list of additional resources. At the bottom, there is a table with columns for CFDA, Opportunity Number, Competition ID, Competition Title, Agency, and Instructions and Application. The table contains one row of data for the Service Area Competition.

Download the application and its instructions by selecting the corresponding download link. Save these files to your computer for future reference and use. You do not need Internet access to read the instructions or to complete the application once you save them to your computer.

READ BELOW BEFORE YOU APPLY FOR THIS GRANT!

Before you can view and complete an application package, you **MUST** have the PureEdge Viewer or compatible Adobe Reader installed. Application packages are posted in either PureEdge or Adobe Reader format. You may receive a validation error using incompatible versions of Adobe Reader. To prevent a validation error, it is now recommended you uninstall any earlier versions of Adobe Reader and install the latest compatible version of Adobe Reader.

If more than one person is working on the application package, ALL applicants must be using the same software version.

Click [here](#) to download the required PureEdge Viewer and Adobe Reader if you do not have it installed already.

Additional Resources:

- Sign-up for [Grants.gov Updates](#) for the latest issues and news.
- Download [Adobe Reader](#) and [PureEdge Viewer](#) for free.
- Visit [Help](#) for FAQs and more information on Applying for grants.

Below is a list of the application(s) currently available for the CFDA and/or Funding Opportunity Number that you entered.

To download the application instructions or package, click the corresponding download link. You will then be able to save the files on your computer for future reference and use.

CFDA	Opportunity Number	Competition ID	Competition Title	Agency	Instructions and Application
93.224	HRSA-13-220	5034	Service Area Competition	Health Resources & Services Administration	download

2. Click the **download** link under Instructions and Application.
 - The **Download Opportunity** page opens (**Figure 10**).

Figure 10: Download Opportunity Page

GRANTS.GOV™

DOWNLOAD OPPORTUNITY INSTRUCTIONS AND APPLICATION

You have chosen to download the instructions and application for the following opportunity:

CFDA Number: 93.224: Consolidated Health Centers (Community Health Centers, Migrant Health Centers, Health Care for the Homeless, Public Housing Centers, Health Resources and Services Administration)
Opportunity Number: HRSA-13-220: Service Area Competition
Competition ID: 5034
Competition Title: Service Area Competition
Agency: Health Resources & Services Administration
Opening Date: 5/24/2012
Closing Date: 8/25/2012

If you would like to be notified of any changes to this opportunity please enter your e-mail address below, and you will be e-mailed in the event this opportunity is changed and republished on Grants.gov before its closing date.

Download the instructions and application by selecting the download links below. While the instructions or application files may open directly, you may save the files to your computer for future reference and use. You do not need Internet access to read the instructions or the application once you save them to your computer.

1. [Download Application Instructions](#)
2. [Download Application Package](#)

3. Click the [Download Application Instructions](#) link.
 - Follow prompts to complete the download.
4. Click the [Download Application Package](#) link.
 - The **Grant Application Package** page opens in Adobe Acrobat ([Figure 11](#)).

Figure 11: Grant Application Package

GRANTS.GOV™

Grant Application Package

Opportunity Title:	Service Area Competition
Offering Agency:	Health Resources & Services Administration
CFDA Number:	93.224
CFDA Description:	Consolidated Health Centers (Community Health Centers, Migrant Health Centers, Health Care for the Homeless, Public Housing Centers, Health Resources and Services Administration)
Opportunity Number:	HRSA-13-220
Competition ID:	5034
Opportunity Open Date:	5/24/2012
Opportunity Close Date:	8/25/2012
Agency Contact:	David Isaly Public Health Analyst Bureau of Primary Health Care Office of Policy and Program Development Telephone: 800-444-4444 E-mail: BPHSAC@hrsa.gov

This electronic grants application is intended to be used to apply for the specific Federal funding opportunity referenced here.

If the Federal funding opportunity listed is not the opportunity for which you want to apply, close this application package by clicking on the "Cancel" button at the top of this screen. You will then need to locate the correct Federal funding opportunity, download its application and then apply.

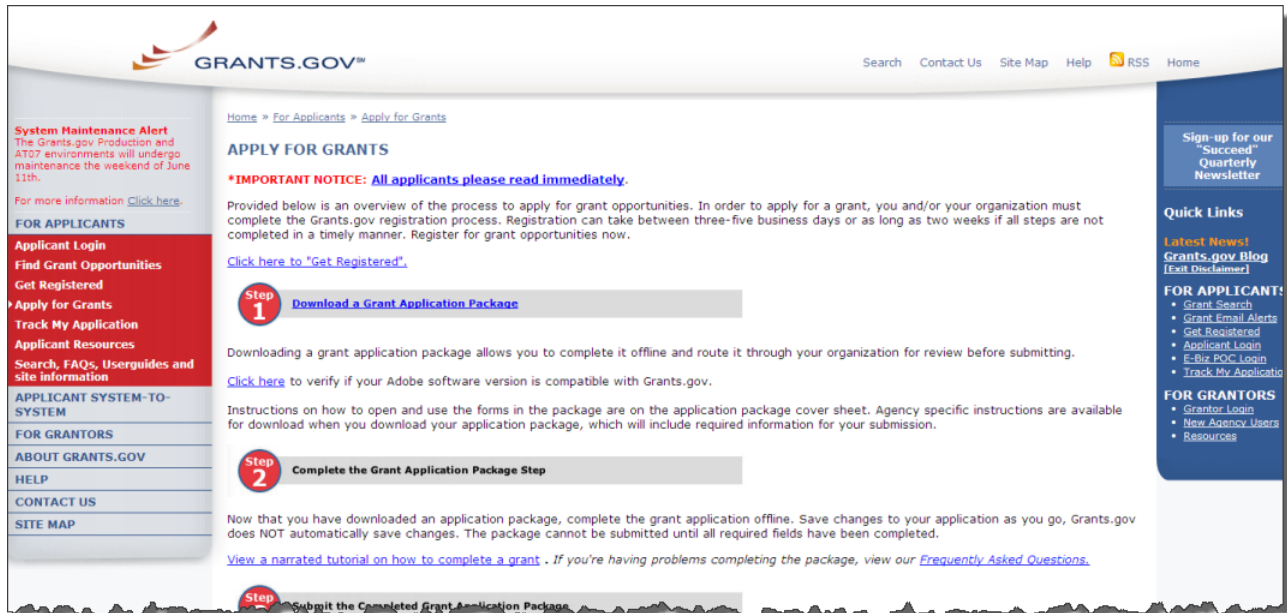
This opportunity is only open to organizations, applicants who are submitting grant applications on behalf of a company, state, local or

3.2.2 Use the Funding Opportunity Number or Catalog of Federal Domestic Assistance Number

If you know the Funding Opportunity Number (FON) or Catalog of Federal Domestic Assistance (CFDA) number for the grant, you can download the grant application and instructions as follows:

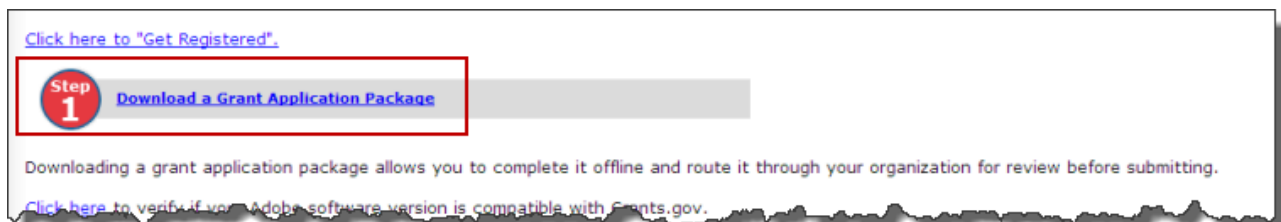
1. Go to http://www.grants.gov/applicants/apply_for_grants.jsp to see an overview of the grant application process (Figure 12).

Figure 12: Grants.gov Apply for Grants Page



2. Click the [Download a Grant Application Package](#) link (Figure 13).

Figure 13: Download a Grant Application Package Link at Grants.gov



- The [Download Application Package](#) page opens (Figure 14).

Figure 14: Download Application Package Page at Grants.gov

DOWNLOAD APPLICATION PACKAGE

Note: You will need to download and install [PureEdge Viewer](#) / [Adobe Reader](#), prior to downloading an Application Package.

To download an application package, **enter the appropriate CFDA Number OR Funding Opportunity Number** and click the "Download Package" button.

CFDA Number:

Funding Opportunity Number:

Funding Opportunity Competition ID:

If you do not remember the Funding Opportunity Number for the grant opportunity, return to the [Find Grant Opportunities](#) section to locate the grant opportunity and then return to this screen to enter the number.

3. Enter

A. The CFDA number in the *CFDA Number* field.

or

B. The announcement number in the *Funding Opportunity Number* field. (For example: HRSA-12-087)

4. Click the **Download Package** button.

➤ The Selected Grants for Download page opens ([Figure 15](#)).

Figure 15: Selected Grant Applications for Download

SELECTED GRANT APPLICATIONS FOR DOWNLOAD

Download the application and its instructions by selecting the corresponding download link. Save these files to your computer for future reference and use. You do not need Internet access to read the instructions or to complete the application once you save them to your computer.

READ BELOW BEFORE YOU APPLY FOR THIS GRANT!

Before you can view and complete an application package, you **MUST** have the PureEdge Viewer or compatible Adobe Reader installed. Application packages are posted in either PureEdge or Adobe Reader format. You may receive a validation error using incompatible versions of Adobe Reader. To prevent a validation error, it is now recommended you uninstall any earlier versions of Adobe Reader and install the latest compatible version of Adobe Reader.

If more than one person is working on the application package, ALL applicants must be using the same software version.

Click [here](#) to download the required PureEdge Viewer and Adobe Reader if you do not have it installed already.

Additional Resources:

- Sign-up for [Grants.gov Updates](#) for the latest issues and news.
- Download [Adobe Reader](#) and [PureEdge Viewer](#) for free.
- Visit [Help](#) for FAQs and more information on Applying for grants.


Below is a list of the application(s) currently available for the CFDA and/or Funding Opportunity Number that you entered.

To download the application instructions or package, click the corresponding download link. You will then be able to save the files on your computer for future reference and use.

CFDA	Opportunity Number	Competition ID	Competition Title	Agency	Instructions and Application
93.224	HRSA-13-220	5034	Service Area Competition	Health Resources & Services Administration	download

5. Select a funding opportunity from the list and click the download link under Instructions and Application.
 - The **Download Opportunity** page opens ([Figure 16](#)).

Figure 16: Download Opportunity Page


Contact Us SiteMap Help RSS Home

DOWNLOAD OPPORTUNITY INSTRUCTIONS AND APPLICATION

You have chosen to download the instructions and application for the following opportunity:

CFDA Number: 93.224: Consolidated Health Centers (Community Health Centers, Migrant Health Centers, Health Care for the Homeless, Public Hous
Opportunity Number: HRSA-12-087: Service Area Competition
Competition ID: 5034
Competition Title: Service Area Competition
Agency: Health Resources & Services Administration
Opening Date: 06/14/2011
Closing Date: 08/08/2011

If you would like to be notified of any changes to this opportunity please enter your e-mail address below, and you will be e-mailed in the event this opportunity is changed and republished on Grants.gov before its closing date.


Download the instructions and application by selecting the download links below. While the instructions or application files may open directly, you may save the files to your computer for future reference and use. You do not need Internet access to read the instructions or the application once you save them to your computer.

1. [Download Application Instructions](#)
2. [Download Application Package](#)

6. Click the [Download Application Instructions](#) link.
 - Follow prompts to complete the download.
7. Click the [Download Application Package](#) link.
 - The **Grant Application Package** page opens in Adobe Acrobat ([Figure 17](#)).

Figure 17: Grant Application Package

Save & Submit
Save
Print
Cancel
Check Package for Errors



Grant Application Package

Opportunity Title:	Service Area Competition
Offering Agency:	Health Resources & Services Administration
CFDA Number:	93.224
CFDA Description:	Consolidated Health Centers (Community Health Centers,
Opportunity Number:	HRSA-12-087
Competition ID:	5034
Opportunity Open Date:	06/14/2011
Opportunity Close Date:	08/08/2011
Agency Contact:	Cheryl Doherty Public Health Analyst Bureau of Primary Health Care Office of Policy and Program Development Telephone: 301-594-4544 E-mail: DBHCCAC@hhs.gov

This electronic grants application is intended to be used to apply for the specific Federal funding opportunity referenced here.

If the Federal funding opportunity listed is not the opportunity for which you want to apply, close this application package by clicking on the "Cancel" button at the top of this screen. You will then need to locate the correct Federal funding opportunity, download its application and then apply.

This opportunity is only open to organizations, applicants who are submitting grant applications on behalf of a company, state, local or

3.3 Complete the Application

You will complete the application offline.

1. Click the **Save** button to save a copy of the application package on your computer.

Figure 18: Save the Grant Application Package

Save & Submit **Save** Print Cancel Check Package for Errors

GRANTS.GOV™

Grant Application Package

Opportunity Title:	Service Area Competition-Additional Areas
Offering Agency:	Health Resources & Services Administration
CFDA Number:	93.224
CFDA Description:	Consolidated Health Centers (Community Health Centers,
Opportunity Number:	HRSA-12-087
Competition ID:	4760
Opportunity Open Date:	04/11/2011
Opportunity Close Date:	05/19/2011
Agency Contact:	Cheri Daly Public Health Analyst Bureau of Primary Health Care Office of Policy and Program Development Telephone: (301) 594-4300 Fax: (301) 584-4997

This electronic grants application is intended to be used to apply for the specific Federal funding opportunity referenced here.

If the Federal funding opportunity listed is not the opportunity for which you want to apply, close this application package by clicking on the "Cancel" button at the top of this screen. You will then need to locate the correct Federal funding opportunity, download its application and then apply.

This opportunity is only open to organizations, applicants who are submitting grant applications on behalf of a company, state, local or

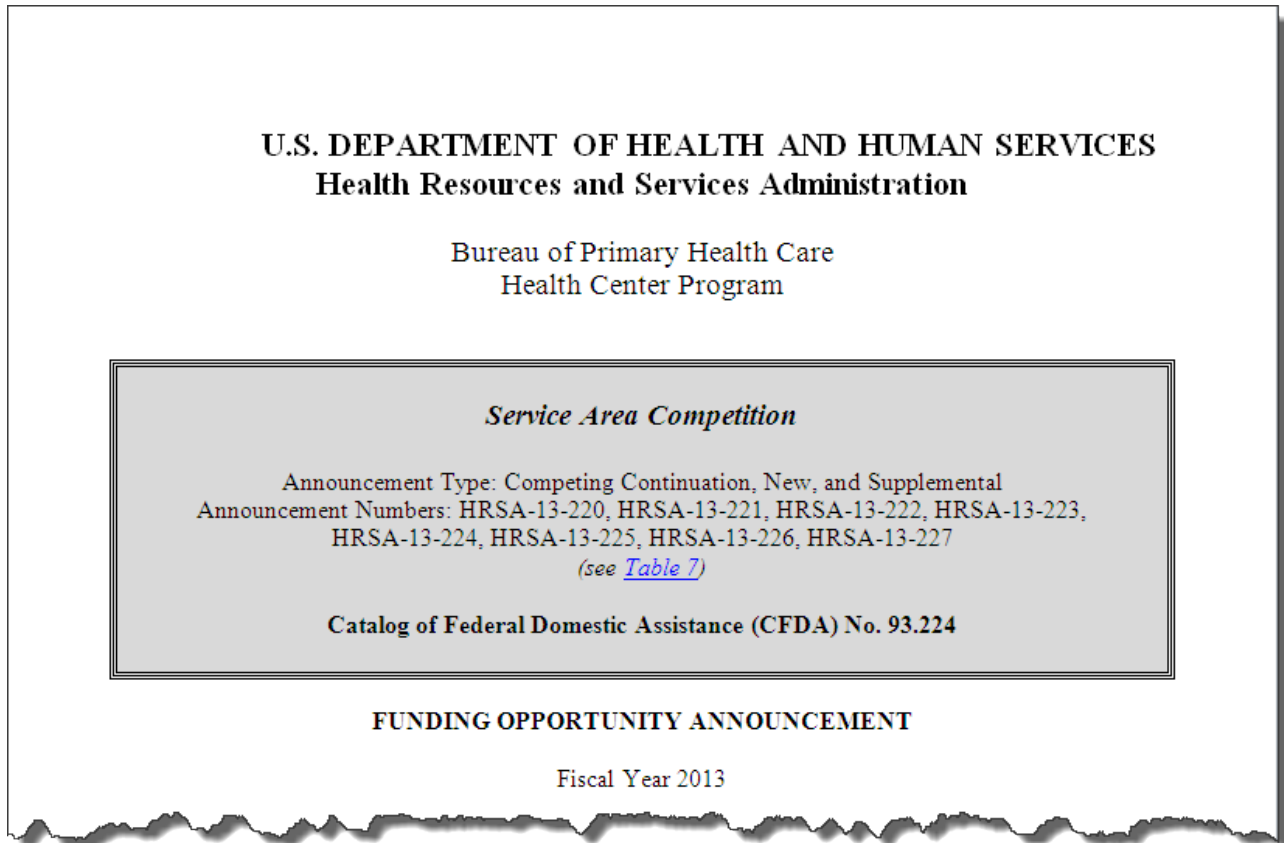
2. Use the instructions provided at the bottom of the grant application (Figure 19) and the Funding Opportunity Announcement (FOA) (Figure 20) you downloaded (Section 3.2, Download the Application Package and Instructions) to complete the grant application.

Figure 19: Instructions for Completing the Grant Application

Instructions

- 1** Enter a name for the application in the Application Filing Name field.
 - This application can be completed in its entirety offline; however, you will need to login to the Grants.gov website during the submission process.
 - You can save your application at any time by clicking the "Save" button at the top of your screen.
 - The "Save & Submit" button will not be functional until all required data fields in the application are completed and you clicked on the "Check Package for Errors" button and confirmed all data required data fields are completed.
- 2** Open and complete all of the documents listed in the "Mandatory Documents" box. Complete the SF-424 form first.
 - It is recommended that the SF-424 form be the first form completed for the application package. Data entered on the SF-424 will populate data fields in other mandatory and optional forms and the user cannot enter data in these fields.
 - The forms listed in the "Mandatory Documents" box and "Optional Documents" may be predefined forms, such as SF-424, forms where a document needs to be attached, such as the Project Narrative or a combination of both. "Mandatory Documents" are required for this application. "Optional Documents" can be used to provide additional support for this application or may be required for specific types of grant activity. Reference the application package instructions for more information regarding "Optional Documents".
 - To open and complete a form, simply click on the form's name to select the item and then click on the => button. This will move the document to the appropriate "Documents

Figure 20: Program Guidance for Completing the Grant Application



If you need assistance with the FOA, contact the program contact listed in the document.

3.4 Submit the Application Package

You must be connected to the Internet and have a Grants.gov username and password to submit the application package.

Please direct questions regarding application submission to the Grants.gov Contact Center at 1-800-518-4726, 24 hours a day, 7 days a week, excluding Federal holidays.

The **Submit** button on the application package cover page will become active once you have downloaded the application package, completed all required forms, attached all required documents, and saved your application package.

To submit your completed application in Grants.gov:

1. Click the **Check Package for Errors** button on the application package cover page.
2. Correct any errors.

3. Click the **Save and Submit** button on the **Application Package Cover** page.

Figure 21: Command Buttons in the Grant Application Package



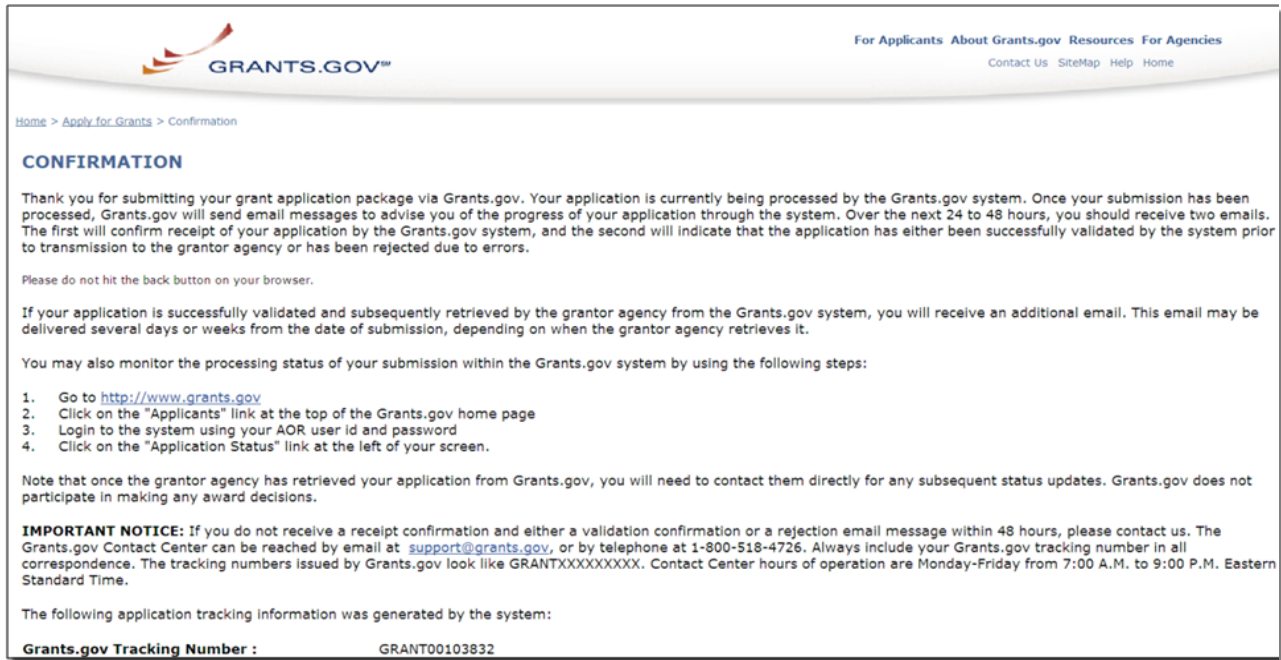
4. When prompted, log into Grants.gov.

Figure 22: Grants.gov Login Prompt



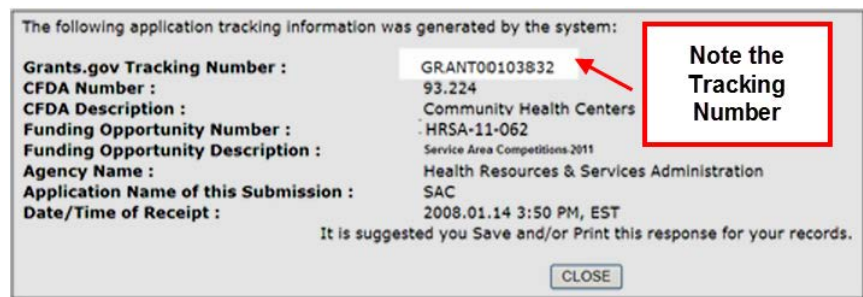
Your application package is uploaded to Grants.gov and a confirmation screen opens (Figure 23).

Figure 23: Application Submission Confirmation Page at Grants.gov



A Grants.gov Tracking Number is provided on this screen. Record this number for future reference.

Figure 24: Application Submission Confirmation Page at Grants.gov Showing Tracking Number



3.5 Track Status of the Application

It is recommended that you monitor the status of your application in Grants.gov until the status changes to "Agency Tracking Number Assigned".

Visit Grants.gov (http://www.grants.gov/applicants/track_your_application.jsp) to check the status of your application any time after submission. If your application does not contain errors, HRSA will download the application automatically. When HRSA downloads your application successfully, the status of the application will change to "Received by Agency" and you will receive an email from Grants.gov. Within two to three business days, the status will change to "Agency Tracking Number

Assigned” and you can submit the second part of your application in the HRSA Electronic Handbooks (EHB).

4. Get Started with the HRSA Electronic Handbooks

4.1 Log In

To log into HRSA Electronic Handbooks (EHB),

1. Point your browser to <https://grants.hrsa.gov/webexternal/login.asp>.
2. Enter your username and password.

Figure 25: HRSA EHB Login Screen

3. Click **Login**.
4. The HRSA EHB Home page (Figure 26) opens.

Figure 26: HRSA EHB Home Page

4.2 Session Time Limit

In the HRSA EHB, your session will remain active for 30 minutes after your last activity. Save your work every five minutes to avoid losing information.

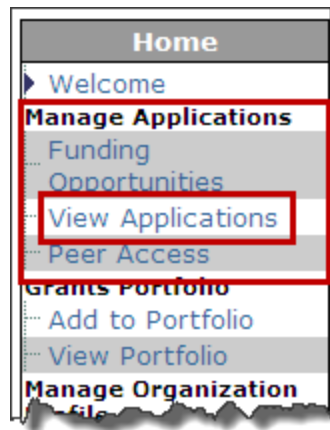
4.3 Access the Application

4.3.1 Access the Application for the First Time

If you are accessing your application for the first time, follow these steps to add it to the list of pending applications.

1. On the **HRSA EHB Home** page, select [View Applications](#) under Manage Applications on the left navigation panel (**Figure 27**).

Figure 27: View Applications Link



- The **View Applications** page (**Figure 28**) opens. If you are accessing your application for the first time, you will find it under the Grants.gov Application Status heading.
2. Click the [Add Grants.Gov Application](#) link to add your application to the list of pending applications.

Figure 28: Grants.gov Applications Pending Action

Grants.Gov Application Status	
# Grants.Gov Applications Pending Addition	Action
1	Add Grants.gov Application

3. The **Validate Grants.Gov Application** page (**Figure 29**) opens. Enter the required validation information:
 - A. Announcement Number (from the **Grants.Gov Submission Confirmation** page).
 - B. Grants.gov Tracking Number (from the **Grants.gov Submission Confirmation** page).
 - C. HRSA EHB Application Number (from the email notification).

- Click the **Validate** button.

Figure 29: Validate Grants.Gov Application Page

U.S. Department of Health and Human Services
HRSA
 Health Resources and Services Administration
 E-HANDBOOK HOME

HRSA Electronic Handbooks for Applicants/Grantee
 Legal Name, Herndon, VA

Welcome Barnali sahu to **HRSA EHB Test environment** (Last login date and time 9/19/2007 3:49:00 PM)

View Applications
[home](#) | [logout](#) | [contact us](#) | [glossary](#) | [help](#) | [questions/comments](#)

In order to ensure that the correct persons are given permissions to work on this Grants.gov application, you must enter the following validation information from the submitted Grants.gov application.

VALIDATE GRANTS.GOV APPLICATION

Announcement Information	
Announcement Number (Example: HRSA-04-061 or 04-016)	HRSA-07-088 (From submitted Grants.gov application)
Grants.gov Application Information	
Grants.gov Tracking Number (Example: GRANT00059900)	GRANT00099228 (From submitted Grants.gov application)
HRSA EHBs Application Information	
HRSA EHBs Application Tracking Number (Example: 00025328)	00043345 (From email notification)

Logout

Cancel Validate

- The Grants.gov **Application Validated Successfully** page (**Figure 30**) opens.
- Read the advisory.
- Click the **Continue** button.

Figure 30: Grants.gov Application Validated Successfully Page

Grants.Gov Application Validated Successfully

IMPORTANT NOTE

This application was originally submitted through Grant.gov (tracking# GRANT00099228). HRSA has received this application and assigned it the tracking number listed below. Please note it down and use it for future correspondence or inquiries from HRSA.

HRSA EHBs tracking number: 00043345

HRSA EHBs software has applied HRSA specific business rules to the data received through Grants.gov. Note that some data may not have passed the validation rules and you must review and make necessary corrections. A summary of the data validation comments is available on the application status page by clicking 'Grants.gov Data Validation Comments' link.

You must complete all the required forms and submit this application in HRSA EHBs by the deadline listed on the application status page.

Click on the 'Continue' button to view the application status page.

Read the Advisory and click Continue

Continue

- The application opens to the **Application Status Overview** page (**Figure 31**).

Figure 31: Application Status Overview Page

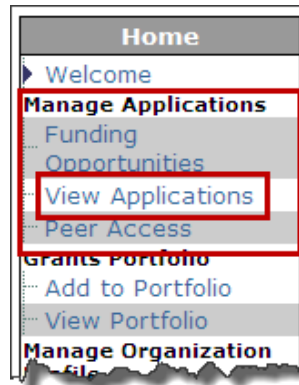
STATUS OVERVIEW		
SUGGESTED NEXT STEP		
Assign AO		
APPLICATION PROCESS STATUS		
Deadline	May 10 2012 8:00PM ET (You have 26 days to complete and submit the application.)	
Full Announcement (Includes Program Guidance)	Original announcement posted on 01/13/2012..... View Details	
Assigned AO	N/A (One or more AO's currently registered. Assign AO)	
Created On	04/06/2012 11:37:50 AM ET	
Last Updated By	N/A	
Peer Information	No peers associated with this Application.	
View: Application Grants.gov Data Validation Comments		
APPLICATION FORM STATUS		
Section	Action	Status
Basic Information		
Application	Update	NOT COMPLETE
Applicant	Update	NOT COMPLETE
Project	Update	NOT COMPLETE
Performance Site Locations	Update	NOT COMPLETE
Program Narrative	Update	NOT COMPLETE
Budget Information		
Budget Summary	Update	NOT COMPLETE
Budget Categories	Update	NOT COMPLETE
Forecasted Cash Needs	Update	NOT COMPLETE
Federal Resources	Update	NOT COMPLETE
Other Information	Update	NOT COMPLETE
Budget Narrative	Update	NOT COMPLETE
Assurances and Certifications		
Assurances	Update	NOT COMPLETE
Certifications	Update	NOT COMPLETE
Disclosure of Lobbying Activities	Update	NOT COMPLETE
Other Information		
Program Specific Information	Update	NOT COMPLETE
Appendices	Update	NOT COMPLETE

4.3.2 Access the Application from the List of Pending Applications

If you have already added your application to the list of pending applications in EHB, follow these steps to access it.

- On the **HRSA EHB Home** page (**Figure 26**), select [View Applications](#) under Manage Applications on the left navigation panel.

Figure 32: View Applications Link



- The View Applications page (Figure 33) opens.

Figure 33: View Applications Page

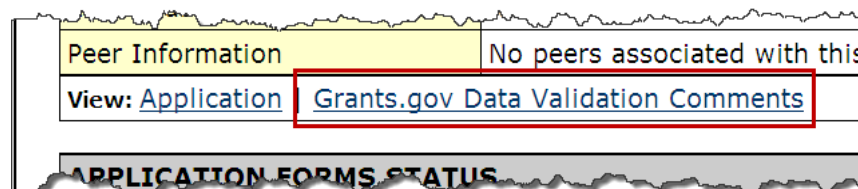


2. Locate the application in the list of pending applications.
3. Click the Edit link.

4.3.3 Correct Errors in the Application

HRSA EHB applies HRSA-specific business rules to the data you submitted on Grants.gov and displays a summary of validation errors.

1. To review and correct these errors, click the Grants.gov Data Validation Comments link on the Application Status page in HRSA EHB.



- A summary of validation errors opens in a new window ([Figure 34](#)).

Figure 34: Grants.gov Data Validation Comments

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HRSA EHBs software has applied HRSA specific business rules to the data received through Grants.gov. Note that some data may not have passed the validation rules and you must review and make necessary corrections. A summary of the data validation comments is available below.

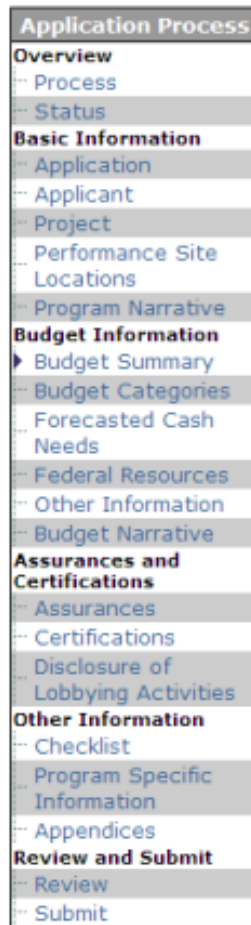
GRANTS.GOV DATA VALIDATION COMMENTS (HRSA EHB# TRACKING# 00091041)

Form	Field Name	Entered Value	Error Description
There are no data validation comments available for the selected application.			

4.4 Navigation

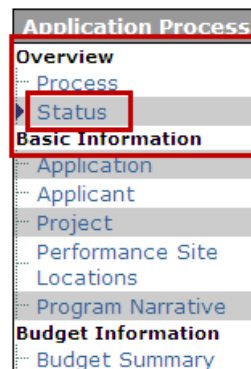
Use the navigation menu (**Figure 35**) on the left side of the screen to access the different sections of your SAC application.

Figure 35: Left Navigation Panel



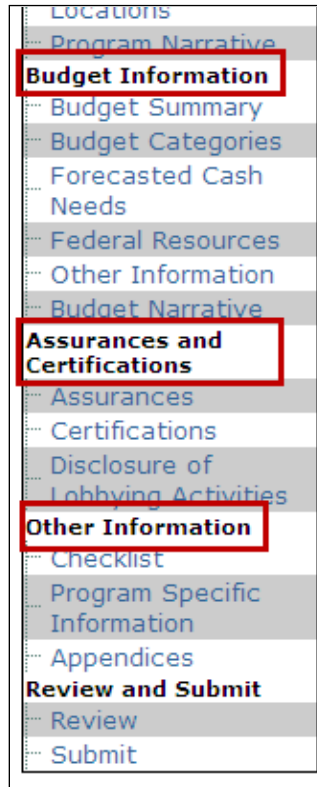
1. Click Status under the Overview heading (**Figure 36**) to go to the **Status Overview** page.

Figure 36: Status Link



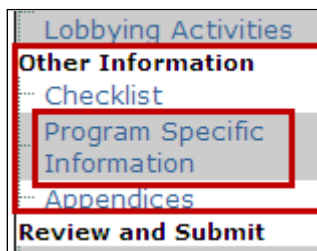
2. Click the appropriate link under Basic Information, Budget Information, Assurances and Certifications, or Other Information to access the information that was imported from Grants.gov.

Figure 37: Budget Information, Assurances and Certifications, and Other Information Links



3. Click the **Program Specific Information** link under Other Information to access the Program Specific Information forms.

Figure 38: Program Specific Information Link



- The **Status Overview for Program Specific Information** will be displayed.

Figure 39: Status Overview for Program Specific Information Forms

STATUS OVERVIEW		
View Resources		
SAC FY 2013 User Guide		
PROGRAM SPECIFIC FORMS STATUS		
Section	Action	Status
General Information		
Form 1A: General Information Worksheet	Update	NOT COMPLETE
Budget Information		
Form 1C: Documents On File	Update	NOT COMPLETE
Form 2: Staffing Profile	Update	NOT COMPLETE
Form 3: Income Analysis	Update	NOT COMPLETE
Sites and Services		
Form 4: Community Characteristics	Update	NOT COMPLETE
Form 5A: Services Provided		
Required Services	Update	NOT COMPLETE
Additional Services	Update	NOT COMPLETE
Form 5B: Service Sites	Update	NOT COMPLETE
Form 5C: Other Activities/Locations	Update	NOT COMPLETE
Other Forms		
Form 6A: Current Board Member Characteristics	Update	NOT COMPLETE
Form 6B: Request for Waiver of Governance Requirements	Update	NOT COMPLETE
Form 8: Health Center Agreements	Update	NOT COMPLETE
Form 9: Need for Assistance Worksheet		
Section I: Core Barriers	Update	NOT COMPLETE
Section II: Core Health Indicators	Update	NOT COMPLETE
Section III: Other Health Indicators	Update	NOT COMPLETE
Form 10: Annual Emergency Preparedness Report	Update	NOT COMPLETE
Form 12: Organization Contacts	Update	NOT COMPLETE
Performance Measures		
Clinical Performance Measures	Update	NOT COMPLETE
Financial Performance Measures	Update	NOT COMPLETE

5. Complete the Standard Forms (SF-424)

The Standard Forms (SF-424) consist of three sections:

- Basic Information (Figure 40, **1**)
- Budget Information (Figure 40, **2**)
- Assurances and Certifications (Figure 40, **3**)

This information was imported from Grants.gov and has undergone a data validation check.

Figure 40: Status Link

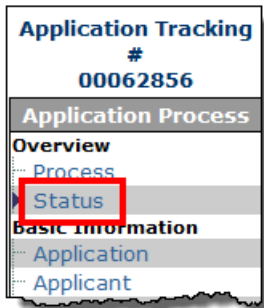


Figure 41: Application Status Page

STATUS OVERVIEW			
SUGGESTED NEXT STEP			
Assign AO			
APPLICATION PROCESS STATUS			
Deadline	May 10 2012 8:00PM ET (You have 26 days to complete and submit the application.)		
Full Announcement (Includes Program Guidance)	Original announcement posted on 01/13/2012..... View Details		
Assigned AO	N/A (One or more AO's currently registered. Assign AO)		
Created On	04/06/2012 11:37:50 AM ET		
Last Updated By	N/A		
Peer Information	No peers associated with this Application.		
View: Application Grants.gov Data Validation Comments			
APPLICATION FORM STATUS			
	Section	Action	Status
Basic Information 1			
	Application	Update	NOT COMPLETE
	Applicant	Update	NOT COMPLETE
	Project	Update	NOT COMPLETE
	Performance Site Locations	Update	NOT COMPLETE
	Program Narrative	Update	NOT COMPLETE
Budget Information 2			
	Budget Summary	Update	NOT COMPLETE
	Budget Categories	Update	NOT COMPLETE
	Forecasted Cash Needs	Update	NOT COMPLETE
	Federal Resources	Update	NOT COMPLETE
	Other Information	Update	NOT COMPLETE
	Budget Narrative	Update	NOT COMPLETE
Assurances and Certifications 3			
	Assurances	Update	NOT COMPLETE
	Certifications	Update	NOT COMPLETE
	Disclosure of Lobbying Activities	Update	NOT COMPLETE
Other Information			
	Program Specific Information	Update	NOT COMPLETE
	Appendices	Update	NOT COMPLETE

Basic Information concerns the application, applicant organization, project, and performance sites. You may edit this information if necessary. The project information includes the project title, project periods, cities, counties, and Congressional districts affected by the project. Performance sites are the locations where you provide services.

In the Budget Information section, provide HRSA with information about funding needs for the proposed project.

In the Assurances and Certifications section, verify that you are aware of and agree to comply with a number of requirements when funds are awarded. These include non-discrimination, the right for the awarding agency to examine records associated with the award, and compliance with statutes, such as the Hatch Act.

The Standard Forms must be complete before the application can be submitted.

1. Click **Status** under the Overview heading to access the **Standard Forms (Figure 41)**.

6. Complete the Program Specific Forms

1. Click the **Program Specific Information** link (**Figure 42**) under Other Information to open the Status Overview page for the Program Specific Information forms (**Figure 43**).
2. Click the **Update** link to edit a form.

Figure 42: Program Specific Information Link



Figure 43: Status Overview Page for Program Specific Forms

STATUS OVERVIEW		
View Resources		
SAC FY 2013 User Guide		
PROGRAM SPECIFIC FORMS STATUS		
Section	Action	Status
General Information		
Form 1A: General Information Worksheet	Update	NOT COMPLETE
Budget Information		
Form 1C: Documents On File	Update	NOT COMPLETE
Form 2: Staffing Profile	Update	NOT COMPLETE
Form 3: Income Analysis	Update	NOT COMPLETE
Sites and Services		
Form 4: Community Characteristics	Update	NOT COMPLETE
Form 5A: Services Provided		
Required Services	Update	NOT COMPLETE
Additional Services	Update	NOT COMPLETE
Form 5B: Service Sites	Update	NOT COMPLETE
Form 5C: Other Activities/Locations	Update	NOT COMPLETE
Other Forms		
Form 6A: Current Board Member Characteristics	Update	NOT COMPLETE
Form 6B: Request for Waiver of Governance Requirements	Update	NOT COMPLETE
Form 8: Health Center Agreements	Update	NOT COMPLETE
Form 9: Need for Assistance Worksheet		
Section I: Core Barriers	Update	NOT COMPLETE
Section II: Core Health Indicators	Update	NOT COMPLETE
Section III: Other Health Indicators	Update	NOT COMPLETE
Form 10: Annual Emergency Preparedness Report	Update	NOT COMPLETE
Form 12: Organization Contacts	Update	NOT COMPLETE
Performance Measures		
Clinical Performance Measures	Update	NOT COMPLETE
Financial Performance Measures	Update	NOT COMPLETE

Note: Your session remains active for 30 minutes after your last activity. Save your work every five minutes to avoid losing data.

6.1 Form 1A: General Information Worksheet

Form 1A: General Information Worksheet provides a summary of information related to the applicant, proposed service area, population, and patient and visit projections. The following instructions clarify the information to be reported in each section of the form.

Throughout this document, when you are instructed to “open Form...,” use the left navigation panel or click **Update** on the **Status Overview** page for the Program Specific Information forms (**Figure 43**).

1. Open Form 1A (**Figure 43**).

Figure 44: Form 1A: General Information Worksheet

GENERAL INFORMATION									
Form 1A: General Information Worksheet								Status: NOT COMPLETE	
1. Applicant Information									
Applicant Name	East Orange General Hospital, East Orange, New Jersey								
*Fiscal Year End Date	January 31								
Application Type	New	Existing Grantee		No					
Grant Number	N/A		BHCMIS ID	N/A					
*Business Entity	<input type="radio"/> Tribal <input type="radio"/> Urban Indian <input type="radio"/> Private, non-profit (non-Tribal or Urban Indian) <input type="radio"/> Public (non-Tribal or Urban Indian) <input type="checkbox"/> Faith based								
Homeless Persons	0	0	N/A	N/A	N/A	N/A	0	0	0
Total (Click 'Save' to calculate)	36,000	36,000	N/A	N/A	N/A	N/A	54,700	54,700	54,700
Go to Previous Page			Save				Save and Continue		

Data entry is required in fields marked with an asterisk (*).

- Under Applicant Information, use the drop-down menu to select the month and day in which your organization’s fiscal year ends (Figure 45, 1). Then select the Business Entity (Figure 45, 2) and Organization Type (Figure 45, 3) which best describe your organization. (Multiple selections are allowed for Organization Type, but not for Business Entity.)

Figure 45: Form 1A, Applicant Information

1. Applicant Information			
Applicant Name	East Orange General Hospital, East Orange, New Jersey		
*Fiscal Year End Date	January 31	1	
Application Type	New	Existing Grantee	No
Grant Number	N/A	BHCMIS ID	N/A
*Business Entity	<input type="radio"/> Tribal <input type="radio"/> Urban Indian <input type="radio"/> Private, non-profit (non-Tribal or Urban Indian) <input type="radio"/> Public (non-Tribal or Urban Indian)		
*Organization Type (Select all that apply)	<input type="checkbox"/> Faith based <input type="checkbox"/> Hospital <input type="checkbox"/> State government <input type="checkbox"/> City/County/Local Government or Municipality <input type="checkbox"/> University <input type="checkbox"/> Community based organization <input type="checkbox"/> Other - Specify: <input type="text"/>		

- Under Proposed Service Area, select the options that best describe the designated service area you propose to serve. (Multiple selections are allowed.) You may select from one to four service areas. You must provide Service Area IDs for the selected options if you are applying for Community Health Centers funding.
 - The system will automatically populate the “Population Types.” If you need to change the “Population Type” information, refer to section 6.1.1, [Changing Population Type Information](#).

Figure 46: Form 1A, Proposed Service Area – Target Population

2. Proposed Service Area	
Applicants applying for Community Health funding must provide at least one designated service area ID under an MUA or MUP.	
*2a. Target Population and Service Area Designation (Use commas to separate multiple IDs)	Population Types: <input checked="" type="checkbox"/> Serving Section 330(e) - Community Health Centers <input checked="" type="checkbox"/> Serving Section 330(g) - Migrant Health Centers <input checked="" type="checkbox"/> Serving Section 330(h) - Homeless Health Centers <input checked="" type="checkbox"/> Serving Section 330(i) - Public Housing Health Centers Select one or more MUA/MUP options, as applicable: <input type="checkbox"/> Medically Underserved Area (MUA): (ID# <input type="text"/>) <input type="checkbox"/> Medically Underserved Population (MUP): (ID# <input type="text"/>) <input type="checkbox"/> Medically Underserved Area Application Pending: (ID# <input type="text"/>) <input type="checkbox"/> Medically Underserved Population Application Pending: (ID# <input type="text"/>)
Find a MUA/MUP	

- Indicate whether the service area is urban, rural, or sparsely populated. If your proposed service area is sparsely populated, specify the population density by providing the number of people per square mile.

Note: A Sparsely Populated Area is defined as a geographical area with seven or fewer people per square mile for the entire service area.

Figure 47: Form 1A, Proposed Service Area – Service Area Type

*2b. Service Area Type	<input type="radio"/> Urban <input type="radio"/> Rural <input type="radio"/> Sparsely Populated - Specify population density by providing the number of people per square mile: <input type="text"/>
------------------------	---

- Under Target Population and Provider Information, report the aggregate data for all of the sites included in the proposed project. Report the number of provider Full-Time Equivalents (FTEs) by staff type.

Figure 48: Form 1A, Target Population and Provider Information

*2c. Target Population and Provider Information	Current Number	Projected at Full Capacity
*Total Service Area Population	<input type="text"/>	N/A
*Total Target Population	<input type="text"/>	N/A
Total FTE Medical Providers	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
Total FTE Dental Providers	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
Total FTE Behavioral Health Providers	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
Total FTE Substance Abuse Service Providers	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
Total FTE Enabling Service Providers	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>

- Under Patients and Visits ([Figure 49](#) and [Figure 50](#)), report the current numbers of patients and visits. Current grantees applying to continue serving their current service area should note that these numbers may be different than what was reported in the most recent submission to the Uniform Data System due to additional funding and/or change in scope. Similarly, provide the corresponding numbers you project at the end of the project period.

Note: Several tables request both current and projected information:

- “Current” refers to the number of patients and visits for the proposed service area at the time of application.
- “Projected at End of Project” refers to the number of patients and visits anticipated by the end of the project period at the current level of funding.
- “Visits” are defined to include a documented, face-to-face contact between a patient and a provider who exercises independent judgment in the provision of services to the individual. To be included as a visit, services rendered must be documented.

Since patients must have at least one documented visit, it is not possible for the number of patients to exceed the number of visits.

Figure 49: Form 1A, Patients and Visits by Service Type

* Patients and Visits by Service Type				
Service Type	Current Number		Projected at End of Project Period	
	Patients	Visits	Patients	Visits
Total Medical	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Total Dental	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Total Behavioral Health	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Total Substance Abuse	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Total Enabling Services	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

Figure 50: Form 1A, Patients and Visits by Population Type

* Patients and Visits by Population Type								
Population Type	Current Number		Number at End of Year 1		Number After Year 2		Number at End of Project Period	
	Patients	Visits	Patients	Visits	Patients	Visits	Patients	Visits
General Community	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="N/A"/>	<input type="text" value="N/A"/>	<input type="text" value="N/A"/>	<input type="text" value="N/A"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Migrant/Seasonal Farm Workers	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="N/A"/>	<input type="text" value="N/A"/>	<input type="text" value="N/A"/>	<input type="text" value="N/A"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Public Housing Residents	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="N/A"/>	<input type="text" value="N/A"/>	<input type="text" value="N/A"/>	<input type="text" value="N/A"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Homeless Persons	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="N/A"/>	<input type="text" value="N/A"/>	<input type="text" value="N/A"/>	<input type="text" value="N/A"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Total (Click 'Save' to calculate)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="N/A"/>	<input type="text" value="N/A"/>	<input type="text" value="N/A"/>	<input type="text" value="N/A"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

This form does not allow you to leave any field blank. If there is no information, zero is acceptable.

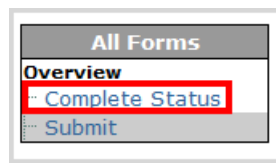
- Click **Save and Continue** to save your work and proceed to the next form.

6.1.1 Changing Population Type Information

Use the following steps to change the Population Type information:

- Go to the **Status Overview** page for the entire application by clicking on the **Complete Status** link in the **All Forms** section of the left navigation panel, as shown in **Figure 51**.

Figure 51: Complete Status Link



- Click the **Budget Summary Update** link.

Figure 52: Budget Summary Update Link

STATUS OVERVIEW		
SUGGESTED NEXT STEP		
Complete Application		
APPLICATION PROCESS STATUS		
Original Deadline	Jan 23 2012 8:00PM ET (The application deadline has already passed.)	
Extended Deadline	May 27 2012 5:00PM ET (You have been granted an extension. You will have 27 day(s) to complete and submit your application.)	
Application	Update	COMPLETE
Project	Update	COMPLETE
Performance Site Locations	Update	COMPLETE
Program Narrative	Update	COMPLETE
Budget Information		
Budget Summary	Update	NOT COMPLETE
Budget Categories	Update	NOT COMPLETE
Estimated Cash Needs		COMPLETE

- The **Budget Summary** page opens (Figure 53).

Figure 53: Budget Summary Page

BUDGET INFORMATION - NON CONSTRUCTION				STATUS: NOT COMPLETE			
Section A - Budget Summary							
Select	Grant Program Function or Activity	CFDA Number	Estimated Unobligated Funds		New or Revised Budget		
			Federal	Non-Federal	Federal	Non-Federal	Total
<input checked="" type="radio"/>	Health Care for the Homeless	93.224	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<input type="button" value="Update Budget Information"/>			Total	\$0.00	\$0.00	\$0.00	\$0.00
<input type="button" value="Change Sub-Program"/>				<input type="button" value="Save"/>		<input type="button" value="Save and Continue"/>	

3. Click the **Change Sub-Program** link.

 - The **Select Sub Program(s)** page opens

Figure 54: Select Sub Program(s) Page

Select Sub Program(s)		
Select	Program	CFDA
<input type="checkbox"/>	Community Health Centers	93.224
<input checked="" type="checkbox"/>	Health Care for the Homeless	93.224
<input type="checkbox"/>	Migrant Health Centers	93.224
<input type="checkbox"/>	Public Housing	93.224
<input type="button" value="Go Back"/>		<input type="button" value="Continue"/>

4. Select or de-select the sub programs.
5. Click the **Continue** button.
 - The **Budget Summary** page (**Figure 55**) re-opens showing the sub-program you just selected or deleted

Figure 55: Budget Summary Page Showing Addition

BUDGET INFORMATION - NON CONSTRUCTION				STATUS: NOT COMPLETE			
Section A - Budget Summary							
Select	Grant Program Function or Activity	CFDA Number	Estimated Unobligated Funds		New or Revised Budget		
			Federal	Non-Federal	Federal	Non-Federal	Total
<input type="radio"/>	Health Care for the Homeless	93.224	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<input checked="" type="radio"/>	Migrant Health Centers	93.224	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<input type="button" value="Update Budget Information"/>			Total	\$0.00	\$0.00	\$0.00	\$0.00

[Change Sub-Program](#)

6. To update the budget information for any sub-program that has changed, select the sub-programs and click the **Update Budget Information** button, as shown in **Figure 56**.

Figure 56: Update Budget Information Button

BUDGET INFORMATION - NON CONSTRUCTION				STATUS: NOT COMPLETE			
Section A - Budget Summary							
Select	Grant Program Function or Activity	CFDA Number	Estimated Unobligated Funds		New or Revised Budget		
			Federal	Non-Federal	Federal	Non-Federal	Total
<input type="radio"/>	Health Care for the Homeless	93.224	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<input checked="" type="radio"/>	Migrant Health Centers	93.224	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<input type="button" value="Update Budget Information"/>			Total	\$0.00	\$0.00	\$0.00	\$0.00

[Change Sub-Program](#)

- The **Section A – Budget Summary** page opens.

Figure 57: Section A – Budget Summary Update Page

Fields marked with an asterisk(*) are required.

SECTION A - BUDGET SUMMARY	
Grant Program Function or Activity	Migrant Health Centers
CFDA Number	93.224
Estimated Unobligated Funds	
Federal	\$ 50000
Non-Federal	\$ 0
New or Revised Budget	
* Federal	\$ 20000
Non-Federal Resources	
Applicant	\$ 0
State	\$ 5000
Local	\$ 0
Other	\$ 0
Program Income	\$ 1200
Non-Federal Sub Total	6200.00

7. Enter the information; click the **Save and Continue** button. Data entry is required in fields marked with an asterisk (*). The **Budget Summary** page (Figure 58) re-opens

Figure 58: Section A – Budget Summary Page after Update

BUDGET INFORMATION - NON CONSTRUCTION					STATUS: NOT COMPLETE		
Section A - Budget Summary							
Select	Grant Program Function or Activity	CFDA Number	Estimated Unobligated Funds		New or Revised Budget		
			Federal	Non-Federal	Federal	Non-Federal	Total
<input type="radio"/>	Health Care for the Homeless	93.224	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<input type="radio"/>	Migrant Health Centers	93.224	\$50,000.00	\$0.00	\$20,000.00	\$6,200.00	\$26,200.00
<input type="button" value="Update Budget Information"/>		Total	\$50,000.00	\$0.00	\$20,000.00	\$6,200.00	\$26,200.00

[Change Sub-Program](#)

6.2 Form 1C: Documents on File

Form 1C: Documents on File displays a list of documents to be maintained at your organization. You are to provide the date on which each document was last revised.

1. Open **Form 1C (Figure 59)**.

Figure 59: Form 1C, Documents on File

MANAGEMENT AND FINANCE	DATE OF LATEST REVIEW/REVISION
*Personnel Policies and Procedures, including related Conflict of Interest Policies and Procedures (Program Requirements 3, 9, 17, and 19)	09/2009
*Data Collection and Management Information Systems (Clinical and Financial) Policies and Procedures (Program Requirements 8 and 15)	04/29/2009
*Billing, Credit, and Collection Policies and Procedures (Program Requirement 13)	10/03/08 through 10/02/1
*Procurement Policies and Procedures, including related Conflict of Interest Policies and Procedures (Program Requirements 10, 12, and 19)	On-going as Needed
*Emergency Preparedness and Management Plan (Policy Information Notice 2007-15)	N/A

GOVERNANCE	DATE OF LATEST REVIEW/REVISION
*Organizational/Board Bylaws, including board member Conflict of Interest Policies and Procedures (Program Requirements 17, 18, and 19)	
*Co-Applicant Agreement, if a public organization (Program Requirement 17)	

Click "Save" button to avoid losing information entered above. Save

Go to Previous Page Save Save and Continue

2. Enter the requested document review/revision dates. Fields marked with an asterisk (*) are required.
3. Click **Save and Continue** at the bottom of the screen to save your work and proceed to the next form.

6.3 Form 2: Staffing Profile

Form 2: Staffing Profile reports personnel salaries supported by the total budget for the proposed project. Provide staffing profile information for Year 1 only. Please refer to the SAC FOA for more information on filling out Form 2.

1. Open **Form 2: Staffing Profile (Figure 60)**.

Figure 60: Form 2: Staffing Profile (Year 1)

Fields marked with an asterisk (*) are required.

STAFFING PROFILE			
Form 2: Staffing Profile			Status: NOT COMPLETE
ADMINISTRATION	TOTAL FTEs (a)	AVERAGE ANNUAL SALARY OF POSITION (b)	TOTAL SALARY (a * b)
*Executive Director/CEO	0.00	\$0.00	\$0.00
*Finance Director (Fiscal Officer)/CFO	0.00	\$0.00	\$0.00
*Chief Operating Officer/COO	0.00	\$0.00	\$0.00
*Chief Information Officer/CIO	0.00	\$0.00	\$0.00
*Administrative Support Staff	0.00	\$0.00	\$0.00
Click "Save" button to save all information within this page.			Save
MEDICAL STAFF	TOTAL FTEs (a)	AVERAGE ANNUAL SALARY OF POSITION (b)	TOTAL SALARY (a * b)
*Medical/Clinical Director	0.00	\$0.00	\$0.00
*Family Physicians	0.00	\$0.00	\$0.00
*General Practitioners	0.00	\$0.00	\$0.00
*Internists	0.00	\$0.00	\$0.00
*OB/GYNs	0.00	\$0.00	\$0.00
*Pediatricians	0.00	\$0.00	\$0.00
*Other Specialty Physicians Please Specify: <input type="text"/>	0.00	\$0.00	\$0.00
*Physician Assistants/Nurse Practitioners	0.00	\$0.00	\$0.00
*Certified Nurse Midwives	0.00	\$0.00	\$0.00
*Nurses (RNs, LVNs, LPNs)	0.00	\$0.00	\$0.00
*Pharmacist, Pharmacy Support, Technicians	0.00	\$0.00	\$0.00
*Other Medical Personnel Please Specify: <input type="text"/>	0.00	\$0.00	\$0.00

Note: This form does not allow you to leave any field blank. If there is no information, zero is acceptable.

Enter the information into the form. Data entry is required in fields marked with an asterisk (*).

- Under Administration, enter the number of employees for each job title and the corresponding salary. The Total Salary column will auto-calculate when you press the tab key or the **Save** button.

Figure 61: Form 2, Administration

ADMINISTRATION	TOTAL FTEs (a)	AVERAGE ANNUAL SALARY OF POSITION (b)	TOTAL SALARY (a * b)
*Executive Director/CEO	<input type="text" value="0.00"/>	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>
*Finance Director (Fiscal Officer)/CFO	<input type="text" value="0.00"/>	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>
*Chief Operating Officer/COO	<input type="text" value="0.00"/>	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>
*Chief Information Officer/CIO	<input type="text" value="0.00"/>	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>
*Administrative Support Staff	<input type="text" value="0.00"/>	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>

Click "Save" button to save all information within this page.

- Under Medical Staff, enter the number of employees for each job title and the corresponding salary. The Total Salary column will auto-calculate when you press the Tab key or the **Save** button.

Figure 62: Form 2, Medical Staff

Click "Save" button to save all information within this page.

MEDICAL STAFF	TOTAL FTEs (a)	AVERAGE ANNUAL SALARY OF POSITION (b)	TOTAL SALARY (a * b)
*Medical/Clinical Director	<input type="text" value="0.00"/>	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>
*Family Physicians	<input type="text" value="0.00"/>	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>
*General Practitioners	<input type="text" value="0.00"/>	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>
*Internists	<input type="text" value="0.00"/>	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>
*OB/GYNs	<input type="text" value="0.00"/>	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>
*Pediatricians	<input type="text" value="0.00"/>	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>
*Other Specialty Physicians Please Specify: <input type="text"/>	<input type="text" value="0.00"/>	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>
*Physician Assistants/Nurse Practitioners	<input type="text" value="0.00"/>	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>
*Certified Nurse Midwives	<input type="text" value="0.00"/>	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>
*Nurses (RNs, LVNs, LPNs)	<input type="text" value="0.00"/>	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>
*Pharmacist, Pharmacy Support, Technicians	<input type="text" value="0.00"/>	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>
*Other Medical Personnel Please Specify: <input type="text"/>	<input type="text" value="0.00"/>	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>

4. Under Dental, Behavioral Health and Enabling Staff, enter the number of employees for each job title and the corresponding salary. The Total Salary column will auto-calculate when you press the Tab key or the **Save** button.

Figure 63: Form 2, Dental, Behavioral Health and Enabling Staff

DENTAL, BEHAVIORAL HEALTH AND ENABLING STAFF	TOTAL FTEs (a)	AVERAGE ANNUAL SALARY OF POSITION (b)	TOTAL SALARY (a * b)
DENTAL STAFF			
*Dentists	<input type="text" value="0.00"/>	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>
*Dental Hygienists	<input type="text" value="0.00"/>	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>
*Dental Assistants, Aides, Technicians	<input type="text" value="0.00"/>	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>
BEHAVIORAL HEALTH STAFF			
*Behavioral Health Specialists (BH Provider)	<input type="text" value="0.00"/>	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>
*Alcohol and Substance Abuse Specialists	<input type="text" value="0.00"/>	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>
*Psychiatrists	<input type="text" value="0.00"/>	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>
*Psychologists	<input type="text" value="0.00"/>	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>

5. Under Other Staff, enter the number of employees for Other Professional Staff and Other Staff, and then enter the corresponding salary. The Total Salary column will auto-calculate when you press the Tab key or the **Save** button.

Figure 64: Form 2, Other Staff

OTHER STAFF	TOTAL FTEs (a)	AVERAGE ANNUAL SALARY OF POSITION (b)	TOTAL SALARY (a * b)
*Other Professional Staff (Please list the staff below and discuss details in program narrative) (maximum 200 characters)	<input type="text" value="0.00"/>	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>
*Other Staff (Please list the staff below and discuss details in program narrative) (maximum 200 characters)	<input type="text" value="0.00"/>	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>

- The Total Salary field displays the sum of Total Salary for Administration, Medical, Dental, Behavioral Health, Enabling, and Other Staff categories.

Figure 65: Form 2, Salary

SALARY	TOTAL FTEs	AVERAGE ANNUAL SALARY OF POSITION	TOTAL SALARY
Salary Total <small>(This field displays the sum of 'Total Salary' for Administration, Medical, Dental, Behavioral Health, Enabling, and Other Staff categories)</small>	N/A	N/A	\$0.00

- Click **Save and Continue** at the bottom of Form 2 to go to the next form.

6.4 Form 3: Income Analysis

Form 3: Income Analysis projects program income, by source, for Year 1 of the proposed project period.

- Open **Form 3: Income Analysis** (Figure 66).

Figure 66: Form 3, Income Analysis Form

- Click the **Download** link (Figure 66, 1) in the Document Template section to download the form.
 - The **Form 3: Income Analysis** template downloads and opens as an MS Word document.
- Save the form to your computer before completing it.

Note: Instead of using the Microsoft Word template, you can export the Income Analysis to Microsoft Excel, as long as you provide all the information that the template asks for.

Figure 67: Form 3 Template Document, Page 1

OMB No.: 0915-0265, Expiration Date: 10/31/2013

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration		FOR HRSA USE ONLY						
FORM 3: INCOME ANALYSIS YEAR 1 <input type="checkbox"/> YEAR 2 <input type="checkbox"/>		Applicant Name		Application Tracking Number				
		Grant Number						
PART 1: NON FEDERAL SHARE, PROGRAM INCOME								
Payor Category	Number Of Visits	Average Charge Per Visit	Gross Charges (a*b)=(c)	Adjustment Rate (%)	Net Charges (Amount Billed) [c*(100-d)]	Collection Rate (%)	Projected Income (e*f)	Actual Accrued Income Past 12 Months**
	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
PROJECTED FEE FOR SERVICE INCOME								
1a. Medicaid: Medical								
1b. Medicaid: EPSDT (if different from medical rate)								
1c. Medicaid: Dental								
1d. Medicaid: BH/SA								
1e. Medicaid: Other Fee for Service								
1. Subtotal: Medicaid								
2a. Medicare: All Inclusive FQHC Rate								
2b. Medicare: Other Fee for Service								
2. Subtotal: Medicare								
3a. Private Insurance: Medical								
3b. Private Insurance: Dental								
3c. Private Insurance: BH/SA								
3d. Private Insurance: Other								

4. Complete the **Income Analysis** form and save it to your computer.

Note: An adjustment rate that has the effect of increasing charges is expressed as a negative

5. Click **Attach File** (Figure 66, 2) in **Form 3** to upload your **Income Analysis**.
- The **Attach Document** screen will be displayed.

Figure 68: Attach Document Page

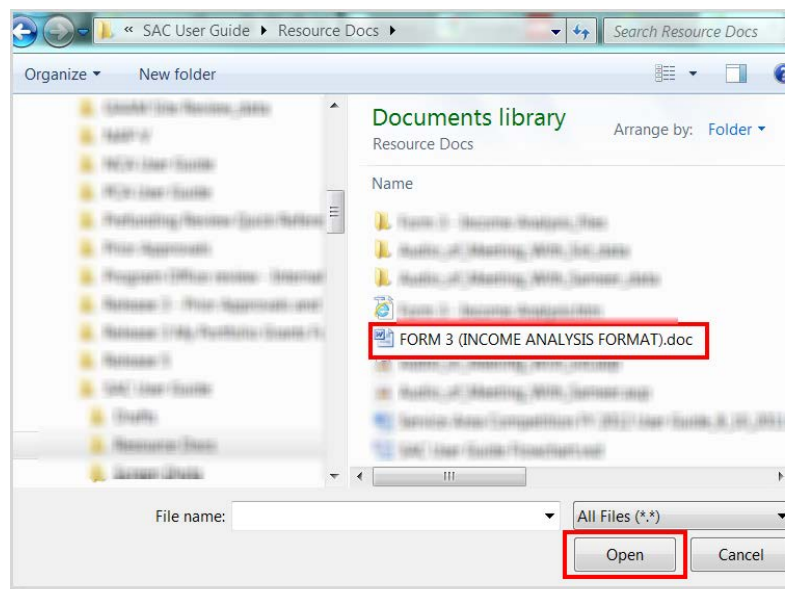
Fields marked with an asterisk(*) are required.

ATTACH DOCUMENT			
*Purpose	Income Analysis (Max 1)		
*Document	<input type="button" value="Browse..."/>		
<small>(Allowable Document Type(s): doc,rtf,txt,wpd,pdf,xls,jpg,jpeg,xfd,docx,xlsx,vsd) (Allowable Document Size: 20 MB)</small>			
<input type="button" value="Go Back"/>	<input type="button" value="Attach Document"/>		
<input type="button" value="3"/>	<input type="button" value="4"/> Finished Attaching		
Attached Document(s)			
Purpose	Document Name	Size	Uploaded By
Income Analysis	SACFY13Form3.doc	118 KB	Michael Ballard on 5/1/2012 1:35:04 PM

6. Click the **Browse** button (Figure 68, 1).

- When the **Choose File to Upload** dialog box opens (**Figure 69**), select the file to be uploaded.

Figure 69: Upload Box



- Locate the file you wish to upload and click **Open**.
 - The file name will now appear in the Document field of the **Attach Document** screen.
- Click **Attach Document**, (**Figure 68, 2**).
 - The attached document will appear in the Attached Document(s) list (**Figure 68, 3**).
- Click the **Finished Attaching** button (**Figure 68, 4**).
 - You will be returned to **Form 3: Income Analysis**. The attached document will be listed under the Income Analysis form heading.
- Click the **Save and Continue** button on **Form 3: Income Analysis** to save your work and go to the next form.

6.4.1 Deleting a File

Use the following steps to delete a file from Income Analysis:

Figure 70: Income Analysis File Delete

Fields marked with an asterisk (*) are required.

INCOME ANALYSIS

Form 3: Income Analysis **Status: NOT COMPLETE**

Note: Instead of using the attached MS Word template, you can attach income analysis in MS Excel format as long as you provide all information being sought in the MS Word template.

Fields marked with an asterisk(*) are required.

Download Template		
Template Name	Template Description	Action
Form 3: Income Analysis Form	Template for Income Analysis Form	Download

Institutional File Assurances (Maximum One (1) Attachment)				
Select	Purpose	Document Name	Size	Uploaded By
<input checked="" type="radio"/>	Income Analysis	SACFY13Form3.doc	118 KB	

1
Delete
2
3

Go to Previous Page
Save
Save and Continue

1. Select the file to be deleted (Figure 70, 1).
 2. Click the **Delete** button (Figure 70, 2).
- The **Delete Attachment Confirmation** page opens

Figure 71: Delete Attachment Confirmation Page

DELETE ATTACHMENT CONFIRMATION

Attached Document			
Purpose	Document Name	Size	Uploaded By
Income Analysis	SACFY13Form3.doc	118 KB	

Cancel
Confirm Delete

3. Click the **Confirm Delete** button.
- The **Income Analysis** page re-opens. The file you deleted is no longer on the list.
4. Click the **Save and Continue** button (Figure 70, 3) to go to the next form.

6.5 Form 4: Community Characteristics

Form 4: Community Characteristics (Figure 72) reports current service area and target population data for the entire scope of the project (i.e., all sites).

Figure 72: Form 4, Community Characteristics

Fields marked with an asterisk (*) are required.

COMMUNITY CHARACTERISTICS		
Form 4: Community Characteristics		Status: NOT COMPLETE
RACE	SERVICE AREA #	TARGET POPULATION #
*Native Hawaiian	<input type="text" value="0"/>	<input type="text" value="0"/>
*Other Pacific Islander	<input type="text" value="0"/>	<input type="text" value="0"/>
*Asian	<input type="text" value="0"/>	<input type="text" value="0"/>
*Black/African American	<input type="text" value="0"/>	<input type="text" value="0"/>
*American Indian/Alaskan Native	<input type="text" value="0"/>	<input type="text" value="0"/>
*White	<input type="text" value="0"/>	<input type="text" value="0"/>
*More than One Race	<input type="text" value="0"/>	<input type="text" value="0"/>
*Unreported/Refused to Report (if applicable)	<input type="text" value="0"/>	<input type="text" value="0"/>
Total:	<input type="text" value="0"/>	<input type="text" value="0"/>
Click "Save" button to save all information within this page. Save		
HISPANIC OR LATINO IDENTITY	SERVICE AREA #	TARGET POPULATION #
*Hispanic or Latino	<input type="text" value="0"/>	<input type="text" value="0"/>
*Non-Hispanic or Latino	<input type="text" value="0"/>	<input type="text" value="0"/>

Note: When entering data, the totals of the Race, Hispanic or Latino Identity, Income as a Percent of Poverty Level, and Primary Third Party Payment Source sections should be equal.

Enter the information into the form. Data entry is required in fields marked with an asterisk (*).

1. Under Race, enter the number of individuals within the service area and the corresponding target population number for each race category listed (**Figure 73**).

Figure 73: Form 4, Race

RACE	SERVICE AREA #	TARGET POPULATION #
*Native Hawaiian	<input type="text" value="0"/>	<input type="text" value="0"/>
*Other Pacific Islander	<input type="text" value="0"/>	<input type="text" value="0"/>
*Asian	<input type="text" value="0"/>	<input type="text" value="0"/>
*Black/African American	<input type="text" value="0"/>	<input type="text" value="0"/>
*American Indian/Alaskan Native	<input type="text" value="0"/>	<input type="text" value="0"/>
*White	<input type="text" value="0"/>	<input type="text" value="0"/>
*More than One Race	<input type="text" value="0"/>	<input type="text" value="0"/>
*Unreported/Refused to Report (if applicable)	<input type="text" value="0"/>	<input type="text" value="0"/>
Total:	<input type="text" value="0"/>	<input type="text" value="0"/>
Click "Save" button to save all information within this page. Save		

Note: Information provided regarding race and/or ethnicity will be used only to ensure compliance with statutory and regulatory Governing Board requirements. Data on race and/or ethnicity collected on this form will not be used as an awarding factor.

2. Enter the number of individuals in the service area and the corresponding target population number for each category listed under the following section headings:
 - A. Hispanic or Latino Identity ([Figure 74](#)).
 - B. Income as a Percent of Poverty Level ([Figure 75](#)).
 - C. Primary Third Party Payment Source ([Figure 76](#)).

Figure 74: Form 4, Hispanic

HISPANIC OR LATINO IDENTITY	SERVICE AREA #	TARGET POPULATION #
*Hispanic or Latino	<input type="text" value="0"/>	<input type="text" value="0"/>
*Non-Hispanic or Latino	<input type="text" value="0"/>	<input type="text" value="0"/>
*Unreported/Refused to Report (if applicable)	<input type="text" value="0"/>	<input type="text" value="0"/>
Total:	<input type="text" value="0"/>	<input type="text" value="0"/>

Click "Save" button to save all information within this page.

Figure 75: Form 4, Income as Percent of Poverty Level

INCOME AS A PERCENT OF POVERTY LEVEL	SERVICE AREA #	TARGET POPULATION #
*Below 100%	<input type="text" value="0"/>	<input type="text" value="0"/>
*100-199%	<input type="text" value="0"/>	<input type="text" value="0"/>
*200% and Above	<input type="text" value="0"/>	<input type="text" value="0"/>
*Unknown	<input type="text" value="0"/>	<input type="text" value="0"/>
Total:	<input type="text" value="0"/>	<input type="text" value="0"/>

Click "Save" button to save all information within this page.

Figure 76: Form 4, Primary Third Party Payment

PRIMARY THIRD PARTY PAYMENT SOURCE	SERVICE AREA #	TARGET POPULATION #
*Medicaid	<input type="text" value="0"/>	<input type="text" value="0"/>
*Medicare	<input type="text" value="0"/>	<input type="text" value="0"/>
*Other Public Insurance	<input type="text" value="0"/>	<input type="text" value="0"/>
*Private Insurance, Including Capitation	<input type="text" value="0"/>	<input type="text" value="0"/>
*None/Uninsured	<input type="text" value="0"/>	<input type="text" value="0"/>
Total:	<input type="text" value="0"/>	<input type="text" value="0"/>

Click "Save" button to save all information within this page.

3. Under Special Populations ([Figure 77](#)), enter the number of individuals in the service area and the corresponding target population number for each special population group listed.

- In the Other row, specify a special population group not listed (if desired), and then enter the number of individuals in the service area and the corresponding target population number for the specified special population group.

Note: Individuals may be counted in multiple special population groups, so the numbers in this section do not have to match those in the other sections of this form.

Figure 77: Form 4, Special Populations

SPECIAL POPULATIONS	SERVICE AREA #	TARGET POPULATION #
*Migrant/Seasonal Farm Workers and Families	<input type="text" value="0"/>	<input type="text" value="0"/>
*Homeless	<input type="text" value="0"/>	<input type="text" value="0"/>
*Residents of Public Housing	<input type="text" value="0"/>	<input type="text" value="0"/>
*Lesbian, Gay, Bisexual, and Transgender	<input type="text" value="0"/>	<input type="text" value="0"/>
*HIV/AIDS-Infected Persons	<input type="text" value="0"/>	<input type="text" value="0"/>
*Persons with Behavioral Health/Substance Abuse Needs	<input type="text" value="0"/>	<input type="text" value="0"/>
*School Age Children	<input type="text" value="0"/>	<input type="text" value="0"/>
*Infants Birth to 2 Years of Age	<input type="text" value="0"/>	<input type="text" value="0"/>
*Women Age 25-44	<input type="text" value="0"/>	<input type="text" value="0"/>
*Persons Age 65 and Older	<input type="text" value="0"/>	<input type="text" value="0"/>
*Other Please specify: (maximum 200 characters)	<input type="text" value="0"/>	<input type="text" value="0"/>

- Click **Save and Continue** to save your work and proceed to the next form.

6.6 Forms 5A, 5B, and 5C for New Applications and Competing Supplemental Applications

If your organization is submitting either of the following 2013 SAC applications, you may propose sites, services, and activities:

- New application (Type 1) – A health center not currently funded through the Health Center Program that seeks to serve an announced service area.
- Competing supplemental (Type 3) – A current Health Center Program grantee that seeks to serve an announced service area in addition to its current service area.

Note: If your organization is submitting a Competing Continuation (Type 2) SAC application, i.e. if your organization is a current Health Center Program grantee whose project period ends in FY 2013 and that seeks to continue serving its current service area, refer to [Section 6.7 Forms 5A, 5B, and 5C for Existing Grantees – Competing Continuation](#) of this user guide.

6.6.1 Form 5A: Required Services

Use this form to specify how your organization provides required services. HRSA permits organizations to provide required services directly, by contracting with another provider, or by referral to another provider. These modes of service provision differ according to the service provider and the payment source (Table 1).

Table 1: Modes of Service Provision

Mode of Service Provision	Your Organization	
	Provides the Service	Pays for the Service
Direct by applicant	Yes	Yes
Formal written contract/agreement	No	Yes
Formal written referral arrangement/agreement	No	No

To specify service delivery modes,

1. Open Form 5A ([Figure 78](#)).
2. Check one or more boxes to indicate the service delivery mode(s) for each service type.

Figure 78: Form 5A, Services Provided – Required Services

Fields marked with an asterisk (*) are required.

SERVICES PROVIDED - REQUIRED SERVICES Form 5A: Required Services Go

Form 5A: Required Services Status: NOT COMPLETE

SERVICE TYPE	MODE OF SERVICE PROVISION		
	DIRECT BY APPLICANT	FORMAL WRITTEN CONTRACT/AGREEMENT (Applicant pays for service)	FORMAL WRITTEN REFERRAL ARRANGEMENT/AGREEMENT (Applicant DOES NOT pay)
Clinical Services			
General Primary Medical Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diagnostic Laboratory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diagnostic X-Ray	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Screenings			
• Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Your organization is required to provide behavioral health and substance abuse services by referral to another provider ([Figure 79](#)). However, if your organization also offers these services or contracts with another provider to offer them, list them on the Additional Services page of Form 5A ([Figure 80](#)).

Figure 79: Behavioral Health and Substance Abuse Services Must Be Provided by Referral

Fields marked with an asterisk (*) are required.

SERVICES PROVIDED - REQUIRED SERVICES Form 5A: Required Services

Form 5A: Required Services Status: **COMPLETE**

SERVICE TYPE	MODE OF SERVICE PROVISION		
	DIRECT BY APPLICANT	FORMAL WRITTEN CONTRACT/AGREEMENT (Applicant pays for service)	FORMAL WRITTEN REFERRAL ARRANGEMENT/AGREEMENT (Applicant DOES NOT pay)
Clinical Services			
General Primary Medical Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diagnostic Laboratory	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Clinical Services			
Prenatal and Postnatal Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preventive Dental	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Referral to Behavioral Health ¹	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Referral to Substance Abuse ¹	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Referral to Specialty Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

3. Click the **Save and Continue** button.

➤ The **Form 5A: Services Provided – Additional Services** page opens ([Figure 80](#)).

Figure 80: Form 5A, Services Provided – Additional Services

Fields marked with an asterisk (*) are required.

SERVICES PROVIDED - ADDITIONAL SERVICES Form 5A: Additional Services

Form 5A: Additional Services Status: **NOT COMPLETE**

Additional Services Proposed by Applicant				
SELECT	SERVICE TYPE	MODE OF SERVICE PROVISION		
		DIRECT BY APPLICANT	FORMAL WRITTEN CONTRACT/AGREEMENT (Applicant pays for service)	FORMAL WRITTEN REFERRAL ARRANGEMENT/AGREEMENT (Applicant DOES NOT pay)
Clinical Services				
Non Clinical Services				

6.6.2 Form 5A: Additional Services

Use this form to identify additional services that your organization provides. You may add, update, and remove additional services.

6.6.2.1 Add an Additional Service

To add an additional service,

1. Click the **Add** button to propose an additional service ([Figure 81](#)).

Figure 81: Form 5A, Additional Services

Fields marked with an asterisk (*) are required.

SERVICES PROVIDED - ADDITIONAL SERVICES Form 5A: Additional Services

Form 5A: Additional Services
Status: **NOT COMPLETE**

Additional Services Proposed by Applicant

SELECT	SERVICE TYPE	MODE OF SERVICE PROVISION		
		DIRECT BY APPLICANT	FORMAL WRITTEN CONTRACT/AGREEMENT (Applicant pays for service)	FORMAL WRITTEN REFERRAL ARRANGEMENT/AGREEMENT (Applicant DOES NOT pay)
Clinical Services				
Non Clinical Services				
<input type="button" value="Add"/> <input type="button" value="Update"/> <input type="button" value="Remove"/>				

2. The **Add New Service** page ([Figure 82](#)) opens.

Figure 82: Add New Service Page

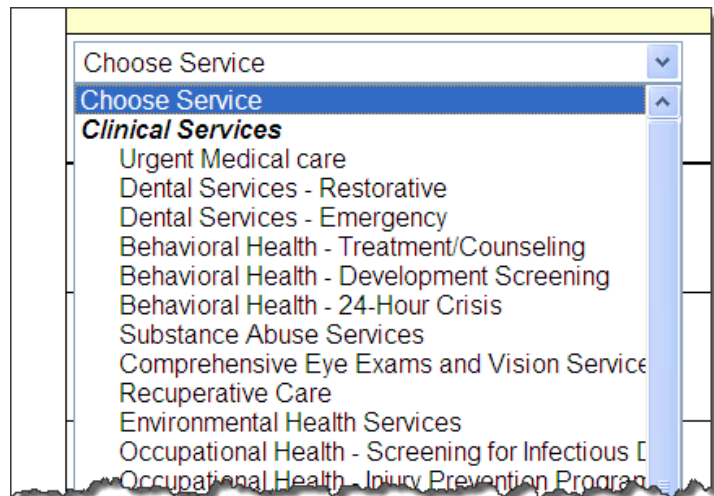
ADD NEW SERVICE

Choose Service to Add

SERVICE TYPE	MODE OF SERVICE PROVISION		
	DIRECT BY APPLICANT	FORMAL WRITTEN CONTRACT/AGREEMENT (Applicant pays for service)	FORMAL WRITTEN REFERRAL ARRANGEMENT/AGREEMENT (Applicant DOES NOT pay)
Choose Service <input type="button" value="v"/> If Specialty or Other, Specify <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Choose Service <input type="button" value="v"/> If Specialty or Other, Specify <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Choose Service <input type="button" value="v"/> If Specialty or Other, Specify <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Choose Service <input type="button" value="v"/> If Specialty or Other, Specify <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Choose Service <input type="button" value="v"/> If Specialty or Other, Specify <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Select a specific service from the Choose Service drop-down menu or enter a service in the Specify field if your service is not listed (Figure 83).

Figure 83: Choose Service Drop-Down Menu



4. Check one or more modes of service provision for each service chosen.

Figure 84: Choose Service to Add

Choose Service to Add			
SERVICE TYPE	MODE OF SERVICE PROVISION		
	DIRECT BY APPLICANT	FORMAL WRITTEN CONTRACT / AGREEMENT (Applicant pays for service)	FORMAL WRITTEN REFERRAL ARRANGEMENT / AGREEMENT (Applicant DOES NOT pay)
Choose Service ▼ If Specialty or Other, Specify <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Click the **Save and Continue** button.
 - You will be returned to **Form 5A: Services Provided – Additional Services**. The new service will be listed.
6. Click **Save and Continue** when you have added all services.

6.6.2.2 Update an Additional Service

To update an additional service, click **Update** on the Additional Services page.

- The **Update Service** page opens (Figure 85).

Figure 85: Update an Additional Service

SERVICE TYPE	MODE OF SERVICE PROVISION		
	DIRECT BY APPLICANT	FORMAL WRITTEN CONTRACT/AGREEMENT (Applicant pays for service)	FORMAL WRITTEN REFERRAL ARRANGEMENT/AGREEMENT (Applicant DOES NOT pay)
WIC If Specialty or Other, Specify <input type="text"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Change the mode of service or select a new service type and click **Save and Continue**.

6.6.2.3 Remove an Additional Service

1. To remove an additional service from the application, click **Remove** on the **Additional Services** page.

Figure 86: Form 5A, Remove an Additional Service

SELECT	SERVICE TYPE	DIRECT BY APPLICANT	FORMAL WRITTEN CONTRACT/AGREEMENT (Applicant pays for service)	FORMAL WRITTEN REFERRAL ARRANGEMENT/AGREEMENT (Applicant DOES NOT pay)
<input checked="" type="checkbox"/>	WIC		x	

2. Click **Yes** to confirm that you want to remove the additional service.

Figure 87: Confirm Removal of an Additional Service

Delete Additional Service

Are you sure you want to remove the Additional Service(s)?

6.6.3 Form 5B: Service Sites

Use this form to identify the sites proposed in the application (those that serve the proposed service area). If your organization is submitting a new application, you must propose new service sites ([Figure 88](#)).

Figure 88: Form 5B, Service Sites – New Applicant

Fields marked with an asterisk (*) are required.

SERVICE SITES

Form 5B: Service Sites Status: **NOT COMPLETE**

Proposed Sites

If your organization is submitting a **Competing Supplemental** application, you can propose new service sites or propose sites from your scope ([Figure 89](#)). (See section [6.6.3.5, Pick a Site from Scope](#) for more details about proposing a site from scope.)

Figure 89: Form 5B, Service Sites – Competing Supplemental Applications (Type 3)

Fields marked with an asterisk (*) are required.

SERVICE SITES

Form 5B: Service Sites Status: **NOT COMPLETE**

Proposed Sites

No Site Added

Existing Sites in Scope

No Site Added

6.6.3.1 Add a New Service Site

To add a new service site,

1. Open **Form 5B**.
2. Click the **Add New Site** button.
 - The **Service Site Checklist** opens ([Figure 90](#)).

Figure 90: Service Site Checklist

SERVICE SITE CHECKLIST

Site Qualification Criteria

*1. Is the site an "admin-only" site? Yes No

If 'No',

a. Are health center encounters generated by documenting in the patients' records face-to-face contacts between patients and providers? Yes No Not Applicable

b. Do providers exercise independent judgment in the provision of services to the patient? Yes No Not Applicable

c. Are services provided directly by or on behalf of the FQHC Look-Alike, whose governing board retains control and authority over the provision of the services at the location? Yes No Not Applicable

d. Are services provided on a regularly scheduled basis (e.g., daily, weekly, first Thursday of every month)? Yes No Not Applicable

Go To Previous Page Verify Qualification

3. Answer the questions.
4. Click the **Verify Qualification** button.
 - The **Choose Site Location Setting** page opens.

Figure 91: Service Site Checklist

Fields marked with an asterisk (*) are required.

CHOOSE SITE LOCATION SETTING

Choose Site Location Setting

*Is the Site a Domestic Violence (Confidential)? Yes No

Cancel Save and Continue

5. Select Yes or No to indicate whether the proposed site serves victims of domestic violence, which means that its physical address must be kept confidential. Please ensure that you select the proper response for this item.
6. Click the **Save and Continue** button.
 - The **List of Pre-registered Performance Sites at HRSA Level** page ([Figure 92](#)) opens
 - A. If your site is not listed, click the **Register Performance Site** button ([Figure 92, 1](#)) and register your site as described in section [6.6.3.2, Register a Performance Site](#).
 - B. If you wish to update the name of any site listed on this page, click on **Update the Registered Performance Site** button ([Figure 92, 2](#)) and update the site name as described in section [6.6.3.3, Update a Registered Performance Site](#).

Figure 92: List of Pre-registered Performance Sites at HRSA Level

List of Pre-registered Performance Sites at HRSA Level Status: **In Progress**

Select	Site Name	Performance Site Type	Performance Site Address	Performance Site Address Category
<input type="radio"/>	El Centro Regional Medical Center Rural Health Care Center- EAST	Fixed	385 W. Main, El Centro, CA 92243 -3040	Accurate
<input type="radio"/> 5	Fort Blend ISD	Fixed	El Centro, CA 92243	Approximate

¹This site is already in current application.
²This site is already in scope.
³This site is Mobile Site. Mobile Site can not be selected for creating Admin Site.
⁴This site is not matching the requirement for confidential site.
⁵This site is not matching the requirement for non confidential site.
 *If Fixed, site can only be Permanent, Voucher Screening, Intermittent or Seasonal. If Mobile, site can be only Mobile Van.

Figure 93: Select a Location from the List of Pre-Registered Sites

List of Pre-registered Performance Sites at HRSA Level

Select	Site Name	Performance* Site Type	Performance Site Address	Performance Site Address Category
<input type="radio"/> 1	123 Main St, Falls Church, VA 22043	Fixed	Falls Church, VA, Falls Church, VA 22043	Approximate
<input type="radio"/> 1	EASTLAND MALL AREA LOCATION	Mobile	EASTLAND MALL-5471 CENTRAL AVE. CHARLOTTE, NC, CHARLOTTE, NC 28281	Approximate
<input type="radio"/> 1	Sterling School Health	Fixed	Public School, Sterling, VA 20166	Approximate
<input checked="" type="radio"/>	Transitions Service Center Inc (In-Home health Care Site1)	Fixed	301 McCullough Drive FL 4, Charlotte, NC 28262	Accurate

¹This site is already in current application.
²This site is already in scope.
³This site is Mobile Site. Mobile Site can not be selected for creating Admin Site.
⁴This site is not matching the requirement for confidential site.
⁵This site is not matching the requirement for non confidential site.
 *If Fixed, H80 Site can only be Permanent, Voucher Screening, Intermittent or Seasonal. If Mobile, H80 Site can be only Mobile Van.

7. Select a site from this list and click the **Select This Location** button.
 - The **Update Site** page opens.
8. Update the site information as described in section **6.6.3.3, Update a Registered Performance Site**.

Figure 94: Update Site Page

Fields marked with an asterisk (*) are required.

UPDATE SITE Status: **Not Started**

This form requires you to fill in a lot of information. While filling out this form, please save your work every 5 minutes to avoid unexpected behavior.

Service Site Information	
*Name of Service Site	123 Main St, Falls Church, VA 22043 <input type="button" value="Change Site Name"/>
*Service Site Type	Service Delivery Site
*Location Type	Select Location Type
Number of Contract Service Delivery Locations (Voucher Screening Only)	<input type="text"/>
Number of Intermittent Sites (Intermittent Only)	<input type="text"/>
*Web URL	<input type="text"/>
*Site Operated by	<input type="radio"/> Grantee <input type="radio"/> Sub-recipient <input type="radio"/> Contractor

If site is operated by **sub-recipient** or **contractor**, please provide the organization information below:

6.6.3.2 Register a Performance Site

To register a site with HRSA:

1. Click the **Register Performance Site** button (Figure 95).

Figure 95: Register a Performance Site

List of Pre-registered Performance Sites at HRSA Level

Select	Site Name	Performance* Site Type	Performance Site Address	Performance Site Address Category
<input type="radio"/>	123 Main St, Falls Church, VA 22043	Fixed	Falls Church, VA, Falls Church, VA 22043	Approximate
<input type="radio"/>	EASTLAND MALL AREA LOCATION	Mobile	EASTLAND MALL- 5471 CENTRAL AVE. CHARLOTTE, NC, CHARLOTTE, NC 28281	Approximate
<input type="radio"/>	Sterling School Health	Fixed	Public School, Sterling, VA 20166	Approximate
<input type="radio"/>	Transitions Service Center Inc (In-Home health Care Site1)	Fixed	301 McCullough Drive FL 4, Charlotte, NC 28262	Accurate

¹This site is already in current application.
²This site is already in scope.
³This site is Mobile Site. Mobile Site can not be selected for creating Admin Site.
⁴This site is not matching the requirement for confidential site.
⁵This site is not matching the requirement for non confidential site.
* If Fixed, H80 Site can only be Permanent, Voucher Screening, Intermittent or Seasonal. If Mobile, H80 Site can be only Mobile Van.

- The **Add Performance Site** page opens.

Figure 96: Add Performance Site

Fields marked with an asterisk (*) are required.

ADD PERFORMANCE SITE	
Site Information	
*Site Name	<input type="text"/>
*Site Type	Fixed <input type="button" value="v"/>
*Address	<input checked="" type="radio"/> I will type in standard address <input type="radio"/> I will choose Site's address out of existing <input type="radio"/> I will type in non standard address

2. Enter the site's name.
3. Select a Site Type from the drop-down menu.
4. In the Address field, select one of the following:
 - A. Standard Address
 - The **Add Performance Site: Physical Location Address** form will be displayed.

Figure 97: Add Performance Site: Physical Location Address

Fields marked with an asterisk (*) are required.

ADD PERFORMANCE SITE	
*Physical Location Address (Required) More Information	
*Street Address Line 1	Number <input type="text"/> *Name <input type="text"/>
Street Address Line 2	Select one <input type="button" value="v"/> Number <input type="text"/>
*City	<input type="text"/> (Required if Zip is not specified)
Urbanization	<input type="text"/> (Used only for Puerto Rico(PR))
*State	<input type="button" value="v"/> (Required if City is specified)
*Zip Code Lookup	<input type="text"/> - <input type="text"/> (Required if City is not specified)

- 1) Complete the standard address with a valid street number, street name, apartment/suite number, city, state, and zip code.
- 2) Click the **Next** button.
- B. Select a site address from a list of existing locations
 - The **Add Performance Site: Choose Address** form will be displayed.

Figure 98: Add Performance Site: Choose Address Page

ADD PERFORMANCE SITE

Choose Address

<input type="radio"/>	EASTLAND MALL-5471 CENTRAL AVE. CHARLOTTE, NC CHARLOTTE 28281 NC
<input checked="" type="radio"/>	301 McCullough Drive FL # 4 Charlotte 28262 NC

¹This site is not matching the rule for non confidential site.

Cancel Go to Previous Page **Next >**

- 1) Select an address from one of the existing locations.
- 2) Click the **Next** button.

Notes:

- For an administrative site, mobile cannot be selected as the location setting. An administrative site must be a fixed site with a standard or approximate address.
- For a domestic violence (confidential) site, only an approximate address (no street address) can be used.
- For all other sites, a standard address is required.

C. Non-Standard Address

- The **Add Performance Site** form will be displayed.

Figure 99: Add Performance Site Non-Standard Address

Fields marked with an asterisk (*) are required.

ADD PERFORMANCE SITE

* Address	<input type="text"/>
* City	<input type="text"/>
* State	<input type="text"/>
* ZipCode	<input type="text"/> - <input type="text"/>

Cancel Go to Previous Page **Next >**

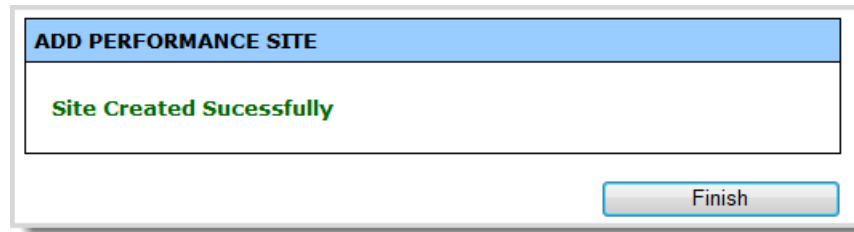
- 3) Enter a street address, city, state, and zip code.
- 4) Click the **Next** button.

Note: If the site serves victims of domestic violence, you must select *I will type in non-standard address* because the street address cannot be listed.

9. Click **Next**.

- The **Site Created Successfully** page opens.

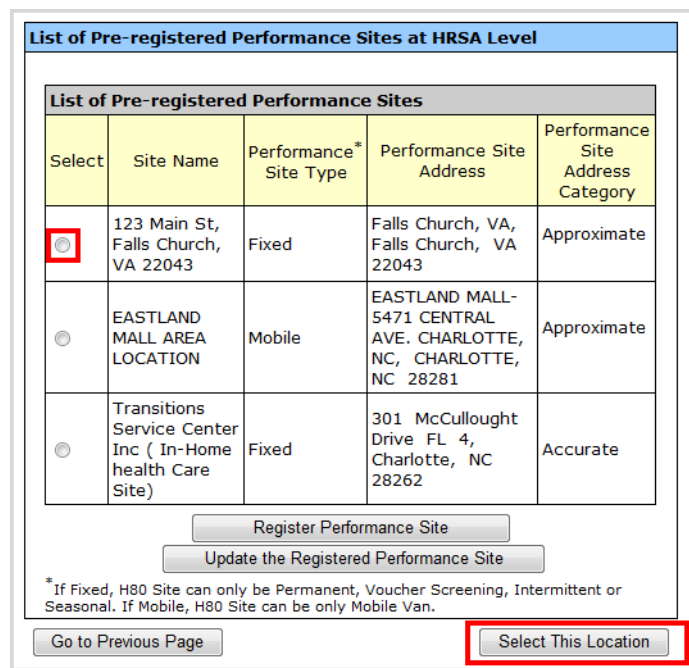
Figure 100: Site Created Successfully Page



10. Click the **Finish** button.

- The **List of Pre-Registered Performance Sites** at HRSA Level re-opens, showing the site you added.

Figure 101: List of Pre-Registered Performance Sites



11. Click the radio button for the site you wish to use.

12. Click the **Select This Location** button.

The **Update Site** page opens (**Figure 104**). Please refer to section **6.6.3.4, Update Site Information**, for instructions for completing this page.

6.6.3.3 Update a Registered Performance Site

To update (change the name of) a registered performance site:

1. On the **List of Pre-registered Performance Sites at HRSA Level** page, click the **Update the Registered Performance Site** button.

- The **Update Performance Site** page opens (**Figure 102**)

Figure 102: Update Performance Site

glossary | questions/comments

Enter the site information and click 'Next'

Fields marked with an asterisk (*) are required.

UPDATE PERFORMANCE SITE

Site Information

*Site Name: EASTLAND MALL AREA LOCATION

*Site Type: Mobile

*Address: EASTLAND MALL-5471 CENTRAL AVE. CHARLOTTE, NC CHARLOTTE 28281 NC

Cancel Next >

2. Make the changes to the Site Name.

3. Click the **Next** button.

- The **List of Pre-registered Performance Sites at HRSA Level** page re-opens with the changes you made to the site name.

Figure 103: List of Pre-Registered Performance Sites

List of Pre-registered Performance Sites at HRSA Level

Select	Site Name	Performance Site Type	Performance Site Address	Performance Site Address Category
<input type="radio"/> ¹	123 Main St, Falls Church, VA 22043	Fixed	Falls Church, VA, Falls Church, VA 22043	Approximate
<input type="radio"/> ¹	EASTLAND MALL LOCATION	Mobile	EASTLAND MALL-5471 CENTRAL AVE. CHARLOTTE, NC, CHARLOTTE, NC 28281	Approximate
<input type="radio"/> ¹	Sterling School Health	Fixed	Public School, Sterling, VA 20166	Approximate
<input type="radio"/>	Transitions Service Center Inc (In-Home health Care Site1)	Fixed	301 McCullough Drive FL 4, Charlotte, NC 28262	Accurate

Register Performance Site Update the Registered Performance Site

¹This site is already in current application.
²This site is already in scope.
³This site is Mobile Site. Mobile Site can not be selected for creating Admin Site.
⁴This site is not matching the requirement for confidential site.
⁵This site is not matching the requirement for non confidential site.
⁶If Fixed, H80 Site can only be Permanent, Voucher Screening, Intermittent or Seasonal. If Mobile, H80 Site can be only Mobile Van.

Go to Previous Page Select This Location

4. Click the radio button for the site you wish to use.

5. Click the **Select This Location** button.

The **Update Site** page opens (**Figure 104**). Please refer to section **6.6.3.4, Update Site Information**, for instructions for completing this page.

6.6.3.4 Update Site Information

Figure 104: Update Site Page

Fields marked with an asterisk (*) are required.

UPDATE SITE	
Status: Not Started	
<p>This form requires you to fill in a lot of information. While filling out this form, please save your work every 5 minutes to avoid unexpected behavior.</p>	
Service Site Information	
*Name of Service Site	123 Main St, Falls Church, VA 22043 Change Site Name
*Service Site Type	Service Delivery Site ▼
*Location Type	Select Location Type ▼
Number of Contract Service Delivery Locations (Voucher Screening Only)	<input type="text"/>
Number of Intermittent Sites (Intermittent Only)	<input type="text"/>
*Web URL	<input type="text"/>
*Site Operated by	<input type="radio"/> Grantee <input type="radio"/> Sub-recipient <input type="radio"/> Contractor
If site is operated by sub-recipient or contractor , please provide the organization information below:	

Use the **Update Site Information (Figure 104)** page to revise the site's information as necessary. You can update the site's information:

- When you click **Select This Location** on the page that displays the list of pre-registered performance sites.
- After you add a service site.
- When you can click the **Update** link on the **Service Sites** page (**Figure 105**).

Figure 105: Update Link on the Service Sites Page

Vector Medical Research		Complete
Physical Address	123 Foundstone , Gaithersburg, MD 20817	Mailing Address Same as Physical Address
Action: View Update Remove		

To update a service site,

1. Click **Change Site Name** to change the name of the service site.
2. Select Service Delivery Site or Administrative/Service Delivery Site from the Service Site Type drop-down menu.
3. Select a location type from the Location Type drop-down menu.
4. Enter the number of contract service delivery locations.
5. Enter the number of intermittent sites.
6. Enter your organization's web address.

7. Indicate whether your site is operated by your organization (grantee), a sub-recipient, or a contractor.

Figure 106: Service Site Information

Service Site Information	
*Name of Service Site	Vector Medical Research <input type="button" value="Change Site Name"/>
*Service Site Type	Service Delivery Site <input type="button" value="v"/>
*Location Type	Permanent <input type="button" value="v"/>
Number of Contract Service Delivery Locations (Voucher Screening Only)	<input type="text"/>
Number of Intermittent Sites (Intermittent Only)	<input type="text"/>
*Web URL	www.vectormedical.com
*Site Operated by	<input checked="" type="radio"/> Grantee <input type="radio"/> Sub-recipient <input type="radio"/> Contractor

8. If your site is operated by a sub-recipient or a contractor, click **Add** to provide the organization's information.

Figure 107: Add Sub-recipient or Contractor

If site is operated by sub-recipient or contractor , please provide the organization information below:					
Select	Organization Name	Address (Physical)	Address (Mailing)	EIN	View
No Organization Added					
<input type="button" value="Add"/>					

9. Provide information about your location:
 - A. Select a location type from the Location Setting drop-down menu.
 - B. Enter the date on which the site was opened in the Date Site was Opened field.
 - C. Enter the date on which the site was added to your organization's scope (if applicable) in the Date Site was Added to Scope field. This will be not applicable for new applicants.
 - D. Enter the date that the site will be operational in the Site Operational By field. If the site is already operational, provide that date here. Please note that at least one site in the proposed service area must be operational within 120 days of Notice of Award (which may occur to up to 60 days prior to the project period start date).
 - E. Enter the Medicare Billing Number, Medicaid Billing Number, and Medicaid Pharmacy Billing Number in the respective fields. If these numbers have not yet been established, enter zeros.

Figure 108: Enter Billing Numbers

Location Setting (Required for Service Site)	Select Location Setting ▾
*Date Site was Opened (mm/dd/yyyy)	01/02/2002
Date Site was Added to Scope	Not Applicable
*Site Operational By(mm/dd/yyyy)	01/02/2002
*Medicare Billing Number (Maximum 50 characters)	123456789
*Medicaid Billing Number (Maximum 50 characters)	9876543210
*Medicaid Pharmacy Billing Number (Maximum 50 characters)	10987654321

10. Revise your site's phone number, administration phone number, and fax number.

Figure 109: Revise Contact Information

Contact Information	
*Site Phone Number	(123) 456 - 7891 Ext: <input type="text"/>
*Administration Phone Number	(109) 876 - 5432 Ext: <input type="text"/>
*Site Fax Number	(123) 456 - 7810

11. Click **Change Location** to modify your site's physical address.

Figure 110: Change Physical Address

Physical Address	
Street Address Line 1	123 Foundstone
City	Gaithersburg
State	MD
Zip Code	20817
<input type="button" value="Change Location"/>	

12. If your organization's mailing address is not the same as its physical address, provide the mailing address.

Figure 111: Provide Mailing Address

Mailing Address (Optional) More Information	
Mailstop Code (Internal Routing)	<input type="text"/>
Division / Department Name	<input type="text"/>
Company	<input type="text"/>
Select an option (Street Address or PO Box Only or Rural Route)	
<input checked="" type="radio"/> * Street Address	Number <input type="text"/> *Name <input type="text"/> Select one Number <input type="text"/> <input type="text"/>
<input type="radio"/> *PO Box Only	*Number <input type="text"/>
<input type="radio"/> *Rural Route	*Type <input type="text"/> *Number <input type="text"/> *Box <input type="text"/>
*City	<input type="text"/> (Required if Zip is not specified)
Urbanization	<input type="text"/> (Used only for Puerto Rico(PR))
*State	<input type="text"/> (Required if City is specified)
*Zip Code Lookup	<input type="text"/> - <input type="text"/> (Required if City is not specified)

- Click **Add** to list the zip codes and census tracts where the majority of the site's patients live or work.

Figure 112: Add Zip Code or Census Tracts

Service Area Zip Codes (Required for Service Site)	
Note: Include only those from which the majority of the patient population will come.	
Select	Zip Codes
	No Zip Code Added
	<input type="button" value="Add"/>
Service Area Census Tracts (Required for Service Site)	
Note: Include only those from which the majority of the patient population will come.	
Select	Census Tracts
	No Census Tract Added
	<input type="button" value="Add"/>

- Select urban, rural, or sparsely populated from the Service Area Population Type drop-down menu to describe the site's service area population.
- Use the drop-down menus and fields under Site Operation Scheduling to indicate when your site offers services.
 - Select full-time or part-time
 - Select year-round or seasonal

- C. Provide the total number of hours per week that the site will serve patients
- D. Click **Add** under Months of Operation to identify the months of the year that the site will operate.

Figure 113: Site Operation Scheduling

*Service Area Population Type	Select Service Area Population Type ▾
Site Operation Scheduling (when service is offered)	
*Operational Schedule	Select Operational Schedule ▾
*Calendar Schedule	Select Calendar Schedule ▾
Total Hours of Operation when Patients will be Served per Week (include extended hours) (Required for Service Site)	<input type="text"/>
Months of Operation (Required for Permanent and Seasonal Locations)	
Select	From To
No Months of Operation Added	
<input type="button" value="Add"/>	

- 16. Click **Save and Continue**.
- The **Site Confirmation** page opens.

Figure 114: Site Confirmation Page

This is a confirmation page! You MUST click on the appropriate button to complete your action.

SITE CONFIRMATION				
Service Site Information				
Name of Service Site	The Bourne Salt Bauer Center			
Service Site Type	Service Delivery Site			
Location Type	Permanent			
Number of Service Delivery Locations (Voucher Screening Only)				
Number of times site Opens and Closes (Intermittent Only)				
Web URL	www.bsbcenter.org			
Site Operated by	Grantee			
Organization Information				
Organization Name	Address (Physical)	Address (Mailing)	EIN	Comment
No Organization Added				

- 17. Click **Save and Continue**.
- The **Service Sites** page refreshes. The new site appears in the list of service sites and its status is Complete.

Figure 115: Refreshed List of Service Sites

The Bourne Salt Bauer Center		Complete	
Physical Address	987 Sidney St , Houston, TX 77023	Mailing Address	Same as Physical Address
Action: View Update Remove			

6.6.3.5 Pick a Site from Scope

Note:

- If you are an existing grantee submitting a supplemental application, the system will allow you to select sites from your scope and it will display the **Pick Site from Scope** button on **Form 5B: Service Sites**.
- The system will not display the **Pick Site from Scope** button on **Form 5B: Service Sites** if you are a new applicant.

1. Open Form 5B.
2. Click **Pick Site from Scope** (Figure 116).

Figure 116: Click the Pick Site from Scope Button

Fields marked with an asterisk (*) are required.

SERVICE SITES

Form 5B: Service Sites Status: **NOT COMPLETE**

Proposed Sites

No Site Added

Existing Sites in Scope

No Site Added

- The **Select Site from Scope** page opens (Figure 117).

Figure 117: Select Site from Scope

Fields marked with an asterisk (*) are required.

SELECT SITE FROM SCOPE

Existing Scope				
Select	Site Name	Site Address (City, State, Zip, CDistrict)	Site Service Type	Site Location Type
<input type="radio"/>	Open Door/BMH Health Center, Inc	333 S Madison St , Muncie, IN 47305-2465	Administrative/Service Delivery Site	Permanent
<input type="radio"/>	OPEN DOOR FAMILY PLANNING CLINIC	806 W Jackson St , Muncie, IN 47305-1551	Service Delivery Site	Permanent
<input type="radio"/>	MADISON COUNTY JAIL	720 Central Ave , Anderson, IN 46016-1548	Service Delivery Site	Permanent
<input type="radio"/>	Open Door Family Planning Clinic	2525 E 10th St , Anderson, IN 46012-4409	Service Delivery Site	Permanent
<input type="radio"/> ¹	SOUTHWAY URGENT CARE	3807 S Madison St , Muncie, IN 47302-5758	Service Delivery Site	Permanent
<input type="radio"/>	DELAWARE COUNTY JAIL	100 W Washington St , Muncie, IN 47305-1752	Service Delivery Site	Permanent
<input type="radio"/> ¹	OPEN DOOR/BMH HEALTH CENTER	3715 S Madison St , Muncie, IN 47302-5756	Administrative/Service Delivery Site	Permanent
<input type="radio"/> ¹	OPEN DOOR/BMH HEALTH & DENTAL	3715 S Madison St , Muncie, IN 47302-5756	Administrative/Service Delivery Site	Permanent
<input type="radio"/>	OPEN DOOR/BMH HEALTH CENTER, INC.	905 S Walnut St , Muncie, IN 47302-2333	Administrative/Service Delivery Site	Permanent
<input type="radio"/>	Gateway Health Center	100 N. Tillotson Ave. , Muncie, IN 47304-3987	Service Delivery Site	Permanent

¹This site is already in current application.
²Pending Verification as of 5/7/2012

Cancel Save and Continue

3. Select a site.
 4. Click **Save and Continue**.
- The screen refreshes and the site appears in the Existing Sites in Scope area of Form 5B (Figure 118).

Figure 118: Form 5B Showing Current Site in Scope

Fields marked with an asterisk (*) are required.

SERVICE SITES
 Form 5B: Service Sites Status: **NOT COMPLETE**

Proposed Sites

Generations Family Health Center, Inc. - Putnam Not Started

Physical Address 508 Pomfret St. , Putnam, CT 06260 Mailing Address Same as Physical Address

Action: [View](#) | [Update](#) | [Remove](#)

Existing Sites in Scope

ACROSS THE SMILES MOBILE DENTAL (BPS-H80-001643) Complete

Physical Address MOBILE DENTAL VAN SITE , DANIELSON, CT 06239-3005 Mailing Address 1315 MAIN ST WILLIMANTIC CT 06226-1948

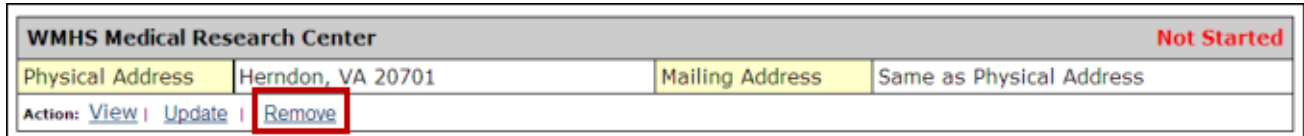
Action: [View](#) | [Remove](#)

6.6.3.6 Remove a Service Site

To remove a service site,

1. Click the **Remove** link on the **Service Site** page.

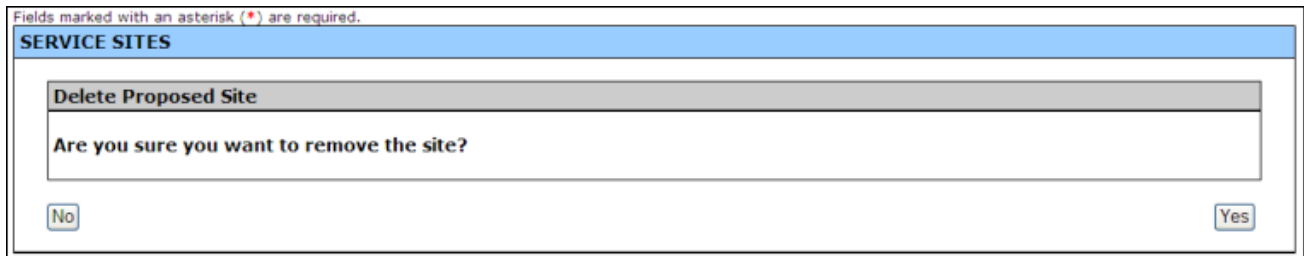
Figure 119: Remove Link



WMHS Medical Research Center		Not Started	
Physical Address	Herndon, VA 20701	Mailing Address	Same as Physical Address
Action: View Update Remove			

- The next page asks you to confirm that you want to remove the service site.

Figure 120: Confirm Removal



Fields marked with an asterisk (*) are required.

SERVICE SITES

Delete Proposed Site

Are you sure you want to remove the site?

2. Click **Yes**.

- The **Service Sites** page refreshes and the removed site does not appear in the list of sites.

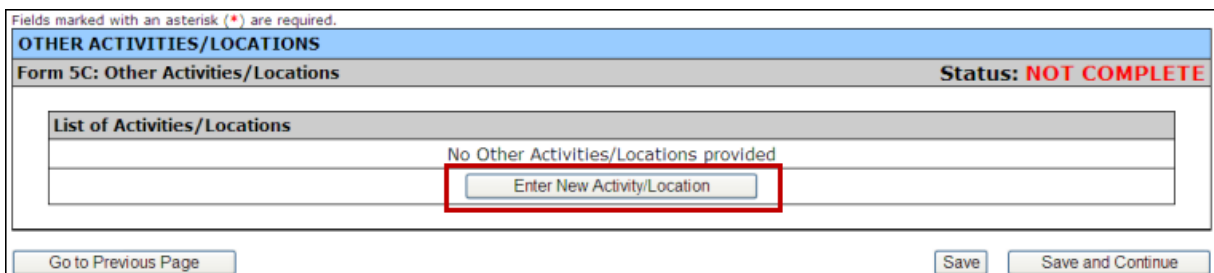
6.6.4 Form 5C: Other Activities/Locations

Use this form to propose other activities or locations.

To propose an activity/location:

1. Open **Form 5C** (**Figure 121**).

Figure 121: Form 5C: Other Activities/Locations



Fields marked with an asterisk (*) are required.

OTHER ACTIVITIES/LOCATIONS

Form 5C: Other Activities/Locations **Status: NOT COMPLETE**

List of Activities/Locations

No Other Activities/Locations provided

2. Click **Enter New Activity/Location**.

- The **Enter Activity/Location** page opens (**Figure 122**).

Figure 122: Enter Activity/Location

Fields marked with a (*) are required

ENTER ACTIVITY/LOCATION Status: In Progress

Activity/Location	
*Type of Activity	Choose Activity <input type="button" value="v"/> If Other, Please Specify <input type="text"/>
*Frequency of Activity	(maximum 600 characters) <input type="text"/>
*Description of Activity	(maximum 600 characters) <input type="text"/>
*Type of Location(s) where Activity is Conducted	(maximum 600 characters) <input type="text"/>

3. Select an activity from Type of Activity drop-down menu. If your activity is not listed, select Other and specify your activity in the space provided.

Figure 123: Type of Activity

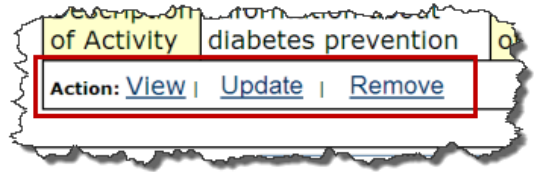
Activity/Location	
*Type of Activity	<input type="button" value="Choose Activity"/> <input type="button" value="v"/> Choose Activity Immunizations Hospital Admitting Medical Rounds Home Visits Health Fairs Non-Clinical Outreach Portable Clinical Care Health Education Other
*Frequency of Activity	

4. Indicate the days and times when the activity takes place in the Frequency of Activity field.
 5. Explain the activity in the Description of Activity field.
 6. Tell HRSA where the activity is conducted in the Types of Locations field.
 7. Click **Save and Continue**.
- You will be returned to Form **5C: Other Activities/Locations**.

6.6.4.1 View, Update, or Remove an Activity

Use the links on the **Other Activities/Locations** page to view, update, or remove an activity (Figure 124). These links appear under each activity on the page.

Figure 124: View, Update, and Remove Links on the Other Activities/Location Page



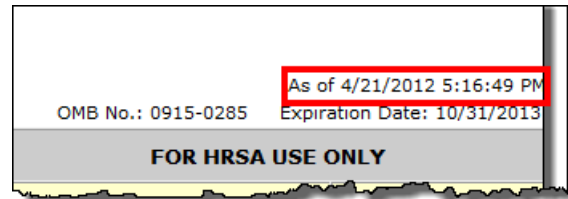
1. Click **View** to see a summary of the activity (Figure 125).

Figure 125: Activity Summary

questions/comments		As of 4/21/2012 5:16:49 PM OMB No.: 0915-0285 Expiration Date: 10/31/2013	
DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration FORM 5C: OTHER ACTIVITIES/LOCATIONS		FOR HRSA USE ONLY	
		Application Tracking Number	Grant Number
		00062856	H80CS00044
ACTIVITY/LOCATION #1		ACTIVITY STATUS - ADDED	
Type of Activity	Nursing Homes		
Frequency of Activity	Monthly		
Description of Activity	Instances where health center providers follow the health center's patients.		
Type of Location(s) where Activity is Conducted	These activities take place on-site at medical facility.		
ACTIVITY/LOCATION #2		ACTIVITY STATUS - UNCHANGED	
Type of Activity	Homeless Shelters.		
Frequency of Activity	Semi-Annually		
Description of Activity	Special food-bank program setup to ensure all area shelters are capable of handling service efforts.		
Type of Location(s) where Activity is Conducted	These activities take place on-site at homeless center.		
ACTIVITY/LOCATION #3		ACTIVITY STATUS - UPDATED	
Type of Activity	Patient's Homes		
Frequency of Activity	Quarterly		
Description of Activity	If it is the policy of the health center that providers will occasionally make home visits to enrolled health center patients.		
Type of Location(s) where Activity is Conducted	These activities take place on-site at patient health center.		
<input type="button" value="Close Window"/>			

- The date on the activity summary tells you that the summary is accurate as of the date and time indicated (**Figure 126**).

Figure 126: Date Stamp on the Read-Only Activity Page



2. Click **Update** to edit information about an activity.
3. Click **Remove** to delete an activity. The next page asks you to confirm that you want to remove the other activity/location (**Figure 127**). Click **Yes**. The **Other Activities/Locations** page refreshes and the activity does not appear in the list of other activities/locations.

Figure 127: Delete Other Activity Confirmation Page

When all desired other activities/locations have been added, click **Save and Continue** to proceed to the next form.

6.7 Forms 5A, 5B, and 5C for Existing Grantees – Competing Continuation

If your organization is submitting a Competing Continuation 2013 SAC application (Type 2), i.e. if your organization is a current Health Center Program grantee whose project period ends in FY 2013 and that seeks to continue serving its current service area, Forms 5A (**Figure 128**), 5B (**Figure 129**), and 5C (**Figure 130**) are read-only displays of the current scope of project that HRSA has on file for your organization.

Figure 128: Form 5A, Required Services – Existing Grantees

SERVICES PROVIDED - REQUIRED SERVICES Form 5A: Required Services

Form 5A: Required Services **Status: COMPLETE**

Please review the list of services retrieved from your scope on file as of **4/30/2012 3:52:45 PM**. If there was a recent change approved for your scope (e.g. through a Change In Scope application), please click the "Refresh" button below to get your most recent scope on file.

SERVICE TYPE	MODE OF SERVICE PROVISION		
	DIRECT BY APPLICANT	FORMAL WRITTEN CONTRACT/AGREEMENT (Applicant pays for service)	FORMAL WRITTEN REFERRAL ARRANGEMENT/AGREEMENT (Applicant DOES NOT pay)
Clinical Services			
General Primary Medical Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diagnostic Laboratory	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Diagnostic X-Ray	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Screenings			
• Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• Communicable Diseases	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Cholesterol	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Blood Lead Test for Elevated Blood Lead Level	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Pediatric Vision, Hearing, and Dental	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Figure 129: Form 5B, Service Sites – Existing Grantees

SERVICE SITES Form 5B: Service Sites

Form 5B: Service Sites **Status: COMPLETE**

Please review the list of sites retrieved from your scope on file as of **5/1/2012 2:28:50 PM**. If there was a recent change approved for your scope (e.g. through a Change In Scope application), please click the "Refresh" button below to get your most recent scope on file.

Existing Sites in Scope

Taft Elementary School (BPS-H80-001081) Complete			
Physical Address	270 SOUTHERN AVE , CINCINNATI, OH 45219-3023	Mailing Address	2415 Auburn Ave Cincinnati OH 45219-2701
Action: View			
Harrison Health Center (BPS-H80-007911) Complete			
Physical Address	10400 New Haven Rd , Harrison, OH 45030-1657	Mailing Address	2415 Auburn Ave Cincinnati OH 45219-2701
Action: View			
Norwood Health Center (BPS-H80-007939) Complete			
Physical Address	4623 Wesley Ave STE# G, Cincinnati, OH 45212-2272	Mailing Address	2415 Auburn Ave Cincinnati OH 45219-2701

Figure 130: Form 5C, Other Activities/Locations – Existing Grantees

OTHER ACTIVITIES/LOCATIONS
 Form 5C: Other Activities/Locations Status: **COMPLETED**

Please review the list of activities and locations retrieved from your scope on file as of **4/30/2012 3:54:03 PM**. If there was a recent change approved for your scope (e.g. through a Change In Scope application), please click the "Refresh" button below to get your most recent scope on file.

[Refresh Scope](#)

List of Activities/Locations

Health Education			
Description of Activity	Diabetes Education - Series of comprehensive diabetes education classes. Individual appointments are available for education, meal planning, and case management.	Frequency of Activity	Group classes offered monthly.
Action: View			
Health Fairs			
Description of Activity	Provide education, blood pressure screenings, BMI readings, and Blood Glucose Screenings to the public.	Frequency of Activity	Various Times of the Year
Action: View			

If the data on Forms 5A, 5B, and 5C appear to be incorrect, click the **Refresh Scope** button to refresh the data and display the latest scope of project (**Figure 131**).

Figure 131: Refresh Scope

OTHER ACTIVITIES/LOCATIONS
 Form 5C: Other Activities/Locations Status: **COMPLETED**

Please review the list of activities and locations retrieved from your scope on file as of **4/30/2012 3:54:03 PM**. If there was a recent change approved for your scope (e.g. through a Change In Scope application), please click the "Refresh" button below to get your most recent scope on file.

[Refresh Scope](#)

These forms are marked complete after you navigate to each one. Click **Continue** to proceed to the next form.

6.8 Form 6A: Current Board Member Characteristics

Form 6A provides information about your organization's current board members. To add or modify information about board members,

1. Open Form 6A (**Figure 132**).

Figure 132: Form 6A, Current Board Member Characteristics

Fields marked with an asterisk (*) are required.

CURRENT BOARD MEMBER CHARACTERISTICS

Form 6A: Current Board Member Characteristics Status: **NOT COMPLETE**

Since you selected 'Tribal' or 'Urban Indian' as the Business Entity in Form 1A of this application, you are exempt from completing this form.

List of Board Member(s)

Board Member Name	Board Office Held	Area of Expertise	Health Center Patient	Live or Work in Service Area	Years of Continuous Board Service	Special Population Representative
No Board Members Added.						
<input type="button" value="Add"/>						

Gender	Number of Board Members
Male	0 <input type="text"/>
Female	0 <input type="text"/>
Unreported/Refused to Report	0 <input type="text"/>
Ethnicity	Number of Board Members
Hispanic Origin	0 <input type="text"/>
Non-Hispanic or Latino	0 <input type="text"/>
Unreported/Refused to Report	0 <input type="text"/>
Race	Number of Board Members
Native Hawaiian	0 <input type="text"/>
Other Pacific Islander	0 <input type="text"/>
Asian	0 <input type="text"/>
Black/African American	0 <input type="text"/>
American Indian/Alaskan Native	0 <input type="text"/>
White	0 <input type="text"/>
More Than One Race	0 <input type="text"/>
Unreported/Refused to Report	0 <input type="text"/>

Notes:

- If you selected “Tribal Indian” or “Urban Indian” as the Business Entity in Form 1A, Form 6A is optional for you. You can click the **Save** or the **Save and Continue** button at the bottom of the page to proceed to **Form 6B**.
- However, if you do enter any information on **Form 6B**, you must enter all required information.

A. Click **Add** under List of Board Members to add a board member (**Figure 133**).

Figure 133: Form 6A, List of Board Members

List of Board Member(s)								
Select	#	Board Member Name	Board Office Held	Area of Expertise	Health Center Patient	Live or Work in Service Area	Years of Continuous Board Service	Special Population Representative
<input style="border: 2px solid red;" type="button" value="Add"/>								

Note: Provide a minimum of 9 and a maximum of 25 board members.

- B. Complete the Add Board Member Information page. Data entry is required in fields marked with an asterisk (*) (Figure 134).
 - C. Click **Save and Continue**.
- You will be returned to **Current Board Member Characteristics** page of **Form 6A**. The board member you added will be listed under List of Board Member(s). Repeat the Add Board Member process to add the remaining board members.

Figure 134: Form 6A, Add Board Member Information

Fields marked with an asterisk (*) are required.

ADD BOARD MEMBER INFORMATION	
Add Board Member Information	
*First Name	Keira
*Last Name	Alba
Middle Initial	C
*Board Office Held	Chairperson
*Area of Expertise	Cardiothoracic surgery
*Does member derive more than 10% of income from health industry	<input checked="" type="radio"/> Yes <input type="radio"/> No
*Is member a health center patient	<input type="radio"/> Yes <input checked="" type="radio"/> No
Live or work in service area	<input type="checkbox"/> Live <input checked="" type="checkbox"/> Work
*Years of continuous board service	15
	<input type="radio"/> Yes <input checked="" type="radio"/> No
*Is member a special population representative (MHC, HCH, PHPC)	If Yes, please specify Special Population: <input type="checkbox"/> MHC <input type="checkbox"/> HCH <input type="checkbox"/> PHPC

2. Supply the Board's gender, ethnic, and racial composition in the Number of Board Members fields. You must enter a number in each field; enter zero if applicable.

Figure 135: Form 6A, Gender, Ethnicity, and Race

Gender	Number of Board Members
Male	<input type="text" value="0"/>
Female	<input type="text" value="0"/>
Unreported/Refused to Report	<input type="text" value="0"/>
Ethnicity	Number of Board Members
Hispanic Origin	<input type="text" value="0"/>
Non-Hispanic or Latino	<input type="text" value="0"/>
Unreported/Refused to Report	<input type="text" value="0"/>
Race	Number of Board Members
Native Hawaiian	<input type="text" value="0"/>
Other Pacific Islander	<input type="text" value="0"/>
Asian	<input type="text" value="0"/>
Black/African American	<input type="text" value="0"/>
American Indian/Alaskan Native	<input type="text" value="0"/>
White	<input type="text" value="0"/>
More Than One Race	<input type="text" value="0"/>
Unreported/Refused to Report	<input type="text" value="0"/>

3. Click **Save and Continue** to proceed to the next form.

6.9 Form 6B: Request for Waiver of Governance Requirements

Form 6B provides information about waiver requests. All applicants must complete the first question. Please note that HRSA will not grant a waiver request if your organization currently receives or is applying for Community Health Center (CHC) funding.

1. Open Form 6B ([Figure 137](#)).

Notes:

- If you selected “Tribal” or “Urban Indian” as the Business Entity in Form 1A, Form 6B is Not Applicable to you and you will only see the message depicted in [Figure 136](#).
- If you selected Community Health Centers (CHC) as one of the sub-programs in the Budget Summary form of this SAC application, Form 6B is Not Applicable to you and you will only see the message depicted in [Figure 136](#).
- In all the other cases, you are required to complete Form 6B as shown in [Figure 137](#).

Figure 136: Request for Waiver “Not Applicable” Message

REQUEST FOR WAIVER OF GOVERNANCE REQUIREMENTS	
Form 6B: Request for Waiver of Governance Requirements	Status: COMPLETE
<p>This form is not applicable to you because you selected 'Tribal' or 'Urban Indian' as the Business Entity in Form 1A and/or you are requesting 'Community Health Centers (CHC)' funding in the Budget Summary form of this application.</p>	
Previous	Continue

Figure 137: Form 6B, Request for Waiver of Governance Requirements

REQUEST FOR WAIVER OF GOVERNANCE REQUIREMENTS	
Form 6B: Request for Waiver of Governance Requirements	Status: COMPLETE
1. Request For Waiver	
Name of Organization	NEIGHBORHOOD HEALTH CARE
* 1a. Are you requesting a waiver of governance requirements?	<input type="radio"/> Yes <input checked="" type="radio"/> No
<p>If you answered 'Yes' to above question, then please answer all applicable questions given below.</p>	
2. For Applicants with Previous Waiver Approval	
2a. Nature of Items Currently Approved to be Waived	<input type="checkbox"/> 51 Percent Patient Majority <input type="checkbox"/> Monthly Meetings
2b. Are you requesting the waiver to be continued?	<input type="radio"/> Yes (Complete Next Question) <input type="radio"/> No (Governing Board is in Full Compliance) <input type="radio"/> N/A
*2c. Is your waiver request based on arrangements that are different from your	<input type="radio"/> Yes <input type="radio"/> No

- Indicate whether you are requesting a waiver.

Figure 138: Request for Waiver Indication

1. Request For Waiver	
Name of Organization	NEIGHBORHOOD HEALTH CARE
* 1a. Are you requesting a waiver of governance requirements?	<input type="radio"/> Yes <input checked="" type="radio"/> No

Note: If you answer No, click **Save and Continue** to proceed to Form 8.

- Complete the following:
 - Section 2 if you have an existing waiver ([Figure 139](#)).

Figure 139: Form 6B, Section 2 – Approved Waivers

2. For Applicants with Previous Waiver Approval	
2a. Nature of Items Currently Approved to be Waived	<input type="checkbox"/> 51 Percent Patient Majority <input type="checkbox"/> Monthly Meetings
2b. Are you requesting the waiver to be continued?	<input type="radio"/> Yes (Complete Next Question) <input type="radio"/> No (Governing Board is in Full Compliance) <input type="radio"/> N/A
*2c. Is your waiver request based on arrangements that are different from your original request? (Answer to this question is mandatory, if you answered Yes to Question 2b.)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A

B. Section 3 if you are requesting a new waiver ([Figure 140](#)).

Figure 140: Form 6B, Section 3 – New Waivers

3. New Waiver Request	
*3a. Nature of Items for New Waiver Request (Answer to this question is mandatory, if you answered Yes to Question 1a.)	<input type="checkbox"/> 51 Percent Patient Majority <input type="checkbox"/> Monthly Meetings

4. In section 4 ([Figure 141](#)), describe the alternative strategies that your organization has in place to ensure consumer participation and regular oversight in the direction and ongoing governance of your organization.

Figure 141: Form 6B, Section 4 – Consumer Participation and Governance

4. All Organizations Requesting Waiver: Describe the appropriate alternative strategies in place that will assure consumer/patient participation and/or regular oversight in the direction and ongoing governance of the organization.	
* 4a. Strategy 1 (Answer to this question is mandatory, if you answered Yes to Question 1a.)	(maximum 500 characters)
4b. Strategy 2	(maximum 500 characters)
4c. Other Strategies	(maximum 500 characters)

5. Click **Save and Continue** to proceed to the next form.

6.10 Form 8: Health Center Agreements

Form 8 lets HRSA know whether you have an agreement that permits another health center to provide a substantial number of services, sites, and activities in your organization’s approved scope of project or impacts the Board’s composition, authorities, functions, or responsibilities.

To identify agreements,

1. Open **Form 8** ([Figure 142](#)).

Figure 142: Form 8, Health Center Agreements

HEALTH CENTER AGREEMENTS		Status: NOT COMPLETE
Form 8: Health Center Agreements		
PART I		
*1. Do you have, or propose to establish as part of this application, an agreement with another organization to carry out a substantial portion of the proposed scope of project?		
<input type="radio"/> Yes <input type="radio"/> No		
If Yes , indicate the number of each agreement type in 2a and/or 2b below and complete Parts II and III. If No , skip to Part II.		
2a. Contract for a substantial portion of the proposed scope of project for any of the following: core primary care providers, non-provider health center staff, Chief Medical Officer (CMO), or Chief Financial Officer (CFO).		
2b. Memorandum of Understanding (MOU)/Agreement (MOA) for a substantial portion of the proposed scope of project via a sub-recipient/subaward arrangement.		
PART II		
*1. Governance Checklist		
Does the health center affirm that the board exercises the authorities, legislative and regulatory mandated functions, and responsibilities listed below, without limitation or compromise due to an affiliation or agreement with another entity?	Yes	No
determines board composition	<input type="radio"/>	<input type="radio"/>
determines executive committee function and composition	<input type="radio"/>	<input type="radio"/>
selects board chairperson	<input type="radio"/>	<input type="radio"/>
selects board members	<input type="radio"/>	<input type="radio"/>
performs strategic planning	<input type="radio"/>	<input type="radio"/>
approves the center's annual budget	<input type="radio"/>	<input type="radio"/>

2. In Part I, Question 1 ([Figure 143](#)), inform HRSA of any current or proposed agreements with another organization to carry out a substantial portion of your organization's approved scope of project.

Figure 143: Form 8, Part I

PART I	
*1. Do you have, or propose to establish as part of this application, an agreement with another organization to carry out a substantial portion of the proposed scope of project?	
<input type="radio"/> Yes <input type="radio"/> No	
If Yes , indicate the number of each agreement type in 2a and/or 2b below and complete Parts II and III. If No , skip to Part II.	
2a. Contract for a substantial portion of the proposed scope of project for any of the following: core primary care providers, non-provider health center staff, Chief Medical Officer (CMO), or Chief Financial Officer (CFO).	
2b. Memorandum of Understanding (MOU)/Agreement (MOA) for a substantial portion of the proposed scope of project via a sub-recipient/subaward arrangement.	

If you answer Yes to Question 1, indicate the number of each agreement type in 2a and 2b.

- In Part II, Question 1 ([Figure 144](#)), complete the Governance Checklist to determine if any affiliations or agreements limit or compromise the Board's authorities, functions, or responsibilities.

Figure 144: Form 8, Governance Checklist

*1. Governance Checklist	
Does the health center affirm that the board exercises the authorities, legislative and regulatory mandated functions, and responsibilities listed below, without limitation or compromise due to an affiliation or agreement with another entity?	Yes No
determines board composition	<input type="radio"/> Yes <input type="radio"/> No
determines executive committee function and composition	<input type="radio"/> Yes <input type="radio"/> No
selects board chairperson	<input type="radio"/> Yes <input type="radio"/> No
selects board members	<input type="radio"/> Yes <input type="radio"/> No
performs strategic planning	<input type="radio"/> Yes <input type="radio"/> No
approves the center's annual budget	<input type="radio"/> Yes <input type="radio"/> No
directly employs, selects/dismisses, and evaluates the CEO/Executive Director	<input type="radio"/> Yes <input type="radio"/> No
adopts policies and procedures for personnel and financial management	<input type="radio"/> Yes <input type="radio"/> No
establishes center priorities and allocates resources	<input type="radio"/> Yes <input type="radio"/> No
establishes eligibility requirements for partial payment of services	<input type="radio"/> Yes <input type="radio"/> No
provides for an independent audit	<input type="radio"/> Yes <input type="radio"/> No
evaluates center activities	<input type="radio"/> Yes <input type="radio"/> No

If you answer **No** to any Governance Checklist item, you must answer **Yes** to Question 2.

- In Part II, Question 2 ([Figure 145](#)), inform HRSA of any current or proposed agreements that affect the composition, authorities, functions, or responsibilities of your organization's Board.

If you answer **Yes** to Question 2, specify the number of such agreements in Question 3.

Figure 145: Form 8, Part II, Questions 2 and 3

*2. Do you have, or propose to establish as part of this application, an agreement/arrangement (noted in Part I or otherwise) that impacts the applicant's governing board composition, authorities, functions, or responsibilities?	
<input type="radio"/> Yes <input type="radio"/> No	
If Yes , indicate the number of such agreements/arrangements in 3 below and complete Part III.	
3. Agreement/arrangement that impacts the health center's governing board composition, authorities, functions, or responsibilities (e.g., parent subsidiary model, bilateral board representation, outside nomination of board members, joint committees).	<input type="text"/>

If you answered **Yes** to Part I, Question 1 or Part II, Question 2, proceed to Part III.

- In Part III, provide each agreement noted in Part I and Part II. The agreements will be organized by each organization with which your organization has an agreement. Click **Add Organization Agreement** ([Figure 146](#)).

Figure 146: Form 8, Part III

PART III

If **Yes** was selected in Part I.1 or Part II.2, provide Organization Agreement Details for each organization with which you have an agreement/arrangement. All agreements/arrangements must be uploaded in full. Uploaded documents will NOT count against the page limit.

Organization Agreement Details			
XYZ Hospital, 440 Hopkinsville St. Greenville, KY 42345-1124			Complete
Organization EIN	746000952	Other Documents Attached?	Yes
Action: View Update Delete			

[Add Organization Agreement](#)

- The **Health Center Agreement** page opens ([Figure 147](#)).

Figure 147: Health Center Agreement

HEALTH CENTER AGREEMENTS Status: In Progress

Add Organization Agreement	
*Organization Name (Maximum 50 characters)	<input type="text"/>
*Organization EIN (Maximum 9 characters)	<input type="text"/>
*Physical Location Address (Required)	
*Street Address Line 1	Number <input type="text"/> *Name <input type="text"/>
Street Address Line 2	Select one <input type="text"/> Number <input type="text"/>
*City	<input type="text"/> (Required if Zip is not specified)
Urbanization	<input type="text"/> (Used only for Puerto Rico(PR))
*State	<input type="text"/> (Required if City is specified)
*Zip Code Lookup	<input type="text"/> - <input type="text"/> (Required if City is not specified)
*Explain the history of each agreement/arrangement that impacts the health center's governing board composition, authorities, functions, or	<input type="text"/> (You have 500 characters remaining out of maximum 500)

On the **Health Center Agreement** page:

6. Enter the organization's name and organization's Employer Identification Number (EIN).

Figure 148: Health Center Agreement, Add Organization Agreement

Add Organization Agreement	
*Organization Name (Maximum 50 characters)	<input type="text"/>
*Organization EIN (Maximum 9 characters)	<input type="text"/>

7. Enter the organization's physical address.

Figure 149: Health Center Agreement, Physical Location

*Physical Location Address (Required)	
*Street Address Line 1	Number <input type="text"/> *Name <input type="text"/>
Street Address Line 2	Select one <input type="text"/> Number <input type="text"/>
*City	<input type="text"/> (Required if Zip is not specified)
Urbanization	<input type="text"/> (Used only for Puerto Rico(PR))
*State	<input type="text"/> (Required if City is specified)
*Zip Code Lookup	<input type="text"/> - <input type="text"/> (Required if City is not specified)

8. Provide HRSA with the history of each agreement with this organization. This may include why each agreement was entered into and how each has changed over time.

Figure 150: Health Center Agreement, History of Agreement

<p>*Explain the history of each agreement/arrangement that impacts the health center's governing board composition, authorities, functions, or responsibilities (e.g., why it was entered into, how it has changed over time). If not applicable for this organization, write "n/a".</p>	<p>(You have 500 characters remaining out of maximum 500)</p>
--	---

9. Click **Attach** to upload agreements with this organization.
 - The **Attach Document** screen will be displayed.

Figure 151: Health Center Agreement, Attachments

Attachments

Note: Before uploading a document for this affiliation, please rename the file to include the affiliated organization's name e.g. 'CincinnatiHospital_LocationDetails.doc'.

Attachment(s) (Maximum of 5 Attachments)				
Select	Purpose	Document Name	Size	Uploaded By
No attached document exists.				
<div style="border: 1px solid red; display: inline-block; padding: 2px 10px;">Attach</div>				

Figure 152: Attach Document

Fields marked with an asterisk(*) are required.

ATTACH DOCUMENT			
*Purpose	Form 8 Other Documents (Max 5)		
*Document	<input type="text"/> <input type="button" value="Browse..."/> <small>(Allowable Document Types: doc,rtf,txt,wpd,pdf,xls,jpg,jpeg,xfd) (Allowable Document Size: 20 MB)</small>		
<input type="button" value="Go Back"/> <input type="button" value="Attach Document"/>			
<input type="button" value="Finished Attaching"/>			
Attached Document(s)			
Purpose	Document Name	Size	Uploaded By
No attached document exists.			

- a. Click **Browse**.
 - The Choose File to Upload dialog box will be displayed.
- b. Select the desired file.
- c. Click **Open**.
 - The file name will now appear in the Document field on the Attach Document screen.
10. Click **Attach Document**.
 - The attached document will appear in the Attached Document(s) list.

Figure 153: Attached Documents List

Attached Document(s)			
Purpose	Document Name	Size	Uploaded By
Form 8 Other Documents	CincinnatiHospital_LocationDetails.doc	42.82 KB	Charlene Brown on 5/27/2011 2:58:58 PM

11. Click **Finished Attaching**.
 - The **Health Center Agreement** page refreshes.

Repeat Steps 5-11 until all agreements are attached (organized by affiliated organization).

12. Click **Save and Continue** to proceed to the next form.

6.11 Form 9, Section 1: Core Barriers

Form 9, Section 1 (**Figure 155**) provides information about core barriers to health care access that a member of your target population experiences. You must report on three of the four core barriers listed. For those you will report on, respond **Yes** to the question “Is this Core Barrier Applicable?”

Figure 154: Population at or Below 200 Percent Poverty Level

Percent of Population at or below 200 Percent of Poverty	
*Is this Core Barrier Applicable?	<input type="radio"/> Yes <input type="radio"/> No
*Data Response	

Figure 155: Form 9, Section 1: Core Barriers

NEED FOR ASSISTANCE WORKSHEET - CORE BARRIERS			
*Form 9 - Section I: Core Barriers (Form 9 Instructions)			Status: NOT COMPLETE
Population to one FTE primary care physician ratio			
*Is this Core Barrier Applicable ?	<input type="radio"/> Yes <input type="radio"/> No		
*Data Response (Note: Enter a number up to 2 decimals.)	<input type="text"/> Ratio	*Year to which Data Apply	<input type="text"/>
*Data Source	(Maximum 200 characters)		
Methodology Utilized/Data Source Description/Other (Optional)	(Maximum 500 characters)		
*Identify Geographic Service Area or Target Population for Data	(Maximum 100 characters)		
Percent of population at or below 200 percent of poverty			
*Is this Core Barrier Applicable ?	<input type="radio"/> Yes <input type="radio"/> No		
*Data Response (Note: Enter a number up to 2 decimals.)	<input type="text"/> %	*Year to which Data Apply	<input type="text"/>

Complete three of four sections as follows:

1. Provide information about the target population to primary care physician ratio.

Figure 156: Form 9, Section 1: Population to Physician Ratio

Population to one FTE primary care physician ratio			
*Is this Core Barrier Applicable ?	<input type="radio"/> Yes <input type="radio"/> No		
*Data Response (Note: Enter a number up to 2 decimals.)	<input type="text"/> Ratio	*Year to which Data Apply	<input type="text"/>
*Data Source	(Maximum 200 characters)		
Methodology Utilized/Data Source Description/Other (Optional)	(Maximum 500 characters)		
*Identify Geographic Service Area or Target Population for Data	(Maximum 100 characters)		

2. Indicate the percentage of people in your target population who are at or below 200% of the Federal government's poverty level.

Figure 157: Form 9, Section 1: Percent of Population at or Below 200% of Poverty Level

Percent of population at or below 200 percent of poverty			
*Is this Core Barrier Applicable ?	<input type="radio"/> Yes <input type="radio"/> No		
*Data Response (Note: Enter a number up to 2 decimals.)	<input type="text"/> %	*Year to which Data Apply	<input type="text"/>
*Data Source	(Maximum 200 characters)		
Methodology Utilized/Data Source Description/Other (Optional)	(Maximum 500 characters)		
*Identify Geographic Service Area or Target Population for Data	(Maximum 100 characters)		

3. Provide the percentage of people in your target population who are uninsured.

Figure 158: Form 9, Section 1: Percent of Population Uninsured

Percent of population uninsured			
*Is this Core Barrier Applicable ?	<input type="radio"/> Yes <input type="radio"/> No		
*Data Response (Note: Enter a number up to 2 decimals.)	<input type="text"/> %	*Year to which Data Apply	<input type="text"/>
*Data Source	(Maximum 200 characters)		
Methodology Utilized/Data Source Description/Other (Optional)	(Maximum 500 characters)		
*Identify Geographic Service Area or Target Population for Data	(Maximum 100 characters)		

4. Provide the distance or travel time to the nearest primary care provider that accepts new Medicaid and/or uninsured patients.

Figure 159: Patient Travel Distances and Travel Times

Distance (miles) OR Travel Time (minutes) to Nearest Primary Care Provider Accepting New Medicaid and/or Uninsured Patients			
*Is this Core Barrier Applicable ?	<input checked="" type="radio"/> Yes <input type="radio"/> No		
*Data Response (Note: Enter a number up to 2 decimals.)	<input type="text"/> Select One ▼	*Year to which Data Apply	<input type="text"/>
*Data Source	(Maximum 200 characters)		
Methodology Utilized/Data Source Description/Other (Optional)	(Maximum 500 characters)		
*Identify Geographic Service Area or Target Population for Data	(Maximum 100 characters)		

5. Click **Save and Continue** to proceed to the next section of this form.

6.12 Form 9, Section 2: Core Health Indicators

Use **Form 9**, Section 2 to supply information for one indicator in each of the following core health indicator categories:

- Diabetes
- Cardiovascular Disease
- Cancer
- Prenatal and Perinatal Health
- Child Health
- Behavioral and Oral Health

To provide information about the core health indicators,

1. Open **Form 9**, Section 2 (**Figure 160**).

Figure 160: Form 9, Section 2: Core Health Indicators

Fields marked with an asterisk (*) are required.

NEED FOR ASSISTANCE WORKSHEET - CORE HEALTH INDICATORS Form 9 - Section II: Core Health Indicators

Form 9 - Section II: Core Health Indicators Status: **NOT COMPLETE**

Diabetes

*Core Health Indicator If 'Other', please specify:

*Data Response If 'Other', please specify: *Year to which Data Apply

(Note: Enter a number up to 2 decimals.)

*Data Source

Methodology Utilized/Data Source Description/Other (Optional)

*Identify Geographic Service Area or Target

2. For each core health indicator (**Figure 162**):
 - A. Select an indicator from the drop-down menu.
 - B. Enter a number and select percentage, ratio, or other measurement from the drop-down menu to provide a data response. Refer to Table 8 in the SAC FOA for a chart listing the appropriate selections for each indicator (e.g., for Diabetes, Age Adjusted Diabetes Prevalence, only % can be selected).

Figure 161: Data Information

*Data Response (Note: Enter a number up to 2 decimals.)	<input type="text"/>	Select One <input type="button" value="v"/> Select One % Ratio /1,000 /100,000 Months Other /10,000
*Data Source	(Maximum 200 characters) <input type="text"/>	

- C. Enter a data source.
- D. Provide the methodology used to collect/extrapolate this data.
- E. Identify your organization’s geographic service area or target population.

Figure 162: Core Health Indicator

Diabetes			
*Core Health Indicator	Select One <input type="button" value="v"/> If 'Other', please specify: <input type="text"/>	A	
*Data Response (Note: Enter a number up to 2 decimals.)	<input type="text"/> Select One <input type="button" value="v"/> If 'Other', please specify: <input type="text"/>	*Year to which Data Apply	<input type="text"/> B
*Data Source	(Maximum 200 characters) <input type="text"/>		C
Methodology Utilized/Data Source Description/Other (Optional)	(Maximum 500 characters) <input type="text"/>		D
*Identify Geographic Service Area or Target Population for Data	(Maximum 100 characters) <input type="text"/>		E

- 3. Click **Save and Continue** to proceed to the next section of this form.

6.13 Form 9, Section 3: Other Health Indicators

Use **Form 9**, Section 3 to provide information about two additional health indicators. To add information about health indicators,

- 1. Open **Form 9**, Section 3 (**Figure 163**).

Figure 163: Form 9, Section 3: Other Health Indicators

Fields marked with an asterisk (*) are required.

NEED FOR ASSISTANCE WORKSHEET - OTHER HEALTH INDICATORS Form 9 - Section III: Other Health Indicators

Form 9 - Section III: Other Health Indicators **Status: NOT COMPLETE**

Indicator #1

*Other Health Indicator	<input type="text" value="Select One"/>		
	If 'Other', please specify: <input type="text"/>		
*Data Response <small>(Note: Enter a number up to 2 decimals.)</small>	<input type="text"/>	<input type="text" value="Select One"/>	If 'Other', please specify: <input type="text"/>
		*Year to which Data Apply	<input type="text"/>
*Data Source	(Maximum 200 characters) <input type="text"/>		
Methodology Utilized/Data Source Description/Other (Optional)	(Maximum 500 characters) <input type="text"/>		
*Identify Geographic Service Area or	(Maximum 100 characters) <input type="text"/>		

2. For each health indicator (**Figure 166**):
 - A. Select a health indicator from the drop-down menu (**Figure 164**).

Figure 164: Form 9, Health Indicator Menu

*Other Health Indicator	<input type="text" value="Select One"/>
*Data Response <small>(Note: Enter a number up to 2 decimals.)</small>	Select One Age-Adjusted Death Rate HIV Infection Prevalence Percent Elderly (65 and older) Adult Asthma Hospital Admission Rate Chronic Obstructive Pulmonary Disease Hospital Admission Rate Bacterial Pneumonia Hospital Admission Rate Three Year Average Pneumonia Death Rate Adult Current Asthma Prevalence Adult Ever Told Had Asthma (Percent of all adults) Unintentional Injury Deaths
*Data Source	Percent of population linguistically isolated (percent of people 5 years and over who speak a language other than English at home) Waiting time for public housing where public housing exists Other

- B. Enter a number and select percentage, ratio, or other measurement from the drop-down menu to provide a data response. Refer to Table 9 in the SAC FOA for a chart listing the appropriate selections for each indicator (e.g., for HIV Infection Prevalence, only % can be selected).

Figure 165: Form 9, Data Response

*Data Response (Note: Enter a number up to 2 decimals.)	<input type="text"/>	Select One ▾ Select One % Ratio /1,000 /100,000 Months Other /10,000
*Data Source	(Maximum 200 cha <input type="text"/>	

- C. Enter a data source.
- D. Provide the methodology used to collect/extrapolate this data.
- E. Identify your organization’s geographic service area or target population.

Figure 166: Other Health Indicator

Indicator #1	
*Other Health Indicator	Select One ▾ If 'Other', please specify: <input type="text"/>
*Data Response (Note: Enter a number up to 2 decimals.)	<input type="text"/> Select One ▾ If 'Other', please specify: <input type="text"/> <div style="display: inline-block; vertical-align: middle; margin-left: 20px;"> *Year to which Data Apply <input type="text"/> </div>
*Data Source	(Maximum 200 characters) <input type="text"/>
Methodology Utilized/Data Source Description/Other (Optional)	(Maximum 500 characters) <input type="text"/>
*Identify Geographic Service Area or Target Population for Data	(Maximum 100 characters) <input type="text"/>

- 3. Click **Save and Continue** to proceed to the next form.

6.14 Form 10: Annual Emergency Preparedness Report

The Annual Emergency Preparedness Report assesses your organization's overall emergency readiness.

1. Open Form 10 (Figure 167).

Figure 167: Form 10, Annual Emergency Preparedness Report

ANNUAL EMERGENCY PREPAREDNESS REPORT	
Form 10: Annual Emergency Preparedness Report	Status: NOT COMPLETE
Fields marked with an asterisk (*) are required.	
SECTION I - EMERGENCY PREPAREDNESS AND MANAGEMENT PLAN	Yes No
*1. Has your organization conducted a thorough Hazards Vulnerability Assessment? If Yes, date completed: <input type="text"/> (Format: mm/dd/yyyy)	<input type="radio"/> Yes <input type="radio"/> No
*2. Does your organization have an approved EPM plan? If Yes, date most recent EPM plan was approved by your Board. Date: <input type="text"/> (Format: mm/dd/yyyy) If No, skip to Readiness section below.	<input type="radio"/> Yes <input type="radio"/> No
*3. Does the EPM plan specifically address the four disaster phases? (This question is mandatory if you answered Yes to Question 2.)	
3a. Mitigation	<input type="radio"/> Yes <input type="radio"/> No
3b. Preparedness	<input type="radio"/> Yes <input type="radio"/> No
3c. Response	<input type="radio"/> Yes <input type="radio"/> No
3d. Recovery	<input type="radio"/> Yes <input type="radio"/> No
*4. Is your EPM plan integrated into your local/regional emergency plan? (This question is mandatory if you answered Yes to Question 2.)	<input type="radio"/> Yes <input type="radio"/> No
*5. If no, has your organization attempted to participate with local/regional emergency planners? (This question is mandatory if you answered Yes to Question 2 and No to Question 4.)	<input type="radio"/> Yes <input type="radio"/> No
*6. Does the EPM plan address your capacity to render mass immunization/prophylaxis? (This question is mandatory if you answered Yes to Question 2.)	<input type="radio"/> Yes <input type="radio"/> No
SECTION II - READINESS	Yes No

2. Complete each section of the form (Figure 168 and Figure 169) by selecting Yes or No for each question. Data entry is required in fields marked with an asterisk (*).

Figure 168: Form 10, Section I – Emergency Preparedness and Management Plan

SECTION I - EMERGENCY PREPAREDNESS AND MANAGEMENT PLAN	Yes No
*1. Has your organization conducted a thorough Hazards Vulnerability Assessment? If Yes, date completed: <input type="text"/> (Format: mm/dd/yyyy)	<input type="radio"/> Yes <input type="radio"/> No
*2. Does your organization have an approved EPM plan? If Yes, date most recent EPM plan was approved by your Board. Date: <input type="text"/> (Format: mm/dd/yyyy) If No, skip to Readiness section below.	<input type="radio"/> Yes <input type="radio"/> No
*3. Does the EPM plan specifically address the four disaster phases? (This question is mandatory if you answered Yes to Question 2.)	
3a. Mitigation	<input type="radio"/> Yes <input type="radio"/> No
3b. Preparedness	<input type="radio"/> Yes <input type="radio"/> No
3c. Response	<input type="radio"/> Yes <input type="radio"/> No
3d. Recovery	<input type="radio"/> Yes <input type="radio"/> No
*4. Is your EPM plan integrated into your local/regional emergency plan? (This question is mandatory if you answered Yes to Question 2.)	<input type="radio"/> Yes <input type="radio"/> No
*5. If no, has your organization attempted to participate with local/regional emergency planners? (This question is mandatory if you answered Yes to Question 2 and No to Question 4.)	<input type="radio"/> Yes <input type="radio"/> No
*6. Does the EPM plan address your capacity to render mass immunization/prophylaxis? (This question is mandatory if you answered Yes to Question 2.)	<input type="radio"/> Yes <input type="radio"/> No

Figure 169: Form 10, Section II – Readiness

*SECTION II - READINESS	Yes	No
1. Does your organization include alternatives for providing primary care to your current patient population if you are unable to do so during emergency?	<input type="radio"/> Yes	<input type="radio"/> No
2. Does your organization conduct annual planned drills?	<input type="radio"/> Yes	<input type="radio"/> No
3. Does your organization's staff receive periodic training on disaster preparedness?	<input type="radio"/> Yes	<input type="radio"/> No
4. Will your organization be required to deploy staff to Non-Health Center sites/locations according to the emergency preparedness plan for local community?	<input type="radio"/> Yes	<input type="radio"/> No
5. Does your organization have arrangements with Federal, State, and/or local agencies for the reporting of data?	<input type="radio"/> Yes	<input type="radio"/> No
6. Does your organization have a back up communication system?		
6a. Internal	<input type="radio"/> Yes	<input type="radio"/> No
6b. External	<input type="radio"/> Yes	<input type="radio"/> No
7. Does your organization coordinate with other systems of care to provide an integrated emergency response?	<input type="radio"/> Yes	<input type="radio"/> No
8. Has your organization been designated to serve as a point of distribution (POD) for providing antibiotics, vaccines, and medical supplies?	<input type="radio"/> Yes	<input type="radio"/> No
9. Has your organization implemented measures to prevent financial/revenue and facilities loss due to an emergency? (e.g., insurance coverage for short-term closure)	<input type="radio"/> Yes	<input type="radio"/> No
10. Does your organization have an off-site back up of your information technology system?	<input type="radio"/> Yes	<input type="radio"/> No
11. Does your organization have a designated EPM coordinator?	<input type="radio"/> Yes	<input type="radio"/> No

3. Click **Save and Continue** to proceed to the next form.

6.15 Form 12: Organization Contacts

Use **Form 12** to provide contact information for the proposed project.

1. Open **Form 12** (**Figure 170**).

Figure 170: Form 12, Organization Contacts

Fields marked with an asterisk (*) are required.

ORGANIZATION CONTACTS

Form 12: Organization Contacts Status: **NOT COMPLETE**

***Chief Executive Officer**

No contact to display.

***Contact Person**

No contact to display.

***Medical Director**

No contact to display.

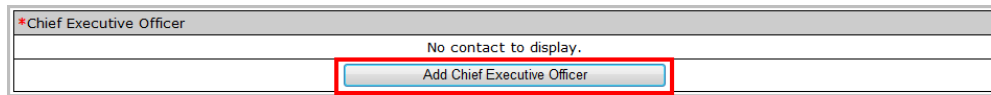
Dental Director

No contact to display.

Enter a chief executive officer, contact person, medical director, and dental director (optional). The contact person should be the primary communications liaison for any program specific information being submitted as part of this application.

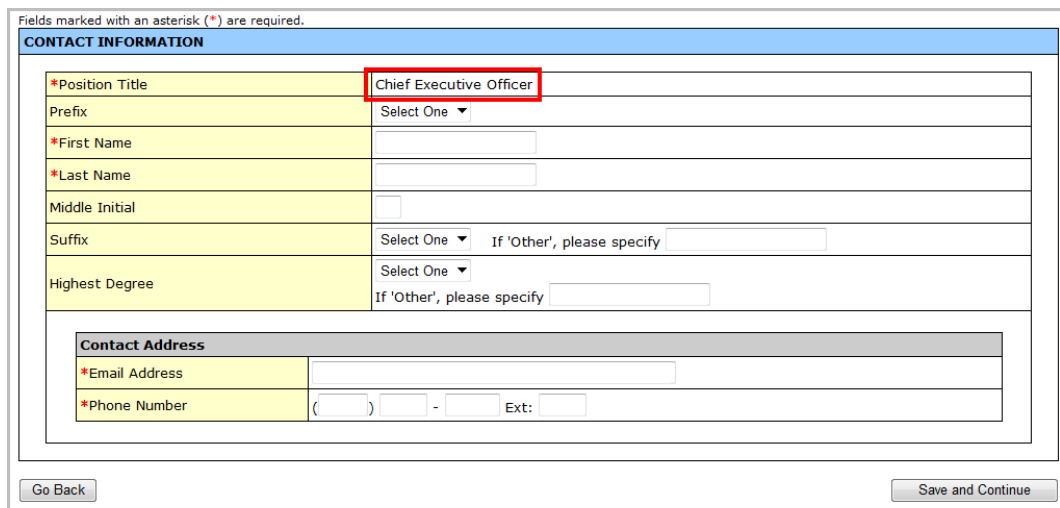
2. Click one of the Add buttons to add or update the information for each type of contact. For example, click **Add Chief Executive Officer** to add a Chief Executive Officer.

Figure 171: Form 12, Add Chief Executive Officer



- The **Contact Information** data entry page (**Figure 172**) will be displayed for the contact you are adding.

Figure 172: Contact Information Data Entry Page for Form 12



3. Complete the **Contact Information** page. Data entry is required in fields marked with an asterisk (*).
4. Click **Save and Continue** to save your work for each type of contact.

Figure 173: Contact Information Data Entry Page for Form 12 With Entries

ORGANIZATION CONTACTS					
Form 12: Organization Contacts					Status: NOT COMPLETE
*Chief Executive Officer					
Select	Position Title	Name	Highest Degree	Phone	Email
<input checked="" type="radio"/>	Chief Executive Officer	Mr. Jonathan K. Miller		(111) 123-2345	jmiller@aol.com
<input type="button" value="Add/Change Chief Executive Officer"/> <input type="button" value="Update Information"/> <input type="button" value="Delete Chief Executive Officer"/>					
*Contact Person					
Select	Position Title	Name	Highest Degree	Phone	Email
<input checked="" type="radio"/>	Director	Brian Michaels		(301) 945-9665	bmichaels@yahoo.com
<input type="button" value="Add/Change Contact Person"/> <input type="button" value="Update Information"/> <input type="button" value="Delete Contact Person"/>					
*Medical Director					
Select	Position Title	Name	Highest Degree	Phone	Email
<input checked="" type="radio"/>	Medical Director	Mr. John Bruster Sr.	MPH	(301) 936-4411	jbruster@yahoo.com
<input type="button" value="Add/Change Medical Director"/> <input type="button" value="Update Information"/> <input type="button" value="Delete Medical Director"/>					
Dental Director					
Select	Position Title	Name	Highest Degree	Phone	Email
<input checked="" type="radio"/>	Dental Director	Karen Robbins		(301) 937-2455	krobbins@yahoo.com
<input type="button" value="Add/Change Dental Director"/> <input type="button" value="Update Information"/> <input type="button" value="Delete Dental Director"/>					
<input type="button" value="Go to Previous Page"/>				<input type="button" value="Save"/>	<input checked="" type="button" value="Save and Continue"/>

- Click **Save and Continue** after you have added all the contacts to proceed to the next form.

6.16 Clinical Performance Measures

Use this form to provide information about clinical performance measures (Figure 174). Refer to the SAC FOA for more information on filling out the **Clinical Performance Measures** form.

If your organization is a new applicant or a current grantee submitting a Competing Supplemental SAC 2013 application (i.e., Type 1 and Type 3), add the performance measures in the Standard Measures area. If your organization is a current grantee and is submitting a Competing Continuation SAC 2013 application (Type 2), the **Clinical Performance Measures** form will be pre-populated.

Figure 174: Clinical Performance Measures

The screenshot shows the 'CLINICAL PERFORMANCE MEASURES' form. At the top, it says 'Clinical Performance Measures' and 'Status: NOT COMPLETE'. Below this is the 'Project Period' section with fields for '*Start Date (mm/dd/yyyy)' and '*End Date (mm/dd/yyyy)', each with a calendar icon. A 'Save' button is located to the right. The 'Standard Measures' section contains two performance measure entries. The first entry is for 'Diabetes' with a goal description: 'By End of Project Period, increase the % of adult patients age 18 to 75 years with type 1 or 2 diabetes whose most recent hemoglobin A1c (HbA1c) is <=9%. (under control)'. It shows 'Baseline Data' as '32% (Baseline Year: 2011)' and 'Projected Data' as '___%'. The second entry is for 'Hypertension' with a goal description: 'By End of Project Period, increase the % of adult patients age 18 to 75 years with diagnosed hypertension whose most recent blood pressure was less than 140/90.' Both entries have a 'Status: NOT COMPLETE' label. There are 'View' and 'Update' links under the first entry.

6.16.1 The Project Period

The project period is the total time for which support is being requested (up to two years for new applicants and up to five years for current grantees). To enter the project period, open the **Clinical Performance Measures** form and click the calendar icons to enter the dates in the Start Date and End Date fields. The Start Date is the Project Period Start Date. Click **Save** to save the project period.

Figure 175: Project Period Dates

This screenshot shows the 'Project Period' section of the form with the dates filled in. The '*Start Date (mm/dd/yyyy)' field contains '5/1/2012' and the '*End Date (mm/dd/yyyy)' field contains '5/31/2012'. Both fields have calendar icons. A 'Save' button is located at the bottom right of the section.

Note: The system will synchronize the project period dates between the Clinical Performance Measures and Financial Performance Measures forms. Changes made to dates in one form are reflected in the other form.

6.16.2 Add a Standard Performance Measure

Notes:

Report the Diabetes Clinical Performance Measure as follows:

- Report adult patients with HbA1c levels <= 9 percent in the Baseline Data (numerator and denominator subfields) and Projected Data fields.
- If desired, report the additional measurement thresholds (i.e., < 7 percent, < 8 percent, > 9 percent) in the Comments field.

The Child Health Performance Measure includes the following:

- 4 DTP/DTaP, 3 IPV, 1 MMR, 2 Hib, 3 HepB, 1VZV (Varicella), 4 Pneumococcal conjugate, 2 HepA, 2 or 3 RV, and 2 influenza vaccines.
- While 2 Hib shots are required, HRSA recommends that 3 Hib shots be given per the CDC recommendation.

The **Clinical Performance Measures** form consists of Standard Measures and Other Measures. When the status of a performance measure is Not Complete, add the performance measure as follows:

1. Click the **Update** link (**Figure 176**).
2. The **Update Clinical Performance Measure** Information page (**Figure 177**) will be displayed.

Figure 176: Clinical Performance Measures

Performance Measure: Percentage diabetic patients whose HbA1c levels are less than 7 percent, less than 8 percent, less than or equal to 9 percent, or greater than 9 percent.		Status: NOT COMPLETE	
Focus Area	Diabetes	Goal Description	By End of Project Period, increase the % of adult patients age 18 to 75 years with type 1 or 2 diabetes whose most recent hemoglobin A1c (HbA1c) is <=9%. (under control).
Baseline Data	32% (Baseline Year: 2011)	Projected Data	__%
Action: View Update			

Figure 177: Update Clinical Performance Measure Information

Update Clinical Performance Measures Information	
Focus Area	Diabetes
*Is this Performance Measure applicable to your Organization?	Yes (If No, provide explanation in 'Comments' area at bottom of this form)
Performance Measure	Percentage diabetic patients whose HbA1c levels are less than 7 percent, less than 8 percent, less than or equal to 9 percent, or greater than 9 percent.
* Target Goal Description (Sample Goals)	
Click "Save" button to save all information within this page. Save	
Numerator Description (Examples)	Number of adult patients age 18 to 75 years with a diagnosis of Type 1 or Type 2 diabetes whose most recent HbA1c level during the measurement year is <7%, <8%, <=9%, or >9%, among those patients in the denominator.

You are required to provide information in all performance measure fields. If any performance measure listed is not applicable, you must provide an explanation in the Comments field for that measure. Please see the SAC FOA for information on which measures can be marked not applicable.

3. Enter the target goal description.

Figure 178: Target Goal Description

<p>*Target Goal Description (Sample Goals)</p>	<p>(maximum 500 characters)</p> <div style="border: 1px solid black; height: 40px;"></div>
<p>Click "Save" button to save all information within this page.</p>	
<input type="button" value="Save"/>	

4. Enter the baseline data: baseline year, numerator, and denominator.

Figure 179: Baseline Data

<p>*Baseline Data</p>	<p>Baseline Year: <input type="text" value=""/> (yyyy)</p> <p>Measure Type: <input type="text" value="Percentage"/></p> <p>Numerator: <input type="text" value=""/></p> <p>Denominator: <input type="text" value=""/></p> <p>Calculated Baseline:</p> <p><small>Note: Baseline data will be calculated real time based on numerator, denominator and measure type</small></p>	<p>*Projected Data (by End of Project Period) (Sample Calculation)</p>	<p><input type="text" value=""/> %</p>
------------------------------	---	---	--

➤ The baseline auto-calculates and appears in the Calculated Baseline field.

Note: For a grantee who is submitting a SAC FY 2013 Competing Continuation application,

- Baseline Data field values, i.e. Baseline Year, Measure Type, Numerator and Denominator field values, for standard measures will be pre-populated and disabled. There can be scenarios when there is no baseline data to pre-populate for certain standard measures. In these cases too, Baseline Data fields will be disabled and grantee will not be required to provide any information.
- Baseline Date fields will be enabled for the following standard measures:
 - Coronary Artery Disease (CAD): Lipid Therapy
 - Ischemic Vascular Disease (IVD): Aspirin Therapy
 - Colorectal Cancer Screening
 - Any Oral Health and Behavioral Health related standard measures

5. In the Projected Data field, enter the data expected when the project period concludes.

➤ Click the Sample Calculation link to see an example of the calculation you need to perform to complete this field.

Figure 180: Calculation

Numerator (N)	3000 Patients
Denominator (D)	4000 Patients
Projected Data Calculation (%)	$[(N/D) * 100] = [(3000/4000)*100] = 75\%$
<p><small>Sample Calculation for Standard Measure Type</small></p>	

- Enter the data source and methodology.

Figure 181: Data Source and Methodology

Note: Starting in FY 2013, you are required to select at least one of the following data sources in the Data Source and Methodology field and provide an appropriate accompanying comment: EHR, Chart Audit, or Other.

- Enter the Key Contributing and/or Restricting Factors and Major Planned Actions.

Figure 182: Key Factor and Major Planned Action

Note: You will need to add at least one Contributing Key Factor and at least one Restricting Key Factor.

- Click the **Save and Continue** button at the bottom of the form.
 - You will be returned to the main **Clinical Performance Measures** form.

6.16.3 Add an Other Performance Measure

As mentioned previously, the **Clinical Performance Measures** form consists of Standard Measures and Other Measures.

Note: Any additional Other measures should be specific to the proposed project.

To add an Other performance measure to your application,

- Click **Add Performance Measure** under the Other Measures section of the form.

Figure 183: Add Other Performance Measure

Other Measures

No Other Performance Measure(s) Specified

Add Performance Measure

- The **Add Clinical Performance Measure** page opens ([Figure 184](#)).

Figure 184: Add Clinical Performance Measure

Fields marked with an asterisk (*) are required.

ADD CLINICAL PERFORMANCE MEASURE INFORMATION Status: Not Complete

Add Clinical Performance Measure Information

*Focus Area

Select One

If 'Other', Please specify

*Performance Measure Category

(Select one or more categories for Oral/Behavioral measures. To select multiple values, hold the Ctrl key and then select from the list.)

Emergency Services
Oral Exams
Restorative Services
Oral Surgery

If 'Other', Please specify

*Performance Measure

(maximum 500 characters)

2. Select a focus area from the drop-down menu.

Figure 185: Clinical Performance Measure Focus Area

Fields marked with an asterisk (*) are required.

ADD CLINICAL PERFORMANCE MEASURE INFORMATION Status: Not Complete

Add Clinical Performance Measure Information

*Focus Area

Select One

Select One

Diabetes

Cardiovascular Disease

Cancer

Prenatal Health

Perinatal Health

Child Health

Behavioral Health

Oral Health

*Performance Measure

Weight Assessment and Counseling for Children and Adolescents

Adult Weight Screening and Follow-Up

Tobacco Use Assessment and Counseling (Tobacco Use Assessment)

Tobacco Use Assessment and Counseling (Tobacco Cessation Counseling)

Asthma – Pharmacological Therapy

Coronary Artery Disease (CAD): Lipid Therapy

Ischemic Vascular Disease (IVD): Aspirin Therapy

Colorectal Cancer Screening

Other

*Performance Measure Category

(Select one or more categories for Oral/Behavioral measures. To select multiple values, hold the Ctrl key and then select from the list.)

Emergency Services
Oral Exams
Restorative Services
Oral Surgery

If 'Other', Please specify

- If your focus area is Oral Health or Behavioral Health, select one or more performance measure categories.

Figure 186: Focus Area Performance Measure Categories

Add Clinical Performance Measures Information			
*Focus Area	Oral Health	Performance Measure Category	Prophylaxis - Adult or Child
	If 'Other', Please specify		Sealants
			Fluoride Treatment - Adult or Child
			Other
			If 'Other', please specify

- Enter the performance measure.

Figure 187: Focus Area Performance Measure Description

*Performance Measure	(maximum 500 characters)
----------------------	--------------------------

- Enter the target goal description.

Figure 188: Focus Area Target Goal Description

*Target Goal Description (Sample Goals)	(maximum 500 characters)
--	--------------------------

- Enter descriptions of the numerator and denominator.

Figure 189: Numerator and Denominator Descriptions

*Numerator Description (Examples)	(maximum 500 characters)
*Denominator Description (Examples)	(maximum 500 characters)

- Enter the baseline data: baseline year, measure type, numerator, and denominator.

Figure 190: Baseline Data

*Baseline Data	Baseline Year: <input type="text"/> (yyyy)	*Projected Data (by End of Project Period) (Sample Calculation)	<input type="text"/> %
	Measure Type: <input type="text" value="Percentage"/>		
	Numerator: <input type="text"/>		
	Denominator: <input type="text"/>		
	Calculated Baseline:		
Note: Baseline data will be calculated real time based on numerator, denominator and measure type			

- The baseline auto-calculates and appears in the Calculated Baseline field.
- 8. In the Projected Data field, enter the data expected when the project period concludes.
- 9. Click the **Sample Calculation** link to see an example of the calculation you need to perform to complete this field.
- 10. Enter the data source and methodology.

Figure 191: Data Source and Methodology

*Data Source & Methodology	<input type="checkbox"/> EHR <input type="checkbox"/> Chart Audit <input type="checkbox"/> Other: If 'Other', Please specify <input type="text"/>
	You have 500 characters remaining out of maximum limit of 500 <input style="width: 100%; height: 40px;" type="text"/>

Note: Starting in FY 2013, you are required to select at least one of the following datasources in the Data Source and Methodology field and provide an appropriate accompanying comment: EHR, Chart Audit, or Other

- 9. Enter the Key Contributing and/or Restricting Factor(s) and Major Planned Action(s).

Figure 192: Key Factors

*Key Factor and Major Planned Action #1	Key Factor Type: <input type="radio"/> Contributing <input type="radio"/> Restricting <input type="radio"/> N/A
	Key Factor Description You have 1500 characters remaining out of maximum limit of 1500 <input style="width: 100%; height: 40px;" type="text"/>
	Major Planned Action Description You have 1500 characters remaining out of maximum limit of 1500 <input style="width: 100%; height: 40px;" type="text"/>

Note: You will need to add at least one Contributing Key Factor and at least one Restricting Key Factor.

10. Click **Save and Continue** at the bottom of the form.
- You will be returned to the **Clinical Performance Measures** form. The new performance measure will appear in the Other Measures area of the form.

Figure 193: Other Measures

Other Measures			
Performance Measure: Test			Status: Complete
Focus Area	Prenatal Health	Goal Description	Decrease the % of infants born at or below 6lbs: From: <u> 7 </u> % (Baseline Year: <u> 2010 </u>) To: <u> 3 </u> %
Baseline Data	7.00% (Baseline Year: 2010)	Projected Data	3.00%
Action: View Update Delete			

6.16.4 Update a Performance Measure

When the status of a performance measure is Complete, update it as follows:

1. Click the Update link (Figure 194).

Figure 194: Update Link on a Complete Performance Measure

Performance Measure: Percentage of diabetic patients whose HbA1c levels are less than 7 percent, less than 8 percent, less than or equal to 9 percent, or greater than 9 percent.			Status: Complete
Focus Area	Diabetes	Goal Description	Percentage of diabetic patients whose HbA1c levels are less than or equal to 9%
Baseline Data	78.57% (Baseline Year: 2010)	Projected Data	85.00%
Action: View Update			

- The **Update Clinical Performance Measures Information** page will be displayed ([Figure 195](#)).

Figure 195: Update Clinical Performance Measures Information

Fields marked with an asterisk (*) are required.

UPDATE CLINICAL PERFORMANCE MEASURE INFORMATION		Status: COMPLETE
Update Clinical Performance Measure Information		
Focus Area	Diabetes	
*Is this Performance Measure applicable to your Organization?	Yes	
(If No, provide explanation in 'Comments' area at bottom of this form)		
Performance Measure	Percentage of diabetic patients whose HbA1c levels are less than 7 percent, less than 8 percent, less than or equal to 9 percent, or greater than 9 percent.	
*Target Goal Description (Sample Goals)	(maximum 500 characters) Percentage of diabetic patients whose HbA1c levels are less than or equal to 9%	
Click "Save" button to save all information within this page. Save		
Comments (Required if Performance Measure is N/A)	(maximum 1500 characters)	
Cancel		Save and Continue

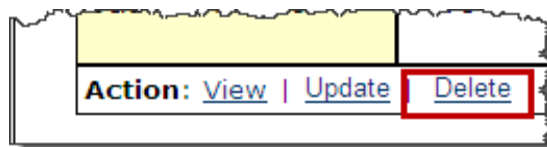
2. Update the performance measure as described in section [6.16.2, Add a Standard Performance Measure](#).

6.16.5 Delete a Performance Measure

To delete an Other performance measure,

1. Click the [Delete](#) link.

Figure 196: Delete Link



- The Delete Clinical Performance Measures page opens.
2. Click **Confirm Delete**.

Figure 197: Confirm Delete

Fields marked with an asterisk (*) are required.

DELETE CLINICAL PERFORMANCE MEASURES INFORMATION			
Performance Measure: Test			
Focus Area	Prenatal Health	Goal Description	Decrease the % of infants born at or below 6lbs: From: <u>7</u> % (Baseline Year: <u>2010</u>) To: <u>3</u> %
Baseline Data	7.00 % (Baseline Year: 2010)	Projected Data	3.00 %
View: Performance Measure Details			

Cancel Confirm Delete

6.16.6 View a Performance Measure

1. Click the **View** link to see a read-only display of the performance measure (Figure 198).

Figure 198: Read-Only Display of a Clinical Performance Measure

[questions/comments](#)

As of 4/21/2012 5:16:49 PM
 OMB No.: 0915-0285 Expiration Date: 10/31/2013

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration	FOR HRSA USE ONLY	
	Application Tracking Number	Grant Number
	00062856	H80CS00044
CLINICAL PERFORMANCE MEASURE	Project Period Date	01/01/2009 - 12/31/2012

Focus Area: Diabetes

Performance Measure Description: Percentage diabetic patients whose HbA1c levels are less than 7 percent, less than 8 percent, less than or equal to 9 percent, or greater than 9 percent.										
Is this Performance Measure Applicable to your Organization?	Yes									
Target Goal Description	By End of Project Period, increase the % of adult patients age 18 to 75 years with type 1 or 2 diabetes whose most recent hemoglobin A1c (HbA1c) is <=9%. (under control).									
Numerator Description	Number of adult patients age 18 to 75 years with a diagnosis of Type 1 or Type 2 diabetes whose most recent HbA1c level during the measurement year is <7%, <8%, <=9%, or >9%, among those patients in the denominator.									
Denominator Description	Number of adult patients age 18 to 75 years as of December 31 of the measurement year with a diagnosis of Type 1 or Type 2 diabetes, who have had a visit at least twice during the reporting year and do not meet any of the exclusion criteria.									
Baseline Data	<table border="1"> <tr> <td>Baseline Year: 2011</td> <td rowspan="4">Projected Data (by End of Project Period)</td> <td rowspan="4">50%</td> </tr> <tr> <td>Measure Type: Percentage</td> </tr> <tr> <td>Numerator: 32</td> </tr> <tr> <td>Denominator: 100</td> </tr> <tr> <td>Baseline Data: 32%</td> <td colspan="2"></td> </tr> </table>	Baseline Year: 2011	Projected Data (by End of Project Period)	50%	Measure Type: Percentage	Numerator: 32	Denominator: 100	Baseline Data: 32%		
Baseline Year: 2011	Projected Data (by End of Project Period)	50%								
Measure Type: Percentage										
Numerator: 32										
Denominator: 100										
Baseline Data: 32%										
	<input checked="" type="checkbox"/> EHR <input type="checkbox"/> Chart Audit <input type="checkbox"/> Other									

2. Click **Close Window** to return to the Clinical Performance Measures form.

6.16.7 Mark a Performance Measure as a Duplicate

When you see a link that reads Mark as Duplicate in the action links, you can mark the performance measure as a duplicate.

1. Click the **Mark as Duplicate** link (Figure 199).

Figure 199: Duplicates of Clinical Performance Measures

Performance Measure: Number of patients seen by Behavioral Health Clinic.			Status: NOT COMPLETE
Focus Area	Behavioral Health (Mental Health)	Goal Description	A general service increase goal is to accept 750 new BH patients per year.
Baseline Data	32% (Baseline Year: 2012)	Projected Data	__%
Action: View Update Mark as Duplicate			

- The **Mark Performance Measure As Duplicate** page will be displayed ([Figure 200](#)).

Figure 200: Mark Performance Measure as Duplicate

Fields marked with an asterisk (*) are required.

MARK PERFORMANCE MEASURE AS DUPLICATE

Performance Measure: Percentage of adults with recognized depression who receive treatment.

Measure Proposed In	SAC FY 2010 (Application Tracking#: 68880)
Numerator Description	Number of adults = 18 years of age with recognized depression who received at least... (Show Details)
Denominator Description	Total number of adults = 18 years of age with recognized depression.

Please identify the performance measure from the ones listed below, which is the duplicate of the performance measure listed above. Justification comments are required if a performance measure is selected.

Performance Measure: Percentage of adults with recognized depression who receive treatment.

Measure Proposed In	SAC FY 2010 (Application Tracking#: 69537)
Numerator Description	Number of adults 18 years of age or older with recognized depression who received ... (Show Details)
Denominator Description	Total number of adults 18 years of age or older with recognized depression.

***Justification** (maximum 500 characters)

Comments

[Go to Previous Page](#) [Save and Continue](#)

2. Compare the duplicated performance measures options to the performance measure listed at the top of the screen and select the duplicate.
 3. Enter a justification in the Comments box and click **Save and Continue**.
- You will be returned to the **Clinical Performance Measures** form.

The performance measure that you selected as a duplicate will no longer contain a **Mark as Duplicate** link. Instead, there will be two other links: **Undo Duplicate** and **Update Duplicate Information**.

6.16.8 Undo a Duplicated Performance Measure

To unmark the performance measure as a duplicate,

1. Click the **Undo Duplicate** link ([Figure 201](#)).

Note: This link will only appear for performance measures that have been marked as a duplicate.

Figure 201: Performance Measure Marked as a Duplicate

Performance Measure: Percentage of diabetic patients whose HbA1c levels are less than or equal to 7 percent.		Status: Marked as Duplicate	
Focus Area	Diabetes	Goal Description	By 2013, increase to 50% adult patients with Type 1 or 2 diabetes whose most recent HbA1c is < 7% (under control).
Baseline Data	25.71% (Baseline Year: 2008)	Projected Data	50.00%
Action: View Undo Duplicate Update Duplicate Information			

- The **Clinical Performance Measures** form will be displayed.

The performance measure will no longer have an **Undo Duplicate** link.

6.16.9 Update a Duplicated Performance Measure

To change a duplicated performance measure,

1. Click the **Update Duplicate Information** link.

This link will only appear for performance measures that have been marked as a duplicate.

- The **Update Duplicate Information** page will be displayed.

Figure 202: Update Duplicate Information Page

UPDATE DUPLICATE INFORMATION

Performance Measure: Percentage of adults with recognized depression who receive treatment.	
Measure Proposed In	SAC FY 2010 (Application Tracking#: 68880)
Numerator Description	Number of adults = 18 years of age with recognized depression who received at leas... (Show Details)
Denominator Description	Total number of adults = 18 years of age with recognized depression.

Please identify the performance measure from the ones listed below, which is the duplicate of the performance measure listed above. Justification comments are required if a performance measure is selected.

<input checked="" type="radio"/> Performance Measure: Percentage of adults with recognized depression who receive treatment.	
Measure Proposed In	SAC FY 2010 (Application Tracking#: 69537)
Numerator Description	Number of adults 18 years of age or older with recognized depression who received ... (Show Details)
Denominator Description	Total number of adults 18 years of age or older with recognized depression.

Justification

(maximum 500 characters)

Comments: This measure is marked as duplicate of the other behavioral measure

At this point you can:

- Select another performance measure as the duplicate.
 - Modify the justification comments.
2. Click **Save and Continue** when you are finished.
- You will be returned to the Clinical Performance Measures form.

- After you have completed working with all the Clinical Performance Measures, click **Save and Continue** to proceed to the next form.

6.17 Financial Performance Measures

Use this form to provide information about financial performance measures (Figure 151). Refer to the SAC FOA for more information on filling out the Financial Performance Measures form.

If your organization is a new applicant or a current grantee submitting a Competing Supplemental SAC 2013 application (i.e., Type 1 and Type 3), add performance measures in the Standard Measures area. If your organization is a current grantee and is submitting a Competing Continuation SAC 2013 application (Type 2), the **Financial Performance Measures** form will be pre-populated.

Figure 203: Financial Performance Measures

Fields marked with an asterisk (*) are required.

FINANCIAL PERFORMANCE MEASURES			
Financial Performance Measures			Status: NOT COMPLETE
Project Period			
*Start Date (mm/dd/yyyy)	05/01/2012	*End Date (mm/dd/yyyy)	05/31/2012
			<input type="button" value="Save"/>
*Standard Measures			
Performance Measure: Total cost per patient.			Status: Not Complete
Focus Area	Costs	Goal Description	(Please Specify)
Baseline Data	___ (Ratio) (Baseline Year: ___)	Projected Data	___ (Ratio)
Action: View Update			
Performance Measure: Medical cost per medical encounter			Status: Not Complete
Focus Area	Costs	Goal Description	(Please Specify)

6.17.1 The Project Period

As mentioned previously, the project period is the total time for which support is being requested (up to two years for new applicants and up to five years for current grantees and applicants submitting a supplemental application). The project period information will be pre-populated to match what was entered in the Clinical Performance Measures form. To adjust the project period, open the Financial Performance Measures form and click the calendar icons to enter the dates in the Start Date and End Date fields. The Start Date is the Project Period Start Date. Click **Save** to save the project period.

Note: The system will synchronize the project period dates between the Financial Performance Measures and Clinical Performance Measures forms whenever they are updated in either form. Changes made to dates in one form are reflected in the other form.

6.17.2 Add a Standard Performance Measure

The **Financial Performance Measures** form consists of Standard Measures and optional Other Measures. When the status of a performance measure is Not Complete, add the performance measure as follows:

1. Click the **Update** link (**Figure 204**).
- The **Update Financial Performance Measure Information** page (**Figure 205**) will be displayed.

Figure 204: Financial Performance Measure

Performance Measure: Total cost per patient.		Status: Not Complete	
Focus Area	Costs	Goal Description	(Please Specify)
Baseline Data	___ (Ratio) (Baseline Year: ___)	Projected Data	___ (Ratio)
Action: View Update			

Figure 205: Update Financial Performance Measure Information

Fields marked with an asterisk (*) are required.

UPDATE FINANCIAL PERFORMANCE MEASURE INFORMATION		Status: Not Complete
Update Financial Performance Measure Information		
Focus Area	Costs	
*Is this Performance Measure applicable to your Organization?	Yes <input type="button" value="v"/> <small>(If No, provide explanation in 'Comments' area at bottom of this form)</small>	
Performance Measure	Total cost per patient.	
*Target Goal Description <small>(Sample Goals)</small>	<small>(maximum 500 characters)</small> <input type="text"/>	
Click "Save" button to save all information within this page. <input type="button" value="Save"/>		
Numerator Description <small>(Examples)</small>	Total accrued cost before donations and after allocation of overhead.	
Denominator Description <small>(Examples)</small>	Total number of patients.	

Note: You are required to provide information in all performance measure fields. If any performance measure listed is not applicable, you must provide an explanation in the Comments field for that

measure. Please see the SAC FOA for information on which measures can be marked not applicable.

2. Enter the target goal description.

Figure 206: Target Goal Description

3. Enter the baseline data: baseline year, numerator, and denominator.
 - The baseline auto-calculates and appears in the Calculated Baseline field.

Note: For a grantee who is submitting a SAC FY 2013 Competing Continuation application,

- Baseline Data field values, i.e. Baseline Year, Measure Type, Numerator and Denominator field values, for standard measures related to “Costs” focus area will be pre-populated and disabled.
- Baseline Date fields will be enabled for any standard measures related to “Financial Viability” focus area.

Figure 207: Baseline Data

4. In the Projected Data field, enter the data expected when the project period concludes.
5. Click the Sample Calculation link to see an example of the calculation you need to perform to complete this field.

Figure 208: Data Calculation Input

meet any of the exclusion criteria.	
Numerator (N)	3000 Patients
Denominator (D)	4000 Patients
Projected Data Calculation (%)	$[(N/D) * 100] = [(3000/4000)*100] = 75\%$
Example Calculation for % based Measure Type	

6. Enter the data source and methodology.

Figure 209: Data Source and Methodology

7. Enter the Key Contributing Factors, the Restricting Factors, and any Major Planned Actions.

Note: You will need to add at least one Contributing Key Factor and at least one Restricting Key Factor.

Figure 210: Key Factor and Major Planned Action

8. Click **Save and Continue** at the bottom of the form.

➤ You will be returned to the main Financial Performance Measures form.

6.17.3 Add an Other Performance Measure

As mentioned previously, the Financial Performance Measures form consists of Standard Measures and optional Other Measures. To add an Other performance measure to your application,

1. Click **Add Performance Measure** under the Other Measures section of the form.

Figure 211: Other Measures

➤ The **Add Financial Performance Measure** page opens ([Figure 212](#)).

Figure 212: Add Financial Performance Measure

Fields marked with an asterisk (*) are required.

ADD FINANCIAL PERFORMANCE MEASURE INFORMATION		Status: Not Complete
Add Financial Performance Measure Information		
*Focus Area	Select One If 'Other', Please specify	
*Performance Measure	(maximum 500 characters)	
*Target Goal Description (Sample Goals)	(maximum 500 characters)	
Click "Save" button to save all information within this page. Save		
*Numerator Description (Examples)	(maximum 500 characters)	
*Denominator Description	(maximum 500 characters)	

2. Select a focus area from the drop-down menu.

Figure 213: Add Financial Performance Measure Information

Add Financial Performance Measure Information	
*Focus Area	Select One If 'Other', Please specify
*Performance Measure	(maximum 500 characters)
*Target Goal Description (Sample Goals)	(maximum 500 characters)
Click "Save" button to save all information within this page. Save	

Figure 214: Select Focus Area

*Focus Area	Select One Select One Costs Financial Viability Other
-------------	---

3. Enter the performance measure.

Figure 215: Performance Measure Description

*Performance Measure	(maximum 500 characters) <input style="width: 100%; height: 50px;" type="text"/>
-----------------------------	---

4. Enter the target goal description.

Figure 216: Target Goal Description

*Target Goal Description (Sample Goals)	(maximum 500 characters) <input style="width: 100%; height: 50px;" type="text"/>
---	---

5. Enter descriptions of the numerator and denominator.

Figure 217: Numerator and Denominator Descriptions

*Numerator Description (Examples)	(maximum 500 characters) <input style="width: 100%; height: 50px;" type="text"/>
*Denominator Description (Examples)	(maximum 500 characters) <input style="width: 100%; height: 50px;" type="text"/>

6. Enter the baseline data: baseline year, measure type, numerator, and denominator.

Figure 218: Baseline Data Descriptions

*Baseline Data	Baseline Year: <input style="width: 50px;" type="text"/> (yyyy) Measure Type: <input type="text" value="Percentage"/> <small>▼</small> Numerator: <input style="width: 100px;" type="text"/> Denominator: <input style="width: 100px;" type="text"/> Calculated Baseline: <small>Note: Baseline data will be calculated real time based on numerator, denominator and measure type</small>	*Projected Data (by End of Project Period) (Sample Calculation)	<input style="width: 50px;" type="text"/> %
-----------------------	---	---	---

- The baseline auto-calculates and appears in the Calculated Baseline field.
7. In the Projected Data field, enter the data expected when the project period concludes.
- Click the Sample Calculation link to see an example of the calculation you need to perform to complete this field.

Figure 219: Numerator, Denominator, and Calculation

Numerator (N)	3000 Patients
Denominator (D)	4000 Patients
Projected Data Calculation (%)	$[(N/D) * 100] = [(3000/4000)*100] = 75\%$

8. Enter the data source and Methodology.
9. Enter the Key Contributing and Restricting Factors and Major Planned Actions.

Note: You must add at least one Contributing Key Factor and at least one Restricting Key Factor.

Figure 220: Key Factor Descriptions

*Key Factor and Major Planned Action #1

Key Factor Type:
 Contributing Restricting N/A

Key Factor Description
 You have 1500 characters remaining out of maximum limit of 1500

Major Planned Action Description
 You have 1500 characters remaining out of maximum limit of 1500

10. Click **Save and Continue** at the bottom of the form.
- You will be returned to the Financial Performance Measures form. The new performance measure will appear in the Other Measures area of the form.

Figure 221: Other Measures Descriptions

Other Measures			
Performance Measure: Cost per encounter			Status: Complete
Focus Area	Costs	Goal Description	By End of Project Period, maintain rate of increase in cost per encounter To: <u>3</u> %
Baseline Data	10.00% (Baseline Year: 2011)	Projected Data	3.00%
Action: View Update Delete			

6.17.4 Update a Performance Measure

When the status of a performance measure is Complete, you can update it as follows:

1. Click the Update link (Figure 222).

Figure 222: Update Link on a Complete Performance Measure

Performance Measure: Cost per encounter			Status: Complete
Focus Area	Costs	Goal Description	By End of Project Period, maintain rate of increase in cost per encounter To: <u>3</u> %
Baseline Data	10.00% (Baseline Year: 2011)	Projected Data	3.00%
Action: View Update Delete			

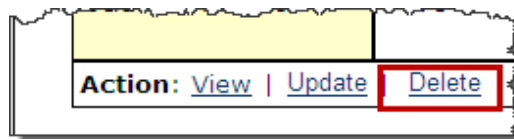
- The Update Financial Performance Measure Information page will be displayed (Figure 223).
- 2. Update the performance measure as described in Add a Standard Performance Measure (See 6.16.2).

6.17.5 Delete a Performance Measure

To delete an Other performance measure,

1. Click the [Delete](#) link.

Figure 224: Delete Link



- The **Delete Financial Performance Measures** page opens.
- 2. Click **Confirm Delete**.

Figure 225: Delete Financial Performance Measure Information Page

Fields marked with an asterisk (*) are required.

DELETE FINANCIAL PERFORMANCE MEASURES INFORMATION			
Performance Measure: Test			
Focus Area	Costs	Goal Description	Test
Baseline Data	33.33 % (Baseline Year: 2010)	Projected Data	45.00 %
View: Performance Measure Details			

Cancel Confirm Delete

6.17.6 View a Performance Measure

1. Click the [View](#) link to see a read-only display of the performance measure (Figure 226).

Figure 226: Read-Only Display of Financial Performance Measure

As of 4/21/2012 5:16:4
OMB No.: 0915-0285 Expiration Date: 10/31/

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration BUSINESS PLAN	FOR HRSA USE ONLY						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Tracking Number</td> <td style="width: 50%;">Grant Number</td> </tr> <tr> <td style="text-align: center;">00062856</td> <td style="text-align: center;">H80CS00044</td> </tr> <tr> <td>Project Period Date</td> <td style="text-align: center;">01/01/2009 -12/31/2012</td> </tr> </table>	Application Tracking Number	Grant Number	00062856	H80CS00044	Project Period Date	01/01/2009 -12/31/2012
Application Tracking Number	Grant Number						
00062856	H80CS00044						
Project Period Date	01/01/2009 -12/31/2012						
Focus Area: Costs							
Performance Measure Description: Total cost per patient.							
Is this Performance Measure Applicable to your Organization?	Yes						
Target Goal Description	By End of Project Period, maintain rate of increase in total cost per patient						
Numerator Description	Total accrued cost before donations and after allocation of overhead.						
Denominator Description	Total number of patients.						
Baseline Data	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> Baseline Year: 2011 Measure Type: Ratio Numerator: 350 Denominator: 135 Baseline Data: 2.6 (Ratio) </td> <td style="width: 50%;"> Projected Data (by End of Project Period) 5 (Ratio) </td> </tr> </table>	Baseline Year: 2011 Measure Type: Ratio Numerator: 350 Denominator: 135 Baseline Data: 2.6 (Ratio)	Projected Data (by End of Project Period) 5 (Ratio)				
Baseline Year: 2011 Measure Type: Ratio Numerator: 350 Denominator: 135 Baseline Data: 2.6 (Ratio)	Projected Data (by End of Project Period) 5 (Ratio)						
Data Source & Methodology	Data Source & Methodology will be displayed here.						
Key Factor and Major Planned Action #1	Key Factor Type: <input checked="" type="checkbox"/> Contributing <input type="checkbox"/> Restricting <input type="checkbox"/> N/A Key Factor Description: Key Factor Description will be displayed here. Major Planned Action Description: Major Planned Action Description will be displayed here.						
Key Factor and Major Planned Action	Key Factor Type: <input checked="" type="checkbox"/> Contributing <input type="checkbox"/> Restricting <input type="checkbox"/> N/A Key Factor Description:						

- Click **Close Window** to return to the Financial Performance Measures form.

6.17.7 Mark a Performance Measure as a Duplicate

When you see a link that reads Mark as Duplicate in the action links, you can mark the performance measure as a duplicate.

- Click the Mark as Duplicate link (Figure 227).

Figure 227: Duplicate Financial Performance Measures

Performance Measure: turnover rate				Status: Not Complete
Focus Area	Human Resources	Goal Description	reduce overall turnover rate	
Baseline Data	31.90% (Baseline Year: 2008)	Projected Data	22.00%	
Action: View Update Mark as Duplicate				
Note: The performance measure details are pre-populated from BPR FY 2010 application submitted by grantee.				
Performance Measure: turnover rate				Status: Not Complete
Focus Area	Human Resources	Goal Description	reduce turnover rate of new hires	
Baseline Data	15.10% (Baseline Year: 2008)	Projected Data	15.00%	
Action: View Update Mark as Duplicate				
Note: The performance measure details are pre-populated from BPR FY 2010 application submitted by grantee.				

2. The Mark Performance Measure as Duplicate Page will be displayed.
3. Compare the duplicated performance measures to the performance measure listed at the top of the screen and select the duplicate.
4. Enter a justification in the Comments box, and click **Save and Continue**.
 - You will be returned to the Financial Performance Measures form.

The performance measure that you selected as a duplicate will no longer contain a Mark as Duplicate link. Instead, there will be two other links: Undo Duplicate and Update Duplicate Information.

6.17.8 Undo a Duplicated Performance Measure

To unmark the performance measure as a duplicate,

1. Click the **Undo Duplicate** link.

This link will only appear for performance measures that have been marked as a duplicate.

Figure 228: Performance Measure Marked as a Duplicate

Performance Measure: turnover rate			Status: Marked as Duplicate
Focus Area	Human Resources	Goal Description	reduce turnover rate of new hires
Baseline Data	15.10% (Baseline Year: 2008)	Projected Data	15.00%
Action: View Undo Duplicate Update Duplicate Information			

2. The Financial Performance Measures form will be displayed.
 - The performance measure will no longer have an Undo Duplicate link.

6.17.9 Update a Duplicated Performance Measure

To change a duplicated performance measure,

1. Click the Update Duplicate Information link.

This link will only appear for performance measures that have been marked as a duplicate.

- The **Update Duplicate Information** page will be displayed.

Figure 229: Update Duplicate Information Page

Fields marked with an asterisk (*) are required.

UPDATE DUPLICATE INFORMATION

Performance Measure: make sure this cannot be made duplicate of any other PM

Measure Proposed In	BPR FY 2010 (Application Tracking#: 68527)
Numerator Description	
Denominator Description	

Please identify the performance measure from the ones listed below, which is the duplicate of the performance measure listed above. Justification comments are required if a performance measure is selected.

Performance Measure: another Costs to make sure it cannot be duplicated with Standard costs

Measure Proposed In	BPR FY 2010 (Application Tracking#: 68527)
Numerator Description	Sample Text
Denominator Description	Sample Text

***Justification**

Comments	(maximum 500 characters) SampleText
----------	--

Go to Previous Page Save and Continue

At this point you can:

- A. Select another performance measure as the duplicate.
- B. Modify the justification comments.
3. Click **Save and Continue** when you are finished.
 - You will be returned to the **Financial Performance Measures** form
4. After you have completed working with all the Financial Performance Measures, click **Save and Continue** on the Financial Performance Measures form to proceed to the next form.

7. Review the Application

7.1 Status Overview

Click **Status** in the left navigation panel (**Figure 230**) to see the Status Overview (**Figure 231**), which shows the status of the application.

Figure 230: Status Link Opens the Status Overview

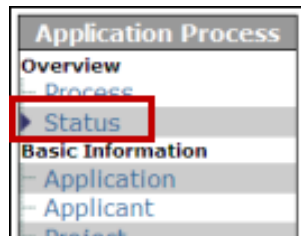


Figure 231: Status Overview

STATUS OVERVIEW		
SUGGESTED NEXT STEP		
Assign AO		
APPLICATION PROCESS STATUS		
Deadline	Oct 13 2012 5:00PM ET (You have 163 days to complete and submit the application.)	
Full Announcement (Includes Program Guidance)	Original announcement posted on 04/25/2012..... View Details	
Assigned AO	N/A (One or more AO's currently registered. Assign AO)	
Created On	4/30/2012 3:51:06 PM ET	
Last Updated By		
Peer Information	No peers associated with this Application.	
View: Application Application Data Validation Comments		
APPLICATION FORMS STATUS		
Section	Action	Status
Basic Information		
Application	Update	NOT COMPLETE
Applicant	Update	NOT COMPLETE
Project	Update	NOT COMPLETE
Performance Site Locations	Update	NOT COMPLETE

7.2 Review

Click **Review** in the left navigation panel (**Figure 232**) to see a list of the forms in the application (**Figure 233**).

Figure 232: Review Link Shows a List of the Forms

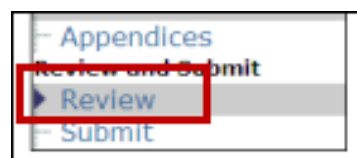


Figure 233: List of Forms in the Application

TABLE OF CONTENTS		TABLE OF CONTENTS	
Section	Type	Action	
General Information			
Application for Federal Assistance (SF-424)	HTML	View	
Project Summary/Abstract	DOCUMENT	Not Available	
Additional Congressional District	DOCUMENT	Not Available	
SF-424 Performance Site Locations	HTML	View	
Program Narrative	DOCUMENT	Not Available	
Budget Information			
SF-424A Budget Information - Non-Construction Programs	HTML	View	
Narrative Budget Justification	DOCUMENT	Not Available	
Assurances and Certifications			
SF-424B Assurances - Non-Construction Programs	HTML	View	

Use the View links on this page to view and print forms and documents:

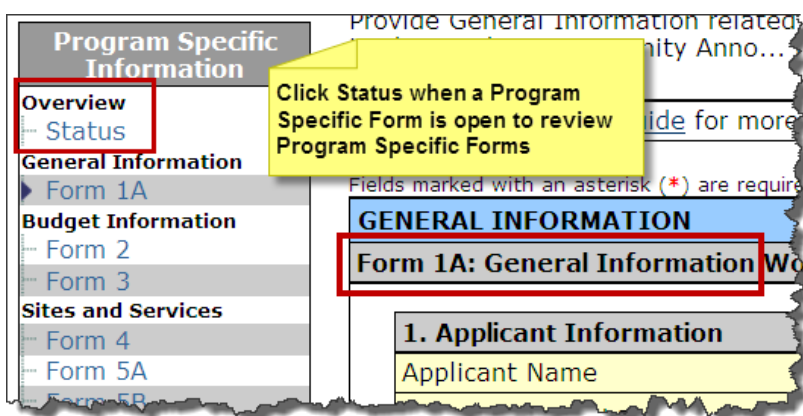
1. Click a **View** link in the Action column to view and print the forms and attachments.
2. Click:
 - A. **Print** for a printable version of this page.
 - B. **Print All HTML Forms** for a printable version of all the HTML forms (forms only, not attachments).

To print the entire application (HTML forms and attachments), you must download the application to your computer.

7.3 Program Specific Forms

To view the status of all Program Specific Forms, click Status under Overview in the left navigation panel when you are working on a Program Specific form (Figure 234).

Figure 234: Status Link in the Left Navigation Panel on Form 1A



The Status Overview page for Program Specific Forms opens (Figure 235). This page shows the completion status of each Program Specific Form.

Figure 235: Status Overview Page for Program Specific Forms

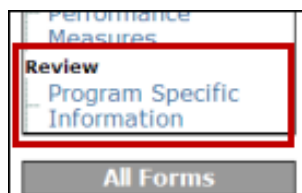
Fields marked with an asterisk (*) are required.

STATUS OVERVIEW		
View Resources		
SAC FY 2013 User Guide		
PROGRAM SPECIFIC INFORMATION STATUS		
Section	Action	Status
General Information		
Form 1A: General Information Worksheet	Update	COMPLETE
Budget Information		
Form 1C - Documents On File	Update	COMPLETE
Form 2: Staffing Profile	Update	COMPLETE
Form 3: Income Analysis	Update	COMPLETE
Sites and Services		
Form 4: Community Characteristics	Update	COMPLETE
Form 5A: Services Provided		
Required Services	Update	COMPLETE
Additional Services	Update	COMPLETE
Form 5B: Service Sites	Update	COMPLETE
Form 5C: Other Activities/Locations	Update	COMPLETE
Other Forms		
Form 6A: Current Board Member Characteristics	Update	COMPLETE
Form 6B: Request for Waiver of Governance Requirements	Update	COMPLETE
Form 8: Health Center Agreements	Update	COMPLETE
Form 9: Need for Assistance Worksheet		
Section I: Core Barriers	Update	COMPLETE
Section II: Core Health Indicators	Update	COMPLETE
Section III: Other Health Indicators	Update	COMPLETE
Form 10: Annual Emergency Preparedness Report	Update	COMPLETE
Form 12: Organization Contacts	Update	COMPLETE
Performance Measures		
Clinical Performance Measures	Update	COMPLETE
Financial Performance Measures	Update	COMPLETE

Click the [Update](#) link to make any necessary adjustments. All forms must be complete before you can submit your application.

To view or print Program Specific Forms, click [Program Specific Information](#) under Review in the left navigation panel.

Figure 236: Program Specific Information Link in the Left Navigation Panel



The Program Specific Information Review Page will display all Program Specific Forms in the application (Figure 237).

Use the links and buttons on this page to view and print forms and documents:

1. Click a [View](#) link in the Action column to view and print each form/document separately from the View page.
2. Click:
 - **Print** to print the review page.
 - **Print All HTML Forms** to print all forms (HTML in the Type column).

Figure 237: Program Specific Information Review Page

(Note: Attachments will not be printed on clicking this button)

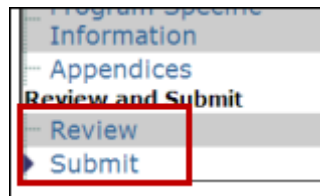
TABLE OF CONTENTS		
Section	Type	Action
Program Specific Information		
Form 1A: General Information Worksheet	HTML	View
Form 1C: Documents On File	HTML	View
Form 2: Proposed Staff Profile	HTML	View
Form 3: Income Analysis	Document	View
Form 4: Community Characteristics	HTML	View
Form 5A: Required Services Provided	HTML	View
Form 5A: Additional Services Provided	HTML	View
Form 5B: Service Sites	HTML	View
Form 5C: Other Activities/Locations	HTML	View
Form 6A: Current Board Member Characteristics	HTML	View
Form 6B: Request for Waiver of Governance Requirements	HTML	View
Form 8: Health Center Agreements	HTML	View
Muhlenberg Community Hospital - Affiliation Checklist	Document	View
Form 9: Need for Assistance Worksheet	HTML	View
Form 10: Annual Emergency Preparedness Report	HTML	View
Form 12: Contact Information	HTML	View
Clinical Performance Measures	HTML	View
Financial Performance Measures	HTML	View

8. Submit the Application

To submit an application, you must have the Submit privilege. This privilege must be given by the project director to the authorizing official or designee.

You can submit your application once all forms are complete. Use the Review and Submit links in the left navigation panel to begin the submission process.

Figure 238: Review Link in Left Navigation Panel



1. Click Review to open the Review page, where you can review your forms before submission (Figure 239).

Figure 239: Review Page

Review
[home](#) | [logout](#) | [contact us](#) | [glossary](#) | [help](#) | [questions/comments](#) | [knowledge base](#)

The application has not been submitted to HRSA as yet.

The following is the table of contents of the application. Click on "Print" button for a printable version of this page. For a printable version of all the HTML forms (forms only, no attachments), click on "Print All HTML Forms" button. You must print each attachment individually.

To print the entire application (HTML forms and attachments), you must download the application to your machine. Please read associated important instructions BEFORE you use this feature.

TABLE OF CONTENTS		
Section	Type	Action
General Information		
SF-424 Face Page	HTML	View
SF-424 Performance Site Locations	HTML	View
Additional Congressional District (Electronic Health Records.doc)	Document	View

2. Click **Proceed to Submit Page** (Figure 240) to open the Submit Page (Figure 241).

Figure 240: Proceed to Submit Page Button

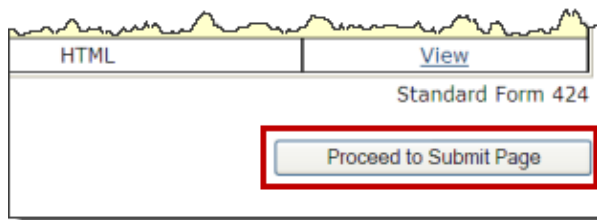


Figure 241: Submit Page Showing the Status Overview

APPLICATION FORMS STATUS		
Section	Action	Status
Basic Information		
Application	Update	COMPLETE
Applicant	Update	COMPLETE

- If you are not the Authorizing Official (AO), you will see a **Submit to AO** button at the bottom of the page. Click **Submit to AO** (Figure 242) to notify the AO that the application is ready for submission.

NOTE: If you are the AO, you will see a **Submit to HRSA** button at the bottom of the page instead of the **Submit to AO** button.

Figure 242: Submit to AO Button

Inventions	Update	COMPLETE
Program Specific Information	Update	COMPLETE
Appendices	Update	COMPLETE

Submit To AO

- The Submission Confirmation Page opens (Figure 243).
- Click [View](#) to read the certifications and click the checkboxes to indicate acceptance. Then click **Submit Application**.

Figure 243: Submission Confirmation Page

Welcome Genta Horton to HRSA EHR Data Environment (Last login date and time: 07/27/2011 2:14:00 PM)

Submit
[home](#) | [logout](#) | [contact us](#) | [glossary](#) | [help](#) | [questions/comments](#) | [knowledge base](#)

You have chosen to submit this application to the Authorizing Official (AO) of your organization. As a participant in the business process of submitting this application, you are required to sign the underlying certifications and acceptances. Click on all the check boxes to electronically sign the application.

Click the 'Submit Application' button below to confirm your intent to submit the application to the AO. Please be aware that once the application has been submitted you will not be able to change it without approval from the AO.

If you wish to review your application, or if you do not wish to submit the application at this time, click the 'Cancel' button to return to the previous screen.

This is a confirmation page! You MUST click on the appropriate button to complete your action.

Fields marked with an asterisk(*) are required.

* Certifications and Acceptances	
<input checked="" type="checkbox"/>	I certify that I have read and agree to comply with the requirements of form SF 424B upon award of funds. View
<input checked="" type="checkbox"/>	I have read and agree with all the above certifications. View

- The following page informs you that an email notification has been sent to the Authorizing Official (Figure 244).

Figure 244: Email Notification Sent to Authorizing Official

Review
[home](#) | [logout](#) | [contact us](#) | [glossary](#) | [help](#) | [questions/comments](#) | [knowledge base](#)

Application was successfully submitted with an email notification to the Authorizing Official (AO). Only the AO can now edit this application. If you need to modify the application, you must contact the AO to send the application back to you.

EMAIL NOTIFICATION SENT TO AO

To	Caleb Davis (reitester1@hotmail.com)
Subject	Application: 00091896 submitted for your review and submission to HRSA
Message	<p>This email is to inform you that the creator of the following application has submitted it for your review.</p> <p>Application Number: 00091896 Application Type: New Organization Name: Helen B. Bentley Family Health Center, Inc. Program Name: Health Center Cluster Program Announcement Number: HRSA-12-087 Application Deadline: 07/18/2011 Authorizing Official: Caleb Davis (Username: osiris) Creator of Application: Genta Horton Single Point of Contact: Genta Horton</p>

5. The AO will click **Submit to HRSA**.
- The Submit Confirmation page opens.

Figure 245: Submit Confirmation Page

HRSA Electronic Handbooks

Welcome System User to HRSA EHB Mockups (Last login date and time 1/15/2008 2:44:50 PM)

Application Tracking # 00025772

Submit
[home](#) | [contact us](#) | [questions/comments](#)

You have chosen to submit this application to HRSA. As an Authorizing Official for the applicant organization, you are required to sign all underlying certifications and acceptances. Note that a copy of the governing body's authorization for you to sign this application as official representative must be on file in the applicant's office. Click on all the check boxes to electronically sign the application. After you have submitted the application, you will be required to print the face page of the application, sign it and then mail it to HRSA. Your application will not be considered as complete until the signed face page is received by HRSA.

Click the 'Submit Application' button below to confirm your intent to submit the application. Please be aware that once the application has been submitted you will not be able to change it.

If you wish to review your application, or if you do not wish to submit the application at this time, click the 'Cancel' button to return to the previous screen.

This is a confirmation page! You MUST click on the appropriate button to complete your action.

Fields marked with an asterisk(*) are required.

* Certifications and Acceptances	
<input checked="" type="checkbox"/>	To the best of my knowledge and belief, all data in this application / pre-application are true and correct, the document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded. View
<input checked="" type="radio"/> Yes <input type="radio"/> No	I have read and agree with all the above certifications. View
<input checked="" type="radio"/> Yes <input type="radio"/> No	I certify that I have read and agree to the statements in the Assurance page. View

- The AO will complete the questions in the Certifications and Acceptance section and click **Submit Application**.
- You will receive notification of errors or successful submission.

9. Customer Support Information

Use your Application Tracking Number for all correspondence.

9.1 BPHC Help Desk

For assistance with completing Standard and Program Specific Forms within the application, please contact the BPHC Helpline:

- By Email: BPHCHelpline@hrsa.gov

OR

- By Phone: 877-974-2742 (8:30 am to 5:30 pm ET)

Do not call the BPHC Helpline for questions that concern the SAC FOA or programmatic questions.

9.2 HRSA Call Center

For assistance with registering in HRSA EHB, or EHB access/password related issues, please contact the HRSA Call Center:

- By Phone: 877-GO4-HRSA (877-464-4772) (9:00 am to 5:30 pm ET)

OR

- By Email: CallCenter@hrsa.gov

Please visit HRSA EHB for additional online help.

- Go to: <https://grants.hrsa.gov/webexternal/home.asp>
- Click on Site Help

Do not call the Call Center for any questions that concern the SAC FOA or programmatic questions.

9.3 HRSA Program Support

For questions on the SAC FOA or programmatic questions that you might have when completing your application, please contact the Program Point of Contact within Bureau of Primary Health Care (BPHC) Office of Policy and Program Development (OPPD) as noted in the SAC FOA.

10. Frequently Asked Questions

10.1 Software

10.1.1 What are the software requirements for HRSA EHB?

HRSA EHB can be accessed over the Internet using Internet Explorer 6.0 and above and Netscape 4.72 and above. HRSA EHB is compliant with Section 508.

HRSA EHB uses pop-up screens to allow users to view or work on multiple screens. Ensure that your browser settings allow for pop-ups.

You will need appropriate viewers to view attachments in Microsoft Word and PDF.

10.1.2 What are the system requirements for using HRSA EHB on a Macintosh computer?

Safari v1.2.4 and above or Netscape v7.2 and above are the recommended Internet browsers for Apple. HRSA EHB does not work on Internet Explorer for Macintosh.

You will need appropriate viewers to view attachments in Microsoft Word and PDF.

10.1.3 What are the software requirements for GAAM?

Refer to the software requirements for HRSA EHB. In addition, you will need Microsoft Word to complete GAAM unstructured forms.

10.1.4 What document types can I upload?

The following document types are supported in HRSA EHB:

- .DOC - Microsoft Word
- .DOCX – Microsoft Word
- .RTF - Rich Text Format
- .TXT - Text
- .WPD - Word Perfect Document
- .PDF - Adobe Portable Document Format
- .XLS - Microsoft Excel
- .XLSX – Microsoft Excel