
HRSA EHBs USER GUIDE

Expanded Services (ES)

Last updated 10/26/2010



Table of Contents

1. INTRODUCTION	4
2. BEFORE YOU APPLY	4
2.1. GENERAL INFORMATION	4
2.2. PROCESS OVERVIEW	4
3. CREATING THE APPLICATION	5
4. COMPLETING THE APPLICATION	7
4.1. OVERVIEW	7
4.2. ACCESS THE APPLICATION.....	8
4.3. NAVIGATE THE APPLICATION	10
4.4. APPLICATION FACE PAGE	13
4.5. PROGRAM SPECIFIC INFORMATION	14
5. REVIEWING AND SUBMITTING THE APPLICATION	29
5.1. REVIEWING THE APPLICATION	29
5.2. SUBMITTING THE APPLICATION	30
6. CUSTOMER SUPPORT INFORMATION	30
6.1. BPHC HELP LINE	30
6.2. HRSA CALL CENTER	31
6.3. HRSA PROGRAM SUPPORT.....	31
7. FAQs	31
7.1. SOFTWARE	31

Table of Figures

Figure 1: Enter Eligibility Code.....	6
Figure 2: Application Tracking Number	6
Figure 3: Status Overview Page.....	6
Figure 4: Home Page in HRSA EHBs	9

Figure 5: View Applications Page..... 9

Figure 6: Application Process Left Side Menu 10

Figure 7: Program Specific Information Left Side Menu..... 11

Figure 8: Project Information Left Side Menu 12

Figure 9: Budget Summary Page 13

Figure 10: Update Budget Information Page 14

Figure 11: Process Overview Page..... 15

Figure 12: Program Specific Information Status Overview Page..... 15

Figure 13: Projects Page 16

Figure 14: Project Status Overview Page..... 17

Figure 15: Patients Impact for EMC Project Page..... 18

Figure 16: Patients Impact for SE Projects Page (Top)..... 19

Figure 17: Staffing Impact Page..... 19

Figure 18: Line Item Budget Page..... 20

Figure 19: Budget Justification Page..... 21

Figure 20: Form 5 - Part A (Required Services) Page..... 22

Figure 21: Relevant Required Service on Form 5 - Part A (Required Services)..... 23

Figure 22: Relevant Additional Services on Form 5 - Part A (Additional Services) 24

Figure 23: Add Specialty Service Checklist Page..... 25

Figure 24: Service Sites Page..... 25

Figure 25: Budget Details Form 26

Figure 26: Consolidated Line Item Budget Page 27

Figure 27: Consolidated Proposal Information Page..... 28

Figure 28: Review Page for Program Specific Information 29

1. Introduction

Eligible applicants for the EXPANDED SERVICES funding supplement will receive program-specific instructions by email and are advised to read them carefully. This document provides system-specific instructions to help applicants complete the EXPANDED SERVICES application package and submit it electronically. It is not meant to provide programmatic instructions or guidance.

This document is a supplement to *Health Resources and Services Administration's (HRSA) Electronic Submission User Guide*, available at <http://www.hrsa.gov/grants/apply/userguide.pdf>. Note, however, that to apply for this opportunity, you do **NOT** use Grants.gov; hence some steps in this document will be unique to this opportunity.

2. Before You Apply

2.1. General Information

In order to complete your application, you will have to access the HRSA Electronic Handbooks (EHBs). To do this, you must register with the EHBs.

If you are a new user, complete the following steps to register with the HRSA EHBs:

1. Create a user account: <https://grants.hrsa.gov/webexternal/RegistrationWizard.asp>.
2. Choose a role. EHBs offer three roles – Authorizing Official, Business Official, and Other Employee. To submit an application, an Authorizing Official role is required.
3. Associate your user account with your organization. Use the 10-digit H80 grant number from box 4b of the NGA to search for your organization.

You may associate your user account with more than one organization. Registration with the EHBs is required only once for each user regardless of how many organizations they represent. If you already have a user account and need to associate it with a new organization, log into the EHBs and associate your account with the organization. **Do not create a new user account.**

For detailed steps on registration information, see *HRSA's Electronic Submission User Guide* (<http://www.hrsa.gov/grants/apply/userguide.pdf>).

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

2.2. Process Overview

Eligible applicants will need a special Web link and eligibility code to create, access, and complete the EXPANDED SERVICES application. The link and the eligibility code will be emailed to key officials registered with HRSA's EHBs from the grantee organization.

To access the EXPANDED SERVICES application, someone from the applicant organization must click on the Web link in the email. The system will direct the user to a screen where he or she will be required to provide the eligibility code to start the application process.

The first user who creates the EXPANDED SERVICES application using the steps mentioned in the next section becomes the owner of the application and will be responsible for controlling which users from the organization can view and update this application.

The application package consists of structured forms and forms that ask you to upload documents. The application includes standard forms and forms to collect program specific information. It is recommended that you complete the EXPANDED SERVICES application in the following order:

1. Add in the service expansion (SE) projects you want to propose (if any) on the Projects page under program specific information. See Section 4.5.1.
2. If you are requesting the maximum eligible amount of EXPANDED SERVICES funding, skip to Step 3. If you are requesting less than the maximum eligible amount of funding, enter the amount of Federal funding requested, broken down (if applicable) by target population funding (i.e., 330(e), 330(g), 330(h), and 330(i)), on the Budget Summary page in SF-424. See Section 4.4.1.
3. Enter the amount of Federal funding requested for individual projects and sub-programs on the Budget Details page under Program Specific Information. See Section 4.5.3.1.
4. Complete the remaining program-specific forms and then complete the remaining face-page forms.

For information on navigating the application, see Section 4.3 below.

All forms are required and you must complete them all electronically before you can submit the EXPANDED SERVICES application.

Assign an authorizing official (AO) to the application. Only the AO or an authorized delegate can submit the application to HRSA. Refer to the online help or contact the HRSA Call Center for additional help on this step.

Review all the forms and print them if necessary. After the review, submit the application electronically. You will still be able to view, but not edit, the application in the EHB even after you submit it.

3. Creating the Application

To submit an EXPANDED SERVICES application through the EHBs, you must first create it. To do this, you must have the Web link and eligibility code given in the email notification sent out by HRSA regarding the EXPANDED SERVICES application.

One user from the organization can create the application by following the steps given here. That user is then responsible for giving others access to the application, using the “Manage Peers” capability in the EHBs. Other users can then access the application by following the steps in Section 4.2 below.

1. Click on the Web link provided in the email.
2. Log in to EHBs, using your current username and password. **NOTE:** *If you have forgotten your username and password contact HRSA Call Center.*
3. Enter the eligibility code you received via email (Figure 1), and then click the “Continue” button.

Figure 1: Enter Eligibility Code

HRSA Electronic Handbooks for Applicants/Grantees
 Application PHS 5161 for 2011

Welcome to HRSA EHB (Last login date and time: 9/22/2010 5:46:00 PM)

Please select the appropriate radio button from the options given below and provide the information requested.

Application SF424

In order to create an application for this announcement, you must have an eligibility code. To get an eligibility code for this announcement, contact the program contact on the announcement.

Eligibility Code (Example: 2008) (Required when creating applications for programs which have eligibility restrictions)

Construction Program No

Type of Application New

Competing Continuation

Supplemental, If "Supplemental" then specify: Increase Award/Decrease Award

Grant Number (Required for "Competing Continuation" or "Supplemental" application)

Acceptable Use Policy

- The system displays the Application Tracking Number (Figure 2). Make a note of this number, and then click the **"Continue"** button.

Figure 2: Application Tracking Number

HRSA Electronic Handbooks for Applicants/Grantees
 Application PHS 5161 for 2011

Welcome to HRSA EHB (Last login date and time: 9/22/2010 5:46:00 PM)

An application has been successfully created for you. The tracking number for this application is listed below, please note it down. This number will be serve as a reference for future correspondence or inquiries from HRSA.

Click on the "Continue" button, to start filling out the application.

Application Tracking Number **00082334**

Acceptable Use Policy

- The application opens to the Status Overview page (Figure 3).

Figure 3: Status Overview Page

HRSA Electronic Handbooks for Applicants/Grantees
 Application SF424 for FY2011

Welcome to HRSA EHB (Last login date and time: 9/22/2010 5:46:00 PM)

Application Tracking # 00082334

Status
 The table below shows the status of the application. The application is currently **INCOMPLETE** and cannot be submitted in it's current state.

This application was originally submitted through Grants.gov (tracking#). Summary of HRSA business rules validation comments is available below by clicking "Grants.gov Data Validation Comments" link.
[Read Complete Note](#)

STATUS OVERVIEW

SUGGESTED NEXT STEP
 Assign AD

APPLICATION PROCESS STATUS

Deadline	Nov 29 2010 5:00PM ET (You have 58 days to complete and submit the application.)
Full Announcement (Includes Program Guidance)	Original announcement posted on 05/21/2010.... View Details
Assigned AD	N/A (One or more AD's currently registered. Assign AD)
Created On	9/23/2010 12:27:24 PM ET
Last Updated By	N/A
Peer Information	No peers associated with this Application.

[View Application](#) | [Grants.gov Data Validation Comments](#)

APPLICATION FORMS STATUS

Section	Action	Status
Face Page		
Application	Update	NOT COMPLETE
Applicant	Update	NOT COMPLETE
Project	Update	NOT COMPLETE
Budget Summary	Update	NOT COMPLETE
Program Specific Information		
Program Specific Information	Update	NOT COMPLETE

Acceptable Use Policy

This page lists the face-page forms and provides a link to the program-specific forms that you must complete before you can submit the application. It also shows useful information about your application such as the deadline and list of users that may have access to the application.

6. Complete the application package by following the instructions outlined in Section 4 below.

 Users new to the EHBs should be mindful that the system “times out” after 30 minutes of inactivity. Some forms may take a long time to complete. Saving work at regular intervals is strongly recommended.

4. Completing the Application

4.1. Overview

The EXPANDED SERVICES application consists of a standard face page (SF-424) and program-specific forms. Within the program-specific forms, you may create up to five service expansion (SE) projects in addition to the Expanded Medical Capacity (EMC) project that has been created for you. For each project, you will complete a set of project-level forms. You will be asked to enter budget information for the application as a whole and broken out for projects and target population funding (if applicable). This information is cross-checked within the application to ensure consistency. To make completing the application as easy as possible, we recommend that you follow the steps below.

Step 1: Go to the Projects page under Program Specific Information and add in the service expansion projects you intend to propose (if any).

- Everyone must propose one EMC project. This one has been created for you. You may also propose up to five service expansion projects.
- All you need to do at this point is to create the projects; you can add in the rest of the information later.

Step 2: Go to the Budget Summary page in SF-424 and enter the amount of Federal funding requested. If applicable, break it down by sub-program.

- Funding information will be pre-populated for you based on the maximum eligible amount and current sub-program distribution.
- The Budget Summary page shows sub-programs for which you are currently funded.
- You may only request Federal funding for sub-programs for which you are currently funded.
- You may, if you desire, request less than the maximum amount of Federal funding for which you are eligible to apply.

Step 3: Go to the Budget Details page under Program Specific Information and enter the amount of Federal funding requested for individual projects and sub-programs.

- For each project, enter the amount of Federal funding requested by sub-program. (Or, for each sub-program, enter the amount of Federal funding requested by project. It's the same thing.)
- For each sub-program, the total Federal funding you enter on this page must equal the Federal funding you requested on the Budget Summary page.

Step 4: Complete the rest of the application, as detailed below.

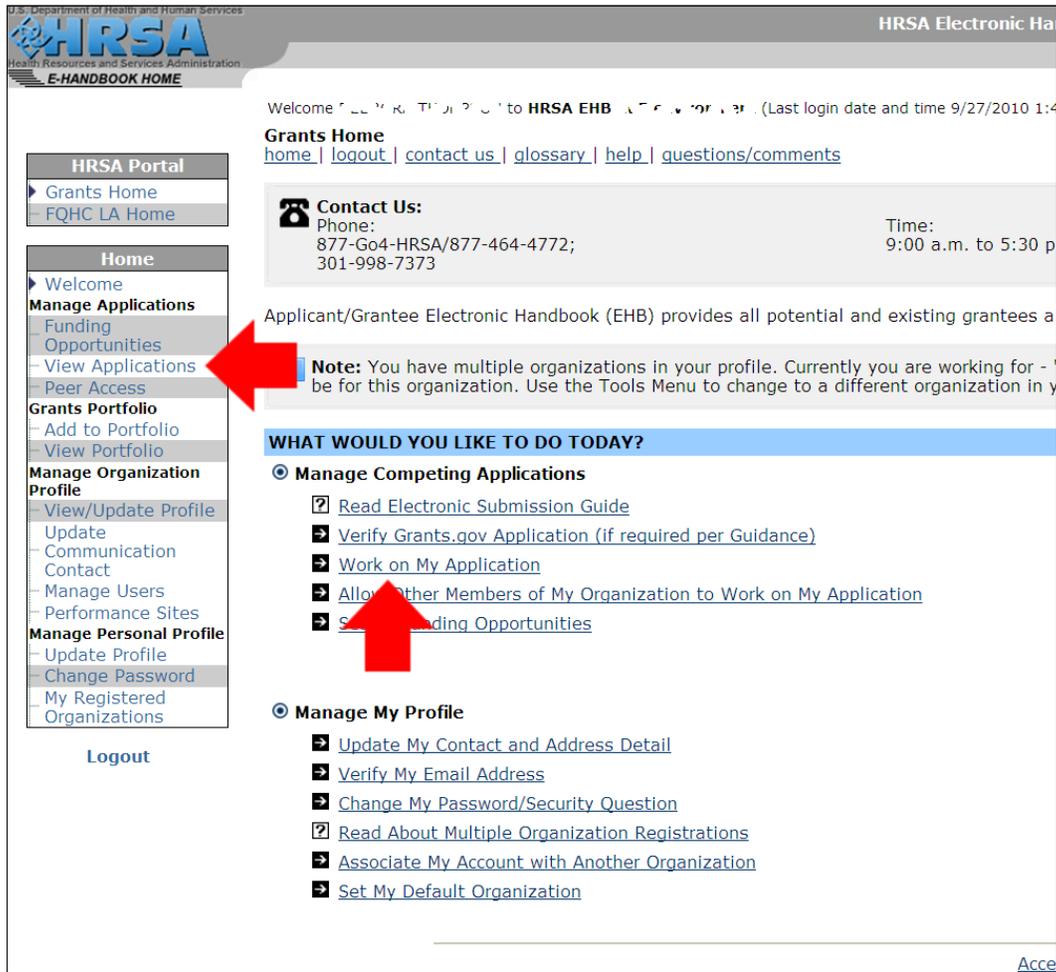
1. Go to the Projects page under Program Specific Information and add in the rest of the information for each project.
2. Complete the Consolidated Proposal Information page under Program Specific Information.
3. Review all program specific information.
4. Complete the remaining application face page (SF-424) forms.
5. Review the application face page.
6. Submit the application.

4.2. Access the Application

EHB allows you to create your application, work on it in parts, save it and return to complete it later. If you are returning, you will have to log in and navigate to the application.

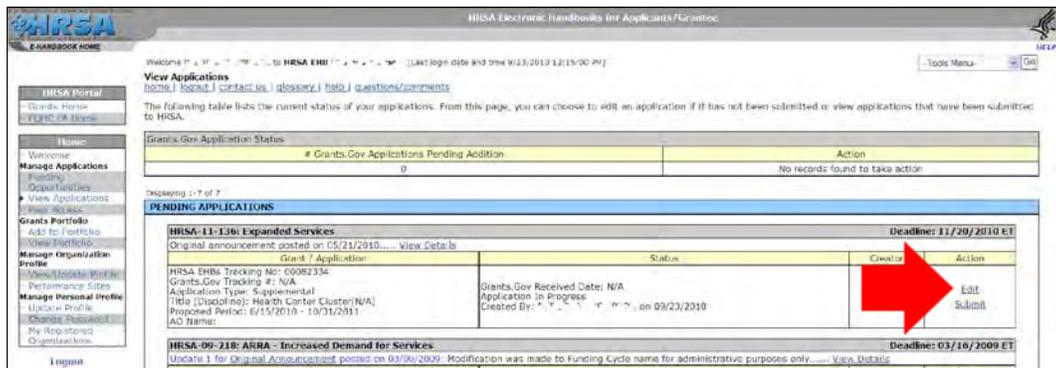
1. Point your browser to <https://grants.hrsa.gov/webexternal/home.asp>. Enter your username and password to log in.
2. The Home page opens (Figure 4). Click the “**View Applications**” link under Manage Applications on the left side menu (or click Work on My Application under Manage Competing Applications).

Figure 4: Home Page in HRSA EHBs



3. The View Applications page opens (Figure 5). Find the EXPANDED SERVICES application in the list.

Figure 5: View Applications Page



4. Click the “Edit” link for the EXPANDED SERVICES application.
5. The application opens to the Status Overview page (Figure 3 above).

6. Under Action, click Update for the section of the application you want to work on.

4.3. Navigate the Application

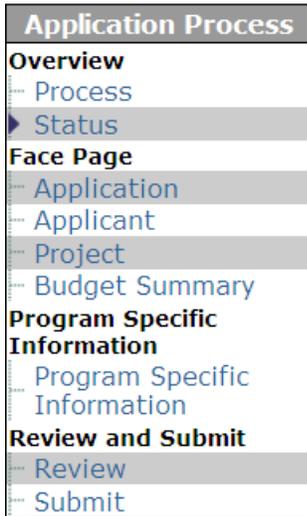
The EXPANDED SERVICES application includes a face page and program-specific forms. Within the program-specific forms, you may propose 1-6 Expanded Services project types. For each project, there is a set of project-level forms.

Navigating the application may seem difficult at first, but it is really very easy if you use the menus that appear on the left side of the screen. These menus are described below.

4.3.1 Application Process Left Side Menu

Figure 6: Application Process Left Side Menu

Application Tracking
00082202



The Application Process left side menu (Figure 6) appears when you open the application. It also appears whenever you access any form that is part of the face page for the application.

You can use the Application Process left side menu to navigate to any face-page form in the application.

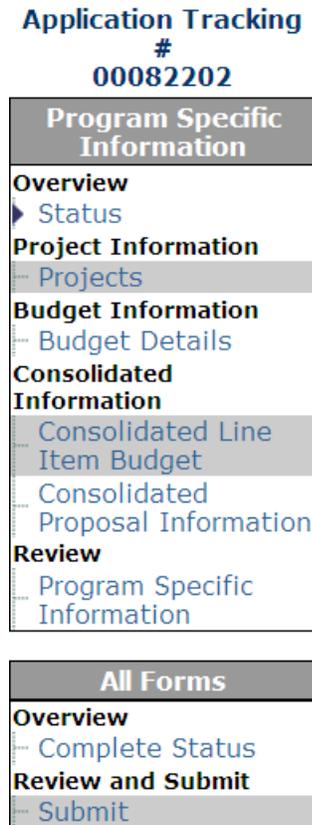
To access the program-specific information section of the application, click Program Specific Information in this menu.

When you are ready to review all the information you have entered in the face-page forms, click Review under Review and Submit in the Application Process left side menu.

When you are ready to submit the application to HRSA, click Submit under Review and Submit in the Application Process left side menu.

4.3.2 Program Specific Information Left Side Menu

Figure 7: Program Specific Information Left Side Menu



The Program Specific Information left side menu (Figure 7) appears when you access the program-specific information section of the application. A second menu, the All Forms left side menu, always appears just below it.

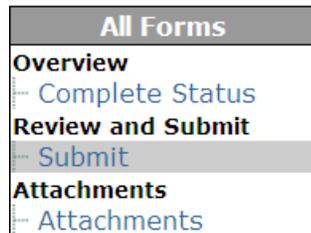
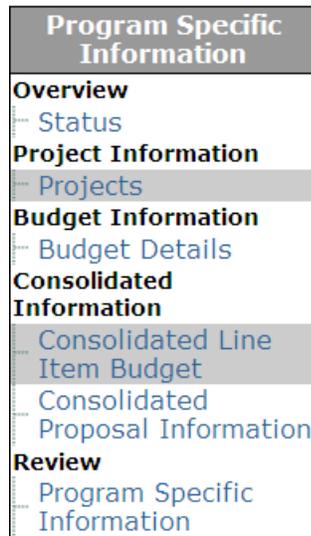
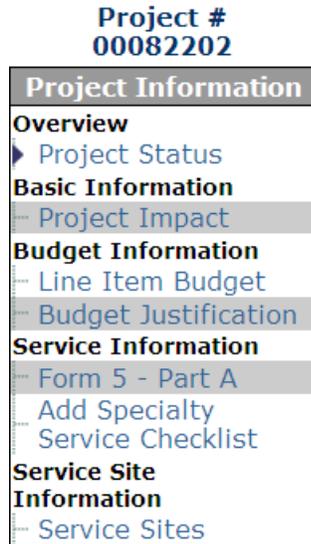
You can use the Program Specific Information left side menu to navigate to any program-specific form in the application.

When you are ready to review all the information you have entered in the program-specific information forms, click Program Specific Information under Review in the Program Specific Information left side menu.

To return to the Status page for the application, click Complete Status under Overview in the All Forms left side menu.

4.3.3 Project Information Left Side Menu

Figure 8: Project Information Left Side Menu



The Project Information left side menu (Figure 8) appears when you open the Projects page under Program Specific Information and click the Update button for a project. The Program Specific Information left side menu always appears just below it.

You can use the Project Information left side menu to navigate to any project-level form for the current project.

To return to the Projects page, click Projects under Project Information in the Program Specific Information left side menu.

To return to the Status page for the application, click Complete Status under Overview in the All Forms left side menu.

4.4. Application Face Page

The EXPANDED SERVICES application package includes the SF-424 grant application Face Page form, broken into four sections within EHBs to assist in navigation and data entry. Some information for your EXPANDED SERVICES application is pre-populated from your Health Center Grant profile. Verify the information that has been entered and enter additional information as appropriate. Data entry is required in any field marked with an asterisk (*).

For each section, complete data entry and then click the “Save and Continue” button. The system will save the information and take you to the next section of the application. If there are any data entry errors the HRSA EHBs will display messages to help you correct the information.

You should go to the Projects page under Program Specific Information and add in the expanded services projects before you complete any part of the application face page.

After you add in the projects, you should complete the Budget Summary page. This is the page on which you will enter the total amount of Federal funding requested, broken down (if applicable) by sub-programs for which you are currently funded.

After you complete the Budget Summary page, you should return to the Program Specific Information section and complete the Budget Details page, breaking down the amount of Federal funding requested for each sub-program by project.

4.4.1 Budget Summary Page

The Budget Summary page (Figure 9) opens when you click Budget Summary on the left side menu. (If you are in the program specific information area of the application, click Complete Status on the left side menu, and then click Budget Summary.)

Figure 9: Budget Summary Page

HRSA Electronic Handbooks for Applicants/Grantees
Application SF424 for FY2011

Applications
Welcome to HRSA EHB QA environment (Last login date and time 10/6/2010 5:56:00 PM)

BUDGET INFORMATION - NON CONSTRUCTION STATUS: 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="checkbox"/>	Community Health Centers	93.224	\$0.00	\$0.00	\$30,000.00	\$0.00	\$30,000.00
Total			\$0.00	\$0.00	\$30,000.00	\$0.00	\$30,000.00

Update Budget Information

Change Sub-Program

Save Save and Continue

The Budget Summary page shows all sub-programs for which you are currently funded. Select a sub-program, and then click the Update Budget Information button. The Update Budget Information page opens (Figure 10).

Figure 10: Update Budget Information Page

HRSA Electronic Handbooks for Applicants/Grantee
 Application SF424 for FY2011

Welcome to HRSA EHB QA environment (Last login date and time 10/6/2010 5:56:00 PM)

Budget Summary
[home](#) | [logout](#) | [contact us](#) | [glossary](#) | [help](#) | [questions/comments](#)

Enter or update the budget summary information. When you are done, click on the "Save and Continue" button. To save the information entered in this page, you are required to click on this button. To cancel the action, click on the "Cancel" button.

Fields marked with an asterisk(*) are required.

SECTION A - BUDGET SUMMARY	
Grant Program Function or Activity	Community Health Centers
CFDA Number	93.224
Estimated Unobligated Funds	
Federal	\$ 0
Non-Federal	\$ 0
New or Revised Budget	
* Federal	\$ 30000
Non-Federal Resources	
Applicant	\$ 0
State	\$ 0
Local	\$ 0
Other	\$ 0
Program Income	\$ 0
Non-Federal Sub Total	\$0.00

Buttons: Cancel, Save and Continue

Acceptable Use Policy

Complete the form and then click the Save and Continue button.

4.5. Program Specific Information

The “**Program Specific Information**” section contains the forms associated with the expanded services projects you propose. You must propose to utilize at least two thirds of the requested funding for one EMC project in your application, and you may propose to utilize remaining funds for as many as five more Service Expansion (SE) projects (one for each SE type), for a total of up to six projects. For each project, you must complete a set of forms.

Click “**Program Specific Information**” under Program Specific Information on the side navigation menu (or click “**Update**” for Program Specific Information under Application Forms Status) to access the Program Specific Information section. The first time you do this, a process overview page describing the application process will appear (Figure 11). Please print this page to use as a guide as you complete the other application forms.

Figure 11: Process Overview Page

HRSA
 E-HANDBOOK HOME
 Application Tracking # 00051479
 Program Specific Information
 Overview
 Process
 Status
 Project Information
 Projects
 Budget Information
 Budget Details
 Consolidated Information
 Consolidated Line Item Budget
 Consolidated Proposal Information
 Review
 Program Specific Information
 All Forms
 Overview
 Complete Status
 Logout

HRSA
 HB0: East Orange General Hospital, East Orange, New Jersey (93.224)
 Pool Application for FY 2011
 Welcome (Last login date and time 10/26/2010 12:54:33 PM)
 Process
 home | contact us | questions/comments
 HELP
 Print

PROCESS

Step 1: Go to the **Projects** page under Program Specific Information and add in the service expansion projects you intend to propose (if any).

- Everyone must propose one Expanded Medical Capacity (EMC) project. This one has been created for you. You may also propose up to five service expansion projects.
- All you need to do at this point is to create the projects; you will be instructed to add in the rest of the information later.

Step 2: If you are requesting the maximum eligible funding amount, skip to Step 3. If you are requesting less than the maximum eligible funding amount, go to the **Budget Summary** page in SF-424 and enter the amount of Federal funding requested. If applicable, break it down by target population funding level.

- The **Budget Summary** page shows the target populations for which you are currently funded and is pre-populated according to the maximum eligible funding amount. You may request less than the maximum eligible amount.
- You may only request Federal funding for target populations for which you are currently funded, and funding must be distributed proportionate to/consistent with existing Federal distribution levels.

Step 3: Go to the **Budget Details** page under Program Specific Information and enter the amount of Federal funding requested for each individual project and target population, as applicable.

- For each project, enter the amount of Federal funding requested by target population at the proportion indicated (Or, for each target population, enter the amount of Federal funding requested by project. It's the same thing.)
- For each target population, the total Federal funding you enter on this page must equal the Federal funding requested for each target population on the SF-424 **Budget Summary** page.

Step 4: Complete the rest of the application, as detailed below.

- Go to the **Projects** page under Program Specific Information and add in the rest of the information requested for each project.
- Complete the **Consolidated Proposal Information** page under Program Specific Information.
- Review all program specific information.
- Complete the remaining application face page (SF-424) forms.
- Review the application face page.
- Submit the application.

Continue

Privacy Policy/Disclaimer

Click the Continue button. The Program Specific Information Status Overview page opens (Figure 12).

Figure 12: Program Specific Information Status Overview Page

HRSA
 E-HANDBOOK HOME
 Application Tracking # 00082334
 Program Specific Information
 Overview
 Status
 Project Information
 Projects
 Budget Information
 Budget Details
 Consolidated Information
 Consolidated Line Item Budget
 Consolidated Proposal Information
 Review
 Program Specific Information
 All Forms
 Overview
 Complete Status
 Review and Submit
 Submit
 Logout

HRSA
 HB0: Health Center Cluster (93.224)
 ES Application for FY 2011
 Welcome (Last login date and time 9/23/2010 12:15:00 PM)
 Status
 home | logout | contact us | help | questions/comments
 --Tools Menu-- Go
 HELP

The table below shows the status for the Facility Investment Program (EMS) Program Specific Information. The application is currently **INCOMPLETE** and cannot be submitted in its current state.
Your session will remain active for 30 minutes since your last activity. Please save your work at regular intervals.

PROGRAM SPECIFIC INFORMATION STATUS OVERVIEW

Budget Information	
Maximum Eligible Amount (x): \$25,000.00	Requested Amount (y) from Budget Details: \$0.00
Balance Amount (x - y): \$25,000.00	Number of Projects Proposed: 1
Federal Amount from SF-424 Budget Summary: \$25,000.00	

PROGRAM SPECIFIC INFORMATION STATUS			
	Section	Action	Status
Project Information			
	Projects	Update	NOT COMPLETE
Budget Information			
	Budget Details	Update	NOT COMPLETE
Consolidated Information			
	Consolidated Line Item Budget	Update	NOT COMPLETE
	Consolidated Proposal Information	Update	NOT COMPLETE

Go Back to Complete Status

Acceptable Use Policy

From the Program Specific Information Status Overview page, click Update to access the form you want to work on (or use the left side menu).

For each section, complete data entry and then click the "Save and Continue" button. The system will save the information and take you to the next section of the application. If there are any data entry errors the HRSA EHBs will display messages to help you correct the information.

You should go to the Projects page (section 4.5.1 below) and add in any SE type projects (if you are proposing additional projects beyond the required EMC project) before you do anything else.

If you are requesting less than the maximum eligible funding amount, you should complete the Budget Summary page. This is the page on which you will enter the total amount of Federal funding requested, broken down (if applicable) by target populations for which you are currently funded. If you are requesting the maximum eligible funding amount, then you do not need to access the Budget Summary at this time.

You should then complete the Budget Details page in the Program Specific Information section, breaking down the amount of Federal funding requested for each applicable target population by project.

4.5.1 Projects Page

The Projects page (Figure 13) lists all expanded services projects proposed. It is a “landing” page for projects; that is, it is the page from which you start when you complete forms related to a specific project, and the page to which you return when you have finished completing the forms related to that project.

Figure 13: Projects Page

The screenshot shows the HRSA ES Application for FY 2011 interface. The top navigation bar includes the HRSA logo, the user's name (H80Health Center Cluster (93,224)), and the application title (ES Application for FY 2011). A sidebar on the left contains navigation links such as 'Application Tracking', 'Program Specific Information', 'Budget Information', and 'All Forms'. The main content area is titled 'PROJECTS' and indicates the status is 'NOT COMPLETE'. It features a 'Budget Information' table with the following data:

Maximum Eligible Amount (x): \$25,000.00	Requested Amount (y) from Budget Details: \$0.00
Balance Amount (x - y): \$25,000.00	Number of Projects Proposed: 1
Federal Amount from SF-424 Budget Summary: \$25,000.00	

Below the budget table is a 'Proposed Projects' section with one project entry:

82334-01:	Expanded Medical Capacity (EMC)	Requested Amount	\$0.00	Status: Not Complete
Applicable to all service sites		# of Applicable Service Sites		

The page also includes a 'Note' about updating project titles, a 'Go to Previous Page' button, and 'Save' and 'Save and Continue' buttons at the bottom.

From the Program Specific Information Status Overview page, click “**Projects**” under Project Information on the side navigation menu (or click “**Update**” for Projects under Project Information) to access the Projects page.

Since every applicant is required to propose one EMC project, your application is pre-populated with one EMC project record. You may not delete this record. You may create additional projects. You may delete projects you create.

You may create one of each of the following project types (maximum six projects per application):

- Service Expansion—Oral Health (SE-OH)
- Service Expansion—Behavioral Health (SE-BH)
- Service Expansion—Comprehensive Pharmacy Services (SE-P)

- Service Expansion—Enabling Services (SE-E)
- Service Expansion—Vision Care (SE-V)

To create a project record, click the **“Add Project”** button. Choose a project type from the list and enter a project title. You may not change the project type once you have created a project record. If you need to change a project type, you will have to delete the project and create a new one with the correct type. You will lose any information you may have entered for the deleted project.

- 🔔 The completion status will be displayed in the upper right corner for each project listed. Once all the forms associated with the project are complete, the project status will be COMPLETE.
- 🔔 When the status of all projects is COMPLETE, the status of the Projects page will move to COMPLETE.

4.5.2 Project-Level Forms

For any project on the Projects page, click the **“Update”** button to access the forms associated with that project. The Project Status Overview page opens (Figure 14).

Figure 14: Project Status Overview Page

The screenshot shows the HRSA Project Status Overview page. At the top, it displays the HRSA logo and the text 'HRSA Health Center Cluster (93.274) ES Application for FY 2011'. Below this, there is a welcome message and a 'Project Status' section with links for home, logout, contact us, help, and questions/comments. A message states: 'The table below shows the completion status for the Project added in this Enhanced Medical Services (EMS) Application. The Project information is currently **INCOMPLETE**. Your session will remain active for 30 minutes since your last activity. Please save your work at regular intervals.'

The main section is titled 'PROJECT STATUS OVERVIEW' and contains a table with the following data:

PROJECT STATUS OVERVIEW			
Project Information			
Project Numbers: 82334-01		Project Type: Expanded Medical Capacity (EMC)	
Project Title:			
PROJECT STATUS			
Section	Action	Status	
Basic Information			
Project Impact			
Patients Impact	Update	NOT COMPLETE	
Staffing Impact	Update	NOT COMPLETE	
Budget Information			
Line Item Budget	Update	NOT COMPLETE	
Budget Justification	Update	NOT COMPLETE	
Service Information			
Form 5 - Part A: Services Provided			
Required Services	Update	NOT COMPLETE	
Additional Services	Update	NOT COMPLETE	
Add Specialty Service Checklist	Update	NOT COMPLETE	
Service Site Information			
Service Sites	Update	NOT COMPLETE	

At the bottom right of the table, there is a button labeled 'Go Back to Project List'.

From the Project Status Overview page, click Update to access the form you want to work on. A brief description of the purpose of each form follows.

4.5.2.1 Project Impact: Patients Impact

This form asks that you enter numbers representing patients by population type for a two-year period. You must also describe need, response and impact, as detailed in the on-screen instructions (Figure 15).

Figure 15: Patients Impact for EMC Project Page

H80:Health Center Cluster (93,215)
ES Application for FY 2011

Welcome [User Name] (Last login date and time 10/25/2010 3:22:00 PM) Tools Menu Go

Project Impact
[home](#) | [logout](#) | [contact us](#) | [help](#) | [questions/comments](#)

Please provide the information requested for the project in the Patients Impact page below. Applicant can also update "Project Title" in this form which will be reflected in all t... (Show Full Instruction)

Fields marked with an asterisk (*) are required.

PROJECT IMPACT Patients Impact Go

Patients Impact Status: NOT COMPLETE

Project Information

Project Number: 82691-01 Project Type: Expanded Medical Capacity (EMC)
 *Project Title:

*** Patients by Population Type**

Population Type	Projected Increase by End of Calendar Year 2011*		Projected Increase by End of Calendar Year 2012*		Expected Increase by End of Year 2012 (More Information)
	New Patients	Existing Patients	New Patients	Existing Patients	
General Community	<input type="text" value="0"/>	<input type="text" value="N/A"/>	<input type="text" value="0"/>	<input type="text" value="N/A"/>	N/A
Migrant/Seasonal Farmworkers	<input type="text" value="0"/>	<input type="text" value="N/A"/>	<input type="text" value="0"/>	<input type="text" value="N/A"/>	N/A
Public Housing Residents	<input type="text" value="0"/>	<input type="text" value="N/A"/>	<input type="text" value="0"/>	<input type="text" value="N/A"/>	N/A
Homeless Persons	<input type="text" value="0"/>	<input type="text" value="N/A"/>	<input type="text" value="0"/>	<input type="text" value="N/A"/>	N/A
Total	0	N/A	0	N/A	8

*EMC funds are intended to expand medical services to new patients; therefore, applicants are not able to enter data into the 'existing patients' column.

Variation in Total Projected increase vs. Total Expected increase in Patients by End of Calendar Year 2012 -100%

If the "Projected Increase in Patients by End of Calendar Year 2012" is 5% less than the "Expected Increase in Patients", or if the "Projected Increase in Patients" by End of Calendar Year 2012 is 25% greater than the "Expected Increase in Patients", please provide justification below:
 (Maximum 500 characters)

***Need**
 Please identify and describe:

- The community/service area and the target population(s), including any special populations, unique demographic characteristics, and relevant access to care/health status indicators.
- The need to expand (or add, as permitted) health services in the community/service area and among the target population(s), including the most significant barriers to care, gaps in services, significant health disparities and the major health care problems in the community that will be addressed by the project.

(Maximum 2000 characters)

***Response**
 Please identify and describe:

- How this project will respond to the identified community and target population health care needs, including reasonable and appropriate strategies/methods that will attract new patients, expand access to specified services for the target population and increase capacity (and, as applicable, how SE services are integrated into the existing service delivery model.)
- An appropriate timeline for implementation of the project that demonstrates operational readiness as soon as possible for expansion of existing services or within 120 days of receiving funds for proposed new services.

(Maximum 2000 characters)

***Impact**
 Describe how the project will increase access to care, eliminate major barriers to care, address major health care needs, and reduce health disparities for the medically underserved in the community/target population(s) to be served.
 (Maximum 2000 characters)

Go to Previous Page Save Save and Continue

Acceptable Use Policy

For your EMC project, you will enter numbers representing new patients only. For EMC projects, applicants will also be provided with a calculated number of "expected" patients, based upon an applicant's UDS data and the amount of ES funds proposed for the EMC project. If the variation in "Projected Increase in Patients by End of Calendar Year 2012" is 5% less than the "Expected Increase in Patients," or if the "Projected Increase in Patients by end of Calendar Year 2012" is 25% greater than the "Expected Increase in Patients,"

the applicant will be required to provide justification within the application. See Expanded Services instructions for additional information.

For service expansion projects, you will enter numbers representing new and existing patients (Figure 16).

Figure 16: Patients Impact for SE Projects Page (Top)

Fields marked with an asterisk (*) are required.

PROJECT IMPACT Patients Impact Status: **NOT COMPLETE**

Project Information

Project Number: 82560-02 Project Type: Service Expansion—Oral Health (SE-OH)

*Project Title: Better Living Through Oral Health

*** Patients by Population Type**

Population Type	Projected Number at End of Year 2011		Projected Number at by End of Year 2012	
	New Patients	Existing Patients	New Patients	Existing Patients
General Community	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Migrant/Seasonal Farmworkers	<input type="text" value="0"/>	<input type="text" value="0"/>	<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="0"/>	<input type="text" value="0"/>
Homeless Persons	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Total	0	0	0	0

***Need**

Please identify and describe:

4.5.2.2 Project Impact: Staffing Impact

This form asks that you enter numbers representing new full-time equivalent (FTE) staff in major service categories for those positions relevant to the current project (Figure 17). A list of positions typically associated with the current project is given at the top of the screen.

Figure 17: Staffing Impact Page

HRSA HHS03Health Center Cluster (93.224) ES Application for FY 2011

Welcome (Last login date and time 10/6/2010 4:17:00 PM)

Project Impact Staffing Impact Status: **NOT COMPLETE**

Project # 00082560

Project Information

Project Number: 82560-01 Project Type: Expanded Medical Capacity (EMC)

*Project Title:

Note: IMPORTANT: Positions typically associated with Medical Capacity Expansion (EMC) include the following:

- Family Physicians
- General Practitioners
- Internists
- OB/GYN
- Pediatricians
- Nurse Practitioners
- Physician Assistants
- Certified Nurse Midwives
- Nurses
- Other Medical Personnel
- Laboratory Personnel
- X-Ray Personnel
- Administration and Facility

If you select a new FTE in the table below that is not one of these position types, justify why you are adding the position(s) not typically associated with Medical Capacity Expansion (EMC) in the text box at the end of the form. ([Hide Details](#))

Personnel by Major Service Category		New FTEs (a)
Medical Care Services		
1.	Family Physicians	<input type="text" value="0"/>
2.	General Practitioners	<input type="text" value="0"/>
3.	Internists	<input type="text" value="0"/>

4.5.2.3 Line Item Budget

This form asks that you enter a line-item breakdown of revenue and expenses for the project (Figure 18).

Figure 18: Line Item Budget Page

Welcome Susan Joss (Last login date and time 10/8/2010 11:20:00 AM)

Line Item Budget
[home](#) | [logout](#) | [contact us](#) | [help](#) | [questions/comments](#)

Provide the information requested for the project in the Line Item Budget form below.
 Row "Total Revenue" and "Total Expenses" in this form will be calculated. (Show Full Instruction)

Fields marked with an asterisk (*) are required.

LINE ITEM BUDGET Status: COMPLETE

Project Information

Project Numbers: 82560-01	Project Type: Expanded Medical Capacity (EMC)
Project Title:	

Budget Information

Maximum Eligible Amount (x): \$50,000.00	Requested Amount (y) from Budget Details: \$30,000.00
Balance Amount (x - y): \$20,000.00	Number of Projects Proposed: 1
Federal Amount from SF-424 Budget Summary: \$30,000.00	Amount Requested in this project: \$10,000.00

Category	Amount
Revenue	
1. Applicant	\$ 0.00
2. State	\$ 0.00
3. Local	\$ 0.00
4. Other	\$ 0.00
5. Program Income	\$ 0.00
6. Federal ES Funding Request for Project (Note: This value is pre-populated from Budget Details form.)	\$ 20,000.00
7. Total Revenue (Sum lines 1-6)	\$20,000.00
Expenses	
8. Construction	\$ 0.00
9. Personnel	\$ 20,000.00
10. Fringe Benefits	\$ 0.00
11. Travel	\$ 0.00
12. Equipment	\$ 0.00
13. Supplies	\$ 0.00
14. Contractual	\$ 0.00
15. Other	\$ 0.00
16. Total Expenses (Sum lines 8-15)	\$20,000.00

Go to Previous Page Save Save and Continue

[Acceptable Use Policy](#)

- The system will pre-populate the Federal EXPANDED SERVICES grant for the project, based upon the amount you entered for the project in the Budget Details form.
- The system will calculate Total Revenue and Total Expenses.
- Total Revenue should be equal to Total Expenses.
- Neither Total Revenue nor Total Expenses can be zero.
- The Construction Line for expenses is disabled since construction costs are unallowable under the ES opportunity. Applicants may not propose to spend more than \$100,000 of the total EXPANDED SERVICES budget/award on equipment and supplies. See EXPANDED SERVICES Instructions for additional information.

4.5.2.4 Budget Justification

The Budget Justification page (Figure 19) is where you will upload a budget justification document. Refer to the EXPANDED SERVICES Instructions and relevant appendix section for more information on developing the budget justification. Click the **“Attach”** button to do this.

Figure 19: Budget Justification Page

4.5.2.5 Form 5A: Services Provided

This form is on two screens: Required Services and Additional Services. You can use the dropdown list to navigate between the two.

In general, you may use this form to propose certain changes to the mode of provision for those required or additional services that are relevant to the current project. You may also propose adding additional services relevant to the project, as detailed below. Note that for some projects, especially EMC, you may not need to make any changes to this form since many applicants already provide the listed services directly. In this case, you simply need to click “Save and Continue.”

Form 5 - Part A: Required Services displays required services (Figure 20). Those services that are relevant to the current project can be updated; others are “grayed out.”

Figure 20: Form 5 - Part A (Required Services) Page

HRSA E-HANDBOOK HOME

HHS Health Center Cluster (93,224)
 ES Application for FY 2011

Welcome (Last login date and time 10/6/2010 4:17:00 PM)

Form 5 - Part A
[home](#) | [contact us](#) | [help](#) | [questions/comments](#)

Update the mode of provision for the services applicable to the project you are proposing.
 Use the "Save and Continue" button to go to the next section. To... ([Show Full Instruction](#))

Fields marked with an asterisk (*) are required.

SERVICES PROVIDED - REQUIRED SERVICES Form 5 - Part A Required Services

Form 5 - Part A: Required Services Status: **NOT COMPLETE**

Project Information
 Project # 00082560
 Project Type: Expanded Medical Capacity (EMC)

Project Information
 Project Number: 82560-01
 Project Title:

SERVICE TYPE	MODE OF SERVICE PROVISION			JUSTIFICATION
	APPLICANT	AGREEMENT (Applicant pays for service)	REFERRAL ARRANGEMENTS (Applicant DOES NOT pay)	
Clinical Services				
General Primary Medical Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not Applicable
Diagnostic Laboratory	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Not Applicable
Diagnostic X-Ray	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not Applicable
Screenings				
• Cancer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not Applicable
• Communicable Diseases	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not Applicable
• Cholesterol	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not Applicable
• Blood lead test for elevated blood lead level	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not Applicable
• Pediatric vision, hearing and dental	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not Applicable
Emergency Medical Services				
Voluntary Family Planning	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not Applicable
Immunizations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not Applicable
Well Child Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not Applicable
Gynecological Care	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Not Applicable
Obstetrical Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not Applicable
Prenatal and Perinatal Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not Applicable
Preventive Dental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not Applicable
Referral to Behavioral Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not Applicable
Referral to Substance Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not Applicable
Referral to Specialty Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not Applicable
Pharmacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not Applicable
Substance Abuse services (required for HCH programs):				
• Detoxification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not Applicable
• Outpatient Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not Applicable
• Residential Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not Applicable
• Rehabilitation (non hospital settings)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not Applicable
Non-Clinical Services				
Case Management				
• Counseling/Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not Applicable
• Referral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not Applicable
• Follow - up/Discharge Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not Applicable
• Eligibility Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not Applicable
Health Education				
Outreach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not Applicable
Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not Applicable
Translation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not Applicable
Substance Abuse services (required for HCH programs):				
• Harm/Risk Reduction (e.g. educational materials, nicotine gum/patches)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not Applicable

Acceptable Use Policy

For Expanded Medical Capacity projects, you will be able to propose certain changes to the mode of provision for relevant required services. For relevant additional services, you will be able to propose changes

to the mode of provision if you currently provide the service. You will not be able to propose adding the service.

For Service Expansion projects, you will be able to propose certain changes to the mode of provision for relevant required services. For relevant additional services, you will be able to propose certain changes to the mode of provision if you currently provide the service or propose adding the service if you do not.

For example, an applicant has proposed a Service Expansion—Oral Health (SE-OH) project. The only relevant required service is “Preventive Dental.” On Form 5 - Part A: Required Services this service is editable; the others are not (Figure 21).

Figure 21: Relevant Required Service on Form 5 - Part A (Required Services)

Prenatal and Perinatal Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not Applicable
Preventive Dental	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not Applicable

There are two relevant additional services. On Form 5 - Part A: Additional Services, these services are editable (Figure 22, Arrow 1). To make changes, click the checkbox to select the services, and then click the Update button (Figure 22, Arrow 2).

Figure 22: Relevant Additional Services on Form 5 - Part A (Additional Services)

HRSA Health Center Cluster (93,224)
 ES Application for FY 2011

Welcome (Last login date and time 10/6/2010 4:17:00 PM)

Form 5 - Part A
 home | contact us | help | questions/comments

Select the additional service applicable to the project you are proposing and click 'Update' button to update the mode of provision for this service.
 Click... (Show Full Instruction)

Fields marked with an asterisk (*) are required.

SERVICES PROVIDED - ADDITIONAL SERVICES Form 5 - Part A Additional Services Go

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

Project Information
 Project # 00082560

Project Information
 Overview
 Project Status
 Basic Information
 Project Impact
 Budget Information
 Line Item Budget
 Budget Justification
 Service Information
 Form 5 - Part A
 Add Specialty
 Service Checklist
 Service Site
 Information
 Service Sites

Program Specific Information
 Overview
 Status
 Project Information
 Projects
 Budget Information
 Budget Details
 Consolidated Information
 Consolidated Line Item Budget
 Consolidated Proposal Information
 Review
 Program Specific Information

All Forms
 Overview
 Complete Status
 Review and Submit
 Submit
 Attachments
 Attachments

Logout

Project Information
 Project Number: 82560-02 Project Type: Service Expansion—Oral Health (SE-OrH)
 Project Title: Better Living Through Oral Health

SELECT	SERVICE TYPE	MODE OF SERVICE PROVISION			JUSTIFICATION
		APPLICANT	AGREEMENT (Applicant pays for service)	REFERRAL ARRANGEMENTS (Applicant DOES NOT pay)	
Clinical Services					
<input type="checkbox"/>	Urgent Medical care	[X]	[]	[]	Not Applicable
<input type="checkbox"/>	Dental Services - Restorative	[X]	[]	[]	Not Applicable
<input type="checkbox"/>	Dental Services - Emergency	[X]	[]	[]	Not Applicable
<input type="checkbox"/>	Behavioral Health - Treatment/Counseling	[X]	[]	[X]	Not Applicable
<input type="checkbox"/>	Behavioral Health - Development Screening	[]	[]	[X]	Not Applicable
<input type="checkbox"/>	Behavioral Health - 24-Hour Crisis	[]	[]	[X]	Not Applicable
<input type="checkbox"/>	Substance Abuse Services	[X]	[]	[X]	Not Applicable
<input type="checkbox"/>	HIV Testing	[X]	[]	[X]	Not Applicable
<input type="checkbox"/>	TB Therapy	[]	[]	[X]	Not Applicable
Non Clinical Services					
<input type="checkbox"/>	WIC	[]	[]	[X]	Not Applicable
<input type="checkbox"/>	Nutrition (not WIC)	[X]	[]	[]	Not Applicable
<input type="checkbox"/>	Housing Assistance	[X]	[]	[X]	Not Applicable

Update

Additional Services Proposed by Applicant

SELECT	SERVICE TYPE	MODE OF SERVICE PROVISION			JUSTIFICATION
		APPLICANT	AGREEMENT (Applicant pays for service)	REFERRAL ARRANGEMENTS (Applicant DOES NOT pay)	
Clinical Services					
No Additional Service(s) Proposed.					
Non Clinical Services					
No Additional Service(s) Proposed.					

Add Update Remove

Go to Previous Page Save Save and Continue

Acceptable Use Policy

It is also possible to propose adding certain relevant additional services if you do not currently provide them. Click the Add button (Figure 22, Arrow 3) to do this.

For detailed information on allowable changes to Form 5A, please refer to Table 2 in the EXPANDED SERVICES Instructions.

4.5.2.6 Add Specialty Service Checklist

Applicable only if you propose adding a specialty service (Figure 23).

Figure 23: Add Specialty Service Checklist Page

U.S. Department of Health and Human Services
HRSA
 Health Resources and Services Administration

HRSA Health Center Cluster (93,224)
 ES Application for FY 2011

Welcome (Last login date and time 10/6/2010 5:43:00 PM)

Add Specialty Service Checklist
[home](#) | [logout](#) | [contact us](#) | [help](#) | [questions/comments](#)

All new specialty clinical services proposed in Form 5A are listed below. Please click 'Update Checklist' button for a service to access and complete the 'Add Specialty Serv...' (Show Full Instruction)

Fields marked with an asterisk (*) are required.

ADD SPECIALTY SERVICE CHECKLIST Status: **NOT COMPLETE**

Add Specialty Service Checklist

Project Information			
Project Number: 82560-02	Project Type: Service Expansion—Oral Health (SE-OH)		
Project Title: Better Living Through Oral Health			
Specialty Service Name Status: NOT COMPLETE			
Service Type	Specialty - Clinical	Mode of Service Provision	Applicant
View: Add Specialty Service Checklist			
Action: <input type="button" value="Update Checklist"/>			

Go to Previous Page Save Save and Continue

Click the Update Checklist button and complete the checklist.

The checklist will be deleted if you subsequently remove a specialty service.

4.5.2.7 Service Sites

This form lists service delivery sites currently in scope (Figure 24). You must choose one or more sites to associate with the current project. You may not propose new sites. You may propose more than one site per project. The same site(s) may be associated with more than one project, if applicable.

Figure 24: Service Sites Page

U.S. Department of Health and Human Services
HRSA
 Health Resources and Services Administration

HRSA Health Center Cluster (93,224)
 ES Application for FY 2011

Welcome (Last login date and time 10/22/2010 5:00:44 PM)

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

Click 'Add New Site' button to add a new site which you want to propose. Click 'Pick from Scope' button to add a site that exist in your organization's scope. After adding a site you can update and/or delete the proposed site.

Fields marked with an asterisk (*) are required.

SERVICE Status: **NOT COMPLETE**

Service

Project Information					
Project Number: 51479-01	Project Type: Expanded Medical Capacity (EMC)				
Project Title: 51479-01: Sample Medical Capacity Expansion (EMC)					

Please check one or more sites you would like to add for this project.

Select	Site Name	Physical Site Address (City,State,Zip,District)	Site Service Type	Site Location Type	Site Details
<input type="checkbox"/>	El Dorado County Community Health Center	4641 Missouri Flat Rd , Placerville, CA 95667-6260	Administrative/Service Delivery Site	All Other Clinic Types	View
<input type="checkbox"/>	West Side Family Health Care	12389 Ravens Drive, Ashburn, VA	Administrative/Service Delivery Site	All Other Clinic Types	View
<input type="checkbox"/>	Fairfax County Community Health Center ¹	Red Rum Drive, Reston, VA	Service Delivery Site	All Other Clinic Types	View
<input type="checkbox"/>	West Side Family Health Care - Southeast	908 16th Street DC	Administrative/Service Delivery Site	All Other Clinic Types	View
<input type="checkbox"/>	West Side Family Health Care - Southwest	100 28th Street Southwest DC	Administrative/Service Delivery Site	All Other Clinic Types	View
<input type="checkbox"/>	West Side Family Health Care - Baltimore	Hilltop Circle, Baltimore, MD 20832	Service Delivery Site	All Other Clinic Types	View
<input type="checkbox"/>	West Side Family Health Care - Newark	27 Marrows Road, Newark, DE	Administrative/Service Delivery Site	All Other Clinic Types	View

¹Pending Verification as of 6/9/2010.

Go to Previous Page Save Save and Continue

Privacy Policy/Disclaimer

4.5.3 Additional Program Specific Application-Level Forms

In addition to the forms associated with specific projects, there are forms that cover all projects. These are the Budget Details, Consolidated Line Item Budget, and Consolidated Proposal Information forms. Access these forms from the Program Specific Information Status Overview page.

4.5.3.1 Budget Details

The Budget Details form (Figure 25) captures the breakdown of federal funding requested for each project by sub-program. You should complete this form after you have created the projects and entered budget information on the Budget Summary page.

Figure 25: Budget Details Form

The screenshot shows the HRSA Budget Details form for FY 2011. The form is titled "Budget Details" and includes a navigation menu on the left with options like "Application Tracking", "Program Specific Information", "Overview", "Process", "Status", "Project Information", "Budget Information", "Consolidated Information", "Consolidated Line Item Budget", "Consolidated Proposal Information", "Review", "Program Specific Information", and "All Forms". The main content area displays a summary of budget information and a detailed table of funding requests for various health center programs.

Budget Information		Requested Amount (y) from Budget Details: \$0.00	
Maximum Eligible Amount (x): \$25,000.00		Balance Amount (x - y): \$25,000.00	
Federal Amount from SF-424 Budget Summary: \$25,000.00		Number of Projects Proposed: 2	

Type of Health Center (Program)	% Federal Funding Currently Received	Expanded Medical Capacity Project	Service Expansion Project					Federal Funding Requested		Target Federal Funding ¹
			Oral Health	Behavioral Health	Pharmacy	Vision Care	Enabling Services	Total	%	
Community Health Centers (CHC-330 (e))	91.22%	\$12805	\$10000	\$0	\$0	\$0	\$0	\$22,805.00	91.22%	\$22805.00
Migrant Health Centers (MHC-330 (g))	0.00%	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00	0.00%	\$0.00
Health Care for the Homeless (HCH-330(h))	0.00%	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00	0.00%	\$0.00
Public Housing Primary Care (PHPC-330(i))	8.78%	\$900	\$1295	\$0	\$0	\$0	\$0	\$2,195.00	8.78%	\$2195.00
Total Federal Funding Requested		\$13,705.00	\$11,295.00	\$0.00	\$0.00	\$0.00	\$0.00	\$25,000.00	100.00%	\$25000.00

¹ The value calculated in this column is based on total federal funding requested in the 'Budget Summary' form of SF-424 section and the % distribution of federal funding currently received.

- The screen shows all target populations for which you receive Federal funding and what percent of Federal funding currently received is applied to each target population.
- Target Federal Funding shows how the Federal funding you requested on the Budget Summary page is to be distributed among target populations, since the distribution is to match the distribution of your current funding by percent.
- For each target population, Federal Funding Requested should be equal to Target Federal Funding.
- At least 2/3rd of the Total Federal Funding Requested must be allocated to the Expanded Medical Capacity (EMC) project. See Table 1 of the ES Instructions for additional information.

4.5.3.2 Consolidated Line Item Budget

The Consolidated Line Item Budget form displays budget information for all projects (Figure 26). This form is read-only.

Figure 26: Consolidated Line Item Budget Page

Welcome Susan Joss (Last login date and time 10/8/2010 11:20:00 AM)

Consolidated Line Item Budget
[home](#) | [logout](#) | [contact us](#) | [help](#) | [questions/comments](#)

Budget numbers shown in each cell within this form displays the summed up budget numbers for that cell which was provided in the Line Item Budget form for each project added... ([Show Full Instruction](#))

CONSOLIDATED LINE ITEM BUDGET Status: **COMPLETE**

Consolidated Line Item Budget

Budget Information

Maximum Eligible Amount (x): \$50,000.00	Requested Amount (y) from Budget Details: \$20,000.00
Balance Amount (x - y): \$30,000.00	Number of Projects Proposed: 2
Federal Amount from SF-424 Budget Summary: \$30,000.00	

Category	Amount
Revenue	
1. Applicant	\$0.00
2. State	\$0.00
3. Local	\$0.00
4. Other	\$0.00
5. Program Income	\$0.00
6. Federal ES Funding Request	\$20,000.00
7. Total Revenue (Sum lines 1-6)	\$20,000.00
Expenses	
8. Construction	\$0.00
9. Personnel	\$20,000.00
10. Fringe Benefits	\$0.00
11. Travel	\$0.00
12. Equipment	\$0.00
13. Supplies	\$0.00
14. Contractual	\$0.00
15. Other	\$0.00
16. Total Expenses (Sum lines 8-15)	\$20,000.00

Go to Previous Page Continue

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4.5.3.3 Consolidated Proposal Information

This form asks that you describe need, response and impact as they relate to all proposed projects taken together. This form also displays a read-only roll up of individual project(s) Patient and Staffing Impacts.

Figure 27: Consolidated Proposal Information Page

HRSA
 E-HANDBOOK HOME

HB0: Health Center Cluster (93,715)
 ES Application for FY 2011

HELP

Welcome (Last login date and time 10/25/2010 3:22:00 PM) Tools Menu Go

Consolidated Proposal Information
[home](#) | [logout](#) | [contact us](#) | [help](#) | [questions/comments](#)

Provide Abstract information requested in this form. 'Patients Impacts' and 'Staffing Impacts' numbers shown in each cell within this form displays the summed up numbers for... (Show Full Instruction)

Status: NOT COMPLETE

CONSOLIDATED PROPOSAL INFORMATION

Budget Information

Maximum Eligible Amount (x): \$1,012,252.00	Requested Amount (y) from Budget Details: \$800.00
Balance Amount (x - y): \$1,011,452.00	Number of Projects Proposed: 1
Federal Amount from SF-424 Budget Summary: \$1,012,252.00	

Abstract - Provide a brief synopsis of how all proposed projects together will address the need for health services in the community and among the target population(s):

Briefly describe the applicant organization
 (Maximum 2000 Characters)

Briefly describe the overall need
 (Maximum 2000 Characters)

Briefly describe the applicant's overall response-including services, sites, strategies/methods
 (Maximum 2000 Characters)

Briefly expand upon the quantitative data provided in the Consolidated Impacts table to describe the projects' overall impact
 (Maximum 2000 Characters)

Patients by Population Type for Medical Capacity Expansion (EMC) Project

Population Type	Projected Increase by End of Year 2011		Projected Increase by End of Year 2012		Expected Increase by End of Year 2012
	New Patients	Existing Patients	New Patients	Existing Patients	Patients
General Community	0	N/A	0	N/A	N/A
Migrant/Seasonal Farmworkers	0	N/A	0	N/A	N/A
Public Housing Residents	0	N/A	0	N/A	N/A
Homeless Persons	0	N/A	0	N/A	N/A
Total	0	N/A	0	N/A	8

Patients by Population Type for Service Expansion (SE) Project(s)

Population Type	Projected Increase by End of Year 2011		Projected Increase by End of Year 2012	
	New Patients	Existing Patients	New Patients	Existing Patients
General Community	0	0	0	0
Migrant/Seasonal Farmworkers	0	0	0	0
Public Housing Residents	0	0	0	0
Homeless Persons	0	0	0	0
Total	0	0	0	0

Staffing Impact for All Proposed Projects

Personnel by Major Service Category	New FTEs
Total Medical Providers	00.00
Total Dental Services Providers	00.00
Total Mental Health Providers	00.00
Total Substance Abuse Services Providers	00.00
Other Professional Services Providers	00.00
Total Pharmacy Personnel	00.00
Total Vision Care Service Personnel	00.00
Total Enabling Services Providers	00.00
Other Programs/Services Providers	00.00
Total Administrative & Facility	00.00
Grand Total	00.00

Go to Previous Page
Save Save and Continue

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5. Reviewing and Submitting the Application

5.1. Reviewing the Application

You should review your application before you submit it to HRSA. The system provides a screen from which you may review program-specific information (Figure 28) and one from which you may review face-page information. The information contained on these pages is read-only and will be populated from other pages in the application.

Figure 28: Review Page for Program Specific Information

The screenshot shows the HRSA application interface. At the top, it says 'HRSA Health Center Cluster (93,274) ES Application for FY 2011'. The user is logged in as 'Welcome [Name] (Last login date and time 9/23/2010 12:15:00 PM)'. The main heading is 'Program Specific Information'. Below this, there are navigation links: 'home | logout | contact us | help | questions/comments'. A message states: 'The following is the table of contents for the program specific forms within the current application. Click "Print" button for a printable version of this page. For a printable... (Show Full Instruction)'. There are 'Print' and 'Print All HTML Forms' buttons. A note says: 'Note: "Print All HTML Forms" button will print all program specific HTML forms only.' Below this is a 'TABLE OF CONTENTS' table with a 'Table of Contents' dropdown menu and a 'Go' button.

Section	Type	Action
Program Specific Information		
Budget Details	HTML	View
Consolidated Line Item Budget	HTML	View
Consolidated Project Information	HTML	View
Project Information (82334-01)		
Patients and Visits Impact	HTML	View
Staffing Impact	HTML	View
Project Cover Page	HTML	View
Line Item Budget	HTML	View
Budget Justification	DOCUMENT	Not Available
Form 5: Part A - Required Services Provided	HTML	View
Form 5: Part A - Additional Services Provided	HTML	View
Add Specialty Service Checklist	HTML	View
Service Sites	HTML	View

To review program-specific information:

1. Click the **“Program Specific Information”** link under **“Review”** in the Program Specific Information left menu of the **“Program Specific Information”** page.
2. The **“Table of Contents”** page opens, listing all sections of the program-specific information section of the application (including project-level forms). Use the **“View”** links in the **“Action”** column to view any section.
3. Click **“Print”** button to get a printable version of the Table of Contents.
4. To print a specific section, select that section in the ‘Table of Contents’ drop-down and click **“GO”** button to display the section. Then click **“Print”** button to print that section.
5. Click **“Print All HTML Forms”** button to print all forms which are HTML, i.e., which were not filled using attachments. Attachments can be printed by clicking on individual **“View”** link for DOCUMENT (attachment) type forms.

To review face-page information:

1. From the Program Specific Information section of the application, click the **“Complete Status”** link under **“Overview”** in the All Forms left menu.
2. The application Status Overview page opens. Click the **“Review”** link under Review and Submit in the Application Process left menu.

3. The “Table of Contents” page opens, listing the SF-424 section of the application. Use the “**View**” link in the “**Action**” column to view this section.
4. Click “**Print**” button to get a printable version of the Table of Contents.
5. To print a specific section, select that section in the ‘Table of Contents’ drop-down and click “**GO**” button to display the section. Then click “**Print**” button to print that section.
6. Click “**Print All HTML Forms**” button to print all forms which are HTML i.e. which were not filled using attachments. Attachments can be printed by clicking on individual “**View**” link for DOCUMENT (attachment) type forms.

Once all the sections are “**Complete**” you will be ready to submit the application to HRSA. Click the “**Submit**” link on the left side menu.

5.2. Submitting the Application

Before submitting, you should review the application as a whole. Click the “**Review**” link on the side navigation menu to open the Review page for the application.

1. Click the “**Submit**” link in the left navigation menu of the “**Status Overview**” page.
2. You can submit the application only when all the forms show the status of “**Complete.**”
3. You can only submit the application if you have the “Submit Application” privilege. This privilege is available to all authorizing officials of the organization or authorized delegates. If you do not have the “Submit Application” privilege, you will see the “Submit to AO” option.
4. Submitting to AO does not mean that your application has been received by HRSA. The AO must still submit the application to HRSA.
5. If you are the AO or if you have the Submit Application privilege, you can directly submit the application to HRSA.

-  Submitting to AO does not mean that the application has been received by HRSA. The AO must still submit the application to HRSA.
-  You may only submit the application to HRSA if you are authorized to do so. If you are not authorized to submit the application to HRSA, the button at the bottom of your submit page will say “Submit to AO.”
-  Clicking this button alerts the AO that the application is ready to be submitted. The AO must then login to the HRSA EHB and submit the application.

6. Customer Support Information

-  Use your Application Tracking Number for all correspondence. Do not contact the program point of contact, project officer or the administrative contact with system-related technical questions.
-  Refer to ‘Contact Information’ section in EXPANDED SERVICES application instructions received by email from HRSA. This section provides details on customer support information.

6.1. BPHC Help Line

For assistance with completing Standard and Program Specific forms within the application, please contact the BPHC Help Line:

- By email: <mailto:BHCMISYS@hrsa.gov>
- OR
- By Phone: 1-877-974-BPHC (2742) (between 8:30 am to 5:30 pm Eastern)

DO NOT call the BPHC Help Line for any questions on application instructions or programmatic questions that you might have when completing your application

6.2. HRSA Call Center

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

- By Phone: 877-GO4-HRSA (877-464-4772) or 301-998-7373 (between 9:00 am to 5:30 pm Eastern)
- OR
- By Email: callcenter@hrsa.gov

Please visit HRSA EHBs for additional online help.

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

DO NOT call the BPHC Help Line for any questions on application instructions or programmatic questions that you might have when completing your application

6.3. HRSA Program Support

For any questions on application instructions 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 within the application instructions.

7. FAQs

7.1. Software

7.1.1 What are the software requirements for HRSA EHBs?

HRSA EHBs can be accessed over the Internet using Internet Explorer (IE) v5.0 and above and Netscape 4.72 and above. HRSA EHBs are 508 compliant.

IE 6.0 and above is the recommended browser.

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

In addition, to view attachments such as Word and PDF, you will need appropriate viewers.

7.1.2 What are the system requirements for using HRSA EHBs on a Macintosh computer?

Mac users are requested to download the latest version of Netscape for their OS version. It is recommended that Safari v1.2.4 and above or Netscape v7.2 and above be used.



Note that Internet Explorer (IE) for Mac has known issues with SSL and Microsoft is no longer supporting IE for Mac. HRSA EHBs do not work on IE for Mac.

In addition, to view attachments such as Word and PDF, you will need appropriate viewers.

7.1.3 What document types can I upload?

The following document types are supported in HRSA EHBs:

.DOC - Microsoft Word

.RTF - Rich Text Format

.TXT - Text

.WPD - Word Perfect Document

.PDF - Adobe Portable Document Format

.XLS - Microsoft Excel

 HRSA EHBs currently do not support MS Office 2007 formats (.docx, .xlsx, etc.).