

---

## HRSA Electronic Handbooks

# New Access Points (NAP)

## User Guide for Grant Applicants

Last updated on: January 7, 2013



# Contents

<b>CONTENTS .....</b>	<b>2</b>
<b>FIGURES .....</b>	<b>4</b>
<b>TABLES .....</b>	<b>11</b>
<b>1. INTRODUCTION .....</b>	<b>12</b>
1.1. DOCUMENT PURPOSE AND SCOPE .....	12
1.2. DOCUMENT ORGANIZATION .....	12
<b>2. BEFORE YOU BEGIN .....</b>	<b>13</b>
2.1. REGISTER WITH GRANTS.GOV .....	13
2.2. REGISTER WITH THE HRSA ELECTRONIC HANDBOOKS .....	14
<b>3. BEGIN YOUR APPLICATION .....</b>	<b>15</b>
3.1. LOCATE THE FUNDING OPPORTUNITY .....	15
3.2. DOWNLOAD THE APPLICATION PACKAGE AND INSTRUCTIONS .....	19
3.2.1. <i>Use the Synopsis Page</i> .....	19
3.3. COMPLETE THE APPLICATION .....	23
3.4. SUBMIT THE APPLICATION PACKAGE .....	24
3.5. TRACK STATUS OF THE APPLICATION .....	26
<b>4. GET STARTED WITH THE HRSA ELECTRONIC HANDBOOKS.....</b>	<b>27</b>
4.1. LOG IN .....	27
4.2. SESSION TIME LIMIT .....	28
4.3. ACCESS THE APPLICATION.....	28
4.3.1. <i>Access the Application for the First Time</i> .....	28
4.3.2. <i>Access the Application from the List of Pending Applications</i> .....	31
4.3.3. <i>Correct Errors in the Application</i> .....	33
4.4. NAVIGATION.....	34
<b>5. COMPLETE THE STANDARD FORMS (SF-424) .....</b>	<b>37</b>
<b>6. COMPLETE THE PROGRAM SPECIFIC FORMS .....</b>	<b>46</b>
6.1. FORM 1A: GENERAL INFORMATION WORKSHEET .....	47
6.1.1. <i>Changing Population Type Information</i> .....	50
6.2. FORM 1B: FUNDING REQUEST SUMMARY .....	53
6.2.1. <i>Editing Year 2 to Year 5 Information</i> .....	56
6.3. FORM 1C: DOCUMENTS ON FILE .....	58
6.4. FORM 2: STAFFING PROFILE .....	59
6.5. FORM 3: INCOME ANALYSIS .....	61
6.5.1. <i>Deleting a File</i> .....	65
6.6. FORM 4: COMMUNITY CHARACTERISTICS .....	66
6.7. FORM 5A: REQUIRED SERVICES.....	69
6.8. FORM 5A: ADDITIONAL SERVICES .....	71
6.8.1. <i>Add an Additional Service</i> .....	71
6.8.2. <i>Update an Additional Service</i> .....	73
6.8.3. <i>Remove an Additional Service</i> .....	73
6.9. FORM 5B: SERVICE SITES .....	74
6.9.1. <i>Add a New Service Site</i> .....	74
6.9.2. <i>Create and Register a Performance Site</i> .....	77

6.9.3.	<i>Update a Registered Performance Site Name</i>	80
6.9.4.	<i>Update Site Information</i>	82
6.9.5.	<i>Remove a Service Site</i>	87
6.10.	FORM 5C: OTHER ACTIVITIES/LOCATIONS	87
6.10.1.	<i>View, Update, or Remove an Activity</i>	88
6.11.	ALTERATION/RENOVATION (A/R) PROJECT COVER PAGE	90
6.12.	OTHER REQUIREMENTS FOR SITES	93
6.13.	FORM 6A: CURRENT BOARD MEMBER CHARACTERISTICS	95
6.14.	FORM 6B: REQUEST FOR WAIVER OF GOVERNANCE REQUIREMENTS	98
6.15.	FORM 8: HEALTH CENTER AGREEMENTS	100
6.15.1.	<i>Adding an Organization Agreement</i>	103
6.15.2.	<i>Deleting an Attachment</i>	105
6.16.	FORM 9 - NEED FOR ASSISTANCE WORKSHEET	105
6.16.1.	<i>Form 9 - Section 1: Core Barriers</i>	106
6.16.2.	<i>Form 9, Section 2: Core Health Indicators</i>	109
6.16.3.	<i>Form 9, Section 3: Other Health and Access Indicators</i>	111
6.17.	FORM 10: ANNUAL EMERGENCY PREPAREDNESS REPORT	113
6.18.	FORM 12: ORGANIZATION CONTACTS	114
6.18.1.	<i>Updating an Organization Contact</i>	117
6.18.2.	<i>Deleting an Organization Contact</i>	117
6.19.	CLINICAL PERFORMANCE MEASURES	118
6.19.1.	<i>The Project Period</i>	118
6.19.2.	<i>Enter Standard Measures Data</i>	119
6.19.3.	<i>Add an "Other Performance Measure"</i>	121
6.19.4.	<i>Update a Performance Measure</i>	125
6.19.5.	<i>Delete an "Other Performance Measure"</i>	126
6.19.6.	<i>View a Performance Measure</i>	126
6.20.	FINANCIAL PERFORMANCE MEASURES	127
6.20.1.	<i>The Project Period</i>	128
6.20.2.	<i>Enter Standard Measures Data</i>	128
6.20.3.	<i>Add an "Other Performance Measure"</i>	130
6.20.4.	<i>Update a Performance Measure</i>	133
6.20.5.	<i>Delete a Performance Measure</i>	133
6.20.6.	<i>View a Performance Measure</i>	134
6.21.	EQUIPMENT LIST	135
6.21.1.	<i>Deleting Equipment</i>	136
6.21.2.	<i>Updating Equipment</i>	137
6.22.	SUMMARY PAGE	138
<b>7.</b>	<b>REVIEW THE APPLICATION</b>	<b>141</b>
7.1.	STATUS OVERVIEW	141
7.2.	REVIEW	141
7.3.	PROGRAM SPECIFIC FORMS	142
<b>8.</b>	<b>SUBMIT THE APPLICATION</b>	<b>145</b>
<b>9.</b>	<b>SUBMITTED APPLICATION</b>	<b>149</b>
<b>10.</b>	<b>CUSTOMER SUPPORT INFORMATION</b>	<b>150</b>
10.1.	BPHC HELP DESK	150
10.2.	HRSA CALL CENTER	150
10.3.	HRSA PROGRAM SUPPORT	150
<b>11.</b>	<b>FREQUENTLY ASKED QUESTIONS</b>	<b>151</b>

11.1.	SOFTWARE .....	151
11.1.1.	<i>What are the software requirements for HRSA EHB?</i> .....	151
11.1.2.	<i>What are the system requirements for using HRSA EHB on a Macintosh computer?</i> .....	151
11.1.3.	<i>What are the software requirements for GAAM?</i> .....	151

## Figures

Figure 1:	Grants.gov Home Page .....	13
Figure 2:	Grants.gov Get Registered Page.....	14
Figure 3:	Find Grant Opportunities Link.....	15
Figure 4:	Find Grant Opportunities .....	15
Figure 5:	Basic Search Page .....	16
Figure 6:	Search Results.....	17
Figure 7:	Synopsis of the Opportunity.....	18
Figure 8:	Introductory Paragraph Showing Date of the Latest Synopsis Update .....	19
Figure 9:	Application Link on the Synopsis Page to Access the Grant Application .....	19
Figure 10:	Selected Grant Applications for Download .....	20
Figure 11:	Download Opportunity Page.....	20
Figure 12:	Download Opportunity Instructions and Application Page (Part 2) .....	21
Figure 13:	Grant Application Package .....	22
Figure 14:	Select Mandatory Document .....	23
Figure 15:	Open the Mandatory Form.....	23
Figure 16:	Instructions for Completing the Grants.gov Mandatory Documents.....	24
Figure 17:	Command Buttons in the Grant Application Package .....	24
Figure 18:	Grants.gov Login Prompt.....	25
Figure 19:	Application Submission Confirmation Page at Grants.gov .....	25
Figure 20:	Application Submission Confirmation Page at Grants.gov Showing Tracking Number .....	26
Figure 21:	Tracking the Status of the Application .....	26
Figure 22:	HRSA EHB Login Screen .....	27
Figure 23:	HRSA EHB Home Page .....	27
Figure 24:	Pending Tasks - List Page.....	28
Figure 25:	Applications – Incomplete List page .....	29
Figure 26:	Grants.Gov Application - Validate page .....	29
Figure 27:	Validate Grants.Gov Application page.....	30
Figure 28:	Select Sub Program(s) page .....	30
Figure 29:	Application Status Overview Page.....	31
Figure 30:	Pending Tasks – List page with application added as a pending task .....	32
Figure 31:	Applications – Incomplete List page with application added as a pending task.....	32

Figure 32: Grants.gov Data Validation Comments Link.....	33
Figure 33: Grants.gov Data Validation Comments .....	33
Figure 34: Left Navigation Panel.....	34
Figure 35: Status Link .....	35
Figure 36: Budget Information, Assurances and Certifications, and Other Information Links.....	35
Figure 37: Program Specific Information Link.....	36
Figure 38: Status Overview for Program Specific Information Forms.....	36
Figure 39: Status Link .....	37
Figure 40: Application Status Page.....	37
Figure 41: Application Information .....	38
Figure 42: Applicant Organization Information.....	39
Figure 43: Project/Budget Information .....	39
Figure 44: Performance Site Location .....	40
Figure 45: Program Narrative.....	40
Figure 46: Budget Summary .....	40
Figure 47: Update Budget Summary .....	41
Figure 48: Budget Categories .....	41
Figure 49: Update Budget Categories .....	42
Figure 50: Forecasted Cash Needs .....	42
Figure 51: Federal Resources.....	42
Figure 52: Other Budget Information .....	43
Figure 53: Budget Narrative .....	43
Figure 54: Assurances .....	43
Figure 55: Certifications .....	44
Figure 56: Disclosure of Lobbying Activities .....	45
Figure 57: Appendices .....	45
Figure 58: Program Specific Information Link.....	46
Figure 59: Status Overview Page for Program Specific Forms .....	46
Figure 60: Form 1A: General Information Worksheet.....	47
Figure 61: Form 1A, 1. Applicant Information .....	47
Figure 62: Form 1A – 2a Service Area Designation .....	48
Figure 63: Form 1A - 2b. Service Area Type .....	48
Figure 64: Form 1A, 2. Proposed Service Area, 2c. Target Population Information .....	49
Figure 65: Form 1A, Patients and Visits by Service Type .....	49
Figure 66: Form 1A, Unduplicated Patients and Visits by Population Type .....	50
Figure 67: Complete Status Link.....	50
Figure 68: Budget Summary Update Link.....	51

Figure 69: Budget Summary Page.....	51
Figure 70: Select Sub Program(s) Page .....	51
Figure 71: Budget Summary Page Showing Addition.....	52
Figure 72: Update Budget Information Button .....	52
Figure 73: Section A – Budget Summary Update Page .....	53
Figure 74: Section A – Budget Summary Page after Update .....	53
Figure 75: Form 1B Link.....	54
Figure 76: Form 1B: Funding Request Summary .....	54
Figure 77: Complete Status Link.....	56
Figure 78: Federal Resources Update Link .....	56
Figure 79: Federal Resources page .....	57
Figure 80: Federal Resources intermediate page.....	57
Figure 81: Federal Resources page showing updates .....	57
Figure 82: Form 1C, Documents on File .....	58
Figure 83: Form 2: Staffing Profile (Year 1).....	60
Figure 84: Form 2, Total Salary section.....	61
Figure 85: Form 3 Link .....	61
Figure 86: Form 3: Income Analysis Form.....	62
Figure 87: Form 3 Template Document, Page 1 .....	63
Figure 88: Form 3 Attach Document.....	64
Figure 89: Income Analysis File Delete .....	65
Figure 90: Delete Attachment Confirmation Page .....	65
Figure 91: Form 4, Community Characteristics .....	66
Figure 92: Form 4, Race .....	67
Figure 93: Form 4, Hispanic.....	67
Figure 94: Form 4, Income as Percent of Poverty Level .....	68
Figure 95: Form 4, Primary Third Party Payment .....	68
Figure 96: Form 4, Special Populations.....	69
Figure 97: Form 5A, Services Provided – Required Services .....	70
Figure 98: Behavioral Health and Substance Abuse Services Must Be Provided by Referral.....	70
Figure 99: Form 5A, Additional Services .....	71
Figure 100: Add New Service Page.....	71
Figure 101: Add New Service Page – Services to Choose .....	72
Figure 102: Update an Additional Service .....	73
Figure 103: Form 5A, Remove an Additional Service.....	73
Figure 104: Confirm Removal of an Additional Service .....	74
Figure 105: Form 5B, Add New Site button .....	74

Figure 106: Service Site Checklist .....	75
Figure 107: Choose Site Location Setting .....	75
Figure 108: List of Pre-registered Performance Sites at HRSA Level.....	76
Figure 109: Select a Location from the List of Pre-Registered Sites .....	76
Figure 110: Update Site Page.....	77
Figure 111: Register a Performance Site.....	77
Figure 112: Add Performance Site.....	78
Figure 113: Add Performance Site: Enter Standard Address .....	78
Figure 114: Add Performance Site: Choose Address Page .....	79
Figure 115: Add Performance Site Non-Standard Address.....	79
Figure 116: List of Pre-Registered Performance Sites .....	80
Figure 117: Update Performance Site .....	81
Figure 118: List of Pre-Registered Performance Sites .....	81
Figure 119: Update Site Page.....	82
Figure 120: Update Link on the Service Sites Page .....	82
Figure 121: Service Site Information.....	83
Figure 122: Add Sub-recipient or Contractor .....	83
Figure 123: Enter Billing Numbers .....	84
Figure 124: Revise Contact Information .....	84
Figure 125: Change Physical Address.....	84
Figure 126: Provide Mailing Address .....	85
Figure 127: Add Zip Code or Census Tracts .....	85
Figure 128: Site Operation Scheduling .....	86
Figure 129: Site Confirmation Page.....	86
Figure 130: Refreshed List of Service Sites.....	86
Figure 131: Remove Link .....	87
Figure 132: Confirm Removal .....	87
Figure 133: Form 5C: Other Activities/Locations .....	87
Figure 134: Enter Activity/Location .....	88
Figure 135: Type of Activity.....	88
Figure 136: View, Update, and Remove Links on the Other Activities/Location Page .....	89
Figure 137: Activity Summary .....	89
Figure 138: Date Stamp on the Read-Only Activity Page.....	89
Figure 139: Delete Other Activity Confirmation Page .....	90
Figure 140: Alteration/Renovation (A/R) Project Cover Page.....	90
Figure 141: Alteration/Renovation (A/R) Project Cover Page – Site Information .....	92
Figure 142: Other Requirements for Sites Page.....	93

Figure 143: Other Requirements for Sites .....	94
Figure 144: Form 6A, Current Board Member Characteristics .....	95
Figure 145: Form 6A, List of Board Members.....	96
Figure 146: Form 6A, Add Board Member Information.....	97
Figure 147: Form 6A, Gender, Ethnicity, and Race .....	98
Figure 148: Request for Waiver “Not Applicable” Message.....	99
Figure 149: Form 6B, Request for Waiver of Governance Requirements .....	99
Figure 150: Form 6B, Section 2 – Previous Waivers .....	99
Figure 151: Form 6B, Section 3 – New Waivers.....	100
Figure 152: Form 6B, Section 4 – Alternative Governance Strategies .....	100
Figure 153: Form 8 Link .....	100
Figure 154: Form 8, Health Center Agreements.....	101
Figure 155: Form 8, Governance Checklist .....	102
Figure 156: Form 8, Part II, Questions 2 and 3.....	102
Figure 157: Form 8, Part III .....	102
Figure 158: Health Center Agreement .....	103
Figure 159: Health Center Agreement, History of Agreement .....	103
Figure 160: Health Center Agreement, Attachments .....	104
Figure 161: Attach Document .....	104
Figure 162: Attached Documents List.....	104
Figure 163: Deleting an Attachment .....	105
Figure 164: Delete Attachment Confirmation Page .....	105
Figure 165: Form 9, Section 1: Core Barriers.....	106
Figure 166: Form 9, Section 1: Population to Physician Ratio .....	107
Figure 167: Form 9, Section 1: Percent of Population at or Below 200% of Poverty Level .....	107
Figure 168: Form 9, Section 1: Percent of Population Uninsured .....	108
Figure 169: Distance (miles) OR travel time (minutes) to nearest primary care provider accepting new Medicaid and uninsured patients.....	108
Figure 170: Form 9, Section 2: Core Health Indicators .....	109
Figure 171: Selecting a Standard Core Health Indicator .....	110
Figure 172: Selecting “Other” Core Health Indicator .....	110
Figure 173: Form 9, Section 3: Other Health and Access Indicators .....	111
Figure 174: Form 9, Health and Access Indicator Menu .....	111
Figure 175: Form 9, Data Response.....	112
Figure 176: Program Specific Information Link in the Left Navigation Panel .....	112
Figure 177: Form 10: Annual Emergency Preparedness Report.....	113
Figure 178: Form 10, Section I – Emergency Preparedness and Management (EPM) Plan.....	113

Figure 179: Form 10, Section II – Readiness .....	114
Figure 180: Form 12 Link .....	114
Figure 181: Form 12: Organization Contacts.....	115
Figure 182: Form 12, Add Chief Executive Officer .....	115
Figure 183: Contact Information Data Entry Page for Form 12 .....	116
Figure 184: Contact Information Data Entry Page for Form 12 With Entries.....	117
Figure 185: Clinical Performance Measures.....	118
Figure 186: Project Period Dates .....	118
Figure 187: Standard Performance Measure.....	119
Figure 188: Update Clinical Performance Measure Information.....	119
Figure 189: Baseline Data.....	120
Figure 190: Calculation .....	120
Figure 191: Data Source and Methodology .....	120
Figure 192: Key Factor and Major Planned Action .....	121
Figure 193: Add Other Performance Measure.....	122
Figure 194: Add Clinical Performance Measure .....	122
Figure 195: Clinical Performance Measure Focus Area .....	122
Figure 196: Focus Area Performance Measure Categories .....	123
Figure 197: Focus Area Performance Measure Description.....	123
Figure 198: Focus Area Target Goal Description .....	123
Figure 199: Numerator and Denominator Descriptions .....	123
Figure 200: Baseline Data.....	124
Figure 201: Data Source and Methodology .....	124
Figure 202: Key Factors.....	124
Figure 203: Other Measures .....	125
Figure 204: Update Link on a Complete Performance Measure .....	125
Figure 205: Update Clinical Performance Measures Information .....	125
Figure 206: Delete Link .....	126
Figure 207: Confirm Delete .....	126
Figure 208: Read-Only Display of a Clinical Performance Measure .....	127
Figure 209: Financial Performance Measures Form .....	127
Figure 210: Financial Performance Measure.....	128
Figure 211: Update Financial Performance Measure Information .....	128
Figure 212: Target Goal Description.....	129
Figure 213: Baseline Data.....	129
Figure 214: Data Source and Methodology .....	129
Figure 215: Key Factor and Major Planned Action .....	130

Figure 216: Other Measures .....	130
Figure 217: Add Financial Performance Measure .....	131
Figure 218: Select Focus Area.....	131
Figure 219: Performance Measure Description .....	131
Figure 220: Target Goal Description .....	131
Figure 221: Numerator and Denominator Descriptions .....	132
Figure 222: Baseline Data.....	132
Figure 223: Key Factor Descriptions.....	132
Figure 224: Other Measures Descriptions .....	133
Figure 225: Update Link on a Complete Performance Measure .....	133
Figure 226: Delete Link .....	133
Figure 227: Delete Financial Performance Measure Information (Confirm Delete) Page .....	134
Figure 228: Read-Only Display of Financial Performance Measure.....	134
Figure 229: Equipment List Page.....	135
Figure 230: Add Equipment Information Page.....	135
Figure 231: Equipment List Page (With Equipment Added) .....	136
Figure 232: Delete Equipment Button.....	136
Figure 233: Delete Equipment Information Confirmation Page .....	137
Figure 234: Update Equipment Button.....	137
Figure 235: Edit Equipment Information Page .....	137
Figure 236: Summary Page Link .....	138
Figure 237: Summary Page .....	139
Figure 238: Status Link Opens the Status Overview .....	141
Figure 239: Status Overview.....	141
Figure 240: Review Link.....	141
Figure 241: Application Table of Contents.....	142
Figure 242: Program Specific Information Link.....	142
Figure 243: Status Link in the Left Navigation Panel on Form 1A.....	143
Figure 244: Status Overview Page for Program Specific Forms .....	143
Figure 245: Program Specific Information Link in the Left Navigation Panel .....	144
Figure 246: Program Specific Information Review Page .....	144
Figure 247: Review Link in Left Navigation Panel .....	145
Figure 248: Review Page.....	145
Figure 249: Proceed to Submit Page Button .....	145
Figure 250: Submit Page Showing the Status Overview .....	146
Figure 251: Submit to AO Button .....	146
Figure 252: Submission Confirmation Page .....	147

Figure 253: Email Notification Sent to Authorizing Official .....	147
Figure 254: Submit Confirmation Page.....	148
Figure 255: Face Page.....	148
Figure 256: Submitted Application .....	149

## **Tables**

Table 1: Modes of Service Provision .....	69
---	----

# 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 New Access Points (NAP) 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 NAP Funding Opportunity Announcement (FOA); applicants and grantees are directed to refer to the FOA for all programmatic questions.

## 1.2. Document Organization

This document contains the following sections:

Section	Description
Before You Begin	Provides information 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 New Access Points (NAP) application.
Complete the Standard Form (SF-424)	Describes the steps necessary to complete the Standard Form sections of the NAP application in the Electronic Handbooks.
Complete the Program Specific Information Forms	Describes the steps necessary to complete the Program Specific Information Sections of the NAP application in the Electronic Handbooks.
Review the Application	Describes how to review a NAP application to ensure that all information is accurate before submitting the application to HRSA.
Submit the Application	Describes the steps necessary to submit the NAP 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

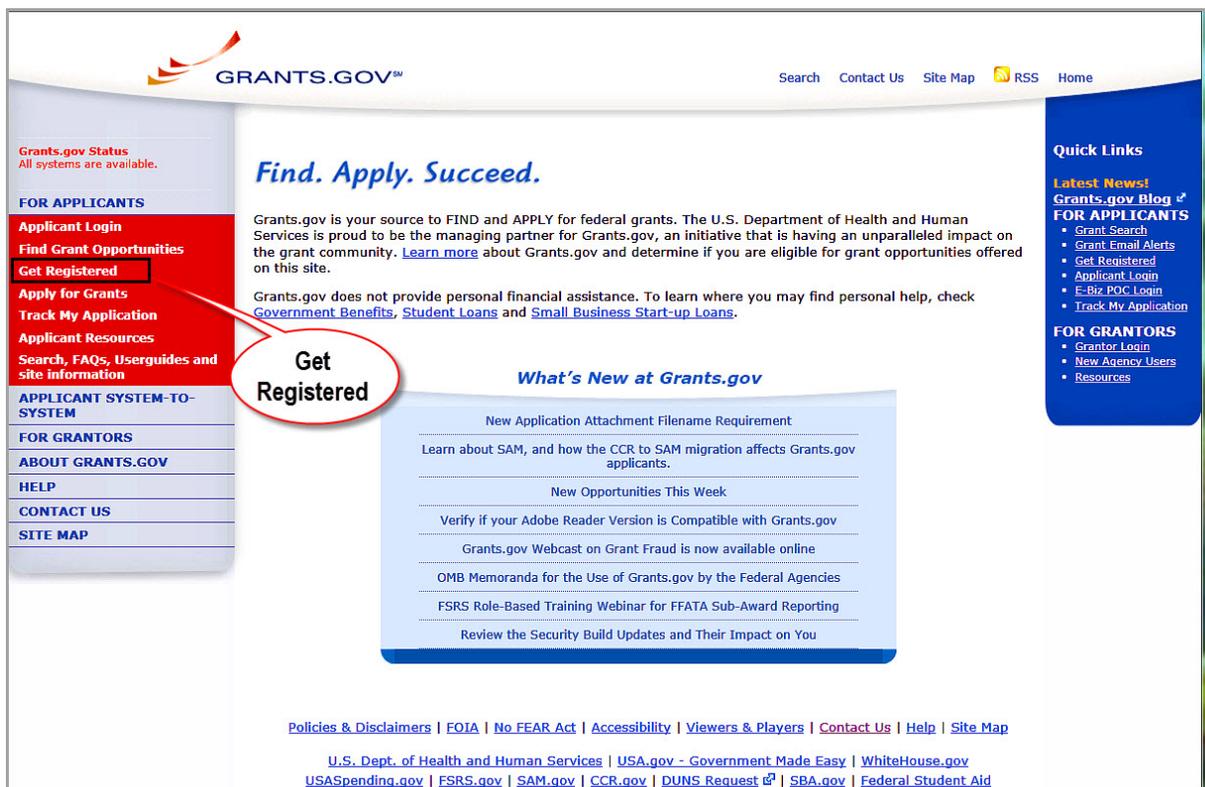
### 2.1. Register with Grants.gov

**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.

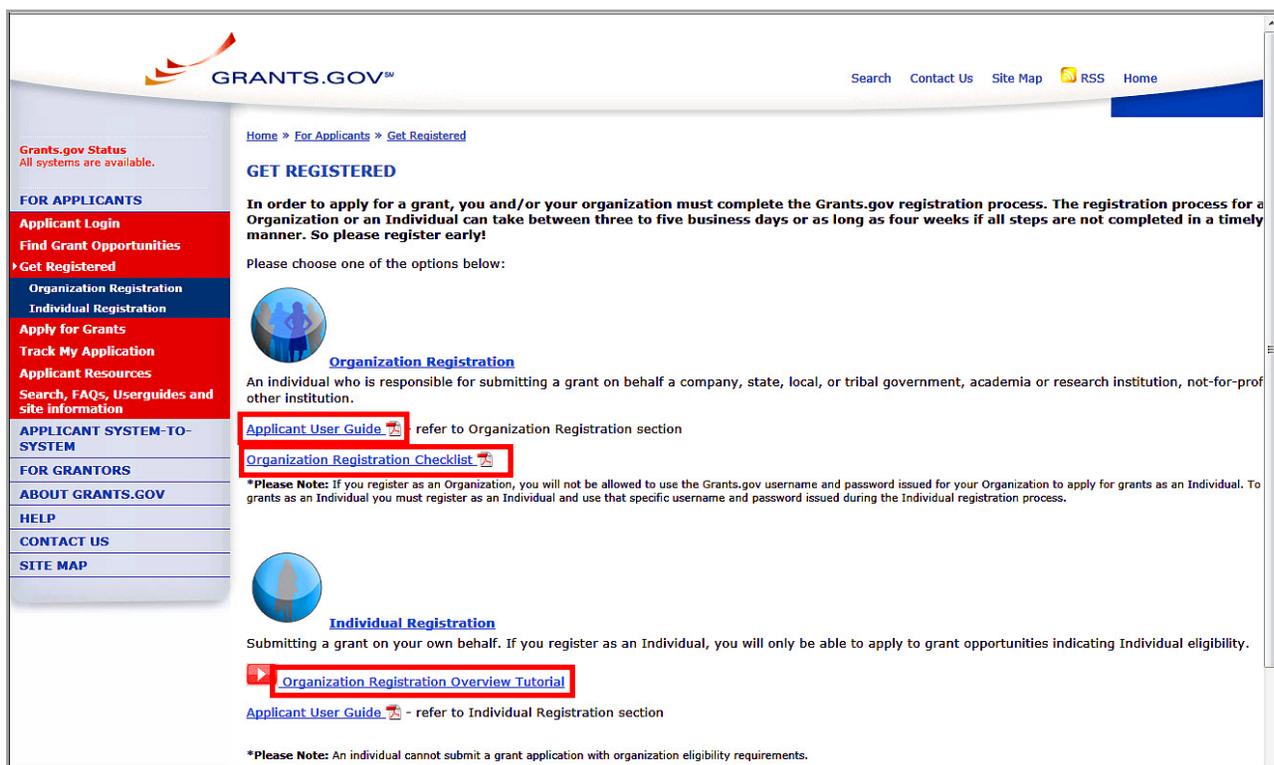
1. Open **Grants.gov**.

Figure 1: Grants.gov Home Page



2. Click the **Get Registered** link in the left navigation panel. The **Get Registered** page opens ([Figure 2](#)).

Figure 2: Grants.gov Get Registered Page



3. Follow the directions on the page. The following document links are available for your assistance:
  - [Applicant User Guide](#)
  - [Organization Registration Checklist](#)
  - [Organization Registration Overview Tutorial](#)
4. 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

**Note:** Registration with HRSA Electronic Handbooks (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 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.

To register as an EHB user, see [Registration – Have an EHBs Account?](#) More information is available at [HRSA EHB Login and Help](#).

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

### 3. Begin Your Application

Use the Grants.gov site to complete the first step in applying for a New Access Points funding opportunity. The following sections describe the Grants.gov application process.

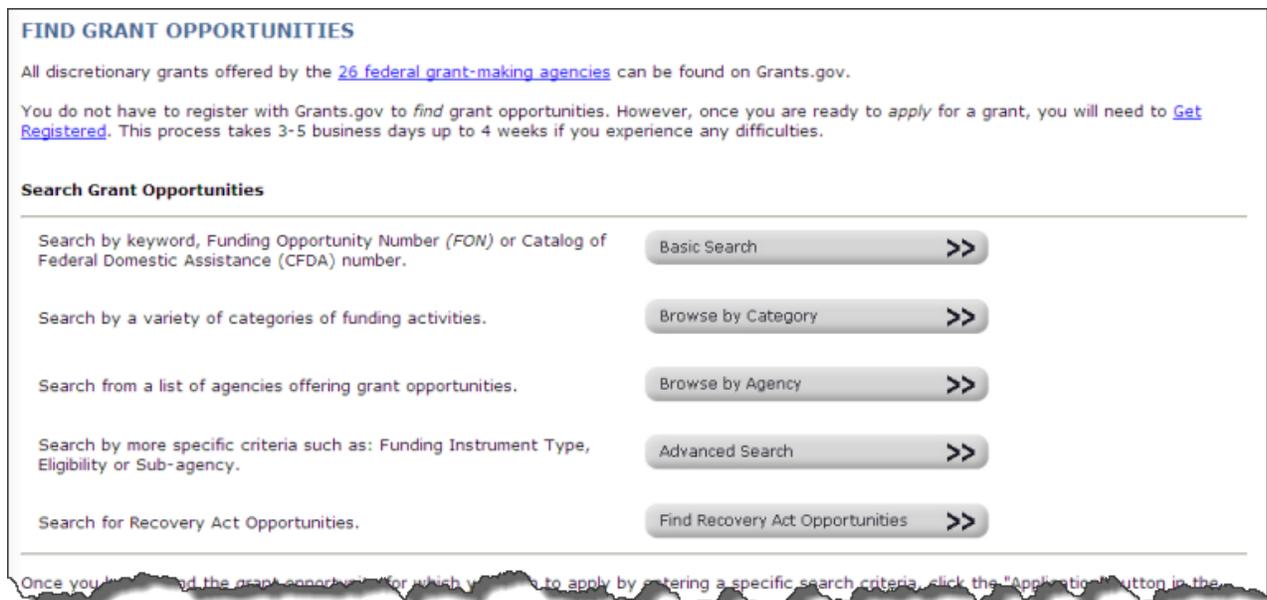
#### 3.1. Locate the Funding Opportunity

1. Go to <http://www.grants.gov>.
2. Click **Find Grant Opportunities** under **For Applicants** in the left navigation panel (Figure 3). The **Find Grant Opportunities** page opens.

Figure 3: Find Grant Opportunities Link



Figure 4: Find Grant Opportunities



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

**Figure 5: 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. For the FY 2013 New Access Points funding opportunity announcement, enter HRSA-13-228 under **Search by Funding Opportunity Number**.
5. Click the **Search** button. The **Search Results** page opens ([Figure 6](#)).

Figure 6: Search Results

GRANTS.GOV<sup>SM</sup> Contact Us SiteMap Help RSS Home

Home > Find Grant Opportunities > Search Grant Opportunities > Search Results

**Search Results** [New Search](#)

Sort: Close Date, Ascending [Sort by Open Date](#) Results 1 - 20 of 1101

<a href="#">Close Date</a>	<a href="#">Opportunity Title</a>	<a href="#">Agency</a>	<a href="#">Funding Number</a>
06/24/2008	<a href="#">Population Health Environment Technical Leadership Cooperative Agreement</a>	Agency for International Development	USAID-M-OAA-GH-08-1112
09/18/2008	<a href="#">Integrated HIV/AIDS Community Care Program</a>	Haiti USAID-Port Au Prince	521-08-0006
10/07/2008	<a href="#">DRAFT PD only for Comment</a>	Ethiopia USAID-Addis Ababa	663-A-08-050
04/27/2009	<a href="#">RFI Avian and Pandemic Influenza and Zoonotic Disease Program PREDICT</a>	Agency for International Development	USAID-M-OAA-GH-HSR-09-877
04/27/2009	<a href="#">RFI Avian and Pandemic Influenza and Zoonotic Disease Program RESPOND</a>	Agency for International Development	USAID-M-OAA-GH-HSR-09-878
06/19/2009	<a href="#">Greater Mekong Subregion - Responses to Infectious Diseases (GMS-RID)</a>	Thailand USAID-Bangkok	USAID-RDMA-RDMA-486-09-018-RFA
06/30/2009	<a href="#">Human Resources for Health and Quality Services (HRHQS)</a>	Agency for International Development	M-OAA-GH-POP-09-1031
07/16/2009	<a href="#">National Environmental Medicine Education and Consultation Project</a>	Centers for Disease Control and Prevention	CDC-RFA-TS09-903
07/27/2009	<a href="#">PREDICT - USAID Avian &amp; Pandemic Influenza and Zoonotic Disease Program</a>	Agency for International Development	USAID-M-OAA-GH-HSR-09-077
07/27/2009	<a href="#">RESPOND USAID Avian &amp; Pandemic Influenza and Zoonotic Disease</a>	Agency for International	USAID-M-OAA-GH-

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

## Figure 7: Synopsis of the Opportunity

Home > Find Grant Opportunities > Search Grant Opportunities > Search Results > Synopsis



### Service Area Competition - Additional Area (SAC-AA) – East Chicago, Indiana

Synopsis
Full Announcement
Application

The synopsis for this grant opportunity is detailed below, following this paragraph. This synopsis contains all of the updates to this document that have been posted as of **12/04/2012**. If updates have been made to the opportunity synopsis, update information is provided below the synopsis.

If you would like to receive notifications of changes to the grant opportunity click [send me change notification emails](#). The only thing you need to provide for this service is your email address. No other information is requested.

*Any inconsistency between the original printed document and the disk or electronic document shall be resolved by giving precedence to the printed document.*

Document Type:	Modification to Previous Grants Notice
Funding Opportunity Number:	HRSA-13-263
Opportunity Category:	Discretionary
Posted Date:	Dec 04, 2012
Creation Date:	<b>Dec 06, 2012</b>
Original Closing Date for Applications:	Jan 07, 2013
Current Closing Date for Applications:	Jan 07, 2013
Archive Date:	Mar 08, 2013
Funding Instrument Type:	Grant
Category of Funding Activity:	Health
Category Explanation:	
Expected Number of Awards:	1
Estimated Total Program Funding:	
Award Ceiling:	\$783,114
Award Floor:	\$0
CFDA Number(s):	93.224 -- Consolidated Health Centers (Community Health Centers, Migrant Health Centers, Health Care for the Homeless, Public Hous
Cost Sharing or Matching Requirement:	No

#### Eligible Applicants

State governments  
 County governments  
 City or township governments  
 Special district governments  
 Independent school districts  
 Native American tribal governments (Federally recognized)  
 Native American tribal organizations (other than Federally recognized tribal governments)  
 Nonprofits having a 501(c)(3) status with the IRS, other than institutions of higher education  
 Others (see text field entitled "Additional Information on Eligibility" for clarification)

#### Additional Information on Eligibility:

Applicants must meet all of the following eligibility requirements. Applications that do not demonstrate compliance with all eligibility requirements will be deemed non-responsive and will not be considered for SAC-AA funding. 1) Applicant is a pu

#### Agency Name

Health Resources & Services Administration

#### Description

The Health Resources and Services Administration (HRSA) administers the Health Center Program as authorized by section 330 of the Public Health Service (PHS) Act, as amended (42 U.S.C. 254b). Health centers improve the health of the Nation's underserved communities and vulnerable populations by ensuring access to comprehensive, culturally competent, quality primary health care services. Health Center Program grants support a variety of community-based and patient-directed public and private nonprofit organizations that serve an increasing number of the Nation's underserved. Individually, each health center plays an important role in the goal of ensuring access to services, and combined, they have had a critical impact on the health care status of medically underserved and vulnerable populations throughout the United States and its territories. Targeting the Nation's neediest populations and geographic areas, the Health Center Program currently funds more than 1,200 health centers that operate more than 8,500 service delivery sites in every state, the District of Columbia, Puerto Rico, the Virgin Islands, and the Pacific Basin. In 2011, more than 20 million medically underserved and uninsured patients received comprehensive, culturally competent, quality primary health care services through the Health Center Program. This Funding Opportunity Announcement (FOA) solicits applications for the Health Center Program's Service Area Competition-Additional Area (SAC-AA). The FOA details the eligibility requirements, review criteria, and awarding factors for organizations seeking a grant for operational support of an announced service area under the Health Center Program, including Community Health Center (CHC – section 330(e)), Migrant Health Center (MHC – section 330(g)), Health Care for the Homeless (HCH – section 330(h)), and/or Public Housing Primary Care (PHPC – section 330(i)). For the purposes of this document, the term "health center" refers to the diverse types of health centers (i.e., CHC, MHC, HCH, and/or PHPC) supported under section 330 of the PHS Act, as amended.

#### Link to Additional Information

<https://grants.hrsa.gov/webExternal/SFO.asp?ID=002d2ba1-0caa-4e45-b674-f6447110581b>

#### If you have difficulty accessing the full announcement electronically, please contact:

CallCenter@HRSA.GOV  
 CallCenter@HRSA.GOV  
 Contact HRSA Call Center at 877-Go4-HRSA/877-464-4772 or email CallCenter@HRSA.GOV

#### Synopsis Modification History

The following files represent the modifications to this synopsis with the changes noted within the documents. The list of files is arranged from newest to oldest with the newest file representing the current synopsis. Changed sections from the previous document are shown in a light grey background.

File Name	Date
Modification #1	Dec 04, 2012
Original Synopsis	Dec 04, 2012

The synopsis provides an overview of the opportunity and presents all updates to the announcement document that have been posted as of a particular date (**Figure 8**).

### Figure 8: Introductory Paragraph Showing Date of the Latest Synopsis Update

The synopsis for this grant opportunity is detailed below, following this paragraph. This synopsis contains all of the updates to this document that have been posted as of **12/04/2012**. If updates have been made to the opportunity synopsis, update information is provided below the synopsis.

If you would like to receive notifications of changes to the grant opportunity click [send me change notification emails](#). The only thing you need to provide for this service is your email address. No other information is requested.

*Any inconsistency between the original printed document and the disk or electronic document shall be resolved by giving precedence to the printed document.*

## 3.2. Download the Application Package and Instructions

**Note:** 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 (**Figure 9**). The **Selected Grant Applications for Download** page opens in a new window (**Figure 10**).

### Figure 9: Application Link on the Synopsis Page to Access the Grant Application



**Figure 10: Selected Grant Applications for Download**

GRANTS.GOV<sup>SM</sup> Contact Us SiteMap Help RSS Home

Home > Applicants > Apply for Grants >

### 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 Adobe Reader installed. Application packages are posted in 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 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](#) 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 & Application
93.224	HRSA-13-225	5501	Service Area Competition	Health Resources & Services Administration	<a href="#">download</a>
93.224	HRSA-13-226	5502	Service Area Competition	Health Resources & Services Administration	<a href="#">download</a>
93.224	HRSA-13-227	5503	Service Area Competition	Health Resources & Services Administration	<a href="#">download</a>

- Click the **download** link under **Instructions and Application**. The **Download Opportunity Instructions and Application** page opens ([Figure 11](#)).

**Figure 11: Download Opportunity Page**

GRANTS.GOV<sup>SM</sup> Contact Us SiteMap Help RSS Home

### DOWNLOAD OPPORTUNITY INSTRUCTIONS AND APPLICATION

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

**Opportunity Number:** PA-10-236: Health Promotion Among Racial and Ethnic Minority Males (R01)  
**Competition ID:** ADOBE-FORMS-B1  
**Competition Title:** Supersedes ADOBE-FORMS-B  
**Agency:** National Institutes of Health  
**Opening Date:** 10/14/2010  
**Closing Date:** 09/07/2013

To download an application, you will need to submit an email address so that you can be notified of any changes to the application before the closing date. Your e-mail address will allow us to e-mail you in the event this opportunity is changed and republished on Grants.gov before its closing date.

Email:  Confirm Email:

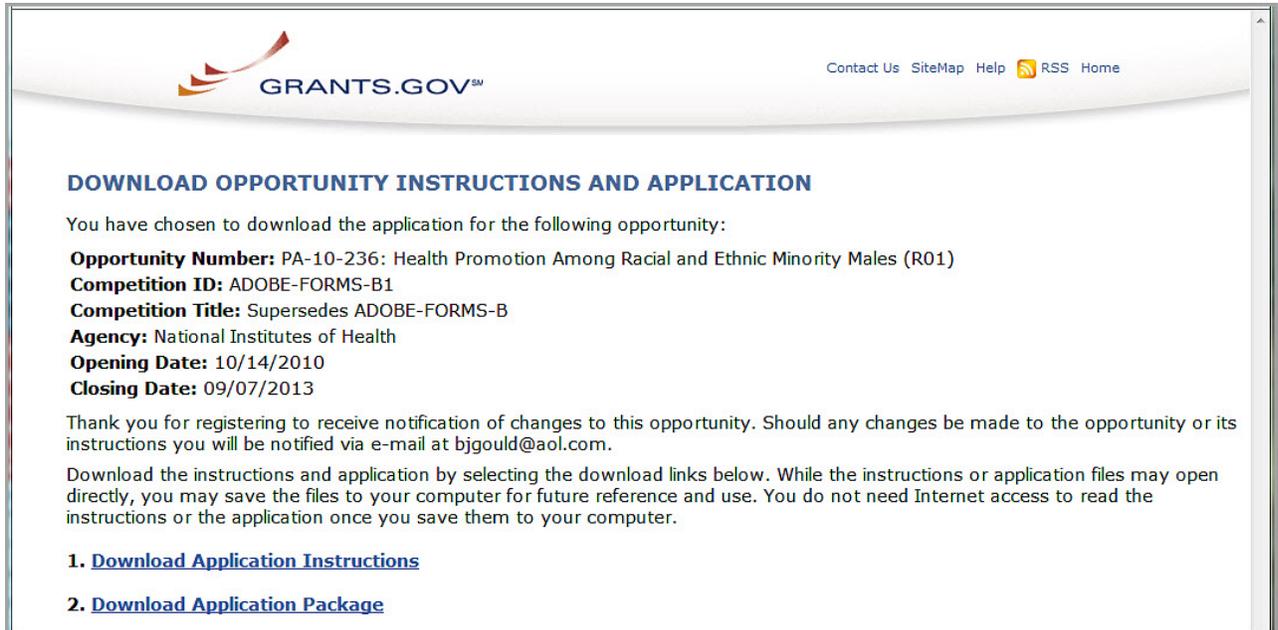
Would you like to receive synopsis modification notices as well?  
  No, I do not wish to provide my email address

**Enter and confirm your email address!**

- Enter and confirm your email address.

4. Use the check box to indicate whether you would like to receive synopsis modification notices.
5. Click the **Submit** button. The second part of the **Download Opportunity Instructions and Application** page opens ([Figure 12](#)).

**Figure 12: Download Opportunity Instructions and Application Page (Part 2)**



6. Click the:
  - o [Download Application Instructions](#) link to open the funding opportunity announcement.
  - o [Download Application Package](#) link to open the **Grant Application Package** (in PDF format) ([Figure 13](#)).

Figure 13: Grant Application Package



## Grant Application Package

---

Opportunity Title:	Service Area Competition - Additional Area (SAC-AA) ? E
Offering Agency:	Health Resources & Services Administration
CFDA Number:	93.224
CFDA Description:	Consolidated Health Centers (Community Health Centers, )
Opportunity Number:	HRSA-13-263
Competition ID:	5736
Opportunity Open Date:	12/04/2012
Opportunity Close Date:	01/07/2013
Agency Contact:	Cheri Daly Public Health Analyst Bureau of Primary Health Care Office of Policy and Program Development BPHCSAC@hrsa.gov 301-594-4300

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 tribal government, academia, or other type of organization.

\* Application Filing Name:

**Mandatory Documents**

- Application for Federal Assistance (SF-424)
- Assurances for Non-Construction Programs (SF-42)
- Project/Performance Site Location(s)
- Grants.gov Lobbying Form

Move Form to Complete

Move Form to Delete

**Mandatory Documents for Submission**

**Optional Documents**

- Other Attachments Form
- Disclosure of Lobbying Activities (SF-LLL)

Move Form to Submission List

Move Form to Delete

**Optional Documents for Submission**

---

**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.

7. See section [3.3, Complete the Application](#) for instructions for completing the application online.

### 3.3. Complete the Application

**Note:** The **Grant Application Package** may now be completed online.

1. Click the name of the document in the **Mandatory Documents** box.

**Figure 14: Select Mandatory Document**

This opportunity is only open to organizations, applicants who are submitting grant applications on behalf of a company, state, local or tribal government, academia, or other type of organization.

\* Application Filing Name:

**Mandatory Documents**

- Assurances for Non-Construction Programs (SF-42)
- Project/Performance Site Location(s)
- Grants.gov Lobbying Form
- Application for Federal Assistance (SF-424)

Move Form to Complete =>

Move Form to Delete <=

**Mandatory Documents for Submission**

Open Form

2. Click the **Move Form to Complete** button. The document name moves to the **Mandatory Documents for Submission** box.

**Figure 15: Open the Mandatory Form**

This opportunity is only open to organizations, applicants who are submitting grant applications on behalf of a company, state, local or tribal government, academia, or other type of organization.

\* Application Filing Name:

**Mandatory Documents**

- Assurances for Non-Construction Programs (SF-42)
- Project/Performance Site Location(s)
- Grants.gov Lobbying Form

Move Form to Complete =>

Move Form to Delete <=

**Mandatory Documents for Submission**

- Application for Federal Assistance (SF-424)

Open Form

**Optional Documents**

- Other Attachments Form
- Disclosure of Lobbying Activities (SF-LLL)

Move Form to Submission List =>

**Optional Documents for Submission**

3. Click to select the form name in the **Mandatory Documents for Submission** box.
4. Click the **Open Form** button. An editable PDF version of the form opens.
5. Complete each form (with attachments) per the instructions on the form and in the funding opportunity announcement.

**Figure 16: Instructions for Completing the Grants.gov Mandatory Documents**

**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" box.

### 3.4. Submit the Application Package

**Notes:**

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 & Submit** button on the **Application Package Cover** page.

**Figure 17: Command Buttons in the Grant Application Package**



4. When prompted, log into Grants.gov ([Figure 18](#)).

Figure 18: Grants.gov Login Prompt

GRANTS.GOV™

Contact Us SiteMap Help RSS Home

Home > Applicant Login

**FOR APPLICANTS**

- Applicant Login
- Find Grant Opportunities
- Get Registered
- Apply for Grants
- Track My Application
- Applicant Resources
- Search FAQs, User Guides and Site Information

**APPLICANT SYSTEM-TO-SYSTEM**

**FOR GRANTORS**

**ABOUT GRANTS.GOV**

HELP

CONTACT US

SITE MAP

### APPLICANT LOGIN

Login below to check your AOR status and manage your applicant profile. To track your application, visit the [Track My Application](#) page. You need to be registered in order to access the applicant system, to begin the registration process visit the [Get Registered](#) page.

Enter your Username and Password and click the login button below.

**Applicant Login**

USERNAME:

PASSWORD (case sensitive):

**LOGIN**

[I Forgot My Username](#)  
[I Forgot My Password](#)

**Warning Notice!**

This is a U.S. Government computer system, which may be accessed and used only for authorized Government business by authorized personnel. Unauthorized access or use of this computer system may subject violators to criminal, civil, and/or administrative action.

All information on this computer system may be intercepted, recorded, read, copied, and disclosed by and to authorized personnel for official purposes, including criminal investigations. Such information includes sensitive data encrypted to comply with confidentiality and privacy requirements. Access or use of this computer system by any person, whether authorized or unauthorized, constitutes consent to these terms.

Your application package is uploaded to Grants.gov and a confirmation screen opens ([Figure 19](#)).

Figure 19: Application Submission Confirmation Page at Grants.gov

GRANTS.GOV™

For Applicants About Grants.gov Resources For Agencies

Contact Us SiteMap Help Home

Home > Apply for Grants > Confirmation

### CONFIRMATION

Thank you for submitting your grant application package via Grants.gov. Your application is currently being processed by the Grants.gov system. Once your submission has been processed, Grants.gov will send email messages to advise you of the progress of your application through the system. Over the next 24 to 48 hours, you should receive two emails. The first will confirm receipt of your application by the Grants.gov system, and the second will indicate that the application has either been successfully validated by the system prior to transmission to the grantor agency or has been rejected due to errors.

Please do not hit the back button on your browser.

If your application is successfully validated and subsequently retrieved by the grantor agency from the Grants.gov system, you will receive an additional email. This email may be delivered several days or weeks from the date of submission, depending on when the grantor agency retrieves it.

You may also monitor the processing status of your submission within the Grants.gov system by using the following steps:

1. Go to <http://www.grants.gov>
2. Click on the "Applicants" link at the top of the Grants.gov home page
3. Login to the system using your AOR user id and password
4. Click on the "Application Status" link at the left of your screen.

Note that once the grantor agency has retrieved your application from Grants.gov, you will need to contact them directly for any subsequent status updates. Grants.gov does not participate in making any award decisions.

**IMPORTANT NOTICE:** If you do not receive a receipt confirmation and either a validation confirmation or a rejection email message within 48 hours, please contact us. The Grants.gov Contact Center can be reached by email at [support@grants.gov](mailto:support@grants.gov), or by telephone at 1-800-518-4726. Always include your Grants.gov tracking number in all correspondence. The tracking numbers issued by Grants.gov look like GRANTXXXXXXXX. Contact Center hours of operation are Monday-Friday from 7:00 A.M. to 9:00 P.M. Eastern Standard Time.

The following application tracking information was generated by the system:

**Grants.gov Tracking Number :** GRANT00103832

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

**Figure 20: Application Submission Confirmation Page at Grants.gov Showing Tracking Number**

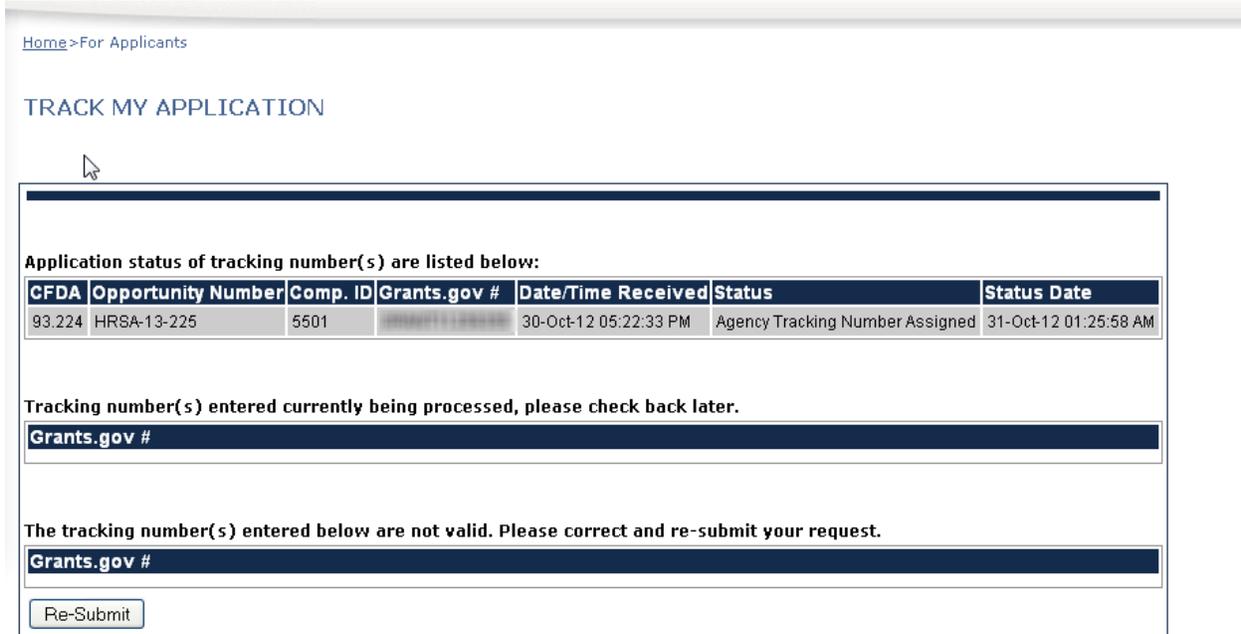


### 3.5. Track Status of the Application

**Note:** 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](http://www.grants.gov/applicants/track_your_application.jsp)) to check the status of your application any time after submission (Figure 21). 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). Within seven business days of successful Grants.gov submission, the applicant point of contact will receive an email with the EHB application tracking number. This tracking number will be needed for application validation in EHB (see section 4.3.1. and Figure 26).

**Figure 21: Tracking the Status of the Application**



## 4. Get Started with the HRSA Electronic Handbooks

### 4.1. Log In

To log into the HRSA Electronic Handbooks (EHB),

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

**Figure 22: HRSA EHB Login Screen**



Existing Users

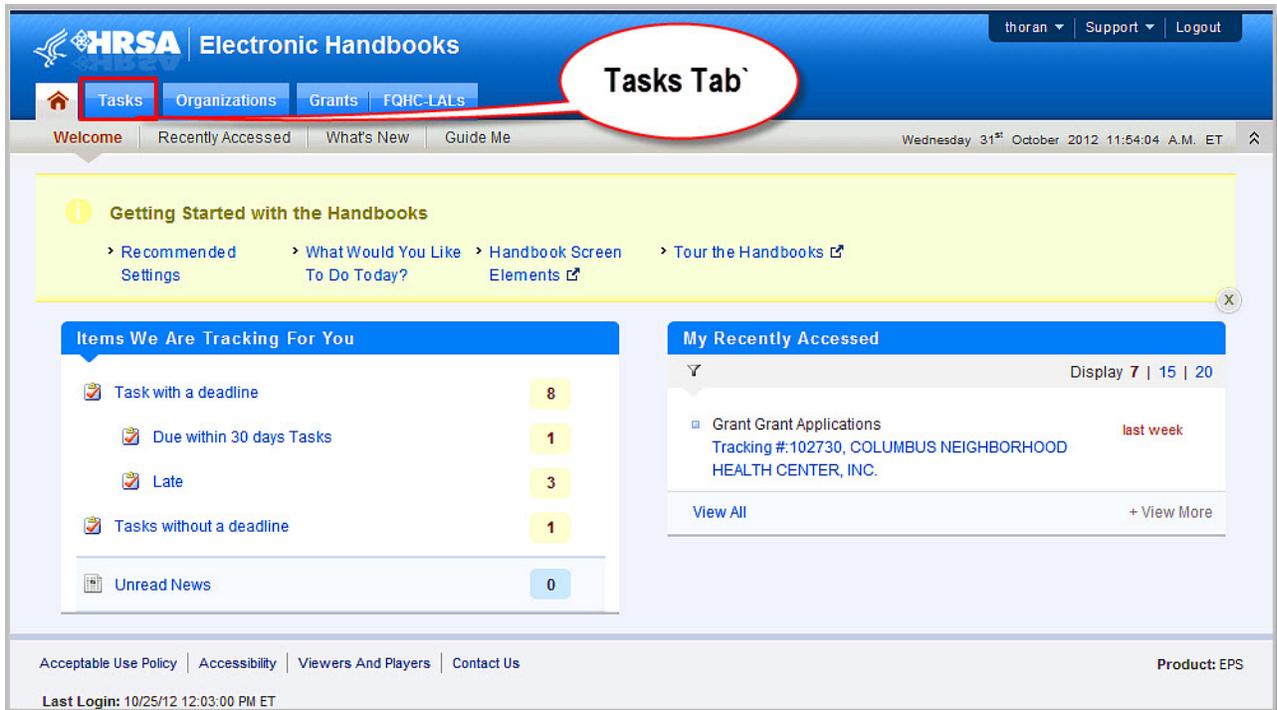
Username

Password

Login [Forgot Password?](#)

3. Click the **Login** button. The HRSA EHB Home page ([Figure 23](#)) opens.

**Figure 23: HRSA EHB Home Page**



HRSA | Electronic Handbooks

thoran | Support | Logout

Home | **Tasks** | Organizations | Grants | FHCH-LALS

Welcome | Recently Accessed | What's New | Guide Me

Wednesday 31<sup>st</sup> October 2012 11:54:04 A.M. ET

**Getting Started with the Handbooks**

- Recommended Settings
- What Would You Like To Do Today?
- Handbook Screen Elements
- Tour the Handbooks

**Items We Are Tracking For You**

Task with a deadline	8
Due within 30 days Tasks	1
Late	3
Tasks without a deadline	1
Unread News	0

**My Recently Accessed**

Display 7 | 15 | 20

- Grant Grant Applications  
Tracking #:102730, COLUMBUS NEIGHBORHOOD HEALTH CENTER, INC. **last week**

[View All](#) [+ View More](#)

Acceptable Use Policy | Accessibility | Viewers And Players | Contact Us

Product: EPS

Last Login: 10/25/12 12:03:00 PM ET

## 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 the **Tasks** tab at the top of the page ([Figure 23](#)). The **Pending Tasks - List** page ([Figure 24](#)) opens.

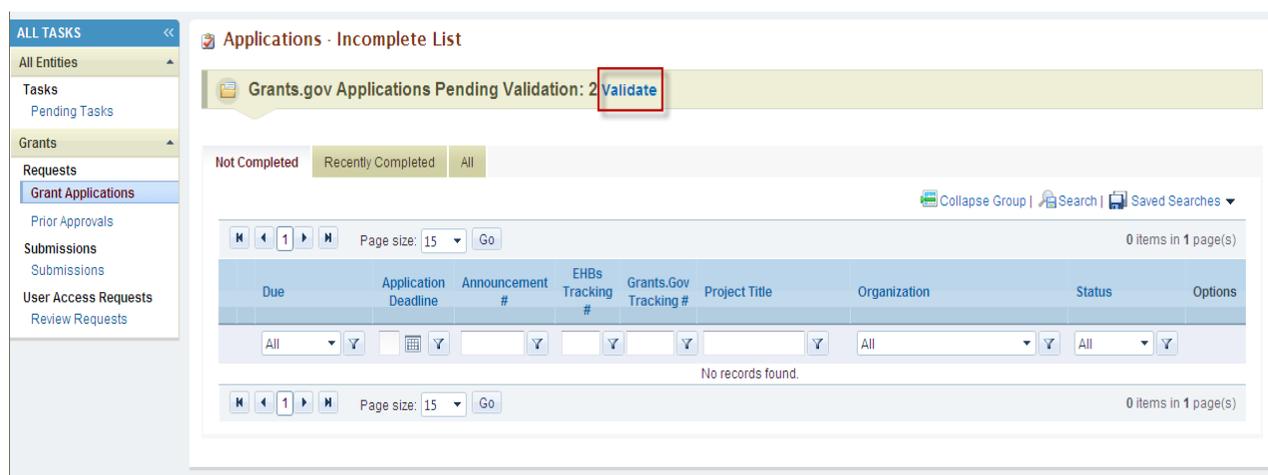
**Figure 24: Pending Tasks - List Page**

The screenshot displays the 'Pending Tasks - List' page. On the left is a navigation sidebar with categories: ALL ENTITIES, Tasks, Grants, Requests, Submissions, and User Access Requests. The 'Grant Applications' link is highlighted with a red box. The main content area shows a table with the following data:

Due	Deadline	Task Category	Tracking #	Task	Entity	Entity #	Organization	Options
20 Days	11/29/2012	FQHC-LAL Applications		Initial Designation Application	FQHC-LAL	N/A		Edit

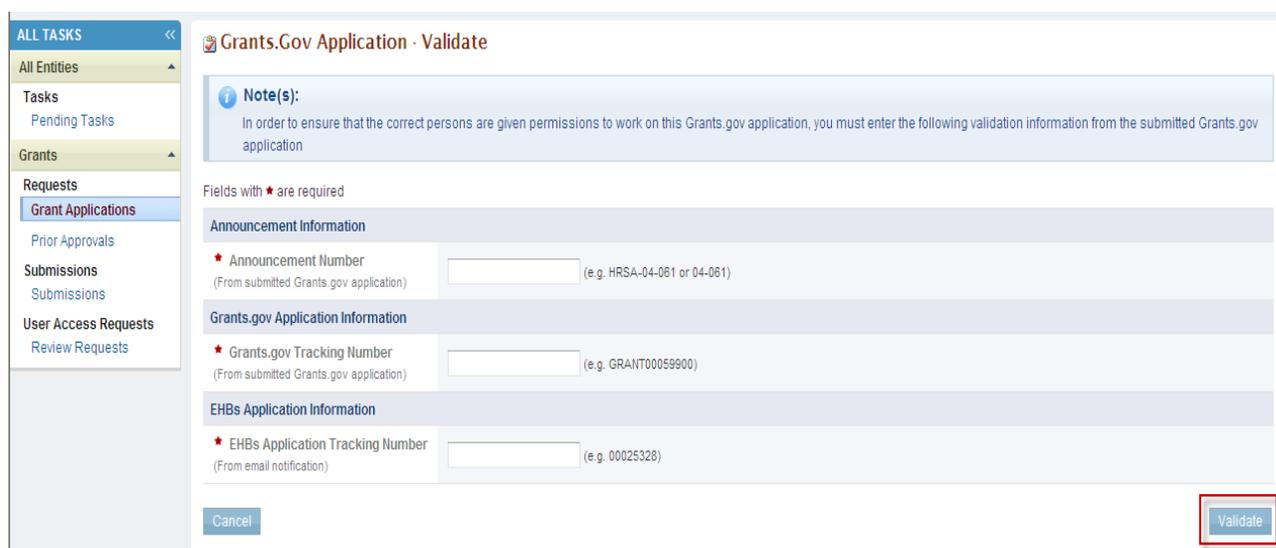
2. Click the **Grants Applications** link in the left menu to navigate to the **Applications – Incomplete List** page ([Figure 25](#)).

**Figure 25: Applications – Incomplete List Page**



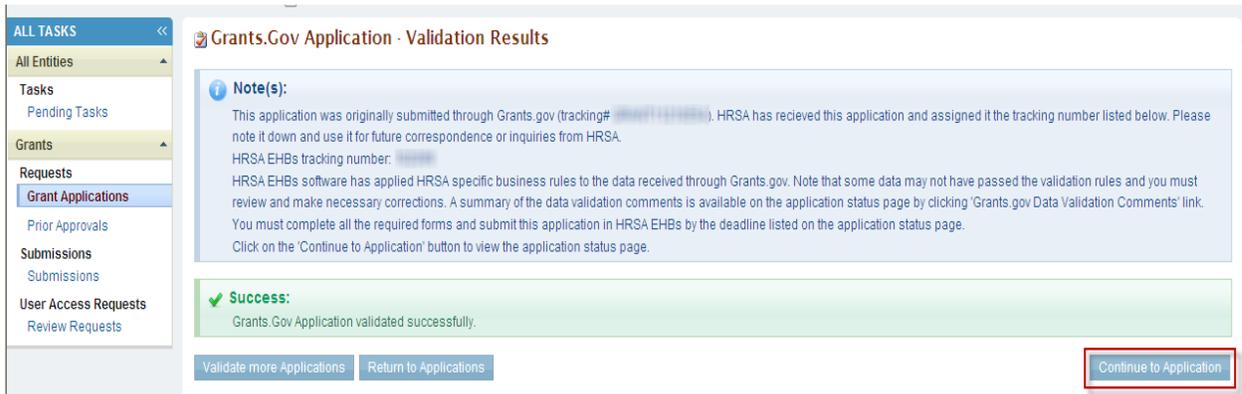
3. Click the **Validate** link ([Figure 25](#)) in order to navigate to the **Grants.Gov Application – Validate** page ([Figure 26](#)).

**Figure 26: Grants.Gov Application - Validate Page**



4. Enter the required validation information:
  - o Announcement Number (from the **Grants.Gov Submission Confirmation** page). For the FY 2013 New Access Points funding opportunity announcement, enter HRSA-13-228.
  - o Grants.gov Tracking Number (from the **Grants.gov Submission Confirmation** page).
  - o HRSA EHB Application Number (from the email notification).
5. Click the **Validate** button. The **Grants.Gov Application – Validation Results** page ([Figure 27](#)) opens indicating that the validation was successful.

**Figure 27: Validate Grants.Gov Application Page**



6. Read the advisory.
7. Click the **Continue to Application** button. The application opens to the **Select Sub Program(s)** page ([Figure 28](#))

**Figure 28: Select Sub Program(s) Page**

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

Go Back Continue

8. Select the sub-programs as applicable (one or more health center funding types may be selected) and click the **Continue** button. The application opens to the **Status Overview** page ([Figure 29](#)).

**Figure 29: Application Status Overview Page**

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

1. On the **HRSA EHB Home** page ([Figure 23](#)), select the Tasks tab to navigate to the **Pending Tasks – List** page ([Figure 30](#)).
2. Locate the application in the list of pending tasks and click the **Edit** link.
3. You can also access the NAP application by clicking the Grant Applications link in the left menu and locating the application on the **Applications – Incomplete List** page ([Figure 31](#)).

**Figure 30: Pending Tasks – List page with application added as a pending task**

**Pending Tasks - List**

Not Completed | Recently Completed

Detailed View | Search | Saved Searches

Page size: 15 | Go | 2 items in 1 page(s)

Due	Deadline	Task Category	Tracking #	Task	Entity	Entity #	Organization	Options
▶ 41 Days	12/19/2012	Grant Applications		Grant Applications	Grant	N/A		Edit
▶ 20 Days	11/28/2012	FQHC-LAL Applications		Initial Designation Application	FQHC-LAL	N/A		Edit

Page size: 15 | Go | 2 items in 1 page(s)

**Figure 31: Applications – Incomplete List page with application added as a pending task**

**Applications - Incomplete List**

Not Completed | Recently Completed | All

Export To Excel | Collapse Group | Detailed View | Search | Saved Searches

Page size: 15 | Go | 1 items in 1 page(s)

Due	Application Deadline	Announcement #	EHBs Tracking #	Grants.Gov Tracking #	Project Title	Organization	Status	Options
▶ 40 Days	12/19/2012				Health Center Cluster		In Progress	Edit

Due: In more than 30 Days (1)

Page size: 15 | Go | 1 items in 1 page(s)

### 4.3.3. Correct Errors in the Application

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

1. To review and correct these errors, click the [Application Data Validation Comments](#) link on the **Application Status Overview** page in HRSA EHB ([Figure 29](#)). A summary of validation errors opens in a new window ([Figure 33](#)).

**Figure 32: Grants.gov Data Validation Comments Link**

Last Updated By	N/A
Peer Information	No peers associated with this Application.
View: <a href="#">Application</a>   <a href="#">Attachments (5)</a>   <a href="#">Application Data Validation Comments</a>	

**Figure 33: Grants.gov Data Validation Comments**

[contact us](#) | [glossary](#) | [help](#) | [questions/comments](#)

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 EHBs TRACKING# 00091041)**

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

## 4.4. Navigation

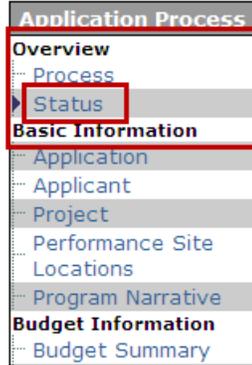
1. Use the navigation menu ([Figure 34](#)) on the left side of the screen to access the different sections of your NAP application.

**Figure 34: Left Navigation Panel**

Application Process
<b>Overview</b>
Process
<b>Status</b>
<b>Basic Information</b>
Application
Applicant
Project
Performance Site Locations
Program Narrative
<b>Budget Information</b>
Budget Summary
Budget Categories
Forecasted Cash Needs
Federal Resources
Other Information
Budget Narrative
<b>Assurances and Certifications</b>
Assurances
Certifications
Disclosure of Lobbying Activities
<b>Other Information</b>
Program Specific Information
Appendices
<b>Review and Submit</b>
Review
Submit

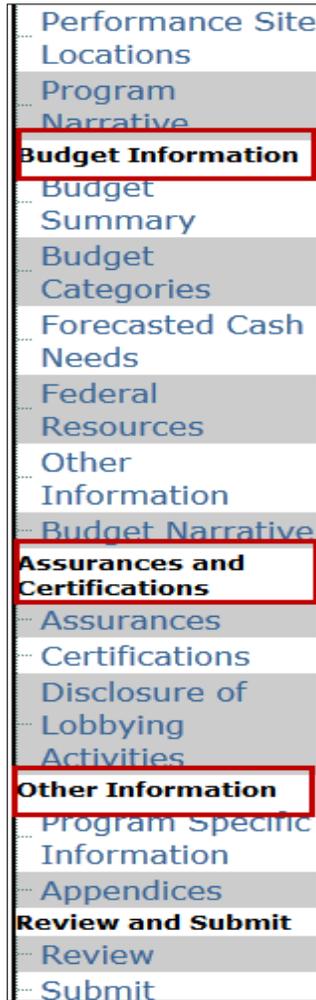
2. Click **Status** under the **Overview** heading ([Figure 35](#)) to go to the **Status Overview** page.

**Figure 35: Status Link**



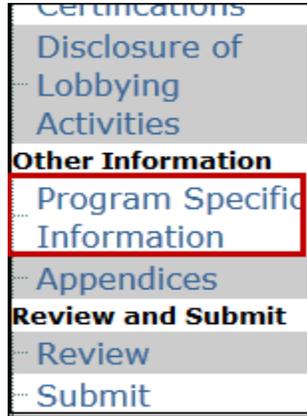
3. Click the appropriate link under Basic Information, Budget Information, Assurances and Certifications, or Other Information to access the information that was imported from Grants.gov.

**Figure 36: Budget Information, Assurances and Certifications, and Other Information Links**



- Click the **Program Specific Information** link under **Other Information** to access the Program Specific Information forms (**Figure 37**). The **Status Overview for Program Specific Information** will be displayed (**Figure 38**).

**Figure 37: Program Specific Information Link**



**Figure 38: Status Overview for Program Specific Information Forms**

HRSA H80: Health Center Cluster (93.527)  
New Access Points Application for FY 2013

Welcome **XXXXXXXXXXXX** to HRSA EHD QA environment (Last login date and time 12/13/12 4:08:00 PM)  
Status: EHD home | logout | contact us | help | questions/comments

The table below shows the status for the 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 every 5 minutes to avoid unexpected behavior.**

Fields marked with an asterisk (\*) are required.

STATUS OVERVIEW			
Section	Action	Status	
<b>View Resources</b>			
NAP FY 2013 User Guide			
<b>PROGRAM SPECIFIC INFORMATION STATUS</b>			
<b>General Information</b>			
Form 1A: General Information Worksheet	Update	NOT COMPLETE	
<b>Budget Information</b>			
Form 1B: Funding Request Summary	Update	NOT COMPLETE	
Form 1C: Documents On File	Update	NOT COMPLETE	
<b>Form 2: Staffing Profile</b>			
Year 1	Update	NOT COMPLETE	
Year 2	Update	NOT COMPLETE	
Form 3: Income Analysis	Update	NOT COMPLETE	
<b>Sites and Services</b>			
Form 4: Community Characteristics	Update	NOT COMPLETE	
<b>Form 5A: Services Provided</b>			
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	
Alteration/Renovation (A/R) Project Cover Page	Update	NOT COMPLETE	
Other Requirements for Sites	Update	NOT COMPLETE	
<b>Other Forms</b>			
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	
<b>Form 9: Need for Assistance Worksheet</b>			
Section I: Core Barriers	Update	NOT COMPLETE	
Section II: Core Health Indicators	Update	NOT COMPLETE	
Section III: Other Health and Access Indicators	Update	NOT COMPLETE	
Form 10: Annual Emergency Preparedness Report	Update	NOT COMPLETE	
Form 12: Organization Contacts	Update	NOT COMPLETE	
<b>Performance Measures</b>			
Clinical Performance Measures	Update	NOT COMPLETE	
Financial Performance Measures	Update	NOT COMPLETE	
<b>Other Information</b>			
Equipment List	Update	NOT COMPLETE	
Summary Page	Update	NOT COMPLETE	

Acceptable Use Policy

## 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 is imported from **Grants.gov** and has undergone a data validation check.

**Figure 39: Status Link**



**Figure 40: Application Status Page**

STATUS OVERVIEW		
<b>SUGGESTED NEXT STEP</b>		
Assign AO		
<b>APPLICATION PROCESS STATUS</b>		
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..... <a href="#">View Details</a>	
Assigned AO	N/A (One or more AO's currently registered. <a href="#">Assign AO</a> )	
Created On	04/06/2012 11:37:50 AM ET	
Last Updated By	N/A	
Peer Information	No peers associated with this Application.	
View: <a href="#">Application</a>   <a href="#">Grants.gov Data Validation Comments</a>		
<b>APPLICATION FORM STATUS</b>		
Section	Action	Status
<b>Basic Information</b> <span style="border: 1px solid red; border-radius: 50%; padding: 2px;">1</span>		
Application	<a href="#">Update</a>	NOT COMPLETE
Applicant	<a href="#">Update</a>	NOT COMPLETE
Project	<a href="#">Update</a>	NOT COMPLETE
Performance Site Locations	<a href="#">Update</a>	NOT COMPLETE
Program Narrative	<a href="#">Update</a>	NOT COMPLETE
<b>Budget Information</b> <span style="border: 1px solid red; border-radius: 50%; padding: 2px;">2</span>		
Budget Summary	<a href="#">Update</a>	NOT COMPLETE
Budget Categories	<a href="#">Update</a>	NOT COMPLETE
Forecasted Cash Needs	<a href="#">Update</a>	NOT COMPLETE
Federal Resources	<a href="#">Update</a>	NOT COMPLETE
Other Information	<a href="#">Update</a>	NOT COMPLETE
Budget Narrative	<a href="#">Update</a>	NOT COMPLETE
<b>Assurances and Certifications</b> <span style="border: 1px solid red; border-radius: 50%; padding: 2px;">3</span>		
Assurances	<a href="#">Update</a>	NOT COMPLETE
Certifications	<a href="#">Update</a>	NOT COMPLETE
Disclosure of Lobbying Activities	<a href="#">Update</a>	NOT COMPLETE
<b>Other Information</b>		
Program Specific Information	<a href="#">Update</a>	NOT COMPLETE
Appendices	<a href="#">Update</a>	NOT COMPLETE

To access the **Standard Forms SF-424** information, click the **Status** link on the left navigation panel, as shown in [Figure 39](#). In the Application forms Status panel, you will see that the information forms are divided into three major groups: Basic Information, Budget Information, and Assurances and Certifications. The Standard Forms must be complete before the application can be submitted.

**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 period, cities, counties, and Congressional districts affected by the project. The project narrative will be uploaded in this section.

1. **Application Information** – This form is used as a face sheet for applications submitted for Federal assistance. You will need to provide basic information regarding the application and the organization. Certain information on this page is pre-populated (e.g., Name of Federal Agency). Click on **Save and Continue** button to save the information and proceed to the **Applicant Organization Information** page ([Figure 42](#)).

**Figure 41: Application Information**

APPLICATION INFORMATION		STATUS: NOT COMPLETE													
*Name of Federal Agency	Health Resources and Service Administration														
Is Application Subject to Review by State Executive Order 12372 Process? List of participating states	<input type="radio"/> Yes	This application was made available to the state executive order 12372 process for review on: Date: (MM/DD/YYYY)													
	<input type="radio"/> No	<input type="radio"/> Program is not covered by E.O. 12372 <input type="radio"/> Program has not been selected state for review													
Is Applicant Delinquent of any Federal Debt?	<input type="radio"/> Yes	If Yes, the following field should contain an explanation on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.  <table border="1"> <thead> <tr> <th colspan="4">Attach Explanation (Maximum one attachment)</th> </tr> <tr> <th>File Name</th> <th>File Size</th> <th>Date Uploaded</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td colspan="4" style="text-align: center;">Attach File</td> </tr> </tbody> </table>		Attach Explanation (Maximum one attachment)				File Name	File Size	Date Uploaded	Description	Attach File			
	Attach Explanation (Maximum one attachment)														
File Name	File Size	Date Uploaded	Description												
Attach File															
<input type="radio"/> No															
		<input type="button" value="Save"/> <input type="button" value="Save and Continue"/>													

2. **Applicant Organization Information** – This form ([Figure 42](#)) allows you to provide information regarding the organization. You can also designate people in the organization with specific roles pertaining to this application. Certain information on this page is pre-populated (–e.g., Legal Name, CRS EIN, EIN, DUNS, Address).

**Figure 42: Applicant Organization Information**

APPLICANT ORGANIZATION INFORMATION		STATUS: NOT COMPLETE
Applicant Organization Information		
Legal Name	[Text Field]	
Applicant Identifier	[Text Field]	
* Type of Applicant	Applicant 1:	[Dropdown]
	Applicant 2:	[Dropdown]
	Applicant 3:	[Dropdown]
	If "Other" then specify: [Text Field]	
Organizational Unit	Department	[Text Field]
	Division	[Text Field]
CRS Entity Identification Number	1- [Text Field] - [Text Field] - A - 1	
Employer Identification Number (EIN) or (TIN)	[Text Field]	
*Organizational DUNS Number	[Text Field]	
*Applicant Mailing Address (Required) <a href="#">More Information</a>		
Mailstop Code (Internal Routing)	[Text Field]	
Division / Department Name	[Text Field]	
<input checked="" type="radio"/> Domestic Select an option (Street Address or PO Box Only or Rural Route)		
*Street Address	Number	*Name [Text Field]
	Select one	Number [Text Field]

3. **Project/Budget Information** – This form ([Figure 43](#)) allows you to provide information about the proposed project. You can indicate the areas that are affected by the project in this form. Certain information on this page is pre-populated (–e.g., Descriptive Title of the Applicant Project, Proposed Project Period). The project abstract that was uploaded in Grants.gov will also appear here. If you want to upload a new project abstract, you must delete the one populated from Grants.gov by using the **Delete** button and then upload the new document by using the **Attach File** button.

**Figure 43: Project/Budget Information**

PROJECT / BUDGET INFORMATION		STATUS: NOT COMPLETE								
Project Information										
Descriptive Title of Applicant Project	Health Center Cluster [Text Field]									
	Project Description (Maximum one attachment) <table border="1"> <thead> <tr> <th>File Name</th> <th>File Size</th> <th>Date Uploaded</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td colspan="4" style="text-align: center;">Attach File</td> </tr> </tbody> </table>		File Name	File Size	Date Uploaded	Description	Attach File			
File Name	File Size	Date Uploaded	Description							
Attach File										
*Proposed Project Period	Start Date (MM/DD/YYYY)	08 01 2013								
	End Date (MM/DD/YYYY)	05 31 2015								
Congressional Districts affected by Project	Other Congressional Districts Affected by Project There are no congressional districts available Add									
Areas Affected by Project (Cities, County, State, etc.)	Attach Areas Affected (Maximum one attachment) <table border="1"> <thead> <tr> <th>File Name</th> <th>File Size</th> <th>Date Uploaded</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td colspan="4" style="text-align: center;">Attach File</td> </tr> </tbody> </table>		File Name	File Size	Date Uploaded	Description	Attach File			
	File Name	File Size	Date Uploaded	Description						
Attach File										
Go Back		Save Save and Continue								

4. **Performance Site Location** - This form ([Figure 44](#)) allows you to attach a document that provides information on performance site locations. Performance sites are the locations where you provide services. You can Add, Update and Delete the information for a performance site.

**Figure 44: Performance Site Location**

GENERAL INFORMATION - PERFORMANCE SITE LOCATION(S)					Status: NOT COMPLETE
Project/Performance Site Locations					
Select	Organization	City	State	Primary Location	
No performance site locations have been added					
<input type="button" value="Add"/> <input type="button" value="Update"/> <input type="button" value="Delete"/>					
<input type="button" value="Go Back"/>		<input type="button" value="Save"/> <input type="button" value="Save and Continue"/>			

- Program Narrative** - This form allows you to attach the project narrative for this program (Figure 45). This document then can be updated and/or deleted.

**Figure 45: Program Narrative**

PROGRAM NARRATIVE				Status: NOT COMPLETE
Attachment(s) (Maximum 2 attachments)				
File Name	File Size	Date Uploaded	Description	
<input type="button" value="Attach File"/>				
<input type="button" value="Go Back"/>		<input type="button" value="Save"/> <input type="button" value="Save and Continue"/>		

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

- Section A - Budget Summary** - Update the grant program budget information in this form. You can provide budget information for the federal and non-federal resources.
  - To enter or update the budget information, select the sub-program (e.g., Community Health Centers) and click on the **Update Budget Information** button shown in (Figure 46). The Budget Summary page for that sub-program will open (Figure 47).
  - To add or delete a sub-program (e.g., Public Housing), click on **Change Sub-Program** link displayed in (Figure 46).
  - Refer to section **6.1.1, Changing Population Type Information**.

**Figure 46: Budget Summary**

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"/>	Community Health Centers	93.224			\$0.00	\$0.00	\$0.00
<input type="radio"/>	Public Housing	93.224			\$0.00	\$0.00	\$0.00
<input type="button" value="Update Budget Information"/>			Total		\$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"/>

**Figure 47: Update Budget Summary**

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

Cancel Save and Continue

- Under New or Revised Budget, enter the amount of Federal funds requested for the first 12-month budget period for each requested sub-program (CHC, MHC, HCH, and/or PHPC). Under Non-Federal Resources, enter the amount of non-Federal funds in the budget for the first 12-month budget period for each requested sub-program.

**Note:** The Federal amount refers to only the Federal section 330 grant funding requested, not all Federal grant funding that an applicant receives.

- Section B – Budget Categories** - Provide or update budget categories information for each requested sub-program ([Figure 48](#)).

**Figure 48: Budget Categories**

* BUDGET INFORMATION - NON-CONSTRUCTION PROGRAMS			STATUS: NOT COMPLETE
Section B- Budget Categories			
Object Class Categories	Grant Program Function or Activity		Totals
	Community Health Centers	Public Housing	
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total Direct Charges	\$0.00	\$0.00	\$0.00
Indirect Charges	\$0.00	\$0.00	\$0.00
<b>Total</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

Update Update

Go Back Save Save and Continue

- Click on the **Update** button to update the budget for the first 12-month budget period for each section 330 sub-program for which funding is requested (CHC, MHC, HCH, and/or PHPC in separate columns).
- Enter the budget amount for each object class category as shown in ([Figure 49](#)).

**Figure 49: Update Budget Categories**

BUDGET INFORMATION - NON- CONSTRUCTION PROGRAMS	
Section B- Budget Categories	
Object Class Categories	Grant Program Function or Activity (\$)
*Grant Program, Function or Activity	Community Health Centers
* Personnel	\$ 0
*Fringe Benefits	\$ 0
* Travel	\$ 0
* Equipment	\$ 0
* Supplies	\$ 0
* Contractual	\$ 0
*Construction	\$ 0
*Other	\$ 0
* Indirect Charges	\$ 0
Total Budget specified in Budget Summary	<b>\$0.00</b>

Go Back Save and Continue

- Section D – Forecasted Cash Needs** - Provide or update Forecasted Cash Needs in this form (Figure 50).

**Figure 50: Forecasted Cash Needs**

BUDGET INFORMATION - NON- CONSTRUCTION PROGRAMS						STATUS: NOT COMPLETE
Section D - Forecasted Cash Needs						
	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	
Federal						
Non-Federal						
<input type="button" value="Update"/> Total						

Go Back Save Save and Continue

- Enter the amount of cash needed by quarter during the first year for both the Federal request and all other sources by clicking on the Update button.
- Section E – Federal Resources** - Provide the Federal section 330 budget request for the second year of the project (first future funding year).

**Figure 51: Federal Resources**

BUDGET INFORMATION - NON- CONSTRUCTION PROGRAMS						STATUS: NOT COMPLETE
Section E - Budget Estimates of Federal Funds Needed for Balance of the Project						
Select	(a) Grant Program	Future Funding Periods (Years)				
		(b) First	(c) Second	(d) Third	(e) Fourth	
*	Community Health Centers	\$0.00	\$0.00	\$0.00	\$0.00	
o	Public Housing	\$0.00	\$0.00	\$0.00	\$0.00	
<input type="button" value="Update"/>	Total	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

Go Back Save Save and Continue

- Enter the Federal funds requested for Year 2 in column (b) broken down by each proposed section 330 program (CHC, MHC, HCH, and/or PHPC) by selecting the program and clicking on the **Update** button.

**Note:** The amount requested cannot exceed \$650,000.

- Section F – Other Information** – Provide information regarding direct and indirect charges. You can also document any relevant comments or remarks in this section.

**Figure 52: Other Budget Information**

OTHER INFORMATION - NON-CONSTRUCTION PROGRAMS		STATUS: NOT COMPLETE
Section F - Other Budget Information		
Direct Charges		
Indirect Charges		
Remarks		
<input type="button" value="Go Back"/>		<input type="button" value="Save"/> <input type="button" value="Save and Continue"/>

6. Budget Narrative- Attach the budget justification by clicking on the **Attach File** button shown in [Figure 53](#).

**Figure 53: Budget Narrative**

BUDGET NARRATIVE				STATUS: NOT COMPLETE
Attachment(s) (Maximum 2 attachments)				
File Name	File Size	Date Uploaded	Description	
<input type="button" value="Attach File"/>				
<input type="button" value="Go Back"/>				<input type="button" value="Save"/> <input type="button" value="Save and Continue"/>

**Assurances and Certifications** – In this section, you must certify 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.

**Figure 54: Assurances**

ASSURANCES - NON-CONSTRUCTION PROGRAMS	STATUS: COMPLETE
<p>1. Have the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.</p> <p>2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standard or agency directives.</p> <p>3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.</p> <p>4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.</p> <p>5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standard for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).</p> <p>6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685- 1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §§794), which prohibits discrimination on the basis of handicaps; (d) The Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibit discrimination on the basis of age; (e) The Drug Abuse Office and Treatment Act of 1972 (PL 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) The Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (PL 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-2 as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to non- discrimination in the sale, rental or financing of housing; (i) Any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance has been made; (N) Any requirements for other nondiscrimination statute(s) which apply only to the application.</p>	

assistance.

**15.** Will comply with the Laboratory Animal Welfare Act of 1966 (PL 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.

**16.** Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.

**17.** Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984.

**18.** Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.

Name of Authorized Certified Official	Chris J Shaw
Title	
Applicant Organization	CHERRY STREET SERVICES, INC.
Date Submitted	

**Proof of Certification**

AGREE       NOT AGREE  
 I certify that I have read and agree to comply with the requirements of form SF 424B upon award of funds.

Go Back Save Save and Continue

**Figure 55: Certifications**

CERTIFICATIONS	STATUS: COMPLETE								
<b>1. CERTIFICATION REGARDING DEBARMENT AND SUSPENSION</b>									
<p>The undersigned (authorized official signing for the applicant organization) certifies to the best of his or her knowledge and belief, that the applicant, defined as the primary participant in accordance with 45 CFR Part 76, and its principals:</p> <p>(a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal Department or agency;</p> <p>(b) have not within a 3-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;</p> <p>(c) are not presently indicted or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph(b) of this certification; and</p> <p>(d) have not within a 3-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.</p> <p>The applicant agrees by submitting this proposal that it will include, without modification, the clause titled "Certification Regarding Debarment, Suspension, In</p>									
<p>result of this application.</p>									
<b>5. CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE</b>									
<p>Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such Federal funds. The law does not apply to children's services provided in private residence, portions of facilities used for inpatient drug or alcohol treatment, service providers whose sole source of applicable Federal funds is Medicare or Medicaid, or facilities where WIC coupons are redeemed.</p> <p>Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.</p> <p>By signing the certification, the undersigned certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.</p> <p>The applicant organization agrees that it will require that the language of this certification be included in any subawards which contain provisions for children's services and that all subrecipients shall certify accordingly.</p> <p>The Public Health Services strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.</p>									
<table border="1"> <tr> <td>Name of Authorized Certified Official</td> <td>Chris J Shaw</td> </tr> <tr> <td>Title</td> <td></td> </tr> <tr> <td>Applicant Organization</td> <td>CHERRY STREET SERVICES, INC.</td> </tr> <tr> <td>Date Submitted</td> <td></td> </tr> </table>		Name of Authorized Certified Official	Chris J Shaw	Title		Applicant Organization	CHERRY STREET SERVICES, INC.	Date Submitted	
Name of Authorized Certified Official	Chris J Shaw								
Title									
Applicant Organization	CHERRY STREET SERVICES, INC.								
Date Submitted									
<b>Proof of Certification</b>									
<input checked="" type="radio"/> AGREE <input type="radio"/> NOT AGREE I certify that I have read and agree to comply with the requirements of Certifications.									
Go Back	Save Save and Continue								

**Figure 56: Disclosure of Lobbying Activities**

DISCLOSURE OF LOBBYING ACTIVITIES		STATUS: COMPLETE
Type of Federal Action	Grant	
*Status of Federal Action		
*Report Type	<input type="radio"/> Initial Filing <input type="radio"/> Material Change	
For Material Change, complete the following information		
Year		
Quarter		
Date of Last Report (MM/DD/YYYY)		
Reporting Entity Information		
Classification	Prime	
Organization Name	CHERRY STREET SERVICES, INC.	
Address	100 CHERRY ST SE GRAND RAPIDS MI 49503-4526	
Congressional District, if known		
Federal Action Information		
Federal Action Number, if known	HRSA-13-257	
Award Amount, if known		

- Applicants that certify that they do NOT currently receive more than \$100,000 in Federal funds and engage in lobbying activities may skip the Disclosure of Lobbying Activities form.

**Appendices**

- This section lists the documents attached to the application. You may delete an attachment by selecting the document and clicking the **Delete** button.
- You may update the description of an existing attachment by selecting the attached file and clicking on the **Update** button.
- To attach a new document click on the **Attach File** button to go to the attachment page.

**Figure 57: Appendices**

APPENDICES					STATUS: NOT COMPLETE
*Project Summary/Abstract (Maximum one attachment)					
Select	File Name	File Size	Date Uploaded	Description	
Attach File					
Additional Congressional District (Maximum one attachment)					
Select	File Name	File Size	Date Uploaded	Description	
Attach File					
*Program Narrative (Maximum 2 attachments)					
Select	File Name	File Size	Date Uploaded	Description	
*	Program Narrative .doc	18 Bytes	12/12/2012 3:23:08 PM	This is program narrative	
Attach File    Update    Delete					
Narrative Budget Justification (Maximum 2 attachments)					
Select	File Name	File Size	Date Uploaded	Description	
*	Budget Narrative.docx	12.55 KB	12/12/2012 3:24:27 PM		
Attach File    Update    Delete					
*Attachment 1: Service Area Map and Table (Maximum 2 attachments)					
Select	File Name	File Size	Date Uploaded	Description	
*	Attachment 1 - Service Area Map.doc	21.5 KB	12/12/2012 3:26:16 PM		
Attach File    Update    Delete					

## 6. Complete the Program Specific Forms

1. Click the [Program Specific Information](#) link (Figure 58) under Other Information to open the **Status Overview** page for the **Program Specific Information** forms (Figure 59).
2. Click the [Update](#) link to edit a form.

Figure 58: Program Specific Information Link

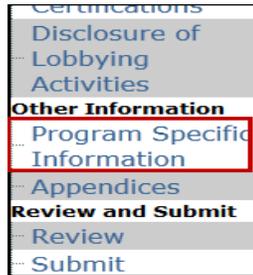


Figure 59: Status Overview Page for Program Specific Forms

Fields marked with an asterisk (\*) are required.

STATUS OVERVIEW			
View Resources			
<a href="#">NAP FY 2013 User Guide</a>			
PROGRAM SPECIFIC INFORMATION STATUS			
Section	Action	Status	
<b>General Information</b>			
Form 1A: General Information Worksheet	<a href="#">Update</a>	NOT COMPLETE	
<b>Budget Information</b>			
Form 1B: Funding Request Summary	<a href="#">Update</a>	NOT COMPLETE	
Form 1C: Documents On File	<a href="#">Update</a>	NOT COMPLETE	
Form 2: Staffing Profile			
Year 1	<a href="#">Update</a>	NOT COMPLETE	
Year 2	<a href="#">Update</a>	NOT COMPLETE	
Form 3: Income Analysis	<a href="#">Update</a>	NOT COMPLETE	
<b>Sites and Services</b>			
Form 4: Community Characteristics	<a href="#">Update</a>	NOT COMPLETE	
Form 5A: Services Provided			
Required Services	<a href="#">Update</a>	NOT COMPLETE	
Additional Services	<a href="#">Update</a>	NOT COMPLETE	
Form 5B: Service Sites	<a href="#">Update</a>	NOT COMPLETE	
Form 5C: Other Activities/Locations	<a href="#">Update</a>	NOT COMPLETE	
Alteration/Renovation (A/R) Project Cover Page	<a href="#">Update</a>	NOT COMPLETE	
Other Requirements for Sites	<a href="#">Update</a>	NOT COMPLETE	
<b>Other Forms</b>			
Form 6A: Current Board Member Characteristics	<a href="#">Update</a>	NOT COMPLETE	
Form 6B: Request for Waiver of Governance Requirements	<a href="#">Update</a>	NOT COMPLETE	
Form 8: Health Center Agreements	<a href="#">Update</a>	NOT COMPLETE	
Form 9: Need for Assistance Worksheet			
Section I: Core Barriers	<a href="#">Update</a>	NOT COMPLETE	
Section II: Core Health Indicators	<a href="#">Update</a>	NOT COMPLETE	
Section III: Other Health and Access Indicators	<a href="#">Update</a>	NOT COMPLETE	
Form 10: Annual Emergency Preparedness Report	<a href="#">Update</a>	NOT COMPLETE	
Form 12: Organization Contacts	<a href="#">Update</a>	NOT COMPLETE	
<b>Performance Measures</b>			
Clinical Performance Measures	<a href="#">Update</a>	NOT COMPLETE	
Financial Performance Measures	<a href="#">Update</a>	NOT COMPLETE	
<b>Other Information</b>			
Equipment List	<a href="#">Update</a>	NOT COMPLETE	
Summary Page	<a href="#">Update</a>	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.

**Note:** 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 59**).

1. Open **Form 1A** (**Figure 60**). Data entry is required in fields marked with an asterisk (\*).

**Figure 60: Form 1A: General Information Worksheet**

2. In the **Applicant Information** section (**Figure 61**), use the drop-down menu to select the month and day in which your organization’s fiscal year ends (1). Then select the Business Entity (2) and the Organization Type (3) which best describe your organization.

**Note:** Multiple selections are allowed for **Organization Type**, but not for **Business Entity**.

**Figure 61: Form 1A, 1. Applicant Information**

- In the **Proposed Service Area (Figure 62)**, 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 MUA/MUP options. 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**.

**Note:** You must provide **at least one designated MUA or MUP ID number** for the selected options if you are applying for Community Health Centers funding.

- Click the Find an MUA/MUP link to find the MUA or MUP ID number for your proposed service area. The number should be five digits.

**Figure 62: Form 1A – 2a Service Area Designation**

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

- In section **2b, Service Area Type (Figure 63)**, indicate whether the service area is urban, rural, or sparsely populated. If it is sparsely populated, enter the number of people per square mile.

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

**Figure 63: Form 1A - 2b. Service Area Type**

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

- In section **2c, Target Population Information**, report the aggregate data for all sites included in the proposed project.

**Notes:**

- The **Total Service Area Population** in the Current Number column of **Target Population Information** section on **Form 1A (Figure 64)** must equal the **Total** for **Service Area #** for ‘Race’ (**Figure 92**), ‘Hispanic or Latino Identity’ (**Figure 93**), ‘Income as a Percent of Poverty Level’ (**Figure 94**), and ‘Primary Third Party Payment Source’ (**Figure 95**) sections on **Form 4**.
- The **Total Target Population** in the Current Number column of **Target Population Information** section on **Form 1A (Figure 64)** must equal the **Total** for each **Target Population #** for ‘Race’ (**Figure 92**), ‘Hispanic or Latino Identity’ (**Figure 93**), ‘Income as a Percent of Poverty Level’ (**Figure 94**), and ‘Primary Third Party Payment Source’ (**Figure 95**) sections on **Form 4**.
- The fields for provider information (Total FTE Medical Providers, etc.) will be disabled.

**Figure 64: Form 1A, 2. Proposed Service Area, 2c. Target Population Information**

*2c. Target Population Information	Current Number	Projected at End of Project Period
*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="N/A"/>	<input type="text" value="N/A"/>
Total FTE Dental Providers	<input type="text" value="N/A"/>	<input type="text" value="N/A"/>
Total FTE Behavioral Health Providers	<input type="text" value="N/A"/>	<input type="text" value="N/A"/>
Total FTE Substance Abuse Service Providers	<input type="text" value="N/A"/>	<input type="text" value="N/A"/>
Total FTE Enabling Service Providers	<input type="text" value="N/A"/>	<input type="text" value="N/A"/>

4. In the **Patients and Visits by Service Type** section ([Figure 65](#)), report the numbers of patients and visits you project at the end of the project period.

**Note:**

- In **Patients and Visits by Service Type**, the Patients and Visits fields for ‘Current Number’ will be disabled.
- For **Total Medical** service type, you must provide a number greater than zero ‘0’ in Patients and Visits fields.
- For **Total Medical** service type, the number of Patients you provide should be greater than or equal to the number of Patients you provide for **Total Dental, Total Behavioral Health, Total Substance Abuse and Total Enabling Services** service types.

“**Current**” refers to the number of patients and visits for the proposed service area at the time of application. In NAP FY 2013 applications, you will not be able to provide this information.

“**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 65: 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="N/A"/>	<input type="text" value="N/A"/>	<input type="text"/>	<input type="text"/>
Total Dental	<input type="text" value="N/A"/>	<input type="text" value="N/A"/>	<input type="text"/>	<input type="text"/>
Total Behavioral Health	<input type="text" value="N/A"/>	<input type="text" value="N/A"/>	<input type="text"/>	<input type="text"/>
Total Substance Abuse	<input type="text" value="N/A"/>	<input type="text" value="N/A"/>	<input type="text"/>	<input type="text"/>
Total Enabling Services	<input type="text" value="N/A"/>	<input type="text" value="N/A"/>	<input type="text"/>	<input type="text"/>

5. In the **Unduplicated Patients and Visits by Population Type** section ([Figure 66](#)), report the numbers of patients and visits you project at the end of the project period for the proposed NAP site(s).

**Note:** In **Unduplicated Patients and Visits by Population Type**, the Patients and Visits fields for 'Current Number', 'Number at End of Year 1' and 'Number at End of Year 2' will be disabled.

**Figure 66: Form 1A, Unduplicated Patients and Visits by Population Type**

* Unduplicated Patients and Visits by Population Type								
Population Type	Current Number (a)		Number at End of Year1 (b)		Number After Year 2 (c)		Number at End of Project Period (d)	
	Patients	Visits	Patients	Visits	Patients	Visits	Patients	Visits
Community Health Centers	N/A	N/A	N/A	N/A	N/A	N/A		
Migratory and Seasonal Agricultural Workers	N/A	N/A	N/A	N/A	N/A	N/A		
Public Housing Residents	N/A	N/A	N/A	N/A	N/A	N/A		
Homeless Persons	N/A	N/A	N/A	N/A	N/A	N/A		
Total (Click 'Save' to calculate)	N/A	N/A	N/A	N/A	N/A	N/A		

**Note:** 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 67](#).

**Figure 67: Complete Status Link**



- Click the **Budget Summary Update** link ([Figure 68](#)). The **Budget Summary** page opens ([Figure 69](#))

**Figure 68: 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 20 day(s) to complete and resubmit your application.)

Application	<a href="#">Update</a>	COMPLETE
Project	<a href="#">Update</a>	COMPLETE
Performance Site Locations	<a href="#">Update</a>	COMPLETE
Program Narrative	<a href="#">Update</a>	COMPLETE
<b>Budget Information</b>		
Budget Summary	<a href="#">Update</a>	NOT COMPLETE
Budget Categories	<a href="#">Update</a>	NOT COMPLETE
Estimated Cash Needs		COMPLETE

**Figure 69: 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	\$0.00

[Change Sub-Program](#)

- Click the **Change Sub-Program** link. The **Select Sub Program(s)** page opens.

**Figure 70: 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

- Select or de-select the sub-programs.

- Click the **Continue** button. The **Budget Summary** page ([Figure 71](#)) re-opens showing the revised sub-programs.

**Figure 71: Budget Summary Page Showing Addition**

BUDGET INFORMATION - NON CONSTRUCTION				STATUS: <del>NOT</del> 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
Update Budget Information			Total	\$0.00	\$0.00	\$0.00	\$0.00

[Change Sub-Program](#)

**Figure 72: 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
Update Budget Information			Total	\$0.00	\$0.00	\$0.00	\$0.00

[Change Sub-Program](#)

- To update the budget information for any sub-program that has changed, select the sub-program and click the **Update Budget Information** button, as shown in ([Figure 72](#)). The **Section A – Budget Summary** page opens ([Figure 73](#)).

**Figure 73: 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	
Non-Federal	
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. Data entry is required in fields marked with an asterisk (\*). Click the **Save and Continue** button. The **Budget Summary** page (Figure 74) re-opens.

**Figure 74: 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			\$200,000.00	\$0.00	\$200,000.00
<input type="radio"/>	Migrant Health Centers	93.224			\$20,000.00	\$6,200.00	\$26,200.00
Update Budget Information		Total			\$220,000.00	\$6,200.00	\$226,200.00

[Change Sub-Program](#)

## 6.2. Form 1B: Funding Request Summary

In **Form 1B: Funding Request Summary**, you are required to distribute the **Total Federal Funds** that you requested for **Year 1** and **Year 2** in the **Budget Information** section, within the standard forms of the NAP application, among the grant program functions/sub-programs.

1. Click **Form 1B** link on the **Program Specific Information** left navigation panel (Figure 75) to access this form.

Figure 75: Form 1B Link

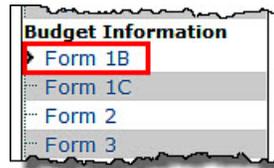


Figure 76: Form 1B: Funding Request Summary

**FUNDING REQUEST SUMMARY**  
Form 1B: Funding Request Summary Status: COMPLETE

View Resources

- Refer to Section A – Budget Summary in Budget Information form to view the Total Federal Funds requested for Year 1.
- Refer to Section E – Budget Estimates Of Federal Funds Needed For Balance Of The Project in Budget Information form to view the Total Federal Funds requested for Year 2.

**Federal Funds Requested: Based on a 12-month Budget for each Budget Period**

Type of Health Center	Program	Year 1		Funding Population Percentage	Year 3		Year 4		Year 5	
		Operational	Operational		Operational	Operational	Operational	Operational		
Community Health Centers	CHC-330(e)	\$ 300,000.00	\$ 400,000.00	61.54%	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Health Care for the Homeless	HCH-330(h)	\$ 100,000.00	\$ 150,000.00	23.08%	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Migrant Health Centers	MHC-330(g)	\$ 100,000.00	\$ 100,000.00	15.38%	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Public Housing Primary Care	PHPC-330(i)	\$ 0.00	\$ 0.00	0.00%	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
<b>Total Operational Costs</b>		\$ 500,000.00	\$ 650,000.00		\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
<b>One-Time Funding</b>		\$ 150,000.00	\$ 0.00		\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
<b>Total Federal Funding Request</b>		\$ 650,000.00	\$ 650,000.00		\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

**After providing information in Equipment List, A/R Project Cover Page, or Other Requirements for Sites forms, if you choose to update the selected option displayed below, the system will delete information from all the forms that are not applicable.**

**One-time funds will be used for:**

Equipment only  
 Minor alteration/renovation with equipment  
 Minor alteration/renovation without equipment  
 N/A

Go to Previous Page Save Save and Continue

- Enter **Operational Funds** (Figure 76, 1) for **Year 1** for each sub-program you are proposing to serve in the **Budget Summary** form within the standard forms of the application.
- Enter an amount for **One-Time Funding** for **Year 1** (Figure 76, 2), if appropriate.

**Notes:**

- You must request **Operational Funds** that are greater than \$0 for every sub-program you selected in the **Budget Summary** form within the standard section of the application.
- Requesting **One-Time Funding** is optional. You may request **One-Time funds** up to **\$150,000**.
- The combined total of the **Operational Funds** and the **One-Time Funds** for **Year 1** cannot exceed **\$650,000**.
- The combined total of the **Operational Funds** and the **One-Time Funds** must equal the **Total Federal** funding requested in the **Budget Summary** form within the standard section of the application.

- If you entered an amount for **One-Time Funding**, click the **One-time funds will be used for:** radio button that describes how you will use the funds (Equipment-only, Minor alteration or renovation with equipment, Minor alteration or renovation without equipment). You should select the "N/A" radio button if you are not requesting **One-Time Funding**.

**Notes:**

- If you indicated that you will use the **One-Time Funding** for 'Equipment-only' purpose, you must provide necessary information in **Equipment List** form of the NAP application.
- If you indicated that you will use the **One-Time Funding** for 'Minor alteration/renovation with equipment' purpose, you must provide the necessary information in **Alteration/Renovation (A/R) Project Cover Page, Other Requirements for Sites** and **Equipment List** forms of the NAP application.
- If you indicated that you will use the **One-Time Funding** for 'Minor alteration/renovation without equipment' purpose, you must provide the necessary information in **Alteration/Renovation (A/R) Project Cover Page** and **Other Requirements for Sites** forms of the NAP application.
- If you did not request **One-Time Funding**, you must select the 'N/A' option in **One-time funds will be used for:** section. You will not be able to provide any information in **Alteration/Renovation (A/R) Project Cover Page, Other Requirements for Sites** and **Equipment List** forms in this scenario.
- If you update the radio button selection in **One-time funds will be used for:** section at any time and save the new selection, the system will delete the information provided by you in all forms that no longer apply based on the new selection.

5. Year 2 **Operations Funds** in **Form 1B** will be pre-populated with the federal funds requested for the first future funding year in **Federal Resources** section (or **Section E - Budget Estimates of Federal Funds Needed for Balance of the Project**) within the standard forms of the NAP application. You will not be able to edit this information.

**Notes:**

- You will not be able to edit the information pre-populated from the standard section of the NAP application in **Form 1B**. To edit this information, you must navigate to the **Federal Resources** section of the application. If you need to edit this information, refer to section [6.2.1, Editing Year 2 to Year 5 Information](#).
- **Operational Funds** requested for **Year 2** for every sub-program you selected in the standard section of the application must be greater than **\$0**.
- **Total Operational Funds** requested for **Year 2** cannot exceed **\$650,000**.
- You cannot request **One-Time Funding** for **Year 2**.

6. Years 3, 4, and 5 **Operational Funds** will be populated in **Form 1B** with the federal funds requested for second, third and fourth future funding years respectively in **Federal Resources** section (**Section E - Budget Estimates of Federal Funds Needed for Balance of the Project**) within the standard forms of the NAP application. You will not be able to edit this information.

**Notes:**

- You will not be able to edit the information pre-populated from the standard section of the NAP application in **Form 1B**. To edit this information, you must navigate to the **Federal Resources** section of the application. If you need to edit this information, refer to [6.2.1, Editing Year 2 to Year 5 Information](#).
- You must not request any federal funds for Years 3, 4, and 5 as NAP has a project length of 2 years only. The Operational Funds for every sub-program you selected in the standard section of the application for these 3 years must be equal to **\$0**.
- You cannot request **One-Time Funding** for Years 3, 4 and 5.

7. Click the **Save and Continue** button, at the bottom of the screen, to save your work and proceed to the next form.

### 6.2.1. Editing Year 2 to Year 5 Information

Use the following steps to change the operational funds information for Years 2 to 5:

1. 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 77](#)).

**Figure 77: Complete Status Link**



2. Click the **Federal Resources Update** link. The **Federal Resources** page opens ([Figure 69](#))

**Figure 78: Federal Resources Update Link**

APPLICATION FORMS STATUS		
Section	Action	Status
Basic Information		
Application	<a href="#">Update</a>	COMPLETE
Applicant	<a href="#">Update</a>	COMPLETE
Project	<a href="#">Update</a>	COMPLETE
Performance Site Locations	<a href="#">Update</a>	COMPLETE
Program Narrative	<a href="#">Update</a>	COMPLETE
Budget Information		
Budget Summary	<a href="#">Update</a>	COMPLETE
Budget Categories	<a href="#">Update</a>	COMPLETE
Forecasted Cash Needs	<a href="#">Update</a>	COMPLETE
Federal Resources	<a href="#">Update</a>	COMPLETE
Other Information	<a href="#">Update</a>	COMPLETE
Budget Narrative	<a href="#">Update</a>	COMPLETE
Assurances and Certifications		

**Figure 79: Federal Resources Page**

* BUDGET INFORMATION - NON-CONSTRUCTION PROGRAMS						STATUS: COMPLETE
Section E - Budget Estimates of Federal Funds Needed for Balance of the Project						
Select	(a) Grant Program	Future Funding Periods (Years)				
		(b) First	(c) Second	(d) Third	(e) Fourth	
<input checked="" type="radio"/>	Community Health Centers	\$400,000.00	\$0.00	\$0.00	\$0.00	
<input type="radio"/>	Health Care for the Homeless	\$150,000.00	\$0.00	\$0.00	\$0.00	
<input type="radio"/>	Migrant Health Centers	\$100,000.00	\$0.00	\$0.00	\$0.00	
<input type="button" value="Update"/>		Total	\$650,000.00	\$0.00	\$0.00	\$0.00

3. Select the sub-program for which you wish to update the operational funds information and click the **Update** button (Figure 79).

**Figure 80: Federal Resources Intermediate Page**

BUDGET INFORMATION - NON-CONSTRUCTION PROGRAM					
Section E - Budget Estimates of Federal Funds Needed for Balance of the Project					
(a) Grant Program	FUTURE FUNDING PERIODS (Years)				
	(b) First	(c) Second	(d) Third	(e) Fourth	
Community Health Centers	<input type="text" value="400000"/>	<input type="text" value="\$ 0"/>	<input type="text" value="\$ 0"/>	<input type="text" value="\$ 0"/>	

4. Update the federal funds for the future funding years as applicable (Figure 80). The budget estimates for the second, third, and fourth years must be equal to \$0.
5. Click the **Save and Continue** button. The **Federal Resources** page (Figure 81) re-opens showing the new federal funds for future funding years as updated by you.

**Figure 81: Federal Resources Page Showing Updates**

* BUDGET INFORMATION - NON-CONSTRUCTION PROGRAMS						STATUS: COMPLETE
Section E - Budget Estimates of Federal Funds Needed for Balance of the Project						
Select	(a) Grant Program	Future Funding Periods (Years)				
		(b) First	(c) Second	(d) Third	(e) Fourth	
<input type="radio"/>	Community Health Centers	\$300,000.00	\$0.00	\$0.00	\$0.00	
<input type="radio"/>	Health Care for the Homeless	\$150,000.00	\$0.00	\$0.00	\$0.00	
<input type="radio"/>	Migrant Health Centers	\$100,000.00	\$0.00	\$0.00	\$0.00	
<input type="button" value="Update"/>		Total	\$550,000.00	\$0.00	\$0.00	\$0.00

### 6.3. Form 1C: Documents on File

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

**Note:** Examples of formats that you can use to provide dates on this form are: 01/15/2012, 2012/01/15, January 15th 2012, First Monday of every April, bi-monthly (last rev 10/12), etc.

1. Open **Form 1C: Documents on File**.

**Figure 82: Form 1C, Documents on File**

DOCUMENTS ON FILE	
Form 1C: Documents On File <span style="float: right;">Status: <b>NOT COMPLETE</b></span>	
<b>MANAGEMENT AND FINANCE</b>	<b>DATE OF LATEST REVIEW/REVISION</b>
*Personnel Policies and Procedures, including related Conflict of Interest Policies and Procedures (Program Requirements 3, 9, 17, and 19)	<input type="text"/>
*Data Collection and Management Information Systems (Clinical and Financial) Policies and Procedures (Program Requirements 8 and 15)	<input type="text"/>
*Billing, Credit, and Collection Policies and Procedures (Program Requirement 13)	<input type="text"/>
*Procurement Policies and Procedures, including related Conflict of Interest Policies and Procedures (Program Requirements 10, 12, and 19)	<input type="text"/>
*Emergency Preparedness and Management Plan (Policy Information Notice 2007-15)	<input type="text"/>
*Fee Schedule/Schedule of Charges (Program Requirements 7 and 13)	<input type="text"/>
*Sliding Fee Discount Program Policies and Procedures (Program Requirement 7)	<input type="text"/>
*Financial Management/Accounting and Internal Control Policies and Procedures (Program Requirements 10 and 12)	<input type="text"/>
Click "Save" button to avoid losing information entered above. <span style="float: right;"><input type="button" value="Save"/></span>	
<b>SERVICES</b>	<b>DATE OF LATEST REVIEW/REVISION</b>
*HIPAA-Compliant Patient Confidentiality Policies and Procedures (Program Requirement 8)	<input type="text"/>
*Clinical Protocols/Clinical Care Policies and Procedures (Program Requirements 2 and 8)	<input type="text"/>
*Patient Grievance Policies and Procedures (Program Requirements 8 and 17)	<input type="text"/>
*Quality Improvement and Quality Assurance Plan, including Incident Reporting System and Risk Management Policies (Program Requirement 8)	<input type="text"/>
*Malpractice Coverage Plan-e.g., FTCA Coverage for deemed grantees or other malpractice coverage (Program Requirement 8 and Policy Information Notice 2011-01: FTCA Health Center Policy Manual)	<input type="text"/>
*Credentialing and Privileging Policies and Procedures (Program Requirement 3 and Policy Information Notices 2001-16 and 2002-22)	<input type="text"/>
*After-Hours Coverage Policies and Procedures (Program Requirements 4 and 5)	<input type="text"/>
*Hospital Admitting Privileges Documentation (Program Requirement 6)	<input type="text"/>
Click "Save" button to avoid losing information entered above. <span style="float: right;"><input type="button" value="Save"/></span>	
<b>GOVERNANCE</b>	<b>DATE OF LATEST REVIEW/REVISION</b>
*Organizational/Board Bylaws, including Board Authority, Composition, and Conflict of Interest Policies and Procedures (Program Requirements 17, 18, and 19)	<input type="text"/>
*Co-Applicant Agreement, if a public organization (Program Requirement 17)	<input type="text"/>

2. Enter the requested document review/revision dates. Fields marked with an asterisk (\*) are required.

3. Click the **Save and Continue** button at the bottom of the screen to save your work and proceed to the next form.

## 6.4. 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 and Year 2. Refer to the NAP Funding Opportunity Announcement for more information on filling out Form 2.

1. To get to **Form 2: Staffing Profile (Figure 83)**, click the **Form 2** link in the **Budget Information** section of the left navigation panel. **Form 2: Staffing Profile** will open for **Year 1** of your funding period.
2. In the **Total FTEs** column, enter the number of full-time employees you expect in that position. Part-time employees are expressed as fractions of a full-time employee.
3. In the **Average Annual Salary of Position** column, enter the average annual salary of one full-time person in that position. The system will calculate the **Total Salary** to be paid for that position when you press the tab key or the **Save** button.

**Note:** This form does not allow you to leave any field blank. If there is no information, enter "0".

Figure 83: Form 2: Staffing Profile (Year 1)

STAFFING PROFILE (YEAR 1)		FORM 2: STAFFING PROFILE (YEAR 1) Go	
FORM 2: STAFFING PROFILE (YEAR 1)		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
* Finance Director (Fiscal Officer)/CFO	0.00	\$0.00	\$0
* Chief Operating Officer/COO	0.00	\$0.00	\$0
* Chief Information Officer/CIO	0.00	\$0.00	\$0
* Administrative Support Staff	0.00	\$0.00	\$0
Click "Save" button to save all information within this page. <span style="float:right">Save</span>			
MEDICAL STAFF	TOTAL FTEs (a)	AVERAGE ANNUAL SALARY OF POSITION (b)	TOTAL SALARY (a*b)
* Medical/Clinical Director	0.00	\$0.00	\$0
* Family Physicians	0.00	\$0.00	\$0
* General Practitioners	0.00	\$0.00	\$0
* Internists	0.00	\$0.00	\$0
* OB/GYNs	0.00	\$0.00	\$0
* Pediatricians	0.00	\$0.00	\$0
* Other Specialty Physicians Please Specify:	0.00	\$0.00	\$0
* Physician Assistants/Nurse Practitioners	0.00	\$0.00	\$0
* Certified Nurse Midwives	0.00	\$0.00	\$0
* Nurses (RNs, LVNs, LPNs)	0.00	\$0.00	\$0
* Pharmacist, Pharmacy Support, Technicians	0.00	\$0.00	\$0
* Other Medical Personnel Please Specify:	0.00	\$0.00	\$0
* Laboratory Personnel (Lab Technicians)	0.00	\$0.00	\$0
* X-Ray Personnel	0.00	\$0.00	\$0
* Clinical Support Staff (Medical Assistants, etc.)	0.00	\$0.00	\$0
* Volunteer Clinical Providers (Medical and Dental)	N/A	N/A	N/A
Click "Save" button to save all information within this page. <span style="float:right">Save</span>			
DENTAL, BEHAVIORAL HEALTH AND ENABLING STAFF	TOTAL FTEs (a)	AVERAGE ANNUAL SALARY OF POSITION (b)	TOTAL SALARY (a*b)
<b>DENTAL STAFF</b>			
* Dentists	0.00	\$0.00	\$0
* Dental Hygienists	0.00	\$0.00	\$0
* Dental Assistants, Aides, Technicians	0.00	\$0.00	\$0
<b>BEHAVIORAL HEALTH STAFF</b>			
* Behavioral Health Specialists (BH Provider)	0.00	\$0.00	\$0
* Alcohol and Substance Abuse Specialists	0.00	\$0.00	\$0
* Psychiatrists	0.00	\$0.00	\$0
* Psychologists	0.00	\$0.00	\$0
<b>ENABLING STAFF</b>			
* Patient Education Specialists (Health Educators)	0.00	\$0.00	\$0
* Case Managers	0.00	\$0.00	\$0
* Outreach (Outreach Staff)	0.00	\$0.00	\$0
* Other Enabling Personnel Please Specify:	0.00	\$0.00	\$0
Click "Save" button to save all information within this page. <span style="float:right">Save</span>			
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)	0.00	\$0.00	\$0
* Other Staff (Please list the staff below and discuss details in program narrative) (maximum 200 characters)	0.00	\$0.00	\$0
TOTAL SALARY	TOTAL FTEs	AVERAGE ANNUAL SALARY OF POSITION	TOTAL SALARY
Salary Total (This row displays the sum of 'Total FTEs' and 'Total Salary' for Administration, Medical, Dental, Behavioral Health, Enabling, and Other Staff categories)	0.00	N/A	\$0.00
Go to Previous Page		Save	Save and Continue

**Notes:**

- If you enter Total FTEs and salary data for **Other Specialty Physicians, Other Medical Personnel, Other Enabling Personnel, Other Professional Staff, or Other Staff**, you must specify the titles or roles of the personnel in the spaces provided.
- You will not be able to provide Total FTEs for **Volunteer Clinical Providers (Medical and Dental)** line item under **MEDICAL STAFF** category.

**Figure 84: Form 2, Total Salary Section**

TOTAL SALARY	TOTAL FTEs	AVERAGE ANNUAL SALARY OF POSITION	TOTAL SALARY (a*b)
Total <small>(This row displays sum of 'Total FTEs' and 'Total Salary' for Administration, Medical, Dental, Behavioral Health, Enabling and Other Staff categories)</small>	<input type="text" value="0"/>	N/A	<input type="text" value="\$0"/>

**Note:** The **Total Salary** section ([Figure 84](#)) displays the sum of **Total FTEs** and **Total Salary** for **Administration, Medical, Dental, Behavioral Health, Enabling, and Other Staff** categories. These are system calculated values and are non-editable.

4. Click the **Save and Continue** button at the bottom of **Form 2: Staffing Profile (Year 1)** to go to **Form 2: Staffing Profile (Year 2)**. You can also go to **Year 2** from the drop-down box at the top of the page ([Figure 83](#)), after clicking the **Save** button at the bottom of the page.

Provide **Total FTEs** and **Average Annual Salary of Position** details for all staff for **Year 2**, and click the **Save and Continue** button to proceed to the next form.

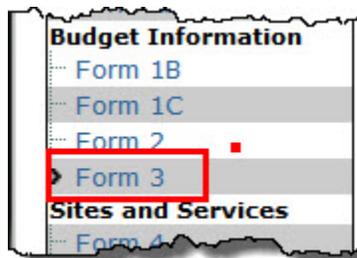
**Note:** Information provided for **Year 1** will *not* be carried over to **Year 2**. Consider printing information you provide for **Year 1** as reference to provide information for **Year 2**.

## 6.5. Form 3: Income Analysis

**Form 3: Income Analysis** projects program income, by source, for Year 1 and Year 2 of the proposed project period.

1. To open **Form 3: Income Analysis** ([Figure 86](#)), click the **Form 3** link on the left navigation panel ([Figure 85](#)).

**Figure 85: Form 3 Link**



**Figure 86: Form 3: Income Analysis Form**

**\*INCOME ANALYSIS**

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

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

Fields marked with an asterisk(\*) are required.

Download Template		
Template Name	Template Description	Action
Income Analysis	Income Analysis	<a href="#">Download</a>

Income Analysis (Upload Two (2) Attachments)				
Select	Purpose	Document Name	Size	Uploaded By
No attached documents exist.				
<input type="button" value="Attach"/>				

2. Click the **Download** link (Figure 86, 1) in the Document Template section to download the Income Analysis form. The **Form 3: Income Analysis** template downloads and opens as an MS Word document.
3. Save the form (Figure 87) 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 requested in the template.

Figure 87: Form 3 Template Document, Page 1

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			
				Grant Number		Application Tracking 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)
	(a)	(b)	(c)	(d)	(e)	(f)	(g)
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							
<b>1. Subtotal: Medicaid</b>							
2a. Medicare: All Inclusive FQHC Rate							
2b. Medicare: Other Fee for Service							
<b>2. Subtotal: Medicare</b>							
3a. Private Insurance: Medical							
3b. Private Insurance: Dental							
3c. Private Insurance: BH/SA							
3d. Private Insurance: Other Fee for Service							
<b>3. Subtotal: Private</b>							
4a. Self-Pay: 100% Charge, No Discount (Medical)							
4b. Self-Pay: 0-99% of Charge, Sliding Discounts Including Full Discount (Medical)							
4c. Self-Pay: 100% Charge, No Discount (Dental)							
4d. Self-Pay: 0-99% of Charge, Sliding Discounts Including Full Discount (Dental)							
4e. Self-Pay: 100% Charge, No Discount (BH/SA)							
4f. Self-Pay: 0-99% of Charge, Sliding Discounts Including Full Discount (BH/SA)							

**Note:** Click the check box for **Year 1** or **Year 2** in the header of the **Form 3: Income Analysis** page before you begin entering data to identify which year you are working on.

- 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.

- When you have completed the forms (one each for Year 1 and Year 2), click the **Attach** button (**Figure 86, 2**) to attach them to your application. The **Attach Document** page (**Figure 88**) opens.

**Note:** You must attach **two** Income Analysis documents, one each for Year 1 and Year 2. Upload the completed document for Year 1 followed by the document for Year 2.

**Figure 88: Form 3 Attach Document**

ATTACH DOCUMENT			
*Purpose	Income Analysis (Max 2)		
*Document	<input type="text"/> <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="Finished Attaching"/>	
Attached Document(s)			
Purpose	Document Name	Size	Uploaded By
Income Analysis	<a href="#">NAPFY13Form 3-Year 1.docx</a>	59.28 KB	

6. Click the **Browse** button ([Figure 88](#), 1) to select the file to upload.
7. Click the **Attach Document** button ([Figure 88](#), 2) to attach your **Income Analysis**.
8. When you have finished attaching files, click the **Finished Attaching** button. **Form 3: Income Analysis** re-opens listing the files you have uploaded.
9. Click the **Save and Continue** button on **Form 3: Income Analysis** to save your work and go to the next form.

### 6.5.1. Deleting a File

Use the following steps to delete a file from **Form 3: Income Analysis**:

**Figure 89: Income Analysis File Delete**

INCOME ANALYSIS				
<b>Form 3: Income Analysis</b>		<b>Status: NOT COMPLETE</b>		
<b>Note:</b> 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		
Income Analysis	Income Analysis	<a href="#">Download</a>		
Income Analysis (Maximum Two (2) Attachments)				
Select	Purpose	Document Name	Size	Uploaded By
<input checked="" type="radio"/>	Income Analysis	<a href="#">NAPFY13Form 3-Year2.docx</a>	59.28 KB	Thomas Horan on 10/13/2012 8:38:06 PM
<input type="radio"/>	Income Analysis	<a href="#">NAPFY13Form 3-Year 1.docx</a>	59.28 KB	Thomas Horan on 10/13/2012 8:13:23 PM
		<input type="button" value="Delete"/>		
<input type="button" value="Go to Previous Page"/>		<input type="button" value="Save"/>	<input type="button" value="Save and Continue"/>	

1. Select the file to be deleted (Figure 89, 1).
2. Click the **Delete** button (Figure 89, 2). The **Delete Attachment Confirmation** page opens.

**Figure 90: Delete Attachment Confirmation Page**

DELETE ATTACHMENT CONFIRMATION			
Attached Document			
Purpose	Document Name	Size	Uploaded By
Income Analysis	<a href="#">NAPFY13Form 3-Year2.docx</a>	59.28 KB	Thomas Horan on 10/13/2012 8:38:06 PM
<input type="button" value="Cancel"/>		<input type="button" value="Confirm Delete"/>	

3. Click the **Confirm Delete** button. The **Income Analysis** page re-opens. The file you deleted is no longer on the list.

**Note:** You must attach two Income Analysis files to complete **Form 3: Income Analysis**.

4. Click the **Save and Continue** button to go to the next form.

## 6.6. Form 4: Community Characteristics

**Form 4: Community Characteristics** (Figure 91) reports current service area and target population data for the entire scope of the project (i.e., all sites).

**Figure 91: Form 4, Community Characteristics**

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

**Note:** When entering data, the **Total** of the **Service Area #** column and the **Total** of the **Target Population #** column should be greater than zero '0' for each of the sections. Race, Hispanic or Latino Identity, Income as a Percent of Poverty Level, and Primary Third Party Payment Source sections must be equal.

**Example:** If the **Total** of the **Service Area #** column in the Race section is "250," then the **Total** of the **Service Area #** column in the Hispanic or Latino Identity, Income as a Percent of Poverty Level, and Primary Third Party Payment Source sections should all be "250."

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 92).

**Figure 92: Form 4, Race**

RACE	SERVICE AREA #	TARGET POPULATION #
*Native Hawaiian	400	270
*Other Pacific Islander	30	25
*Asian	0	0
*Black/African American	0	0
*American Indian/Alaskan Native	0	0
*White	0	0
*More than One Race	0	0
*Unreported/Declined to Report (if applicable)	5	5
<b>Total:</b>	435	300

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 93).
  - B. Income as a Percent of Poverty Level (Figure 94).
  - C. Primary Third Party Payment Source (Figure 95).

**Figure 93: Form 4, Hispanic**

HISPANIC OR LATINO IDENTITY	SERVICE AREA #	TARGET POPULATION #
*Hispanic or Latino	0	0
*Non-Hispanic or Latino	430	295
*Unreported/Declined to Report (if applicable)	5	5
<b>Total:</b>	435	300

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

**Figure 94: 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"/>
<b>Total:</b>	<input type="text" value="0"/>	<input type="text" value="0"/>

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

**Figure 95: 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"/>
<b>Total:</b>	<input type="text" value="0"/>	<input type="text" value="0"/>

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

**Notes:**

- The **Total Service Area Population** in the Current Number column of **Item 2c, Target Population Information** on **Form 1A: General Information Worksheet (Figure 64)** must equal the **Total** for each **Service Area #** on **Form 4: Community Characteristics**.
- The **Total Target Population** in the Current Number column of Item 2c on **Form 1A: General Information Worksheet (Figure 64)** must equal the **Total** for each **Target Population #** on Form 4.

3. Under Special Populations ([Figure 96](#)), enter the number of individuals in the service area and the corresponding target population number for each special population group listed.

**Figure 96: Form 4, Special Populations**

SPECIAL POPULATIONS	SERVICE AREA #	TARGET POPULATION #
*Migratory/Seasonal Agricultural 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 line(s) allowed approximately: 2 (200 character(s) remaining)	<input type="text" value="0"/>	<input type="text" value="0"/>

- 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.

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

## 6.7. 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. Regardless of the mode of provision, services must be provided on a sliding fee scale and accessible regardless of ability to pay. 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,

- Open **Form 5A: Required Services** (Figure 97). Check one or more boxes to indicate the service delivery modes for each service type. Fields marked with an asterisk (\*) are required.

**Figure 97: Form 5A, Services Provided – Required Services**

Fields marked with an asterisk (\*) are required.

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

**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)
<b>Clinical Services</b>			
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"/>

**Note:** Your organization is required to provide behavioral health and substance abuse services by referral to another provider ([Figure 98](#)).

However, if your organization also offers these services or contracts with another provider, list them on the **Additional Services** page of **Form 5A** ([Figure 99](#)).

**Figure 98: 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)
<b>Clinical Services</b>			
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"/>
Diagnostic X-Ray	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Preventive and Behavioral Services</b>			
Preventive Dental	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Referral to Behavioral Health <sup>1</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Referral to Substance Abuse <sup>1</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Referral to Specialty Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

- Click the **Save and Continue** button. The **Form 5A: Additional Services** page opens ([Figure 99](#)).

## 6.8. Form 5A: Additional Services

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

### 6.8.1. Add an Additional Service

To add an additional service,

1. Click the **Add** button to propose an additional service ([Figure 99](#)). The **Add New Service** page ([Figure 100](#)) opens.

**Figure 99: Form 5A, Additional Services**

Additional Services Proposed by Applicant			
SELECT	SERVICE TYPE	MODE OF SERVICE PROVISION	
		DIRECT BY APPLICANT	FORMAL WRITTEN CONTRACT/AGREEMENT (Applicant pays for service)
Clinical Services			
Non Clinical Services			

2. Click the **Choose Service** drop-down to select one of the listed services ([Figure 101](#)).

**Figure 100: Add New Service Page**

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="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Choose Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Choose Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Choose Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Choose Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Figure 101: Add New Service Page – Services to Choose**



The screenshot shows a dropdown menu titled "Choose Service" with a blue header. The menu is divided into two sections: "Clinical Services" and "Non-Clinical Services".

**Clinical Services**

- Urgent Medical Care
- Dental Services - Restorative
- Dental Services - Emergency
- Behavioral Health - Treatment/Counseling
- Behavioral Health - Development Screening
- Behavioral Health - 24-Hour Crisis
- Substance Abuse Services
- Comprehensive Eye Exams and Vision Services
- Recuperative Care
- Environmental Health Services
- Occupational Health - Screening for Infectious Diseases
- Occupational Health - Injury Prevention Programs
- Occupational Therapy
- Physical Therapy
- TB Therapy
- Hepatitis C – Therapy/Treatment
- Podiatry
- Rehabilitation (Non-Hospital Settings)

**Non-Clinical Services**

- WIC
- Nutrition (not WIC)
- Child Care
- Housing Assistance
- Employment and Education Counseling
- Food Banks/Meals

**Note:** You can no longer choose “Other” or “Specialty” in clinical or non-clinical services.

3. Check one or more modes of service provision for each service chosen.
4. Click the **Save and Continue** button. You will be returned to **Form 5A: Services Provided – Additional Services** with the newly added service listed.
5. Click **Save and Continue** when you have added all additional services.

### 6.8.2. Update an Additional Service

1. To update an additional service, select the services to be updated and click the **Update** button on the **Additional Services** page (Figure 102). The **Update Service** page opens. (Figure 102).

Figure 102: Update an Additional Service

The screenshot shows the 'Form 5A: Additional Services' page. At the top, it says 'SERVICES PROVIDED - ADDITIONAL SERVICES' and 'Form 5A: Additional Services' with a 'Go' button. Below that, it says 'Form 5A: Additional Services' and 'Status: NOT COMPLETE'. The main content is a table titled 'Additional Services Proposed by Applicant'. The table has columns for 'SELECT', 'SERVICE TYPE', and 'MODE OF SERVICE PROVISION'. Under 'MODE OF SERVICE PROVISION', there are two sub-columns: 'DIRECT BY APPLICANT', 'FORMAL WRITTEN CONTRACT/AGREEMENT (Applicant pays for service)', and 'FORMAL WRITTEN REFERRAL ARRANGEMENT/AGREEMENT (Applicant DOES NOT pay)'. There are two rows: 'Clinical Services' and 'Non Clinical Services'. In the 'Clinical Services' row, 'Podiatry' is selected with a checked checkbox, and the 'FORMAL WRITTEN REFERRAL ARRANGEMENT/AGREEMENT' column has an 'x'. Below the table are 'Add', 'Update', and 'Remove' buttons. The 'Update' button is highlighted with a red box. At the bottom, there are 'Go to Previous Page', 'Save', and 'Save and Continue' buttons.

2. Change the mode of service and click the **Save and Continue** button.

### 6.8.3. Remove an Additional Service

1. To remove additional services from the application, select the services to be removed and click the **Remove** button on the **Additional Services** page (Figure 103).

Figure 103: Form 5A, Remove an Additional Service

The screenshot shows the 'Form 5A: Additional Services' page. At the top, it says 'SERVICES PROVIDED - ADDITIONAL SERVICES' and 'Form 5A: Additional Services' with a 'Go' button. Below that, it says 'Form 5A: Additional Services' and 'Status: COMPLETE'. The main content is a table titled 'Additional Services Proposed by Applicant'. The table has columns for 'SELECT', 'SERVICE TYPE', and 'MODE OF SERVICE PROVISION'. Under 'MODE OF SERVICE PROVISION', there are two sub-columns: 'DIRECT BY APPLICANT', 'FORMAL WRITTEN CONTRACT/AGREEMENT (Applicant pays for service)', and 'FORMAL WRITTEN REFERRAL ARRANGEMENT/AGREEMENT (Applicant DOES NOT pay)'. There are two rows: 'Clinical Services' and 'Non Clinical Services'. In the 'Non Clinical Services' row, 'WIC' is selected with a checked checkbox, and the 'FORMAL WRITTEN CONTRACT/AGREEMENT' column has an 'x'. Below the table are 'Add', 'Update', and 'Remove' buttons. The 'Remove' button is highlighted with a red box. At the bottom, there are 'Go to Previous Page', 'Save', and 'Save and Continue' buttons.

2. In the **Delete Additional Service** window, click the **Yes** button to confirm that you want to remove the additional service (Figure 104).

Figure 104: Confirm Removal of an Additional Service

The screenshot shows a web application window titled "SERVICES PROVIDED - ADDITIONAL SERVICES" with a "Go" button in the top right corner. Below the title bar is a section titled "Delete Additional Service" containing a text box with the question "Are you sure you want to remove the Additional Service(s)?". At the bottom left of this section is a "No" button, and at the bottom right is a "Yes" button, which is highlighted with a red rectangular box.

## 6.9. Form 5B: Service Sites

Use this form to propose new service sites.

### 6.9.1. Add a New Service Site

#### Notes:

- You cannot propose a site that is currently in any Health Center Program grantee's scope of project.
- You can propose "Admin-only" sites on **Form 5B** if the location is *not* "Mobile-van."
- If you are proposing to serve **Community Health Centers, Public Housing Health Centers, and/or Homeless Health Centers** (with or without **Migrant Health Centers**) in the **Budget Summary** form within the standard section of the NAP application, you must propose at least one **Service Delivery site or Administrative/Service Delivery that has Location Type as 'Permanent', Operational Schedule as 'Full-time', and that is operating for at least 40 hours a week.**
- If you are proposing to serve **only Migrant Health Centers** in the **Budget Summary** form within the standard section of the NAP application, you must propose at least one **Service Delivery site or Administrative/Service Delivery site that has Location Type as "Permanent" or "Seasonal," an Operational schedule as "Full-time," and that is operating for at least 40 hours a week.**

1. To open **Form 5B**, click the [Form 5B](#) link in the left navigation panel.

Figure 105: Form 5B, Add New Site Button

The screenshot shows a web application window titled "SERVICE SITES" with a "Status: NOT COMPLETE" indicator in the top right corner. Below the title bar is a section titled "Form 5B: Service Sites" containing a "Proposed Sites" table. At the bottom center of the table is an "Add New Site" button, which is highlighted with a red rectangular box. At the bottom of the page are three buttons: "Go to Previous Page", "Save", and "Save and Continue".

2. Click the **Add New Site** button ([Figure 105](#)). The **Service Site Checklist** opens ([Figure 106](#)).

**Figure 106: Service Site Checklist**

**SERVICE SITE CHECKLIST**

**Site Qualification Criteria**

\*1. Is the site an "Admin-Only" site?  Yes  No

If 'No',

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

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

c. Are/will services be provided directly by or on behalf of the grantee, whose governing board retains control and authority over the provision of the services at the location?  Yes  No  Not Applicable

d. Are/will services be 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 107](#)).

**Figure 107: Choose Site Location Setting**

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

**Note:** For a **Domestic Violence (Confidential)** site, only an approximate address (no street address) can be used. See section [6.9.2, Create and Register a Performance Site](#).

5. Select **Yes** only if the site being added is a confidential site servicing victims of domestic violence and the site address cannot be published due to the necessity to protect the location of the domestic violence shelter. Select **No** for all other sites. 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 108](#)) opens. You may do one of the following:
  - A. If your site is not listed, click the **Register Performance Site** button ([Figure 108, 1](#)) and go to section [6.9.2, Create and 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 108, 2](#)) and update the site name. (The other information on the **Update Performance Site** page is not editable. To update other information, see section [6.9.3, Update a Registered Performance Site](#).)

**Figure 108: 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 checked="" type="radio"/>	Fort Blend ISD	Fixed	El Centro, CA 92243	Approximate

<sup>1</sup>This site is already in current application.  
<sup>2</sup>This site is already in scope.  
<sup>3</sup>This site is Mobile Site. Mobile Site can not be selected for creating Admin Site.  
<sup>4</sup>This site is not matching the requirement for confidential site.  
<sup>5</sup>This 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.

- Once the new service site is registered, select a site from this list and click the **Select This Location** button (Figure 109). The **Update Site** page opens (Figure 110).

**Figure 109: 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"/>	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 checked="" type="radio"/>	Transitions Service Center Inc ( In-Home health Care Site1)	Fixed	301 McCullough Drive FL 4, Charlotte, NC 28262	Accurate

<sup>1</sup>This site is already in current application.  
<sup>2</sup>This site is already in scope.  
<sup>3</sup>This site is Mobile Site. Mobile Site can not be selected for creating Admin Site.  
<sup>4</sup>This site is not matching the requirement for confidential site.  
<sup>5</sup>This 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.

- Update the site information as described in section [6.9.4, Update Site Information](#).

**Figure 110: 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:

### 6.9.2. Create and Register a Performance Site

To create and register a site with HRSA:

**Figure 111: 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

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

**Note:** To get to the **List of Pre-registered Performance Sites at HRSA Level** page, see section **6.9.1, Add a New Service Site**.

- On the **List of Pre-registered Performance Sites at HRSA Level** page, click the **Register Performance Site** button (**Figure 111**). The **Add Performance Site** page opens (**Figure 112**).

**Figure 112: Add Performance Site**

Fields marked with an asterisk (\*) are required.

ADD PERFORMANCE SITE	
<b>Site Information</b>	
*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

Cancel Next >

- Enter the **Site Name**.
- Select a **Site Type** from the drop-down menu ("Fixed" or "Mobile").

**Note:** If you are registering an **administrative-only** site, you cannot choose "Mobile" for its **Site Type**. An administrative site must be a "Fixed" site with a standard or approximate address.

- In the **Address** field, select one of the following radio buttons:

**Notes:** 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.

- I will type in standard address.** The **Add Performance Site: Physical Location Address** form will be displayed ([Figure 113](#)). Complete the standard address with a valid street number, street name, apartment/suite number, city, state, and zip code. Click the **Next** button. The **Add Performance Site** "Site Created Successfully" page will open.

**Figure 113: Add Performance Site: Enter Standard Address**

Fields marked with an asterisk (\*) are required.

ADD PERFORMANCE SITE	
<b>*Physical Location Address (Required)</b> <a href="#">More Information</a>	
*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 <a href="#">Lookup</a>	<input type="text"/> - <input type="text"/> (Required if City is not specified)

Cancel  Next >

- I will choose Site's address out of existing.** (The **Add Performance Site: Choose Address** form will be displayed ([Figure 114](#)). Select an address from one of the existing locations. Click the **Next** button. The **Add Performance Site** "Site Created Successfully" page will open.

**Figure 114: 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

<sup>1</sup>This site is not matching the rule for non confidential site.

Cancel    Go to Previous Page    **Next >**

15. I will type in non-standard address. The **Add Performance Site** non-standard address form will be displayed ([Figure 115](#)). Enter a street name or other approximate location, city, state, and zip code. Click the **Next** button. The **Add Performance Site** “Site Created Successfully” page will open.

**Figure 115: 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 >**

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

16. Click the **Finish** button on the **Add Performance Site** “Site Created Successfully” page. The **List of Pre-registered Performance Sites at HRSA Level** page re-opens, showing the site you added ([Figure 116](#)).

**Figure 116: List of Pre-Registered Performance Sites**

<input type="radio"/>	COLUMBUS NEIGHBORHOOD HEALTH CENTER, INC.	Fixed	1800 WATERMARK DRIVE STE 420, COLUMBUS, OH 43215 -1060	Accurate
<input type="radio"/>	COLUMBUS NORTHEAST HEALTH CENTER	Fixed	3433 AGLER RD STE 2800, COLUMBUS, OH 43219 -3389	Accurate
<input type="radio"/>	EAST CENTRAL HEALTH CENTER	Fixed	1180 E Main St, Columbus, OH 43205 -1902	Accurate
<input checked="" type="radio"/>	Fairfax Community Health	Fixed	123 Main St, Fairfax, VA 22030	Accurate
<input type="radio"/>	FAITH MISSION	Fixed	315 E Long St, Columbus, OH 43215 -1828	Accurate
<input type="radio"/>	gghj	Mobile	456 werwer, werwer, NE 20171 -1111	Accurate
<input type="radio"/>	HILLTOP HEALTH CENTER	Fixed	2500 Sullivant Ave, Columbus, OH 43204 -3141	Accurate
<input type="radio"/>	J. MALONEY SOUTHSIDE HEALTH CTR	Fixed	3781 S High St, Columbus, OH 43207 -4011	Accurate
<input type="radio"/>	John R. Maloney Southside Health Center	Fixed	1833 Parsons Ave, Columbus, OH 43207	Accurate
<input type="radio"/>	Parsons Dental	Fixed	240 Parsons Ave, Columbus, OH 43215 -5331	Accurate
<input type="radio"/>	SAINT STEPHEN'S HEALTH CENTER	Fixed	1500 E 17th Ave, Columbus, OH 43219 -1002	Accurate
<input type="radio"/>	SUNSHINE TERRACE	Fixed	272 S Gift St, Columbus, OH 43215 -4479	Accurate
<input type="radio"/>	West Side Health Center	Fixed	2300 W Broad St, Columbus, OH 43204 -3783	Accurate

\*If Fixed, H80 Site can only be Permanent, Voucher Screening, Intermittent or Seasonal. If Mobile, H80 Site can be only Mobile Van.

17. Click the radio button for the site you wish to use.
18. Click the **Select This Location** button ([Figure 116](#)). The **Update Site** page opens ([Figure 119](#)). Please refer to section [6.9.4, Update Site Information](#), for instructions for completing this page.

### 6.9.3. Update a Registered Performance Site Name

**Note:** To get to the **List of Pre-registered Performance Sites at HRSA Level** page, see section [6.9.1, Add a New Service 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 117](#)).

**Figure 117: Update Performance Site**

Enterprise Sites Repository  
 Change Name  
 Cancel

[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 (Figure 117). The **List of Pre-registered Performance Sites at HRSA Level** page re-opens with the changes you made to the site name (Figure 118).

**Figure 118: List of Pre-Registered Performance Sites**

List of Pre-registered Performance Sites at HRSA Level

List of Pre-registered Performance Sites

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

<sup>1</sup>This site is already in current application.  
<sup>2</sup>This site is already in scope.  
<sup>3</sup>This site is Mobile Site. Mobile Site can not be selected for creating Admin Site.  
<sup>4</sup>This site is not matching the requirement for confidential site.  
<sup>5</sup>This site is not matching the requirement for non confidential site.  
<sup>\*</sup>If 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. Once the new service site is registered, click the radio button for the site you wish to use.
5. If the site is not already in the current application, click the **Select This Location** button. The **Update Site** page opens (Figure 119). Refer to section 6.9.4, **Update Site Information**, for instructions for completing this page.

## 6.9.4. Update Site Information

Figure 119: 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	<input type="text"/> <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:

1. Use the **Update Site** (Figure 119) page to complete required site information and revise the site's information as necessary. You can update the site's information:
  - o When you click the **Select This Location** button on the **List of Pre-Registered Performance Sites at HRSA Level** page that displays the list of pre-registered performance sites (Figure 106).
  - o When you click the Update link on the Service Sites page (Figure 120)

Figure 120: Update Link on the Service Sites Page

Vector Medical Research		Complete	
Physical Address	<input type="text"/>	Mailing Address	Same as Physical Address
Action: <a href="#">View</a> <a href="#">Update</a> <a href="#">Remove</a>			

To update a **Service Site** (see Figure 121),

2. Click the **Change Site Name** button to change the name of the service site.
3. Select "Service Delivery Site" or "Administrative/Service Delivery Site" from the **Service Site Type** drop-down menu.
4. Select a location type from the **Location Type** drop-down menu.
5. Enter the **Number Of Contract Service Delivery Locations** (Voucher Screening locations only).
6. Enter the number of **Intermittent Sites**, if applicable.
7. Enter your organization's web address.
8. Indicate whether your site is operated by the applicant organization (grantee), a sub-recipient, or a contractor.

**Figure 121: 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

9. If your site is operated by a sub-recipient or a contractor, click **Add** to provide the organization's information ([Figure 122](#)).

**Figure 122: Add Sub-recipient or Contractor**

Only if **Sub-recipient** or **Contractor** selected in the previous question, give organization information below:

**Note:** Applicants that propose a site operated by a **sub-recipient** or **contractor** must complete [Form 8](#) by providing Organization Agreement Details and attaching appropriate documentation (i.e. sub-recipient agreement or contract) for at least one affiliated organization.

Select	Organization Name	Address (Physical)	Address (Mailing)	EIN	View
No Organization Added					
<input type="button" value="Add"/>					

Note: If you propose a site to be operated by a sub-recipient or contractor, in addition to completing the Form 5B Add Organization form, you must provide Organization Agreement Details and attach appropriate documentation (i.e., sub-recipient agreement or contract) for at least one affiliated organization in **Form 8** (see section [6.15, Form 8: Health Center Agreements](#)).

10. Select a location type from the Location Setting drop-down menu.

**Note:** The current **Location Setting** choices are: "Hospital," "School," "Tribal," and "All Other Clinic Types."

11. Enter the date on which the site was opened or plans to open in the Date Site was Opened field.
12. The Date Site was Added to Scope field is not applicable for the FY 2013 NAP application.
13. 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. Note that sites must be operational within 120 days of Notice of Award.
14. 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 123](#)).

**Figure 123: 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

15. Enter your site's phone number, administration phone number, and fax number.

**Figure 124: 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

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

**Figure 125: Change Physical Address**

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

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

**Figure 126: Provide Mailing Address**

Mailing Address (Optional) <a href="#">More Information</a>	
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 <a href="#">Lookup</a>	<input type="text"/> - <input type="text"/> (Required if City is not specified)

18. Click **Add** to list the zip codes and census tracts where the majority of the site’s patients live ([Figure 127](#)). This will define the service area.

**Figure 127: Add Zip Code or Census Tracts**

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

19. Select urban, rural, or sparsely populated from the **Service Area Population Type** drop-down menu to describe the site’s service area population.
20. 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.
  - Provide the total number of hours per week that the site will serve patients.

- D. Click the **Add** button under **Months of Operation** to identify the months of the year that the site will operate.

**Figure 128: 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)	
<b>Select</b>	<b>From</b>
No Months of Operation Added	
<input type="button" value="Add"/>	

21. Click the **Save and Continue** button. The **Site Confirmation** page opens.

**Figure 129: Site Confirmation Page**

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

SITE CONFIRMATION				
<b>Service Site Information</b>				
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			
<b>Organization Information</b>				
Organization Name	Address (Physical)	Address (Mailing)	EIN	Comment
No Organization Added				

22. Click the **Save and Continue** button. The **Service Sites** page refreshes. The new site appears in the list of NAP service sites and its status is **Complete or In Progress**.

**Figure 130: Refreshed List of Service Sites**

<b>The Bourne Salt Bauer Center</b>		<b>Complete</b>	
Physical Address	987 Sidney St , Houston, TX 77023	Mailing Address	Same as Physical Address
Action: <a href="#">View</a>   <a href="#">Update</a>   <a href="#">Remove</a>			
<input type="button" value="Add New Site"/>			

### 6.9.5. Remove a Service Site

To remove a service site,

1. Click the **Remove** link on the **Service Site** page. The **Service Sites – Delete Proposed Site** page opens (**Figure 132**).

**Figure 131: Remove Link**

WMHS Medical Research Center		Not Started	
Physical Address	Herndon, VA 20701	Mailing Address	Same as Physical Address
Action: <a href="#">View</a>   <a href="#">Update</a>   <b><a href="#">Remove</a></b>			

**Figure 132: 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 the **Yes** button to delete the site from the application. The **Service Sites** page refreshes and the removed site does not appear in the list of sites.

### 6.10. Form 5C: Other Activities/Locations

Use this form to propose other activities or locations.

**Notes:**

- **Form 5C** is optional.
- There is no limit to the number of activities or locations you can add through **Form 5C**.

To propose an activity/location:

1. To open **Form 5C** (**Figure 133**), click the **Form 5C** link on the left navigation panel.

**Figure 133: 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 134**).

**Figure 134: Enter Activity/Location**

Fields marked with a (\*) are required

**ENTER ACTIVITY/LOCATION** Status: In Progress

Activity/Location	
*Type of Activity	Choose Activity If Other, Please Specify
*Frequency of Activity	(maximum 600 characters)
*Description of Activity	(maximum 600 characters)
*Type of Location(s) where Activity is Conducted	(maximum 600 characters)

Cancel Save and Continue

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

**Figure 135: Type of Activity**

**Activity/Location**

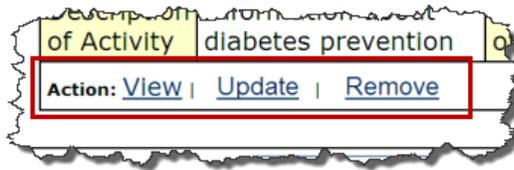
*Type of Activity	Choose Activity Choose Activity Immunizations Hospital Admitting Medical Rounds Home Visits Health Fairs Non-Clinical Outreach Portable Clinical Care Health Education Other
*Frequency of Activity	

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. Indicate 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**.

### 6.10.1. View, Update, or Remove an Activity

Use the links on the **Other Activities/Locations** page to view, update, or remove an activity. These links appear under each activity on the page ([Figure 136](#)).

**Figure 136: View, Update, and Remove Links on the Other Activities/Location Page**



1. Click **View** to see a summary of the activity ([Figure 137](#)).

**Figure 137: Activity Summary**

[questions/comments](#)

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

<b>DEPARTMENT OF HEALTH AND HUMAN SERVICES</b> <b>Health Resources and Services Administration</b>  <b>FORM 5C: OTHER ACTIVITIES/LOCATIONS</b>	<b>FOR HRSA USE ONLY</b>	
	Application Tracking Number <b>00062856</b>	Grant Number <b>H80CS00044</b>

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.	

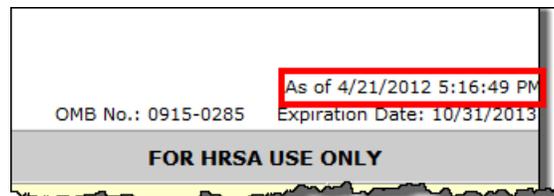
ACTIVITY/LOCATION #2		ACTIVITY STATUS - UNCHANGED
Type of Activity	Homeless Shelters.	
Frequency of Activity	Semi-Annually	
Description of Activity	Special food-bank program setup to ensure all area shelters are capable of handling service efforts.	
Type of Location(s) where Activity is Conducted	These 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.	

[Close Window](#)

The date on the activity summary tells you that the summary is accurate as of the date and time indicated.

**Figure 138: Date Stamp on the Read-Only Activity Page**



2. Click **Update** to edit information about an activity. The **Enter Activity/Location** page opens ([Figure 134](#)).

- Click **Remove** to delete an activity. The next page asks you to confirm that you want to remove the other activity/location (**Figure 139**). Click **Yes**. The **Other Activities/Locations** page refreshes and the activity does not appear in the list of other activities/locations.

**Figure 139: Delete Other Activity Confirmation Page**

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

## 6.11. Alteration/Renovation (A/R) Project Cover Page

**Note:** If you requested **One-Time Funding** for **Year 1** in **Form 1B: Funding Request Summary** and indicated that you will be using these funds for minor alteration and renovation (with or without equipment), you will be required to complete **Alteration/Renovation (A/R) Project Cover Page** form for at least one site. Otherwise, this form will not apply to you.

- Open the **Alteration/Renovation (A/R) Project Cover Page** by clicking on the **A/R Project Cover Page** link in the left navigation panel.

All **Service Delivery** sites and **Administrative/Service Delivery** sites proposed in **Form 5B: Service Sites** will be listed on the **Alteration/Renovation (A/R) Project Cover Page**.

**Note:** Any 'Administrative-only' sites proposed in **Form 5B: Service Sites** will **not** be listed on the **Alteration/Renovation (A/R) Project Cover Page** because you cannot use one-time funds for alteration or renovation of an 'Administrative-only' site.

**Figure 140: Alteration/Renovation (A/R) Project Cover Page**

- Answer whether you are requesting federal one-time funding for each site by clicking "Yes" or "No".
- For each site for which you clicked "Yes", click the **Update** button to open the next section of the **Alteration/Renovation (A/R) Project Cover Page** (**Figure 140**).
- On the **Alteration/Renovation (A/R) Project Cover Page**, answer the questions, provide the descriptions, and attach the documents for each required item. Fields and attachments marked with an asterisk (\*) are required.

**Notes:**

- In question 1, **Improved Square Footage**, you may enter a positive number of up to 10 digits with a maximum of 2 decimal places.
- For the **Environmental Information Documentation (EID)** checklist, download the template to your computer, complete the form, and attach it to your application.

5. After you have completed the **Alteration/Renovation (A/R) Project Cover Page** ([Figure 141](#)), click the **Save and Continue** button at the bottom of the screen to save your work and proceed to the next form.

**Notes:**

- If you add a new site in **Form 5B: Service Sites** after completing the **Alteration/Renovation (A/R) Project Cover Page**, you will have to return to this form to provide required information regarding the newly added site.
- If you remove a site from **Form 5B: Service Sites**, then the site will be removed from this screen.

Figure 141: Alteration/Renovation (A/R) Project Cover Page – Site Information

Status: COMPLETE

**\*1. Site Information**

Name of Service Site	Site Address
Improved Project Square Footage	1000

**\*2. Project Description**

Provide a detailed description of the scope of work for the A/R project. Identify the major clinical and non-clinical spaces that will result from the project. Include the area (in square feet) or dimensions of the spaces to be altered, or renovated. The description should also list major improvements, such as permanently affixed equipment to be installed; modifications and repairs to the building exterior (including windows); heating, ventilation and air conditioning (HVAC) modifications (including the installation of climate control and duct work); electrical upgrades; plumbing work; and any work outside the building. Describe how the applicant will reduce the project's potential adverse impacts on the environment. Indicate whether or not the project will implement green/sustainable design practices/principles (e.g., using project materials, design/renovation strategies, equipment selection, etc.).

Maximum page(s) allowed approximately: 2 (3974 character(s) remaining)

sample project description

**\*3. Project Management/Resources/Capabilities**

Explain the administrative structure and oversight for the A/R project, including the role and responsibilities of the health center's key management staff as well as oversight by the governing board. Identify the individual who will be the Project Manager and the individuals who comprise the Project Team responsible for managing the project. Describe how the Project Team has the expertise and experience necessary to successfully manage and complete the project within the **120 day timeline** and achieve the goals and objectives established for this project.

Maximum page(s) allowed approximately: 2 (3974 character(s) remaining)

sample project description

Click "Save" to save your information. Save

**\*4. Is the proposed alteration/renovation project (ONLY) part of a larger scale renovation, construction or expansion project?**

Please provide a response below:

Yes  No

Maximum paragraph(s) allowed approximately: 2 (2000 character(s) remaining)

**Attachments**

**\*A/R Budget Justification (Maximum 1 attachment)**

Select	Purpose	Document Name	Size	Uploaded By
<input checked="" type="radio"/>	Budget Justification	Sample Attachment File.docx	59.28 KB	

Delete

**\*Environmental Information Documentation (EID) Checklist (Maximum 1 attachment)**

**Download Template**

Template Name	Template Description	Action
EID Checklist	Template for EID Checklist	<a href="#">Download</a>

**Environmental Information Documentation (EID) Checklist**

Select	Purpose	Document Name	Size	Uploaded By
<input checked="" type="radio"/>	EID Checklist	Sample Attachment File.docx	59.28 KB	

Delete

**\*Floor Plans/Schematic Drawings**

**Floor Plans/Schematic Drawings (Maximum 2 attachments)**

Select	Purpose	Document Name	Size	Uploaded By
<input checked="" type="radio"/>	Floor Plans/Schematic Drawings	Sample Attachment File.docx	59.28 KB	

Attach Delete

**Other Project Documents**

**Other Project Documents (Maximum 1 attachment)**

Select	Purpose	Document Name	Size	Uploaded By
No attached document exists.				

Attach

Cancel Save Save and Continue

## 6.12. Other Requirements for Sites

**Note:** If you requested **One-Time Funding** for **Year 1** in **Form 1B: Funding Request Summary** and indicated that you will be using these funds for minor alteration and renovation (with or without equipment), you will be required to complete the **Other Requirements for Sites** form. Otherwise, this form will not apply to you.

1. To access the **Other Requirements for Sites** page, click the **Other Requirements for Sites** link on the **Program Specific Information** left navigation panel.

All **Service Delivery** sites and **Administrative/Service Delivery** sites proposed in **Form 5B: Service Sites** will be listed on the **Other Requirements for Sites** form.

**Note:** Any 'Administrative-only' sites proposed in **Form 5B: Service Sites** will **not** be listed on the **Other Requirements for Sites** form because you cannot use one-time funds for alteration or renovation of an 'Administrative-only' site.

Figure 142: Other Requirements for Sites Page

\*OTHER REQUIREMENTS FOR SITES

Other Requirements for Sites Status: COMPLETE

Physical Address		Mailing Address	
Same as Physical Address		Same as Physical Address	

Are you requesting federal one-time funding for alteration/renovation for this site?

Yes  No

If 'Yes', click 'Update' button to complete 'Other Requirements' information for this site.

[View: Other Requirements Information](#)

2. Answer whether you are requesting federal one-time funding for each site by clicking "Yes" or "No".

**Notes:**

- You must answer "Yes" to the "one-time funding" question for at least one site listed on the **Other Requirements for Sites** form.
- The answer you provide to the "one-time funding" question on this form for each site must match the answer you provide to the "one-time funding" question on the **Alteration/Renovation (A/R) Project Cover Page**.

3. For each site for which you clicked "Yes", click the **Update** button to open the next section of the **Other Requirements for Sites** form ([Figure 143](#)).

**Figure 143: Other Requirements for Sites**

**OTHER REQUIREMENTS FOR SITES** Status: COMPLETE

---

**Site Information**

Name of Service Site	frankenstorm	Site Address	12345 franken st, Louisville, KY 12345
----------------------	--------------	--------------	--

---

**1. Site Control and Federal Interest**

\* 1a. Identify current status of property site (If 'Leased', please answer Question 1b)

Owned  Leased

1b. If Leased, please check the following:

The applicant certifies the following:

- The existing lease will provide the health center reasonable control of the project site;
- The existing lease is consistent with the proposed scope of project;
- We understand and accept the terms and conditions regarding Federal Interest in the property.

---

**\*2. Cultural Resource Assessment and Historic Preservation Considerations**

2a. Was the project facility constructed prior to 1975?	<input checked="" type="radio"/> Yes <input type="radio"/> No
2b. Is the project facility 50 years or older?	<input checked="" type="radio"/> Yes <input type="radio"/> No
2c. Does any element of the overall work at the project site include:	
1. any renovation/modification to the exterior of the facility (for example: roof, HVAC, windows, siding, signage, exterior painting, generators, etc.), or 2. ground disturbance activity (for example: expansion of building footprint, parking lot, sidewalks, utilities, etc.)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
2d. Does the project involve renovation to a facility that is, or near a facility that is, architecturally, historically, or culturally significant; or is the site located on or near Native American, Alaskan Native, Native Hawaiian, or equivalent culturally significant lands?	<input checked="" type="radio"/> Yes <input type="radio"/> No

---

**Attachments**

(If property status is 'Leased' applicant must please provide Landlord Letter of Consent.)

Landlord Letter of Consent (Maximum 1 attachment)				
Select	Purpose	Document Name	Size	Uploaded By
No attached document exists.				
<input type="button" value="Attach"/>				

- Answer the questions on the form.
- If the site is a leased property, you must attach a **Landlord Letter of Consent** for performing the alterations and renovations.
- Click the **Save and Continue** button at the bottom of the screen. You will be returned to the **Other Requirements for Sites** page with the list of proposed sites.
- After you have completed the questions for each site, click the **Save and Continue** button at the bottom of the screen to save your work and proceed to the next form.

**Notes:**

- If you add a new site in **Form 5B: Service Sites** after completing the **Other Requirements for Sites** page, you will have to return to this form to answer questions regarding the site.
- If you remove a site from **Form 5B: Service Sites**, then the site will be removed from this screen.

## 6.13. Form 6A: Current Board Member Characteristics

**Form 6A: Current Board Member Characteristics** provides information about your organization's current board members.

- To open **Form 6A: Current Board Member Characteristics** ([Figure 144](#)), click the **Form 6A** link on the left navigation panel.

**Figure 144: Form 6A, Current Board Member Characteristics**

CURRENT BOARD MEMBER CHARACTERISTICS								
Form 6A: Current Board Member Characteristics								Status: NOT COMPLET
<b>List of Board Member(s)</b>								
Select	#	Board Member Name	Current Board Office Held	Area of Expertise	Health Center Patient	Live or Work in Service Area	Years of Continuous Board Service	Special Population Representative
				<input type="button" value="Add"/>				
<b>Gender</b>			<b>Number of Board Members</b>					
Male			0					
Female			0					
Unreported/Declined to Report			0					
<b>Ethnicity</b>			<b>Number of Board Members</b>					
Hispanic or Latino			0					
Non-Hispanic or Latino			0					
Unreported/Declined to Report			0					
<b>Race</b>			<b>Number of Board Members</b>					
Native Hawaiian			0					
Other Pacific Islander			0					
Asian			0					
Black/African American			0					
American Indian/Alaskan Native			0					
White			0					
More Than One Race			0					
Unreported/Declined to Report			0					
<input type="button" value="Go to Previous Page"/>						<input type="button" value="Save"/> <input type="button" value="Save and Continue"/>		

**Notes:**

- This form is optional if you selected “Tribal Indian” or “Urban Indian” as the **Business Entity** in **Form 1A: General Information Worksheet**. You can click the **Save** or the **Save and Continue** button at the bottom of the page to proceed to the next form.
- If you did not yet select a **Business Entity** in **Form 1A**, or if you chose a **Business Entity** other than “Tribal Indian” or “Urban Indian,” you must enter all required information on **Form 6A**.
- The minimum number of Board Members to be entered on **Form 6A** is **9** and the maximum number is **25**.
- If **Form 6A** is optional for you, but you choose to enter information, you must enter all required information.

2. Click **Add** under List of Board Members to add a board member ([Figure 145](#)). The **Form 6A: Add Board Member Information** page opens.

**Figure 145: Form 6A, List of Board Members**

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

3. Complete the **Form 6A: Add Board Member Information** page. Data entry is required in fields marked with an asterisk (\*) ([Figure 146](#)).
4. Click the **Save and Continue** button. 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 146: Form 6A, Add Board Member Information**

ADD BOARD MEMBER INFORMATION	
Add Board Member Information	
*First Name	<input type="text"/>
*Last Name	<input type="text"/>
Middle Initial	<input type="text"/>
Current Board Office Held	<input type="text"/>
*Area of Expertise	<input type="text"/>
*Does member derive more than 10% of income from health industry	<input type="radio"/> Yes <input type="radio"/> No
*Is member a health center patient	<input type="radio"/> Yes <input type="radio"/> No
Live or work in service area	<input type="checkbox"/> Live <input type="checkbox"/> Work
*Years of continuous board service	<input type="text"/>
	<input type="radio"/> Yes <input 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

- Supply the Board's gender, ethnic, and racial composition in the **Number of Board Members** fields ([Figure 147](#)). You must enter a number in each field; enter "0" if applicable.

**Figure 147: Form 6A, Gender, Ethnicity, and Race**

Gender	Number of Board Members
Male	<input type="text" value="0"/>
Female	<input type="text" value="0"/>
Unreported/Declined to Report	<input type="text" value="0"/>
Ethnicity	Number of Board Members
Hispanic or Latino	<input type="text" value="0"/>
Non-Hispanic or Latino	<input type="text" value="0"/>
Unreported/Declined 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/Declined to Report	<input type="text" value="0"/>

6. Click the **Save and Continue** button to proceed to the next form.

## 6.14. Form 6B: Request for Waiver of Governance Requirements

**Form 6B: Request for Waiver of Governance Requirements** provides information about waiver requests.

1. To open **Form 6B: Request for Waiver of Governance Requirements** (Figure 139), click the **Form 6B** link on the left navigation panel.

### Notes:

- Applicants that currently receive or are applying to receive CHC funding are not eligible for a waiver of governance requirements. If you selected **Community Health Centers (CHC)** as one of the sub-programs in the **Budget Summary** form of this NAP application, **Form 6B** does not apply and you will see the message depicted in [Figure 148](#). Click **Continue** to proceed to the next form.
- If you selected "Tribal" or "Urban Indian" as the **Business Entity** in Form 1A, **Form 6B** does not apply and you will see the message depicted in [Figure 148](#). Click **Continue** to proceed to the next form.
- In all other cases, you are required to complete **Form 6B** as shown in [Figure 149](#).

**Figure 148: 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 are requesting Community Health Centers (CHC) funding in the Budget Summary form of this application and/or you selected 'Tribal' or 'Urban Indian' as the Business Entity in Form 1A.</p>	
<p><a href="#">Go to Previous Page</a></p>	<p><a href="#">Continue</a></p>

**Figure 149: Form 6B, Request for Waiver of Governance Requirements**

REQUEST FOR WAIVER OF GOVERNANCE REQUIREMENTS	
Form 6B: Request for Waiver of Governance Requirements	Status: COMPLETE
<b>1. Request For Waiver</b>	
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>	
<b>2. For Applicants with Previous Waiver Approval</b>	
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?	<input type="radio"/> Yes <input type="radio"/> No

- Indicate whether you are requesting a waiver in question 1a. If you answer “Yes” to question 1a, continue to answer the remaining applicable questions. Fields marked with an asterisk (\*) are required.

**Note:** If you answer “No” to question 1a, click [Save and Continue](#) to leave this page and proceed to **Form 8: Health Center Agreements**.

- If you are a current grantee with an existing waiver, answer the questions in section 2 ([Figure 150](#)).

**Figure 150: Form 6B, Section 2 – Previous 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

- If you are requesting a waiver, answer question 3a ([Figure 151](#)).

**Figure 151: Form 6B, Section 3 – New Waivers**

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

- In section 4 ([Figure 152](#)), describe the alternative strategies that your organization has in place to ensure consumer participation and regular oversight in the direction and ongoing governance of the health center.

**Figure 152: Form 6B, Section 4 – Alternative Governance Strategies**

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.	
<p><b>* 4a. Strategy 1</b> (Answer to this question is mandatory, if you answered Yes to Question 1a.)</p>	(maximum 500 characters)
<p>4b. Strategy 2</p>	(maximum 500 characters)
<p>4c. Other Strategies</p>	(maximum 500 characters)

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

## 6.15. Form 8: Health Center Agreements

**Form 8: Health Center Agreements** indicates whether you have any agreements with other organizations that impact the Board's composition, authorities, functions, or responsibilities or provide a substantial number of services, sites, and/or activities in your organization's approved scope of project.

- To open **Form 8: Health Center Agreements** ([Figure 154](#)), click the **Form 8** link in the **Other Forms** section of the left navigation panel ([Figure 153](#)).

**Figure 153: Form 8 Link**

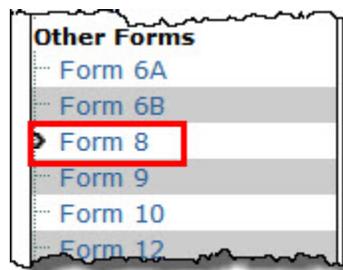


Figure 154: Form 8, Health Center Agreements

HEALTH CENTER AGREEMENTS	
Form 8: Health Center Agreements <span style="float: right;">Status: <b>NOT COMPLETE</b></span>	
<b>PART I</b>	
*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 checked="" type="radio"/> No	
If <b>Yes</b> , indicate the number of each agreement type in 2a and/or 2b below and complete Parts II and III. If <b>No</b> , 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).	<input type="text"/> <input type="text"/>
2b. Memorandum of Understanding (MOU)/Agreement (MOA) for a substantial portion of the proposed scope of project via a sub-recipient/subaward arrangement.	<input type="text"/> <input type="text"/>
<b>PART II</b>	
*1. Governance Checklist	
<p>Documents: <a href="#">View</a> <a href="#">Print</a> <a href="#">Close</a> <a href="#">Home</a> <a href="#">Help</a> <a href="#">Page 1 of 1</a></p> <div style="border: 1px solid black; padding: 5px;"> <p><b>Organization Agreement Details</b></p> <p style="text-align: center;">No Organization Agreement record(s) have been added yet.</p> <p style="text-align: center;"><a href="#">Add Organization Agreement</a></p> </div>	
<a href="#">Go to Previous Page</a>	<a href="#">Save</a> <a href="#">Save and Continue</a>

- In Part I, question 1 ([Figure 154](#)), 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.

**Notes:**

- If any of the sites proposed in **Form 5B: Service Sites** are being operated by a “Sub-recipient” or a “Contractor”, you will be required to select “**Yes**” for question 1 in this section.
- If you answer “**Yes**” to question 1, indicate the number of each agreement type in **2a** and **2b**.

- In Part II, question 1 ([Figure 155](#)), complete the Governance Checklist to determine if any affiliations or agreements limit or compromise the Board’s authorities, functions, or responsibilities.

**Figure 155: Form 8, Governance Checklist**

<b>*1. Governance Checklist</b>		<b>Yes   No</b>
Does the health center affirm that the board exercises the authorities, legislative and regulatory mandated functions, and responsibilities listed below, <b>without limitation or compromise</b> due to an affiliation or agreement with another entity?		
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	

**Note:** If you answer “No” to any Governance Checklist item, you must answer “Yes” to question 2 in Part II of this form.

- 4. In Part II, question 2 (Figure 156), inform HRSA of any current or proposed agreements that affect the composition, authorities, functions, or responsibilities of your organization’s Board.
- 5. If you answer “Yes” to question 2, specify the number of such agreements in question 3.

**Figure 156: 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?

Yes  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).

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

**Figure 157: 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.

<b>Organization Agreement Details</b>			
XYZ Hospital, 440 Hopkinsville St. Greenville, KY 42345-1124			<b>Complete</b>
Organization EIN	746000952	Other Documents Attached?	Yes
Action: <a href="#">View</a>   <a href="#">Update</a>   <a href="#">Delete</a>			

- In Part III, provide information on each organization with which you have an agreement that was noted in Part I and Part II. Click the **Add Organization Agreement** button ([Figure 157](#)). The **Health Center Agreement** page opens ([Figure 158](#)).

### 6.15.1. Adding an Organization Agreement

**Figure 158: Health Center Agreement**

The screenshot shows a web interface titled "HEALTH CENTER AGREEMENTS" with a status of "In Progress". The main section is "Add Organization Agreement". It contains several input fields:

- \*Organization Name** (Maximum 50 characters)
- \*Organization EIN** (Maximum 9 characters)
- \*Physical Location Address (Required)** section:
  - \*Street Address Line 1**: Split into "Number" and "\*Name" fields.
  - Street Address Line 2**: Includes a "Select one" dropdown and a "Number" field.
  - \*City**: (Required if Zip is not specified)
  - Urbanization**: (Used only for Puerto Rico(PR))
  - \*State**: (Required if City is specified)
  - \*Zip Code Lookup**: (Required if City is not specified)
- A large text area for **\*Explain the history of each agreement/arrangement that impacts the health center's governing board composition, authorities, functions, or responsibilities**. A note indicates "(You have 500 characters remaining out of maximum 500)".

On the **Health Center Agreement** page:

- Enter the organization's name with which you have an agreement and the organization's Employer Identification Number (EIN).
- Enter the organization's physical address.
- 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 159: Health Center Agreement, History of Agreement**

The close-up shows the instruction: **\*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".** Below the instruction is a text input field with a character count: "(You have 500 characters remaining out of maximum 500)".

- Click **Attach** to upload agreements with this organization ([Figure 160](#)). The **Attach Document** screen ([Figure 161](#)) will be displayed.

**Figure 160: 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.				
<input type="button" value="Attach"/>				

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

**Figure 161: Attach Document**

Fields marked with an asterisk(\*) are required.

**ATTACH DOCUMENT**

\*Purpose: Form 8 Other Documents (Max 5)

\*Document:   
(Allowable Document Types: doc,rtf,txt,wpd,pdf,xls,jpg,jpeg,xfd)  
 (Allowable Document Size: 20 MB)

Attached Document(s)			
Purpose	Document Name	Size	Uploaded By
No attached document exists.			

- Click **Browse** to select the file to be uploaded from your computer.
- Click the **Attach Document** button. The attached document will appear in the **Attached Document(s)** list, as shown in [Figure 162](#).

**Figure 162: Attached Documents List**

**ATTACH DOCUMENT**

\*Purpose: Form 8 Other Documents (Max 5)

\*Document:   
(Allowable Document Type(s): doc,rtf,txt,wpd,pdf,xls,jpg,jpeg,xfd,docx,xlsx,vsd)  
 (Allowable Document Size: 20 MB)

Attached Document(s)			
Purpose	Document Name	Size	Uploaded By
Form 8 Other Documents	<a href="#">CincinnatiHospital_LocationDetails.docx</a>	59.28 KB	

- Repeat Steps 5 and 6 until all agreements are attached for this affiliated organization.

**Note:** You must enter a minimum of one attachment (maximum of five attachments) for each organization with which you have an agreement.

- Click the **Finished Attaching** button. The **Health Center Agreement** page refreshes showing the attachment you just uploaded.
- Click **Save and Continue** to return to **Form 8: Health Center Agreements**. Following the steps described above, add as many organizations and corresponding agreements as required in Organization Agreement Details section.
- Click **Save and Continue** to proceed to the next form.

### 6.15.2. Deleting an Attachment

**Figure 163: Deleting an Attachment**

Attachment(s) (Maximum of 5 Attachments)				
Select	Purpose	Document Name	Size	Uploaded By
<input checked="" type="radio"/>	Form 8 Other Documents	<a href="#">CincinnatiHospital_LocationDetails.docx</a>	59.28 KB	Thomas Horan on 10/14/2012 5:36:52 PM
		<input type="button" value="Attach"/>	<input type="button" value="Delete"/>	

- Within the **Health Center Agreement** page, select the radio button for the document to delete and click the **Delete** button below the **Attachment(s)** list. The **Delete Attachment Confirmation** page opens ([Figure 164](#)).

**Figure 164: Delete Attachment Confirmation Page**

DELETE ATTACHMENT CONFIRMATION			
Attached Document			
Purpose	Document Name	Size	Uploaded By
Form 8 Other Documents	<a href="#">CincinnatiHospital_LocationDetails.docx</a>	59.28 KB	Thomas Horan on 10/14/2012 5:36:52 PM
<input type="button" value="Cancel"/>		<input type="button" value="Confirm Delete"/>	

- Verify that you selected the correct file to delete.
- Click the **Confirm Delete** button. The **Health Center Agreement** page re-opens with the file you deleted removed from the **Attachment(s)** list.

## 6.16. Form 9 - Need for Assistance Worksheet

**Form 9: Need for Assistance Worksheet** documents objective measures of relative need for the proposed service area and target population. To open the **Need for Assistance Worksheet**, click the **Form 9** link in the left navigation panel. It will open **Form 9 – Section I: Core Barriers**. You can navigate directly from this page to Section II or Section III by selecting from the **Form 9** section drop-down and clicking the **Go** button.

**Note:** Please click the link to the [Form 9 Instructions](#) document for more information on completing this form ([Figure 165](#)).

### 6.16.1. Form 9 - Section 1: Core Barriers

**Form 9 - Section 1: Core Barriers** ([Figure 165](#)) requests information about core barriers to health care access in the proposed service area and for the target population. 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 165: Form 9, Section 1: Core Barriers**

**Note:**

- Please refer to [Form 9 Instructions](#) document for more information.
- Refer Data Resource Guide to view the listing of data sources and resources to report on each indicator. Refer this guide in determining acceptable extrapolation techniques.

Please refer to [User Guide](#) for more information on how to complete this form.

Fields marked with an asterisk (\*) are required.

**NEED FOR ASSISTANCE WORKSHEET - CORE BARRIERS** Form 9 - Section I: Core Barriers Go

**Form 9 - Section I: Core Barriers** Status: COMPLETE

Population to one FTE primary care physician	
*Is this Core Barrier Applicable?	<input type="radio"/> Yes <input type="radio"/> No
*Data Response (Note: Enter a number up to 2 decimals.)	:1 Ratio *Year to which Data Apply
Maximum line(s) allowed approximately: 5 (500 character(s) remaining)	
*Data Source/Description	

Complete three of the four Core Barrier sections as follows:

1. Select whether the Core Barrier is applicable to your project.

**Note:** If you mark the Core Barrier as “Not Applicable,” you will **not** be able to enter any data for that Core Barrier.

2. In **Data Response**, provide a number with appropriate ratio, percentage, or other measurement.
3. Provide the **Year to which the Data Applies**.
4. In **Data Source/Description**, enter the data source and the rationale for using it.
5. In **Methodology Utilized/Extrapolation Method**, provide a brief description of the methodology used to collect/extrapolate this data.

**Note:** Refer to the **Data Resource Guide** at <http://www.hrsa.gov/grants/apply/assistance/nap> for guidance regarding appropriate data sources and extrapolation methodologies.

6. In **Identify Geographic Service Area or Target Population for Data**, define the service area and/or target population used for the data.

**Figure 166: Form 9, Section 1: Population to Physician Ratio**

<b>Population to one FTE primary care physician</b>			
<b>*Is this Core Barrier Applicable?</b>	<input type="radio"/> Yes <input type="radio"/> No		
<b>*Data Response</b> (Note: Enter a number up to 2 decimals.)	<input type="text"/> :1 Ratio	<b>*Year to which Data Apply</b>	<input type="text"/>
<b>*Data Source/Description</b>	Maximum line(s) allowed approximately: 5 (500 character(s) remaining) <input type="text"/>		
<b>*Methodology Utilized/Extrapolation Method</b>	Maximum line(s) allowed approximately: 5 (500 character(s) remaining) <input type="text"/>		
<b>*Identify Geographic Service Area or Target Population for Data</b>	(Maximum 100 characters) <input type="text"/>		

**Figure 167: Form 9, Section 1: Percent of Population at or Below 200% of Poverty Level**

<b>Percent of Population At or Below 200 Percent of Poverty</b>			
<b>*Is this Core Barrier Applicable?</b>	<input type="radio"/> Yes <input type="radio"/> No		
<b>*Data Response</b> (Note: Enter a number up to 2 decimals.)	<input type="text"/> %	<b>*Year to which Data Apply</b>	<input type="text"/>
<b>*Data Source/Description</b>	Maximum line(s) allowed approximately: 5 (500 character(s) remaining) <input type="text"/>		
<b>*Methodology Utilized/Extrapolation Method</b>	Maximum line(s) allowed approximately: 5 (500 character(s) remaining) <input type="text"/>		
<b>*Identify Geographic Service Area or Target Population for Data</b>	(Maximum 100 characters) <input type="text"/>		

**Figure 168: 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 <small>(Note: Enter a number up to 2 decimals.)</small>	<input type="text"/> %      *Year to which Data Apply <input type="text"/>
*Data Source/Description	Maximum line(s) allowed approximately: 5 (500 character(s) remaining) <input type="text"/>
*Methodology Utilized/Extrapolation Method	Maximum line(s) allowed approximately: 5 (500 character(s) remaining) <input type="text"/>
*Identify Geographic Service Area or Target Population for Data	(Maximum 100 characters) <input type="text"/>

**Figure 169: Distance (miles) OR travel time (minutes) to nearest primary care provider accepting new Medicaid and uninsured patients**

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 <small>(Note: Enter a number up to 2 decimals.)</small>	<input type="text"/> Select One ▼      *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 Target Population for Data	(Maximum 100 characters) <input type="text"/>

- Click the **Save and Continue** button at the bottom of the page to navigate to **Form 9, Section 2: Core Health Indicators**.

## 6.16.2. Form 9, Section 2: Core Health Indicators

Use **Form 9, Section 2: Core Health Indicators** 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 Health

**Figure 170: Form 9, Section 2: Core Health Indicators**

The screenshot shows a web-based form titled "NEED FOR ASSISTANCE WORKSHEET - CORE HEALTH INDICATORS". The current section is "Form 9 - Section II: Core Health Indicators" with a status of "NOT COMPLETE". The "Diabetes" category is selected. The form contains several input fields:

- \*Core Health Indicator:** A dropdown menu set to "Select One" and a text field for "If 'Other', please specify:".
- National Benchmark:** A dropdown for "Data Unit" (set to "Select One") and a text field for "If 'Other', please specify:".
- \*Data Response:** A text field for the response value, a dropdown for "Data Unit" (set to "Select One"), a text field for "If 'Other', please specify:", and a dropdown for "\*Year to which Data Apply".
- \*Data Source/Description:** A large text area with a character count of "Maximum line(s) allowed approximately: 5 (500 character(s) remaining)".
- \*Methodology Utilized/Extrapolation Method:** A large text area with a character count of "Maximum line(s) allowed approximately: 5 (500 character(s) remaining)".
- \*Identify Geographic Service Area or Target Population for Data:** A text field with a character count of "(Maximum 100 characters)".

The "Cardiovascular Disease" section is partially visible at the bottom, showing a dropdown menu set to "Select One".

For each of the six **Core Health Indicators** ([Figure 170](#)), perform the following steps:

1. Select a Core Health Indicator from the drop-down menu.

**Note:** If you select “Other” from the Core Health Indicator drop-down within a category, you must provide a description for the indicator in the **If “Other”, please specify** field. The maximum point value for “Other” Core Health Indicators is 4 points.

2. If you selected a standard **Core Health Indicator**, the system will disable the **National Benchmark** field as you are not required to provide this data ([Figure 171](#), 1). If you selected “Other” as the **Core Health Indicator**, you must provide **National Benchmark** data ([Figure 172](#), 1).
3. In the **Data Response** field, provide a number as appropriate. If you selected a standard **Core Health Indicator**, the system will automatically set the data unit applicable for the core health indicator ([Figure 171](#), 2). If you selected “Other” as the **Core Health Indicator**, you must select an

appropriate data unit (percentage, ratio, or other measurement) from the drop-down menu ([Figure 172, 2](#)).

**Figure 171: Selecting a Standard Core Health Indicator**

Diabetes			
*Core Health Indicator	Age-adjusted diabetes prevalence <input type="text"/>		
National Benchmark	If 'Other', please specify: <input type="text"/>		
(Note: Required ONLY if Core Health Indicator selected is 'Other'; enter a number up to 2 decimals.)	Data Unit: <input type="text"/>	If 'Other', please specify: <input type="text"/>	
*Data Response	<input type="text"/>	<input type="text"/>	*Year to which Data Apply <input type="text"/>
(Note: Enter a number up to 2 decimals.)	specify: <input type="text"/>	If 'Other', please specify: <input type="text"/>	

**Figure 172: Selecting "Other" Core Health Indicator**

Diabetes			
*Core Health Indicator	Other <input type="text"/>		
National Benchmark	If 'Other', please specify: <input type="text"/>		
(Note: Required ONLY if Core Health Indicator selected is 'Other'; enter a number up to 2 decimals.)	Data Unit: <input type="text"/>	If 'Other', please specify: <input type="text"/>	
*Data Response	<input type="text"/>	<input type="text"/>	*Year to which Data Apply <input type="text"/>
(Note: Enter a number up to 2 decimals.)	specify: <input type="text"/>	If 'Other', please specify: <input type="text"/>	
*Data Source/Description	Maximum line(s) <input type="text"/> approximately: 5 (500 character(s) remaining)		
	<input type="text"/>		

**Note:** If **JavaScript** is disabled on your browser, the system will *not* disable the National Benchmark and data unit fields automatically when a standard **Core Health Indicator** is selected. Instead, the system will display a **Go** button in front of **Core Health Indicator** field. You must click this **Go** button after selecting the **Core Health Indicator** so that the National Benchmark and data unit fields are automatically set/disabled by the system.

- Provide the **Year to which Data Applies**.
- In **Data Source/Description**, enter the data source and of the rationale for using it.
- In **Methodology Utilized/Extrapolation Method**, provide a brief description of the methodology used to collect and extrapolate this data.

**Note:** Refer to the **Data Resource Guide** at <http://www.hrsa.gov/grants/apply/assistance/nap> for guidance regarding appropriate data sources and extrapolation methodologies.

- In **Identify Geographic Service Area or Target Population for Data**, define the service area and/or target population used for the data.

- Click the **Save and Continue** button to proceed to **Form 9 - Section 3: Other Health and Access Indicators**.

### 6.16.3. Form 9, Section 3: Other Health and Access Indicators

Use **Form 9 - Section 3: Other Health and Access Indicators** to provide information about two additional health and/or access indicators.

**Figure 173: Form 9, Section 3: Other Health and Access Indicators**

NEED FOR ASSISTANCE WORKSHEET - OTHER HEALTH AND ACCESS INDICATORS		Form 9 - Section III: Other Health and Access Indicators		Go
Form 9 - Section III: Other Health and Access Indicators			Status: NOT COMPLETE	
<b>Indicator #1</b>				
*Health and Access Indicator	Select One			
*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/Description	Maximum line(s) allowed approximately: 5 (500 character(s) remaining)			
*Methodology Utilized/Extrapolation Method	Maximum line(s) allowed approximately: 5 (500 character(s) remaining)			
*Identify Geographic Service Area or Target Population for Data	(Maximum 100 characters)			

For each **Indicator**:

- Select a **Health and Access Indicator** from the drop-down menu ([Figure 174](#)).

**Figure 174: Form 9, Health and Access Indicator Menu**

Indicator #1	
*Health and Access Indicator	Select One
*Data Response (Note: Enter a number up to 2 decimals.)	Select One
*Data Source/Description	Percent of population linguistically isolated (percent of people 5 years and over who speak a language other than English at home) Age-adjusted death rate (per 100,000) HIV infection prevalence Percent elderly (65 and older) Adult asthma hospital admission rate (18 years and older; per 100,000) Chronic Obstructive Pulmonary Disease hospital admission rate (18 years and older; per 100,000) Influenza and pneumonia death rate (3 year average; per 100,000) Adult current asthma prevalence Age-adjusted unintentional injury deaths (per 100,000) Percent of adults (18+ years old) that could not see a doctor in the past year due to cost Percentage of adults 65 years and older who have not had a flu shot in the past year Chlamydia (sexually transmitted infection) rate per 100,000 population Percent of adults without a visit to a dentist or dental clinic in the past year for any reason

**Note:** You will only be able to select a standard, BPHC-defined indicator. You will not be provided with an “Other” option to define your own indicator in section 3.

- In the **Data Response** field, provide a number as appropriate. The system will automatically set the data unit applicable for the health indicator you selected ([Figure 175](#)).

**Figure 175: Form 9, Data Response**

<b>Indicator #1</b>			
*Health and Access Indicator	Percent of population linguistically isolated (percent of people 5 years and over who speak a language other than English at home) ▼		
*Data Response (Note: Enter a number up to 2 decimals.)	<input type="text"/>	% ▼	*Year to which Data Apply <input type="text"/>

**Note:** If **JavaScript** is disabled on your browser, the system will *not* set the data unit field automatically when a **Health and Access Indicator** is selected. Instead, the system will display a **Go** button in front of **Health and Access Indicator** field. You must click this **Go** button after selecting the indicator so that the data unit field is automatically set by the system.

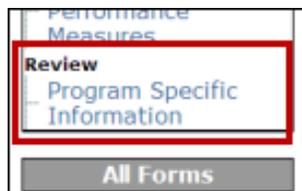
3. Provide the **Year to which Data Applies**.
4. In **Data Source/Description**, enter the data source and of the rationale for using it.
5. In **Methodology Utilized/Extrapolation Method**, provide a brief description of the methodology used to collect and extrapolate this data.

**Note:** Refer to the **Data Resource Guide** at <http://www.hrsa.gov/grants/apply/assistance/nap> for guidance regarding appropriate data sources and extrapolation methodologies.

6. In **Identify Geographic Service Area or Target Population for Data**, define the service area and/or target population used for the data.
7. Click the **Save and Continue** button to proceed to the next form.

**Note:** Applicants will be able to view the scores for each section of Form 9 in the read-only version of the form by clicking on **Program Specific Information** under **Review** in the left navigation panel (Figure 176). The **Program Specific Information Table of Contents** page will display all **Program Specific Forms** in the application. Click the **View** link in the **Action** column to view the form.

**Figure 176: Program Specific Information Link in the Left Navigation Panel**



## 6.17. Form 10: Annual Emergency Preparedness Report

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

- To open **Form 10** ([Figure 177](#)), click the **Form 10** link in the left navigation panel.

**Figure 177: Form 10: Annual Emergency Preparedness Report**

Fields marked with an asterisk (\*) are required.

ANNUAL EMERGENCY PREPAREDNESS REPORT	
Form 10: Annual Emergency Preparedness Report	Status: <b>NOT COMPLETE</b>
<b>SECTION I - EMERGENCY PREPAREDNESS AND MANAGEMENT PLAN</b>	<b>Yes No</b>
*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
<b>SECTION II - READINESS</b>	<b>Yes No</b>

- Complete each section of the form ([Figure 178](#) and [Figure 179](#)) by selecting **Yes** or **No** for each question. Data entry is required in fields marked with an asterisk (\*).

**Figure 178: Form 10, Section I – Emergency Preparedness and Management (EPM) 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 179: Form 10, Section II – Readiness**

<b>*SECTION II - READINESS</b>	<b>Yes</b>	<b>No</b>
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

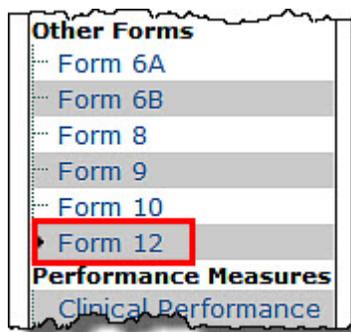
Click the **Save and Continue** button to proceed to the next form.

## 6.18. Form 12: Organization Contacts

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

1. To open **Form 12: Organization Contacts** (Figure 181), click the **Form 12** link in the left navigation panel (Figure 180).

**Figure 180: Form 12 Link**



**Figure 181: Form 12: Organization Contacts**

Fields marked with an asterisk (\*) are required.

ORGANIZATION CONTACTS	
<b>Form 12: Organization Contacts</b>	Status: <b>NOT COMPLETE</b>
*Chief Executive Officer	No contact to display. <input type="button" value="Add Chief Executive Officer"/>
*Contact Person	No contact to display. <input type="button" value="Add Contact Person"/>
*Medical Director	No contact to display. <input type="button" value="Add Medical Director"/>
Dental Director	No contact to display. <input type="button" value="Add Dental Director"/>

2. Enter a Chief Executive Officer, a Contact Person, and a Medical Director. You may also enter information for a Dental Director, if appropriate (optional).

**Note:** The Contact Person should be the primary communications liaison for any program specific information being submitted as part of this application.

3. 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. The **Contact Information** data entry page (Figure 183) will be displayed for the contact you are adding.

**Figure 182: Form 12, Add Chief Executive Officer**

*Chief Executive Officer
No contact to display.
<input type="button" value="Add Chief Executive Officer"/>

Figure 183: Contact Information Data Entry Page for Form 12

CONTACT INFORMATION	
*Title of Position	Chief Executive Officer
Prefix	Ms. ▾
*First Name	<input type="text"/>
*Last Name	<input type="text"/>
Middle Initial	E
Suffix	Select One ▾ If 'Other', please specify <input type="text"/>
Highest Degree	M.D. ▾ If 'Other', please specify <input type="text"/>
<b>Contact Address</b>	
*Email Address	<input type="text" value="reitester@gmail.com"/>
*Phone Number	( <input type="text" value="555"/> ) <input type="text" value="555"/> - <input type="text" value="5555"/> Ext: <input type="text"/>

4. Complete the **Contact Information** page. Data entry is required in fields marked with an asterisk (\*).
5. Click the **Save and Continue** button to save your work and return to **Form 12: Organization Contacts** ([Figure 184](#)).

**Figure 184: 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	Ms. Mary E Stewart	M.D.	555-555-5555	reitestester@gmail.com
<b>1</b>	<input type="button" value="Update Information"/>		<input type="button" value="Delete Chief Executive Officer"/>		<b>2</b>

\*Contact Person

No contact to display.

\*Medical Director

No contact to display.

Dental Director

No contact to display.

### 6.18.1. Updating an Organization Contact

1. To update an existing Organization Contact, click the **Update Information** button ([Figure 184](#), 1).
2. On the **Contact Information** page ([Figure 183](#)), make your changes.
3. Click the **Save and Continue** button to save your work and return to **Form 12: Organization Contacts**.

### 6.18.2. Deleting an Organization Contact

1. To delete an existing Organization Contact, click the **Delete** button for that contact ([Figure 184](#), 2). The **Delete Attachment Confirmation page** opens.
2. Click the **Save and Continue** button to complete the deletion and return to **Form 12: Organization Contacts**.

Click the **Save and Continue** button on **Form 12: Organization Contacts** after you have added all the contacts to proceed to the next form.

## 6.19. Clinical Performance Measures

Use this form to provide information about clinical performance measures (Figure 185). Refer to the NAP FOA for more information on completing the **Clinical Performance Measures** form.

- To open the **Clinical Performance Measures** page, click the **Clinical Performance Measures** link in the left navigation panel.

Figure 185: Clinical Performance Measures

CLINICAL PERFORMANCE MEASURES			
Clinical Performance Measures			Status: <b>NOT COMPLETE</b>
<b>Project Period</b>			
*Start Date (mm/dd/yyyy)	<input type="text"/>	*End Date (mm/dd/yyyy)	<input type="text"/>
			<input type="button" value="Save"/>
<b>*Standard Measures</b>			
<b>Performance Measure:</b> 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: <b>NOT COMPLETE</b>
Focus Area	Diabetes	Goal Description	(Please Specify)
Baseline Data	___% (Baseline Year: ___)	Projected Data	___%
Action: <a href="#">View</a>   <a href="#">Update</a>			
<b>Performance Measure:</b> Percentage of adult patients with diagnosed hypertension whose most recent blood pressure was less than 140/90.			Status: <b>NOT COMPLETE</b>

### 6.19.1. The Project Period

The project period is the total time for which support is being requested (up to two years).

- To enter the project period, 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 the **Save** button to save the project period.

Figure 186: Project Period Dates

Project Period			
*Start Date (mm/dd/yyyy)	10/31/2012	*End Date (mm/dd/yyyy)	10/30/2013
			<input type="button" value="Save"/>

**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.

## 6.19.2. Enter Standard Measures Data

The **Clinical Performance Measures** form consists of **Standard Measures** and **Other Measures**. Each **Performance Measure** in the **Standard Measures** section must be completed.

**Notes:**

- If a standard performance measure is not applicable, you must provide an explanation in the **Comments** field for that measure. Please see the NAP FOA for information on which measures can be marked not applicable.
- The standard performance measures for **Behavioral Health** and **Oral Health** are not pre-defined. Applicants define their own measures for **Behavioral Health** and **Oral Health** using the steps shown in section 16.19.3. below.

**Figure 187: Standard Performance Measure**

<b>Performance Measure:</b> 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.			<b>Status:</b> NOT COMPLETE
Focus Area	Diabetes	Goal Description	(Please Specify)
Baseline Data	___% (Baseline Year: ___)	Projected Data	___ %
<b>Action:</b> <a href="#">View</a> <a href="#">Update</a>			

1. Click the **Update** link to complete the **Performance Measure**. The **Update Clinical Performance Measure Information** page (**Figure 188**) will be displayed. You are required to provide information in all **Performance Measure** fields.
2. Enter the **Target Goal Description**.

**Figure 188: 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)	<input type="text"/>
Click "Save" button to save all information within this page. <span style="float: right;">Save</span>	
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.

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

**Figure 189: Baseline Data**

*Baseline Data	Baseline Year: <input type="text"/> (yyyy)	*Projected Data (by End of Project Period) ( <a href="#">Sample Calculation</a> )	<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		

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

**Note:** Click the [Sample Calculation](#) link to see an example of the calculation you need to perform to complete this field ([Figure 190](#)).

**Figure 190: Calculation**

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

*Example Calculation for Percentage Measure Type*

- 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"/>
	<p>You have 500 characters remaining out of maximum limit of 500</p> <div style="border: 1px solid #ccc; height: 40px; width: 100%;"></div>

**Note:** 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 **Restricting Factors** and **Major Planned Actions**.

**Figure 192: Key Factor and Major Planned Action**

\*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

**Note:** You are required to add **at least one Contributing Key Factor** and at least **one Restricting Key Factor**.

7. Enter any comments you may have in the Comments box.

**Note:** **Comments** are required if you mark any **Standard Performance Measure** as “N/A.” Refer to the funding opportunity announcement for details.

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

**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 and > 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), and 4 Pneumococcal conjugate.

### 6.19.3. 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,

1. Click **Add Performance Measure** in the **Other Measures** section of the form. The **Add Clinical Performance Measure** page opens ([Figure 194](#)).

**Figure 193: Add Other Performance Measure**

Other Measures

No Other Performance Measure(s) Specified

Add Performance Measure

**Figure 194: 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 195: 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

3. If your Focus Area is Oral Health or Behavioral Health, select one or more performance measure categories.

**Figure 196: 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

4. Enter the **Performance Measure Description**.

**Figure 197: Focus Area Performance Measure Description**

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

5. Enter the **Target Goal Description**.

**Figure 198: Focus Area Target Goal Description**

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

6. Enter descriptions of the **Numerator** and **Denominator**.

**Figure 199: Numerator and Denominator Descriptions**

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

7. Enter the **Baseline Data**: baseline year, measure type, numerator, and denominator. The baseline auto-calculates and appears in the **Calculated Baseline** field.

**Figure 200: 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			

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

**Note:** Click the [Sample Calculation](#) link to see an example of the calculation you need to perform to complete this field ([Figure 190](#)).

9. Enter the **Data Source and Methodology**.

**Figure 201: 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:** 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.

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

**Figure 202: Key Factors**

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

11. 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 203: 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: <a href="#">View</a>   <a href="#">Update</a>   <a href="#">Delete</a>			

### 6.19.4. Update a Performance Measure

When the status of a Performance Measure is **Complete**, you may update it as follows:

Figure 204: 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: <a href="#">View</a>   <a href="#">Update</a>			

- To update a 'standard' or 'other' clinical performance measure, click the **Update** link (Figure 204) for the Performance Measure you wish to update. The **Update Clinical Performance Measures Information** page will be displayed (Figure 205).

Figure 205: Update Clinical Performance Measures Information

Fields marked with an asterisk (\*) are required.

UPDATE CLINICAL PERFORMANCE MEASURE INFORMATION	
Status: <b>COMPLETE</b>	
<b>Update Clinical Performance Measure Information</b>	
Focus Area	Diabetes
*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	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. <small>(maximum 500 characters)</small>
*Target Goal Description <small>(Sample Goals)</small>	Percentage of diabetic patients whose HbA1c levels are less than or equal to 9% <small>(maximum 500 characters)</small>
Click "Save" button to save all information within this page. <input type="button" value="Save"/>	
Comments <small>(Required if Performance Measure is N/A)</small>	<small>(maximum 1500 characters)</small>
<input type="button" value="Cancel"/> <span style="float: right;"><input type="button" value="Save and Continue"/></span>	

- Update the performance measure as needed.
- Click **Save and Continue** at the bottom of the form to return to the **Clinical Performance Measures** form.

### 6.19.5. Delete an “Other Performance Measure”

**Note:** You cannot delete any Standard Clinical Performance Measures.

To delete an **Other Performance Measure**,

- Click the **Delete** link. The **Delete Clinical Performance Measures** page opens.

**Figure 206: Delete Link**

The screenshot shows a web form titled "Other Measures". At the top right, it says "Status: NOT COMPLETE". Below this is a table with the following data:

<b>Performance Measure:</b> description			
Focus Area	Prenatal Health	Goal Description	description
Baseline Data	1.11 (Baseline Year: 2010)	Projected Data	90.00
Action: <a href="#">View</a>   <a href="#">Update</a>   <a href="#">Delete</a>			

Below the table is a button labeled "Add Performance Measure". The "Delete" link in the action row is highlighted with a red box.

- Click the **Confirm Delete** button. The **Clinical Performance Measures** page re-opens without the measure you just deleted.

**Figure 207: Confirm Delete**

The screenshot shows a web form titled "DELETE CLINICAL PERFORMANCE MEASURES INFORMATION". At the top, it says "Fields marked with an asterisk (\*) are required." Below this is a table with the following data:

<b>Performance Measure:</b> description			
Focus Area	Prenatal Health	Goal Description	description
Baseline Data	1.11 (Baseline Year: 2010)	Projected Data	90.00
View: <a href="#">Performance Measure Details</a>			

At the bottom of the form are two buttons: "Cancel" on the left and "Confirm Delete" on the right. The "Confirm Delete" button is highlighted with a red box.

### 6.19.6. View a Performance Measure

- Click the **View** link to see a read-only display of the Performance Measure ([Figure 208](#)).

**Figure 208: 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	<b>FOR HRSA USE ONLY</b>	
	Application Tracking Number	Grant Number
	<b>00062856</b>	<b>H80CS00044</b>
<b>CLINICAL PERFORMANCE MEASURE</b>	Project Period Date	<b>01/01/2009 - 12/31/2012</b>

**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><b>Baseline Year:</b> 2011</td> <td rowspan="4">Projected Data (by End of Project Period)</td> <td rowspan="4">50%</td> </tr> <tr> <td><b>Measure Type:</b> Percentage</td> </tr> <tr> <td><b>Numerator:</b> 32</td> </tr> <tr> <td><b>Denominator:</b> 100</td> </tr> <tr> <td><b>Baseline Data:</b> 32%</td> <td colspan="2"></td> </tr> </table>	<b>Baseline Year:</b> 2011	Projected Data (by End of Project Period)	50%	<b>Measure Type:</b> Percentage	<b>Numerator:</b> 32	<b>Denominator:</b> 100	<b>Baseline Data:</b> 32%		
<b>Baseline Year:</b> 2011	Projected Data (by End of Project Period)	50%								
<b>Measure Type:</b> Percentage										
<b>Numerator:</b> 32										
<b>Denominator:</b> 100										
<b>Baseline Data:</b> 32%										
	<input checked="" type="checkbox"/> EHR <input type="checkbox"/> Chart Audit <input type="checkbox"/> Other									

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

## 6.20. Financial Performance Measures

Use this form to provide information about financial performance measures. Refer to the NAP FOA for more information on completing the **Financial Performance Measures** form.

**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 NAP FOA for information on which measures can be marked not applicable.

**Figure 209: Financial Performance Measures Form**

<b>FINANCIAL PERFORMANCE MEASURES</b>			
Financial Performance Measures			Status: <b>NOT COMPLETE</b>
<b>Project Period</b>			
*Start Date (mm/dd/yyyy)	<input type="text"/>	*End Date (mm/dd/yyyy)	<input type="text"/>
			<input type="button" value="Save"/>
<b>*Standard Measures</b>			
<b>Performance Measure: Total cost per patient. Status: NOT COMPLETE</b>			
Focus Area	Costs	Goal Description	(Please Specify)
Baseline Data	___ :1(Ratio) (Baseline Year: ___)	Projected Data	___ :1(Ratio)
Action: <a href="#">View</a>   <a href="#">Update</a>			
<b>Performance Measure: Medical cost per medical encounter. Status: NOT COMPLETE</b>			
Focus Area	Costs	Goal Description	(Please Specify)

## 6.20.1. The Project Period

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 the **Save** button 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.

## 6.20.2. Enter Standard Measures Data

The **Financial Performance Measures** form consists of **Standard Measures** and **Other Measures**. Each **Performance Measure** in the **Standard Measures** section must be completed.

1. Click the **Update** link for the **Performance Measure**. The **Update Financial Performance Measure Information** page will be displayed. You are required to provide information in all **Performance Measure** fields.

**Figure 210: Financial Performance Measure**

<b>Performance Measure:</b> Total cost per patient.			<b>Status:</b> NOT COMPLETE
Focus Area	Costs	Goal Description	(Please Specify)
Baseline Data	___:1(Ratio)(Baseline Year: ___)	Projected Data	___:1(Ratio)
<b>Action:</b> <a href="#">View</a>   <a href="#">Update</a>			

**Figure 211: Update Financial Performance Measure Information**

Fields marked with an asterisk (\*) are required.

**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. <small>(maximum 500 characters)</small>
*Target Goal Description <small>(Sample Goals)</small>	<input style="width: 100%; height: 40px;" 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.

2. Enter the **Target Goal Description**.

**Figure 212: Target Goal Description**

<b>*Target Goal Description</b> ( <a href="#">Sample Goals</a> )	(maximum 500 characters) <input type="text"/>
Click "Save" button to save all information within this page.	
<input type="button" value="Save"/>	

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

**Figure 213: Baseline Data**

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

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

**Note:** Click the [Sample Calculation](#) link to see an example of the calculation you need to perform to complete this field ([Figure 190](#)).

5. Enter the **Data Source and Methodology**.

**Figure 214: Data Source and Methodology**

<b>*Data Source &amp; Methodology</b>	(maximum 500 characters) <input type="text"/>
Click "Save" button to save all information within this page.	
<input type="button" value="Save"/>	

6. Enter the Key **Contributing** and **Restricting Factors** and **Major Planned Actions**.

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

**Figure 215: Key Factor and Major Planned Action**

7. Enter any **Comments** you may have.

**Note: Comments** are required if you have marked any **Standard Performance Measure** as “N/A.”

8. Click **Save and Continue** at the bottom of the form. You will be returned to the main **Financial Performance Measures** form.

**Note:** In Financial Performance Measures, a ‘Tribal’ or ‘Public Entity’ applicant can mark the following measures, related to Financial Viability focus area, as ‘N/A’ as long as they provide justification comments:

- Change in Net Assets to Expense Ratio
- Working Capital to Monthly Expense Ratio
- Long Term Debt to Equity Ratio

### 6.20.3. Add an “Other Performance Measure”

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

**Figure 216: Other Measures**

1. Click **Add Performance Measure** under the **Other Measures** section of the form. The **Add Financial Performance Measure** page opens ([Figure 217](#)).

**Figure 217: 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 <input type="text"/> (maximum 500 characters)
*Performance Measure	<input type="text"/> (maximum 500 characters)
*Target Goal Description (Sample Goals)	<input type="text"/> (maximum 500 characters)
Click "Save" button to save all information within this page. <span style="float: right;">Save</span>	
*Numerator Description (Examples)	<input type="text"/> (maximum 500 characters)
*Denominator Description	<input type="text"/> (maximum 500 characters)

2. Select a **Focus Area** from the drop-down menu ([Figure 218](#)).

**Figure 218: Select Focus Area**

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

3. Enter the **Performance Measure** description.

**Figure 219: Performance Measure Description**

*Performance Measure	<input type="text"/> (maximum 500 characters)
----------------------	--

4. Enter the **Target Goal Description**.

**Figure 220: Target Goal Description**

*Target Goal Description (Sample Goals)	<input type="text"/> (maximum 500 characters)
--	--

5. Enter descriptions of the numerator and denominator.

**Figure 221: Numerator and Denominator Descriptions**

*Numerator Description (Examples)	(maximum 500 characters) <input type="text"/>
*Denominator Description (Examples)	(maximum 500 characters) <input type="text"/>

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

**Figure 222: Baseline Data**

*Baseline Data	Baseline Year: <input type="text"/> (yyyy) 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	*Projected Data (by End of Project Period) (Sample Calculation)	<input type="text"/> %
----------------	--	--	------------------------

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

**Note:** Click the [Sample Calculation](#) link to see an example of the calculation you need to perform to complete this field ([Figure 190](#)).

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 223: Key Factor Descriptions**

*Key Factor and Major Planned Action #1	<b>Key Factor Type:</b> <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 type="text"/>  Major Planned Action Description You have 1500 characters remaining out of maximum limit of 1500 <input type="text"/>
---	---

- Click the **Save and Continue** button 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 224: 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: _3__%
Baseline Data	10.00% (Baseline Year: 2011)	Projected Data	3.00%
Action: <a href="#">View</a>   <a href="#">Update</a>   <a href="#">Delete</a>			

#### 6.20.4. Update a Performance Measure

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

- To update a 'standard' or 'other' financial performance measure, click the **Update** link. The **Update Financial Performance Measure Information** page ([Figure 211](#)) will be displayed.

**Figure 225: 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: _3__%	
Baseline Data	10.00% (Baseline Year: 2011)	Projected Data	3.00%	
Action: <a href="#">View</a>   <a href="#">Update</a>   <a href="#">Delete</a>				

- Update the performance measure as needed.
- Click **Save and Continue** at the bottom of the form to return to the **Financial Performance Measures** form.

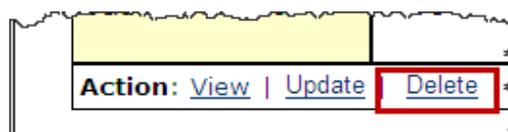
#### 6.20.5. Delete a Performance Measure

**Note:** You cannot delete any **Standard** Financial Performance Measures.

To delete an **Other Performance Measure**,

- Click the **Delete** link of the measure you want to delete. The **Delete Financial Performance Measures** page opens.

**Figure 226: Delete Link**



- Click the **Confirm Delete** button. The **Financial Performance Measures** page re-opens without the measure you just deleted.

**Figure 227: Delete Financial Performance Measure Information (Confirm Delete) Page**

Fields marked with an asterisk (\*) are required.

DELETE FINANCIAL PERFORMANCE MEASURES INFORMATION			
<b>Performance Measure: Test</b>			
Focus Area	Costs	Goal Description	Test
Baseline Data	33.33 % (Baseline Year: 2010)	Projected Data	45.00 %
<a href="#">View: Performance Measure Details</a>			
<input type="button" value="Cancel"/>			<input type="button" value="Confirm Delete"/>

### 6.20.6. View a Performance Measure

- Click the **View** link to see a read-only display of the Performance Measure.

**Figure 228: Read-Only Display of Financial Performance Measure**

[questions/comments](#)

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		FOR HRSA USE ONLY	
BUSINESS PLAN		Application Tracking Number	Grant Number
		00062856	H80CS00044
		Project Period Date	01/01/2009 - 12/31/2012
<b>Focus Area: Costs</b>			
<b>Performance Measure Description:</b> 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	<b>Baseline Year:</b> 2011 <b>Measure Type:</b> Ratio <b>Numerator:</b> 350 <b>Denominator:</b> 135 <b>Baseline Data:</b> 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	<b>Key Factor Type:</b> <input checked="" type="checkbox"/> Contributing <input type="checkbox"/> Restricting <input type="checkbox"/> N/A  <b>Key Factor Description:</b> Key Factor Description will be displayed here.  <b>Major Planned Action Description:</b> Major Planned Action Description will be displayed here.		
Key Factor and Major Planned Action #2	<b>Key Factor Type:</b> <input checked="" type="checkbox"/> Contributing <input type="checkbox"/> Restricting <input type="checkbox"/> N/A  <b>Key Factor Description:</b>		

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

## 6.21. Equipment List

**Note:** If you requested **One-Time Funding** for **Year 1** in **Form 1B: Funding Request Summary** and indicated that you will be using these funds for 'equipment-only' reasons or for 'minor alteration and renovation with equipment', you will be required to complete the **Equipment List** form. Otherwise, this form will not apply to you.

The **Equipment List** page allows you to specify the types of equipment you intend to buy, along with its cost.

1. Click the **Equipment List** link on the **Program Specific Information** left navigation panel to access the **Equipment List Page** ([Figure 229](#)).

**Figure 229: Equipment List Page**

Type	Description	Unit Price	Quantity	Total Price
No Equipment Added.				

2. Click the **Add** button to add a piece of equipment. The **Add Equipment Information Page** ([Figure 230](#)) will be displayed. Fields marked with an asterisk (\*) are required.

**Figure 230: Add Equipment Information Page**

**Add Equipment Information**

\* Type: Select One (dropdown menu open showing: Non-Clinical, Select One, Clinical, Non-Clinical)

\* Description: (Maximum 50 characters)

\* Unit Price (\$):

\* Quantity:

3. Select Clinical or Non-Clinical equipment and enter the Description, Unit Price (\$), and Quantity.
4. When you have completed the entries, click the **Save and Continue** button at the bottom of the screen. You will be returned to the **Equipment List Page** ([Figure 231](#)).
5. The equipment you entered will be listed, and the **Total Price** will be calculated.

**Figure 231: Equipment List Page (With Equipment Added)**

Fields marked with an asterisk (\*) are required.

EQUIPMENT LIST					
Equipment List					Status: COMPLETE
<b>* List of Equipment</b>					
Select	Type	Description	Unit Price	Quantity	Total Price
<input type="radio"/>	Clinical	stethoscope	\$200.00	5	\$1,000.00
<b>Total</b>				<b>5</b>	<b>\$1,000.00</b>
<input type="button" value="Add"/> <input type="button" value="Update"/> <input type="button" value="Delete"/>					
<input type="button" value="Go to Previous Page"/>			<input type="button" value="Save"/> <input type="button" value="Save and Continue"/>		

- When you are finished entering equipment, click the **Save and Continue** button at the bottom of the screen to save your work and navigate to the next form.

**Note:** The total price of equipment requested in this form must be less than or equal to the **One-Time Funds** requested for Year 1 in **Form 1B: Funding Request Summary**.

### 6.21.1. Deleting Equipment

**Figure 232: Delete Equipment Button**

Fields marked with an asterisk (\*) are required.

EQUIPMENT LIST					
Equipment List					Status: COMPLETE
<b>* List of Equipment</b>					
Select	Type	Description	Unit Price	Quantity	Total Price
<input type="radio"/>	Clinical	stethoscope	\$200.00	5	\$1,000.00
<b>Total</b>				<b>5</b>	<b>\$1,000.00</b>
<input type="button" value="Add"/> <input type="button" value="Update"/> <input type="button" value="Delete"/>					
<input type="button" value="Go to Previous Page"/>			<input type="button" value="Save"/> <input type="button" value="Save and Continue"/>		

- Select the radio button for the equipment to be deleted and click the **Delete** button. The **Delete Equipment Information Confirmation** page ([Figure 233](#)) will be displayed.

**Figure 233: Delete Equipment Information Confirmation Page**

DELETE EQUIPMENT INFORMATION				
Type	Description	Unit Price	Quantity	Total Price
Clinical	Stethoscope	\$200.00	5	\$1,000.00

- Click the **Confirm Delete** button to confirm the deletion. You will be returned to the **Equipment List** page ([Figure 231](#)). The equipment you deleted will no longer be listed.

### 6.21.2. Updating Equipment

**Figure 234: Update Equipment Button**

Fields marked with an asterisk (\*) are required.

EQUIPMENT LIST					
Equipment List					Status: COMPLETE
<b>* List of Equipment</b>					
Select	Type	Description	Unit Price	Quantity	Total Price
<input type="radio"/>	Clinical	stethoscope	\$200.00	5	\$1,000.00
<b>Total</b>				<b>5</b>	<b>\$1,000.00</b>
<input type="button" value="Add"/> <input type="button" value="Update"/> <input type="button" value="Delete"/>					

- Select the radio button for the equipment you want to update and click the **Update** button. The **Edit Equipment Page** ([Figure 235](#)) will be displayed with the details of the equipment you selected.

**Figure 235: Edit Equipment Information Page**

Fields marked with an asterisk (\*) are required.

EDIT EQUIPMENT INFORMATION	
<b>Edit Equipment Information</b>	
* Type	Clinical
* Description	(Maximum 50 characters) stethoscope
* Unit Price (\$)	200.00
* Quantity	5

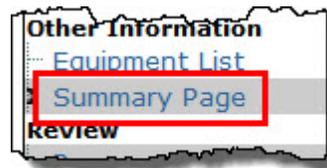
2. Make any necessary changes to the fields on the screen and click the **Save and Continue** button at the bottom of the screen. You will be returned to the **Equipment List Page** ([Figure 231](#)) and the modifications you made to the equipment list will be reflected.

## 6.22. Summary Page

This form displays read-only information provided in the following program specific forms of the NAP application: **Form 1A**, **Form 1B**, **Form 2**, **Form 5B** and **Form 9**. You are required to acknowledge that the information displayed in this form is correct.

1. Click the **Summary Page** link on the **Program Specific Information** left navigation panel to access the **Summary** page ([Figure 236](#)).

**Figure 236: Summary Page Link**



2. Review the data displayed on the **Summary** page for accuracy. If any information is incorrect, please edit the forms by clicking on the form name in the left navigation panel. Be advised that the information in the forms should be consistently identified throughout the entire application.

Figure 237: Summary Page

SUMMARY PAGE														
Summary Page				Status: <b>NOT COMPLETE</b>										
<b>Summary Information</b>														
1. I am applying as a new start applicant.														
Suggested Resource(s): <a href="#">Form 1A</a>														
[ X ] Yes [ _ ] No														
<b>Note:</b>														
<ul style="list-style-type: none"> <li>• "Yes" indicates that you are a new organization applying for section 330 operational funds.</li> <li>• "No" indicates that you are a current section 330 grantee. Therefore, you are applying as a Satellite applicant.</li> </ul>														
2. I am proposing the following sites:														
Suggested Resource(s): <a href="#">Form 5B</a>														
<table border="1"> <thead> <tr> <th>Site Name</th> <th>Physical Street Address for Site</th> <th>Service Site Type</th> <th>Location Type</th> <th>Service Area Zip Codes</th> </tr> </thead> <tbody> <tr> <td>El Centro Regional Medical Center Rural Health Care Center-EAST</td> <td>385 W. Main , El Centro, CA 92243-3040</td> <td>Service Delivery Site</td> <td>Permanent</td> <td>20171, 20170</td> </tr> </tbody> </table>					Site Name	Physical Street Address for Site	Service Site Type	Location Type	Service Area Zip Codes	El Centro Regional Medical Center Rural Health Care Center-EAST	385 W. Main , El Centro, CA 92243-3040	Service Delivery Site	Permanent	20171, 20170
Site Name	Physical Street Address for Site	Service Site Type	Location Type	Service Area Zip Codes										
El Centro Regional Medical Center Rural Health Care Center-EAST	385 W. Main , El Centro, CA 92243-3040	Service Delivery Site	Permanent	20171, 20170										
3. I am requesting for the following types of Health Center funding:														
Public Housing Care	Primary	Priority (i)	\$0.00	\$0.00	0.00%	500	0							
4. Total number of full time equivalent (FTE) staff in Year 2 of the project period.														
Suggested Resource(s): <a href="#">Form 2, Year 2</a>														
50														
5. I am requesting the following amount for one-time funding:														
Suggested Resource(s): <a href="#">Form 1B</a>														
One-time funding requested for Year 1: <b>\$150,000</b>														
<input checked="" type="checkbox"/> Equipment only <input type="checkbox"/> Minor alteration/renovation with equipment <input type="checkbox"/> Minor alteration/renovation without equipment <input type="checkbox"/> N/A														
6. Total Score from Form 9, Need For Assistance worksheet:														
Suggested Resource(s): <a href="#">Form 9</a>														
NFA Score - 100    Converted Score - 20														
<input type="checkbox"/> By checking this box, I certify that the information provided in this application is complete and accurate, including the Need for Assistance (NFA) data sources and calculations.														

3. When all information is complete and accurate, click the check box to certify the form and then click the **Save and Continue** button. The **Status Overview** page will open.

**Notes:**

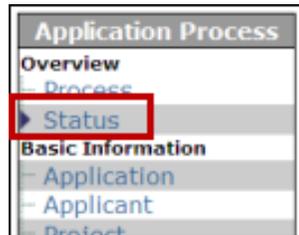
- On the **Summary Page**, you will be required to certify that all data in the application is accurate by checking the confirmation box after you have completed **Form 1A, Form 1B, Form 2, Form 5B, and Form 9**.
- If you update the information in **Form 1A, Form 1B, Form 2, Form 5B, or Form 9** after completing the **Summary Page**, you will be required to revisit the **Summary Page** to review and acknowledge the updated information.

## 7. Review the Application

### 7.1. Status Overview

1. Click **Status** in the left navigation panel ([Figure 238](#)) to see the **Status Overview** ([Figure 239](#)), which shows the status of the application.

**Figure 238: Status Link Opens the Status Overview**



**Figure 239: Status Overview**

STATUS OVERVIEW		
<b>SUGGESTED NEXT STEP</b>		
<a href="#">Assign AO</a>		
<b>APPLICATION PROCESS STATUS</b>		
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..... <a href="#">View Details</a>	
Assigned AO	N/A (One or more AO's currently registered. <a href="#">Assign AO</a> )	
Created On	4/30/2012 3:51:06 PM ET	
Last Updated By		
Peer Information	No peers associated with this Application.	
View: <a href="#">Application</a>   <a href="#">Application Data Validation Comments</a>		
<b>APPLICATION FORMS STATUS</b>		
Section	Action	Status
Basic Information		
Application	<a href="#">Update</a>	NOT COMPLETE
Applicant	<a href="#">Update</a>	NOT COMPLETE
Project	<a href="#">Update</a>	NOT COMPLETE
Performance Site Locations	<a href="#">Update</a>	NOT COMPLETE

### 7.2. Review

1. Click **Review** in the left navigation panel ([Figure 240](#)) to see the Table of Contents for the application ([Figure 241](#)).

**Figure 240: Review Link**



**Figure 241: Application Table of Contents**

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

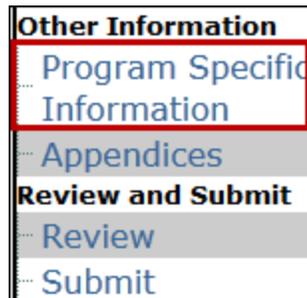
2. Click the [View](#) link in the Action column to view and print each form/document separately.
3. Click:
  - A. **Print** for a printable version of this page.
  - B. **Print All HTML Forms** for a printable version of all the HTML forms (forms only, not attachments).

**Note:** If the application is not submitted, the system will not display the Program Specific Forms.

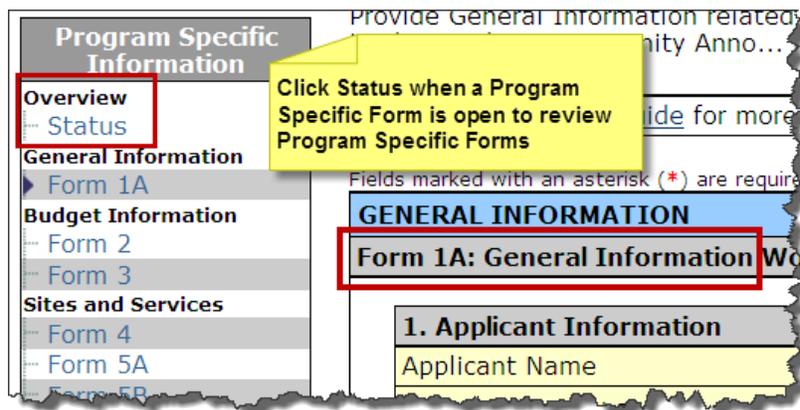
### 7.3. Program Specific Forms

1. To view the status of all **Program Specific Forms**, click the [Program Specific Information](#) link ([Figure 242](#)) under **Other Information** or click [Status](#) under **Overview** in the left navigation panel when you are working on a **Program Specific Form** ([Figure 243](#)).

**Figure 242: Program Specific Information Link**



**Figure 243: Status Link in the Left Navigation Panel on Form 1A**



The **Status Overview** page for **Program Specific Forms** opens ([Figure 244](#)). This page shows the status of each **Program Specific Form**.

**Figure 244: Status Overview Page for Program Specific Forms**

PROGRAM SPECIFIC INFORMATION STATUS			
Section	Action	Status	
<b>General Information</b>			
Form 1A: General Information Worksheet	<a href="#">Update</a>	COMPLETE	
<b>Budget Information</b>			
Form 1B: Funding Request Summary	<a href="#">Update</a>	COMPLETE	
Form 1C: Documents On File	<a href="#">Update</a>	COMPLETE	
Form 2: Staffing Profile			
Year 1	<a href="#">Update</a>	COMPLETE	
Year 2	<a href="#">Update</a>	COMPLETE	
Form 3: Income Analysis	<a href="#">Update</a>	COMPLETE	
<b>Sites and Services</b>			
Form 4: Community Characteristics	<a href="#">Update</a>	COMPLETE	
Form 5A: Services Provided			
Required Services	<a href="#">Update</a>	COMPLETE	
Additional Services	<a href="#">Update</a>	COMPLETE	
Form 5B: Service Sites	<a href="#">Update</a>	COMPLETE	
Form 5C: Other Activities/Locations	<a href="#">Update</a>	COMPLETE	
Alteration/Renovation (A/R) Project Cover Page	<a href="#">Update</a>	COMPLETE	
Other Requirements for Sites	<a href="#">Update</a>	COMPLETE	
<b>Other Forms</b>			
Form 6A: Current Board Member Characteristics	<a href="#">Update</a>	COMPLETE	
Form 6B: Request for Waiver of Governance Requirements	<a href="#">Update</a>	COMPLETE	
Form 8: Health Center Agreements	<a href="#">Update</a>	COMPLETE	
Form 9: Need for Assistance Worksheet			
Section I: Core Barriers	<a href="#">Update</a>	COMPLETE	
Section II: Core Health Indicators	<a href="#">Update</a>	COMPLETE	
Section III: Other Health and Access Indicators	<a href="#">Update</a>	COMPLETE	
Form 10: Annual Emergency Preparedness Report	<a href="#">Update</a>	COMPLETE	
Form 12: Organization Contacts	<a href="#">Update</a>	COMPLETE	
<b>Performance Measures</b>			
Clinical Performance Measures	<a href="#">Update</a>	COMPLETE	
Financial Performance Measures	<a href="#">Update</a>	COMPLETE	
<b>Other Information</b>			
Equipment List	<a href="#">Update</a>	COMPLETE	
Summary Page	<a href="#">Update</a>	COMPLETE	

2. Click the **Update** link to make any necessary adjustments. All forms must be complete before you can submit your application.
3. To view or print **Program Specific Forms**, click **Program Specific Information** under **Review** in the left navigation panel ([Figure 245](#)).

**Figure 245: Program Specific Information Link in the Left Navigation Panel**



4. The **Program Specific Information Review** page will display all **Program Specific Forms** in the application (**Figure 246**). Use the links and buttons on this page to view and print forms and documents. Click the **View** link in the **Action** column to view and print each form/document separately.
5. Click:
  - **Print** to print the **Review** page.
  - **Print All HTML Forms** for a printable version of all the HTML forms (only forms with HTML in the **Type** column, not attachments).

**Figure 246: Program Specific Information Review Page**

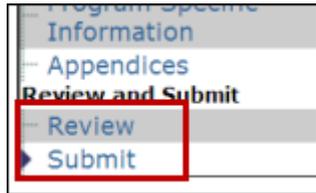
Note: 'Print All HTML Forms' button will print all program specific HTML forms only.

TABLE OF CONTENTS		Table of Contents	
Section	Type	Action	
Program Specific Information			
Form 1A: General Information Worksheet	HTML	<a href="#">View</a>	
Form 1B: Funding Request Summary	HTML	<a href="#">View</a>	
Form 1C: Documents On File	HTML	<a href="#">View</a>	
Form 2: Proposed Staff Profile - (Year 1)	HTML	<a href="#">View</a>	
Form 2: Proposed Staff Profile - (Year 2)	HTML	<a href="#">View</a>	
Form 3: Income Analysis	Document	<a href="#">View</a>	
Form 4: Community Characteristics	HTML	<a href="#">View</a>	
Form 5A: Required Services Provided	HTML	<a href="#">View</a>	
Form 5A: Additional Services Provided	HTML	<a href="#">View</a>	
Form 5B: Service Sites	HTML	<a href="#">View</a>	
Form 5C: Other Activities/Locations	HTML	<a href="#">View</a>	
Alteration/Renovation (A/R) Project Cover Page	HTML	<a href="#">View</a>	
Other Requirements for Sites	HTML	<a href="#">View</a>	
Form 6A: Current Board Member Characteristics	HTML	<a href="#">View</a>	
Form 6B: Request for Waiver of Governance Requirements	HTML	<a href="#">View</a>	
Form 8: Health Center Agreements	HTML	<a href="#">View</a>	
Form 9: Need for Assistance Worksheet	HTML	<a href="#">View</a>	
Form 10: Annual Emergency Preparedness Report	HTML	<a href="#">View</a>	
Form 12: Contact Information	HTML	<a href="#">View</a>	
Clinical Performance Measures	HTML	<a href="#">View</a>	
Financial Performance Measures	HTML	<a href="#">View</a>	
Equipment List	HTML	<a href="#">View</a>	
Summary Page	HTML	<a href="#">View</a>	

## 8. Submit the Application

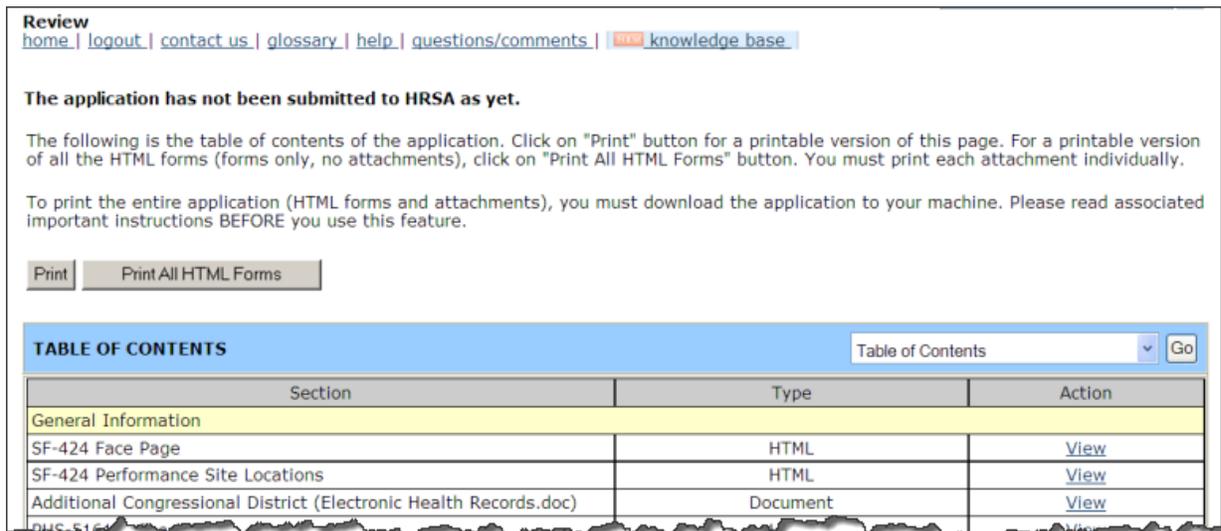
You can submit your application once all required forms and documents are complete. Use the Review and Submit links in the left navigation panel to begin the submission process.

**Figure 247: Review Link in Left Navigation Panel**



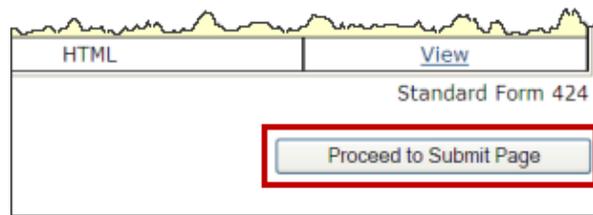
1. Click [Review](#) to open the **Review** page, where you can review your forms before submission ([Figure 248](#)).

**Figure 248: Review Page**



2. Click the **Proceed to Submit Page** button ([Figure 249](#)) to open the **Submit** page ([Figure 250](#)).

**Figure 249: Proceed to Submit Page Button**



**Figure 250: Submit Page Showing the Status Overview**

APPLICATION FORMS STATUS		
Section	Action	Status
Basic Information		
Application	<a href="#">Update</a>	COMPLETE
Applicant	<a href="#">Update</a>	COMPLETE

If you are not the Authorizing Official (AO), you will see a **Submit to AO** button at the bottom of the page. Click the **Submit to AO** button ([Figure 251](#)) to notify the AO that the application is ready for submission. The **Submission Confirmation** page opens ([Figure 252](#)).

**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 251: Submit to AO Button**

Inventions	<a href="#">Update</a>	COMPLETE
Program Specific Information	<a href="#">Update</a>	COMPLETE
Appendices	<a href="#">Update</a>	COMPLETE

- Click [View](#) to read the certifications and click the checkboxes to indicate acceptance. Then click the **Submit Application** button. The following page informs you that an email notification has been sent to the Authorizing Official ([Figure 253](#)).

**Figure 252: Submission Confirmation Page**

Welcome Genta Horton to **HRSA HRSA Environment** (Last login date and time: 07/27/2011 2:12:10 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. <a href="#">View</a>
<input checked="" type="checkbox"/>	I have read and agree with all the above certifications. <a href="#">View</a>

**Figure 253: Email Notification Sent to Authorizing Official**

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

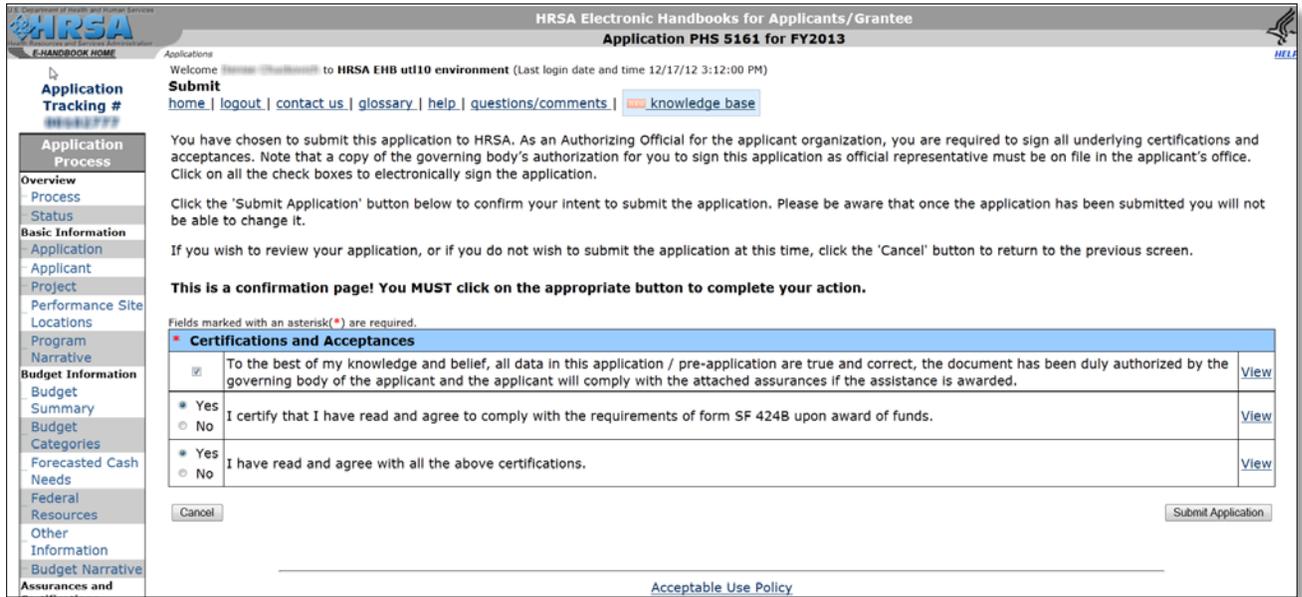
**Application was successfully submitted with an email notification to the Authorizing Official (AO). Only the AO can now edit this application. If you need to modify the application, you must contact the AO to send the application back to you.**

**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>

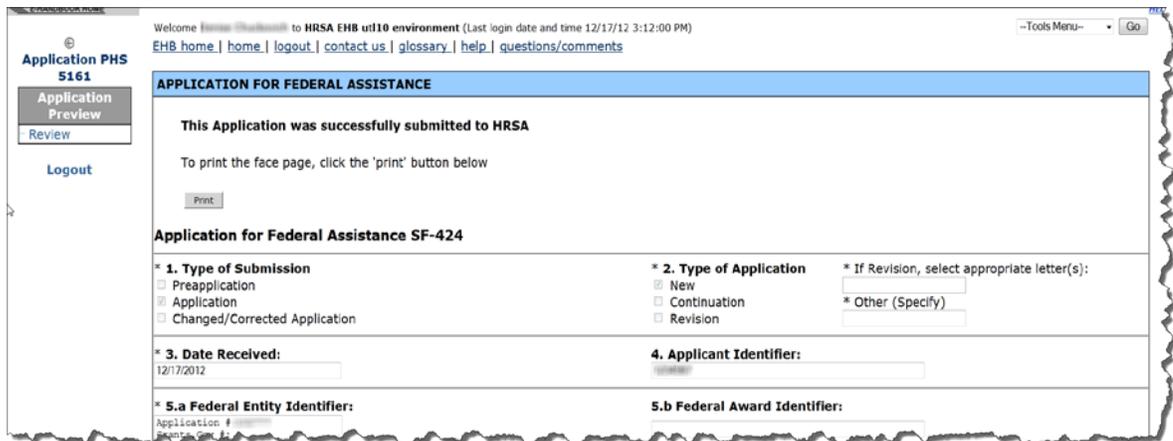
- The Authorizing Official must click **Submit to HRSA**. The **Submit Confirmation** page opens.

**Figure 254: Submit Confirmation Page**



5. Complete the questions in the **Certifications and Acceptances** section and click the **Submit Application** button. You will receive notification of errors or successful submission.
6. Once the application is submitted successfully, the system will display the face page for the submitted application as shown in (Figure 255).

**Figure 255: Face Page**



## 9. Submitted Application

You can access your completed/submitted application in EHB by clicking on the **Grant Applications** link in the left menu and clicking on the **Recently Completed** tab as shown in [Figure 256](#).

**Figure 256: Submitted Application**

The screenshot shows the HRSA Electronic Handbooks interface. The left sidebar contains a navigation menu with 'Grant Applications' highlighted. The main content area shows 'Applications - Complete List' with a tab for 'Recently Completed'. Below the tabs is a table of submitted applications. The table has the following columns: Submitted, Date Submitted, Announcement #, EHBs Tracking #, Grants.Gov Tracking #, Project Title, Organization, Submitted By, and Options. The first row of data shows a submission on 12/17/2012 for HRSA-13-257, submitted by Chuckovich Denise. A red box highlights the 'Application' link in the Options column of this row.

Submitted	Date Submitted	Announcement #	EHBs Tracking #	Grants.Gov Tracking #	Project Title	Organization	Submitted By	Options
All	12/17/2012	HRSA-13-257		N/A	Health Center Cluster		Chuckovich Denise	Application

Click on the [Application](#) link to open the submitted application in PDF format.

## 10. Customer Support Information

**Note:** Use your Application Tracking Number for all correspondence.

### 10.1. 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](mailto:BPHCHelpline@hrsa.gov)

OR

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

**Note:** Do not call the BPHC Helpline for questions that concern the NAP FOA or programmatic questions.

### 10.2. HRSA Call Center

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

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

OR

- By Email: [CallCenter@hrsa.gov](mailto:CallCenter@hrsa.gov)

Please visit HRSA EHB for additional online help.

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

**Note:** Do not call the Call Center for any questions that concern the NAP FOA or programmatic questions.

### 10.3. HRSA Program Support

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

- By Email: [BPHCNAP@hrsa.gov](mailto:BPHCNAP@hrsa.gov)

## 11. Frequently Asked Questions

### 11.1. Software

#### 11.1.1. 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.

#### 11.1.2. 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.

#### 11.1.3. 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.

7. **.DOCX** - Microsoft Word
8. **.JPEG** – Graphics Format
9. **.JPG** - Graphics Format
10. **.MSG** – Microsoft Mail Document
11. **.PDF** - Adobe Portable Document Format
12. **.PPT** – Power Point
13. **.RTF** - Rich Text Format
14. **.TIF** - Graphics Format
15. **.TXT** - Text
16. **.WPD** - Word Perfect Document
17. **.XFD** - Extensible Forms Description Language files
18. **.XLS** - Microsoft Excel
19. **.XLSX** - Microsoft Excel