
HRSA Electronic Handbooks

Service Area Competition

User Guide for Grant Applicants

Last updated on: August 10, 2011



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1. Introduction

1.1. Document Purpose and Scope

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

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

1.2. Document Organization

This document contains the following sections:

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

2. Before You Begin

2.1. Register with Grants.gov

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

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

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

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

2.2. Register with the HRSA Electronic Handbooks

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

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

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

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

3. Begin Your Application

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

3.1. Locate the Funding Opportunity

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

Figure 1: Find Grant Opportunities Link



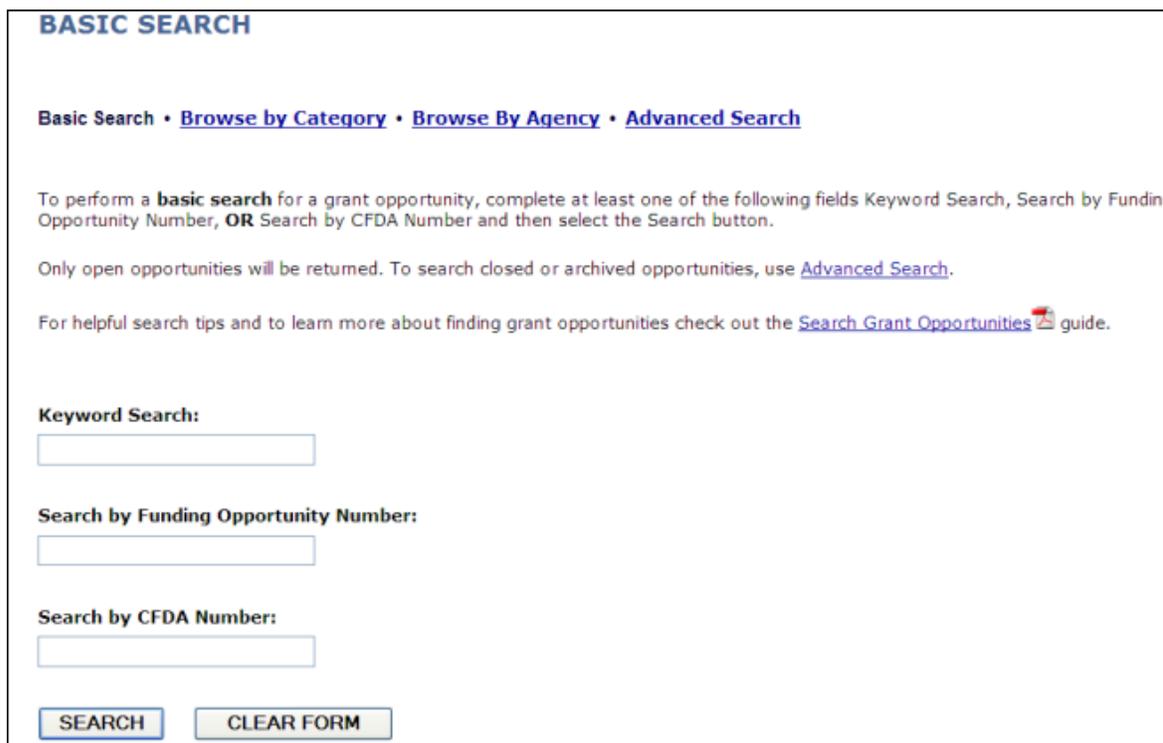
- The Find Grant Opportunities page opens.

Figure 2: Find Grant Opportunities



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

Figure 3: Basic Search Page



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

Figure 4: Search Results

Search Results			
Open Date	Opportunity Title	Agency	Funding Number
06/14/2011	Service Area Competition	Health Resources & Services Administration	HRSA-12-087

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

Results Page: 1

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

Figure 5: Synopsis of the Opportunity

Service Area Competition



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 **06/14/2011** . 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-12-087
Opportunity Category:	Discretionary
Posted Date:	Jun 14, 2011
Creation Date:	Jun 20, 2011
Original Closing Date for Applications:	Aug 08, 2011
Current Closing Date for Applications:	Aug 08, 2011
Archive Date:	Oct 07, 2011
Funding Instrument Type:	Grant

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

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

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 **06/14/2011**. If updates have been made to the opportunity synopsis, update information is provided below the synopsis.

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

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

Link to Full Announcement

<https://grants.hrsa.gov/webExternal/SFO.asp?ID=D1E28A23-4A38-4CF2-A0FD-4E69BD82092F>

3.2. Download the Application Package and Instructions

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

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

3.2.1 Use the Synopsis Page

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

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

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



Figure 9: Selected Grant Applications for Download

SELECTED GRANT APPLICATIONS FOR DOWNLOAD

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

READ BELOW BEFORE YOU APPLY FOR THIS GRANT!

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

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

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

Additional Resources:

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

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

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

CFDA	Opportunity Number	Competition ID	Competition Title	Agency	Instructions and Application
93.224	HRSA-12-087	5034	Service Area Competition	Health Resources & Services Administration	download

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

Figure 10: Download Opportunity Page

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DOWNLOAD OPPORTUNITY INSTRUCTIONS AND APPLICATION

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

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

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

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

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

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

Figure 11: Grant Application Package

Save & Submit
Save
Print
Cancel
Check Package for Errors

Opportunity Title:

Offering Agency:

CFDA Number:

CFDA Description:

Opportunity Number:

Competition ID:

Opportunity Open Date:

Opportunity Close Date:

Agency Contact:
 Public Health Analyst
 Bureau of Primary Health Care
 Office of Policy and Program Development
 Telephone: 301-443-4544
 E-mail: DBHCS@hhs.gov

Grant Application Package

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

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

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

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

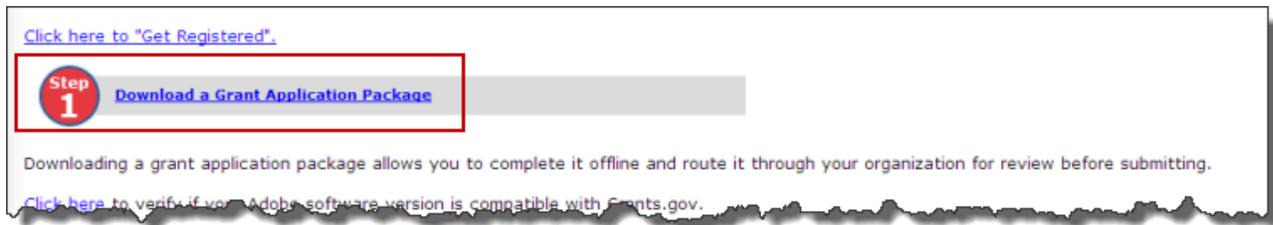
If you know the Funding Opportunity Number (FON) or Catalog of Federal Domestic Assistance (CFDA) number for the grant, you can download the grant application and instructions as follows:

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

Figure 12: Grants.gov Apply for Grants Page

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

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



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

Figure 14: Download Application Package Page at Grants.gov

A screenshot of the "DOWNLOAD APPLICATION PACKAGE" page on Grants.gov. The page title is "DOWNLOAD APPLICATION PACKAGE". Below the title, there is a note: "Note: You will need to download and install [PureEdge Viewer](#) / [Adobe Reader](#), prior to downloading an Application Package." Below the note, there is a instruction: "To download an application package, enter the appropriate CFDA Number OR Funding Opportunity Number and click the 'Download Package' button." Below this instruction, there are three input fields: "CFDA Number:", "Funding Opportunity Number:", and "Funding Opportunity Competition ID:". Below these fields is a "Download Package" button. At the bottom of the page, there is a note: "If you do not remember the Funding Opportunity Number for the grant opportunity, return to the [Find Grant Opportunities](#) section to locate the grant opportunity and then return to this screen to enter the number."

3. Enter
 - a. The CFDA number in the *CFDA Number* field.or
 - b. The announcement number in the *Funding Opportunity Number* field. (For example: HRSA-12-087)
4. Click **Download Package**.
 - The Selected Grants for Download page opens (Figure 15).

Figure 15: Selected Grant Applications for Download

SELECTED GRANT APPLICATIONS FOR DOWNLOAD

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

READ BELOW BEFORE YOU APPLY FOR THIS GRANT!

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

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

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

Additional Resources:

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

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

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

CFDA	Opportunity Number	Competition ID	Competition Title	Agency	Instructions and Application
93.224	HRSA-12-087	5034	Service Area Competition	Health Resources & Services Administration	download

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

Figure 16: Download Opportunity Page

GRANTS.GOV™ Contact Us SiteMap Help RSS Home

DOWNLOAD OPPORTUNITY INSTRUCTIONS AND APPLICATION

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

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

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

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

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

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

Figure 17: Grant Application Package

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Grant Application Package

Opportunity Title:	Service Area Competition
Offering Agency:	Health Resources & Services Administration
CFDA Number:	93.224
CFDA Description:	Consolidated Health Centers (Community Health Centers, ...)
Opportunity Number:	HRSA-12-087
Competition ID:	5034
Opportunity Open Date:	06/14/2011
Opportunity Close Date:	08/08/2011
Agency Contact:	Gina Daily Public Health Analyst Bureau of Primary Health Care Office of Policy and Program Development Telephone: 301-443-4333 E-mail: DBHCC@hhs.gov

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

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

3.3. Complete the Application

You will complete the application offline.

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

Figure 18: Save the Grant Application Package

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

GRANTS.GOV™

Grant Application Package

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

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

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

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

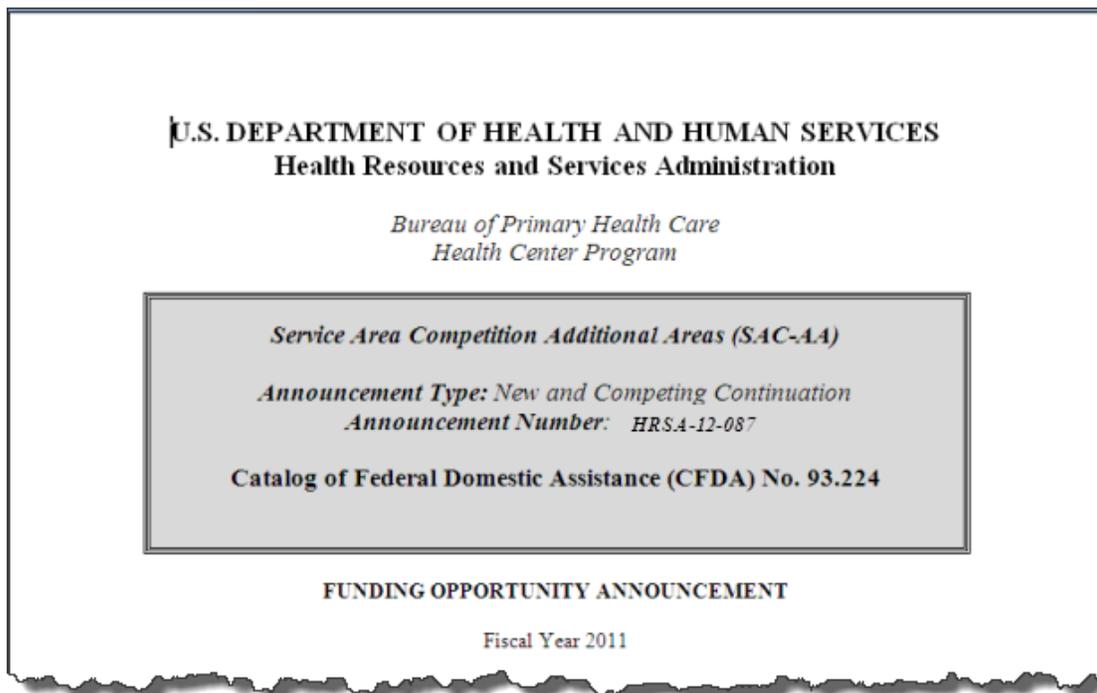
2. Use the instructions provided at the bottom of the grant application (Figure 19) and the Funding Opportunity Announcement (FOA) (Figure 20) you downloaded (Section 3.2, Download the Application Package and Instructions) to complete the grant application.

Figure 19: Instructions for Completing the Grant Application

Instructions

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

Figure 20: Program Guidance for Completing the Grant Application



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

3.4. Submit the Application Package

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

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

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

To submit your completed application in Grants.gov:

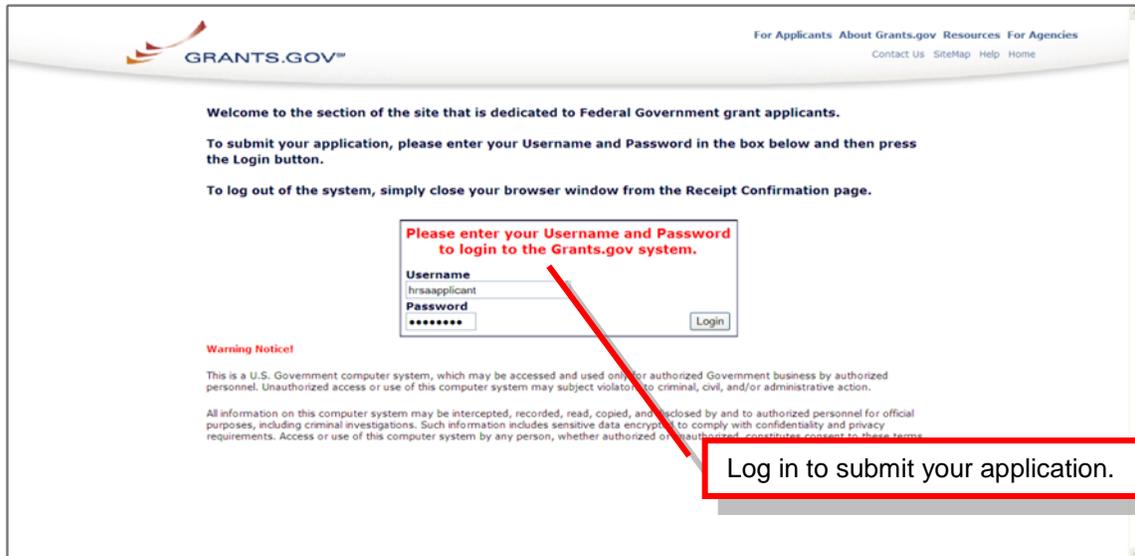
1. Click the **Check Package for Errors** button on the application package cover page.
 - a. Correct any errors.
2. Click the **Save and Submit** button on the application package cover page.

Figure 21: Command Buttons in the Grant Application Package



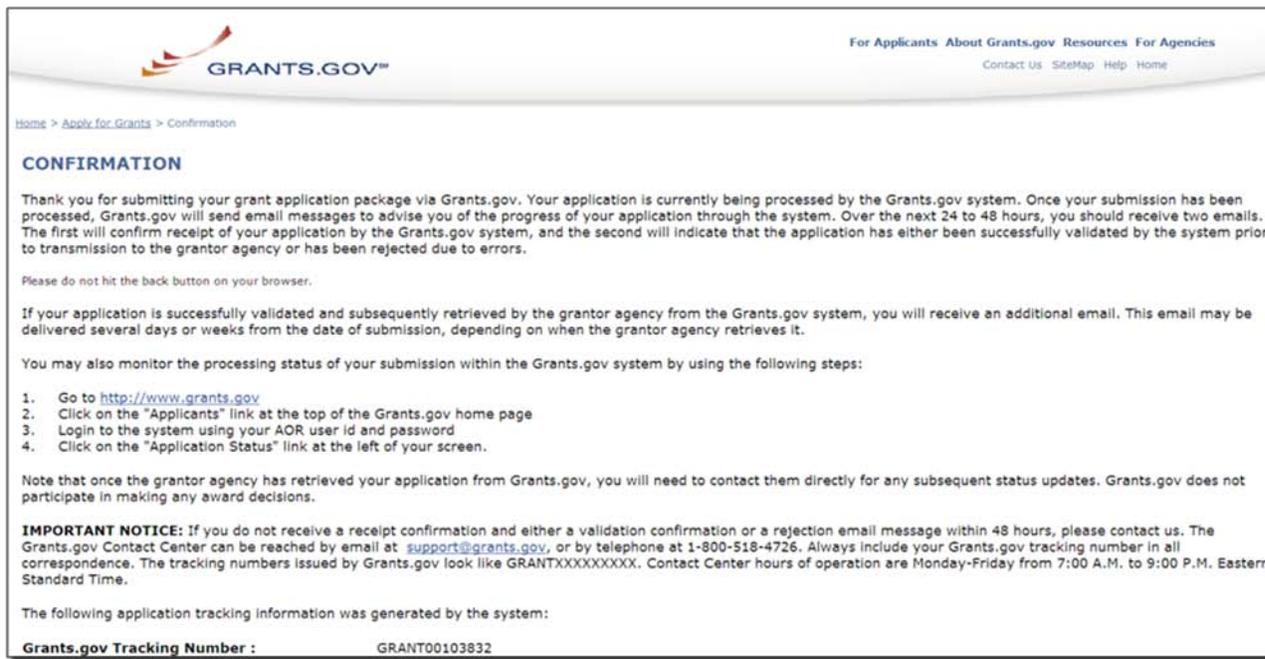
3. When prompted, log in to Grants.gov.

Figure 22: Grants.gov Login Prompt



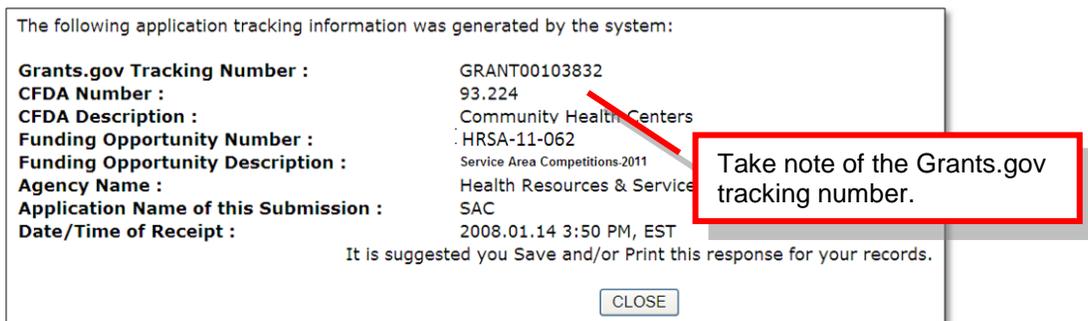
Your application package is uploaded to Grants.gov and a confirmation screen opens (Figure 23).

Figure 23: Application Submission Confirmation Page at Grants.gov



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

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



3.5. Track Status of the Application

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

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

Grants.gov. Within two to three business days, the status will change to “Agency Tracking Number Assigned” and you can submit the second part of your application in the HRSA Electronic Handbooks (EHB).

4. Get Started with the HRSA Electronic Handbooks

4.1. Log In

To log in to HRSA Electronic Handbooks (EHB),

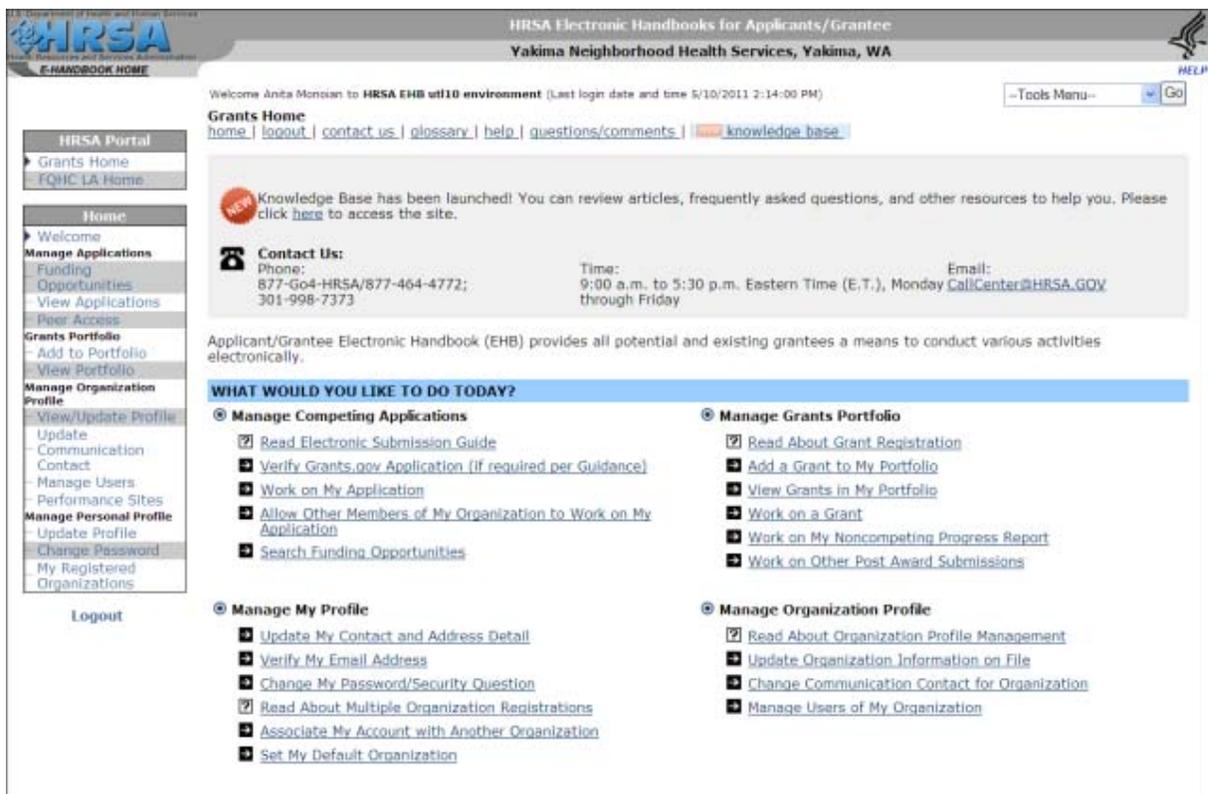
1. Point your browser to <https://grants.hrsa.gov/webexternal/login.asp>.
2. Enter your username and password.

Figure 25: HRSA EHB Login Screen



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

Figure 26: HRSA EHB Home Page



4.2. Session Time Limit

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

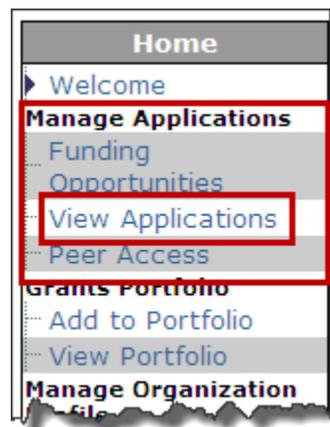
4.3. Access the Application

4.3.1 Access the Application for the First Time

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

1. On the HRSA EHB Home page, select View Applications under Manage Applications on the left side menu (Figure 27).

Figure 27: View Applications Link



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

Figure 28: Grants.gov Applications Pending Action

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

3. The Validate Grants.Gov Application page (Figure 29) opens. Enter the required validation information:
 - a. Announcement Number (from the **Grants.Gov Submission Confirmation** page).

- b. Grants.gov Tracking Number (from the Grants.gov Submission Confirmation page).
- c. HRSA EHB Application Number (from the email notification).
4. Click **Validate**.

Figure 29: Validate Grants.Gov Application Page

U.S. Department of Health and Human Services
HRSA
 Electronic Handbooks for Applicants/Grantee
 E-HANDBOOK HOME

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

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

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

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

VALIDATE GRANTS.GOV APPLICATION

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

Logout Cancel Validate

5. The Grants.gov Application Validated Successfully page (Figure 30) opens.
6. Read the advisory.
7. Click **Continue**.

Figure 30: Grants.gov Application Validated Successfully Page

Grants.Gov Application Validated Successfully

IMPORTANT NOTE

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

HRSA EHBs tracking number: 00043345

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

You must complete all the required forms and submit this application in HRSA EHBs by the d

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

Read the advisory and click Continue.

Continue

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

Figure 31: Application Status Overview Page

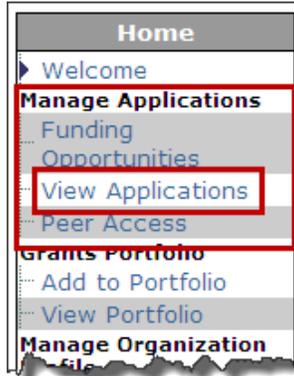
STATUS OVERVIEW		
SUGGESTED NEXT STEP		
Assign AO		
APPLICATION PROCESS STATUS		
Deadline	Aug 31 2011 5:00PM ET (You have 100 days to complete and submit the application.)	
Full Announcement (Includes Program Guidance)	Original announcement posted on 08/25/2010..... View Details	
Assigned AO	N/A (One or more AO's currently registered. Assign AO)	
Created On	5/17/2011 10:03:52 AM ET	
Last Updated By	N/A	
Peer Information	No peers associated with this Application.	
View: Application Grants.gov Data Validation Comments		
APPLICATION FORMS STATUS		
Section	Action	Status
Basic Information		
Application	Update	NOT COMPLETE
Applicant	Update	NOT COMPLETE
Project	Update	NOT COMPLETE
Performance Site Locations	Update	NOT COMPLETE
Program Narrative	Update	NOT COMPLETE
Budget Information		
Budget Summary	Update	NOT COMPLETE
Budget Categories	Update	NOT COMPLETE
Forecasted Cash Needs	Update	NOT COMPLETE
Federal Resources	Update	NOT COMPLETE
Other Information	Update	NOT COMPLETE
Budget Narrative	Update	NOT COMPLETE
Assurance and Certification		

4.3.2 Access the Application from the List of Pending Applications

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

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

Figure 32: View Applications Link



- The View Applications page (Figure 33) opens.

Figure 33: View Applications Page

Displaying 1-7 of 7

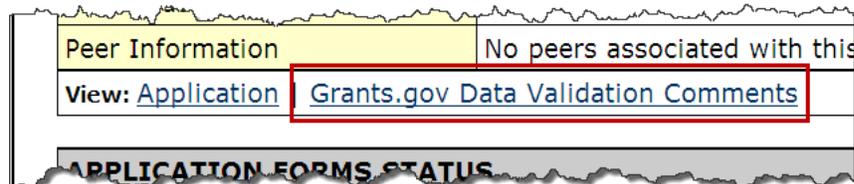
PENDING APPLICATIONS			
HRSA-09-244: ARRA - Capital Improvement Program		Deadline: 06/02/2009 ET	
Update for original announcement posted on 05/04/2009: PLEASE NOTE: The Technical Assistance Conference Call Schedule is posted at the following Web site: http://bphc.hrsa.gov/recovery Please take advantage of the information provided by HRSA staff to assist applicants in the application submissions process..... View Details			
Grant / Application	Status	Creator	Action
HRSA EHBs Tracking No: 00064197 Grants.Gov Tracking #: N/A Application Type: New Title (Discipline): ARRA - Capital Improvement Program(N/A) Proposed Period: 7/1/2009 - 6/30/2011 AO Name: Anita Darrelynn Monoian	Grants.Gov Received Date: N/A Application Submitted to HRSA Created By: Rhonda Hauff on 05/26/2009 Date Submitted: 05/29/2009 Signed Face Page Received: No	NO	View
AO Name: Anita Darrelynn Monoian			
HRSA-12-087: Service Area Competitions (SAC)		Deadline: 12/20/2010 ET	
Update 3 for Original Announcement posted on 08/25/2010: Changes to Appendix D..... View Details			
Grant / Application	Status	Creator	Action
HRSA EHBs Tracking No: 00086259 Grants.Gov Tracking #: GRANT10750289 Application Type: Competing Continuation Title (Discipline): Yakima Neighborhood Health Services(N/A) Grant Number: H80CS06078 Proposed Period: 5/1/2011 - 4/30/2015 AO Name: Anita Monoian	Grants.Gov Received Date: 11/29/2010 Application Submitted to HRSA Created By: N/A on 11/30/2010 Date Submitted: 12/20/2010 Signed Face Page Received: No	NO	View
AO Name: Anita Darrelynn Monoian			
HRSA-10-029: ARRA - Facility Investment Program		Deadline: 08/06/2009 ET	
Update 3 for Original Announcement posted on 06/19/2009: Three updates were made to the Facility Investment Program (FIP) funding opportunity. For questions regarding these updates please contact the following: Bureau of Primary Health Care Office of Policy and Program Development Email: BPHCRecovery@hrsa.gov Technical Assistance Resources: http://bphc View Details			

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

AO Name: Janice Hicks		9/30/2013		011		Submit	
HRSA-12-124: Service Area Competitions (SAC)						Deadline: 08/31/2011 ET	
Original announcement posted on 08/25/2010..... View Details							
Grant / Application		Status		Creator		Action	
HRSA EHBs Tracking No: 00091041 Grants.Gov Tracking #: N/A Application Type: New Title (Discipline): Health Center Cluster(N/A) Proposed Period: 10/1/2011 - 9/30/2012 AO Name:		Grants.Gov Received Date: N/A Application In Progress Created By: Charlene Brown on 05/17/2011		Yes		Edit Delete Submit	
HRSA-10-005: Maternal and Child Health Services						Deadline: 07/15/2009 ET	
Original announcement posted on 03/19/2009..... View Details							
Grant / Application		Status		Creator		Action	

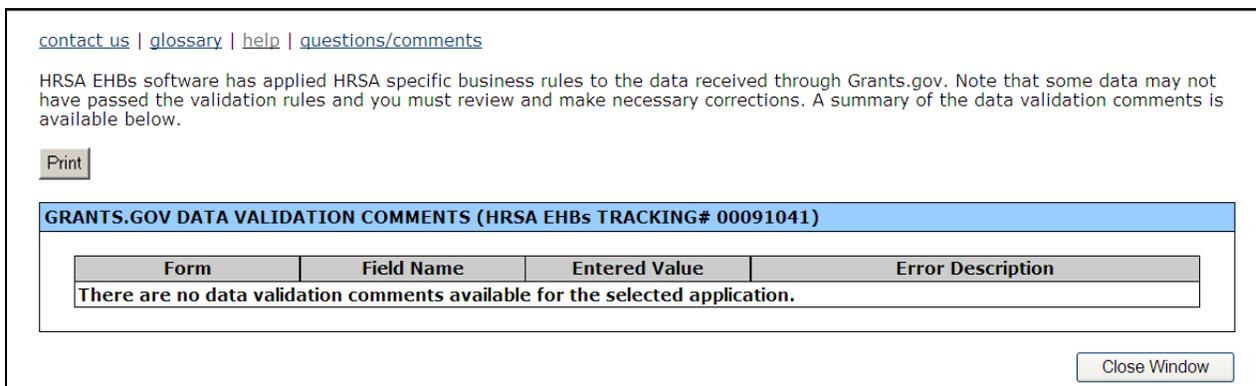
4.3.3 Correct Errors in the Application

HRSA EHB applies HRSA-specific business rules to the data you submitted on Grants.gov and displays a summary of validation errors. To review and correct these errors, click the [Grants.gov Data Validation Comments](#) link on the Application Status page in HRSA EHB.



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

Figure 34: Grants.gov Data Validation Comments



4.4. Navigation

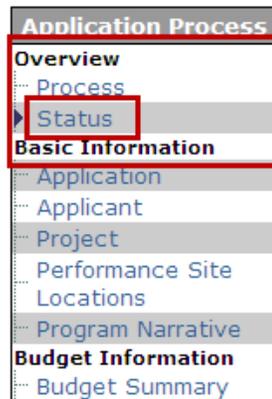
Use the navigation menu (Figure 35) on the left side of the screen to access the different sections of your SAC application.

Figure 35: Left Side Menu

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

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

Figure 36: Status Link



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.



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

Figure 37: Program Specific Information Link



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

Figure 38: Status Overview for Program Specific Information Forms

Fields marked with an asterisk (*) are required.

STATUS OVERVIEW		
View Resources		
SAC FY 2012 User Guide		
PROGRAM SPECIFIC INFORMATION STATUS		
Section	Action	Status
General Information		
Form 1A: General Information Worksheet	Update	NOT COMPLETE
Budget Information		
Form 2: Staffing Profile	Update	NOT COMPLETE
Form 3: Income Analysis	Update	NOT COMPLETE
Sites and Services		
Form 4: Community Characteristics	Update	NOT COMPLETE
Form 5A: Services Provided		
Required Services	Update	NOT COMPLETE
Additional Services	Update	NOT COMPLETE
Form 5B: Service Sites	Update	NOT COMPLETE
Form 5C: Other Activities/Locations	Update	NOT COMPLETE
Other Forms		
Form 6A: Current Board Member Characteristics	Update	NOT COMPLETE
Form 6B: Request for Waiver of Governance Requirements	Update	NOT COMPLETE
Form 8: Health Center Agreements	Update	NOT COMPLETE
Form 9: Need for Assistance Worksheet		
Section I: Core Barriers	Update	NOT COMPLETE
Section J: Core Barriers	Update	NOT COMPLETE

5. Complete the Standard Forms (SF-424)

The Standard Forms (SF-424) consist of three sections: basic information, budget information, and assurances. This information was imported from Grants.gov and has undergone a data validation check.

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

In the budget area, provide HRSA with information about funding needs for the proposed project.

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

The Standard Forms must be complete in order for you to submit the application.

Click Status under the Overview heading (Figure 39) to access the Standard Forms (Figure 40).

**Figure 39:
Status Link**



Figure 40: Application Status Page

STATUS OVERVIEW		
SUGGESTED NEXT STEP		
Assign AO		
APPLICATION PROCESS STATUS		
Deadline	Aug 31 2011 5:00PM ET (You have 100 days to complete and submit the application.)	
Full Announcement (Includes Program Guidance)	Original announcement posted on 08/25/2010..... View Details	
Assigned AO	N/A (One or more AO's currently registered. Assign AO)	
Created On	5/17/2011 10:03:52 AM ET	
Last Updated By	N/A	
Peer Information	No peers associated with this Application.	
View: Application Grants.gov Data Validation Comments		
APPLICATION FORMS STATUS		
Section	Action	Status
Basic Information		
Application	Update	NOT COMPLETE
Applicant	Update	NOT COMPLETE
Project	Update	NOT COMPLETE
Performance Site Locations	Update	NOT COMPLETE
Program Narrative	Update	NOT COMPLETE
Budget Information		
Budget Summary	Update	NOT COMPLETE
Budget Categories	Update	NOT COMPLETE
Forecasted Cash Needs	Update	NOT COMPLETE
Federal Resources	Update	NOT COMPLETE
Other Information	Update	NOT COMPLETE
Budget Narrative	Update	NOT COMPLETE
Assurances and Certifications		

6. Complete the Program Specific Forms

Click the Program Specific Information link (Figure 41) under Other Information to open the Status Overview page for the Program Specific Information forms (Figure 42). Click the Update link to edit a form.

Figure 41: Program Specific Information Link



Figure 42: Status Overview Page for Program Specific Forms

Fields marked with an asterisk (*) are required.

STATUS OVERVIEW		
View Resources		
SAC FY 2012 User Guide		
PROGRAM SPECIFIC INFORMATION STATUS		
Section	Action	Status
General Information		
Form 1A: General Information Worksheet	Update	NOT COMPLETE
Budget Information		
Form 2: Staffing Profile	Update	NOT COMPLETE
Form 3: Income Analysis	Update	NOT COMPLETE
Sites and Services		
Form 4: Community Characteristics	Update	NOT COMPLETE
Form 5A: Services Provided		
Required Services	Update	NOT COMPLETE
Additional Services	Update	NOT COMPLETE
Form 5B: Service Sites	Update	NOT COMPLETE
Form 5C: Other Activities/Locations	Update	NOT COMPLETE
Other Forms		
Form 6A: Current Board Member Characteristics	Update	NOT COMPLETE
Form 6B: Request for Waiver of Governance Requirements	Update	NOT COMPLETE
Form 8: Health Center Agreements	Update	NOT COMPLETE
Form 9: Need for Assistance Worksheet		
Section I: Core Barriers	Update	NOT COMPLETE
Section J: Core Barriers	Update	NOT COMPLETE

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

6.1. Form 1A: General Information Worksheet

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

Throughout this document, when you are instructed to “open Form..,” use the left side menu or click Update on the Status Overview page for the Program Specific Information forms (Figure 42).

1. Open Form 1A (Figure 43).

Figure 43: Form 1A: General Information Worksheet

Fields marked with an asterisk (*) are required.

GENERAL INFORMATION			
Form 1A: General Information Worksheet			Status: NOT COMPLETE
1. Applicant Information			
Applicant Name	Virginia Department of Health, Richmond, VA		
*Fiscal Year End Date	Last Day of <input type="text" value="Select Month"/>		
Application Type	New	Existing Applicant	No
Grant Number	N/A	BHCMIS ID	N/A
*Business Entity	<input type="radio"/> Tribal <input type="radio"/> Urban Indian <input type="radio"/> Private, non-profit (non-Tribal or Urban Indian) <input type="radio"/> Public (non-Tribal or Urban Indian)		
*Organization Type	<input type="checkbox"/> Faith based <input type="checkbox"/> Hospital <input type="checkbox"/> State government <input type="checkbox"/> City/County/Local Government or Municipality <input type="checkbox"/> University <input type="checkbox"/> Community based organization <input type="checkbox"/> Other - Specify: <input type="text"/>		
2. Proposed Service Area			
Applicants applying for Community Health funding must provide at least one designated service area ID under an MUA or MUP.			
*2a. Target Population and Service Area Designation (Use commas to separate multiple IDs)	Population Types: <input checked="" type="checkbox"/> Serving Section 330(e) - Community Health Centers <input checked="" type="checkbox"/> Serving Section 330(g) - Migrant Health Centers <input checked="" type="checkbox"/> Serving Section 330(h) - Homeless Health Centers <input checked="" type="checkbox"/> Serving Section 330(i) - Public Housing Health Centers Select one or more MUA/MUP options, as applicable: <input type="checkbox"/> Medically Underserved Area (MUA): (ID# <input type="text"/>) <input type="checkbox"/> Medically Underserved Population (MUP): (ID# <input type="text"/>) <input type="checkbox"/> Medically Underserved Area Application Pending: (ID# <input type="text"/>) <input type="checkbox"/> Medically Underserved Population Application Pending: (ID# <input type="text"/>)		
Find a MUA/MUP			

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

- Under Applicant Information, use the drop-down menu to select the month in which your organization’s fiscal year ends. Then select the Business Entity and organization type which best describe your organization. (Multiple selections are allowed for organization type, but not for business entity.)

Figure 44: Form 1A, Applicant Information

1. Applicant Information			
Applicant Name	Virginia Department of Health, Richmond, VA		
*Fiscal Year End Date	Last Day of <input type="text" value="Select Month"/>		
Application Type	<input type="radio"/> New	Existing Applicant	<input type="radio"/> No
Grant Number	N/A	BHCMIS ID	N/A
*Business Entity	<input type="radio"/> Tribal <input type="radio"/> Urban Indian <input type="radio"/> Private, non-profit (non-Tribal or Urban Indian) <input type="radio"/> Public (non-Tribal or Urban Indian)		
*Organization Type	<input type="checkbox"/> Faith based <input type="checkbox"/> Hospital <input type="checkbox"/> State government <input type="checkbox"/> City/County/Local Government or Municipality <input type="checkbox"/> University <input type="checkbox"/> Community based organization <input type="checkbox"/> Other - Specify: <input type="text"/>		

- Under Proposed Service Area, select the option(s) that best describes the designated service area you propose to serve. (Multiple selections are allowed.) You must provide Service Area ID(s) for the selected option(s) if you are applying for General Community funding.

Figure 45: Form 1A, Proposed Service Area – Target Population

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

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

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

Figure 46: Form 1A, Proposed Service Area – Service Area Type

*2b. Service Area Type	<input type="radio"/> Urban <input type="radio"/> Rural <input type="radio"/> Sparsely Populated - Specify population density by providing the number of people per square mile: <input style="width: 50px;" type="text"/>
------------------------	--

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

Figure 47: Form 1A, Target Population and Provider Information

*2c. Target Population and Provider Information	Current Number	Projected at Full Capacity
*Total Service Area Population	<input style="width: 50px;" type="text"/>	N/A
*Total Target Population	<input style="width: 50px;" type="text"/>	N/A
Total FTE Medical Providers	<input style="width: 50px; text-align: left;" type="text" value="0.00"/>	<input style="width: 50px; text-align: left;" type="text" value="0.00"/>
Total FTE Dental Providers	<input style="width: 50px; text-align: left;" type="text" value="0.00"/>	<input style="width: 50px; text-align: left;" type="text" value="0.00"/>
Total FTE Behavioral Health Providers	<input style="width: 50px; text-align: left;" type="text" value="0.00"/>	<input style="width: 50px; text-align: left;" type="text" value="0.00"/>
Total FTE Substance Abuse Service Providers	<input style="width: 50px; text-align: left;" type="text" value="0.00"/>	<input style="width: 50px; text-align: left;" type="text" value="0.00"/>
Total FTE Enabling Service Providers	<input style="width: 50px; text-align: left;" type="text" value="0.00"/>	<input style="width: 50px; text-align: left;" type="text" value="0.00"/>

- Under Patients and Visits (Figure 48 and Figure 49), report the current numbers of patients and visits. Current grantees applying to continue serving their current service area should note that these numbers may be different than what was reported in the most recent submission to the Uniform Data System due to additional funding and/or change in scope. Similarly, provide the corresponding numbers you project at the end of the project period.

Several tables request both current and projected information. “Current” refers to the number of patients and visits for the proposed service area at the time of application. “Projected at End of Project” refers to the number of patients and visits anticipated by the end of the project period at the current level of funding.

Visits are defined to include a documented, face-to-face contact between a patient and a provider who exercises independent judgment in the provision of services to the individual. To be included as a visit, services rendered must be documented.

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

Figure 48: Form 1A, Patients and Visits by Service Type

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

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

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

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

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

6.2. Form 2: Staffing Profile

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

1. Open Form 2 (Figure 50).

Figure 50: Form 2, Staffing Profile (Year 1)

Fields marked with an asterisk (*) are required.

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

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

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

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

Figure 51: Form 2, Administration

ADMINISTRATION	TOTAL FTEs (a)	AVERAGE ANNUAL SALARY OF POSITION (b)	TOTAL SALARY (a * b)
*Executive Director/CEO	<input type="text" value="0.00"/>	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>
*Finance Director (Fiscal Officer)/CFO	<input type="text" value="0.00"/>	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>
*Chief Operating Officer/COO	<input type="text" value="0.00"/>	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>
*Chief Information Officer/CIO	<input type="text" value="0.00"/>	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>
*Administrative Support Staff	<input type="text" value="0.00"/>	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>
Click "Save" button to save all information within this page.			<input type="button" value="Save"/>

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

Figure 52: Form 2, Medical Staff

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

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

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

Figure 53: Form 2, Dental, Behavioral Health and Enabling Staff

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

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

Figure 54: Form 2, Other Staff

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

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

Figure 55: Form 2, Salary

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

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

6.3. Form 3: Income Analysis

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

1. Open Form 3 (Figure 56).

Figure 56: Form 3, Income Analysis Form

Fields marked with an asterisk (*) are required.

INCOME ANALYSIS

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

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

Fields marked with an asterisk (*) are required.

Download Template		
Template Name	Template Description	Action
Income Analysis	Template for Income Analysis	Download

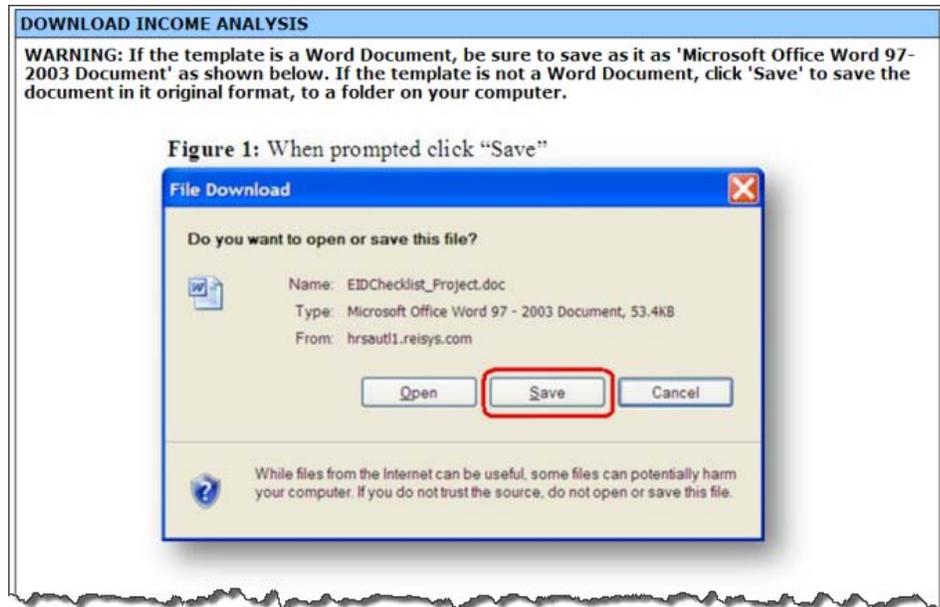
Income Analysis (Maximum One (1) Attachment)				
Select	Purpose	Document Name	Size	Uploaded By
No attached document exists.				
<input type="button" value="Attach"/>				

2. Click the Download link in the Document Template section to download the form.

Save the document to your computer before completing it.

- The following page provides guidance for downloading and saving the Income Analysis form (Figure 57).

Figure 57: Download Instruction Page



3. Read the download warning, then click **Continue**.

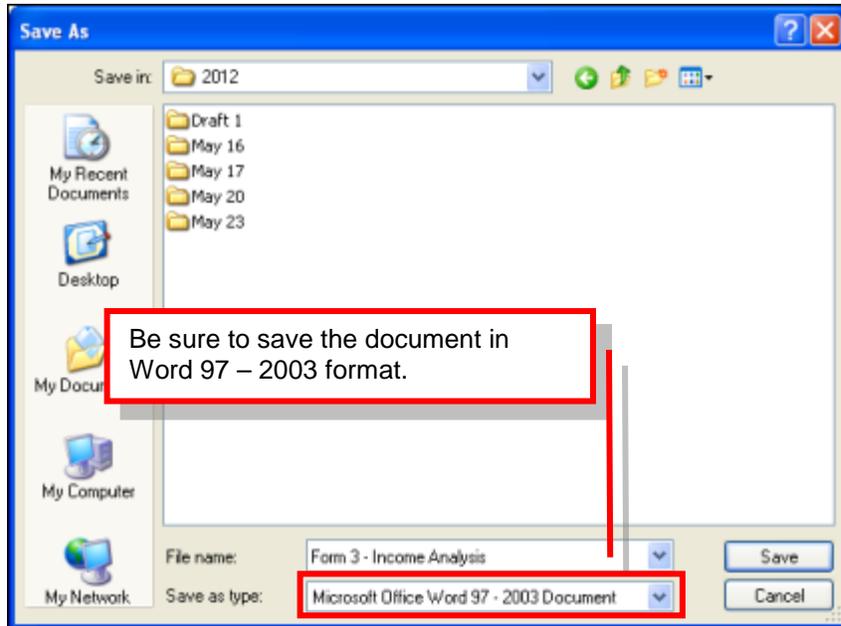
 - A File Download dialog box (Figure 58) will be displayed.

Figure 58: File Download Dialog Box



4. Click the **Save** button to save the document to a folder on your computer.
 - The Save As dialog box will be displayed (Figure 59).

Figure 59: Save As Dialog Box



5. Save the form as a Word 97-2003 document.
6. Click **Close** on the Download Warning Screen.
7. Open the downloaded file (Figure 60) from the location where you saved it.

Instead of using the Microsoft Word template, you can export the Income Analysis to Microsoft Excel 97-2003, as long as you provide all the information that the template asks for.

Figure 61: Downloaded File Income Analysis Template Document

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration		FOR HRSA USE ONLY						
FORM 3: INCOME ANALYSIS		Applicant Name	Virginia Department of Health					
		Grant Number	N/A	Application Tracking Number	00091041			
PART I: NON FEDERAL SHARE, PROGRAM INCOME								
Payor Category	Number Of Visits	Average Charge Per Visit	Gross Charges (a + b)=(c)	Average Adjustment Per Visit	Net Charges (Amount Billed) [c-(a*d)]	Collection Rate (%)	Projected Income (e * f)	Actual Accrued Income Past 12 Months
	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
PROJECTED FEE FOR SERVICE INCOME								
1a. Medicaid: Medical								
1b. Medicaid: EPSDT (if different from medical rate)								
1c. Medicaid: Dental								
1d. Medicaid: BH/SA								
1e. Medicaid: Other Fee for Service								
1. Subtotal: Medicaid								
2a. Medicare: All inclusive FQHC Rate								
2b. Medicare: Other Fee for Service								
2. Subtotal: Medicare								
3a. Private Insurance (Medical)								
3b. Private Insurance (Dental)								
3c. Private Insurance (BH/SA)								
3. Subtotal: Private								

8. Complete the Income Analysis form.
9. Save the completed document in Microsoft Word 97 – 2003 format.
10. Click **Attach** in Form 3 to upload your Income Analysis.

Figure 62: Document Upload Area of Form 3

Fields marked with an asterisk (*) are required.

INCOME ANALYSIS

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

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

Fields marked with an asterisk(*) are required.

Download Template		
Template Name	Template Description	Action
Income Analysis	Template for Income Analysis	Download

Income Analysis (Maximum One (1) Attachment)				
Select	Purpose	Document Name	Size	Uploaded By
No attached document exists.				
<input type="button" value="Attach"/>				

- The Attach Document screen will be displayed.

Figure 63: Attach Document Screen

Fields marked with an asterisk(*) are required.

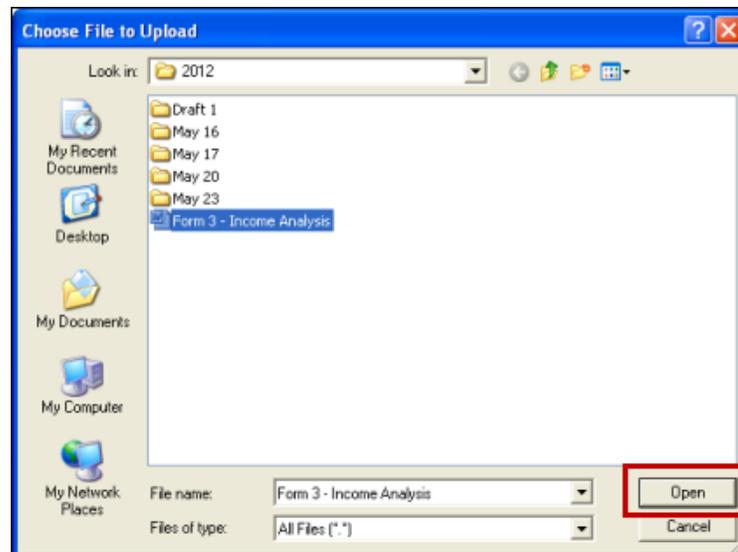
ATTACH DOCUMENT	
*Purpose	Income Analysis (Max 1)
*Document	<input type="text"/> <input type="button" value="Browse..."/>
<small>(Allowable Document Types: doc,rtf,txt,wpd,pdf,xls,jpg,jpeg,xif) (Allowable Document Size: 20 MB)</small>	

11. Click the **Browse** button.

HRSA EHB does not support Microsoft Office 2007 formats (.docx, .xlsx). Be sure that your document is in Word 97-2003 (.doc, .xls) format.

➤ The Choose File to Upload dialog box opens (Figure 63).

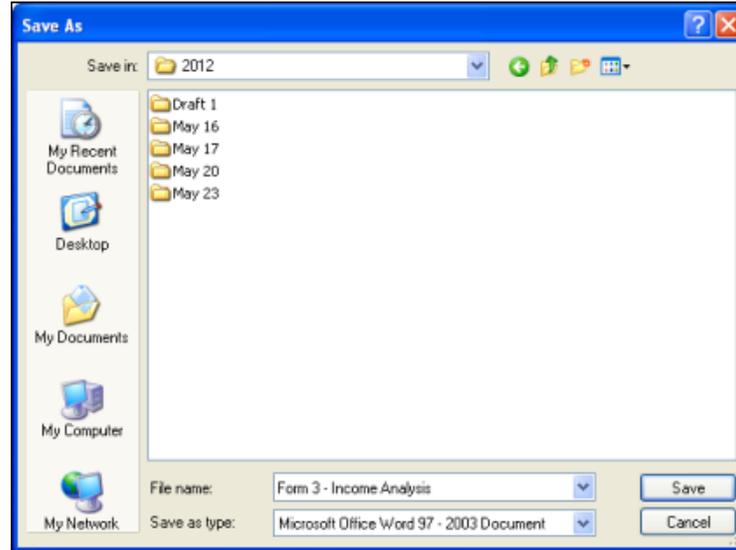
Figure 64: Upload Box



12. Locate the file you wish to upload and click **Open**.

➤ The Save As dialog box opens (Figure 64).

Figure 65: Save As Box



- The file name will now appear in the Document field of the Attach Document Screen.

13. Click **Attach Document**.

Figure 66: Click the Attach Document Button

Fields marked with an asterisk(*) are required.

ATTACH DOCUMENT	
*Purpose	Income Analysis (Max 1)
*Document	C:\Documents and Settings\dford\My Projects_2011\NC: <input type="button" value="Browse..."/> <small>(Allowable Document Types: doc,rtf,txt,wpd,pdf,xls,jpg,jpeg,xfd) (Allowable Document Size: 20 MB)</small>

- The attached document will appear in the Attached Document(s) list (Figure 66).

14. Click **Finished Attaching**.

Figure 67: Click the Finished Attaching Button

Attached Document(s)			
Purpose	Document Name	Size	Uploaded By
Income Analysis	Form 3 - Income Analysis.doc	42.82 KB	Charlene Brown on 5/23/2011 1:13:46 PM

[Acceptable Use Policy](#)

- You will be returned to Form 3: Income Analysis. The attached document will be listed under the Income Analysis form heading.
15. Click **Save and Continue** on Form 3: Income Analysis to save your work and go to the next form.

6.4. Form 4: Community Characteristics

Form 4: Community Characteristics (Figure 67) reports current service area and target population data for the entire scope of the project (i.e., all sites).

Figure 68: Form 4, Community Characteristics

Fields marked with an asterisk (*) are required.

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

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

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

1. Under Race, enter the number of individuals within the service area and the corresponding target population number for each race category listed (Figure 68).

Figure 69: Form 4, Race

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

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

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 69).
 - b. Income as a Percent of Poverty Level (Figure 70).
 - c. Primary Third Party Payment Source (Figure 71).

Figure 70: Form 4, Hispanic

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

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

Figure 71: Form 4, Income as Percent of Poverty Level

INCOME AS A PERCENT OF POVERTY LEVEL	SERVICE AREA #	TARGET POPULATION #
*Below 100%	<input type="text" value="0"/>	<input type="text" value="0"/>
*100-199%	<input type="text" value="0"/>	<input type="text" value="0"/>
*200% and Above	<input type="text" value="0"/>	<input type="text" value="0"/>
*Unknown	<input type="text" value="0"/>	<input type="text" value="0"/>
Total:	<input type="text" value="0"/>	<input type="text" value="0"/>
Click "Save" button to save all information within this page.		<input type="button" value="Save"/>

Figure 72: Form 4, Primary Third Party Payment

PRIMARY THIRD PARTY PAYMENT SOURCE	SERVICE AREA #	TARGET POPULATION #
*Medicaid/Capitated	<input type="text" value="0"/>	<input type="text" value="0"/>
*Medicaid/Not Capitated	<input type="text" value="0"/>	<input type="text" value="0"/>
*Medicare	<input type="text" value="0"/>	<input type="text" value="0"/>
*Other Public Insurance	<input type="text" value="0"/>	<input type="text" value="0"/>
*Private Insurance, Including Capitation	<input type="text" value="0"/>	<input type="text" value="0"/>
*None/Uninsured	<input type="text" value="0"/>	<input type="text" value="0"/>
Total:	<input type="text" value="0"/>	<input type="text" value="0"/>
Click "Save" button to save all information within this page.		<input type="button" value="Save"/>

- Under Special Populations (Figure 72), enter the number of individuals in the service area and the corresponding target population number for each special population group listed.
- In the Other row, specify a special population group not listed (if desired), then enter the number of individuals in the service area and the corresponding target population number for the specified special population group.

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

Figure 73: Form 4, Special Population

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

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

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

If your organization is submitting either of the following 2012 SAC applications, you may propose sites, services, and activities:

- New application (Type 1)
- Competing supplemental (a current Health Center Program grantee applying to take over an existing service area) (Type 3)

6.5.1 Form 5A: Required Services

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

Table 1: Modes of Service Provision

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

To specify service delivery modes,

1. Open Form 5A (Figure 73).
2. Check one or more boxes to indicate the service delivery mode(s) for each service type.

Figure 74: 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)
Clinical Services			
General Primary Medical Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diagnostic Laboratory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diagnostic X-Ray	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Screenings			
• Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Your organization is required to provide behavioral health and substance abuse services by referral to another provider (Figure 74). However, if your organization also offers these services or contracts with another provider to offer them, list them on the Additional Services page of Form 5A (Figure 76).

Figure 75: 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 Go

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

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

If your health center serves a substantial number of patients with limited English proficiency, your health center is required to provide translation services (Figure 75).

Figure 76: Translation Services

* Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* Translation ²	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Abuse Services (Required for HCH Programs):			

3. Click **Save and Continue**.

➤ Form 5A: Services Provided – Additional Services page opens (Figure 76).

Figure 77: Form 5A, Services Provided – Additional Services

Fields marked with an asterisk (*) are required.

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

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

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

Add Update Remove

6.5.2 Form 5A: Additional Services

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

6.5.2.1 Add an Additional Service

To add an additional service,

1. Click **Add** to propose an additional service (Figure 77).

Figure 78: Form 5A, Additional Services

Fields marked with an asterisk (*) are required.

SERVICES PROVIDED - ADDITIONAL SERVICES
Form 5A: Additional Services

Form 5A: Additional Services
Status: NOT COMPLETE

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

2. The Add New Service page (Figure 78) opens.

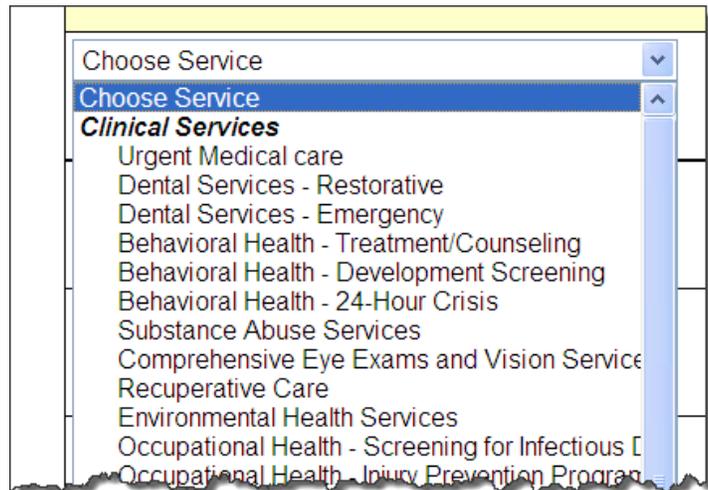
Figure 79: Add New Service Page

ADD NEW SERVICE

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

3. Select a specific service from the Choose Service drop-down menu or enter a service in the Specify field if your service is not listed (Figure 80).

Figure 81: Choose Service Drop-Down Menu



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

Figure 82: Choose Service to Add

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

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

6.5.2.2 Update an Additional Service

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

- The Update Service page opens (Figure 81).

Figure 83: Update an Additional Service

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

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

6.5.2.3 Remove an Additional Service

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

Figure 84: Form 5A, Remove an Additional Service

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

The next screen prompts you to confirm that you want to remove the additional service. Click **Yes**.

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

6.5.3 Form 5B: Service Sites

Use this form to identify the sites proposed in the application (those that serve the proposed service area). If your organization is submitting a new application, you must propose new service site(s) (Figure 83).

Figure 85: Form 5B, Service Sites – New Applicant

Fields marked with an asterisk (*) are required.

SERVICE SITES			
Form 5B: Service Sites	Status: NOT COMPLETE		
<table border="1"> <thead> <tr> <th>Proposed Sites</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"> <input type="button" value="Add New Site"/> </td> </tr> </tbody> </table>		Proposed Sites	<input type="button" value="Add New Site"/>
Proposed Sites			
<input type="button" value="Add New Site"/>			
<input type="button" value="Go to Previous Page"/>	<input type="button" value="Save"/> <input type="button" value="Save and Continue"/>		

If your organization is submitting a Competing Supplemental application, you can propose new service sites or propose sites from your scope (Figure 84).

Figure 86: Form 5B, Service Sites – Competing Supplemental Applications

Fields marked with an asterisk (*) are required.

SERVICE SITES			
Form 5B: Service Sites	Status: NOT COMPLETE		
<table border="1"> <thead> <tr> <th>Proposed Sites</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">No Site Added</td> </tr> </tbody> </table>		Proposed Sites	No Site Added
Proposed Sites			
No Site Added			
<table border="1"> <thead> <tr> <th>Existing Sites in Scope</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">No Site Added</td> </tr> </tbody> </table>		Existing Sites in Scope	No Site Added
Existing Sites in Scope			
No Site Added			
<input type="button" value="Add New Site"/> <input type="button" value="Pick Site From Scope"/>			

6.5.3.1 Add a New Service Site

To add a new service site,

1. Open Form 5B.
2. Click **Add New Site**.
 - The Service Site Checklist opens (Figure 85).

Figure 87: Service Site Checklist

Fields marked with an asterisk (*) are required.

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

The questions on this page qualify whether your proposed site meets HRSA's requirements for a site.

3. Answer the questions.
 4. Click **Verify Qualification**.
- The Choose Site Location page opens (Figure 86).

Figure 88: Choose Site Location

Fields marked with an asterisk (*) are required.

CHOOSE SITE LOCATION SETTING

Choose Site Location Setting

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

5. Select Yes or No to indicate whether the proposed site serves victims of domestic violence, which means that its physical address must be kept confidential. Please ensure that you select the proper response for this item.
- The list of performance sites that are pre-registered with HRSA opens (Figure 87). If your site is not listed, click **Register Performance Site** and register your site as described in the following section.

Figure 89: Select a Performance Site from the List of Pre-Registered Sites

Select	Site Name	Performance Site Type	Performance Site Address	Performance Site Address Category
<input type="radio"/> 1,4	Vector Medical Research	Fixed	123 Foundstone, Gaithersburg, MD 20817	Accurate
<input checked="" type="radio"/>	WMHS Medical Research Center	Fixed	Herndon, VA 20701	Approximate

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

6. Select a site from the list and click the **Select This Location** button.

➤ The Update Site page opens.

6.5.3.2 Register a Performance Site

To register a site with HRSA:

1. Click the **Register Performance Site** button (Figure 88).

Figure 90: Register a Performance Site

Select	Site Name	Performance Site Type	Performance Site Address	Performance Site Address Category
<input type="radio"/> 1	Vector Medical Research	Fixed	123 Foundstone, Gaithersburg, MD 20817	Accurate
<input type="radio"/> 1,5	WMHS Medical Research Center	Fixed	Herndon, VA 20701	Approximate

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

➤ The Add Performance Site page opens.

Figure 91: Add Performance Site

Fields marked with an asterisk (*) are required.

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

2. Enter the site's name.
3. Select a Site Type from the drop-down menu.
4. In the Address field, select one of the following:
 - a. Standard Address
 - The Add Performance Site: Physical Location Address form will be displayed.
 - Complete the standard address with a valid street number, street name, apartment/suite number, city, state, and zip code.
 - b. Select a site address from a list of existing locations
 - The Add Performance Site: Choose Address form will be displayed.
 - Select an address from one of the existing locations.

For an administrative site, mobile cannot be selected as the location setting. An administrative site must be a fixed site with a standard or approximate address.

For a domestic violence (confidential) site, only an approximate address (no street address) can be used.

For all other sites, a standard address is required.

- c. Non-Standard Address
 - The Add Performance Site form will be displayed.
 - Enter a street address, city, state, and zip code.

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

5. Click **Next**.
 - The Add Performance Site page opens.

6. Enter the site's address information.
7. Click **Next**.

Figure 92: Add Performance Site

Fields marked with an asterisk (*) are required.

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

- The following page informs you that the site has been created.

ADD PERFORMANCE SITE
Site Created Successfully
<input type="button" value="Finish"/>

8. Click **Finish**.
- The Update Site Information page opens (Figure 91).

Figure 93: Update Site Information

Fields marked with an asterisk (*) are required.

UPDATE SITE		Status: Not Started
<p>This form requires you to fill in a lot of information. While filling out this form, please save your work every 5 minutes to avoid unexpected behavior.</p>		
Service Site Information		
*Name of Service Site	WMHS Medical Research Center	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	

6.5.3.3 Update Site Information

Use the Update Site Information page to revise the site’s information as necessary. You can update the site’s information:

- When you click Select This Location on the page that displays the list of pre-registered performance sites.
- After you add a service site.
- When you can click the [Update](#) link on the Service Sites page (Figure 92).

Figure 94: Update Link on the Service Sites Page

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

To update a service site,

1. Update the Service Site Information:
 - a. Click **Change Site Name** to change the name of the service site.
 - b. Select Service Delivery Site or Administrative/Service Delivery Site from the Service Site Type drop-down menu.
 - c. Select a location type from the Location Type drop-down menu.
 - d. Enter the number of contract service delivery locations.
 - e. Enter the number of intermittent sites.

- f. Enter your organization's web address.
- g. Indicate whether your site is operated by your organization (grantee), a sub-recipient, or a contractor.

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

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

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

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

Location Setting (Required for Service Site)	Select Location Setting <input type="button" value="v"/>
*Date Site was Opened (mm/dd/yyyy)	01/02/2002 <input type="button" value="calendar"/>
Date Site was Added to Scope	Not Applicable
*Site Operational By(mm/dd/yyyy)	01/02/2002 <input type="button" value="calendar"/>
*Medicare Billing Number (Maximum 50 characters)	123456789
*Medicaid Billing Number (Maximum 50 characters)	9876543210
*Medicaid Pharmacy Billing Number (Maximum 50 characters)	10987654321

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

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

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

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

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

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

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

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

8. Select urban, rural, or sparsely populated from the Service Area Population Type drop-down menu to describe the site’s service area population.
9. Use the drop-down menus and fields under Site Operation Scheduling to indicate when your site offers services.
 - a. Select full-time or part-time
 - b. Select year-round or seasonal
 - c. Provide the total number of hours per week that the site will serve patients
 - d. Click **Add** under Months of Operation to identify the months of the year that the site will operate.

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

10. Click **Save and Continue**.

- The Site Confirmation page opens.

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

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

11. Click **Save and Continue**.

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

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

6.5.3.4 Pick a Site from Scope

To propose a site from your scope,

1. Open Form 5B.
2. Click **Pick Site from Scope** (Figure 93).

Figure 95: Click the Pick Site from Scope Button

Fields marked with an asterisk (*) are required.

SERVICE SITES

Form 5B: Service Sites
Status: NOT COMPLETE

Proposed Sites

No Site Added

Existing Sites in Scope

No Site Added

- The Select Site from Scope page opens (Figure 94).

Figure 96: Select Site from Scope

Fields marked with an asterisk (*) are required.

SELECT SITE FROM SCOPE

Existing Scope

Select	Site Name	Site Address (City, State, Zip, CDistrict)	Site Service Type	Site Location Type
<input type="radio"/>	GENERATIONS FHC - NORWICH	330 Washington St STE# 510, Norwich, CT 06360-2733	Service Delivery Site	Permanent
<input type="radio"/>	ACROSS THE SMILES MOBILE DENTAL	MOBILE DENTAL VAN SITE , DANIELSON, CT 06239-3005	Service Delivery Site	Mobile Van
<input type="radio"/>	GENERATIONS FAMILY HEALTH CENTER, INC.	54 Reynolds St , Danielson, CT 06239-2917	Service Delivery Site	Permanent
<input type="radio"/>	GENERATIONS FAMILY HEALTH CENTER, INC.- PUTNAM	37 Kennedy Dr , Putnam, CT 06260-1946	Service Delivery Site	Permanent
<input type="radio"/>	BACKUS MOBILE VAN	330 Washington St , Norwich, CT 06360-2700	Service Delivery Site	Mobile Van
<input type="radio"/>	Generations Family Health Center, Inc. Behavioral Health Services	322 Main St , Willimantic, CT 06226-3152	Service Delivery Site	Permanent
<input type="radio"/>	GENERATIONS FAMILY HEALTH CENTER, INC.	1315 Main St , Willimantic, CT 06226-1948	Administrative/Service Delivery Site	Permanent

¹This site is already in current application.
²Pending Verification as of 6/8/2011

3. Select a site.
 4. Click **Save and Continue**.
- The screen refreshes and the site appears in the Existing Sites in Scope area of Form 5B (Figure 95).

Figure 97: Form 5B Showing Current Site in Scope

Fields marked with an asterisk (*) are required.

SERVICE SITES

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

Proposed Sites

Generations Family Health Center, Inc. - Putnam Not Started			
Physical Address	508 Pomfret St. , Putnam, CT 06260	Mailing Address	Same as Physical Address
Action: View Update Remove			

Existing Sites in Scope

ACROSS THE SMILES MOBILE DENTAL (BPS-H80-001643) Complete			
Physical Address	MOBILE DENTAL VAN SITE , DANIELSON, CT 06239-3005	Mailing Address	1315 MAIN ST WILLIMANTIC CT 06226-1948
Action: View Remove			

6.5.3.5 Remove a Service Site

To remove a service site,

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

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

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

Fields marked with an asterisk (*) are required.

SERVICE SITES

Delete Proposed Site

Are you sure you want to remove the site?

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

6.5.4 Form 5C: Other Activities/Locations

Use this form to propose other activities or locations.

To propose an activity/location,

1. Open Form 5C (Figure 96).

Figure 98: 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 97).

Figure 99: Enter Activity/Location

Fields marked with a (*) are required

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

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

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

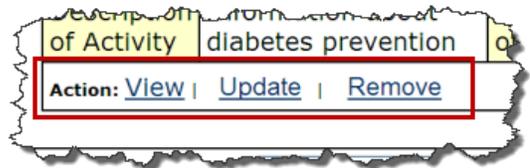
Activity/Location	
*Type of Activity	<div style="border: 1px solid red; padding: 2px;"> Choose Activity Choose Activity Immunizations Hospital Admitting Medical Rounds Home Visits Health Fairs Non-Clinical Outreach Portable Clinical Care Health Education Other </div>
*Frequency of Activity	

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

6.5.4.1 View, Update, or Remove an Activity

Use the links on the Other Activities/Locations page to view, update, or remove an activity (Figure 98). These links appear under each activity on the page.

Figure 100: View, Update, and Remove Links on the Other Activities/Location Page



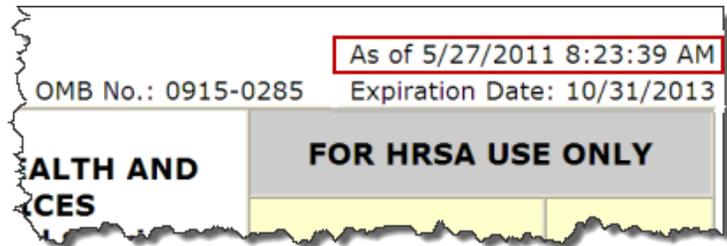
Click [View](#) to see a summary of the activity (Figure 99).

Figure 101: Activity Summary

As of 5/27/2011 8:23:39 AM											
OMB No.: 0915-0285 Expiration Date: 10/31/2013											
DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration FORM 5C: OTHER ACTIVITIES/LOCATIONS	FOR HRSA USE ONLY										
	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">Application Tracking Number</td> <td style="width: 50%;">Grant Number</td> </tr> <tr> <td style="text-align: center;">00091041</td> <td style="text-align: center;">N/A</td> </tr> </table>	Application Tracking Number	Grant Number	00091041	N/A						
Application Tracking Number	Grant Number										
00091041	N/A										
<table border="1" style="width: 100%;"> <thead> <tr> <th colspan="2">ACTIVITY/LOCATION #1</th> </tr> </thead> <tbody> <tr> <td>Type of Activity</td> <td>Health Education</td> </tr> <tr> <td>Frequency of Activity</td> <td>Quarterly</td> </tr> <tr> <td>Description of Activity</td> <td>Information about diabetes prevention</td> </tr> <tr> <td>Type of Location(s) where Activity is Conducted</td> <td>Health fairs, churches, community centers</td> </tr> </tbody> </table>		ACTIVITY/LOCATION #1		Type of Activity	Health Education	Frequency of Activity	Quarterly	Description of Activity	Information about diabetes prevention	Type of Location(s) where Activity is Conducted	Health fairs, churches, community centers
ACTIVITY/LOCATION #1											
Type of Activity	Health Education										
Frequency of Activity	Quarterly										
Description of Activity	Information about diabetes prevention										
Type of Location(s) where Activity is Conducted	Health fairs, churches, community centers										
<input type="button" value="Close Window"/>											

The date on the activity summary tells you that the summary is accurate as of the date and time indicated (Figure 100).

Figure 102: Date Stamp on the Read-Only Activity Page



Click [Update](#) to edit information about an activity.

Click Remove to delete an activity. The next page asks you to confirm that you want to remove the other activity/location (Figure 101). Click **Yes**. The Other Activities/Locations page refreshes and the activity does not appear in the list of other activities/locations.

Figure 103: Delete Other Activity Confirmation Page

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

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

If your organization is submitting a Competing Continuation 2012 SAC application (Type 2), Forms 5A (Figure 102), 5B (Figure 103), and 5C (Figure 104) are read-only displays of the current scope of project that HRSA has on file for your organization.

Figure 104: Form 5A, Required Services – Existing Grantees

Fields marked with an asterisk (*) are required.

SERVICES PROVIDED - REQUIRED SERVICES Form 5A: Required Services

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

Please review the list of services retrieved from your scope on file as of **6/7/2011 2:56:49 PM**. If there was a recent change approved for your scope (e.g. through a Change In Scope application), please click the "Refresh" button below to get your most recent scope on file.

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

Figure 105: Form 5B, Service Sites – Existing Grantees

Fields marked with an asterisk (*) are required.

SERVICE SITES Form 5B: Service Sites

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

Please review the list of sites retrieved from your scope on file as of **6/7/2011 3:12:41 PM**. If there was a recent change approved for your scope (e.g. through a Change In Scope application), please click the "Refresh" button below to get your most recent scope on file.

Existing Sites in Scope

BAYVIEW COMMUNITY HEALTH CENTER (BPS-H80-004370) Complete			
Physical Address	22214 SOUTH BAYSIDE RD , CHERITON, VA 23316-0970	Mailing Address	22214 South Bayside Road Cheriton VA 23316-0970
Action: View			
Atlantic Community Health Center (BPS-H80-010076)¹ Complete			
Physical Address	Lankford Highway, Oak Hall, VA 23416	Mailing Address	Same as Physical Address
Action: View			

Figure 106: Form 5C, Other Activities/Locations – Existing Grantees

Fields marked with an asterisk (*) are required.

OTHER ACTIVITIES/LOCATIONS

Form 5C: Other Activities/Locations Status: **COMPLETE**

Please review the list of activities and locations retrieved from your scope on file as of **6/7/2011 3:20:11 PM**. If there was a recent change approved for your scope (e.g. through a Change In Scope application), please click the "Refresh" button below to get your most recent scope on file.

List of Activities/Locations

Other - Nursing Home			
Description of Activity	When we did see residents of this residential nursing facility, ESRHS providers did produce encounters with face to face contact with residents.	Frequency of Activity	ESRHS at this time does not see patients at this Nursing Home. However, ESRHS will keep this in our scope of service should the need to return to this facility occur in the future.
Action: View			
Other - School Dental Program			
Description of Activity	When we did see dental patients at this school dental program, ESRHS dentists did produce encounters with face to face contact with dental patients age 18 and under.	Frequency of Activity	ESRHS at this time does not see patients at this School Dental Program in Northampton County. However, ESRHS will keep this in our scope of service should the need to return to this school program occur in the future.
Action: View			

If the data on Forms 5A, 5B, and 5C appear to be incorrect, click the Refresh Scope button to refresh the data and display the latest scope of project (Figure 105).

Figure 107: Refresh Scope

Fields marked with an asterisk (*) are required.

SERVICES PROVIDED - REQUIRED SERVICES Form 5A: Required Services

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

Please review the list of services retrieved from your scope on file as of **6/7/2011 2:56:49 PM**. If there was a recent change approved for your scope (e.g. through a Change In Scope application), please click the "Refresh" button below to get your most recent scope on file.

MODE OF SERVICE PROVISION

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

6.7. Form 6A: Current Board Member Characteristics

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

1. Open Form 6A (Figure 106).

Figure 108: Form 6A, Current Board Member Characteristics

Fields marked with an asterisk (*) are required.

CURRENT BOARD MEMBER CHARACTERISTICS

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

***Organization Type**

Is your organization a tribal entity?

Yes No

If your answer to above question is 'Yes', you are exempted from filling this form.

List of Board Member(s)

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

Gender	Number of Board Members
Male	<input type="text"/>
Female	<input type="text"/>
Ethnicity	Number of Board Members
Hispanic or Latino	<input type="text"/>
Non-Hispanic or Latino	<input type="text"/>

2. Identify whether your organization is a tribal entity (Figure 107).

Figure 109: Form 6A, Organization Type

***Organization Type**

Is your organization a tribal entity?

Yes No

If you answer Yes, click **Save and Continue** to proceed to Form 6B. Form 6A is not required for tribal entity applicants.

3. Add Board Members.
 - a. Click **Add** under List of Board Members to add a board member (Figure 108).

Figure 110: Form 6A, List of Board Members

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

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

- b. Complete the Add Board Member Information page. Data entry is required in fields marked with an asterisk (*) (Figure 109).
 - c. Click **Save and Continue**.
- You will be returned to Current Board Member Characteristics page of Form 6A. The board member you added will be listed under List of Board Member(s). Repeat the Add Board Member process to add additional board members.

Figure 111: Form 6A, Add Board Member Information

Fields marked with an asterisk (*) are required.

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

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

Figure 112: Form 6A, Gender, Ethnicity, and Race

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

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

6.8. Form 6B: Request for Waiver of Governance Requirements

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

1. Open Form 6B (Figure 111).

Figure 113: Form 6B, Request for Waiver of Governance Requirements

Fields marked with an asterisk (*) are required.

REQUEST FOR WAIVER OF GOVERNANCE REQUIREMENTS	
Form 6B: Request for Waiver of Governance Requirements	
Status: NOT COMPLETE	
For health centers that are seeking support for Migrant Health, Homeless Health, or Public Housing Primary Care Only as Necessary. REQUEST FOR WAIVERS WILL NOT BE GRANTED IF APPLICANT ALSO RECEIVES OR IS APPROVED FOR COMMUNITY HEALTH FUNDING.	
1. Request For Waiver	
Name of Organization	Virginia Department of Health
* 1a. Are you requesting a waiver of governance requirements?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Applicable
If you answered 'Yes' to above question, then please answer all applicable questions given below.	
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

2. Indicate whether you are requesting a waiver.

1. Request For Waiver	
Name of Organization	Virginia Department of Health
* 1a. Are you requesting a waiver of governance requirements?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Applicable

If you answer No, click **Save and Continue** to proceed to Form 8. Tribal entities should answer Not Applicable, and then click **Save and Continue** to proceed to Form 8.

3. Complete the following:
 - a. Section 2 if you have an existing waiver (Figure 112).

Figure 114: Form 6B, Section 2 – Approved Waivers

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

- b. Section 3 if you are requesting a new waiver (Figure 113).

Figure 115: Form 6B, Section 3 – New Waivers

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

4. In section 4 (Figure 114), describe the alternative strategies that your organization has in place to ensure consumer participation and regular oversight in the direction and ongoing governance of your organization.

Figure 116: Form 6B, Section 4 – Consumer Participation and Governance

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

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

6.9. Form 8: Health Center Agreements

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

To identify agreements,

1. Open Form 8 (Figure 115).

Figure 117: Form 8, Health Center Agreements

Fields marked with an asterisk (*) are required.

HEALTH CENTER AGREEMENTS	
Form 8: Health Center Agreements	Status: NOT COMPLETE
PART I	
*1. Do you have, or propose to establish as part of this application, an agreement with another organization to carry out a substantial portion of the approved scope of project?	
<input type="radio"/> Yes <input type="radio"/> No	
If Yes , indicate the number of each agreement type in 2a and/or 2b below and complete Parts II and III. If No , skip to Part II	
2a. Contract for a substantial portion of the proposed scope of project for any of the following: core primary care providers, health center staff (other than providers), Chief Medical Officer (CMO), or Chief Financial Officer (CFO).	<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"/>
PART II	
*1. Governance Checklist	
Does the health center affirm that the board exercises the authorities, legislative and regulatory mandated functions, and responsibilities listed below, without limitation or compromise due to an affiliation or agreement with another entity?	Yes No
determines board composition	<input type="radio"/> Yes <input type="radio"/> No

- In Part I, Question 1 (Figure 116), inform HRSA of any current or proposed agreements with another organization to carry out a substantial portion of your organization’s approved scope of project.

Figure 118: Form 8, Part I

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

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

- In Part II, Question 1 (Figure 117), complete the Governance Checklist to determine if any affiliations or agreements limit or compromise the Board’s authorities, functions, or responsibilities.

Figure 119: Form 8, Governance Checklist

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

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

4. In Part II, Question 2 (Figure 118), inform HRSA of any current or proposed agreements that affect the composition, authorities, functions, or responsibilities of your organization's Board.

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

Figure 120: Form 8, Part II, Questions 2 and 3

*2. Do you have, or propose to establish as part of this application, an agreement/arrangement (provided 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).

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

5. In Part III, provide each agreement noted in Part I and Part II. The agreements will be organized by each organization with which your organization has an agreement. Click **Add Organization Agreement** (Figure 119).

Figure 121: Form 8, Part III

PART III

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

Organization Agreement(s)

No Organization Agreement record(s) have been added yet.

- The Health Center Agreement page opens (Figure 120).

Figure 122: Health Center Agreement

Fields marked with an asterisk (*) are required.

HEALTH CENTER AGREEMENT	
Status: Not Started	
Add Organization Agreement	
*Organization Name (Maximum 50 characters)	<input type="text"/>
*Organization EIN (9 Digits)	<input type="text"/>
*Physical Location Address (Required)	
*Street Address Line 1	Number <input type="text"/> *Name <input type="text"/>
Street Address Line 2	Select one Number <input type="text"/> <input type="text"/>
*City	<input type="text"/> (Required if Zip is not specified)
Urbanization	<input type="text"/> (Used only for Puerto Rico(PR))
*State	<input type="text"/> (Required if City is specified)
*Zip Code Lookup	<input type="text"/> - <input type="text"/> (Required if City is not specified)
* Explain the history of each agreement/arrangement	

On the Health Center Agreement page:

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

Figure 123: Health Center Agreement, Add Organization Agreement

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

7. Enter the organization's physical address.

Figure 124: Health Center Agreement, Physical Location

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

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

Figure 125: Health Center Agreement, History of Agreement

<p>* Explain the history of each agreement/arrangement that impacts the health center's governing board composition, authorities, functions, or responsibilities, (e.g., why it was entered into, how it has changed over time). If not applicable for this organization, write "n/a".</p>	<p>Maximum line(s) allowed approximately: 5 (500 character(s) remaining)</p> <div style="border: 1px solid #ccc; height: 100px;"></div>
--	---

9. Click **Attach** to upload agreements with this organization.

Figure 126: 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'.

Select	Purpose	Document Name	Size	Uploaded By
No attached document exists.				
<div style="border: 1px solid #ccc; display: inline-block; padding: 2px 10px;">Attach</div>				

- The Attach Document screen will be displayed.

Fields marked with an asterisk(*) are required.

ATTACH DOCUMENT

*Purpose	Form 8 Other Documents (Max 5)
*Document	<div style="border: 1px solid #ccc; padding: 2px;"> <input type="text"/> <input type="button" value="Browse..."/> </div> <p style="font-size: x-small;">(Allowable Document Types: doc,rtf,txt,wpd,pdf,xls,jpg,jpeg,xfd) (Allowable Document Size: 20 MB)</p>

Attached Document(s)

Purpose	Document Name	Size	Uploaded By
No attached document exists.			

- a. Click **Browse**.
- The Choose File to Upload dialog box will be displayed.
- b. Select the desired file.
- c. Click **Open**.

- The file name will now appear in the Document field on the Attach Document screen.

10. Click **Attach Document**.

- The attached document will appear in the Attached Document(s) list.

The screenshot shows a web interface with a 'Go Back' button on the left and 'Attach Document' and 'Finished Attaching' buttons on the right. Below these is a table titled 'Attached Document(s)'. The table has four columns: Purpose, Document Name, Size, and Uploaded By. The first row shows 'Form 8 Other Documents' as the purpose, 'CincinnatiHospital_LocationDetails.doc' as the document name (highlighted with a red box), '42.82 KB' as the size, and 'Charlene Brown on 5/27/2011 2:58:58 PM' as the uploader. The 'Finished Attaching' button is also highlighted with a red box.

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

11. Click **Finished Attaching**.

- The Health Center Agreement page refreshes.

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

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

6.10. Form 9, Section 1: Core Barriers

Form 9, Section 1 (Figure 125) provides information about core barriers to health care access that a member of your target population experiences. You must report on three of the four core barriers listed. For those you will report on, respond Yes to the question “Is this Core Barrier Applicable?”

The screenshot shows a survey question titled 'Percent of Population at or below 200 Percent of Poverty'. The question is 'Is this Core Barrier Applicable?' and has two radio button options: 'Yes' and 'No'. The question text is highlighted in a yellow box.

Figure 127: Form 9, Section 1: Core Barriers

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: NOT COMPLETE	
Population to one FTE primary care physician ratio				
*Is this Core Barrier Applicable?	<input type="radio"/> Yes <input type="radio"/> No			
*Data Response <small>(Note: Enter a number upto 2 decimals.)</small>	<input type="text"/> Ratio	*Year to which Data Apply	<input type="text"/>	
*Data Source	<small>(Maximum 200 characters)</small> <input type="text"/>			
Methodology Utilized/Data Source Description/Other (Optional)	<small>(Maximum 500 characters)</small> <input type="text"/>			
*Identify Geographic Service Area or Target Population for Data	<small>(Maximum 100 characters)</small> <input type="text"/>			
Percent of Population at or below 200 Percent of Poverty				
*Is this Core Barrier Applicable?	<input type="radio"/> Yes <input type="radio"/> No			
*Data Response	<input type="text"/>	*Year to which Data Apply	<input type="text"/>	

Complete three of four sections as follows:

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

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

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

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

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

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

- Provide the distance or travel time to the nearest primary care provider that accepts new Medicaid and/or 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 type="radio"/> Yes <input type="radio"/> No		
*Data Response (Note: Enter a number upto 2 decimals.)	<input type="text"/> <input type="button" value="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"/>		

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

6.11. Form 9, Section 2: Core Health Indicators

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

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

To provide information about the core health indicators,

1. Open Form 9, Section 2 (Figure 126).

Figure 128: Form 9, Section 2: Core Health Indicators

The screenshot shows a web-based form titled "NEED FOR ASSISTANCE WORKSHEET - CORE HEALTH INDICATORS". The form is for "Form 9 - Section II: Core Health Indicators" and its status is "NOT COMPLETE". The "Diabetes" section is highlighted. It contains the following fields:

- *Core Health Indicator:** A drop-down menu set to "Select One" and a text box for "If 'Other', please specify:".
- *Data Response:** A text box, a drop-down menu set to "Select One", a text box for "If 'Other', please specify:", and a text box for "**Year to which Data Apply". A note states: "(Note: Enter a number up to 2 decimals.)".
- *Data Source:** A text box with a character limit of "(Maximum 200 characters)".
- Methodology Utilized/Data Source Description/Other (Optional):** A text box with a character limit of "(Maximum 500 characters)".
- *Identify Geographic Service Area or Target:** A text box with a character limit of "(Maximum 100 characters)".

2. For each core health indicator (Figure 127),
 - a. Select an indicator from the drop-down menu.
 - b. Enter a number and select percentage, ratio, or other measurement from the drop-down menu to provide a data response. Refer to Table 8 in the SAC FOA for a chart listing the appropriate selections for each indicator (e.g., for Diabetes, Age Adjusted Diabetes Prevalence, only % can be selected).

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

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

Figure 129: Core Health Indicator

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

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

6.12. Form 9, Section 3: Other Health Indicators

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

1. Open Form 9, Section 3 (Figure 128).

Figure 130: Form 9, Section 3: Other Health Indicators

Fields marked with an asterisk (*) are required.

NEED FOR ASSISTANCE WORKSHEET - OTHER HEALTH INDICATORS		Form 9 - Section III: Other Health Indicators		Go
Form 9 - Section III: Other Health Indicators			Status: NOT COMPLETE	
Indicator #1				
*Other Health Indicator	Select One			
	If 'Other', please specify:			
*Data Response		Select One	If 'Other', please specify:	*Year to which Data Apply
(Note: Enter a number up to 2 decimals.)				
*Data Source	(Maximum 200 characters)			
Methodology Utilized/Data Source Description/Other (Optional)	(Maximum 500 characters)			
*Identify Geographic Service Area or	(Maximum 100 characters)			

2. For each health indicator,
 - a. Select a health indicator from the drop-down menu (Figure 129).

Figure 131: Form 9, Health Indicator Menu

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

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

Figure 132: Form 9, Data Response

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

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

Figure 133: Other Health Indicator

Indicator #1	
*Other Health Indicator	Select One ▼ If 'Other', please specify: <input type="text"/> A
*Data Response (Note: Enter a number up to 2 decimals.)	<input type="text"/> Select One ▼ If 'Other', please specify: <input type="text"/> *Year to which Data Apply <input type="text"/> B
*Data Source	(Maximum 200 characters) <input type="text"/> C
Methodology Utilized/Data Source Description/Other (Optional)	(Maximum 500 characters) <input type="text"/> D
*Identify Geographic Service Area or Target Population for Data	(Maximum 100 characters) <input type="text"/> E

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

6.13. Form 10: Annual Emergency Preparedness Report

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

1. Open Form 10 (Figure 132).

Figure 134: Form 10, Annual Emergency Preparedness Report

Fields marked with an asterisk (*) are required.

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

2. Complete each section of the form (Figure 133 and Figure 134) by selecting Yes or No for each question. Data entry is required in fields marked with an asterisk (*).

Figure 135: Form 10, Section I – Emergency Preparedness and Management Plan

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

Figure 136: Form 10, Section II – Readiness

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

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

6.14. Form 12: Organization Contacts

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

1. Open Form 12 (Figure 135).

Figure 137: Form 12, Organization Contacts

Fields marked with an asterisk (*) are required.

ORGANIZATION CONTACTS

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

* Medical Director
No contact to display.
Add Medical Director

Dental Director
No contact to display.
Add Dental Director

* Chief Executive Officer
No contact to display.
Add Chief Executive Officer

* Contact Person
No contact to display.
Add Contact Person

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

1. Click one of the Add buttons to add or update the information for each type of contact. For example, click **Add Medical Director** to add a medical director.

* Medical Director
No contact to display.
Add Medical Director

- The Contact Information data entry page (Figure 136) will be displayed for the contact you are adding.

Figure 138: Contact Information Data Entry Page for Form 12

Fields marked with an asterisk (*) are required.

CONTACT INFORMATION	
*Position Title	Medical Director
Prefix	Select One
*First Name	
*Last Name	
Middle Initial	
Suffix	Select One If 'Other', please specify
Highest Degree	Select One If 'Other', please specify
Contact Address	
*Email Address	
*Phone Number	() - Ext:

2. Complete the Contact Information page. Data entry is required in fields marked with an asterisk (*).
3. Click **Save and Continue** to save your work for each type of contact.
4. Click **Save and Continue** after you have added all the contacts to proceed to the next form.

6.15. Clinical Performance Measures

Use this form to provide information about clinical performance measures (Figure 137). Refer to the SAC FOA for more information on filling out the Clinical Performance Measures form.

If your organization is a new applicant or a current grantee submitting a Competing Supplemental SAC 2012 application (i.e., Type 1 and Type 3), add new performance measures in the Standard Measures area. If your organization is a current grantee and it is submitting a Competing Continuation SAC 2012 application (Type 2), the Clinical Performance Measures form will be pre-populated.

Figure 139: Clinical Performance Measures

Fields marked with an asterisk (*) are required.

CLINICAL PERFORMANCE MEASURES			
Clinical Performance Measures			Status: NOT COMPLETE
Project Period			
*Start Date (mm/dd/yyyy)	<input type="text"/>	*End Date (mm/dd/yyyy)	<input type="text"/>
			<input type="button" value="Save"/>
*Standard Measures			
Performance Measure: Percentage of diabetic patients whose HbA1c levels are less than or equal to 9 percent.			Status: Not Complete
Focus Area	Diabetes	Goal Description	(Please Specify)
Baseline Data	___% (Baseline Year: ___)	Projected Data	___%
Action: View Update			
Performance Measure: Percentage of adult patients with diagnosed hypertension whose most recent blood pressure was less than 140/90.			Status: Not Complete

6.15.1 The Project Period

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

Project Period			
*Start Date (mm/dd/yyyy)	<input type="text" value="5/1/2012"/>	*End Date (mm/dd/yyyy)	<input type="text" value="5/31/2012"/>
			<input type="button" value="Save"/>

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.

6.15.2 Add a Standard Performance Measure

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

1. Click the Update link (Figure 138).
 - The Update Clinical Performance Measure Information page (Figure 139) will be displayed.

Figure 140: Clinical Performance Measures

Performance Measure: Percentage of diabetic patients whose HbA1c levels are less than or equal to 9 percent.		Status: Not Complete	
Focus Area	Diabetes	Goal Description	(Please Specify)
Baseline Data	___% (Baseline Year: ___)	Projected Data	___ %
Action: View Update			

Figure 141: Update Clinical Performance Measure Information

Fields marked with an asterisk (*) are required.

UPDATE CLINICAL PERFORMANCE MEASURE INFORMATION		Status: Not Complete
Update Clinical Performance Measure Information		
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 or equal to 9 percent.	
*Target Goal Description <small>(Sample Goals)</small>	<small>(maximum 500 characters)</small> <input type="text"/>	
Click "Save" button to save all information within this page. <input type="button" value="Save"/>		
Numerator Description <small>(Example)</small>	Number of adult patients age 18 to 75 years with a diagnosis of Type 1 or Type 2 diabetes whose most recent hemoglobin A1c level during the measurement year is <= 9%, among those patients	

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

2. Enter the target goal.

Figure 142: Target Goal Description

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

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

Figure 143: Baseline Data

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

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

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

- 5. Enter the data source.

Figure 144: Data Source and Methodology

*Data Source & Methodology	<input type="text" value="(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/or Restricting Factor(s) and Major Planned Action(s).

Figure 145: Key Factor and Major Planned Action

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

6.15.3 Add an Other Performance Measure

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

Although included in the Other section, Oral Health and Behavioral Health measures are **required**. They are included in this section of the form so applicants can create measures specific to the types of Oral Health and Behavioral Health services provided.

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** under the Other Measures section of the form.

- The Add Clinical Performance Measure page opens (Figure 144).

Figure 146: 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.

*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 Other

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

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

4. Enter the performance measure.

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

5. Enter the target goal.

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

6. Enter descriptions of the numerator and denominator.

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

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

*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: <small>Note: Baseline data will be calculated real time based on numerator, denominator and measure type</small>	*Projected Data (by End of Project Period) (Sample Calculation)	<input type="text"/> %
----------------	---	--	------------------------

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

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

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

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

Sample Calculation for [Numerator](#) Measure Type

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

<p>*Key Factor and Major Planned Action #1</p>	Key Factor Type: <input type="radio"/> Contributing <input type="radio"/> Restricting <input type="radio"/> N/A
	Key Factor Description (maximum 500 characters)
	Major Planned Action Description (maximum 500 characters)
Click "Save" button to save all information within this page.	
<input type="button" value="Save"/>	

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

- You will be returned to the Clinical Performance Measures form. The new performance measure will appear in the Other Measures area of the form.

Other Measures			
Performance Measure: Test			Status: Complete
Focus Area	Prenatal Health	Goal Description	Decrease the % of infants born at or below 6lbs: From: __7__% (Baseline Year: __2010__) To: __3__%
Baseline Data	7.00% (Baseline Year: 2010)	Projected Data	3.00%
Action: View Update Delete			

6.15.4 Update a Performance Measure

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

1. Click the Update link (Figure 145).

Figure 147: Update Link on a Complete Performance Measure

Performance Measure: Percentage of diabetic patients whose HbA1c levels are less than or equal to 9 percent.			Status: Complete
Focus Area	Diabetes	Goal Description	Test
Baseline Data	40.00% (Baseline Year: 2010)	Projected Data	75.00%
Action: View Update			

- The Update Clinical Performance Measure Information page will be displayed (Figure 139).
2. Update the performance measure as described in Add a Standard Performance Measure (See 6.15.2).

6.15.5 Delete a Performance Measure

To delete an Other performance measure,

1. Click the Delete link.



- The Delete Clinical Performance Measures page opens.

2. Click **Confirm Delete**.

Fields marked with an asterisk (*) are required.

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

6.15.6 View a Performance Measure

1. Click the View link to see a read-only display of the performance measure (Figure 146).

Figure 148: Read-Only Display of a Clinical Performance Measure

CLINICAL PERFORMANCE MEASURES	
As of 5/31/2011 8:52:32 AM OMB No.: 0915-0285 Expiration Date: 10/31/2013	
DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration CLINICAL PERFORMANCE MEASURES	FOR HRSA USE ONLY
	Application Tracking Number
	Grant Number
	00091041 N/A
	Project Period
	05/01/2012 - 05/31/2012
Focus Area: Diabetes	
Performance Measure: Percentage of diabetic patients whose HbA1c levels are less than or equal to 9 percent.	
Is this Performance Measure Applicable to your Organization?	Yes
Performance Measure Categories	Not Applicable
Target Goal Description	Test
Numerator Description	Number of adult patients age 18 to 75 years with a diagnosis of Type 1 or Type 2 diabetes whose most recent hemoglobin A1c level during the measurement year

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

6.15.7 Mark a Performance Measure as a Duplicate

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

1. Click the Mark as Duplicate link (Figure 147).

Figure 149: Duplicates of Clinical Performance Measures

Other Measures			
Performance Measure: Percentage of adult patients with a Body Mass Index of greater than or equal to 30 who receive weight counseling/treatment.			Status: Not Complete
Focus Area	Diabetes	Goal Description	By 2013, increase to 85% of adult patients with a Body Mass Index > 30 who have weight counseling/treatment.
Baseline Data	68.42% (Baseline Year: 2009)	Projected Data	85.00%
Action: View Update Mark as Duplicate			
Note: The performance measure details are pre-populated from BPR FY 2010 application submitted by grantee.			
Performance Measure: Percentage of diabetic patients whose HbA1c levels are less than or equal to 7 percent.			Status: Not Complete
Focus Area	Diabetes	Goal Description	By 2013, increase to 50% adult patients with Type 1 or 2 diabetes whose most recent HbA1c is < 7% (under control).
Baseline Data	25.71% (Baseline Year: 2008)	Projected Data	50.00%
Action: View Update Mark as Duplicate			
Note: The performance measure details are pre-populated from BPR FY 2010 application submitted by grantee.			
Performance Measure: Percentage of children and adolescent patients with a Body Mass Index of greater than or equal to 30 who receive weight counseling/treatment.			Status: Not Complete
Focus Area	Diabetes	Goal Description	By 2013, increase to 85% of children and adolescent patients with a Body Mass Index > 30 who have weight counseling/treatment.
Baseline Data	66.67% (Baseline Year: 2009)	Projected Data	85.00%
Action: View Update Mark as Duplicate			
Note: The performance measure details are pre-populated from BPR FY 2010 application submitted by grantee.			

- The Mark Performance Measure As Duplicate page will be displayed (Figure 148).

Figure 150: Mark Performance Measure as Duplicate

Fields marked with an asterisk (*) are required.

MARK PERFORMANCE MEASURE AS DUPLICATE

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

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

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

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

***Justification**

Comments (maximum 500 characters)

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

2. Compare the duplicated performance measures options to the performance measure listed at the top of the screen and select the duplicate.

3. Enter a justification in the Comments box and click **Save and Continue**.
 - You will be returned to the Clinical Performance Measures form.

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

6.15.8 Undo a Duplicated Performance Measure

To unmark the performance measure as a duplicate,

1. Click the Undo Duplicate link (Figure 149).

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

Figure 151: Performance Measure Marked as a Duplicate

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

- The Clinical Performance Measures form will be displayed.

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

6.15.9 Update a Duplicated Performance Measure

To change a duplicated performance measure,

1. Click the Update Duplicate Information link.

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

- The Update Duplicate Information page will be displayed.

Figure 152: Update Duplicate Information Page

UPDATE DUPLICATE INFORMATION	
Performance Measure: Percentage of adults with recognized depression who receive treatment.	
Measure Proposed In	SAC FY 2010 (Application Tracking#: 68880)
Numerator Description	Number of adults = 18 years of age with recognized depression who received at leas... (Show Details)
Denominator Description	Total number of adults = 18 years of age with recognized depression.
Please identify the performance measure from the ones listed below, which is the duplicate of the performance measure listed above. Justification comments are required if a performance measure is selected.	
<input checked="" type="radio"/> Performance Measure: Percentage of adults with recognized depression who receive treatment.	
Measure Proposed In	SAC FY 2010 (Application Tracking#: 69537)
Numerator Description	Number of adults 18 years of age or older with recognized depression who received ... (Show Details)
Denominator Description	Total number of adults 18 years of age or older with recognized depression.
*Justification	
Comments	(maximum 500 characters) This measure is marked as duplicate of the other behavioral measure
Go to Previous Page	
Save and Continue	

At this point you can:

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

6.16. Financial Performance Measures

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

If your organization is a new applicant or a current grantee submitting a Competing Supplemental SAC 2012 application (i.e., Type 1 and Type 3), add new performance measures in the Standard Measures area. If your organization is a current grantee and it is submitting a Competing Continuation SAC 2012 application (Type 2), the Financial Performance Measures form will be pre-populated.

Figure 153: Financial Performance Measures

Fields marked with an asterisk (*) are required.

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

6.16.1 The Project Period

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

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.

6.16.2 Add a Standard Performance Measure

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

1. Click the Update link (Figure 152).
 - The Update Financial Performance Measure Information page (Figure 153) will be displayed.

Figure 154: Financial Performance Measure

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

Figure 155: Update Financial Performance Measure Information

Fields marked with an asterisk (*) are required.

UPDATE FINANCIAL PERFORMANCE MEASURE INFORMATION		Status: Not Complete
Update Financial Performance Measure Information		
Focus Area	Costs	
*Is this Performance Measure applicable to your Organization?	Yes <input type="button" value="v"/> <small>(If No, provide explanation in 'Comments' area at bottom of this form)</small>	
Performance Measure	Total cost per patient.	
*Target Goal Description <small>(Sample Goals)</small>	<small>(maximum 500 characters)</small>	
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.	

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

2. Enter the target goal.

Figure 156: Target Goal Description

*Target Goal Description <small>(Sample Goals)</small>	<small>(maximum 500 characters)</small>
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.

Figure 157: Baseline Data

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

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

meet any of the exclusion criteria.	
Numerator (N)	3000 Patients
Denominator (D)	4000 Patients
Projected Data Calculation (%)	$[(N/D) * 100] = [(3000/4000)*100] = 75\%$
Sample Calculation for <input type="text"/> Measure Type	

- 5. Enter the data source.

Figure 158: Data Source and Methodology

*Data Source & Methodology	(maximum 500 characters) <input style="width: 100%; height: 40px;" type="text"/>
Click "Save" button to save all information within this page.	
<input type="button" value="Save"/>	

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

Figure 159: Key Factor and Major Planned Action

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

6.16.3 Add an Other Performance Measure

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

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

- The Add Financial Performance Measure page opens (Figure 158).

Figure 160: 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 <input type="button" value="v"/> If 'Other', Please specify <input type="text"/>
*Performance Measure	(maximum 500 characters) <input type="text"/>
*Target Goal Description (Sample Goals)	(maximum 500 characters) <input type="text"/>
Click "Save" button to save all information within this page. <input type="button" value="Save"/>	
*Numerator Description (Examples)	(maximum 500 characters) <input type="text"/>
*Denominator Description	(maximum 500 characters) <input type="text"/>

2. Create a focus area by selecting a focus area from the drop-down menu.

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

*Focus Area	Select One <input type="button" value="v"/> Select One Costs Financial Viability Other
-------------	--

3. Enter the performance measure.

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

4. Enter the target goal.

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

5. Enter descriptions of the numerator and denominator.

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

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

*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"/> %
----------------	--	--	------------------------

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

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

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

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

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

*Key Factor and Major Planned Action #1	Key Factor Type: <input type="radio"/> Contributing <input type="radio"/> Restricting <input type="radio"/> N/A
	Key Factor Description (maximum 500 characters)
	Major Planned Action Description (maximum 500 characters)
Click "Save" button to save all information within this page.	

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

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

6.16.4 Update a Performance Measure

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

1. Click the Update link (Figure 159).

Figure 161: Update Link on a Complete Performance Measure

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

- The Update Financial Performance Measure Information page will be displayed (Figure 162).
2. Update the performance measure as described in Add a Standard Performance Measure (See 6.16.2).

6.16.5 Delete a Performance Measure

To delete an Other performance measure,

1. Click the Delete link.



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

Figure 163: Delete Financial Performance Measure Information Page

Fields marked with an asterisk (*) are required.

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

6.16.6 View a Performance Measure

1. Click the View link to see a read-only display of the performance measure (Figure 161).

Figure 164: Read-Only Display of Financial Performance Measure

FINANCIAL PERFORMANCE MEASURES	
As of 5/31/2011 11:30:20 AM OMB No.: 0915-0285 Expiration Date: 10/31/2013	
DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration	FOR HRSA USE ONLY
	Application Tracking Number: 00091041 Grant Number: N/A
	Project Period: 05/01/2012 - 05/31/2012
FINANCIAL PERFORMANCE MEASURES	
Focus Area: Costs	
Performance Measure: Cost per encounter	
Is this Performance Measure Applicable to your Organization?	Yes
Performance Measure Categories	Not Applicable
Target Goal Description	By End of Project Period, maintain rate of increase in cost per encounter To: <u>3</u> %
Numerator Description	50000
Denominator Description	500000

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

6.16.7 Mark a Performance Measure as a Duplicate

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

1. Click the Mark as Duplicate link (Figure 162).

Figure 165: Duplicate Financial Performance Measures

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

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

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

6.16.8 Undo a Duplicated Performance Measure

To unmark the performance measure as a duplicate,

1. Click the Undo Duplicate link.

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

Figure 166: Performance Measure Marked as a Duplicate

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

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

6.16.9 Update a Duplicated Performance Measure

To change a duplicated performance measure,

1. Click the [Update Duplicate Information](#) link.

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

- The Update Duplicate Information Page will be displayed.

Figure 167: Update Duplicate Information Page

Fields marked with an asterisk (*) are required.

UPDATE DUPLICATE INFORMATION

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

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

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

<input checked="" type="radio"/> Performance Measure: another Costs to make sure it cannot be duplicated with Standard costs	
Measure Proposed In	BPR FY 2010 (Application Tracking#: 68527)
Numerator Description	Sample Text
Denominator Description	Sample Text

***Justification**

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

At this point you can:

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

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

7. Review the Application

7.1. Status Overview

Click Status in the left side menu (Figure 165) to see the Status Overview (Figure 166), which shows the status of the application.

Figure 168: Status Link Opens the Status Overview

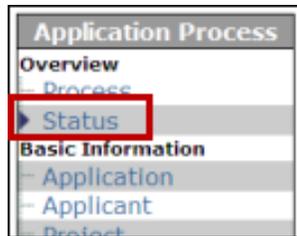


Figure 169: Status Overview

STATUS OVERVIEW		
SUGGESTED NEXT STEP		
Assign AO		
APPLICATION PROCESS STATUS		
Deadline	Jul 18 2011 5:00PM ET (You have 19 days to complete and submit the application.)	
Full Announcement (Includes Program Guidance)	Original announcement posted on 05/26/2011..... View Details	
Assigned AO	N/A (One or more AO's currently registered. Assign AO)	
Creator	Genta Horton (The creator is responsible for managing peers for the application. Manage Peers)	
Last Updated By	N/A	
Peer Information	No peers associated with this Application.	
View: Application		
APPLICATION FORMS STATUS		
Section	Action	Status
Basic Information		
Application	Update	NOT COMPLETE

7.2. Review

Click Review in the left side menu (Figure 167) to see a list of the forms in the application (Figure 168).

Figure 170: Review Link Shows a List of the Forms

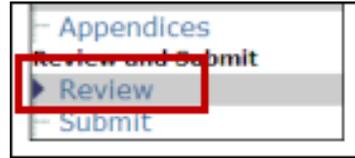


Figure 171: List of Forms in the Application

Print Print All HTML Forms

TABLE OF CONTENTS		
Section	Type	Action
General Information		
SF-424 Face Page	HTML	View
SF-424 Performance Site Locations	HTML	View
Additional Congressional District	Document	Not Available
PHS-5161-1 Checklist	HTML	View
Project Information		
Project Summary/Abstract	Document	Not Available
Project Narrative	Document	Not Available
Budget Information		
SF-424A Budget Information - Non-Construction Programs	HTML	View
Budget Justification	Document	Not Available
Assurances and Certifications		
SF-424B Assurances - Non-Construction Programs	HTML	View

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

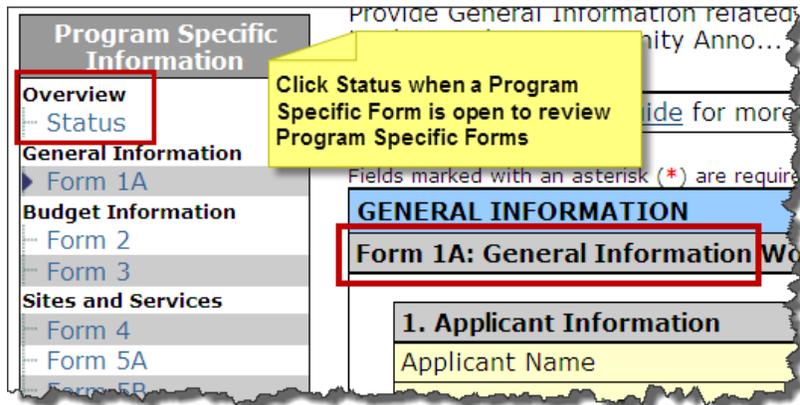
- Click a [View](#) link in the Action column to view and print the forms and attachments.
- Click
 - **Print** for a printable version of this page.
 - **Print All HTML Forms** for a printable version of all the HTML forms (forms only, not attachments).

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

7.3. Program Specific Forms

To view the status of all Program Specific Forms, click [Status](#) under Overview in the left side menu when you are working on a Program Specific form (Figure 169).

Figure 172: Status Link in the Left Side Menu on Form 1A



The Status Overview page for Program Specific Forms opens (Figure 170). This page shows the completion status of each Program Specific Form.

Figure 173: Status Overview Page for Program Specific Forms

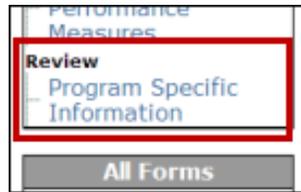
Fields marked with an asterisk (*) are required.

STATUS OVERVIEW		
View Resources		
SAC FY 2012 User Guide		
PROGRAM SPECIFIC INFORMATION STATUS		
Section	Action	Status
General Information		
Form 1A: General Information Worksheet	Update	COMPLETE
Budget Information		
Form 2: Staffing Profile	Update	COMPLETE
Form 3: Income Analysis	Update	COMPLETE
Sites and Services		
Form 4: Community Characteristics	Update	COMPLETE
Form 5A: Services Provided		
Required Services	Update	COMPLETE
Additional Services	Update	COMPLETE
Form 5B: Service Sites	Update	COMPLETE
Form 5C: Other Activities/Locations	Update	COMPLETE
Other Forms		
Form 6A: Current Board Member Characteristics	Update	COMPLETE
Form 6B: Request for Waiver of Governance Requirements	Update	COMPLETE
Form 8: Health Center Agreements	Update	COMPLETE
Form 9: Need for Assistance Worksheet		
Section I: Core Barriers	Update	COMPLETE
Section II: Core Health Indicators	Update	COMPLETE
Section III: Other Health Indicators	Update	COMPLETE
Form 10: Annual Emergency Preparedness Report	Update	COMPLETE
Form 12: Organization Contacts	Update	COMPLETE
Performance Measures		
Clinical Performance Measures	Update	COMPLETE
Financial Performance Measures	Update	COMPLETE

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

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

Figure 174: Program Specific Information Link in the Left Side Menu



The Program Specific Information Review Page will display all Program Specific Forms in the application (Figure 172).

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

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

Figure 175: Program Specific Information Review Page

Print

Note: 'Print All HTML Forms' button will print all program specific HTML forms only.

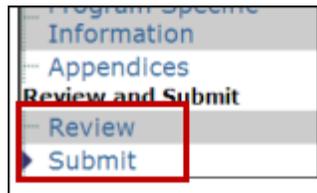
TABLE OF CONTENTS		Table of Contents		Go
Section	Type	Action		
Program Specific Information				
Form 1A: General Information Worksheet	HTML	View		
Form 2: Staffing Profile	HTML	View		
Form 3: Income Analysis (Form 3 - Income Analysis.doc)	DOCUMENT	View		
Form 4: Community Characteristics	HTML	View		
Form 5A: Required Services Provided	HTML	View		
Form 5A: Additional Services Provided	HTML	View		
Form 5B: Service Sites	HTML	View		
Form 5C: Other Activities/Locations	HTML	View		
Form 6A: Current Board Member Characteristics	HTML	View		
Form 6B: Request for Waiver of Governance Requirements	HTML	View		
Form 8: Health Center Agreements	HTML	View		
Health Center Agreement Attachments	DOCUMENT	Not Available		
Form 9: Need for Assistance Worksheet	HTML	View		
Form 10: Annual Emergency Preparedness Report	HTML	View		
Form 12: Organization Contacts	HTML	View		
Clinical Performance Measures	HTML	View		
Financial Performance Measures	HTML	View		

8. Submit the Application

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

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

Figure 176: Review Link in Left Side Menu



1. Click Review to open the Review page, where you can review your forms before submission (Figure 174).

Figure 177: Review Page

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

The application has not been submitted to HRSA as yet.

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

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

TABLE OF CONTENTS Table of Contents

Section	Type	Action
General Information		
SF-424 Face Page	HTML	View
SF-424 Performance Site Locations	HTML	View
Additional Congressional District (Electronic Health Records.doc)	Document	View
DHS-515		View

- Click **Proceed to Submit Page** (Figure 175) to open the Submit Page (Figure 176).

Figure 178: Proceed to Submit Page Button

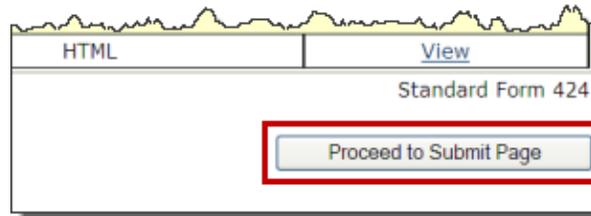


Figure 179: Submit Page Showing the Status Overview

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

- If you are not the Authorizing Official (AO), you will see a **Submit to AO** button at the bottom of the page. Click **Submit to AO** (Figure 177) to notify the AO that the application is ready for submission.

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

Figure 180: Submit to AO Button

Inventions	Update	COMPLETE
Program Specific Information	Update	COMPLETE
Appendices	Update	COMPLETE

Submit To AO

- The Submission Confirmation Page opens (Figure 178).
- Click [View](#) to read the certifications and click the checkboxes to indicate acceptance. Then click **Submit Application**.

Figure 181: Submission Confirmation Page

Welcome Genta Horton to **HRSA EHR Data Environment** (Last login date and time: 07/27/2011 07:16:11)

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

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

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

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

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

Fields marked with an asterisk(*) are required.

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

- The following page informs you that an email notification has been sent to the Authorizing Official (Figure 179).

Figure 182: Email Notification Sent to Authorizing Official

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

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

EMAIL NOTIFICATION SENT TO AO

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

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

HRSA Electronic Handbooks

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

Application Tracking #
00025772

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

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

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

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

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

Fields marked with an asterisk(*) are required.

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

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

9. Customer Support Information

Use your Application Tracking Number for all correspondence.

9.1. BPHC Help Desk

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

- By Email: BPHCHelpline@hrsa.gov

OR

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

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

9.2. HRSA Call Center

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

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

OR

- By Email: CallCenter@hrsa.gov

Please visit HRSA EHB for additional online help.

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

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

9.3. HRSA Program Support

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

10. Frequently Asked Questions

10.1. Software

10.1.1 What are the software requirements for HRSA EHB?

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

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

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

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

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

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

10.1.3 What are the software requirements for GAAM?

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

10.1.4 What document types can I upload?

The following document types are supported in HRSA EHB:

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

HRSA EHB do not support Microsoft Office 2007 formats (e.g., .docx, .xlsx).