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**HRSA Electronic Handbook**

# **FY 2015 Service Area Competition (SAC)**

**User Guide for Grant Applicants**

Last updated on: July 29, 2014



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This user guide describes the steps you need to follow to submit an FY 2015 Service Area Competition (SAC) application to HRSA.

## 1. Starting the FY 2015 SAC Application

You can complete and submit the FY 2015 SAC application by following a 2 step process:

1. In the first step, you must find the funding opportunity in Grants.gov, download the application package and submit the completed application in Grants.gov.
2. In the second step, you must validate, complete and submit this application in the HRSA Electronic Handbook (EHB).

**IMPORTANT NOTE:** Refer to the HRSA Electronic Submission Guide available at <http://www.hrsa.gov/grants/apply/userguide.pdf> for more details related to submitting the application in Grants.gov and validating it in EHB.

Once the application is validated in EHB, you can access it in your pending tasks. To access the application in EHB, follow the steps below:

1. After logging into EHB, click the Tasks tab on the EHB **Home** page to navigate to the **Pending Tasks – List** page.

**IMPORTANT NOTE:** If you do not have a username, then you must register in EHB. Do not create duplicate accounts. If you experience log in issues or forgot your password, contact the HRSA Contact Center at [callcenter@hrsa.gov](mailto:callcenter@hrsa.gov) or 877-464-4772.

2. Locate the FY 2015 SAC application using the EHB Application tracking number (e-mailed after successful Grants.gov submission) and click the **Edit** link to start working on the application in EHB.
  - The system opens the **Application - Status Overview** page of the FY 2015 SAC application (**Figure 1**).

**Figure 1: Accessing the Application - Status Overview Page**

List of forms that are part of the application package		
Section	Status	Options
Basic Information <span style="border: 1px solid red; border-radius: 50%; padding: 2px;">1</span>		
SF-424	 Not Started	
Part 1	 Not Started	 Update
Part 2	 Not Started	 Update
Project/Performance Site Location(s)	 Not Started	 Update
Project Narrative	 Not Started	 Update
Budget Information <span style="border: 1px solid red; border-radius: 50%; padding: 2px;">2</span>		
Section A-C	 Not Started	 Update
Section D-F	 Not Started	 Update
Budget Narrative	 Not Started	 Update
Other Information <span style="border: 1px solid red; border-radius: 50%; padding: 2px;">3</span>		
Assurances	 Not Started	 Update
Disclosure of Lobbying Activities	 Not Started	 Update
Appendices	 Not Started	 Update
Program Specific Information		
Program Specific Information	 Not Started	 Update

The FY 2015 SAC application consists of a standard and a program specific section. You must complete the forms displayed in both of these sections in order to submit your application to HRSA.

## 2. Completing the standard SF-424 section of the application

The standard section of the application consists of the following main sections:

- Basic Information ([Figure 1, 1](#))
- Budget Information ([Figure 1, 2](#))
- Other Information ([Figure 1, 3](#))

The Basic Information has been imported from Grants.gov and has undergone a data validation check. You may edit this information if necessary. This section consists of the following forms:

- The **SF-424 Part 1** form displays the basic application and applicant organization information.
- The **SF-424 Part 2** form displays project information including the project title, project periods, cities, counties, and Congressional districts affected by the project. The project abstract is attached in this form, under Project Description ([Figure 2, 1](#)).

**Figure 2: Attach Project Description on SF-424 Part 2**

The screenshot shows the SF-424 - Part 2 form. At the top, there are tabs for 'SF-424 - Part 1' and 'SF-424 - Part 2'. Below the tabs, a note states 'Fields with \* are required'. The form has two main sections, each with a dropdown menu and an 'Attach File' button. The first section is 'Areas Affected by Project (Cities, Counties, States, etc.) (Minimum 0) (Maximum 1)' with 'No documents attached' below it. The second section is 'Project Description (Minimum 0) (Maximum 1)' with 'No documents attached' below it. A red callout box with the number '1' points to the 'Attach File' button in the 'Project Description' section. The 'Descriptive Title of Applicant's Project' field contains the text 'Health Center Cluster'.

- The **Project/Performance Site Location(s)** form, provided in Grants.gov, displays the locations where you provide services. You may also add Site Location(s) in this form.
- In the **Project Narrative** form, attach the project narrative by clicking on the **Attach File** button (Figure 3, 1).

**Figure 3: Attach Project Narrative**

The screenshot shows the 'Project Narrative' form. At the top, there is a header with 'Project Narrative' and a 'Due Date: 8/7/2014 3:00:00 PM (Due in: 88 days) | Section Status: Not Complete'. Below the header, there is a 'Resources' section with a 'View' button and links for 'Application', 'Action History', 'Funding Opportunity Announcement', 'FOA Guidance', and 'Application User Guide'. A note states 'Fields with \* are required'. The form has a 'Project Narrative (Minimum 1) (Maximum 2)' field with 'No documents attached' below it. A red callout box with the number '1' points to the 'Attach File' button. At the bottom, there are buttons for 'Go to Previous Page', 'Save', and 'Save and Continue'.

In the Budget Information section (Figure 1, 2), provide HRSA with information about funding needs for the proposed project. Refer to the [Completing the Budget Information](#) section of this document for details regarding updating this section.

In the Other Information section (Figure 1, 3), verify that you are aware of and agree to comply with all of the 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. Applicants that certify that they do NOT currently receive more than \$100,000 in federal funds and engage in lobbying activities may skip the Disclosure of Lobbying Activities form. The Other Information section also includes the Appendices, where you upload attachments. Refer to the [Completing the Appendices](#) section of this document for details regarding updating this section.

## 2.1 Completing the Budget Information (SF-424A)

To complete this section, you must complete the **Budget Information** forms and provide a **Budget Narrative**.

## 2.1.1 Budget Information - Section A-C

The **Budget Information – Section A-C** form consists of the following three sections:

- Section A – Budget Summary
- Section B – Budget Categories
- Section C – Non-Federal Resources

To complete this form, follow the steps below:

1. Click the **Update** link for Section A-C on the **Application - Status Overview** page (**Figure 4**).

**Figure 4: Section A-C Update Link**

List of forms that are part of the application package		
Section	Status	Options
Basic Information		
SF-424	✘ Not Started	
Part 1	✘ Not Started	 Update
Part 2	✘ Not Started	 Update
Project/Performance Site Location(s)	✘ Not Started	 Update
Project Narrative	✘ Not Started	 Update
Budget Information		
Section A-C	✘ Not Started	 Update
Section D-F	✘ Not Started	 Update
Budget Narrative	✘ Not Started	 Update
Other Information		
Assurances	✘ Not Started	 Update
Disclosure of Lobbying Activities	✘ Not Started	 Update
Appendices	✘ Not Started	 Update
Program Specific Information		
Program Specific Information	✘ Not Started	 Update

- The system navigates to the **Budget Information – Section A-C** form (**Figure 5**).

Figure 5: Budget Information – Section A-C Page

**Budget Information - Section A-C**

STATUS: COMMUNITY HEALTH CONNECTIONS, INC. Due Date: 8/20/2014 11:00:00 PM (Due in: 00 days) | Section Status: Not Complete

**Resources**

View

Application | Action History | Funding Opportunity Announcement | FOA Guidance | Application User Guide

Fields with \* are required

**\* Section A - Budget Summary** Update

Grant Program Function or Activity	CFDA Number	Estimated Unobligated Funds		New or Revised Budget		
		Federal	Non-Federal	Federal	Non-Federal	Total
Community Health Centers	93.224	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Health Care for the Homeless	93.224	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Migrant Health Centers	93.224	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Public Housing	93.224	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Update Sub Program</b> <span>1</span>	<b>Total</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

**\* Section B - Budget Categories** Update

Object Class Categories	Grant Program Function or Activity		Total
	Federal	Non-Federal	
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
<b>Total Direct Charges</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
Indirect Charges	\$0.00	\$0.00	\$0.00
<b>Total</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

**\* Section C - Non Federal Resources** Update

Grant Program Function or Activity	Applicant	State	Local	Other	Program Income	Total
Community Health Centers	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Health Care for the Homeless	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Migrant Health Centers	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Public Housing	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Total</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

Go to Previous Page Save Save and Continue

- Under Section A – Budget Summary, click on the **Update Sub Program** button (Figure 5, 1).
  - The **Sub Programs – Update** page opens (Figure 6).

Figure 6: Sub Programs – Update Page

3. Select or de-select the sub programs. Only select the programs for which you are requesting funding.
4. Click the **Save and Continue** button.
  - a. The **Budget Information – Section A-C** page re-opens showing the selected sub program(s) under the Section A – Budget Summary (**Figure 7, 1**).

Figure 7: Section A – Budget Summary Showing Addition of Sub program

Grant Program Function or Activity	CFDA Number	Estimated Unobligated Funds		New or Revised Budget		
		Federal	Non-Federal	Federal	Non-Federal	Total
Health Care for the Homeless	93.224	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Migrant Health Centers	93.224	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Total</b>		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

5. To enter or update the budget information for each sub program, click the **Update** button displayed in the right corner of the Section A – Budget Summary header (**Figure 7, 2**).
  - The **Section A – Update** page opens.

Figure 8: Section A – Update Page

- Under the New or Revised Budget section, enter the amount of federal funds requested for the first 12-month budget period for each requested sub program (CHC, MHC, HCH, and/or PHPC) (Figure 8, 1). In the non-federal Resources column, enter the non-federal funds in the budget for the first 12-month budget period for each requested sub program (Figure 8, 2).

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

- Click the **Save and Continue** button.
  - The **Budget Information – Section A-C** page re-opens displaying the updated New or Revised Budget under Section A – Budget Summary (Figure 9).

**Figure 9: Section A – Budget Summary Page after Update**

* Section A - Budget Summary <span style="float: right;">Update</span>						
Grant Program Function or Activity	CFDA Number	Estimated Unobligated Funds		New or Revised Budget		
		Federal	Non-Federal	Federal	Non-Federal	Total
Health Care for the Homeless	93.224	\$0.00	\$0.00	\$30,000.00	\$0.00	\$30,000.00
Migrant Health Centers	93.224	\$0.00	\$0.00	\$20,000.00	\$0.00	\$20,000.00
<b>Update Sub Program</b>	<b>Total</b>	\$0.00	\$0.00	\$50,000.00	\$0.00	\$50,000.00

- In Section B – Budget Categories, you must provide the federal and non-federal funding distribution across object class categories for the first 12-month budget period. Click the **Update** button provided at the right corner of the Section B header (Figure 10).

**Figure 10: Section B – Budget Categories**

* Section B - Budget Categories <span style="float: right;">Update</span>			
Object Class Categories	Grant Program Function or Activity		Total
	Federal	Non-Federal	
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
<b>Total Direct Charges</b>	\$0.00	\$0.00	\$0.00
Indirect Charges	\$0.00	\$0.00	\$0.00
<b>Total</b>	\$0.00	\$0.00	\$0.00

- The system navigates to the **Section B – Update** page (Figure 11).
- Enter the federal dollar amount for each applicable object class category under the federal column (Figure 11, 1).
- Similarly, enter the non-federal dollar amount for each applicable object class category under the Non-Federal column (Figure 11, 2).

Figure 11: Section B – Update Page

**Section B - Update**

**Note(s):**  
 Total federal amount in Section B must be equal to the total new or revised budget, federal amount specified in budget summary (section A) \$50,000.00.  
 Total non-federal amount in Section B must be equal to the total new or revised budget, non-federal amount specified in budget summary (section A) \$0.00.

▶ **THING: LAPINE COMMUNITY HEALTH CENTER** Due Date: 4/10/2014 11:59:00 PM (Due in: 0 days) | Section Status: Not Complete

▼ **Resources** [View](#)  
[Application](#) | [Action History](#) | [Funding Opportunity Announcement](#) | [FOA Guidance](#)

Fields with \* are required

**\* Section B - Budget Categories**

Object Class Categories	Grant Program Function or Activity		Total
	Federal	Non-Federal	
Personnel	\$ 0.00	\$ 0.00	\$0.00
Fringe Benefits	\$ 0.00	\$ 0.00	\$0.00
Travel	\$ 0.00	\$ 0.00	\$0.00
Equipment	\$ 0.00	\$ 0.00	\$0.00
Supplies	\$ 0.00	\$ 0.00	\$0.00
Contractual	\$ 0.00	\$ 0.00	\$0.00
Construction	\$ 0.00	\$ 0.00	\$0.00
Other	\$ 0.00	\$ 0.00	\$0.00
Indirect Charges	\$ 0.00	\$ 0.00	\$0.00
<b>Total</b>	\$0.00	\$0.00	\$0.00
<b>Total Budget specified in Budget Summary (Section A)</b>	\$50,000.00	\$0.00	\$50,000.00

[Cancel](#) [Save and Continue](#)

**IMPORTANT NOTES:**

- The total federal amount in Section B – Budget Categories must be equal to the total new or revised federal budget amount specified in Section A – Budget Summary of the **Budget Information – Section A-C** form.
- The total non-federal amount in Section B – Budget Categories must be equal to the total new or revised non-federal budget amount specified in Section A – Budget Summary of the **Budget Information – Section A-C** form.

11. Click the **Save and Continue** button (Figure 11, 3) to navigate to the **Budget Information – Section A-C** form (Figure 5).
12. In Section C – Non Federal Resources, distribute the non-federal budget amount specified in Section A – Budget Summary across the applicable non-federal resources. Click the **Update** button provided in the right corner of Section C header to do so (Figure 12, 1).

Figure 12: Section C - Non Federal Resources

**\* Section C - Non Federal Resources** [Update](#)

Grant Program Function or Activity	Applicant	State	Local	Other	Program Income	Total
Health Care for the Homeless	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Migrant Health Centers	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Total</b>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

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

**IMPORTANT NOTE:** The total non-federal amount in Section C – Non Federal Resources must be equal to the total new or revised non-federal budget amount specified in Section A – Budget Summary of the **Budget Information – Section A-C** form.

13. Click the **Save and Continue** button to proceed to the next form (**Figure 12, 2**).

## 2.1.2 Budget Information – Section D-F

The **Budget Information – Section D-F** form consists of the following three sections:

- Section D – Forecasted Cash Needs
- Section E – Federal Funds Needed for Balance of the Project
- Section F – Other Budget Information

**Figure 13: Budget Information – Section D-F**

**Budget Information - Section D-F**

Due Date: 11/30/2016 11:59:00 PM (Due in: 28 days) | Section Status: Not Complete

**Section D - Forecasted Cash Needs** 1 **Update**

	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total
Federal	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Non-Federal	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Total</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

**Section E - Federal Funds Needed for Balance of the Project** 2 **Update**

Grant Program	Future Funding Periods (Years)			
	First <span>5</span>	Second	Third	Fourth
Health Care for the Homeless	\$0.00	\$0.00	\$0.00	\$0.00
Migrant Health Centers	\$0.00	\$0.00	\$0.00	\$0.00
<b>Total</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

**Section F - Other Budget Information** 3 **Update**

Direct Charges: No information added.

Indirect Charges: No information added.

Remarks: No information added. 4

**Go to Previous Page** **Save** **Save and Continue**

To complete this form, follow the steps below:

1. Section D – Forecasted Cash Needs is optional and may be left blank. However, you may enter the amount of cash needed by quarter during the first year for both the federal and non-federal request. Click the **Update** button provided in the right corner of Section D to do so (**Figure 13, 1**).
2. In Section E - Federal Funds Needed for Balance of the Project, enter the federal funds requested for the Future Funding Periods (Years) for each proposed sub program (**Figure 13, 5**). Click the **Update** button provided in the right corner of Section E to do so (**Figure 13, 2**).
3. In Section F – Other Information, you may provide information regarding direct and indirect charges. You can also document any relevant comments or remarks in this section. Click the **Update** button provided in the right corner of Section F to do so (**Figure 13, 3**).
4. Finally, click the **Save and Continue** button on the Budget Information – Section D-F to proceed (**Figure 13, 4**).

### 2.1.3 Budget Narrative

Attach a budget justification narrative by clicking on the **Attach File** button shown in [Figure 14](#).

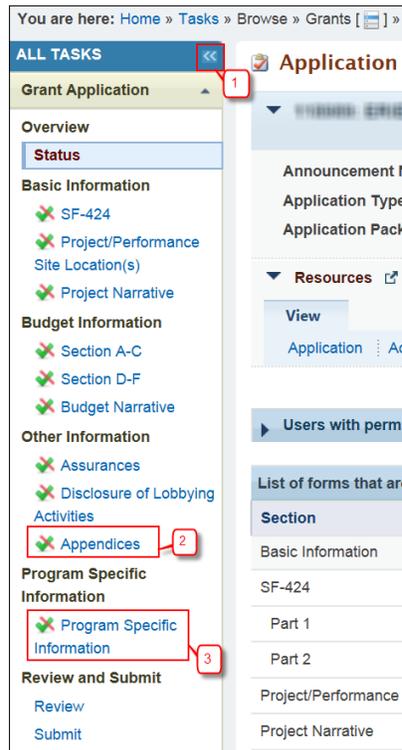
**Figure 14: Budget Narrative**

Once completed, click on the **Save and Continue** button to proceed to the **Assurances** page.

## 3. Completing the Appendices Form

1. Expand the left navigation menu if not already expanded by clicking the double arrows displayed near the form name at the top of the page ([Figure 15, 1](#)). Click on the [Appendices](#) link ([Figure 15, 2](#)) to navigate to the **Appendices** form.

**Figure 15: Left Navigation Menu**



2. Upload the following standard attachments by clicking the associated **Attach File** buttons:
- Attachment 1: Service Area Map and Table (required)
  - Attachment 2: Corporate Bylaws (required)
  - Attachment 3: Project Organizational Chart (required)
  - Attachment 4: Position Descriptions for Key Management Staff (required)
  - Attachment 5: Biographical Sketches for Key Management Staff (required)
  - Attachment 6: Co-Applicant Agreement (required for public center applicants that have a co-applicant board) (as applicable)
  - Attachment 7: Summary of Contracts and Agreements (as applicable)
  - Attachment 8: Articles of Incorporation – Signed Seal Page (as applicable)
  - Attachment 9: Letters of Support (required)
  - Attachment 10: Sliding Fee Discount Schedule(s) (required)
  - Attachment 11: Evidence of Nonprofit or Public Center Status (as applicable)
  - Attachment 12: Floor Plans (as applicable)
  - Attachment 13: Implementation Plan (as applicable)
  - Attachment 14: Other Relevant Documents (as applicable)
  - Attachment 15: Other Relevant Documents (as applicable)

- After completing the **Appendices** form, click the **Save and Continue** button to proceed to the **Program Specific Information – Status Overview** page.

## 4. Completing the Program Specific Forms

- Expand the left navigation menu if not already expanded by clicking the double arrows displayed near the form name at the top of the page (**Figure 15, 1**). Click the **Program Specific Information** link (**Figure 15, 23**) under the Program Specific Information section in the left menu to open the **Status Overview** page for the Program Specific Information forms (**Figure 16**). Click the **Update** link to edit a form.

**IMPORTANT NOTE:** Click on the **Update** link for any form to start updating it. Once completed, click on the **Save and Continue** button to proceed to the next listed form.

**Figure 16: Status Overview Page for Program Specific Forms**

Program Specific Information Status		
Section	Status	Options
<b>General Information</b>		
Form 1A - General Information Worksheet	✘ Not Started	Update ▾
Form 1C - Documents On File	✘ Not Started	Update ▾
Form 4 - Community Characteristics	✘ Not Started	Update ▾
<b>Budget Information</b>		
Form 2 - Staffing Profile	✘ Not Started	Update ▾
Form 3 - Income Analysis	✘ Not Started	Update ▾
<b>Sites and Services</b>		
Form 5A - Services Provided	✘ Not Started	
Required Services	✘ Not Started	Update ▾
Additional Services	✘ Not Started	Update ▾
Form 5B - Service Sites	✘ Not Started	Update ▾
Form 5C - Other Activities/Locations	✘ Not Started	Update ▾
<b>Other Forms</b>		
Form 6A - Current Board Member Characteristics	✘ Not Started	Update ▾
Form 6B - Request for Waiver of Governance Requirements	✘ Not Started	Update ▾
Form 8 - Health Center Agreements	✘ Not Started	Update ▾
Form 9 - Need for Assistance Worksheet	✘ Not Started	
Section I - Core Barriers	✘ Not Started	Update ▾
Section II - Core Health Indicators	✘ Not Started	Update ▾
Section III - Other Health and Access Indicators	✘ Not Started	Update ▾
Form 10 - Annual Emergency Preparedness Report	✘ Not Started	Update ▾
Form 12 - Organization Contacts	✘ Not Started	Update ▾
<b>Performance Measures</b>		
Clinical Performance Measures	✘ Not Started	Update ▾
Financial Performance Measures	✘ Not Started	Update ▾
<b>Other Information</b>		
Summary Page	✘ Not Started	Update ▾
<a href="#">Return to Complete Status</a>		

## 4.1 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. This form comprises of the following sections:

1. [Applicant Information](#) (Figure 17, 1)
2. [Proposed Service area](#) (Figure 17, 2)

Figure 17: Form 1A: General Information Worksheet

**Form 1A - General Information Worksheet**

DEPARTMENT OF HEALTH AND HUMAN SERVICES | Due Date: 10/15/2014 (Due In: 79 Days) | Section Status: Not Started

Resources | View | SAC FY 2015 User Guide | Funding Opportunity Announcement

Fields with \* are required

**1. Applicant Information**

Applicant Name: CARE FOR THE HOMELESS

\* Fiscal Year End Date: Select Option

Application Type: Revision (Supplemental)

Existing Grantee: Yes

Grant Number: #100000000

\* Business Entity: Select Option

\* Organization Type (Select all that apply):

- All
- Faith based
- Hospital
- State government
- City/County/Local Government or Municipality
- University
- Community based organization
- Other

If 'Other' please specify: \_\_\_\_\_ (maximum 100 characters)

**2. Proposed Service Area**

**2a. Target Population and Service Area Designation**

\* Population Types:

- Serving Section 330(e) - Community Health Centers
- Serving Section 330(g) - Migrant Health Centers
- Serving Section 330(h) - Health Care for the Homeless
- Serving Section 330(i) - Public Housing Primary Care

\* Select MUA/MUP (Each ID must be a 5 digit integer. Use commas to separate multiple IDs):

- Medically Underserved Area (MUA) ID # \_\_\_\_\_
- Medically Underserved Population (MUP) ID # \_\_\_\_\_
- Medically Underserved Area Application Pending ID # \_\_\_\_\_
- Medically Underserved Population Application Pending ID # \_\_\_\_\_

**2b. Service Area Type**

\* Choose Service Area Type:

- Urban
- Rural
- Sparsely Populated - Specify population density by providing the number of people per square mile: \_\_\_\_\_ (Provide a value ranging from 0.01 to 7)

**Note(s):**

- The Total Service Area Population should be equal to the Total Service Area number provided in Form 4 - Community Characteristics of this application.
- The Total Target Population should be equal to the Total Target Population number provided in Form 4 - Community Characteristics of this application.
- Form 1A cannot be marked complete until Form 4 is complete. After Form 4 is complete, return to Form 1A to save and mark complete.

**2c. Target Population and Provider Information**

Target Population	Current Number	Projected by End of Project Period
* Total Service Area Population		N/A
* Total Target Population		N/A

Provider Information	Current Number	Projected by End of Project Period
* Total FTE Medical Providers		
* Total FTE Dental Providers		
Total FTE Behavioral Health Providers		
* Total FTE Mental Health Providers		
* Total FTE Substance Abuse Services Providers		
* Total FTE Enabling Services Providers		

**Patients and Visits by Service Type**

Service Type	Current Number		Projected by December 31, 2016	
	Patients	Visits	Patients	Visits
* Total Medical				
* Total Dental				
Total Behavioral Health				
* Total Mental Health				
* Total Substance Abuse Services				
* Total Enabling Services				

**Unduplicated Patients and Visits by Population Type**

Population Type	Current Number		Number at End of Year 1		Number at End of Year 2		Projected by December 31, 2016	
	Patients	Visits	Patients	Visits	Patients	Visits	Patients	Visits
* General Underserved Community			N/A	N/A	N/A	N/A		
* Migratory and Seasonal Agricultural Workers			N/A	N/A	N/A	N/A		
* Public Housing Residents			N/A	N/A	N/A	N/A		
* People Experiencing Homelessness			N/A	N/A	N/A	N/A		
Total <input type="button" value="Calculate"/>			N/A	N/A	N/A	N/A		



**Figure 19: Proposed Service Area section**

### Changing Population Types

1. To change the population types, navigate to the **Application – Status Overview** page by following one of these options:
  - A. Click the **Grant Application** link in the navigation links displayed at the top of the page above the page name (**Figure 20, 1**).
  - B. Expand the left menu if not already expanded by clicking the double arrows displayed near the form name at the top of the page (**Figure 20, 2**). Then click the **Complete Status** link provided under the All Forms menu (**Figure 20, 3**).
    - The system navigates to the **Application - Status Overview** page for the application.
2. Click the **Update Sub Program** button for the **Budget Information – Section A-C** form (**Figure 5**).
3. Repeat the steps described in [Budget Information – Section A - C](#).

**Figure 20: Links to Access the Standard Section from the Program Specific Section**

#### 4.1.2.2 Completing 2b. Service Area Type section

In the **Service Area Type** field (**Figure 21**), indicate whether the service area is urban, rural, or sparsely populated. If you propose that the service area is sparsely populated, specify the population density by providing the number of people per square mile.

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

**Figure 21: Service Area Type section**

**2b. Service Area Type**

★ Choose Service Area Type

Urban  
 Rural  
 Sparsely Populated - Specify population density by providing the number of people per square mile:  (Provide a value ranging from 0.01 to 7)

**4.1.2.3 Completing 2c. Target Population and Provider Information section**

1. For **Target Population** information (**Figure 22, 1**), report the Current Numbers for Total Service Area Population and Total Target Population.

**IMPORTANT NOTES:**

- The Current Number provided for Total Service Area Population should be equal to the total Service Area Number provided for 'Race / Hispanic or Latino Identity / Income as a Percent of Poverty Level / Primary Third Party Payment Source' categories on [Form 4: Community Characteristics](#) of this application.
- The Current Number provided for Total Target Population should be equal to the total Target Population Number provided for 'Race / Hispanic or Latino Identity / Income as a Percent of Poverty Level / Primary Third Party Payment Source' categories on [Form 4: Community Characteristics](#) of this application.
- **Form 1A: General Information Worksheet** cannot be marked complete until [Form 4: Community Characteristics](#) is complete. After [Form 4: Community Characteristics](#) is complete, return to Form 1A to save and mark complete.

2. For **Provider Information** section (**Figure 22, 2**), report the Current Numbers and the numbers Projected at End of Project Period for the Full-Time Employees (FTEs) by provider type.

**IMPORTANT NOTE:** Providing the numbers for all the provider types is required. Zeroes are acceptable.

**Figure 22: Target Population and Provider Information section**

2c. Target Population and Provider Information		
Target Population <b>1</b>	Current Number	Projected by End of Project Period
★ Total Service Area Population	<input type="text"/>	N/A
★ Total Target Population	<input type="text"/>	N/A
Provider Information <b>2</b>	Current Number	Projected by End of Project Period
★ Total FTE Medical Providers	<input type="text"/>	<input type="text"/>
★ Total FTE Dental Providers	<input type="text"/>	<input type="text"/>
Total FTE Behavioral Health Providers		
★ Total FTE Mental Health Providers	<input type="text"/>	<input type="text"/>
★ Total FTE Substance Abuse Services Providers	<input type="text"/>	<input type="text"/>
★ Total FTE Enabling Services Providers	<input type="text"/>	<input type="text"/>

**4.1.3 Patients and Visits by Service Type**

To complete this section, follow the steps below:

1. Report the Current Numbers of patients and visits for each listed Service Type (**Figure 23, 1**).

**IMPORTANT NOTE:** Current grantees applying to continue serving their current service area should note that these numbers may be different from what was reported in the most recent submission to the Uniform Data System, due to additional funding and/or change in scope.

- Also, provide the number of patients and visits that you project by December 31, 2016 (Figure 23, 2).

**Figure 23: Patients and Visits by Service Type**

Patients and Visits by Service Type				
Service Type	Current Number <sup>1</sup>		Projected by December 31, 2016 <sup>2</sup>	
	Patients	Visits	Patients <sup>3</sup>	Visits
* Total Medical	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
* Total Dental	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Behavioral Health				
* Total Mental Health	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
* Total Substance Abuse Services	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
* Total Enabling Services	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**IMPORTANT NOTES:**

- “Current” refers to the number of patients and visits for the proposed service area at the time of application.
- “Projected by December 31, 2016” refers to the number of patients and visits anticipated by December 31, 2016, at the current level of funding. Refer to the number of patients listed in the Service Area Announcement Table (SAAT) for the service area for which you are submitting this application to double-check your patient projection. You can access the SAAT table at <http://bphc.hrsa.gov/sac/>.
- “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.
- Providing numbers for all the service types is required. Zeroes are acceptable.

**4.1.4 Unduplicated Patients and Visits by Population Type**

To complete this section, follow these steps:

- Report the current numbers of patients and visits for each listed Population Type. (Figure 24, 1).
- Report the number of patients and visits that you project by December 31, 2016. (Figure 24, 2).

**IMPORTANT NOTES:**

- If your organization is submitting a New application or a Supplemental application:
  - For the population types corresponding to the sub programs selected in Section A – Budget Summary section of this application, the numbers of patients and visits in the Projected by December 31, 2016 column should be greater than zero. For the remaining population types, you may provide zeroes if there are no projected numbers.
  - Current number of patients and visits can be zero even for the population types corresponding to the sub programs selected in Section A – Budget Summary section of this application.
- If your organization is submitting a Competing Continuation application:
  - For the population types corresponding to the sub programs selected in Section A – Budget Summary section of this application, the numbers of patients and visits in the Current Number and the Projected by December 31, 2016 columns should be greater than zero. For the remaining population types, you may provide zeroes.

3. After providing the number of patients and visits in this section, click on the **Calculate** button to automatically calculate the total number of patients and visits under the **Current Number** and the **Projected by December 31, 2016** columns.

**Figure 24: Unduplicated Patients and Visits by Population Type**

Unduplicated Patients and Visits by Population Type								
Population Type	Current Number <sup>1</sup>		Number at End of Year 1		Number at End of Year 2		Projected by December 31, 2016 <sup>2</sup>	
	Patients	Visits	Patients	Visits	Patients	Visits	Patients	Visits
* General Underserved Community	<input type="text"/>	<input type="text"/>	N/A	N/A	N/A	N/A	<input type="text"/>	<input type="text"/>
* Migratory and Seasonal Agricultural Workers	<input type="text"/>	<input type="text"/>	N/A	N/A	N/A	N/A	<input type="text"/>	<input type="text"/>
* Public Housing Residents	<input type="text"/>	<input type="text"/>	N/A	N/A	N/A	N/A	<input type="text"/>	<input type="text"/>
* People Experiencing Homelessness	<input type="text"/>	<input type="text"/>	N/A	N/A	N/A	N/A	<input type="text"/>	<input type="text"/>
Total <b>Calculate</b> <sup>3</sup>	<input type="text"/>	<input type="text"/>	N/A	N/A	N/A	N/A	<input type="text"/>	<input type="text"/>

4. After completing all the sections on **Form 1A**, click the **Save and Continue** button to save your work and proceed to the next form.

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

## 4.2 Form 1C: Documents on File

**Form 1C - Documents on File** displays a list of documents to be maintained by your organization. You are required to provide the date on which each document was last reviewed or revised.

**Figure 25: Form 1C - Documents on File**

**Form 1C - Documents on File**

**Note(s):**  
Examples of formats that you can use to provide dates on this form are: 01/15/2013, First Monday of every April, bi-monthly (last rev 01/13), etc.

**DEPARTMENT OF HEALTH SERVICES, DIVISION OF HEALTH SERVICE CENTER, INC.** Due Date: 08/13/2014 (Due In: 79 Days) | Section Status: Not Started

**Resources**

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Fields with \* are required

Management and Finance	Date of Latest Review/Revision (Maximum 100 characters)
* Personnel Policies and Procedures, including related Conflict of Interest Policies and Procedures (Program Requirements 3, 9, 17, and 19)	<input type="text"/>
* Data Collection and Management Information Systems (Clinical and Financial) Policies and Procedures (Program Requirements 8 and 15)	<input type="text"/>
* Billing, Credit, and Collection Policies and Procedures (Program Requirement 13)	<input type="text"/>
* Procurement Policies and Procedures, including related Conflict of Interest Policies and Procedures (Program Requirements 10, 12, and 19)	<input type="text"/>
* Emergency Preparedness and Management Plan (Policy Information Notice 2007-15)	<input type="text"/>
* Fee Schedule/Schedule of Charges (Program Requirements 7 and 13)	<input type="text"/>
* Sliding Fee Discount Program Policies and Procedures (Program Requirement 7)	<input type="text"/>
* Financial Management/Accounting and Internal Control Policies and Procedures (Program Requirements 10 and 12)	<input type="text"/>

Services	Date of Latest Review/Revision (Maximum 100 characters)
* HIPAA-Compliant Patient Confidentiality Policies and Procedures (Program Requirement 8)	<input type="text"/>
* Clinical Protocols/Clinical Care Policies and Procedures (Program Requirements 2 and 8)	<input type="text"/>
* Patient Grievance Policies and Procedures (Program Requirements 8 and 17)	<input type="text"/>
* Quality Improvement and Quality Assurance Plan, including Incident Reporting System and Risk Management Policies (Program Requirement 8)	<input type="text"/>
* Malpractice Coverage Plan - e.g., FTCA Coverage for deemed grantees or other malpractice coverage (Program Requirement 8 and Policy Information Notice 2011-01: FTCA Health Center Policy Manual)	<input type="text"/>
* Credentialing and Privileging Policies and Procedures (Program Requirement 3 and Policy Information Notices 2001-16 and 2002-22)	<input type="text"/>
* After-Hours Coverage Policies and Procedures (Program Requirements 4 and 5)	<input type="text"/>
* Hospital Admitting Privileges Documentation (Program Requirement 6)	<input type="text"/>

Governance	Date of Latest Review/Revision (Maximum 100 characters)
* Organizational/Board Bylaws, including Board Authority, Composition, and Conflict of Interest Policies and Procedures (Program Requirements 17, 18, and 19)	<input type="text"/>
* Co-Applicant Agreement, if a public organization (Program Requirement 17)	<input type="text"/>

Go to Previous Page Save Save and Continue

1. To complete **Form 1C**, enter the requested review/revision dates for each document listed on this form (**Figure 25**).

**IMPORTANT NOTE:** Examples of formats that you can use to provide dates on this form are: 01/15/2013, First Monday of every April, bi-monthly (last rev 01/13).

2. After completing all the sections on **Form 1C**, click the **Save and Continue** button to save your work and proceed to the next form.

### 4.3 Form 4 - Community Characteristics

**Form 4: Community Characteristics** reports current service area and target population data for the entire scope of the project (i.e. all sites). This form comprises of the following sections:

1. **Race** (**Figure 26, 1**)

2. [Hispanic or Latino Ethnicity](#) (Figure 26, 2)
3. [Income as a Percent of Poverty Level](#) (Figure 26, 3)
4. [Primary Third Party Payment Source](#) (Figure 26, 4)
5. [Special Populations](#) (Figure 26, 5)

Figure 26: Form 4: Community Characteristics

**Form 4 - Community Characteristics**

**Note(s):**

- When completing this form, please note that all 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.
- The Total Service Area Number should be equal to the Total Service Area Population provided in Form 1A.
- The Total Target Population Number should be equal to the Total Target Population provided in Form 1A.
- The Service Area Percent and Target Population Percent will auto-calculate in EHB and can only be viewed on the read-only version of the form under Review Program Specific Forms in the left side menu.

► **NOTIFIED: ERIE FAMILY HEALTH CENTER, INC.** Due Date: 10/13/2014 (Due In: 0 Days) | Section Status: Not Started

▼ **Resources**

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Fields with \* are required

Race <sup>1</sup>	Service Area Number <sup>6</sup>	Target Population Number <sup>7</sup>
* Native Hawaiian	<input type="text"/>	<input type="text"/>
* Other Pacific Islanders	<input type="text"/>	<input type="text"/>
* Asian	<input type="text"/>	<input type="text"/>
* Black/African American	<input type="text"/>	<input type="text"/>
* American Indian/Alaska Native	<input type="text"/>	<input type="text"/>
* White	<input type="text"/>	<input type="text"/>
* More than One Race	<input type="text"/>	<input type="text"/>
* Unreported/Declined to Report (if applicable)	<input type="text"/>	<input type="text"/>
<b>Total</b>	0	0

Click the "Save and Calculate Total" button to calculate and save the total Service Area numbers and Target Population numbers for all sections displayed on this form. Save and Calculate Total <sup>8</sup>

Hispanic or Latino Ethnicity <sup>2</sup>	Service Area Number	Target Population Number
* Hispanic or Latino	<input type="text"/>	<input type="text"/>
* Non-Hispanic or Latino	<input type="text"/>	<input type="text"/>
* Unreported/Declined to Report (if applicable)	<input type="text"/>	<input type="text"/>
<b>Total</b>	0	0

Click the "Save and Calculate Total" button to calculate and save the total Service Area numbers and Target Population numbers for all sections displayed on this form. Save and Calculate Total

Income as a Percent of Poverty Level <sup>3</sup>	Service Area Number	Target Population Number
* Below 100%	<input type="text"/>	<input type="text"/>
* 100-199%	<input type="text"/>	<input type="text"/>
* 200% and Above	<input type="text"/>	<input type="text"/>
* Unknown	<input type="text"/>	<input type="text"/>
<b>Total</b>	0	0

Click the "Save and Calculate Total" button to calculate and save the total Service Area numbers and Target Population numbers for all sections displayed on this form. Save and Calculate Total

Primary Third Party Payment Source <sup>4</sup>	Service Area Number	Target Population Number
* Medicaid	<input type="text"/>	<input type="text"/>
* Medicare	<input type="text"/>	<input type="text"/>
* Other Public Insurance	<input type="text"/>	<input type="text"/>
* Private Insurance	<input type="text"/>	<input type="text"/>
* None/Uninsured	<input type="text"/>	<input type="text"/>
<b>Total</b>	0	0

Click the "Save and Calculate Total" button to calculate and save the total Service Area numbers and Target Population numbers for all sections displayed on this form. Save and Calculate Total

Special Populations <sup>5</sup>	Service Area Number	Target Population Number
* Migratory/Seasonal Agricultural Workers and Families	<input type="text"/>	<input type="text"/>
* Homeless	<input type="text"/>	<input type="text"/>
* Residents of Public Housing	<input type="text"/>	<input type="text"/>
* Lesbian, Gay, Bisexual and Transgender	<input type="text"/>	<input type="text"/>
* HIV/AIDS-infected Persons	<input type="text"/>	<input type="text"/>
* Persons with Behavioral Health/Substance Abuse Needs	<input type="text"/>	<input type="text"/>
* School Age Children	<input type="text"/>	<input type="text"/>
* Infants Birth to 2 Years of Age	<input type="text"/>	<input type="text"/>
* Women Age 25-44	<input type="text"/>	<input type="text"/>
* Persons Age 65 and Older	<input type="text"/>	<input type="text"/>
* Other	<input type="text"/>	<input type="text"/>
Please specify:	<input type="text"/>	<input type="text"/>
Approximately 1/8 page  (Max 200 Characters): 200 Characters left.	<input type="text"/>	<input type="text"/>

Go to Previous Page Save Save and Continue

### 4.3.1 Completing the Race, Hispanic or Latino Ethnicity, Income as a Percent of Poverty Level, and Primary Third Party Payment Source sections

To complete the **Race, Hispanic or Latino Ethnicity, Income as a Percent of Poverty Level, and Primary Third Party Payment Source** sections (Figure 26, 1, 2, 3, 4), enter the **Service Area Number** (Figure 26, 6) and corresponding **Target Population Number** for each of the respective categories (Figure 26, 7).

#### IMPORTANT NOTES:

- 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.
- When entering data, the total Service Area Numbers and the total Target Population Numbers of the Race, Hispanic or Latino Ethnicity, Income as a Percent of Poverty Level, and Primary Third Party Payment Source sections should be equal.

In order to automatically calculate the Total Service Area Numbers and Total Target Population Numbers for all four sections, click on the **Save and Calculate Total** button (Figure 26, 8) under any of the sections.

### 4.3.2 Completing the Special Populations section

- Under the **Special Populations** section (Figure 27), enter the **Service Area Number** and the corresponding **Target Population Number** for each special population group listed.

Figure 27: Special Populations section

Special Populations	Service Area Number	Target Population Number
★ Migratory/Seasonal Agricultural Workers and Families	<input type="text"/>	<input type="text"/>
★ Homeless	<input type="text"/>	<input type="text"/>
★ Residents of Public Housing	<input type="text"/>	<input type="text"/>
★ Lesbian, Gay, Bisexual, and Transgender	<input type="text"/>	<input type="text"/>
★ HIV/AIDS-Infected Persons	<input type="text"/>	<input type="text"/>
★ Persons with Behavioral Health/Substance Abuse Needs	<input type="text"/>	<input type="text"/>
★ School Age Children	<input type="text"/>	<input type="text"/>
★ Infants Birth to 2 Years of Age	<input type="text"/>	<input type="text"/>
★ Women Age 25-44	<input type="text"/>	<input type="text"/>
★ Persons Age 65 and Older	<input type="text"/>	<input type="text"/>
★ Other <span style="border: 1px solid red; border-radius: 50%; padding: 2px;">1</span>	<input type="text"/>	<input type="text"/>
Please Specify: Approximately 1/4 page(s) (Max 200 Characters): 200 Characters left		
<div style="border: 1px solid gray; height: 30px; width: 100%;"></div>	<input type="text"/>	<input type="text"/>

#### IMPORTANT NOTES:

- If you select the sub programs related to special populations, i.e. MHC, HCH and/or PHPC, in the **Budget Information – Section A–C** form of this application, you must provide the Service Area Number and Target Population Number that is greater than 0 for the following line items under the Special

Populations section on **Form 4** as applicable: 'Migratory/Seasonal Agricultural Workers and Families,' 'Homeless,' and 'Residents of Public Housing'.

- In the 'Other' row (**Figure 27, 1**), specify a special population group that is not listed (if desired), and then enter the Service Area Number 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.

2. After completing all the sections on **Form 4**, click the **Save and Continue** button to save your work and proceed to the next form.

## 4.4 Form 2 – Staffing Profile

**Form 2: Staffing Profile** reports personnel salaries supported by the total budget for the first budget year of the proposed project. This form comprises of the following sections:

1. [Staffing Positions by Major Service Category](#) sections
  - Administration/Management (**Figure 28, 1**)
  - Facility and Non-Clinical Support Staff (**Figure 28, 2**)
  - Physicians (**Figure 28, 3**)
  - NP, PA, and CNMs (**Figure 28, 4**)
  - Medical (**Figure 28, 5**)
  - Dental Services (**Figure 28, 6**)
  - Behavioral Health (Mental Health and Substance Abuse) (**Figure 28, 7**)
  - Professional Services (**Figure 28, 8**)
  - Vision Services (**Figure 28, 9**)
  - Pharmacy Personnel (**Figure 28, 10**)
  - Enabling Services (**Figure 28, 11**)
  - Other Programs and Services (**Figure 28, 12**)
2. [Total FTEs, Salary and Federal Support Requested](#) (**Figure 28, 13**)

Figure 28: Form 2- Staffing Profile

**Form 2 - Staffing Profile**

**Notes:**

- Allocate staff time by function among the staff positions listed. An individual's full-time equivalent (FTE) should not be duplicated across positions. For example, a provider serving as a part-time family physician and a part-time medical director should be listed in each respective category, with the FTE percentage allocated to each position (e.g., CMO 30% FTE and family physician 70% FTE). Do not exceed 100% FTE for any individual.
- Refer to the [USDS manual](#) for position descriptions.
- Do not report contracted staff or volunteers on this form.

Organization: **BRISQ FAMILY HEALTH CENTER, INC.** Due Date: **10/15/2014** (Due In: **0** Days) | Section Status: **Not Started**

Resources: **0**

Value: **SAC FY 2015 User Guide** | Funding Opportunity Announcement

Fields with \* are required

**1 Administration/Management**

Staffing Positions for Major Service Category	Total FTEs (a)	Average Annual Salary of Position (b)	Total Salary (a * b)	Total Federal Support Requested
Executive Director/CEO			\$0.00	
Finance Director/Chief Fiscal Officer/CFO			\$0.00	
Chief Operating Officer/COO			\$0.00	
Chief Information Officer/CIO			\$0.00	
Medical Director/Chief Medical Officer/CMO			\$0.00	
Administrative Support Staff			\$0.00	

Click 'Save and Calculate Total Salary' button to calculate and save the total salaries for all the staffing positions displayed on this form. [Save and Calculate Total Salary](#)

**2 Facility and Non-Clinical Support Staff**

Staffing Positions for Major Service Category	Total FTEs (a)	Average Annual Salary of Position (b)	Total Salary (a * b)	Total Federal Support Requested
Fiscal and Billing Staff			\$0.00	
IT Staff			\$0.00	
Facility Staff			\$0.00	
Patient Support Staff			\$0.00	

Click 'Save and Calculate Total Salary' button to calculate and save the total salaries for all the staffing positions displayed on this form. [Save and Calculate Total Salary](#)

**3 Physicians**

Staffing Positions for Major Service Category	Total FTEs (a)	Average Annual Salary of Position (b)	Total Salary (a * b)	Total Federal Support Requested
Family Physicians			\$0.00	
General Practitioners			\$0.00	
Internist			\$0.00	
Obstetrician/Gynecologist			\$0.00	
Pediatricians			\$0.00	
Other Specialty Physicians			\$0.00	

Please Specify: \_\_\_\_\_ (Maximum \_\_\_\_\_)

Click 'Save and Calculate Total Salary' button to calculate and save the total salaries for all the staffing positions displayed on this form. [Save and Calculate Total Salary](#)

**4 NP, PA, and CNMs**

Staffing Positions for Major Service Category	Total FTEs (a)	Average Annual Salary of Position (b)	Total Salary (a * b)	Total Federal Support Requested
Nurse Practitioners			\$0.00	
Physician Assistants			\$0.00	
Certified Nurse Midwives			\$0.00	

Click 'Save and Calculate Total Salary' button to calculate and save the total salaries for all the staffing positions displayed on this form. [Save and Calculate Total Salary](#)

**5 Medical**

Staffing Positions for Major Service Category	Total FTEs (a)	Average Annual Salary of Position (b)	Total Salary (a * b)	Total Federal Support Requested
Nurses			\$0.00	
Other Medical Personnel (e.g. Medical Assistants, Nurse Aides)			\$0.00	
Laboratory Personnel			\$0.00	
X-Ray Personnel			\$0.00	

Click 'Save and Calculate Total Salary' button to calculate and save the total salaries for all the staffing positions displayed on this form. [Save and Calculate Total Salary](#)

**6 Dental Services**

Staffing Positions for Major Service Category	Total FTEs (a)	Average Annual Salary of Position (b)	Total Salary (a * b)	Total Federal Support Requested
Dentists			\$0.00	
Dental Hygienists			\$0.00	
Dental Assistants, Aides, Technicians			\$0.00	

Click 'Save and Calculate Total Salary' button to calculate and save the total salaries for all the staffing positions displayed on this form. [Save and Calculate Total Salary](#)

**7 Behavioral Health (Mental Health and Substance Abuse)**

Staffing Positions for Major Service Category	Total FTEs (a)	Average Annual Salary of Position (b)	Total Salary (a * b)	Total Federal Support Requested
Psychiatrists			\$0.00	
Licensed Clinical Psychologists			\$0.00	
Licensed Clinical Social Workers			\$0.00	
Other Mental Health Staff			\$0.00	

Please Specify: \_\_\_\_\_ (Maximum \_\_\_\_\_)

Other Licensed Mental Health Providers: \_\_\_\_\_ (Maximum \_\_\_\_\_)

Substance Abuse Providers: \_\_\_\_\_

Click 'Save and Calculate Total Salary' button to calculate and save the total salaries for all the staffing positions displayed on this form. [Save and Calculate Total Salary](#)

**8 Professional Services**

Staffing Positions for Major Service Category	Total FTEs (a)	Average Annual Salary of Position (b)	Total Salary (a * b)	Total Federal Support Requested
Other Professional Health Services Staff			\$0.00	

Please Specify: \_\_\_\_\_ (Maximum \_\_\_\_\_)

Click 'Save and Calculate Total Salary' button to calculate and save the total salaries for all the staffing positions displayed on this form. [Save and Calculate Total Salary](#)

**9 Vision Services**

Staffing Positions for Major Service Category	Total FTEs (a)	Average Annual Salary of Position (b)	Total Salary (a * b)	Total Federal Support Requested
Ophthalmologists			\$0.00	
Optometrists			\$0.00	
Other Vision Care Staff			\$0.00	

Please Specify: \_\_\_\_\_ (Maximum \_\_\_\_\_)

Click 'Save and Calculate Total Salary' button to calculate and save the total salaries for all the staffing positions displayed on this form. [Save and Calculate Total Salary](#)

**10 Pharmacy Personnel**

Staffing Positions for Major Service Category	Total FTEs (a)	Average Annual Salary of Position (b)	Total Salary (a * b)	Total Federal Support Requested
Pharmacy Personnel			\$0.00	

Click 'Save and Calculate Total Salary' button to calculate and save the total salaries for all the staffing positions displayed on this form. [Save and Calculate Total Salary](#)

**11 Enabling Services**

Staffing Positions for Major Service Category	Total FTEs (a)	Average Annual Salary of Position (b)	Total Salary (a * b)	Total Federal Support Requested
Case Managers			\$0.00	
Patient/Community Education Specialists			\$0.00	
Outreach Workers			\$0.00	
Transportation Staff			\$0.00	
Eligibility Assistance Workers			\$0.00	
Interpretation Staff			\$0.00	
Other Enabling Services Staff			\$0.00	

Please Specify: \_\_\_\_\_ (Maximum \_\_\_\_\_)

Click 'Save and Calculate Total Salary' button to calculate and save the total salaries for all the staffing positions displayed on this form. [Save and Calculate Total Salary](#)

**12 Other Programs and Services**

Staffing Positions for Major Service Category	Total FTEs (a)	Average Annual Salary of Position (b)	Total Salary (a * b)	Total Federal Support Requested
Other Programs and Services Staff			\$0.00	

Please Specify: \_\_\_\_\_ (Maximum \_\_\_\_\_)

Click 'Save and Calculate Total Salary' button to calculate and save the total salaries for all the staffing positions displayed on this form. [Save and Calculate Total Salary](#)

**13 Total FTEs, Salary and Federal Support Requested**

Totals	Total FTEs (a)	Average Annual Salary of Position (b)	Total Salary (a * b)	Total Federal Support Requested
Totals	0	N/A	\$0.00	\$0

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

#### 4.4.1 Completing the Staffing Positions by Major Service Category related sections

1. In column (a), provide the number of Full Time Employees (FTEs) for each staffing position for Year 1. Enter 0 if not applicable (Figure 29, 1).
2. In column (b), provide the Average Annual Salary for the staffing positions with Total FTEs greater than 0 (Figure 29, 2).
3. Provide the Total Federal Support Requested for the staffing positions with Total FTEs greater than 0 (Figure 29, 3).
4. Click the **Save and Calculate Total Salary** button to calculate and save the Total Salary for each position. (Figure 29, 4).

#### IMPORTANT NOTES:

- The Total Federal Support Requested amount should be less than or equal to the Total Salary for each position calculated by the system.
- Allocate staff time by function among the staff positions listed. An individual's full-time equivalent (FTE) should not be duplicated across positions. For example, a provider serving as a part-time family physician and a part time medical director should be listed in each respective category, with the FTE percentage allocated to each position (e.g., CMO 30% FTE and family physician 70% FTE). Do not exceed 100% FTE for any individual. Refer to the UDS manual for position descriptions.
- If you enter 0 as the number of Total FTEs for a staffing position, you are not required to provide the Average Annual Salary of Position (b) and the Total Federal Support Requested values for that position.

Figure 29: Staffing Profile positions sections

Fields with \* are required

Staffing Positions	Total FTEs (a)	Average Annual Salary of Position (b)	Total Salary (a * b)	Total Federal Support Requested
* Executive Director/CEO	<input type="text"/>	<input type="text"/>	\$0.00	<input type="text"/>
* Finance Director/Chief Fiscal Officer/CFO	<input type="text"/>	<input type="text"/>	\$0.00	<input type="text"/>
* Chief Operating Officer/COO	<input type="text"/>	<input type="text"/>	\$0.00	<input type="text"/>
* Chief Information Officer/CIO	<input type="text"/>	<input type="text"/>	\$0.00	<input type="text"/>
* Medical Director/Chief Medical Officer/CMO	<input type="text"/>	<input type="text"/>	\$0.00	<input type="text"/>
* Administrative Support Staff	<input type="text"/>	<input type="text"/>	\$0.00	<input type="text"/>

Click 'Save and Calculate Total Salary' button to calculate and save the total salaries for all the staffing positions displayed on this form.

Staffing Positions	Total FTEs (a)	Average Annual Salary of Position (b)	Total Salary (a * b)	Total Federal Support Requested
* Fiscal and Billing Staff	<input type="text"/>	<input type="text"/>	\$0.00	<input type="text"/>
* IT Staff	<input type="text"/>	<input type="text"/>	\$0.00	<input type="text"/>
* Facility Staff	<input type="text"/>	<input type="text"/>	\$0.00	<input type="text"/>
* Patient Support Staff	<input type="text"/>	<input type="text"/>	\$0.00	<input type="text"/>

Click 'Save and Calculate Total Salary' button to calculate and save the total salaries for all the staffing positions displayed on this form.

#### 4.4.2 Completing the Total FTEs, Salary and Federal Support Requested section

This row displays the sum of 'Total FTEs,' 'Total Salary' and 'Total Federal Funds Requested' for the Staffing Positions by Major Service Categories.

1. To calculate the totals, click on the **Calculate** button (Figure 30).

**Figure 30: Total FTEs, Salary and Federal Support Requested section**

Totals	Total FTEs (a)	Average Annual Salary of Position (b)	Total Salary (a * b)	Total Federal Support Requested
Totals <b>Calculate</b>	0	N/A	\$0.00	\$0

Go to Previous Page Save Save and Continue

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

## 4.5 Form 3 - Income Analysis

**Form 3: Income Analysis** projects program income, by source, for Year 1 of the proposed project period. This form comprises of the following sections:

1. [Payer Category](#) (Figure 30, 1)
2. [Comments/Explanatory Notes](#) (Figure 30, 2)

**Figure 31: Form 3: Income Analysis**

**Form 3 - Income Analysis**

Note(s): The value in column (d) - Projected income should equal column (b) - Billable visits multiplied by column (c) - Income per Visit. If not, explain in the Comments/Explanatory Notes box.

Resources: SAC FY 2015 User Guide | Funding Opportunity Announcement

Fields with \* are required

Payer Category	Patients By Primary Medical Insurance (a)	Billable Visits (b)	Income Per Visit (c)	Projected Income (d)	Prior FY Income (e)
<b>Part 1: Patient Service Revenue - Program Income</b>					
* 1. Medicaid					
* 2. Medicare					
* 3. Other Public					
* 4. Private					
* 5. Self Pay					
6. Total (Lines 1 - 5) <b>Calculate Total and Save</b>	0	0	N/A	\$0	\$0
<b>Part 2: Other Income - Other Federal, State, Local and Other Income</b>					
* 7. Other Federal	N/A	N/A	N/A		
* 8. State Government	N/A	N/A	N/A		
* 9. Local Government	N/A	N/A	N/A		
* 10. Private Grants/Contracts	N/A	N/A	N/A		
* 11. Contributions	N/A	N/A	N/A		
* 12. Other	N/A	N/A	N/A		
* 13. Applicant (Retained Earnings)	N/A	N/A	N/A		
14. Total Other (Lines 7 - 13) <b>Calculate Total and Save</b>	N/A	N/A	N/A	\$0	\$0
<b>Total Non-Federal (Non-section 330) Income (Program Income Plus Other)</b>					
15. Total Non-Federal Income (Lines 6 + 14) <b>Calculate Total and Save</b>	N/A	N/A	N/A	\$0	\$0

Comments/Explanatory Notes

Approximately 2 pages (Max 2500 Characters) 2500 Characters left

Go to Previous Page Save Save and Continue

### 4.5.1 Completing the Payer Category section

The Payer Category section is further divided into the following sub-sections:

- Part 1: Patient Service Revenue - Program Income
- Part 2: Other Income - Other Federal, State, Local and Other Income
- Total Non-Federal (Non-section 330) Income (Program Income Plus Other)

To complete the **Payer Category** section, follow the steps below:

1. In column (a), provide the number of Patients by Primary Medical Insurance for each payer category. Enter 0 if not applicable ([Figure 31, 3](#)).
2. In column (b), provide the number of Billable Visits that is greater than or equal to the number of Patients by Primary Medical Insurance, i.e. column (a), for each payer category. Enter 0 if not applicable ([Figure 31, 4](#)).
3. In column (c), provide the amount of Income per Visit for each payer category. Enter 0 if not applicable. ([Figure 31, 5](#)).
4. In column (d), provide the amount of Projected Income for each payer category. Enter 0 if not applicable ([Figure 31, 6](#)).
5. In column (e), provide the amount of Prior FY Income. Refer to the Fiscal Year End Date selected in [Form 1A](#) of this application to provide this information. Enter 0 if not applicable ([Figure 31, 7](#)).
6. Click the **Calculate Total and Save** button to calculate and save the values for each Payer Categories in Part 1. ([Figure 31, 8](#)).

#### IMPORTANT NOTES:

- The number of Billable Visits in column (b) should be 0 if the number of Patients by Primary Medical Insurance in column (a) for a payer category is 0.
- The value in column (d) – Projected Income for a payer category should be equal to the value calculated by multiplying column (b) – Billable visits by column (c) – Income per Visit for that category. If these values are not equal, provide an explanation in the [Comments/Explanatory Notes](#) box.
- The columns **Patients By Primary Medical Insurance (a)**, **Billable Visits (b)** and **Income Per Visit (c)** in Part 2 are disabled and set to 'N/A'.

7. Click the **Calculate Total and Save** button in the **Total Non-Federal (Non-section 330) Income (Program Income plus Other)** section to calculate and save the values for each Payer Categories in Part 1 & 2. ([Figure 31, 9](#)).

### 4.5.2 Completing the Comments/Explanatory Notes section

In this section, enter any comments/explanations related to this form.

1. If the value for any payer category in Projected Income (d) is not equal to the value obtained by multiplying Billable Visits (d) with Income per Visit (c), provide an explanation in this section. Provide justification for each payer category for which these numbers are not equal. If these numbers are equal for all the payer categories, providing comments in this section is optional.
2. Click the **Save and Continue** button to save your work and proceed to the next form.

## 4.6 Form 5A – Services Provided

**Form 5A – Services Provided** identifies how the required and additional services will be provided by the applicant organization.

### 4.6.1 Form 5A in a New or a Supplemental Application

If your organization is submitting either a New or Supplemental FY 2015 SAC application, you may propose one or more service delivery methods for the following services listed on this form:

- Required Services ([Figure 32, 1](#))
- Additional Services ([Figure 32, 2](#))
- Specialty Services ([Figure 32, 3](#))

**Figure 32: Form 5A (New or Supplemental Applications)**

**Form 5A - Services Provided (Required Services)**

Note(s):  
 Select service delivery methods for required services as applicable to the proposed SAC project.

Organization: ERBE FAMILY HEALTH CENTER, INC. Due Date: 10/15/2014 (Due In: 82 Days) | Section Status: Not Started

Resources  
 View  
[SAC FY 2015 User Guide](#) | [Funding Opportunity Announcement](#)

Fields with \* are required

Required Services Additional Services Specialty Services

Service Type	Service provided directly by Health Center (Health Center pays for service)	Service provided by formal written contract/agreement (Health Center pays for service)	Service provided by formal written referral arrangement (Health Center DOES NOT pay)
* 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 Radiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* Screenings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* Coverage for Emergencies During and After Hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* Voluntary Family Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* Immunizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* Well Child Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* Gynecological Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obstetrical Care			
* Prenatal Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* Intrapartum Care (Labor & Delivery)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* Postpartum Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* Preventive Dental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* Pharmaceutical Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* HCH Required Substance Abuse Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* Case Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* Eligibility Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* Health Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* Outreach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* Translation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Go to Previous Page Save Save and Continue

#### 4.6.1.1 Completing Form 5A: Required Services Section

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 service delivery methods differ according to the service provider and the payment source ([Table 1](#)).

**Table 1: Modes of Service Provision**

Service Delivery Methods	Your Organization Provides the Service	Your Organization Pays for the Service
Service provided directly by health center	Yes	Yes
Service provided by formal written contract/agreement	No	Yes
Service provided by formal written referral arrangement	No	No

To specify service delivery methods:

1. Check one or more boxes to indicate the service delivery method(s) for required services as applicable to the proposed SAC project. To view details about a service, hover over the information icon provided, if available, for that service ([Figure 32, 4](#)).
2. Click the **Save and Continue** button to navigate to the **Additional Services** section OR click the **Save** button on the **Required Services** Section and select the **Additional Services** tab below the **Resources** section ([Figure 32, 2](#)).

#### **IMPORTANT NOTES:**

- You cannot select a service delivery method for 'HCH Required Substance Abuse Services' if you have not selected HCH as a sub program in the [Section A-C Budget Summary](#) section of this application. If you selected HCH as a sub program then you are required to select at least one service delivery method for 'HCH Required Substance Abuse Services'.

#### 4.6.1.2 Completing Form 5A: Additional Services Section

Use this form to identify additional services that your organization provides.

#### **IMPORTANT NOTES:**

- This is an optional section. You are not required to identify service delivery methods for any additional services listed in this section.
- You can complete this section by clicking the **Save** or **Save and Continue** button located at the bottom of the form.

If you wish to propose an additional service,

1. Indicate the service delivery method(s) for the desired additional service ([Figure 33](#)).

**Figure 33: Form 5A, Services Provided - Additional Services**

Fields with \* are required

Required Services
  **Additional Services**
 Specialty Services

Service Type	Service provided directly by Health Center (Health Center pays for service)	Service provided by formal written contract/agreement (Health Center pays for service)	Service provided by formal written referral arrangement (Health Center DOES NOT pay)
Additional Dental Services ⓘ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavioral Health Services ⓘ			
Mental Health Services ⓘ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Abuse Services ⓘ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Optometry ⓘ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recuperative Care Program Services ⓘ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environmental Health Services ⓘ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occupational Therapy ⓘ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Therapy ⓘ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speech Language Pathology/Therapy ⓘ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutrition ⓘ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Complementary Alternative Medicine ⓘ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional Enabling/Supportive Services ⓘ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**4.6.1.3 Click the Save and Continue button to navigate to the Specialty Services section OR click the Save button on the Additional Services Section and select the Specialty Services tab below the Resources section. Completing Form 5A: Specialty Services Section**

Use this form to identify specialty services that your organization provides.

**IMPORTANT NOTE:** This is also an optional section. You can complete this section by clicking the Save or Save and Continue button located at the bottom of the form.

If you wish to propose a specialty service,

1. Indicate the service delivery method(s) for the desired specialty service ([Figure 34](#)).

**Figure 34: Form 5A, Services Provided - Specialty Services**

Fields with \* are required

Required Services
  Additional Services
  Specialty Services

Service Type	Service provided directly by Health Center (Health Center pays for service)	Service provided by formal written contract/agreement (Health Center pays for service)	Service provided by formal written referral arrangement (Health Center DOES NOT pay)
Podiatry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychiatry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Endocrinology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ophthalmology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pulmonology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dermatology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infectious Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gastroenterology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advanced Diagnostic Radiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Click the **Save** or **Save and Continue** button to save your work.

#### 4.6.2 Form 5A in a Competing Continuation Application

If your organization is submitting a Competing Continuation SAC application, **Form 5A** is pre-populated with the services in the current H80 scope that HRSA has on file for your organization.

**Form 5A** will be non-editable. You will be required to visit the Required Services, Additional Services, and the Specialty Services sections at least once in order to change the status of the form to Complete.

If the pre-populated data on **Form 5A** does not reflect any recent approved scope changes, click the **Refresh from Scope** button to refresh the data and display the latest scope of project (**Figure 35, 1**).

Figure 35: Form 5A (Competing Continuation Application)

**Form 5A - Services Provided (Required Services)**

**Note(s):**  
 Review the list of services retrieved from your scope on file as of 05/28/2014 04:08:52 PM. If there was a recent change approved for your scope (e.g. through a Change In Scope application), click the 'Refresh From Scope' button below to get your most recent scope on file.

► **MISSOURI SOUTHEAST MISSOURI HEALTH NETWORK** Due Date: 06/30/2014 (Due In: 3 Days) | Section Status: Not Started

▼ **Resources** [View](#)  
[SAC FY 2015 User Guide](#) | [Funding Opportunity Announcement](#) | [Services in H80 Scope](#)

**Required Services**
 **Additional Services**
 **Specialty Services**

[Refresh from Scope](#) 1

Service Type	Service provided directly by Health Center (Health Center pays for service)	Service provided by formal written contract/agreement (Health Center pays for service)	Service provided by formal written referral arrangement (Health Center DOES NOT pay)
General Primary Medical Care	[X]	[X]	[X]
Diagnostic Laboratory	[X]	[_]	[_]
Diagnostic Radiology	[_]	[_]	[_]
Screenings	[_]	[_]	[_]
Coverage for Emergencies During and After Hours	[_]	[_]	[_]
Voluntary Family Planning	[X]	[_]	[_]
Immunizations	[X]	[_]	[_]
Well Child Services	[X]	[_]	[_]
Gynecological Care	[X]	[X]	[X]
Obstetrical Care			
Prenatal Care	[_]	[_]	[_]
Intrapartum Care (Labor & Delivery)	[_]	[_]	[_]
Postpartum Care	[_]	[_]	[_]
Preventive Dental	[X]	[_]	[_]
Pharmaceutical Services	[_]	[_]	[_]
HCH Required Substance Abuse Services	[_]	[_]	[_]
Case Management	[_]	[_]	[_]
Eligibility Assistance	[_]	[_]	[_]
Health Education	[X]	[_]	[X]
Outreach	[X]	[_]	[_]
Transportation	[X]	[X]	[X]
Translation	[X]	[_]	[_]

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

### 4.6.3 Saving and Proceeding to next form

**Form 5A: Services Provided** will be complete when the status of the **Required Services**, **Additional Services** and **Specialty Services** sections is complete. The completed status of these sections is indicated with a green tick mark (  icon) in the section tabs (**Figure 36**).

Figure 36: Completed Required, Additional and Specialty Services sections

Fields with \* are required

✓ Required Services    ✓ Additional Services    ✓ Specialty Services

Service Type    Se

After completing all the sections on **Form 5A**, click the **Save and Continue** button (or **Continue** button in Competing Continuation applications) to save your work and proceed to the next form.

## 4.7 Form 5B: Service Sites

**Form 5B: Service Sites** identifies the sites in your scope of project. If your organization is submitting either a [New](#) or [Supplemental](#) application, you will be able to propose the following types of sites in this form:

- Service Delivery Site
- Administrative/Service Delivery Site
- Admin-only Site

If your organization is submitting a [Competing Continuation](#) application, you will not be able to propose new sites in this form.

### 4.7.1 Form 5B in a New Application

If your organization is submitting a new application, you are required to propose at least one Service Delivery or an Administrative/Service Delivery site.

#### 4.7.1.1 Proposing a New Site

To propose a new site, follow the steps below:

1. Click the **Add New Site** button ([Figure 37](#)) provided above the **Proposed Sites** section.

**Figure 37: Form 5B – (New Application)**

➤ The system navigates to the **Service Site Checklist** page.

2. Answer the questions displayed on the **Service Site Checklist** page.

**Figure 38: Service Site Checklist page**

### IMPORTANT NOTES:

- If the answer to question 1 is 'No' (Figure 38, 1), i.e. if the site being added is not an 'Admin-only' site,
  - Select 'Yes' for questions 'a' through 'd' so that the site is qualified to be added to the application, AND
  - Indicate whether the site being added is a domestic violence site by answering 'Yes' or 'No' to question 2 (Figure 38, 2). A Domestic Violence site is a confidential site serving victims of domestic violence, and the site address cannot be published due to the necessity to protect the location of the domestic violence shelter.
- If the answer to question 1 is 'Yes' (Figure 38, 1), i.e. if the site being added is an 'Admin-only' site, question 2 is not applicable to you.

3. Click the **Verify Qualification** button (Figure 38, 3).

- The system navigates to the **List of Pre-registered Performance Sites at HRSA Level** page. All of the sites that are registered by your organization within EHB will be listed on this page.

**Figure 39: List of Pre-registered Performance Sites at HRSA Level page**

The screenshot shows the 'List of Pre-registered Performance Sites at HRSA Level' page. At the top, there is a navigation bar with 'Resources' and 'View' buttons. Below that, there is a 'Register Performance Site' button highlighted with a red box and a '1' callout. The main content area is a table with the following columns: Site Name, Performance Site Type, Performance Site Address, Performance Site Address Category, and Options. The table contains two rows of data. The first row has 'Fixed' as the site type and 'Accurate' as the address category. The second row has 'Fixed' as the site type and 'Approximate' as the address category. The 'Options' column for both rows contains a 'Select Site Location' dropdown menu, with the second row's dropdown highlighted by a red box and a '2' callout. A 'Cancel' button is located at the bottom left of the table.

**IMPORTANT NOTE:** If there are no sites registered to your organization, or if you want to use a new location for the site you are adding in Form 5B, click the **Register Performance Site** button (Figure 39, 1) and register your site using the **Enterprise Site Repository (ESR)** system by following the steps below:

- On the **Basic Information – Enter** page, provide a site name and select a site type from the following options: Fixed, Mobile. Click the **Next Step** button.
- On the **Address – Enter** page, enter the physical address of the site and click the **Next Step** button.
- On the **Register – Confirm** page, the system displays the physical address you entered on the **Address – Enter** page along with the standardized format of the address. Select the option you want to proceed with and click the **Confirm** button.
- On the **Register – Result** page, click the **Finish** button to finally register the site to your organization.

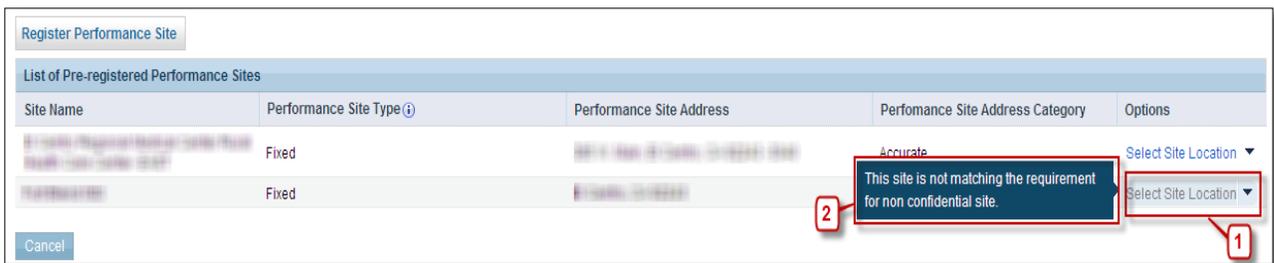
4. Select a site from the list provided on this page and click its **Select Site Location** link (Figure 39, 2).

**IMPORTANT NOTES:** The [Select Site Location](#) link will be disabled ([Figure 40, 1](#)) if the site falls under any of these categories, and you will not be able to select the site:

- If the site is already included in the current application.
- If the site is already in your H80 scope.
- If the site is a Mobile site and the applicant is trying to propose an “Admin-only” site.
- If the site is a confidential site and the applicant is trying to propose a non-confidential/non-domestic violence site.
- If the site is a non-confidential site and the applicant is trying to propose a confidential/ domestic violence site.

In these cases, hovering over the disabled [Select Site Location](#) link ([Figure 40, 2](#)) will provide the reason why the site is disabled.

**Figure 40: Disabled Site Locations**



**IMPORTANT NOTE:** If you wish to update the name of any site listed on this page, click on [Update the Registered Performance Site](#) link ([Figure 41](#)) and update the site name.

**Figure 41: Update the Registered Performance Site link**



5. When you click the [Select Site Location](#) link of a site, the system navigates to the **Form 5B – Edit** page where you must provide all the required information for the site ([Figure 42](#)).

Figure 42: Form 5B – Update Site page

**Form 5B : Edit**

**Note(s):**  
It is recommended that you save your work often (e.g., every 5 minutes) to avoid a loss of data due to unforeseeable technical issues.

Fields with \* are required for all site types.

**Site Information** Status: Not Started

\* Name of Service Site:  \* Site Physical Address:

\* Service Site Type:  \* Site Phone Number: ( ) - - Ext.

\* Web URL:

The following fields are required for "Service Delivery" and "Administrative/Service Delivery" site types, other than where exceptions are noted:

\* Location Type:  \* Location Setting (Required for Service Site):

\* Date Site was Added to Scope:  \* Site Operational Date:

FQHC Site Medicare Billing Number Status:  \* Medicare Billing Number:

FQHC Site National Provider Identification (NPI) Number:  \* Total Hours of Operation when Patients will be Served per Week:

Months of Operation:

Saved Months of Operation:

Number of Contract Service Delivery Locations (Voucher Screening Only):  Number of Intermittent Sites (Intermittent Only):

\* Site Operated by:

**Add Subrecipient/Contractor**

Subrecipient or Contractor Information (Required only if "Subrecipient or Contractor" is selected in "Site Operated By"... (+ View More))

Subrecipient/Contractor Organization Name	Subrecipient/Contractor Organization Physical Site Address	Subrecipient/Contractor EIN	Options
No Subrecipient or Contractor Information to be displayed			

Service Area Zip Code (Include only those from which the majority of the patient population will come)

\* Service Area Zip Codes:

Saved Service Area Zip Code(s):

6. After providing complete information on **Form 5B – Edit** page, click the **Save and Continue** button.
  - **Form 5B – Service Sites** list page opens with the newly added site displayed in the **Proposed Site** section (Figure 43).

Figure 43: Newly added site displayed under Proposed Sites section

**Proposed Sites**

Site Name	Physical Address	Service Site Type	Location Type	Site Status	Options
<input type="text"/>	<input type="text"/>	<input type="text" value="All"/>	<input type="text" value="All"/>	<input type="text" value="All"/>	
<input type="text" value="CHICAGO HEALTH PARTNERS - ADMINISTRATIVE - HEALTH CARE CENTER"/>	<input type="text" value="4770 N Halsted Ave, Chicago, IL 60630"/>	Service Delivery Site	Permanent	In Progress	<input type="button" value="Update"/>

## 4.7.2 Form 5B in a Competing Continuation Application

If your organization is submitting a Competing Continuation SAC application, **Form 5B** is pre-populated with the sites in the current H80 scope that HRSA has on file for your organization.

Form 5B will be non-editable. You will be required to visit the form at least once in order to change the status of the form to Complete.

**Figure 44: Form 5B (Competing Continuation Application)**

Site Name	Physical Address	Service Site Type	Location Type	Options
New Haven Family Clinic	407 Lake St. New Haven, CT 06510-1710	Service Delivery Site	Permanent	View
St. Vincent's (St. Vincent's) Medical Center	700 N. Douglas St. Madison, WI 53706-1410	Service Delivery Site	Mobile Van	View
Wheaton Center Center	220 Southland Dr. Wheaton, MD 20897-4802	Service Delivery Site	Permanent	View
Wheaton Center Center (CLINIC)	220 Southland Dr. Wheaton, MD 20897-4811	Service Delivery Site	Permanent	View
Wheaton Medical and Center Center	4750 Hwy 170, Berlin, MD 20740	Service Delivery Site	Permanent	View
Wheaton Medical and Center Center (CLINIC)	2143 West St. Potomac, MD 20854-4010	Service Delivery Site	Permanent	View
Wheaton Medical and Center Center (CLINIC)	400 Main St. New Haven, CT 06510-1710	Administrative	Permanent	View
Wheaton Family Clinic	100 N. Capitol St. Newark, MD 20899-5807	Service Delivery Site	Permanent	View
Wheaton Family Medical and Center Center	410 East Broadway, Hager, MD 20637	Service Delivery Site	Permanent	View
Wheaton Medical Center	220 Southland Dr. Wheaton, MD 20897-4802	Service Delivery Site	Permanent	View
Wheaton Medical Center	100 Russell Blvd. Newark, MD 20897	Service Delivery Site	Permanent	View
Wheaton Medical Center	100 Russell Blvd. Newark, MD 20897-1710	Service Delivery Site	Permanent	View
Wheaton Medical and Center Center	100 S. Federal St. Berlin, MD 20740-1000	Service Delivery Site	Permanent	View

If the pre-populated data on **Form 5B** does not reflect any recent approved scope changes, click the **Refresh from Scope** button to refresh the data and display the latest scope of project (Figure 44, 1).

## 4.7.3 Form 5B in a Supplemental Application

If your organization is submitting a Supplemental application, you are required to propose at least one new Service Delivery or an Administrative/Service Delivery site. To add a new site under the Proposed Sites section, follow the steps described in section 4.7.1.1, [Proposing a New Site](#).

In addition to proposing new sites in the form, you will also be able to pick sites from your current H80 scope. The steps to pick a site from your scope are described in the following section:

### 4.7.3.1 Pick a Site from Scope

1. On **Form 5B – Service Sites** list page, click the **Pick Site from Scope** provided above the **Existing Sites from Scope** section (Figure 45, 1).



**Figure 47: Form 5B Showing Current Site in Scope**

Site Name	Physical Address	Service Site Type	Location Type	Options
		All	All	Service Delivery Site Permanent <a href="#">Delete</a>

**IMPORTANT NOTES:** The [Select this Site](#) link will be disabled (**Figure 48, 1**), and you will not be able to select sites if the site falls under any of the following categories:

- If the site is already included in the current application.
- If the site has a 'Pending Verification' status in scope.

In these cases, hovering over the disabled [Select Site Location](#) link (**Figure 48, 2**) will provide the reason why the site is disabled.

**Figure 48: Disabled sites in Scope**

Site Name	Site Address	Service Site Type	Location Type	Options
		Service Delivery Site	Permanent	<a href="#">Select this Site</a>
		Service Delivery Site	Pending Verification as of 03/15/2013	<a href="#">Select this Site</a>

3. After completing **Form 5B**, click the **Save and Continue** button (or **Continue** button in Competing Continuation applications) to save your work and proceed to the next form.

## 4.8 Form 5C - Other Activities/Locations

**Form C – Other Activities/Locations** identifies other activities or locations associated with your organization.

### 4.8.1 Form 5C in a New or a Supplemental Application

If your organization is submitting either a New or a Supplemental FY 2015 SAC application, you may propose activities and locations in this form.

**IMPORTANT NOTE:** This is an optional form. If you do not want to propose any activities or locations in your application, you can click on the **Save and Continue** button provided at the bottom of the form to complete it.

To add new activities or locations, follow these steps:

1. Click the **Add New Activity/Location** button provided at the top of the form (**Figure 49, 1**).

**Figure 49: Form 5C (New or Supplemental Applications)**

Activity Type	Description	Frequency	Location	Status	Options
No other activities/locations added.					

- The system navigates to the **Activity/Location - Add** page (**Figure 50**).

**Figure 50: Activity/Location – Add page**

Fields with \* are required

**Activity/Location Information**

\* Type of Activity: Select Option  
If Other, Please Specify

\* Frequency of Activity: Approximately 1/2 page(s) (Max 600 Characters): 600 Characters left

\* Description of Activity: Approximately 1/2 page(s) (Max 600 Characters): 600 Characters left

\* Type of Location(s) where Activity is Conducted: Approximately 1/2 page(s) (Max 600 Characters): 600 Characters left

Cancel Save Save and Continue

2. Provide information in all the fields on this page and click the **Save and Continue** button.

- The system navigates to the **Form 5C** list page displaying the newly added activity on the form (**Figure 51**).

**Figure 51: Activity/Location added**

Activity Type	Description	Frequency	Type of Location	Status	Options
Hospital Admitting	Admitting patients to hospitals	Daily	Permanent	Complete	Update

Once the activity is added, it can be updated or deleted as needed.

### 4.8.2 Form 5C in a Competing Continuation Application

If your organization is submitting a Competing Continuation FY 2015 SAC application, **Form 5C** is pre-populated with the activities/locations in the current H80 scope that HRSA has on file for your organization.

**Form 5C** will be non-editable. You will be required to visit this form at least once in order to change the status of the form to Complete.

**Figure 52: Form 5C (Competing Continuation Applications)**

**Note(s):**  
 Review the list of activities and locations retrieved from your scope on file as of '10/15/2014 10:08 PM'. If there was a recent change approved for your scope (e.g. through a Change In Scope application), click the 'Refresh From Scope' button below to get your most recent scope on file.

**Resources**  
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**Refresh From Scope**

Activity Type	Description	Frequency	Location
Hospital Admitting	HOSPITAL CALL BY PHYSICIAN PROVIDERS TO FOLLOW UP PATIENTS WHO WERE ADMITTED FROM THE CLINIC.	DAILY	WASSON/DELTA MEDICAL CENTER 1008 NORTH MAIN STREET BRISTOL MASSACHUSETTS; TOWN RIVERS HOSPITAL 1001 FIRST ST. HENRIETT MASSACHUSETTS
Portable Clinical Care	Dental school programs, fluoride treatments, dental sealants, and all other school-based health care.	1 day a week during the months of September through May. This is not a new activity. We have been using the mobile dental unit for over 7 years in the schools.	Schools in the 8 county service area.
DENTAL ORAL SURGERY	FOR BLINDING FREE DENTAL PATIENTS THAT REQUIRE ANESTHESIA WITH EXTENSIVE DENTAL TREATMENT PLAN.	ON A "AS NEEDED" BASIS for the last 7 years with the previous PD stating no CIG needed.	WARRING HILL HOSPITAL/PT 1000 N. WY ALBURN ROAD LAPEL CONNECTICUT 06033

If the pre-populated data on **Form 5C** does not reflect any recent approved scope changes, click the **Refresh from Scope** button to refresh the data and display the latest scope of project (Figure 52, 1).

After completing **Form 5C**, click the **Save and Continue** button or **Continue** button in Competing Continuation applications) to save your work and proceed to the next form.

## 4.9 Form 6A – Current Board Member Characteristics

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

### IMPORTANT NOTES:

- This form is optional if you selected “Tribal Indian” or “Urban Indian” as the **Business Entity** in **Form 1A: General Information Worksheet**. You can click the **Save** or the **Save and Continue** button at the bottom of the page to proceed to the next form.
- If you chose a **Business Entity** other than “Tribal Indian” or “Urban Indian,” you must enter all required information on **Form 6A**.
- The minimum number of board members to be entered on **Form 6A** is **9** and the maximum number is **25**.
- If **Form 6A** is optional for you, but you choose to enter information, then you must enter all required information.

New applicants are required to list all the current board members and provide the requested details.

For existing grantees submitting Competing Continuation or Supplemental FY 2015 SAC applications, the system will pre-populate the board member information from their latest awarded H80 application with Form 6A information. Applicants will have the option to update or delete the pre-populated information and add new board members as applicable.

Figure 53: Form 6A Current Board Member Characteristics

**Form 6A - Current Board Member Characteristics**

**Note(s):**  
 The patient board member details displayed below are pre-populated from the latest awarded Health Center Program application (NCC, SAC, or NAP).

**00000000: The Wright Center for Graduate Medical Education** Due Date: 09/07/2015 (Due In: 79 Days) | Section Status: Not Complete

**Resources**

**View**  
 FY 2015 SAC User Guide | Funding Opportunity Announcement

Fields with \* are required

**Add Board Member** <sup>1</sup>

**List of All Board Member(s)**

Name	Current Board Office Position Held	Area of Expertise	>10% of income from health industry	Health Center Patient	Live or Work in Service Area	Years of Continuous Board Service	Special Population Representative	Options
John Bagby	President	Business Administration	Yes	Yes	Live, Work	3	No	<b>Update</b> <sup>2</sup>
Rhonda Coody	Vice President	Real Estate and health care	Yes	Yes	Work	8	No	<b>Update</b>
Erin Cook	Immediate Past President	Community Development	Yes	Yes	Work	3	No	<b>Update</b>
John S. Walls	Member	Financial Consultant	Yes	No	Work	3	No	<b>Update</b>
Roger Brown	Secretary	Universal Funeral Group	Yes	Yes	Live	3	No	<b>Update</b>
Ann Cash	Member	Retired	Yes	Yes	Work	5	No	<b>Update</b>
David Payne	Member	Finance	Yes	Yes	Live	2	No	<b>Update</b>
Betty Smith	Member	Public Affairs	Yes	No	Work	31	No	<b>Update</b>
Pam Cleveland	Member	Health Care	Yes	No	Work	13	No	<b>Update</b>
Gregory Delgado	Member	Health Care	Yes	Yes	Live, Work	6	No	<b>Update</b>
Jeanlyn Marous	Member	Development and Fundraising	Yes	Yes	Work	3	No	<b>Update</b>

**Patient Board Member Classification** <sup>3</sup>

**Gender** **Number of Patient Board Members**

\* Male

\* Female

\* Unreported/Declined to Report

**Ethnicity** **Number of Patient Board Members**

\* Hispanic or Latino

\* Non-Hispanic or Latino

\* Unreported/Declined to Report

**Race** **Number of Patient Board Members**

\* Native Hawaiian

\* Other Pacific Islanders

\* Asian

\* Black/African American

\* American Indian/Alaska Native

\* White

\* More Than One Race

\* Unreported/Declined to Report

**Note(s):**  
 The following question is required ONLY if you selected Public (non-Tribal or Urban Indian) as the Business Entity on Form 1A of this application. In all other cases, select N/A.

**If you are a public organization/center, do the board members listed above represent a co-applicant board?** <sup>4</sup>

Yes  No  N/A

If yes, ensure that the co-applicant agreement is included as Attachment 6 in the Appendices form of this application.

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

1. To add the board member information, click the **Add Board Member** button on this form. (Figure 53, 1)
  - The system navigates to the **Current Board Member - Add** page (Figure 54).
2. Provide the required board member information on this page. Click the **Save and Continue** button to save the information and navigate back to the **Form 6A** list page (Figure 54, 1), or the **Save and Add New** button to save the information and add a new board member record (Figure 54, 2).

**Figure 54: Current Board Member – Add Page**

3. To update or to delete information for any board member, click on **Update** or **Delete** link under the options column in the **List of All Board Members** section (Figure 53, 2). You must provide a minimum of 9 and a maximum of 25 board members.
4. Indicate the gender, ethnicity, and race of board members who are patients of the health center in the **Patient Board Member Classification** sections (Figure 53, 3).

**IMPORTANT NOTES:**

- The totals of each **Patient Board Member Classification** sections should be equal.
- The total number of patient board members under each classification section should be less than or equal to the total number of board members added in the **List of All Board Members** section.

5. If you selected Public (non-Tribal or Urban Indian) as the business entity in **Form 1A** of this application, then select 'Yes' or 'No' for the public organization/center related question (Figure 53, 4). If you selected a different business entity in **Form 1A**, then select 'N/A' for this question. If you answer 'Yes' to this question, ensure that the Co-applicant Agreement is included as **Attachment 6** in the **Appendices** form of this FY 2015 SAC application.
6. After providing complete information on **Form 6A**, click the **Save and Continue** button to save the information and proceed to the next form.

## 4.10 Form 6B - Request for Waiver of Governance Requirements

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

### 4.10.1 Completing Form 6B when it is not applicable

**Form 6B** will not be applicable and you will only see the message depicted in **Figure 55** if any of these reasons is true:

- You selected “Tribal” or “Urban Indian” as the Business Entity in [Form 1A](#).
- You are currently receiving Community Health Centers (CHC) funding, or you selected CHC as one of the sub programs in the [Section A - Budget Summary](#) form of this FY 2015 SAC application.

You can proceed to the next form by clicking on the **Continue** button provided at the bottom of the form to complete it (**Figure 55, 1**).

**Figure 55: Form 6B – Not Applicable**

The screenshot shows the top of a web form titled "Form 6B - Request for Waiver of Governance Requirements". At the top right, it displays "Due Date: [redacted] (Due In: 99 Days) | Section Status: Complete". Below this is a "Resources" section with a "View" button and links to "SAC FY 2014 User Guide" and "Funding Opportunity Announcement". A yellow alert box contains the following text: "Alert: This form is not applicable to you as you are currently receiving or applying to receive Community Health Centers (CHC) funding and/or you have selected 'Tribal' or 'Urban Indian' as the Business Entity in Form 1A." At the bottom left is a "Go to Previous Page" button, and at the bottom right is a "Continue" button, which is highlighted with a red box and a callout bubble containing the number "1".

### 4.10.2 Completing Form 6B when it is applicable

To complete **Form 6B** when it is applicable and required for you, follow the steps provided below:

1. Indicate whether you are requesting a new waiver of the 51% patient majority governance requirement under the **New Waiver Request** section (**Figure 56, 1**) or if you currently have a waiver in the **For Applicants With Previous Waiver** section (**Figure 56, 2**).

Figure 56: Form 6B – Applicable

**Form 6B - Request for Waiver of Governance Requirements**

BRYANTON CARE FOR THE HOMELESS Due Date: 10/13/2014 (Due In: 14 Days) | Section Status: Not Started

Resources View  
SAC FY 2015 User Guide | Funding Opportunity Announcement

Fields with \* are required

**1. New Waiver Request**

Name of Organization  <sup>1</sup>

\* 1a. Are you requesting a new waiver of the 51% patient majority governance requirement?  Yes  No

**2. For Applicants With Previous Waiver**

\* 2a. Do you currently have a waiver of the 51% patient majority governance requirement?  Yes  No

2b. Are you requesting the patient majority waiver to be continued? (This question is required if you answered 'Yes' to question 2a.)  Yes  No (Governing Board is in Full Compliance)  Not Applicable <sup>2</sup>

**3. Demonstration of Good Cause for Waiver (demonstrate good cause for the waiver request by addressing the following areas)**

3a. Provide description of the population to be served and the characteristics of the population/service area that would necessitate a waiver. (This question is required if you answered 'Yes' to question 1a and/or question 2b.)

Approximately 1/2 page (Max 1000 Characters): 1000 Characters left.

3b. Provide description of the health center's attempts to meet the requirement to date and explain why these attempts have not been successful. (This question is required if you answered 'Yes' to question 1a and/or question 2b.)

Approximately 1/2 page (Max 1000 Characters): 1000 Characters left.

**4. Alternative Mechanism Plan for Addressing Patient Representation**

4a. Present a plan for complying with the intent of the statute via an alternative mechanism that ensures patient input and participation in the organization, as well as direction and ongoing governance of the health center. (This question is required if you answered 'Yes' to question 1a and/or question 2b.)

Approximately 1/2 page (Max 1000 Characters): 1000 Characters left.

Go to Previous Page Save Save and Continue

2. Answer the remaining questions on the form as applicable.

**IMPORTANT NOTES:**

- Select 'Yes' or 'No' for question 2b if you answered 'Yes' to question 2a. Select 'N/A' for this question if you answered 'No' to question 2a.
- Questions 3a, 3b and 4a are required if you answered 'Yes' to question 1a and/or question 2b.

After completing **Form 6B**, click the **Save and Continue** button to save your work and proceed to the next form.

## 4.11 Form 8 - Health Center Agreements

**Form 8** indicates whether you have any agreements with other organizations that impact the board's composition, authorities, functions, or responsibilities, or provides a substantial number of services, sites, and/or activities in your organization's approved scope of project. This form comprises of the following sections:

1. [Part I](#) (Figure 57, 1)
2. [Part II](#) (Figure 57, 2)
3. [Part III](#) (Figure 57, 3)

Figure 57: Form 8 – Health Center Agreements

**Form 8 - Health Center Agreements**

**Note(s):**  
When a health center grantee wishes to establish an agreement/arrangement in the future that will either (1) result in another organization carrying out a substantial portion of the approved scope of project or (2) impact the governing board's composition, authorities, functions, or responsibilities, a Prior Approval request must be submitted in EHB and approved by HRSA before the agreement/arrangement can be formalized and implemented.

Due Date: ~~08/03/2016~~ (Due In: 84 Days) | Section Status: Not Started

**Resources**

View  
SAC FY 2015 User Guide : Funding Opportunity Announcement

Fields with \* are required

**PART I**

\* 1. Do you have, or propose to establish as part of this application, an agreement with another organization to carry out a substantial portion of the proposed scope of project?  Yes  No

2a. Number of contracts 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), Chief Executive Officer, or Chief Financial Officer (CFO).  (positive integer up to 4 digits)

2b. Number of Memoranda of Understanding (MOU)/Agreement (MOA) for a substantial portion of the proposed scope of project via a subrecipient/sub award arrangement.  (positive integer up to 4 digits)

**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? A No response to any Governance Checklist item must result in a Yes response to question 2 below.

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
adopts center's health care policies, including scope and availability of services, location, hours of operation, and quality of care audit procedures	<input type="radio"/> Yes <input type="radio"/> No
establishes a conflict of interest policy	<input type="radio"/> Yes <input type="radio"/> No

\* 2. Do you have, or propose to establish as part of this application, an agreement/arrangement (noted in Part I or otherwise) that impacts the applicant's governing board composition, authorities, functions, or responsibilities? (If Yes, indicate the number of such agreements/arrangements in question 3 below and complete Part III.)  Yes  No

3. Number of agreements/arrangements 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).  (positive integer up to 4 digits)

**Note(s):**

- If Yes was selected in Part I.1 or Part II.2 or if you indicated that one or more of the sites you proposed in Form 5B of this application are operated by 'subrecipient' or 'contractor', provide Organization Agreement Details below 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.
- System should allow user to add maximum 10 organization agreements in Form 8.

[Add Organization Agreement](#)

**PART III**

No organization agreement details added

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

### 4.11.1 Completing Part I of Form 8

To complete Part I of **Form 8**, follow the steps below:

1. In Part I, Question 1 (**Figure 58, 1**), 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.

**IMPORTANT NOTE:** If any of the new sites proposed in [Form 5B: Service Sites](#) are being operated by a “Subrecipient” or a “Contractor”, the system will set the answer for question 1 to ‘Yes’ and make it non-editable.

**Figure 58: Form 8, Part I**

PART I	
* 1. Do you have, or propose to establish as part of this application, an agreement with another organization to carry out a substantial portion of the proposed scope of project? ⓘ	<input type="radio"/> Yes <input type="radio"/> No <span style="border: 1px solid red; border-radius: 50%; padding: 2px;">1</span>
2a. Number of contracts 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), Chief Executive Officer, or Chief Financial Officer (CFO).	<input type="text"/> (positive integer up to 4 digits) <span style="border: 1px solid red; border-radius: 50%; padding: 2px;">2</span>
2b. Number of Memoranda of Understanding (MOU)/Agreement (MOA) for a substantial portion of the proposed scope of project via a subrecipient/sub award arrangement.	<input type="text"/> (positive integer up to 4 digits) <span style="border: 1px solid red; border-radius: 50%; padding: 2px;">3</span>

2. If you answer ‘Yes’ to question 1, indicate the number of each agreement type in questions 2a (**Figure 58, 2**) and/or 2b (**Figure 58, 3**).

### 4.11.2 Completing Part II of Form 8

To complete Part II of **Form 8**, follow these steps

1. In Part II, Question 1 (**Figure 59, 1**), complete the Governance Checklist to determine if any affiliations or agreements limit or compromise the board’s authorities, functions, or responsibilities.
2. In Part II, Question 2 (**Figure 59, 2**), inform HRSA of any current or proposed agreements that affect the composition, authorities, functions, or responsibilities of your organization’s board.

**IMPORTANT NOTE:** If you answered ‘No’ to any of the Governance Checklist items, you must answer ‘Yes’ to question 2 in Part II of this form.

3. If you answer ‘Yes’ to question 2, specify the number of such agreements in question 3 (**Figure 59, 2**).

Figure 59: Form 8, Part II

**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? A No response to any Governance Checklist item must result in a Yes response to question 2 below. ⓘ

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
adopts center's health care policies, including scope and availability of services, location, hours of operation, and quality of care audit procedures	<input type="radio"/> Yes <input type="radio"/> No
establishes a conflict of interest policy	<input type="radio"/> Yes <input type="radio"/> No

\* 2. Do you have, or propose to establish as part of this application, an agreement/arrangement (noted in Part I or otherwise) that impacts the applicant's governing board composition, authorities, functions, or responsibilities? (If Yes, indicate the number of such agreements/arrangements in question 3 below and complete Part III.)

Yes  No

3. Number of agreements/arrangements 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).

(positive integer up to 4 digits)

4. If you answered 'Yes' to [Part I](#), question 1 or Part II, question 2, proceed to [Part III](#) to add organization agreements.

### 4.11.3 Completing Part II of Form 8 – Adding Organization Agreement details

In Part III, provide each agreement with external organizations as noted in [Part I](#) and [Part II](#). The agreements will be organized by each organization. To add agreements, follow the steps below:

1. Click the **Add Organization Agreement** button located above Part III ([Figure 60, 1](#)).

Figure 60: Form 8, Part III

**Note(s):**

- If Yes was selected in Part I.1 or Part II.2 or if you indicated that one or more of the sites you proposed in Form 5B of this application are operated by 'subrecipient' or 'contractor', provide Organization Agreement Details below 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.
- System should allow user to add maximum 10 organization agreements in Form 8.

**Add Organization Agreement**

**PART III**

No organization agreement details added

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

- The system navigates to the **Organization Agreement - Add** page (Figure 61).

**Figure 61: Organization Agreement – Add page**

2. Provide the required information for the agreement in the **Organization Agreement Detail** section on this page (Figure 61, 1).
3. Upload at least one document related to the agreement in the **Attachments** section at the bottom of this page by clicking the **Attach File** button (Figure 61, 2).

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

4. Click **Save and Continue** to return to **Form 8: Health Center Agreements** list page. Following the steps described above, add as many organizations and corresponding agreements as required in Part III.

5. After completing **Form 8**, click the **Save and Continue** button to save your work and proceed to the next form.

## 4.12 Form 9 – Need for Assistance Worksheet

**Form 9: Need for Assistance Worksheet** documents objective measures of relative need for the proposed service area and target population. This form comprises of the following sections:

1. [Section I – Core Barriers](#) (**Figure 62**)
2. [Section II – Core Health Indicators](#) (**Figure 63**)
3. [Section III – Other Health and Access Indicators](#) (**Figure 66**)

### 4.12.1 Completing Section I – Core Barriers

**Form 9, Section I** requests information about core barriers to health care access in the proposed service area and for the target population. You must report on three of the following four core barriers listed.

- Population to One FTE Primary Care Physician
  - Percent of Population Below 200 Percent of Poverty
  - Percent of Population Uninsured
  - Distance (miles) OR travel time (minutes) to the nearest primary care provider accepting new Medicaid and uninsured patients
1. For those you will report progress, respond ‘**Yes**’ to the question ‘Is this Core Barrier Applicable?’ (**Figure 62, 1**).
  2. Provide information in all the remaining fields of the core barrier.

#### **IMPORTANT NOTES:**

- Refer to the **Data Resource Guide** at <http://www.hrsa.gov/grants/apply/assistance/sac> for guidance regarding appropriate data sources and extrapolation methodologies.
- If you answer ‘No’ to ‘Is this Core Barrier Applicable?’ for any core barrier, you will **not** be able to enter any data for that barrier.

Figure 62: Form 9, Section I: Core Barriers

**Form 9 - Need for Assistance Worksheet (Section I - Core Barriers)**

**Note(s):**  
 Provide information for three out of the four Core Barriers listed below.

**WHY? CARE FOR THE HOMELESS** Due Date: 06/15/2016 (Due In: 66 Days) | Section Status: Not Started

**Resources**  
 View  
[SAC FY 2015 User Guide](#) | [Funding Opportunity Announcement](#) | [Form 9 Instructions](#)

**Section I - Core Barriers** | Section II - Core Health Indicators | Section III - Other Health and Access Indicators

Fields with \* are required

**Population to one FTE primary care physician**

Is this Core Barrier Applicable?  Yes  No

Data Response (Enter a number up to 2 decimals): \_\_\_\_\_ : 1 Ratio

Year to Which Data Apply (yyyy): \_\_\_\_\_

Data Source/Description (Approximately 1/4 page (Max 500 Characters): 500 Characters left.)

Methodology Utilized/Extrapolation Method (Approximately 1/4 page (Max 500 Characters): 500 Characters left.)

Identify Geographic Service Area or Target Population for Data (Approximately 1/8 page (Max 100 Characters): 100 Characters left.)

---

**Percent of Population Below 200 Percent of Poverty**

Is this Core Barrier Applicable?  Yes  No

Data Response (Enter a number up to 2 decimals): \_\_\_\_\_ %

Year to Which Data Apply (yyyy): \_\_\_\_\_

Data Source/Description (Approximately 1/4 page (Max 500 Characters): 500 Characters left.)

Methodology Utilized/Extrapolation Method (Approximately 1/4 page (Max 500 Characters): 500 Characters left.)

Identify Geographic Service Area or Target Population for Data (Approximately 1/8 page (Max 100 Characters): 100 Characters left.)

---

**Percent of Population Uninsured**

Is this Core Barrier Applicable?  Yes  No

Data Response (Enter a number up to 2 decimals): \_\_\_\_\_ %

Year to Which Data Apply (yyyy): \_\_\_\_\_

Data Source/Description (Approximately 1/4 page (Max 500 Characters): 500 Characters left.)

Methodology Utilized/Extrapolation Method (Approximately 1/4 page (Max 500 Characters): 500 Characters left.)

Identify Geographic Service Area or Target Population for Data (Approximately 1/8 page (Max 100 Characters): 100 Characters left.)

---

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

Is this Core Barrier Applicable?  Yes  No

Data Response (Enter a number up to 2 decimals): \_\_\_\_\_ Select One

Year to Which Data Apply (yyyy): \_\_\_\_\_

Data Source/Description (Approximately 1/4 page (Max 500 Characters): 500 Characters left.)

Methodology Utilized/Extrapolation Method (Approximately 1/4 page (Max 500 Characters): 500 Characters left.)

Identify Geographic Service Area or Target Population for Data (Approximately 1/8 page (Max 100 Characters): 100 Characters left.)

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

3. Click **Save and Continue** to proceed to [Section II – Core Health Indicators](#), OR click the **Save** button at the bottom of **Section I – Core Barriers** and select the **Section II – Core Health Indicators** tab below the **Resources** section ([Figure 63, 1](#)).

#### 4.12.2 Completing Form 9: Section II - Core Health Indicators

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

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

To provide information about the core health indicators, follow the steps below for each health indicator:

1. Select a **Core Health Indicator** from the drop-down menu ([Figure 63, 2](#)).
2. Click the **Refresh National Benchmark** button ([Figure 63, 3](#)).
  - The system refreshes the following fields with the values applicable to the selected indicator and make them non-editable:
    - **National Benchmark** ([Figure 63, 4](#))
    - Measure unit of the **Data Response** field ([Figure 63, 5](#))

**IMPORTANT NOTE:** Clicking the **Refresh National Benchmark** button will refresh the measuring unit of the **Data Response** field only. You will be required to provide the **Data Response** value ([Figure 63, 6](#)).

**Figure 63: Form 9, Section II: Core Health Indicators (Part I)**

**Form 9 - Need for Assistance Worksheet (Section II - Core Health Indicators)**

**Note(s):**

- Provide information for all six health Indicator categories listed below. You are required to select one Core Health Indicator for each category and provide complete information for the selected Indicator.
- After selecting a pre-defined Core Health Indicator for any category, it is recommended that you click the 'Refresh National Benchmark' button to populate the National Benchmark value associated with the selected health indicator. Clicking this button will also set the data unit in the Data Response field to the appropriate value.
- If you choose to propose 'Other' health indicator in any of the categories listed below, you must provide the description of the indicator and select appropriate data unit while providing Data Response. Click the 'Refresh National Benchmark' button after selecting 'Other' in the Core Health Indicator field if you do not see the respective fields in editable format to provide the information related to the 'Other' indicator.

RECIPIENT: ERIE FAMILY HEALTH CENTER, INC. Due Date: 10/15/2014 (Due In: 62 Days) | Section Status: Not Started

**Resources**

View  
 SAC FY 2015 User Guide | Funding Opportunity Announcement | Form 9 Instructions

Section I - Core Barriers | **Section II - Core Health Indicators** | Section III - Other Health and Access Indicators

Fields with \* are required

**Diabetes**

- Core Health Indicator:** Age-adjusted diabetes prevalence
- National Benchmark:** 8.10%
- Data Response:**  %
- Year to Which Data Apply:** (yyyy)
- Data Source/Description:** Approximately 1/4 page (Max 500 Characters): 500 Characters left.
- Methodology Utilized/Extrapolation Method:** Approximately 1/4 page (Max 500 Characters): 500 Characters left.
- Identify Geographic Service Area or Target Population for Data:** Approximately 1/8 page (Max 100 Characters): 100 Characters left.

**Cardiovascular Disease**

- Core Health Indicator:** Select One   
If 'Other', please specify: \_\_\_\_\_
- National Benchmark:** Click the Refresh National Benchmark button after selecting the Health Indicator to view the related National Benchmark value.
- Data Response:** Select One  
If 'Other', please specify: \_\_\_\_\_
- Year to Which Data Apply:** (yyyy)
- Data Source/Description:** Approximately 1/4 page (Max 500 Characters): 500 Characters left.
- Methodology Utilized/Extrapolation Method:** Approximately 1/4 page (Max 500 Characters): 500 Characters left.
- Identify Geographic Service Area or Target Population for Data:** Approximately 1/8 page (Max 100 Characters): 100 Characters left.

**Cancer**

- Core Health Indicator:** Select One   
If 'Other', please specify: \_\_\_\_\_
- National Benchmark:** Click the Refresh National Benchmark button after selecting the Health Indicator to view the related National Benchmark value.
- Data Response:** Select One  
If 'Other', please specify: \_\_\_\_\_
- Year to Which Data Apply:** (yyyy)
- Data Source/Description:** Approximately 1/4 page (Max 500 Characters): 500 Characters left.
- Methodology Utilized/Extrapolation Method:** Approximately 1/4 page (Max 500 Characters): 500 Characters left.
- Identify Geographic Service Area or Target Population for Data:** Approximately 1/8 page (Max 100 Characters): 100 Characters left.

Figure 64: Form 9, Section II: Core Health Indicators (Part II)

The screenshot displays a web-based form titled 'Form 9, Section II: Core Health Indicators (Part II)'. The form is organized into three main sections: 'Prenatal and Perinatal Health', 'Child Health', and 'Behavioral Health'. Each section follows a similar layout:

- Core Health Indicator:** A dropdown menu labeled 'Select One' and a 'Refresh National Benchmark' button. Below it is a text field for 'If 'Other', please specify:'.
- National Benchmark:** A text field with the instruction: 'Click the Refresh National Benchmark button after selecting the Health Indicator to view the related National Benchmark value.'
- Data Response:** A dropdown menu labeled 'Select One' and a text field for 'If 'Other', please specify:'.
- Year to Which Data Apply:** A text field with a '(yyyy)' placeholder.
- Data Source/Description:** A large text area with a character limit: 'Approximately 1/4 page (Max 500 Characters): 500 Characters left.'
- Methodology Utilized/Extrapolation Method:** A large text area with a character limit: 'Approximately 1/4 page (Max 500 Characters): 500 Characters left.'
- Identify Geographic Service Area or Target Population for Data:** A text area with a character limit: 'Approximately 1/8 page (Max 100 Characters): 100 Characters left.'

At the bottom of the form, there are three buttons: 'Go to Previous Page', 'Save', and 'Save and Continue'.

3. Provide information in all the remaining fields of the health indicator.

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

**IMPORTANT NOTE:** If you choose to select 'Other' in the **Core Health Indicator** drop-down menu, clicking on the **Refresh National Benchmark** button will do the following:

- Enable the 'If Other, Please Specify' text box (Figure 65, 1). You must provide the description of the 'Other' health indicator that you wish to propose in this text box.
- Set the **National Benchmark** field to 'Not Applicable' and make it non-editable (Figure 65, 2).
- Enable the measuring unit drop-down for **Data Response** field (Figure 65, 3). You will be required to provide both the value and the measuring unit for the **Data Response** field in this scenario.

**Figure 65: Selecting 'Other' as Core Health Indicator**

The screenshot shows a form for 'Diabetes' with the following fields and callouts:

- Core Health Indicator:** Set to 'Other'. A 'Refresh National Benchmark' button is visible to the right. Callout 1 points to the 'If Other, please specify:' text box.
- National Benchmark:** Set to 'Not Applicable'. Callout 2 points to this field.
- Data Response:** A dropdown menu is open showing options: %, Ratio, /1,000, /10,000, /100,000, Months, and Other. Callout 3 points to this dropdown menu.
- Year to Which Data Apply:** A text box for entering a year (yyyy).
- Data Source/Description:** A text box with a character limit of 500.
- Methodology:** A text box with a character limit of 500.
- Identify Geographic Service Area or Target Population for Data:** A text box with a character limit of 100.

4. Click the **Save and Continue** button to proceed to [Section III – Other Health and Access Indicators](#), OR click the **Save** button at the bottom of **Section II – Core Health Indicators** and select the **Section III – Other Health and Access Indicators** tab below the **Resources** section (Figure 66, 1).

### 4.12.3 Completing Form 9: Section III - Other Health and Access Indicators

Use **Form 9**, Section III to provide information about two additional health indicators. To add information about the health and access indicators, follow these steps:

1. Select a **Health and Access Indicator** from the drop-down menu (Figure 66, 2).
2. Click the **Refresh National Benchmark** button (Figure 66, 3).
  - The system refreshes the following fields with the values applicable to the selected indicator and make them non-editable:
    - **National Benchmark** (Figure 66, 4)
    - Measure unit of the **Data Response** field (Figure 66, 5)

**IMPORTANT NOTE:** Clicking the **Refresh National Benchmark** button will refresh the measuring unit of the **Data Response** field only. You will be required to provide the **Data Response** value (**Figure 66, 6**).

3. Provide information in all the remaining fields of the health indicator.

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

**Figure 66: Form 9, Section III: Other Health and Access Indicator**

The screenshot displays the 'Form 9 - Need for Assistance Worksheet (Section III - Other Health and Access Indicators)'. At the top, it shows the title and a 'Due Date: 08/13/2014 (Due In: 86 Days) | Section Status: Not Started'. Below this, there are navigation links for 'SAC FY 2015 User Guide', 'Funding Opportunity Announcement', and 'Form 9 Instructions'. The main content area is divided into three sections: 'Section I - Core Barriers', 'Section II - Core Health Indicators', and 'Section III - Other Health and Access Indicators', with the third section being active. Under 'Indicator #1', the 'Health and Access Indicator' is set to 'Age-adjusted death rate (per 100,000)'. The 'National Benchmark' is '764.80 /100,000'. The 'Data Response' field is empty, and the 'Year to Which Data Apply' is also empty. The 'Data Source/Description' and 'Methodology Utilized/Extrapolation Method' fields are both empty. The 'Identify Geographic Service Area or Target Population for Data' field is also empty. A 'Refresh National Benchmark' button is visible next to the 'Health and Access Indicator' dropdown. Under 'Indicator #2', the 'Health and Access Indicator' is set to 'Select One'. The 'National Benchmark' field contains the instruction: 'Click the Refresh National Benchmark button after selecting the Health Indicator to view the related National Benchmark value.' The 'Data Response' field is empty, and the 'Year to Which Data Apply' is also empty. The 'Data Source/Description' and 'Methodology Utilized/Extrapolation Method' fields are both empty. The 'Identify Geographic Service Area or Target Population for Data' field is also empty. At the bottom of the form, there are buttons for 'Go to Previous Page', 'Save', and 'Save and Continue'.

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

#### 4.12.4 Saving and Proceeding to next form

**Form 9: Need for Assistance Worksheet** will be complete when the status of all the 3 sections is complete.

The completed status of all these sections is indicated with a green tick mark ( ✓ icon) in the section tabs (Figure 67).

**Figure 67: Completed Form 9 sections**



After completing all the sections on **Form 9**, click the **Save and Continue** button to save your work and proceed to the next form.

### 4.13 Form 10: Annual Emergency Preparedness Report

The **Annual Emergency Preparedness Report** assesses your organization’s overall emergency readiness. Complete the sections of this form by selecting a ‘Yes’ or ‘No’ response.

Figure 68: Form 10 – Annual Emergency Preparedness Report

**Form 10 - Annual Emergency Preparedness Report**

► **EMERGENCY CARE FOR THE HOMELESS** Due Date: 10/15/2014 (Due In: 10 Days) | Section Status: Not Started

▼ **Resources** [View](#)

[SAC FY 2015 User Guide](#) | [Funding Opportunity Announcement](#)

Fields with \* are required

**Section I : Emergency Preparedness and Management Plan**

\* 1) Has your organization conducted a thorough Hazards Vulnerability Assessment?  
If Yes, date completed:    
(mm/dd/yyyy)  Yes  No

\* 2) Does your organization have an approved EPM plan?  
If Yes, date most recent EPM plan was approved by your Board:    
(mm/dd/yyyy)  Yes  No  
If No, skip to Readiness section below.

3) Does the EPM plan specifically address the four disaster phases?  
This question is mandatory if you answered Yes to Question 2.

3a) Mitigation  Yes  No

3b) Preparedness  Yes  No

3c) Response  Yes  No

3d) Recovery  Yes  No

4) Is your EPM plan integrated into your local/regional emergency plan?  
This question is mandatory if you answered Yes to Question 2.  Yes  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.  Yes  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.  Yes  No

**Section II : Readiness**

\* 1) Does your organization include alternatives for providing primary care to your current patient population if you are unable to do so during emergency?  Yes  No

\* 2) Does your organization conduct annual planned drills?  Yes  No

\* 3) Does your organization's staff receive periodic training on disaster preparedness?  Yes  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?  Yes  No

\* 5) Does your organization have arrangements with Federal, State and/or local agencies for the reporting of data?  Yes  No

\* 6) Does your organization have a back up communication system?

6a) Internal  Yes  No

6b) External  Yes  No

\* 7) Does your organization coordinate with other systems of care to provide an integrated emergency response?  Yes  No

\* 8) Has your organization been designated to serve as a point of distribution (POD) for providing antibiotics, vaccines and medical supplies?  Yes  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)  Yes  No

\* 10) Does your organization have an off-site back up of your information technology system?  Yes  No

\* 11) Does your organization have a designated EPM coordinator?  Yes  No

Vulnerability Assessment Completed Date EPM Plan Approved Date

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

After providing complete information on **Form 10**, click the **Save and Continue button** to save the information and proceed to the next form.

## 4.14 Form 12- Organization Contacts

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

New applicants will have to provide the requested contact information.

For existing grantees submitting a competing continuation or a supplemental application, the system will pre-populate the board member information from their latest awarded H80 application with **Form 12** information.

Enter contact information for the Chief Executive Officer, Contact Person, Medical Director, and Dental Director (optional) on this form. (Figure 69, 1, 2, 3, 4)

**Figure 69: Form 12 – Organization Contacts**

**Form 12 - Organization Contacts**

Due Date: 08/15/2015 (Due In: 15 Days) | Section Status: Not Started

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Fields with \* are required

Contact Information	Name	Highest Degree	Phone	Email	Option
* Chief Executive Officer					1 Add Chief Executive Officer
* Contact Person					2 Add Contact Person
* Medical Director					3 Add Medical Director
Dental Director					4 Add Dental Director

Go to Previous Page Save Save and Continue

1. Click on the **Add/Update** link to add or update the information for each type of contact. For example, click **Add Chief Executive Officer** to add a Chief Executive Officer.
  - The system directs you to the data entry page for the corresponding contact.
2. To delete the contact information already provided, click on the **Delete** link under the options column.

**IMPORTANT NOTE:** The **Update** and the **Delete** link will be displayed only when you have added the contact information.

3. Enter the required information on this page.

Figure 70: Chief Executive Officer – Add page

Chief Executive Officer - Add

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Fields with \* are required

Add New Contact Information

Position Title Chief Executive Officer

Prefix Select Option

\* First Name

\* Last Name

Middle Initial

Suffix Select Option

If 'Other', please specify: (maximum 100 characters)

Highest Degree Select Option

If 'Other', please specify: (maximum 100 characters)

\* Email Address

\* Phone Number

Cancel Save Save and Continue

4. Click on **Save** to save the information and remain on the same page or click on **Save and Continue** to save the information and proceed to the **Form 12 – Organizations Contact** page to add information for the next contact.
5. After providing complete information on **Form 12**, click the **Save and Continue button** to save the information and proceed to the next form.

## 4.15 Clinical Performance Measures

Use this form to provide information about clinical performance measures.

**IMPORTANT NOTE:** Refer to the SAC Funding Opportunity Announcement for more information on completing the **Clinical Performance Measures** form.

The **Clinical Performance Measures** form displays standard measures and other measures. **Standard Measures** are pre-defined measures; applicants are required to provide requested information for all the standard measures.

**Other Measures** are the additional measures that applicants may wish to add in this application. The addition of Other Measures is optional.

### 4.15.1 Completing the Standard Performance Measures for New and Supplemental applications

If you are submitting a 'New' or a 'Supplemental' application, then you must provide information for all the standard performance measures listed in this form.

**Figure 71: Clinical Performance Measures – List page (New or Supplemental Application)**

**Clinical Performance Measures - List**

DEPARTMENT ALBERT EINSTEIN HEALTH SERVICES CENTER, INC. Due Date: 06/15/2014 (Due In: 04 Days) | Section Status: Not Started

**Resources**  
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**Project Period**

\* Start Date (mm/dd/yyyy) 1

\* End Date (mm/dd/yyyy) 2

[Add Other Performance Measure](#)

[Collapse Group](#) | [Detailed View](#)

Focus Area	Performance Measure	Projected Data	Status	Options
<b>Standard Measures</b>				
Diabetes	Percentage of diabetic patients whose HbA1c levels are less than 8 percent, less than or equal to 9 percent, or greater than 9 percent.		Not Complete	<a href="#">Update</a> <span style="border: 1px solid red; padding: 2px;">3</span>
Cardiovascular Disease	Percentage of adult patients with diagnosed hypertension whose most recent blood pressure was less than 140/90.		Not Complete	<a href="#">Update</a>
Cancer	Percentage of women 21-64 years of age who received one or more Pap tests to screen for cervical cancer.		Not Complete	<a href="#">Update</a>
Prenatal Health	Percentage of pregnant women beginning prenatal care in first trimester.		Not Complete	<a href="#">Update</a>
Perinatal Health	Percentage of low birthweight infants born to prenatal care patients.		Not Complete	<a href="#">Update</a>
Child Health	Percentage of children who have received age appropriate vaccines on or before their 3rd birthday.		Not Complete	<a href="#">Update</a>
Oral Health	(Please Specify)		Not Complete	<a href="#">Update</a>
Weight Assessment and Counseling for Children and Adolescents	Percentage of patients age 2 to 17 years who had a visit during the measurement year and who had Body Mass Index (BMI) Percentile documentation, counseling for nutrition, and counseling for physical activity during the measurement year.		Not Complete	<a href="#">Update</a>
Adult Weight Screening and Follow-Up	Percentage of patients age 18 years or older who had their calculated Body Mass Index (BMI) documented at the last visit or within the last six months and, if they were overweight or underweight, had a follow-up plan documented.		Not Complete	<a href="#">Update</a>
Tobacco Use Screening and Cessation	Percentage of patients age 18 years and older who were screened for tobacco use at least once during the measurement year or prior year AND who received cessation counseling intervention and/or pharmacotherapy if identified as a tobacco user.		Not Complete	<a href="#">Update</a>
Asthma – Pharmacological Therapy	Percentage of patients age 5 to 40 years with a diagnosis of persistent asthma (either mild, moderate, or severe) who were prescribed either the preferred long term control medication or an acceptable pharmacological therapy during the measurement year.		Not Complete	<a href="#">Update</a>
Coronary Artery Disease (CAD): Lipid Therapy	Percentage of patients age 18 years and older with a diagnosis of CAD prescribed a lipid lowering therapy during the measurement year.		Not Complete	<a href="#">Update</a>
Ischemic Vascular Disease (IVD): Aspirin Therapy	Percentage of patients aged 18 years and older who were discharged alive for acute myocardial infarction (AMI) or coronary artery bypass graft (CABG) or percutaneous transluminal coronary angioplasty (PTCA) from January 1 to November 1 of the prior year OR who had a diagnosis of ischemic vascular disease (IVD) during the measurement year or prior year who had documentation of use of aspirin or another antithrombotic.		Not Complete	<a href="#">Update</a>
Colorectal Cancer Screening	Percentage of patients age 50 to 75 years who had appropriate screening for colorectal cancer (includes colonoscopy ≤ 10 years, flexible sigmoidoscopy ≤ 5 years, or annual fecal occult blood test).		Not Complete	<a href="#">Update</a>
New HIV Cases With Timely Follow Up	Percentage of newly diagnosed HIV patients who had a medical visit for HIV care within 90 days of first-ever HIV diagnosis.		Not Complete	<a href="#">Update</a>
Depression Screening and Follow Up	Percentage of patients aged 12 and older screened for clinical depression using an age appropriate standardized tool AND follow-up plan documented.		Not Complete	<a href="#">Update</a>

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

To complete this form:

1. In the **Project Period** section, provide the Project Period Start Date and the Project Period End Date in 'MM/DD/YYYY' format. (Figure 71, 1)

**IMPORTANT NOTE:** The project period is the total time for which the applicant requests support for up to three years.

2. Click on the Calendar icon (**Figure 71, 2**) to select the Project Period Start Date and End Date.

**Figure 72: Project Period section**

The screenshot displays the 'Project Period' section of a software interface. It features two date input fields: 'Start Date (mm/dd/yyyy)' and 'End Date (mm/dd/yyyy)'. A red box highlights these fields, with a circled '1' next to it. To the right, a calendar for June 2014 is shown, with a red box and a circled '2' over the calendar icon. Below the date fields is a table with columns 'Focus Area' and 'Performance Measure'. To the right of the table is a 'Projected Data' section with a 'Status' dropdown menu set to 'All' and an 'Options' dropdown menu. A 'Collapse Group' and 'Detailed View' link are also visible.

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

**IMPORTANT NOTES:**

- All the standard performance measures will have a status of 'Not Complete'.
- The Clinical Performance Measures form will be 'Complete' when the status of all the standard performance measures and additional measures is 'Complete'.

1. Click on the **Update** link to start working on a performance measure (**Figure 71, 3**).
  - The system navigates to the **Clinical Performance Measure – Update** page (**Figure 73**).

Figure 73: Clinical Performance Measure - Update page

**Clinical Performance Measures - Update**

ORGANIZATION: ALBERT EINSTEIN HEALTH SERVICES CENTER, INC. Due Date: 08/15/2014 (Due In: 10 Days) | Section Status: Not Complete

**Resources**

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Fields with \* are required

**Update Clinical Performance Measure Information**

Focus Area: Diabetes

Is this performance measure applicable to your organization? Yes

Performance Measure: Percentage of diabetic patients whose HbA1c levels are less than 8 percent, less than or equal to 9 percent, or greater than 9 percent.

**1** \* Target Goal Description (Sample Goals) [icon]

Approximately 1/4 page (Max 500 Characters): 500 Characters left.

**2** Numerator Description (Examples) [icon]

Number of adult patients age 18 to 75 years with a diagnosis of Type 1 or Type 2 diabetes whose most recent HbA1c level during the measurement year is <8%, ≤9%, or >9%, among those patients in the denominator.

Denominator Description (Examples) [icon]

Number of adult patients age 18 to 75 years as of December 31 of the measurement year with a diagnosis of Type 1 or Type 2 diabetes, who have had a visit at least twice during the reporting year and do not meet any of the exclusion criteria.

**3** \* Baseline Data

Baseline Year: [text] (yyyy)

Measure Type: Percentage

Numerator: [text]

Denominator: [text]

**4** Calculate Baseline [icon]

**3** \* Projected Data (by End of Project Period) (Sample Calculation) [icon]

Projected Data: [text]

Measure Type: Percentage

**4** \* Data Sources & Methodology

EHR

Chart Audit

Other

If 'Other', please specify: [text] (maximum 100 characters)

Approximately 1/4 page (Max 500 Characters): 500 Characters left.

**5** Add New Key Factor and Major Planned Action [icon]

**Note(s):**  
 Propose at least one restricting and one contributing key factor for this measure.

**List of Key Factors and Major Planned Actions (Minimum 2) (Maximum 3)**

Key Factor Type	Description	Major Planned Action	Options
No key factors and major planned actions added			

**6** Comments (Required if performance measure is not applicable)

Approximately 3/4 page (Max 1500 Characters): 1500 Characters left.

Cancel [Save] [Save and Continue to List] [Save and Update Next]

2. To view examples of a **Target Goal Description**, click on the **Sample Goals** link (Figure 73, 1). To view examples for **Numerator** and **Denominator** descriptions, click on the **Examples** link (Figure 73, 2). Similarly, to view examples of a **Projected Data (by End of Project Period)**, click on the **Sample Calculation** link (Figure 73, 3).
3. The **Calculate Baseline** button will calculate the baseline data based on the numerator and denominator values provided by you (Figure 73, 4).
4. Click on the **Add New Key Factor and Major Planned Action** button to add Key factors (Figure 73, 5).
  - The system navigates to the **Key Factor and Major Planned Action – Add** page (Figure 74).
5. Provide all the required information.

**Figure 74: Key Factors and Major Planned Action - Add page**

**IMPORTANT NOTE:** You have to provide information for at least one restricting and one contributing Key Factor type.

6. Click the **Save and Continue** button (Figure 74, 1) to save the information on this page and proceed to the **Clinical Performance Measures – Update** page, or click the **Save and Add New** button (Figure 74, 2) to save the key factor information you provided and proceed to add a new key factor.
7. Provide comments in the Comment field if needed (Figure 73, 6).
8. Click on the **Save** button to save the information on this page (Figure 73, 7). To proceed to the **Clinical Performance Measure – List** page, click on the **Save and Continue to List** button (Figure 73, 8) or click on the **Save and Update Next** button to update the next performance measure (Figure 73, 9).

#### 4.15.2 Completing the Standard Performance Measures for Competing Continuation applications

If you are submitting a Competing Continuation application, then the system will pre-populate most of the information you provided for these performance measures from your latest SAC/NAP/BPR submission and 2013 Uniform Data System (UDS) report (Figure 75).

**IMPORTANT NOTES:**

- All the standard performance measures' status will be 'Not Complete'.
- The **Clinical Performance Measures** form will become 'Complete' when the status of all the standard performance measures and additional measures is 'Complete'.

**Figure 75: Clinical Performance Measures – List page (Competing Continuation Application)**

**Clinical Performance Measures - List**

Due Date: 10/13/2014 (Due In: 0 Days) | Section Status: Not Started

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Project Period

Start Date (mm/dd/yyyy)

End Date (mm/dd/yyyy)

Add Other Performance Measure

Collapse Group | Detailed View

Focus Area	Performance Measure	Baseline Data	Baseline Year	Projected Data	Status	Options
<b>Standard Measures</b>						
Diabetes	Percentage of diabetic patients whose HbA1c levels are less than 8 percent, less than or equal to 9 percent, or greater than 9 percent.	76.78%	2013		Not Complete	Update
Cardiovascular Disease	Percentage of adult patients with diagnosed hypertension whose most recent blood pressure was less than 140/90.	59.10%	2013		Not Complete	Update
Cancer	Percentage of women 21-64 years of age who received one or more Pap tests to screen for cervical cancer.	34.00%	2013		Not Complete	Update
Prenatal Health	Percentage of pregnant women beginning prenatal care in first trimester.		2013		Not Complete	Update
Perinatal Health	Percentage of low birthweight infants born to prenatal care patients.		2013		Not Complete	Update
Child Health	Percentage of children who have received age appropriate vaccines on or before their 3rd birthday.	43.48%	2013		Not Complete	Update
Oral Health (Oral Exams)	Percent of adult patients with Type 1 or 2 Diabetes, who have had a dental screening.	62.01%	2012		Not Complete	Update
Oral Health (Oral Exams)	Percent of adult patients with Type 1 or 2 Diabetes, who have had a dental screening.	62.01%	2011		Not Complete	Update
Weight Assessment and Counseling for Children and Adolescents	Percentage of patients age 2 to 17 years who had a visit during the measurement year and who had Body Mass Index (BMI) Percentile documentation, counseling for nutrition, and counseling for physical activity during the measurement year.	9.27%	2013		Not Complete	Update
Adult Weight Screening and Follow-Up	Percentage of patients age 18 years or older who had their calculated Body Mass Index (BMI) documented at the last visit or within the last six months and, if they were overweight or underweight, had a follow-up plan documented.	52.97%	2013		Not Complete	Update
Tobacco Use Screening and Cessation	Percentage of patients age 18 years and older who were screened for tobacco use at least once during the measurement year or prior year AND who received cessation counseling intervention and/or pharmacotherapy if identified as a tobacco user.				Not Complete	Update
Asthma – Pharmacological Therapy	Percentage of patients age 5 to 40 years with a diagnosis of persistent asthma (either mild, moderate, or severe) who were prescribed either the preferred long term control medication or an acceptable pharmacological therapy during the measurement year.	19.17%	2013		Not Complete	Update
Coronary Artery Disease (CAD): Lipid Therapy	Percentage of patients age 18 years and older with a diagnosis of CAD prescribed a lipid lowering therapy during the measurement year.	72.94%	2013		Not Complete	Update
Ischemic Vascular Disease (IVD): Aspirin Therapy	Percentage of patients aged 18 years and older who were discharged alive for acute myocardial infarction (AMI) or coronary artery bypass graft (CABG) or percutaneous transluminal coronary angioplasty (PTCA) from January 1 to November 1 of the prior year OR who had a diagnosis of ischemic vascular disease (IVD) during the measurement year or prior year who had documentation of use of aspirin or another antithrombotic.	70.39%	2013		Not Complete	Update
Colorectal Cancer Screening	Percentage of patients age 50 to 75 years who had appropriate screening for colorectal cancer (includes colonoscopy ≤ 10 years, flexible sigmoidoscopy ≤ 5 years, or annual fecal occult blood test).	9.32%	2013		Not Complete	Update
New HIV Cases With Timely Follow Up	Percentage of newly diagnosed HIV patients who had a medical visit for HIV care within 90 days of first-ever HIV diagnosis.				Not Complete	Update
Depression Screening and Follow Up	Percentage of patients aged 12 and older screened for clinical depression using an age appropriate standardized tool AND follow-up plan documented.				Not Complete	Update
<b>Other Measures</b>						
Behavioral Health (Mental Health)	Percent of patients with diabetes who have completed a depression screening.	71.97%	2011		Not Complete	Update
Behavioral Health (Mental Health)	Percent of patients with diabetes who have completed a depression screening.	71.97%	2012		Not Complete	Update
Behavioral Health (Mental Health)	Percent of patients with cardiovascular disease who have completed a depression screen.	73.00%	2011		Not Complete	Update
Migrant Health	Percent of migrant and seasonal farmworkers screened for diabetes during the measurement year.	15.96%	2012		Not Complete	Update
Diabetes	Percent of adult patients with type 1 or 2 diabetes who have an LDL <=100.	56.99%	2011		Not Complete	Update
Migrant Health	Percent of migrant and seasonal farmworkers screened for diabetes during the measurement year.	15.96%	2012		Not Complete	Update

Go to Previous Page | Save | Save and Continue

To complete this form, follow the steps below:

1. In the **Project Period** section, provide the Project Period Start Date and the Project Period End Date in 'MM/DD/YYYY' format.

**IMPORTANT NOTE:** The project period is the total time for which the applicant requests support up to three years.

2. Click on the **Update** link to provide the requested details for all the performance measures.

➤ The system opens the **Clinical Performance Measure - Update** page.

**Figure 76: Clinical Performance Measure - Update page for Competing Continuation application**

**Clinical Performance Measures - Update**

**Note(s):**

- Report the Diabetes Clinical Performance Measure as follows:
  - Report adult patients with HbA1c levels  $\leq$  9 percent in the Baseline Data (numerator and denominator subfields) and Projected Data fields.
  - If desired, report the additional measurement thresholds (i.e.,  $<$  8 percent or  $>$  9 percent) in the Comments field.
- Baseline data is pre-populated from the 2013 UDS Report.

**00117306: SOUTHEAST MISSOURI HEALTH NETWORK** Due Date: 08/13/2014 (Due In: 64 Days) | Section Status: Not Complete

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Fields with \* are required

**Update Clinical Performance Measure Information**

Focus Area: Diabetes

Is this performance measure applicable to your organization? Yes

Performance Measure: Percentage of diabetic patients whose HbA1c levels are less than 8 percent, less than or equal to 9 percent, or greater than 9 percent.

**1** Target Goal Description (Sample Goals) [?]

Approximately 1/4 page (Max 500 Characters): 500 Characters left.

Numerator Description (Examples) [?]: Number of adult patients age 18 to 75 years with a diagnosis of Type 1 or Type 2 diabetes whose most recent HbA1c level during the measurement year is  $<$ 8%,  $\leq$ 9%, or  $>$ 9%, among those patients in the denominator.

Denominator Description (Examples) [?]: Number of adult patients age 18 to 75 years as of December 31 of the measurement year with a diagnosis of Type 1 or Type 2 diabetes, who have had a visit at least twice during the reporting year and do not meet any of the exclusion criteria.

**Baseline Data**

Baseline Year: 2013 (yyyy) **2**

Measure Type: Percentage

Numerator: 1,319

Denominator: 1,718

Calculate Baseline [?]: 76.78%

**3** Progress

Approximately 3/4 page (Max 1500 Characters): 1500 Characters left.

**4** Projected Data (by End of Project Period) (Sample Calculation) [?]

Projected Data: [ ]

Measure Type: Percentage

**5** Data Sources & Methodology

EHR

Chart Audit

Other

If 'Other,' please specify: [ ] (maximum 100 characters)

Approximately 1/4 page (Max 500 Characters): 500 Characters left.

**Add New Key Factor and Major Planned Action**

**Note(s):**

Propose at least one restricting and one contributing key factor for this measure.

**List of Key Factors and Major Planned Actions (Minimum 2) (Maximum 3)**

Key Factor Type	Description	Major Planned Action	Options
No key factors and major planned actions added			

**Comments** (Required if performance measure is not applicable)

Approximately 3/4 page (Max 1500 Characters): 1500 Characters left.

Cancel [ Save Save and Continue to List Save and Update Next

3. Provide the Target Goal Description requested (**Figure 76, 1**). For a sample goal description, click on the **Sample Goals** link.
4. The following fields related to Baseline Data will be pre-populated from the latest submitted UDS report (**Figure 76, 2**)
  - Baseline Year
  - Numerator
  - Denominator

**IMPORTANT NOTES:**

- The baseline data will be pre-populated and non-editable for all Standard Measures. For Oral Health related measures, this information will be pre-populated and editable.
- Behavioral Health related measures from previous applications will be pre-populated under the **Other Measures** section.
- If grantees would like to report more current baseline data, this information should be included in the Comments field.

5. Provide progress on the performance measure (**Figure 76, 3**).
6. In the Projected Data field, enter the data expected when the project period concludes (**Figure 76, 4**). Click the **Sample Calculation** link to see an example of the calculation you need to perform to complete this field.
7. Click on the **Add New Key Factor and Major Planned Action** button to add Key Factors (**Figure 76, 5**).

**IMPORTANT NOTE:** You have to provide information for at least one restricting and one contributing Key Factor type.

8. Provide comments in the Comment field if needed.
9. Click on the **Save** button to save the information on this page. To proceed to the **Clinical Performance Measure – List** page, click on the **Save and Continue to List** button or click on the **Save and Update Next** button to update the next performance measure.

**4.15.2.1 Marking a Measure as Duplicate**

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

1. Click the **Mark as Duplicate** link (**Figure 77**).

**Figure 77: Mark as Duplicate link**

▶ Colorectal Cancer Screening	Percentage of patients age 50 to 75 years who had appropriate screening for colorectal cancer (includes colonoscopy ≤ 10 years, flexible sigmoidoscopy ≤ 5 years, or annual fecal occult blood test).			Not Complete	 Update ▼
<b>Other Measures</b>					
▶ HIV/AIDS	Percentage of HIV/AIDS patients who have had a medical visit within the last 6 months.	97.81%	2008	Not Complete	Action  Update  <b>Mark as Duplicate</b> View  Performance Measure ↗
▶ HIV/AIDS	Percentage of HIV/AIDS patients who have had a medical visit within the last 6 months.	97.81%	2008	Not Complete	
<a href="#">Go to Previous Page</a>					

- The system displays the **Clinical Performance Measures - Mark as Duplicate** page.

**Figure 78: Clinical Performance Measures - Mark as Duplicate page**

**Performance Measure selected to be marked as duplicate**

Performance Measure	Measure Proposed In	Application Tracking Number	Numerator Description	Denominator Description
Percentage of HIV/AIDS patients who have had a medical visit within the last 6 months.	NCC FY 2013	101037	Number of unduplicated patients who receive at least one visit every six months during the measurement year.	Total number of HIV/AIDS patients who have had at least one medical encounter between January 1, 2009 and August 31, 2009.

Please identify the performance measure from the ones listed below, which is the duplicate of the performance measure listed above

Select	Performance Measure	Measure Proposed In	Application Tracking Number	Numerator Description	Denominator Description
<input type="radio"/>	Percentage of HIV/AIDS patients who have had a medical visit within the last 6 months.	SAC FY 2013	102740	Number of unduplicated patients who receive at least one visit every six months during the measurement year.	Total number of HIV/AIDS patients who have had at least one medical encounter between January 1, 2009 and August 31, 2009.

**Justification Comments**  
Approximately 1/4 page (Max 500 Characters); 500 Characters left.

2. Compare the duplicated performance measure’s options to the performance measure listed at the top of the screen and select the duplicate. (Figure 78, 1)
3. Provide justification comments for the performance measure marked as a duplicate and click **Save and Continue**. (Figure 78, 2)

**IMPORTANT NOTE:** 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**.

#### 4.15.2.2 Undo a Duplicated Performance Measure

To unmark the performance measure as a duplicate, click the **Undo Duplicate** link (Figure 79, 1).

**Figure 79: Undo/Update Duplicate links**

Other Measures						
HIV/AIDS	Percentage of HIV/AIDS patients who have had a medical visit within the last 6 months.	97.81%	2008	Marked as Duplicate		
HIV/AIDS	Percentage of HIV/AIDS patients who have had a medical visit within the last 6 months.	97.81%	2008	Not Complete	<input type="radio"/> Update Duplicate Information <input type="radio"/> Undo Duplicate	<input type="radio"/> Performance Measure

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#### 4.15.2.3 Update a Duplicated Performance Measure

To change a duplicated performance measure,

1. Click the **Update Duplicate Information** link (Figure 79, 2)
  - Select another performance measure as the duplicate.
  - Modify the justification comments.
2. Click **Save and Continue** when you are finished.

- The system navigates back to the **Clinical Performance Measures - List** page.

### 4.15.3 Adding an Other Performance Measure

To add an 'Other' performance measure to your application,

1. Click the **Add Other Performance Measure** button on the Clinical Performance Measure form list page.
  - The **Add Clinical Performance Measure** page opens.

**Figure 80: Add Clinical Performance Measure**

2. Select a focus area from the drop-down menu (Figure 80, 1).
3. If your focus area is Oral Health or Behavioral Health, click on the **Load Performance Measures Category** button to load the performance measure categories (Figure 80, 2). Otherwise, selecting Performance Measure Categories is not applicable for you.
4. Select one or more performance measure categories.
5. Provide the required information on this page.
6. Click on the **Add New Key Factor and Major Planned Action** button to add Key Factors.

**IMPORTANT NOTE:** You have to provide information for at least one restricting and one contributing Key Factor type.

7. Click on the **Save** button to save the information on this page. To proceed to the performance measure list page, click on the **Save and Continue** button. The newly added measure will be listed under the **Other Measures** group on the **Clinical Performance Measures - List** page.
8. The newly added 'Other' measures can be updated or deleted by using the **Update** and **Delete** links provided as options.

## 4.16 Financial Performance Measures

Use this form to provide information about financial performance measures.

**IMPORTANT NOTE:** Refer to the SAC Funding Opportunity Announcement for more information on completing the **Financial Performance Measures** form.

The **Financial Performance Measures** form displays standard measures and other measures. Standard measures are pre-defined measures; applicants are required to provide requested information for all the measures listed under standard measures.

**Other Measures** are additional measures that an applicant may wish to add in this application. Addition of these measures are optional.

### 4.16.1 Completing the Standard Performance Measures for New and Supplemental applications

If you are submitting a 'New' or a 'Supplemental' application, then you must provide information for all the standard performance measures listed in this form.

**Figure 81: Financial Performance Measures – List page (New or Supplemental Application)**

**Financial Performance Measures - List**

SERVITRANS ALBERT EINSTEIN'S HEALTH SERVICE CENTER, INC. Due Date: 10/13/2014 (Due In: 84 Days) | Section Status: Not Started

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Fields with \* are required

**Project Period**

\* Start Date (mm/dd/yyyy)

\* End Date (mm/dd/yyyy)

Add Other Performance Measure

Focus Area	Performance Measure	Baseline Data	Baseline Year	Projected Data	Status	Options
			All		All	
<b>Standard Measures</b>						
Costs	Total cost per patient.				Not Complete	Update
Costs	Medical cost per medical visit.				Not Complete	Update
Financial Viability	Change in Net Assets to Expense Ratio (Note: Net Assets = Total Assets - Total Liabilities).				Not Complete	Update
Financial Viability	Working Capital to Monthly Expense Ratio.				Not Complete	Update
Financial Viability	Long Term Debt to Equity Ratio.				Not Complete	Update

Go to Previous Page Save Save and Continue

#### **IMPORTANT NOTES:**

- All the standard performance measures will have a status of 'Not Complete'.
- The **Financial Performance Measures** form will become 'Complete' when the status of all the Standard Performance Measures and Other Measures is 'Complete'.

In order to complete this form, follow the steps below:

1. Provide the Project Period Start date and the Project Period End date in the Project Period section of the form in the 'MM/DD/YYYY' format.

**IMPORTANT NOTE:** The project period is the total time for which the applicant requests support up to three years.

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.

- Click on the **Update** link to start working on a performance measure (**Figure 81, 1**).
  - The system navigates to the **Financial Performance Measure – Update** page.

**Figure 82: Financial Performance Measure - Update Page**

**Financial Performance Measures - Update**

EDITH K. JOHNSON FAMILY HEALTH CENTER, INC. Due Date: 08/15/2016 (Due In: 10 Days) | Section Status: Not Complete

**Resources**

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Fields with \* are required

**Update Financial Performance Measure Information**

Focus Area: Costs

Is this performance measure applicable to your organization?: Yes

Performance Measure: Total cost per patient.

\* **Target Goal Description** (Sample Goals [↗](#)) 1

Approximately 1/4 page (Max 500 Characters): 500 Characters left.

Numerator Description (Examples [↗](#)): Total accrued cost before donations and after allocation of overhead.

Denominator Description (Examples [↗](#)): Total number of patients.

\* **Baseline Data**

Baseline Year: (yyyy)

Measure Type: Ratio

Numerator:

Denominator:

**Calculate Baseline** 2

\* **Projected Data (by End of Project Period)** (Sample Calculation [↗](#))

Projected Data:

Measure Type: Ratio

\* **Data Sources & Methodology**

Approximately 1/4 page (Max 500 Characters): 500 Characters left.

[Add New Key Factor and Major Planned Action](#)

**Note(s):**

Propose at least one restricting and one contributing key factor for this measure.

\* **List of Key Factors and Major Planned Actions (Minimum 2) (Maximum 3)**

Key Factor Type	Description	Major Planned Action	Options
No key factors and major planned actions added			

**Comments** (Required if performance measure is not applicable)

Approximately 3/4 page (Max 1500 Characters): 1500 Characters left.

[Cancel](#) [Save](#) [Save and Continue to List](#) [Save and Update Next](#)

- To view examples of a target goal description, click on the **Sample Goals** link (**Figure 82, 1**). To view examples of Numerator and Denominator descriptions, click on the **Examples** link.

4. **Calculate Baseline** button will calculate the baseline data based on the numerator and denominator values provided by you. (Figure 82, 2)
5. Click on the **Add New Key Factor and Major Planned Action** button to add Key Factors.

**IMPORTANT NOTE:** You have to provide information for at least one restricting and one contributing Key factor type.

6. Click the **Save and Continue** button to save the information on the **Key Factor and Major Planned Action - Add** page and proceed to the **Financial Performance Measures – Update** page, or click the **Save and Add New** button to save the key factor information you provided and proceed to add a new key factor.
7. Provide comments in the Comment field if needed.
8. Click on the **Save** button to save the information on this page. To proceed to the **Financial Performance Measure – List** page, click on the **Save and Continue to List** button or click on the **Save and Update Next** button to update the next performance measure.

#### 4.16.2 Completing the Standard Performance Measures for Competing Continuation applications

If you are submitting a Competing Continuation application, then the system will pre-populate most of the information you provided for these performance measures from your latest SAC/NAP/BPR submission and 2013 Uniform Data System (UDS) report.

**IMPORTANT NOTES:**

- All the standard performance measures' status will be 'Not Complete'.
- The **Financial Performance Measures** form will become 'Complete' when the status of all the Standard Performance measures and Other measures is 'Complete'.

**Figure 83: Financial Performance Measure – List Page (Competing Continuation Application)**

**Financial Performance Measures - List**

**Note(s):**  
 For a given performance measure the baseline data, if available, is being pre-populated from the UDS 2013 Report submitted by the grantee.

IDENTIFIER: SOUTHEAST MISSISSIPPI HEALTH NETWORK Due Date: 08/19/2016 (Due In: 10 Days) | Section Status: Not Started

**Resources**

**View**  
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Fields with \* are required

**Project Period**

\* Start Date (mm/dd/yyyy)

\* End Date (mm/dd/yyyy)

[Add Other Performance Measure](#) [Collapse Group](#) | [Detailed View](#)

Focus Area	Performance Measure	Baseline Data	Baseline Year	Projected Data	Status	Options
<b>Standard Measures</b>						
Costs	Total cost per patient.	601.41 : 1 Ratio	2013		Not Complete	<a href="#">Update</a>
Costs	Medical cost per medical visit.	129.43 : 1 Ratio	2013		Not Complete	<a href="#">Update</a>
Financial Viability	Change in Net Assets to Expense Ratio (Note: Net Assets = Total Assets – Total Liabilities).	0.01 : 1 Ratio	2011		Not Complete	<a href="#">Update</a>
Financial Viability	Working Capital to Monthly Expense Ratio.	0.70 : 1 Ratio	2011		Not Complete	<a href="#">Update</a>
Financial Viability	Long Term Debt to Equity Ratio.	0.67 : 1 Ratio	2011		Not Complete	<a href="#">Update</a>

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

To complete this form, follow the steps below:

1. In the **Project Period** section, provide the Project Period Start Date and the Project Period End Date in 'MM/DD/YYYY' format.

**IMPORTANT NOTE:** The project period is the total time for which the applicant requests support up to three years.

2. Click on the **Update** link to provide the requested details for all the performance measures (**Figure 83, 1**).
  - The system navigates to the **Financial Performance Measures - Update** page.

**Figure 84: Financial Performance Measure - Update Page**

**Update Financial Performance Measure Information**

Focus Area: Costs

Is this performance measure applicable to your organization?: Yes

Performance Measure: Total cost per patient.

Approximately 1/4 page (Max 500 Characters): 500 Characters left.

**1** Target Goal Description (Sample Goals [↗](#))

Numerator Description: Total accrued cost before donations and after allocation of overhead.

Denominator Description: Total number of patients.

**2** Baseline Data

Baseline Year	2013	(yyyy)
Measure Type	Ratio	
Numerator	13,159,965	
Denominator	21,882	
Calculate Baseline	601.41 : 1 Ratio	

Approximately 3/4 page (Max 1500 Characters): 1500 Characters left.

**3** Progress

Projected Data

Measure Type: Ratio

**4** Projected Data (by End of Project Period) (Sample Calculation [↗](#))

Approximately 1/4 page (Max 500 Characters): 500 Characters left.

**5** Add New Key Factor and Major Planned Action

**Note(s):**  
Propose at least one restricting and one contributing key factor for this measure.

**List of Key Factors and Major Planned Actions (Minimum 2) (Maximum 3)**

Key Factor Type	Description	Major Planned Action	Options
No key factors and major planned actions added			

**Comments** (Required if performance measure is not applicable)

Approximately 3/4 page (Max 1500 Characters): 1500 Characters left.

Buttons: Cancel, Save, Save and Continue to List, Save and Update Next

3. Provide the Target Goal Description requested. For a sample goal description, click on the **Sample Goals** link (**Figure 84, 1**).
4. For the financial performance measure with Focus area – ‘Costs’, the following fields will be pre-populated from the latest submitted UDS report and will be non-editable (**Figure 84, 2**).
  - Baseline Year
  - Numerator
  - Denominator

**IMPORTANT NOTES:**

- The baseline data will be pre-populated and non-editable for all standard measures. For the ‘Financial Viability’ related measures, this information will be pre-populated and editable.
- There can be scenarios when there is no baseline data to pre-populate for certain standard measures. In these cases, too, Baseline Data fields will be disabled and grantees will not be required to provide any information.

5. Provide a progress of the performance measure (**Figure 84, 3**).
6. In the Projected Data field, enter the data expected when the project period concludes (**Figure 84, 4**). Click the **Sample Calculation** link to see an example of the calculation you need to perform to complete this field.
7. Click on the **Add New Key Factor and Major Planned Action** button to add Key Factors (**Figure 84, 5**).

**IMPORTANT NOTE:** You have to provide information for at least one restricting and one contributing Key Factor type.

8. Click on the **Save** button to save the information on this page. To proceed to the **Financial Performance Measure – List** page, click on the **Save and Continue to List** button or click on the **Save and Update Next** button to update the next performance measure.

**4.16.2.1 Marking a Measure as Duplicate**

When you see a link that reads Mark as Duplicate in the action links, you can mark the performance measure as a duplicate. Refer to **Section 4.15.2.1** for more details.

**4.16.2.2 Undo Duplicate Performance Measure**

When you see a link that reads Undo Duplicate, you can mark the performance measure as a duplicate. Refer to **Section 4.15.2.2** for more details.

**4.16.3 Adding Other Performance Measures**

To add an ‘Other’ performance measure to your application, follow the steps below:

1. Click the **Add Other Performance Measure** button on the Financial Performance Measure form list page.
  - The **Financial Performance Measures – Add** page opens.
2. Provide the required information on this page.
3. To add the key factors, click on the **Add New Key Factor and Major Planned Action** button.

**IMPORTANT NOTE:** You have to provide information for at least one restricting and one contributing Key Factor type.

- Click on the **Save** button to save the information on this page. To proceed to the performance measure list page, click on the **Save and Continue** button. The newly added measure will be listed under the Other Measures group on the **Financial Performance Measures - List** page.
- For the newly added other performance measures, the system will provide a **Delete** link.

## 4.17 Summary Page

The **Summary Page** form provides a read-only view of BPHC identified fields from certain forms of this FY 2015 SAC application.

**Figure 85: Summary Page (New or Supplemental Applications)**

**Summary Page**

IDENTIFIED: ALBERT EINSTEIN'S HEALTH SERVICE CENTER, INC. Due Date: 10/15/2016 (Due In: 10 Days) | Section Status: Not Started

**Resources**

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Fields with \* are required

**Summary Information**

1. I am requesting the following types of Health Center funding:

Note: Compare the total number in this section with the number on the [Service Area Announcement Table](#) to ensure your eligibility. Current grantees applying to continue serving their current service area may also reference Box 19 of the most recent Notice of Award, if applicable. If changes are required, revisit [SF-424A, Section A](#).

Funding Type	Fund Requested
Community Health Centers – CHC-330(e)	\$0.00
Health Care for the Homeless – HCH-330(h)	\$0.00
Migrant Health Centers – MHC-330(g)	\$0.00
Public Housing Primary Care – PHPC-330(i)	\$0.00
<b>Total</b>	<b>\$0.00</b>

2. I am proposing to serve the following number of total unduplicated patients by December 31, 2016:

Note: Compare the number in this section with the number on the [Service Area Announcement Table](#) to ensure your eligibility. If changes are required, revisit [Form 1A](#).

**\* 3. Patient Projection Certification**

By checking this box, I acknowledge that in addition to the total unduplicated patient service projection made on [Form 1A](#) (see Item 2 above), I will also meet the additional patient projections for any other funding awarded within my project period that can be monitored by December 31, 2016 (e.g., FY14 Expanded Services new patient commitment, FY15 New Access Point patient commitment).

4. I am proposing the following site(s):

Note: If changes are required, revisit [Form 5B](#).

Site Name	New Site or Site Currently in Scope	Physical Street Address for Site	Service Site Type	Location Type	Service Area Zip Codes
Hanover Park Community Health Center	New Site	1010 Lake Street, Hanover Park, IL 60139-4000	Service Delivery Site		60139

**\* 5. Sites Certification**

By checking this box, I certify that all sites described in my application are included on [Form 5B](#) (as summarized above) and that all sites included on [Form 5B](#) (as summarized above) will be open and operational within 120 days of Notice of Award.

**6. Scope of Project Certification - Services – Select only one below**

This section is not applicable to you as you are submitting either a New or a Supplemental application.

**7. Scope of Project Certification - Sites – Select only one below**

This section is not applicable to you as you are submitting either a New or a Supplemental application.

Go to Previous Page

Save Save and Continue

**Figure 86: Summary Page (Competing Continuation Applications)**

**Summary Page**

Due Date: 08/19/2016 (Due In: 0 Days) | Section Status: Not Started

**Resources**

View  
[SAC FY 2015 User Guide](#) | [Funding Opportunity Announcement](#)

Fields with \* are required

**Summary Information**

1. I am requesting the following types of Health Center funding:

**Note:** Compare the total number in this section with the number on the [Service Area Announcement Table](#) to ensure your eligibility. Current grantees applying to continue serving their current service area may also reference **Box 19** of the most recent [Notice of Award](#), if applicable. If changes are required, revisit [SF-424A, Section A](#).

Funding Type	Fund Requested
Community Health Centers – CHC-330(e)	\$0.00
Health Care for the Homeless – HCH-330(h)	\$0.00
Migrant Health Centers – MHC-330(g)	\$0.00
Public Housing Primary Care – PHPC-330(i)	\$0.00
<b>Total</b>	<b>\$0.00</b>

2. I am proposing to serve the following number of total unduplicated patients by December 31, 2016:

**Note:** Compare the number in this section with the number on the [Service Area Announcement Table](#) to ensure your eligibility. If changes are required, revisit [Form 1A](#).

-

**\* 3. Patient Projection Certification**

By checking this box, I acknowledge that in addition to the total unduplicated patient service projection made on [Form 1A](#) (see Item 2 above), I will also meet the additional patient projections for any other funding awarded within my project period that can be monitored by December 31, 2016 (e.g., FY14 Expanded Services new patient commitment, FY15 New Access Point patient commitment).

4. I am proposing the following site(s):

This section is not applicable to you as you are submitting a Competing Continuation application.

**5. Sites Certification**

This section is not applicable to you as you are submitting a Competing Continuation application.

**\* 6. Scope of Project Certification - Services – Select only one below**

By checking this option, I certify that I have reviewed my [Form 5A: Services Provided](#) and it accurately reflects all services and service delivery methods included in my current approved scope of project.

By checking this option, I certify that I have reviewed my [Form 5A: Services Provided](#) and it requires changes that I have submitted through the change in scope process.

**\* 7. Scope of Project Certification - Sites – Select only one below**

By checking this option, I certify that I have reviewed my [Form 5B: Service Sites](#) and it accurately reflects all sites and zip codes included in my current approved scope of project.

By checking this option, I certify that I have reviewed my [Form 5B: Service Sites](#) and it requires changes that I have submitted through the change in scope process.

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

### 4.17.1 Completing the Summary Page

To complete the **Summary Page** of the FY 2015 SAC Application, follow the steps below:

1. The information in section 1 of the **Summary Page** is pre-populated from the [Section A-C Budget Summary](#) of this FY 2015 SAC application, and is displayed in a read-only format (**Figure 85, 1**). Compare the total number in this section with the number on the [Service Area Announcement Table](#) (SAAT) to ensure your eligibility. If you need to make changes to the values displayed in this section, revisit the Standard Section of this application and edit the [Section A - Budget Summary](#).
2. Section 2 of the **Summary Page** displays the total number of unduplicated patients by December 31, 2016, from [Form 1A](#) of this FY 2015 SAC Application (**Figure 85, 2**). Compare the number in this section with the number on the [SAAT](#) to ensure your eligibility. If changes are required, revisit [Form 1A](#).
3. In section 3 - Patient Project Certification, check the certification box to ensure that the total unduplicated patient service projection displayed in section 2 (from [Form 1A](#)) also meets the additional patient projections for any other funding awarded within your project period that can be monitored by

December 31, 2016 (e.g., FY14 Expanded Services new patient commitment, FY15 New Access Point patient commitment) (Figure 85, 3).

4. If you are submitting a New or a Supplemental application, sections 4 and 5 of the Summary Page form are applicable to you:
  - a. Section 4 of the **Summary Page** displays a table of all the site(s) included in [Form 5B](#) (Figure 85, 4). If changes are required, revisit [Form 5B](#).
  - b. Check the certification box in the section 5 - Sites Certification item to certify that all sites described in your application (and displayed in section 4 of this **Summary Page**) are included on [Form 5B](#) and they will all be open and operational within 120 days of Notice of Award (Figure 85, 5).

**IMPORTANT NOTE:** Sections 4 and 5 are not applicable to you if you are submitting a Competing Continuation application (Figure 86, 1).

5. If you are submitting a Competing Continuation application, sections 6 and 7 of the Summary Page form are applicable to you:
  - a. Check the certification box in section 6 - Scope of Project Certification - Services to certify that the [Form 5A: Services Provided](#) form of this FY 2015 SAC application accurately reflects all services and service delivery methods included in your current approved project scope or that it required changes that you submitted through the change in scope process (Figure 86, 2).
  - b. Check the certification box in section 7 - Scope of Project Certification - Sites to certify that the [Form 5B: Service Sites](#) form of this FY 2015 SAC application accurately reflects all sites and zip codes included in your current approved project scope or that it required changes that you submitted through the change in scope process (Figure 86, 3).

**IMPORTANT NOTES:**

- Sections 6 and 7 are not applicable to you if you are submitting a New or a Supplemental application (Figure 85, 6).
- If you revisit [Form 1A](#), [Form 5A](#) or [Form 5B](#) and click on the **Refresh from Scope** button AFTER the **Summary Page** form is already 'Complete,' the system will change the status of the **Summary Page** to 'Not Complete' and you will be required to revisit the **Summary Page** in order to mark it as 'Complete' once again.

## 5. Reviewing and Submitting the FY 2015 SAC Application to HRSA

To review your application, follow the steps below:

1. Navigate to the standard section of the application using the [Grant Application](#) link in the navigation links displayed at the top of the **Summary Page** form or the [Standard Status](#) link in the All Forms left menu.
2. On the **Application - Status Overview** page, click the [Review](#) link in the Review and Submit section of the left menu (Figure 87, 1).

Figure 87: Review link

**Application - Status Overview**

**COMMUNITY HEALTH CONNECTIONS, INC.** Due Date: 8/13/2014 11:59:00 PM (Due in: 81 days) | Application Status: Complete

Announcement Number: HRSA-13-011 | Announcement Name: Service Area Competition | Created by: John DeMatteo on 08/09/2014 3:01:00 PM  
 Application Type: Competing Contribution | Grant Number: HR0000007 | Last Updated By: John DeMatteo on 08/09/2014 3:01:00 PM  
 Application Package: SF424 | Application FY: 2015 | Program Type: Non-Contribution

**Resources**

View  
 Application | Action History | Funding Opportunity Announcement | FOA Guidance | Application User Guide

**Users with permissions on this application (1)**

**List of forms that are part of the application package**

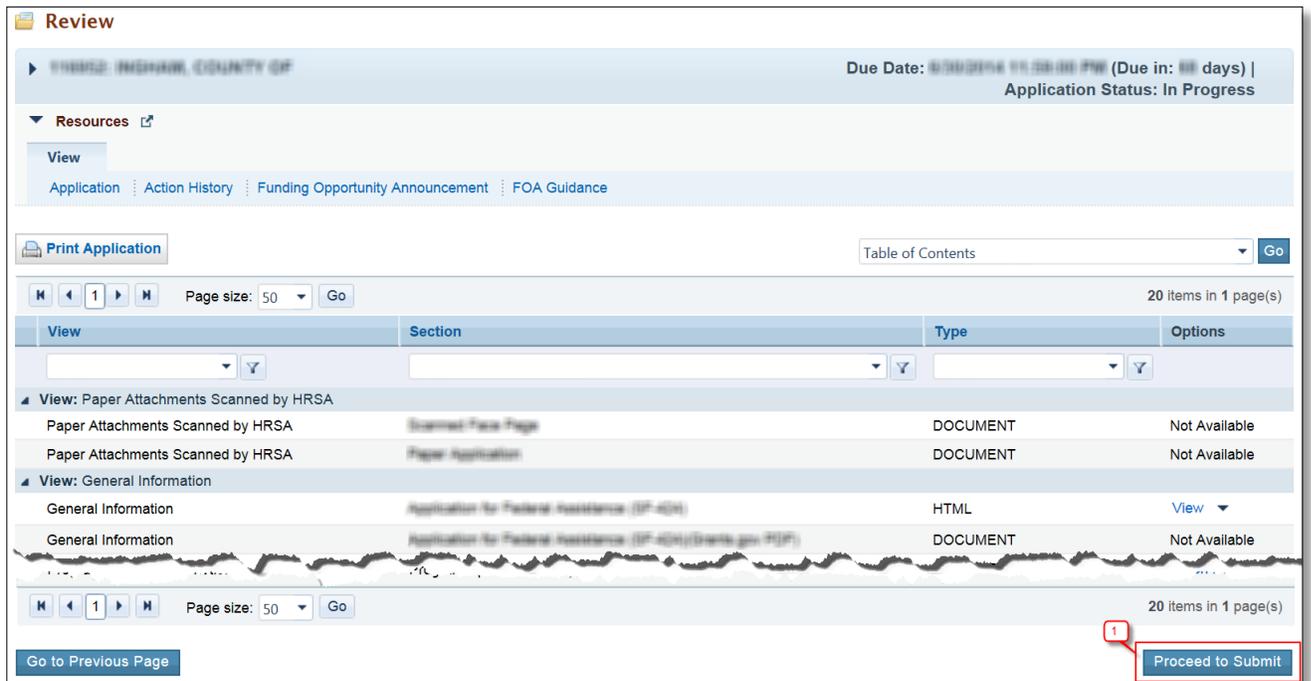
Section	Status	Options
Basic Information		
SF-424	Complete	
Part 1	Complete	Update
Part 2	Complete	Update
Project/Performance Site Location(s)	Complete	Update
Project Narrative	Complete	Update
Budget Information		
Section A-C	Complete	Update
Section D-F	Complete	Update
Budget Narrative	Complete	Update
Other Information		
Assurances	Complete	Update
Disclosure of Lobbying Activities	Complete	Update
Appendices	Complete	Update
Program Specific Information		
Program Specific Information	Complete	Update

➤ The system navigates to the **Review** page.

3. Verify the information displayed on the **Review** page.

4. If you are ready to submit the application to HRSA, click the **Proceed to Submit** button at the bottom of the **Review** page (Figure 88, 1).

**Figure 88: Review Page – Proceed to Submit**



- The system navigates to the **Submit** page.
- 5. Click the **Submit to HRSA** button at the bottom of the **Submit** page.
  - The system navigates to a confirmation page.

**IMPORTANT NOTES:** To submit an application, you must have the 'Submit' privilege. This privilege must be given by the Project Director (PD) to the Authorizing Official (AO) or designee.

If you are not the AO, a **Submit to AO** button will be displayed at the bottom of the Submit page. Click the button to notify the AO that the application can be submitted to HRSA ([Figure 89](#)).

Figure 89: Submit to AO

The screenshot displays the 'Application - Submit' page in the HRSA system. The left sidebar contains a navigation menu with sections like 'Grant Application', 'Overview', 'Basic Information', 'Budget Information', 'Other Information', 'Program Specific Information', and 'Review and Submit'. The 'Submit' button is highlighted in blue. The main content area shows application details for 'COMMUNITY HEALTH CONNECTIONS, INC.', including announcement and application numbers, dates, and status. A table lists the forms included in the application package, all marked as 'Complete'. At the bottom right, a 'Submit to AO' button is highlighted with a red box.

Section	Status	Options
Basic Information		
SF-424	Complete	
Part 1	Complete	Update
Part 2	Complete	Update
Project/Performance Site Location(s)	Complete	Update
Project Narrative	Complete	Update
Budget Information		
Section A-C	Complete	Update
Section D-F	Complete	Update
Budget Narrative	Complete	Update
Other Information		
Assurances	Complete	Update
Disclosure of Lobbying Activities	Complete	Update
Appendices	Complete	Update
Program Specific Information		
Program Specific Information	Complete	Update

- Answer the questions displayed under the Certifications and Acceptance section of the confirmation page and click the **Submit Application** button to submit the application to HRSA.
- If you experience any problems with submitting the application in EHB, contact the BPHC Help Line at [bphchelpine@hrsa.gov](mailto:bphchelpine@hrsa.gov) or 877-974-2742 (Monday – Friday, 8:30 AM - 5:30 PM ET).