
HRSA Electronic Handbooks

FY 2014 Mental Health Service Expansion – Behavioral Health Integration (BHI)

User Guide for Grant Applicants

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This User Guide describes the steps you need to follow to submit an FY 2014 BHI application to HRSA.

1. Starting the FY 2014 BHI Application

You must complete and submit the FY 2014 BHI application by following a 2-step process:

1. First, you must find the funding opportunity in Grants.gov (HRSA-14-110), download the application package, and submit the completed application in Grants.gov.
2. Secondly, you must validate, complete, and submit this application in the HRSA Electronic Handbooks (EHB).

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.
2. Locate the FY 2014 BHI application using the EHB tracking number created earlier, and click the **Edit** link to start working on the application in EHB.
 - The system opens the overall **Application Forms Status** page of the FY 2014 BHI application (**Figure 1**).

Figure 1: Accessing the Application Forms Status Page

APPLICATION FORMS STATUS		
Section	Action	Status
Basic Information 1		
Application	Update	NOT COMPLETE
Applicant	Update	NOT COMPLETE
Project	Update	NOT COMPLETE
Performance Site Locations	Update	NOT COMPLETE
Program Narrative	Update	NOT COMPLETE
Budget Information 2		
Budget Summary	Update	NOT COMPLETE
Budget Categories	Update	NOT COMPLETE
Forecasted Cash Needs	Update	NOT COMPLETE
Federal Resources	Update	NOT COMPLETE
Other Information	Update	NOT COMPLETE
Budget Narrative	Update	NOT COMPLETE
Assurances and Certifications 3		
Assurances	Update	NOT COMPLETE
Certifications	Update	NOT COMPLETE
Disclosure of Lobbying Activities	Update	NOT COMPLETE
Other Information		
Program Specific Information	Update	NOT COMPLETE
Appendices	Update	NOT COMPLETE

The FY 2014 BHI 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 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](#))
- Assurances and Certifications ([Figure 1, 3](#))

The Basic Information section contains information that has been imported from the applicant's Grants.gov submission, which then undergoes a data validation check. This section concerns the application, applicant organization, project, and performance sites. You may edit this information if necessary. The project information includes the project title, project periods, cities, counties, and Congressional districts affected by the project. Performance sites are the locations where you provide services. The Program Narrative may be attached in this section. Alternatively, you can attach the program narrative in the **Appendices** form of this FY 2014 BHI application.

Note: The system will automatically display the document uploaded in the **Program Narrative** form in the **Appendices** form of this FY 2014 BHI application. Similarly, any document uploaded as the program narrative in the **Appendices** form will be automatically made available in the **Program Narrative** form of this application. So you can attach the program narrative document in either one of these forms.

See the [Completing the Appendices Form](#) section of this document for additional details about the **Appendices** form.

The Budget Information section provides 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.

The Assurances and Certifications section verifies 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.

2.1. Completing the Budget Information

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

2.1.1 Budget Summary

1. Click the [Update](#) link for Budget Summary on the overall **Status Overview** page ([Figure 21](#)).

Figure 2: Budget Summary Update Link

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

- The system navigates to the **Section A - Budget Summary** form (Figure 3).

Figure 3: Section A - Budget Summary Page

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

2. Click the **Change Sub-Program** link if the displayed sub-programs are not accurate for your Health Center Program grant.
 - The **Select Sub Program(s)** page opens.

Figure 4: Select Sub Program(s) Page

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

3. Select or de-select the sub-programs. Only select the programs for which you are requesting funding. You must request funding for all of the sub-programs for which you currently receive funding. You may not add new sub-programs through the BHI application.
4. Click the **Continue** button.
 - The **Section A - Budget Summary** page re-opens showing the selected sub-program(s).

Figure 5: Section A - Budget Summary Page Showing Addition

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

Change Sub-Program Save Save and Continue

5. To enter or update the budget information for each sub-program, select the sub-program and click the **Update Budget Information** button. Funding should be requested in each sub-program at the same proportion as the current Health Center Program grant.

Figure 6: Update Budget Information Button

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

Change Sub-Program Save Save and Continue

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

Figure 7: Section A – Budget Summary Update Page

SECTION A - BUDGET SUMMARY	
Grant Program Function or Activity	Migrant Health Centers
CFDA Number	93.224
Estimated Unobligated Funds	
Federal	
Non-Federal	
New or Revised Budget	
* Federal	\$ 20000
Non-Federal Resources	
Applicant	\$ 0
State	\$ 0
Local	\$ 0
Other	\$ 0
Program Income	\$ 0
Non-Federal Sub Total	0.00

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

Note: The Federal amount refers to only the Federal BHI funding requested, not all Federal or Health Center Program grant funding that an applicant receives.

- Click the **Save and Continue** button. The **Section A - Budget Summary** page re-opens.

Figure 8: Section A – Budget Summary Page after Update

BUDGET INFORMATION - NON CONSTRUCTION					STATUS: NOT COMPLETE			
Section A - Budget Summary								
Select	Grant Program Function or Activity	CFDA Number	Estimated Unobligated Funds		New or Revised Budget			
			Federal	Non-Federal	Federal	Non-Federal	Total	
<input type="radio"/>	Health Care for the Homeless	93.224			\$30,000.00	\$0.00	\$30,000.00	
<input type="radio"/>	Migrant Health Centers	93.224			\$20,000.00	\$0.00	\$20,000.00	
Update Budget Information		Total			\$50,000.00	\$0.00	\$50,000.00	
Change Sub-Program							Save	Save and Continue

- After the Budget Summary is complete for each sub-program, click the **Save and Continue** button to proceed to the **Budget Categories** form. The total Federal request across all sub-programs cannot exceed \$250,000.

2.1.2 Budget Categories

Figure 9: Section B - Budget Categories Page

* BUDGET INFORMATION - NON-CONSTRUCTION PROGRAMS			STATUS: COMPLETE
Section B- Budget Categories			
Object Class Categories	Grant Program Function or Activity		Totals
	Health Care for the Homeless	Migrant Health Centers	
Personnel	\$1,000.00	\$10,000.00	\$11,000.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total Direct Charges	\$1,000.00	\$10,000.00	\$11,000.00
Indirect Charges	\$0.00	\$0.00	\$0.00
Total	\$1,000.00	\$10,000.00	\$11,000.00
	<input type="button" value="Update"/>	<input type="button" value="Update"/>	

1. Click the **Update** button for a sub-program.
2. On the resulting page, update the dollar amounts for the desired Object Class Categories.

Figure 10: Section B – Budget Categories Page for a Sub-Program

Items marked with an asterisk (*) are required.

* BUDGET INFORMATION - NON- CONSTRUCTION PROGRAMS	
Section B- Budget Categories	
Object Class Categories	Grant Program Function or Activity (\$)
	Health Care for the Homeless
*Grant Program, Function or Activity	Health Care for the Homeless
* Personnel	\$ <input type="text" value="1000"/>
*Fringe Benefits	\$ <input type="text" value="0"/>
* Travel	\$ <input type="text" value="0"/>
* Equipment	\$ <input type="text" value="0"/>
* Supplies	\$ <input type="text" value="0"/>
* Contractual	\$ <input type="text" value="0"/>
*Construction	\$ <input type="text" value="0"/>
*Other	\$ <input type="text" value="0"/>
* Indirect Charges	\$ <input type="text" value="0"/>
Total Budget specified in Budget Summary	\$1,000.00
<input type="button" value="Go Back"/>	<input type="button" value="Save and Continue"/>

3. Click the **Save and Continue** button to navigate back to the **Budget Categories** list page.
4. Repeat the above mentioned steps for each sub-program.
5. Click the **Save and Continue** button on the **Budget Categories** form to proceed to the **Forecasted Cash Needs** form.

2.1.3 Forecasted Cash Needs

Figure 11: Section D - Forecasted Cash Needs

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

1. If desired, enter the amount of cash needed by quarter during the first year for both the Federal and Non-Federal request by clicking the **Update** button. You can leave this section blank.
2. Finally, click the **Save and Continue** button to navigate to **Section E – Budget Estimates of Federal Funds Needed for Balance of the Project**.

2.1.4 Federal Resources

Figure 12: Section E – Budget Estimates of Federal Funds Needed for Balance of the Project

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

1. Enter the Federal funds requested for Year 2, i.e. the first future funding year, in column (b) broken down by each proposed sub-program, by selecting the program and clicking the **Update** button. The total across all sub-programs for Year 2 should not exceed \$250,000. Leave the remaining columns in Section E blank.
2. Click the **Save and Continue** button to navigate to the **Other Information** form.

2.1.5 Other Information

1. Provide information regarding direct and indirect charges, and document any relevant comments or remarks.

Figure 13: Section F - Other Budget Information

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

2. Click the **Save and Continue** button to navigate to the **Budget Narrative** form.

2.1.6 Budget Narrative

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

Note: You can upload documents of the following types in this form: doc, rtf, txt, wpd, pdf, xls, jpg, jpeg, xfd, docx, xlsx, vsd.

Figure 14: Budget Narrative

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

3. Completing the Program Specific Forms

Click the [Program Specific Information](#) link ([Figure 15](#)) under the Other Information section in the left menu to open the **Program Specific Information Status Overview** page for the Program Specific forms ([Figure 16](#)). Click the [Update](#) link to edit a form.

Figure 15: Program Specific Information Link

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

Figure 16: Program Specific Information Status Page for Program Specific Forms

Program Specific Information Status		
Section	Status	Options
General Information		
Form 1A - General Information Worksheet	Not Started	Update ▼
Budget Information		
Federal Object Class Categories	Not Started	Update ▼
Form 2 - Staffing Profile	Not Started	Update ▼
Service Information		
Form 5A - Services Provided	Not Started	
Required Services	Not Started	Update ▼
Additional Services	Not Started	Update ▼
Performance Measures		
Clinical Performance Measures	Not Started	Update ▼
Other Information		
Equipment List	Not Started	Update ▼
Supplemental Information	Not Started	Update ▼

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

3.1. 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.

3.1.1 Applicant Information section

The **Applicant Information** section is pre-populated with application and grant-related information, as applicable. Complete this section by providing information in the required fields ([Figure 17](#)).

Note: If you choose to select Other as one of the Organization Type values ([Figure 17, 1](#)), you must provide the organization type definition.

Figure 17: Applicant Information section

1. Applicant Information	
Applicant Name	The Wright Center for Graduate Medical Education
* Fiscal Year End Date	Select Option
Application Type	New
Existing Grantee	No
Grant Number	N/A
* Business Entity	Select Option
* Organization Type	<input type="checkbox"/> All <input type="checkbox"/> Faith based <input type="checkbox"/> Hospital <input type="checkbox"/> State government <input type="checkbox"/> City/County/Local Government or Municipality <input type="checkbox"/> University <input type="checkbox"/> Community based organization <input checked="" type="checkbox"/> Other 1
	If 'Other' please specify: <input type="text"/> (Maximum 100 characters)

3.1.2 Proposed Service Area section

The Proposed Service Area section is further divided into the following sub-sections:

- 2a. Target Population and Service Area Designation
- 2b. Service Area Type
- 2c. Target Population and Provider Information

3.1.2.1 Completing 2a. Target Population and Service Area Designation section

The system pre-populates the **Population Types** field ([Figure 18, 1](#)) with the sub-programs selected in the **Section A – Budget Summary** form in the standard section of the application. In order to update the population types indicated, follow the steps explained in [Changing Population Types](#) section below.

Figure 18: Proposed Service Area section

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) - Homeless Health Centers
- Serving Section 330(i) - Public Housing Health Centers

Changing Population Types

- To change the population types, navigate to the overall **Status Overview** page by following one of these options:
 - Click the **Grant Application** link in the navigation links displayed at the top of the page above the page name (Figure 19, 1).
 - 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 19, 2). Then click the **Complete Status** link provided under the All Forms menu (Figure 19, 3).
- The system navigates to the **Status Overview** page for the entire application.
- Click the **Update** link for the **Budget Summary** form.
- Repeat the steps described in section [2.1.1 Budget Summary](#).

Figure 19: Links to Access the Standard Section from the Program Specific Section

You are here: Home > Tasks > Browse > Grant Application > Program Specific Information

Form 1A - General Information Worksheet

Note(s):
For the purposes of Form 1A only, Behavioral Health references only mental health (for both the Providers and Patients sections).

Resources

View
BH FY 2014 User Guide | Funding Opportunity Announcement

Fields with * are required

1. Applicant Information

Applicant Name: (MUNICIPALITY COMMUNITY HEALTH SERVICES)

* Fiscal Year End Date: Select Option

Application Type: Revision (Supplemental)

Existing Grantee: Yes

Grant Number: (MUNICIPALITY)

* Business Entity: Select Option

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

3.1.2.2 Completing 2b. Service Area Type section

In the **Service Area Type** field (**Figure 20**), indicate whether the service area is Urban, Rural, or Sparsely Populated. If Sparsely Populated is selected, specify the population density by providing the number of people per square mile.

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

Figure 20: 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)

3.1.2.3 Completing 2c. Target Population and Provider Information section

For the **Provider Information** section (**For the** purposes of **Form 1A** only, Behavioral Health references only mental health (for both the Providers and Patients sections).

- HRSA does not expect provider numbers to decrease in any of the three areas as part of this opportunity.

(**Figure 21, 1**), report values for Current Number and Projected at End of Project Period for Total FTE Behavioral Health Providers, Total FTE Substance Abuse Service Providers, and Total FTE Enabling Service Providers fields. Zero is an acceptable value. You may not leave any field blank.

- Notes:**
- For the purposes of **Form 1A** only, Behavioral Health references only mental health (for both the Providers and Patients sections).
 - HRSA does not expect provider numbers to decrease in any of the three areas as part of this opportunity.

Figure 21: Target Population and Provider Information section

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

3.1.3 Patients and Visits by Service Type

To complete this section, follow the steps below:

1. Report the numbers of patients and visits you project at the end of the project period by the following service types [Figure 22](#)).
 - Total Behavioral Health
 - Total Substance Abuse
 - Total Enabling Services

Figure 22: Patients and Visits by Service Type

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

Notes:

- “Projected at End of Project Period” refers to the number of patients and visits anticipated by the end of the two-year BHI project.
- “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. Zero is acceptable.
- For this section, you must report the projected number of 1) EXISTING patients not currently receiving these services that will receive these services by the end of the two-year project as well as 2) NEW patients that will receive these services by the end of the two-year project.

3.1.4 Unduplicated Patients and Visits by Population Type

To complete this section, follow the steps below:

1. Report the estimated number of projected NEW patients to be served and visits projected by the end of the two-year BHI project by the population types listed. ([Figure 23](#)).

Notes:

- For this section, you must report ONLY the estimated number of NEW patients to be served as the result of this BHI grant by the end of the two-year project.
- For the population types corresponding to the sub-programs selected in **Section A – Budget Summary** form of this application, the number of patients and visits in the Projected at End of Project Period column should be greater than zero. For the remaining population types, you may provide zeroes if there are no projected numbers.

- New patients/visits can be reported under population types for which you do not receive funding. For example, a grantee receiving only CHC funding can report expected patients increases in both the General Underserved Community and People Experiencing Homelessness population types, among others, as appropriate.

2. 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 **Projected at End of Project Period** columns. As part of determining overall project progress, HRSA will track your progress toward adding the number of total new patients displayed when the **Calculate** button is clicked.

Figure 23: Unduplicated Patients and Visits by Population Type

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

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

3.2. Federal Object Class Categories

The **Federal Object Class Categories** form collects the Federal and Non-Federal funding distribution across budget categories for the first 12-month budget period only.

Under the **Total Proposed Budget** section of the form, the system pre-populates the total federal funds (**Figure 24, 1**) and total non-federal funds (**Figure 24, 2**) requested previously across all the sub-programs in the standard **Section A – Budget Summary** form.

Notes:

- The total Federal budget proposed in the FY 2014 BHI application for Year 1 should be less than or equal to \$250,000.
- The total federal and non-federal amounts displayed in this section are non-editable. In order to update these amounts, navigate to the standard **Section A – Budget Summary** form. Follow the steps in the section [2.1.1 Budget Summary](#) to update these amounts on the standard **Section A – Budget Summary** form.

Figure 24: Total Proposed Budget section

Total Proposed Budget		Amount
Section 330 Federal funding (from Total Federal - New or Revised Budget on Section A - Budget Summary)		\$10,500.00
Non-Federal funding (from Total Non-Federal - New or Revised Budget on Section A - Budget Summary)		\$500.00
Total		\$11,000.00

In the **Budget Categories** section of this form, you will be required to distribute the federal and non-federal amounts that are listed in the **Total Proposed Budget** section, across the Object Class Categories (**Figure 25, 1**).

1. Enter the federal dollar amount for each listed Object Class Category under the Federal column (**Figure 25, 2**). Enter 0 if you do not wish to report federal funds for a category.
2. Similarly, enter the non-federal dollar amount for each listed Object Class Category under the Non-Federal column (**Figure 25, 3**). Enter 0 if you do not wish to report non-federal funds for a category.
3. Click the **Calculate Total and Save** buttons for line items 'i' and 'k' at any time to calculate the respective totals.

Notes:

- The total of Federal funds and the total of Non-Federal funds for budget categories should be equal to the total Federal and total Non-Federal funds requested in the standard **Section A - Budget Summary** form of this FY 2014 BHI application (**Figure 25, 4, 5**).
- The total of Federal and Non-Federal funds for each Object Class Category should match the total funds provided at sub-program level (CHC, MHC, HCH, and/or PHPC) in the standard **Section B - Budget Categories** form of this FY 2014 BHI application (**Figure 25, 6**). To update the Totals for each Object Class Category, you will be required to update the standard **Section B - Budget Categories** form. Refer steps in section [2.1.2 Budget Categories](#) of this user guide to do so.
- If federal funds for Equipment Object Class Category are requested, you must provide equipment details in the **Equipment List** form. The federal funds requested for the Equipment line item must be less than or equal to \$40,000.

Figure 25: Budget Categories section

Object Class Category	Federal	Non Federal	Total (from Section B - Budget Categories)
a. Personnel			\$0
b. Fringe Benefits			\$0
c. Travel			\$0
d. Equipment			\$0
e. Supplies			\$0
f. Contractual			\$0
g. Construction	N/A	N/A	N/A
h. Other			\$0
i. Total Direct Charges (sum of a - h)	\$0	\$0	\$0
j. Indirect Charges			\$0
k. Total Budget Specified in Section A - Budget Summary (sum of i - j)	\$0	\$0	\$0

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

3.3. Form 2 – Staffing Profile

Form 2 - Staffing Profile reports personnel salaries supported by the total budget for the proposed project. Provide staffing profile information for the end of the two-year BHI project only.

1. Provide information for the Total FTEs, Average Annual Salary of Position, and Total Federal Support Requested columns for all the allowable BHI staffing positions listed on this form. (Figure 26, 1, 2 and 3).
2. Click the **Save and Calculate Total Salary** button to calculate and save the Total Salary for each position. (Figure 26, 4).

Notes:

- Total FTEs (a) –Report the total number of new full time employees to support the BHI project under the respective staffing positions. 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 licensed mental health provider and a part-time substance abuse provider should be listed in each respective category, with the FTE percentage allocated to each position (e.g., substance abuse provider 30% FTE and licensed mental health provider 70% FTE). You must not exceed 100% FTE for any individual. Refer to the UDS manual for position descriptions.
- Contracted and/or volunteer providers should not be included on this form.
- Average Annual Salary of Position (b) – Provide the average annual salary for each staffing position. This is required only if the value provided in the corresponding Total FTEs column is greater than zero.
- Total Federal Support Requested – Provide the total federal support amount for each staffing position listed. This amount should be less than or equal to the Total Salary amount for each position calculated by the system. This is required only if the value provided in the corresponding Total FTEs column is greater than zero.

3. You may not leave any fields blank. Click the **Calculate** button to calculate the Total FTEs, Total Salary, and Total Federal Support Requested for all staffing positions.
4. Click the **Save and Continue** button to save your work and proceed to the next form.

Figure 26: Form 2- Staffing Profile

Fields with * are required

▼ Facility and Non-Clinical Support Staff

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.

Save and Calculate Total Salary

▼ Behavioral Health (Mental Health and Substance Abuse)

Staffing Positions	Total FTEs (a)	Average Annual Salary of Position (b)	Total Salary (a * b)	Total Federal Support Requested
* Psychiatrists	<input type="text"/>	<input type="text"/>	\$0.00	<input type="text"/>
* Licensed Clinical Psychologists	<input type="text"/>	<input type="text"/>	\$0.00	<input type="text"/>
* Licensed Clinical Social Workers	<input type="text"/>	<input type="text"/>	\$0.00	<input type="text"/>
* Other Mental Health Staff Please Specify: <input type="text"/> (Maximum 40 characters)	<input type="text"/>	<input type="text"/>	\$0.00	<input type="text"/>
* Other Licensed Mental Health Providers Please Specify: <input type="text"/> (Maximum 40 characters)	<input type="text"/>	<input type="text"/>	\$0.00	<input type="text"/>
* Substance Abuse Providers	<input type="text"/>	<input type="text"/>	\$0.00	<input type="text"/>

3.4. Form 5A – Services Provided

Form 5A – Services Provided identifies how the BHI services will be provided (Figure 27). If new services are proposed, or if new modes of service delivery are proposed, grantees will find corresponding scope verification condition on the Notice of Award, if an award is made.

3.4.1 Completing Form 5A: Required Services section

Use this form to specify how your organization will provide services offered through the BHI project. HRSA permits services to be provided directly, by contract with another provider, or by referral to another provider. These modes of service provision differ according to the service provider and the payment source (Table 1).

Table 1: Modes of Service Provision

Mode of Service Provision	Your Organization Provides the Service	Your Organization Pays for the Service
Service provided directly by applicant (Figure 27, 1)	Yes	Yes
Service provided by formal written contract/agreement (Figure 27, 2)	No	Yes
Service provided by formal written referral arrangement/agreement (Figure 27, 3)	No	No

To specify service delivery modes,

1. Check one or more boxes to indicate the BHI project service delivery mode(s) for each service type.

Note: You must either currently provide or propose to provide through this application at least one behavioral health service (e.g., Mental Health – Treatment/Counseling, Psychiatry) directly by your organization. Such services can be selected from either the Required or the Additional section of this form.

2. Click the **Save and Continue** button to navigate to the **Additional Services** section OR click the **Save** button on **Required Services** section and select the **Additional Services** tab below the **Resources** section (Figure 28, 1).

Figure 27: Form 5A, Services Provided – Required Services

Fields with * are required

Required Services Additional Services

Service Type	Service provided directly by applicant	Service provided by formal written contract/agreement (Applicant pays for service)	Service provided by formal written referral arrangement/agreement (Applicant DOES NOT pay)
Clinical Services			
Substance Abuse Services (Required for HCH Programs):			
* Detoxification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* Outpatient Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* Residential Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* Rehabilitation (Non Hospital Settings)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Clinical Services			
Case Management			
* Counseling/Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* Referral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* Follow-Up/Discharge Planning	<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"/>

3.4.2 Completing Form 5A: Additional Services section

1. Use this section to identify additional clinical and specialty or other services that your organization provides (Figure 28, 1).
2. After completing both the sections on **Form 5A**, click the **Save and Continue** button to save your work and proceed to the next form.

Figure 28: Form 5A - Additional Services Tab

Notes:

- This is an optional section. You are not required to identify modes of provision for any additional services listed in this section.
- You must either currently provide or propose to provide through this application at least one behavioral health service (e.g., Mental Health – Treatment/Counseling, Psychiatry) directly by your organization. Such services can be selected from either the Required or the Additional section of this form.
- You can complete this section by clicking the **Save** or **Save and Continue** button located at the bottom of the form.

3.5. Clinical Performance Measures

The **Clinical Performance Measures** form collects the goal for the required BHI performance measure.

Note: The **Clinical Performance Measures** form in FY 2014 BHI application displays only the **Depression Screening and Follow Up Measure**. You cannot add any other performance measures on this form. Refer to the FY 2014 BHI Funding Opportunity Announcement for more information on filling out this form.

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

1. The Start and End Dates in the Project Period section are pre-populated to 08/01/2014 and 07/31/2016 respectively. You will not be able to update this information. (Figure 29).

Figure 29: Project Period section

Project Period						
* Start Date (mm/dd/yyyy)	08/01/2014					
* End Date (mm/dd/yyyy)	07/31/2016					
Collapse Group Detailed View						
Focus Area	Performance Measure	Baseline Data	Baseline Year	Projected Data	Status	Options

- Click the **Update** link to start working on the performance measure (**Figure 30**).

Figure 30: Standard Measures section

Focus Area	Performance Measure	Baseline Data	Baseline Year	Projected Data	Status	Options
Collapse Group Detailed View						
Standard Measures						
Depression Screening and Follow Up Measure	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
Go to Previous Page					Save Save and Continue	

- The system directs you to the **Clinical Performance Measure – Update** page. (**Figure 31**)

Figure 31: Clinical Performance Measure - Update page

Clinical Performance Measures - Update

DEPARTAMENTO DE CORPORAÇÃO DE SERVIÇOS DE SAÚDE Y MEDICINA AVANZADA Due Date: ESTIMADA (Due In: 0 Days) | Section Status: Not Complete

Resources [View](#)

BHI FY 2014 User Guide | Funding Opportunity Announcement

Fields with * are required

Update Clinical Performance Measure Information

Focus Area: Depression Screening and Follow Up Measure

Is this performance measure applicable to your organization? Yes

Performance Measure: Percentage of patients aged 12 and older screened for clinical depression using an age appropriate standardized tool AND follow-up plan documented.

Target Goal Description (Sample Goals [?](#)): 1

Numerator Description (Examples [?](#)): Number of patients age 12 years and older who were (1) screened for depression with a standardized tool during the measurement year and, if positive, (2) had a follow-up plan documented.

Denominator Description (Examples [?](#)): Number of patients age 12 years and older that were seen as medical patients during the measurement year.

* Baseline Data

Baseline Year: (yyyy)

Measure Type: Percentage

Numerator:

Denominator:

2 [Calculate Baseline](#) [?](#)

- Enter the description of the target goal for the performance measure. To view examples of target goals, click on the **Sample Goals** link (**Figure 31, 1**). Similarly, to view examples for Numerator and Denominator, click on **Examples** link.
- Enter the Baseline Year and corresponding numerator and denominator values for that year. If baseline data is not available, enter 0 in the numerator and denominator fields and provide an explanation in the

Comments field (Figure 34, 1), citing when baseline data will be available. Click the **Calculate Baseline** button to calculate the baseline data based on the numerator and denominator values you provided. (Figure 31, 2)

5. Provide a two-year percentage goal in the Projected Data (By End of Project Period) field (Figure 32, 1). The project data provided must be greater than the Calculated Baseline.
6. Select one of the available data sources and provide a description in the Data Source and Methodology field (Figure 32, 2, 3).

Figure 32: Projected Data, Data Source and Methodology fields

The screenshot shows a form with two main sections. The top section is titled 'Projected Data (by End of Project Period)' and includes a 'Projected Data' input field with a callout '1', a 'Measure Type' dropdown menu set to 'Percentage', and three radio button options: 'EHR' (with callout '2'), 'Chart Audit', and 'Other'. Below the 'Other' option is a text input field with the placeholder 'If "Other", please specify:' and a character count '(maximum 100 characters)'. The bottom section is titled 'Data Source & Methodology' and features a large text area with a character count 'Approximately 1/4 page (Max 500 Characters): 500 Characters left.' and a callout '3' pointing to the text area.

7. Click the **Add New Key Factor and Major Planned Action** button to add key factors.
 - The system directs you to the **Key Factor and Major Planned Action – Add** page.
8. Provide all of the required information (Figure 33).

Figure 33: Key Factors and Major Planned Action - Add page

The screenshot shows a form titled 'Key Factor and Major Planned Action Information'. It includes a 'Key Factor Type' dropdown menu with 'Contributing' and 'Restricting' options. Below this are two large text areas: 'Key Factor Description' and 'Major Planned Action Description', both with character counts 'Approximately 3/4 page (Max 1500 Characters): 1500 Characters left.'. At the bottom of the form, there are three buttons: 'Cancel', 'Save and Continue' (with callout '1'), and 'Save and Add New' (with callout '2').

Note: You must provide information for at least one restricting and one contributing key factor.

9. Click the **Save and Continue** button (Figure 33, 1) to save the information on this page and return to the **Clinical Performance Measure - Update** page, or click the **Save and Add New** button (Figure 33, 2) to save the key factor information you provided and proceed to add a new key factor.
10. Once you have completed adding key factors, return to the **Clinical Performance Measure - Update** page and provide comments in the Comment field if needed (Figure 34, 1).

- Click the **Save and Continue** button to proceed to save the information on this page (Figure 34, 2) and proceed to the **Clinical Performance Measure** list page.

Figure 34: Comments box on Clinical Performance Measure - Update Page

* 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. 1

Cancel Save **Save and Continue** 2

- Click the **Save and Continue** button at the bottom of the screen on the **Clinical Performance Measure** list page to save your work and navigate to the next form.

3.6. Equipment List

Note: If you requested federal funds in the Equipment category on the **Federal Object Class Categories** form, you will be required to complete the **Equipment List** form. Otherwise, this form will not apply to you. If the form is not applicable to you, click the **Continue** button to proceed to the next form (Figure 35).

Figure 35: Equipment List Page– Not Applicable

Equipment List

BHI FY 2014 User Guide > Funding Opportunity Announcement Due Date: 03/19/2014 (Due In: 37 Days) | Section Status: Complete

Resources

View

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Alert:
 This form is not applicable to you as you have not requested federal funds for the Equipment category in the Federal Object Class Categories form of this application.

Go to Previous Page Continue

To complete the **Equipment List** form (if it is applicable to you), follow the steps below:

Figure 36: Equipment List Page

Equipment List

Note(s):

- Add equipment on this form if you requested federal funds for the Equipment category on the Federal Object Class Categories form. Otherwise, click the Save and Continue button to proceed without adding any equipment details.
- The Total Price of equipment added on this form should be equal to the federal funds requested for the Equipment category on the Federal Object Class Categories form.

Due Date: 03/19/2014 (Due In: 37 Days) | Section Status: Not Complete

Resources

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Add

List of Equipment

Type	Description	Unit Price	Quantity	Total Price	Options
No equipment added.					

Go to Previous Page

Save Save and Continue

1. Click the **Add** button to add a piece of equipment (**Figure 36**).
 - The system navigates to the **Equipment Information - Add Page** (**Figure 37**). Fields marked with an asterisk (*) are required.

Figure 37: Equipment Information - Add Page

Fields with * are required

Add Equipment Information

* Type
Clinical
Non-Clinical

* Description
(Maximum 50 Characters)

* Unit Price (\$)

* Quantity

Cancel Save and Continue

2. Select an equipment type and enter the Description, Unit Price (\$), and Quantity.
3. When you have completed the entries, click the **Save and Continue** button at the bottom of the screen. You will be returned to the **Equipment List Page** (**Figure 38**).
 - The system lists the equipment you entered and calculates the **Total Price**.

Figure 38: Equipment List Page (With Equipment Added)

List of Equipment					
Type	Description	Unit Price	Quantity	Total Price	Options
Clinical	Testing Equipment	\$20,000.00	1	\$20,000.00	Update
Non-Clinical	Metal Detector	\$10,000.00	2	\$20,000.00	Update
Total			3	\$40,000.00	

Go to Previous Page Save Save and Continue

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

Note:

- The **Total Price** of equipment added on this form must be equal to the federal funds requested in the Equipment category on the **Federal Object Class Categories** form.
- The newly added **Equipment** can be updated or deleted by using the **Update** and **Delete** links.

3.7. Supplemental Information

The **Supplemental Information** form collects the screening, brief intervention, and referral to treatment (SBIRT) data and the New Licensed Onsite Behavioral Health Staff information for the BHI project (**Figure 39**).

Note: Refer to the most recent UDS Manual available at <http://bphc.hrsa.gov/healthcenterdatastatistics> for more information about reporting SBIRT data (UDS Table 6a).

Figure 39: Supplemental Information Page

Supplemental Information

Due Date: 03/19/2014 (Due In: 37 Days) | Section Status: Not Started

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Fields with * are required

Note(s):
 Refer to the most recent UDS Manual available at <http://bphc.hrsa.gov/healthcenterdatastatistics> for more information about reporting SBIRT data (UDS Table 6a)

Screening, brief interventions, referral to treatment (SBIRT) Information

* Percentage of patients currently receiving SBIRT: % 1

* Percentage of patients projected to receive SBIRT at the end of project period: % 2

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

- In the **SBIRT Information** section, provide the percentage of patients currently receiving SBIRT and the percentage of patients projected to receive SBIRT at the end of project period. (**Figure 39, 1, 2**)

Notes:

- Refer to your most recent UDS report or utilize more current health center data, as available, to develop the current percentage (baseline). If SBIRT is not currently provided, enter 0.
- The percentage of patients projected to receive SBIRT by the end of the two-year project should be greater than the percentage of patients currently receiving SBIRT.

2. For each Licensed Onsite Staffing Position listed in the **New Licensed Onsite Behavioral Health Staff** section, report the Direct and/or Contractor staff FTEs you intend to hire with the Behavioral Health Integration funding received (Figure 40, 1, 2).
3. Click the **Calculate Totals** button to calculate the grand total number of Direct Hire Staff and Contractors FTEs based on values you provided (Figure 40, 3).

Notes:

- When reporting the number of FTEs for each staffing position, provide a positive number with up to 2 decimals. Zero is an acceptable value.
- You must ensure that the grand total number of FTEs is equal to or greater than 1 to be eligible for BHI funding.

Figure 40: New Licensed Onsite Behavioral Health Staff section

New Licensed Onsite Staffing Position	Direct Hire Staff FTEs	Contractor FTEs	Total FTEs
* Psychiatrists	<input type="text"/>	<input type="text"/>	0
* Licensed Clinical Psychologists	<input type="text"/>	<input type="text"/>	0
* Licensed Clinical Social Workers	<input type="text"/>	<input type="text"/>	0
* Other Licensed Mental Health Providers	<input type="text"/>	<input type="text"/>	0
* Licensed Substance Abuse Providers (e.g., Licensed Professional Counselors)	<input type="text"/>	<input type="text"/>	0
Total Direct and Contractor FTEs:	0	0	0

Buttons: Go to Previous Page, Calculate Totals, Save, Save and Continue

When you are finished entering the required information, click the **Save** button at the bottom of the screen to save your work.

4. Completing the Appendices Form

1. Navigate to the overall **Status Overview** page by clicking the **Complete Status** link in the All Forms left menu.
2. On the **Status Overview** page, click the **Update** link for the **Appendices** form.
3. Upload the following standard attachments by clicking the associated **Attach File** buttons:
 - Attachment 1: Work Plan (Required)
 - Attachment 2: Position Descriptions for Key Project Staff (Required)
 - Attachment 3: Biographical Sketches and Licenses/Certifications for Key Project Staff (Required)
 - Attachment 4: Service Area Map (Required)
 - Attachment 5: Letters of Support (Required)

- Attachment 6: Other Relevant Documents (as applicable)
4. The Abstract, Additional Congressional District, Program Narrative, and Budget Justification may be attached, deleted, or updated in this section by clicking the associated **Attach File** buttons.
 5. After completing the **Appendices** form, click the **Save and Continue** button to navigate to the **Table of Contents**.

5. Submitting the FY 2014 BHI Application to HRSA

1. Review the information displayed in the **Table of Contents** by clicking the **Review** link under the Review and Submit section in the left menu. If you are ready to submit the application to HRSA, follow the steps below:

Note: 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.

2. Click the **Proceed to Submit Page** button at the bottom of the **Table of Contents**.
 - The system navigates to the **Submit** page.
3. Click the **Submit to HRSA** button at the bottom of the **Submit** page.
 - The system navigates to a confirmation page.

Note: If you are not the AO, the system displays a **Submit to AO** button at the bottom of the **Submit** page. Click the button to notify the AO that the application can be submitted to HRSA. Only the AO can submit the application to HRSA. The AO must submit the application to HRSA no later than April 3 at 5:00 PM ET.

4. Answer the questions displayed under the Certifications and Acceptance section of the confirmation page and click the **Submit Application** button to finally submit the application to HRSA.
5. To troubleshoot problems submitting the application, contact the BPHC Helpline at BPHCHelpline@hrsa.gov or 877-974-2742.