

FY 2014 Partnerships for Care HIV Supplemental Funding Application

EHB User Guide for Applicants

This quick reference sheet describes the steps you need to follow to submit the FY 2014 application for Supplemental Funding to Increase HIV Prevention and Care to the Health Resources and Services Administration (HRSA).

Creating the FY 2014 Partnerships for Care HIV Supplemental Funding Application

To create the Partnerships for Care HIV supplemental funding application in EHB, you will need a web link and eligibility code. The link and eligibility code will be emailed to eligible organization's Authorizing Officials (AOs), Business Officials (BOs), and the H80 grant Project Directors (PDs) registered within HRSA EHB.

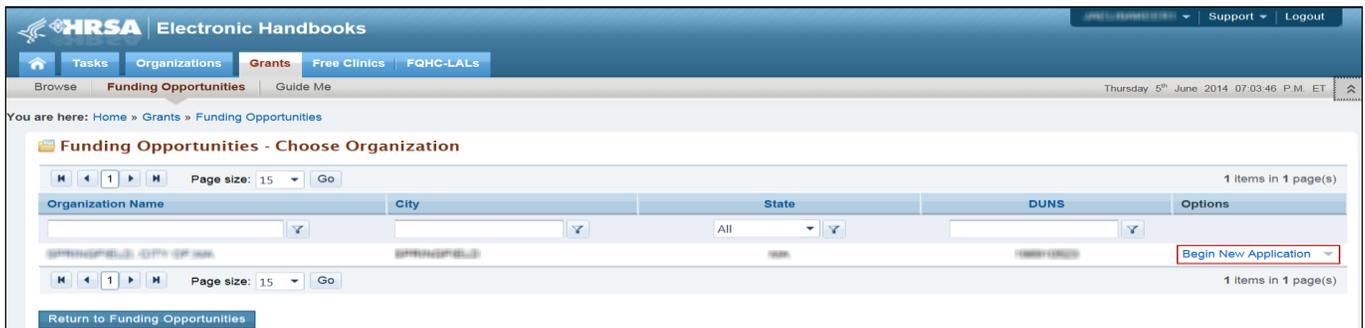
Creating the Application

1. Click the web link provided to you in the email notification sent by HRSA.
 - The system directs you to EHB.
2. To login to EHB, enter your username and password, and click the **[Login]** button.

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

- Once you are logged into EHB, the system navigates to **Funding Opportunities – Choose Organization** page, displaying all organizations with which you are registered.
3. Click the [Begin New Application](#) link for the organization included in the email notification sent by HRSA (**Figure 1**).

Figure 1: Funding Opportunities – Choose Organization page



4. On the resulting **Grant Application – Create** page, enter the 4-digit Eligibility Code provided in the email notification sent by HRSA (**Figure 2, 1**).

Figure 2: Grant Application – Create page



5. Select “Revision (Supplemental)” as the Application Type (Figure 2, 2).
6. Select “Increase” as the Revision Type (Figure 2, 3).
7. Provide the H80 Grant Number under which you are submitting the HIV supplemental application (Figure 2, 4).
8. Click the [Continue] button (Figure 2, 5).
 - The system navigates to the **Select Sub Program(s)** page where the sub-programs applicable to your H80 grant will be pre-selected.
9. Ensure that the sub-program selection on this page is aligned with the sub-programs provided in the email notification. You should not need to make any changes on this page; however, if the sub-programs do not align, make adjustments to the sub-program selections as needed.

Figure 3: Select Sub Program(s) page

Sub Programs		CFDA
<input type="checkbox"/>	Sub-Program	
<input checked="" type="checkbox"/>	Community Health Centers	93.224
<input type="checkbox"/>	Health Care for the Homeless	93.224
<input type="checkbox"/>	Migrant Health Centers	93.224
<input type="checkbox"/>	Public Housing	93.224

Buttons: Cancel, Save and Continue

10. Click the [Save and Continue] button on this page.
 - The system creates the HIV supplemental application and displays the EHB Application Tracking Number.
11. Note the EHB Application Tracking Number and click the [Continue] button to start the application.
 - The system navigates to the **Application – Status Overview** page.

Completing the standard section of the FY 2014 Partnerships for Care HIV supplemental application

Note: For all standard section forms – most required fields will be pre-populated with your organization’s information. You should check the information and update as needed, but you should not need to make any significant changes to these forms.

1. On the **Application – Status Overview** page, click the [Update](#) link and complete the forms for **Parts 1 and 2** of the **SF-424** section (Figure 4, 1).

Figure 4: Application – Status Overview page

Section	Status	Options
Basic Information		
SF-424	Not Started	
Part-1	Not Started	Update
Part-2	Not Started	Update
Budget Information		
Section A-C	Not Started	Update
Other Information		
Assurances	Not Started	Update
Appendices	Not Started	Update
Program Specific Information		
Program Specific Information	Not Started	Update

2. Once you have completed the **SF-424** section, proceed to the **Budget Information - Section A-C** form by clicking on the [Save and Continue] button on the **SF-424 – Part 2** form, or return to the **Application – Status Overview** page and click on the [Update](#) link for the **Section A-C** under the **Budget Information** section (Figure 4, 2).

Figure 5: Budget Information – Section A-C

* Section A - Budget Summary						
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
Update Sub Program	Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

* Section C - Non Federal Resources						
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
Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Go to Previous Page Save Save and Continue

- On the **Budget Information Section A-C** form, click on the **[Update Sub Program]** button under the **Section A – Budget Summary** section to add or remove sub-program(s) (Figure 5, 1).
- Click on the **[Update]** button on the **Section A – Budget Summary** section to add the New or Revised Federal and Non-Federal budget amounts for the selected sub-program(s), based on the percentages provided in the e-mail notification (Figure 5, 2).
- Enter the amount for any Non-Federal funds supporting the project by clicking on the **[Update]** button on the **Section C – Non Federal Resources** section (Figure 5, 3).
- Click the **[Save and Continue]** button of the **Budget Information - Section A – C** form to proceed to the **Assurances** page.
- Complete the **Assurances** page and click on the **[Save and Continue]** button to navigate to the **Appendices** form.
- Complete the **Appendices** form by providing the following attachments:
 - Work Plan (see sample at <http://www.hrsa.gov/grants/apply/assistance/bphchiv>)
 - Budget Narrative (see sample at <http://www.hrsa.gov/grants/apply/assistance/bphchiv>)
 - HIV Care Team Information (see sample at <http://www.hrsa.gov/grants/apply/assistance/bphchiv>)
 - Memorandum of Agreement
- Click on the **[Save and Continue]** button to navigate to the program specific section of the application.

Completing the Program Specific Information section of the Partnerships for Care HIV supplemental application

The FY 2014 HIV supplemental application includes the following program specific forms:

- Federal Object Class Categories**
- Supplemental Information**

Figure 6: Program Specific Information section

Program Specific Information Status		
Section	Status	Options
Budget Information		
Federal Object Class Categories	Not Started	Update
Other Information		
Supplemental Information	Not Started	Update

Completing the Federal Object Class Categories form

1. In the **Program Specific Information Status** section, access the **Federal Object Class Categories** form by clicking on the [Update](#) link (Figure 6, 1).
2. The system pre-populates the **Total Proposed Budget** section with the New or Revised Federal and Non-Federal Budget that you provided in the standard **Budget Information Section A – C** form (Figure 7, 1).

Note: The total Federal request must be equal to or less the \$500,000. To change this amount, navigate to the **Budget Information Section A–C** form in the standard section of the application.

3. In the **Budget Categories** section, update the Federal and Non-Federal amounts for each object class category (Figure 7, 2) so that the totals in line 'k' are equal to the respective amounts displayed under the Total Proposed Budget section of the form (Figure 7, 3).

Figure 7: Federal Object Class Categories form

Fields with * are required

Total Proposed Budget				Amount
Section 330 Federal funding (from Total Federal - New or Revised Budget on Section A – Budget Summary) ⓘ				\$0.00
Non-Federal funding (from Total Non-Federal - New or Revised Budget on Section A – Budget Summary)				\$0.00
Total				\$0.00

Note(s):
For the Federal Object Class Categories Form, Federal and Non-Federal breakdown is only required for 1 Year.

Object Class Category	Federal	Non Federal	Total
a. Personnel	<input type="text"/>	<input type="text"/>	\$0
b. Fringe Benefits	<input type="text"/>	<input type="text"/>	\$0
c. Travel	<input type="text"/>	<input type="text"/>	\$0
d. Equipment ⓘ	<input type="text"/>	<input type="text"/>	\$0
e. Supplies	<input type="text"/>	<input type="text"/>	\$0
f. Contractual	<input type="text"/>	<input type="text"/>	\$0
g. Construction	N/A	N/A	N/A
h. Other	<input type="text"/>	<input type="text"/>	\$0
i. Total Direct Charges (sum of a - h)	\$0	\$0	\$0
<input type="button" value="Calculate Total And Save"/>			
j. Indirect Charges	<input type="text"/>	<input type="text"/>	\$0
k. Total Budget Specified in Section A - Budget Summary (sum of i - j)	\$0	\$0	\$0
<input type="button" value="Calculate Total And Save"/>			

Note: The Federal funds requested for the Equipment line item d (Figure 7, 4) must be less than or equal to \$50,000.

4. Click on the **[Save and Continue]** button to proceed to the **Supplemental Information** form.

Completing the Supplemental Information form

1. Provide responses for 1a, 1b, and 1c (maximum 3,000 characters each) under the Project Narrative section (Figure 8, 1).
2. Provide projections in 2a, 2b, 2c, and 2d that you plan to achieve by the end of the three year project (Figure 8, 2).

Figure 8: Supplemental Information form

The screenshot shows a web form titled "1. Project Narrative" with a red callout box containing the number "1". It contains three text input areas, each with a red asterisk and a question number:

- * 1a.** Provide the professional background, qualifications, role, and responsibilities of the HIV program lead. (Approximately 2 pages (Max 3000 Characters): 3000 Characters left.)
- * 1b.** Describe the health center's proposed approach to workforce development and infrastructure development to increase and improve HIV service delivery among racial/ethnic minorities in its service area. Specifically, describe:
 - The composition of multi-disciplinary HIV care team(s) to be established;
 - System enhancements to be implemented; and
 - Written policies, procedures, plans, and referral agreements to be developed or revised.
 (Approximately 2 pages (Max 3000 Characters): 3000 Characters left.)
- * 1c.** Describe the health center's proposed approach to expand and/or develop its capacity to provide routine HIV testing, basic HIV care, and coordinate the HIV care team(s) to deliver high quality services for people living with HIV (PLWH). (Approximately 2 pages (Max 3000 Characters): 3000 Characters left.)

Section 2 is titled "2. Provide the following projections to be achieved by the end of the three-year project period:" with a red callout box containing the number "2". It contains four input fields:

- * 2a.** The number of multi-disciplinary HIV care teams that will receive clinical training, deliver HIV services, and participate in HIV TAC activities (all HIV care teams must be established within year one).
- * 2b.** The number of other health center staff who will receive HIV training.
- * 2c.** The percent of health center patients who will receive routine HIV testing for the first time.
- * 2d.** The number of health center patients who will receive basic HIV care and treatment from the health center's HIV care team(s).

At the bottom of the form, there are buttons for "Go to Previous Page", "Save", and "Save and Continue".

3. Click the **[Save and Continue]** button to navigate to the **Program Specific – Review** page.
4. Review the information displayed on this form.

Reviewing and submitting the FY 2014 Partnerships for Care HIV supplemental application

1. Review the application by accessing the [Review](#) link at the bottom of the left navigation menu.
2. Click the [Submit](#) link in the “All Tasks” left navigation menu.
 - The system navigates to the standard **Application – Submit** page and displays a **[Submit to HRSA]** button at the bottom of the page if both the standard and program specific forms are complete.

Note: Only the Authorizing Official (AO) can submit the application to HRSA. If you are not the AO, the system will display a **[Submit to AO]** button instead of the **[Submit to HRSA]** button on the **Application – Submit** page. Click on this button to submit the application to the AO. The application can then be submitted by the AO using the **[Submit to HRSA]** button.

3. To submit the application, click the **[Submit to HRSA]** button.
4. On the resulting **Certification and Acceptances** form, click the **[Submit Application]** button in the lower right corner of the form in order to confirm the submission of the HIV supplemental application to HRSA.