
HRSA Electronic Handbooks (EHB)

FY 2014 Health Center Expanded Services (ES)

HRSA-14-148

User Guide for Grant Applicants

Last updated on: May 27, 2014



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- The system navigates to the **Select Sub Program(s)** page where the sub-programs applicable to your H80 grant will be pre-selected (**Figure 2**).
9. Ensure that the sub-program selection on this page (**Figure 2**) is aligned with the sub-programs provided in the email notification sent to you. 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 2: Select Sub Program(s) page

Sub Programs		
<input type="checkbox"/>	Sub-Program	CFDA
<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 ES Supplemental application and display the EHB Application Tracking Number.
11. Note the EHB Application Tracking Number for future reference and click the **Continue** button to start working on the application.

Once the application is created, you can access it at any time by clicking the ‘Tasks’ tab on the **EHB Home** page and navigating to the **Pending Tasks – List** page. To access the application in EHB, follow the steps below:

1. Locate the ES application using the EHB Application Tracking number that you noted above, and click the **Edit** link to work on the application in EHB.
 - The system opens the **Application Status Overview** page of the ES application (**Figure 3**).

Figure 3: Accessing the Application Status Overview Page

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
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

The FY 2014 ES 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

- Budget Information
- Other Information

The Basic Information 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 the project information such as the project title, project periods, cities, counties, and Congressional districts affected by the project.

Note: For the Project/Budget Information section, you should enter 09/01/2014 to 08/31/2016 for the proposed ES two-year project period dates on the required “Proposed Project Period” section.

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

Completing the Budget Information Form

1. Click the **Update** link for the **Budget Section A-C** form on the **Application Status Overview** page.
 - The system navigates to the **Budget Information - Section A-C** form displaying Section A – Budget Summary (**Figure 4, 1**) and Section C – Non Federal Resources (**Figure 4, 3**).

Figure 4: Budget Information for Support Year 1

* 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
Update Sub Program	Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

* 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
Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Go to Previous Page Save Save and Continue

Note: If the sub-program selection on **Section A – Budget Summary** form does not align with the sub-programs included in the email notification from HRSA, follow steps 2 and 3 below to correct the sub-programs. **Otherwise, skip to step 4.**

2. Click the **Update Sub Program** button (**Figure 4, 2**).
 - The **Sub Programs - Update** page opens (**Figure 5**).

Figure 5: Sub Programs - Update Page

Sub Programs		
<input type="checkbox"/>	Sub-Program	CFDA
<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

- Select or deselect sub-programs as necessary. Only select the sub-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 or delete current sub-programs through the ES application.
- Click the **Save and Continue** button.
 - The **Budget Summary** page re-opens showing the selected sub-program(s) (Figure 6).

Figure 6: Budget Information Page Showing Sub-Program Addition

* Section A - Budget Summary							<input type="button" value="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	
Migrant Health Centers	93.224	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Update Sub Program		Total	\$0.00	\$0.00	\$0.00	\$0.00	

* Section C - Non Federal Resources							<input type="button" value="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	
Migrant Health Centers	\$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	

- To enter or update the budget information for each sub-program, click the **Update** button in the **Section A - Budget Summary** section (Figure 6, 1).
 - The **Section A – Update** page opens.

Figure 7: Section A – Update Page

Section A - Update

Due Date: 11/30/2014 11:59:00 PM (Due in: 88 days) | Section Status: Not Complete

Resources

Fields with * are required

Grant Program Function or Activity	CFDA Number	Estimated Unobligated Funds		New or Revised Budget		Total
		Federal	Non-Federal	Federal	Non-Federal	
Community Health Centers	93.224	\$ 0.00	\$ 0.00	\$ 52000	\$ 5000	\$57,000.00
Migrant Health Centers	93.224	\$ 0.00	\$ 0.00	\$ 60000	\$ 3000	\$63,000.00
Total		\$0.00	\$0.00	\$112,000.00	\$8,000.00	\$120,000.00

- 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 separately (Community Health Centers (CHC), Migrant Health Centers (MHC), Health Care for the Homeless (HCH), and/or Public Housing Primary Care (PHPC)) (Figure 7, 1).
- Under the Non-Federal Resources section, enter the amount of Non-Federal funds that will be used to support your ES project(s) in the budget, in whole dollar amounts, for the first 12-month budget period for each requested sub-program (Figure 7, 2).

Note:

- The Federal amount refers to only the Federal Section 330 Health Center Program grant funding requested for the ES opportunity, not all Federal grants funding that an applicant receives.
- The amount of ES funding for which each health center grantee is eligible has been determined by a formula and is indicated in the email notification that you received from HRSA. The total Federal request across all sub-programs cannot exceed the maximum amount of funding for which your organization is eligible. You may request less than the maximum amount.
- ES funding should be requested in each sub-program at the same proportion as the current Health Center Program grant. The email notification that you received includes the funding breakout for your organization based on the maximum ES funding amount for which your organization is eligible. Please refer to that email notification when completing this portion of the application.

- Click the **Save and Continue** button. The **Budget Information** page re-opens (Figure 8).

Figure 8: Section A – Budget Information Page after Update

* Section A - Budget Summary Update							
Grant Program Function or Activity	CFDA Number	Estimated Unobligated Funds		New or Revised Budget			Total
		Federal	Non-Federal	Federal	Non-Federal		
Community Health Centers	93.224	\$0.00	\$0.00	\$52,000.00	\$5,000.00	\$57,000.00	
Migrant Health Centers	93.224	\$0.00	\$0.00	\$60,000.00	\$3,000.00	\$63,000.00	
Update Sub Program		Total	\$0.00	\$0.00	\$112,000.00	\$8,000.00	\$120,000.00

* 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	
Migrant Health Centers	\$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**

- In Section C – Non Federal Resources, distribute the New or Revised Non-Federal Budget amount specified in Section A – Budget Summary across the listed non-federal resources. Click the **Update** button provided in the right corner of Section C header to do so (Figure 8, 1).

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.

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

3. Completing the Appendices form

1. Attach a Budget Justification that covers two years of ES funding by clicking the **Attach File** button next to the following required attachment:
 - Attachment 1 - Budget Justification (Required)
2. The Budget Justification is the only attachment required for the ES opportunity, and is therefore the only document to be uploaded in the Appendices section of the application. Applicants will complete one consolidated Budget Justification that details all projects proposed in the application. Please refer to Appendix C of the ES Instructions for detailed information on the Budget Justification requirements.

Note: The allowable types of files for upload are doc, rtf, txt, wpd, pdf, xls, msg, jpg, jpeg, tif, xfd, xlsx, docx, ppt and vsd. The maximum allowable size for each attachment is 100 MB.

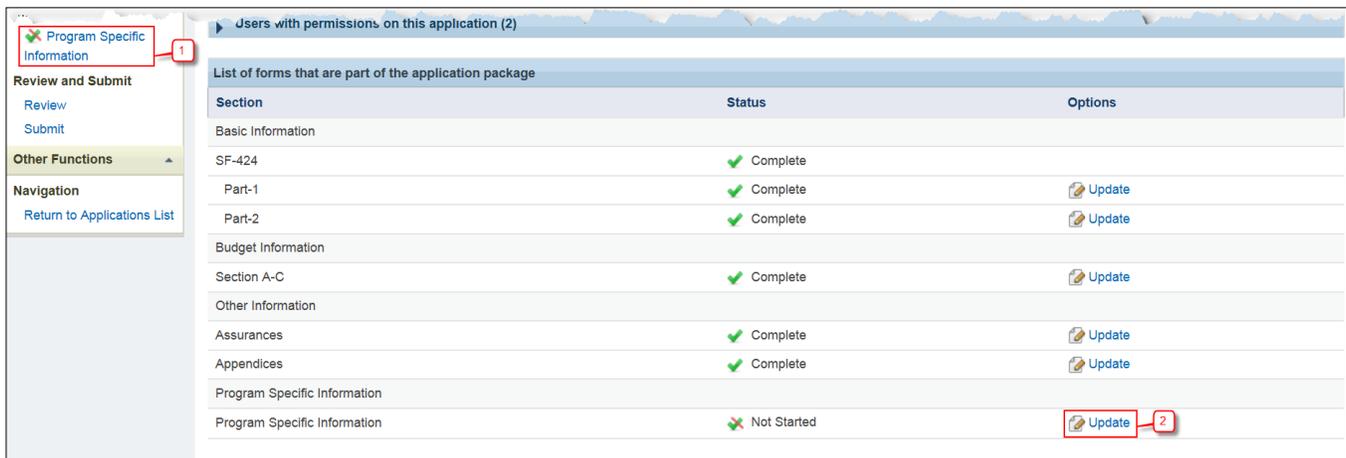
3. After completing the **Appendices** form, click the **Save and Continue** button to navigate to the **Program Specific Status Overview** page.

4. Completing the Program Specific Section

If you are not already on the **Program Specific Status Overview** page, you can access that section of the application by following one of the options below:

- Click the **Program Specific Information** link on the left menu (**Figure 9, 1**), OR
- Click the **Update** link for the Program Specific Information section on the **Application - Status Overview** page (**Figure 9, 2**)

Figure 9: Accessing the Program Specific Section



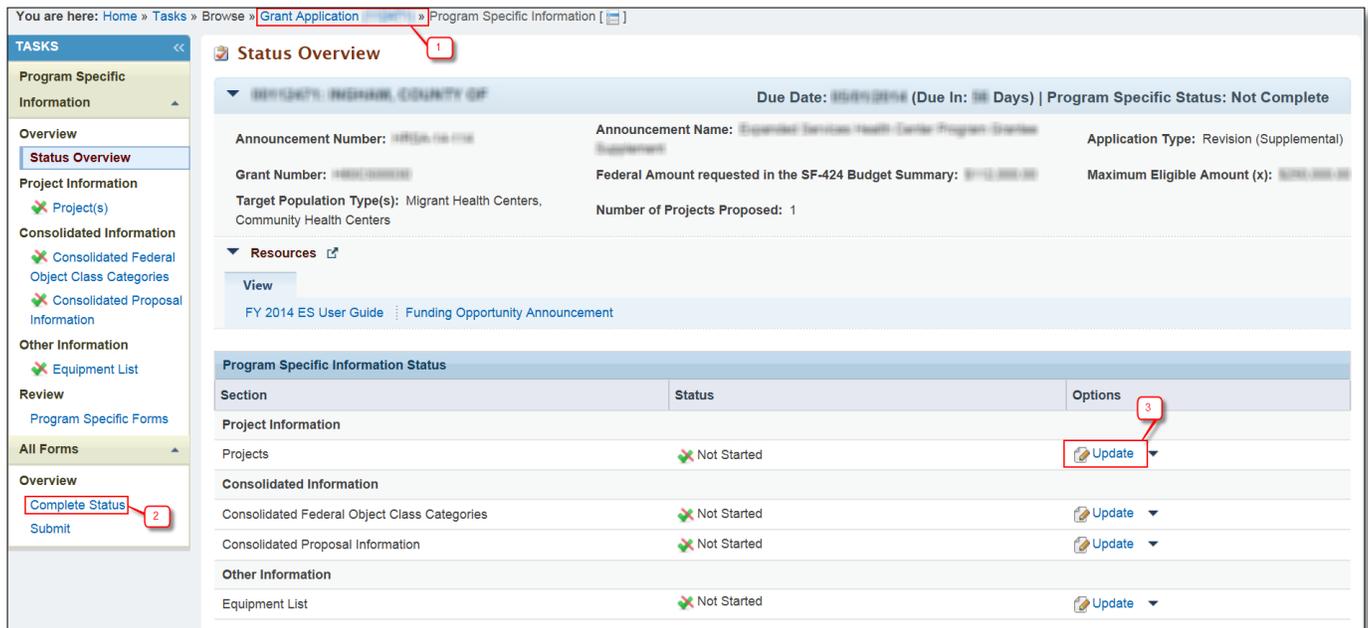
- After choosing one of those two links, the system navigates to the **Program Specific Status Overview** page (**Figure 10**).

The program specific section of the FY 2014 ES application consists of the following sections and forms:

- **Project Information**
 - Project(s)
- **Consolidated Information**
 - Consolidated Federal Object Class Categories
 - Consolidated Proposal Information
- **Other Information**

- Equipment List

Figure 10: Program Specific Status Overview page



Note: If you want to access the standard forms of the application (e.g., the Appendices, the Budget Information) while working on the program specific forms, please follow one of the options below:

- Click the **Grant Application** link in the navigation links displayed at the top of the page above the page name (Figure 10, 1).
- Expand the left menu if not already expanded and click the **Complete Status** link provided under the **All Forms** menu (Figure 10, 2).

4.1. Completing the Projects form

Applicants **must** propose to expand existing primary care medical capacity by adding new medical providers, increasing the availability of medical services, and/or expanding hours of operations through an Expanded Medical Capacity (EMC) project.

The required Expanded Medical Capacity (EMC) project will be automatically created for each ES application and cannot be removed or deleted.

In addition, you can propose each of the following Service Expansion (SE) projects on the **Project(s)** form:

- Behavioral Health Service Expansion (BH SE)
- Oral Health Service Expansion (OH SE)
- Pharmacy Service Expansion (P SE)
- Vision Service Expansion (V SE)

Note: You can follow one of the following options to complete the **Project(s)** form:

1. Add all of the applicable SE projects first, and then provide complete information for the EMC project and each of the added SE projects, or
2. Complete the EMC project. Add the first SE project as desired, and complete it before adding the next SE project.

To propose an SE project, follow the steps below:

1. Click on the **Update** link for the **Projects** form on the **Program Specific Status Overview** page (Figure 10, 3).
2. Click the **Add Project** button on the **Project(s)** form (Figure 11).
 - The system navigates to the **Projects – Add** page.

Figure 11: Project(s) Form

Project(s)

DEPARTMENT: INDIAN, COUNTY OF Due Date: 10/30/2014 (Due In: 30 Days) | Section Status: Not Complete

Resources [View](#)

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Add Project

Project Tracking Number	Project Type	Requested Amount	Status	Options
10000001	Expanded Medical Capacity (EMC)	Not Available	Not Started	Update Project Details

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

3. On the **Projects – Add** page, select a Project Type (Figure 12, 1).

Figure 12: Projects – Add Page

Projects - Add

DEPARTMENT: OUTSIDE IN Due Date: 10/30/2014 (Due In: 30 Days)

Resources [View](#)

FY 2014 ES User Guide | Funding Opportunity Announcement

Fields with * are required

Add Project Information

* Project Type

- Behavioral Health Service Expansion (BH SE)
- Oral Health Service Expansion (OH SE)
- Pharmacy Service Expansion (P SE)
- Vision Service Expansion (V SE)

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

4. Click the **Save and Continue** button on the **Projects – Add** page.
 - The system navigates back to the **Project(s)** page with the new SE project added to the list (Figure 13, 1).

Figure 13: Project(s) Page displaying the Newly Added Project

Add Project

Project Tracking Number	Project Type	Requested Amount	Status	Options
10000001	Expanded Medical Capacity (EMC)	\$50,000.00	Complete	Update Project Details
10000002	Vision Service Expansion (V SE)	Not Available	Not Started	Update Project Details

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

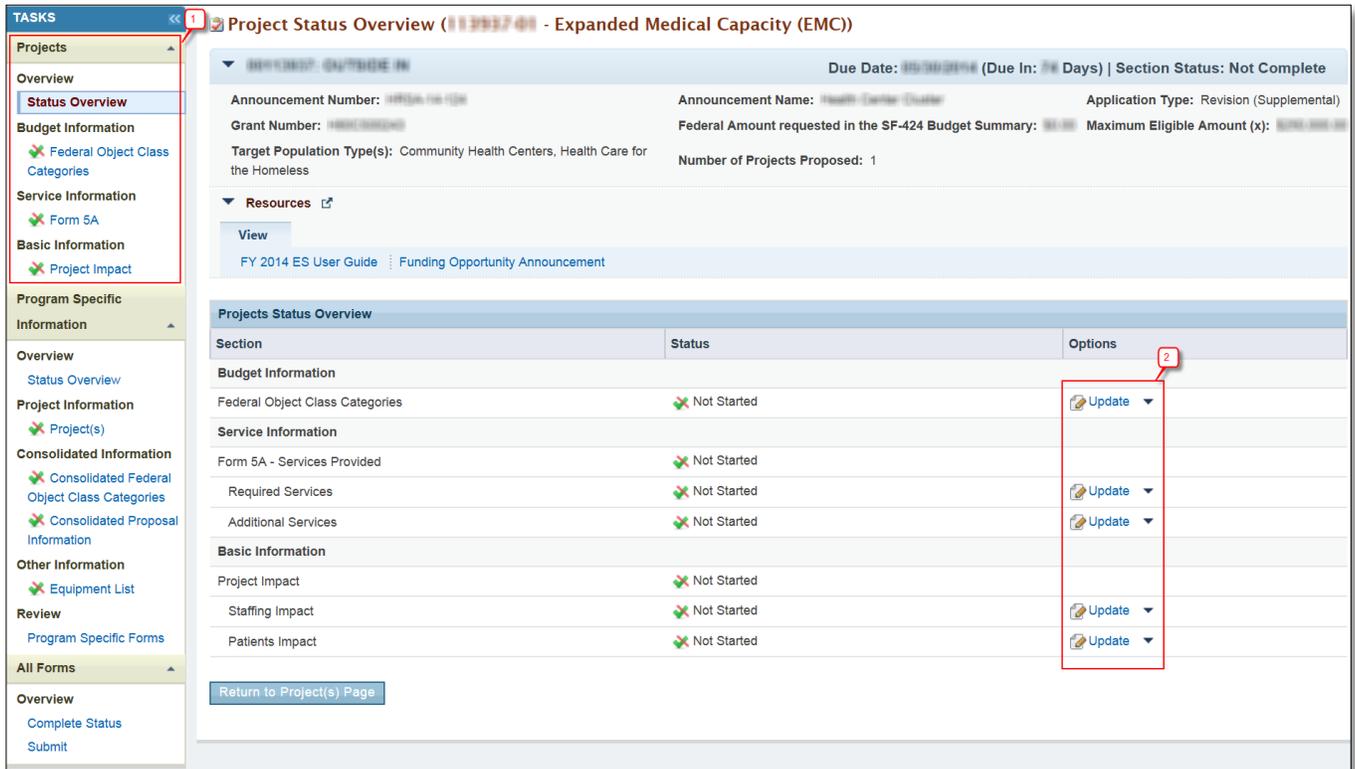
Note: You are allowed to add only one SE project of each type (oral health, behavioral health, pharmacy, vision). Once you have added an SE project, that project type will no longer be displayed in the dropdown list on the **Projects - Add** page as an optional project to add. If you have added all of the available SE projects, the **Add Project** button on the **Project(s)** page will be disabled.

5. You must complete the project specific forms for each project in order to update the status of the project to Complete from Not Started (**Figure 13, 2**). To provide the required information for a project, click the **Update Project Details** link for that project (**Figure 13, 3**).
 - The system navigates to the **Project Status Overview** page displaying the list of project specific forms that you are required to complete for each proposed project. Note that all of the required project forms are also listed in and accessible from the left navigation menu on the left side of the EHB application (**Figure 14, 1**). To access a project form, follow one of the options below:
 - A. Click the **Update** link next to the form (**Figure 14, 2**), or
 - B. Click the form’s link in the Projects left navigation menu (**Figure 14, 1**).

You are required to complete the following project specific forms for each proposed project (EMC and any proposed SE projects):

- Federal Object Class Categories
- Form 5A - Services Provided
 - Required Services
 - Additional Services
- Project Impact
 - Staffing Impact
 - Patients Impact

Figure 14: Project Status Overview page



4.1.1. Federal Object Class Categories Form

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.

In the **Budget Categories** section of this form, you will be required to distribute the Federal and Non-Federal amounts for the selected project across the Object Class Categories (Figure 15, 1).

1. Enter the Federal dollar amount for each listed Object Class Category under the Federal column (Figure 15, 2). Enter zero (0) if you do not wish to request Federal funds for a category. No categories may be left blank.
2. Enter the Non-Federal dollar amount for each listed Object Class Category under the Non-Federal column (Figure 15, 3). Enter zero (0) if you do not wish to report Non-Federal funds for a category. No categories may be left blank.
3. Click the **Calculate Total and Save** buttons for lines 'i' and 'k' at any time to calculate the respective totals.

Figure 15: Federal Object Class Categories form

Budget Categories				
Object Class Category 1	Federal 2	Non Federal 3	Total	
a. Personnel	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	
b. Fringe Benefits	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	
c. Travel	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	
d. Equipment ⓘ	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	
e. Supplies	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	
f. Contractual	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	
g. Construction	N/A	N/A	N/A	
h. Other	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	
i. Total Direct Charges (sum of a - h) <input type="button" value="Calculate Total And Save"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	
j. Indirect Charges	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	
k. Total Budget Specified in this project (sum of i - j) <input type="button" value="Calculate Total And Save"/>	<input style="border: 1px solid red; border-radius: 50%; padding: 2px;" type="text" value="\$0"/> 4	<input style="border: 1px solid red; border-radius: 50%; padding: 2px;" type="text" value="\$0"/> 5	<input type="text" value="\$0"/>	

Note:

- If Federal funds for the Equipment Object Class Category are requested, you must describe how you will use the equivalent amount for non-Equipment ES-eligible purposes in future years of this project in the [Consolidated Proposal Information](#) form. You must also provide equipment cost details in the [Equipment List](#) form of this application.
- The Construction Object Class Category field is disabled.

4. Provide complete information on this form and click **Save and Continue** to proceed to the next form.

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

4.1.2. Form 5A – Services Provided

Form 5A – Services Provided identifies the services to be provided, and how they will be provided, for the proposed project. This section is pre-populated with the services and their modes of provision in your current approved Health Center Program scope of project (Form 5A). There are limited changes to scope that you may propose based on the project type.

Note:

- Every ES project has a predefined list of applicable services. The system makes these services editable when you access **Form 5A** for a project ([Figure 16, 1](#)). The inapplicable services are disabled ([Figure 16, 2](#)).
- You may propose changes to the modes of provision for the editable services on the form. Please note that proposing changes to services in your Form 5A is **optional**.

To complete this form, follow the steps below:

1. If your current approved **Form 5A** reflects the services and their respective modes of provision that are appropriate for your proposed ES project, you do not have to make any changes to this section. Click the ‘Save and Continue’ button at the bottom of the page to proceed. Skip to [Section 4.1.3 Project Impact](#) for instructions on completing the next section of the application.

- OR, if you wish to propose changes to the mode(s) of provision for any editable services, select or unselect the applicable modes. Refer to [Table 1](#) for the available modes of provision.

Figure 16: Form 5A – Services Provided (EMC Project) – Required Services

Service Type	Service provided directly by Health Center	Service provided by formal written agreement (Health Center pays for service)	Service provided by formal written referral arrangement (Health Center DOES NOT pay)
★ General Primary Medical Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
★ Diagnostic Laboratory	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
★ Diagnostic X-Ray	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Screenings			
★ Cancer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
★ Communicable Diseases	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
★ Cholesterol	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
★ Blood Lead Test for Elevated Blood Lead Level	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
★ Pediatric Vision, Hearing, and Dental	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
★ Emergency Medical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
★ Voluntary Family Planning	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
★ Immunizations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
★ Well Child Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
★ Gynecological Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
★ Obstetrical Care	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
★ Prenatal and Perinatal Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Preventive Dental	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Referral to Behavioral Health	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Referral to Substance Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Referral to Specialty Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Pharmacy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Substance Abuse Services (Required for HCH Programs):			
Detoxification	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Residential Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Rehabilitation (Non Hospital Settings)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Table 1: Modes of Service Provision

Mode of Service Provision	Your Organization Provides the Service	Your Organization Pays for the Service
1. Service provided directly by applicant (Figure 16, 3)	Yes	Yes
2. Service provided by formal written contract/agreement (Figure 16, 4)	No	Yes
3. Service provided by formal written referral arrangement/agreement (Figure 16, 5)	No	No

List of Allowable Changes in Form 5A:

- You are **ALLOWED** to propose the following types of changes to the services in your approved Form 5A via the ES application:
 - Select ‘Column I. Service provided directly by applicant’ and/or ‘Column II. Service provided by formal written contract/agreement’ as mode(s) of provision for a service currently in your approved Form 5A.
 - **ONLY for SE projects**, select the ‘Column I. Service provided directly by applicant’ and/or ‘Column II. Service provided by formal written contract/agreement’ mode(s) of provision for a service that is not currently in your approved Form 5A.

List of Unallowable Changes in Form 5A:

- You are **NOT ALLOWED** to propose the following types of changes to the services in your approved Form 5A via the ES application:
 - Remove ‘Column I. Service provided directly by applicant’ as a mode of provision for a service.
 - Delete a service by removing ‘Column I. Service provided directly by applicant’ **and** ‘Column II. Service provided by formal written contract/agreement’ as modes of provision.
 - Select ‘Column III. Service provided by formal written referral arrangement/agreement’ as a mode of provision for any service.

3. 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 **Project Information** section (Figure 17, 1).
4. If needed, propose changes to the modes of provision for the editable Additional Services from your approved Form 5A (Figure 17, 2).

Figure 17: Form 5A – Services Provided (EMC Project) – Additional Services

Service Type	Service provided directly by Health Center	Service provided by formal written agreement (Health Center pays for service)	Service provided by formal written referral arrangement (Health Center DOES NOT pay)
Urgent Medical Care	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Dental Services - Restorative	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dental Services - Emergency	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Behavioral Health - Treatment/Counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Behavioral Health - Development Screening	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Behavioral Health - 24-Hour Crisis	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Substance Abuse Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Comprehensive Eye Exams and Vision Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recuperative Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environmental Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Note: Please see Appendix A of the ES Instructions for detailed guidelines on the eligible services and modes of provision for each project type.

After completing both the Required and Additional Services sections of **Form 5A**, click the **Save and Continue** button to save your work and proceed to the next form.

Note: Form 5A will be complete when the status of Required Services and Additional Services sections is complete.

4.1.3. Project Impact

The **Project Impact** form consists of the following sections:

- Staffing Impact
- Patients Impact

4.1.3.1. Project Impact – Staffing Impact

Note: The eligible staffing positions listed in the Staffing Impact section are different for each project type.

To complete this section, follow the steps below:

1. In the **Total FTEs (a)** column, provide the number of new Full Time Employees (FTEs) (Direct Hires) for each staffing position that will be supported by ES funding for the two-year project. Enter zero (0), if not applicable (**Figure 18, 1**).
2. In the **Average Annual Salary of Position (b)** column, provide the Average Annual Salary (**Figure 18, 2**) for the staffing positions with Total FTEs greater than zero (0).
3. Provide the **Total Federal Support Requested (Figure 18, 3)** for the staffing positions with Total FTEs greater than zero (0).
4. Click the **Save and Calculate Total Salary** button (**Figure 18, 4**) to calculate the Total Salary (a * b) for each of the staffing positions (**Figure 18, 5**).
5. Under the **Total FTEs, Salary and Federal Support Requested** section at the bottom of the page, click the **Calculate** button to display the sum of **Total FTEs**, **Total Salary** and **Total Federal Funds Requested** for the staff positions listed for the project (**Figure 18, 6**).

Figure 18: Project Impact – Staffing Impact (EMC project)

The screenshot shows a web form for 'Staffing Impact' with two tabs: 'Staffing Impact' (active) and 'Patients Impact'. Below the tabs, a note states 'Fields with * are required'. The form is divided into three main sections: 'Facility and Non-Clinical Support Staff', 'Physicians', and a summary section 'Total FTEs, Salary and Federal Support Requested'. Each section contains a table with columns for 'Staffing Positions', 'Total FTEs (a)', 'Average Annual Salary of Position (b)', 'Total Salary (a * b)', and 'Total Federal Support Requested'. A 'Calculate' button is located next to the 'Totals' row in the summary section. At the bottom right, there are 'Save' and 'Save and Continue' buttons. Numbered callouts (1-6) point to specific elements: 1 points to the 'Total FTEs (a)' column in the Facility section; 2 points to the 'Average Annual Salary of Position (b)' column in the Facility section; 3 points to the 'Total Federal Support Requested' column in the Facility section; 4 points to the 'Save and Calculate Total Salary' button; 5 points to the 'Total Salary (a * b)' column in the Facility section; and 6 points to the 'Calculate' button in the summary section.

Note:

- Allocate staff time by function among the staff positions listed. An individual’s Full Time hours 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). You must not exceed 100% FTE for any individual.
- If you enter zero (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.
- Refer to the most recent [UDS Manual](#) for position descriptions for each eligible staff position on the Staffing Impact form.
- Contracted providers should not be included on this form. You may document contracted provider FTEs in the [Consolidated Proposal Information](#) section.

6. Click the **Save and Continue** button to navigate to the **Patients Impact** section OR click the **Save** button on the **Staffing Impact** form and select the **Patients Impact** tab below the **Project Information** section (Figure 19, 1).

4.1.3.2. Project Impact – Patients Impact

Complete the **Patients Impact** section by following the steps below:

1. In the **Patients by Population Type** section, enter the number of new and existing patients (as applicable) that you project to serve through the proposed project for each population type by the end of the two-year project period. Enter zero (0) for any patient population types that are not applicable.
 - For the EMC project, you must provide projections for **new patients** only in the **Projected Increase of New Patients by End of Project Period** field for each population type (Figure 19, 2).

- For SE projects, enter the **Projected Increase of New and Existing Patients by End of Project Period** field for each population type (Figure 20, 1, 2).

Note: For the purposes of ES funding,

- A “New Patient” is defined as an individual who has not been seen by the health center in the past 12 months.
- An “Existing Patient” is defined as a current health center patient that will be receiving a new service as a result of ES funding (e.g., a current medical patient that will begin accessing oral health care services as a result of ES funding).

2. Click the **Calculate Total** button to view the total projected increase in each column (Figure 19, 3)

Figure 19: Project Impact – Patients Impact (EMC Project)

* Patients by Population Type	
Population Type	Projected Increase of New Patients by End of Project Period ⓘ
General Underserved Community	<input type="text"/>
Migratory and Seasonal Agricultural Workers	<input type="text"/>
Public Housing Residents	<input type="text"/>
People Experiencing Homelessness	<input type="text"/>
Total	0

Calculate Total

Figure 20: Project Impact – Patients Impact (SE Project)

Population Type	Projected Increase of Existing Patients by End of Project Period ⓘ	Projected Increase of New Patients by End of Project Period ⓘ
General Underserved Community	<input type="text"/>	<input type="text"/>
Migratory and Seasonal Agricultural Workers	<input type="text"/>	<input type="text"/>
Public Housing Residents	<input type="text"/>	<input type="text"/>
People Experiencing Homelessness	<input type="text"/>	<input type="text"/>
Total	0	0

Calculate Total

Note:

- **For the EMC project**, the Total Projected Increase of New Patients by End of Project Period must be greater than zero (0).
- Please ensure that NEW patient projections are realistic given the proposed ES project. For example, if you propose 100 new patients for the EMC project and 100 new patients for a BH SE project, this is a total of 200 NEW patients that you will see by the end of the two-year project period.

3. Respond to the questions in the Need, Response and Impact sections (Figure 21, 1, 2, and 3).

Figure 21: Project Impact – Patients Impact

Need 1

Describe the need to expand or to begin providing the proposed service(s), and how this project will respond to the health care needs of the target population (with reference to any special populations, demographic characteristics, and/or access to care/health status indicators relevant to the proposed ES project).

Approximately 2 pages (Max 3000 Characters): 3000 Characters left.

Response 2

Describe the following:

1. An appropriate timeline for project implementation that demonstrates operational readiness within 120 days of award for the provision of new and expanded existing services.
2. How all proposed services are or will be integrated into the existing service delivery model and incorporated into the QI/QA plan. Describe the process for:
 - a. Ensuring all employed and contracted providers are appropriately licensed, credentialed, and privileged to perform proposed services.
 - b. Ensuring that appropriate risk management plans are in place for all proposed services.
3. The sliding fee discount program that will be used to ensure that all proposed services are accessible without regard to ability to pay.
4. The health center's plans to ensure that all patients will have reasonable access to any proposed new services, as appropriate.
5. If any services will be provided by a Formal Written Agreement (via Column II on Form 5A), describe how the health center maintains appropriate oversight and authority in accordance with Health Center Program requirements over all services provided via contracts/agreements or sub-recipient arrangements.

Approximately 2 pages (Max 3000 Characters): 3000 Characters left.

Impact 3

Describe the impact of the proposed project (consistent with the projections provided in the Patient Impact table above), including the number of 1) proposed new patients, 2) existing patients with increased access to services (as applicable), and 3) new providers (as applicable), with a detailed explanation for how the projections were calculated (including data sources).

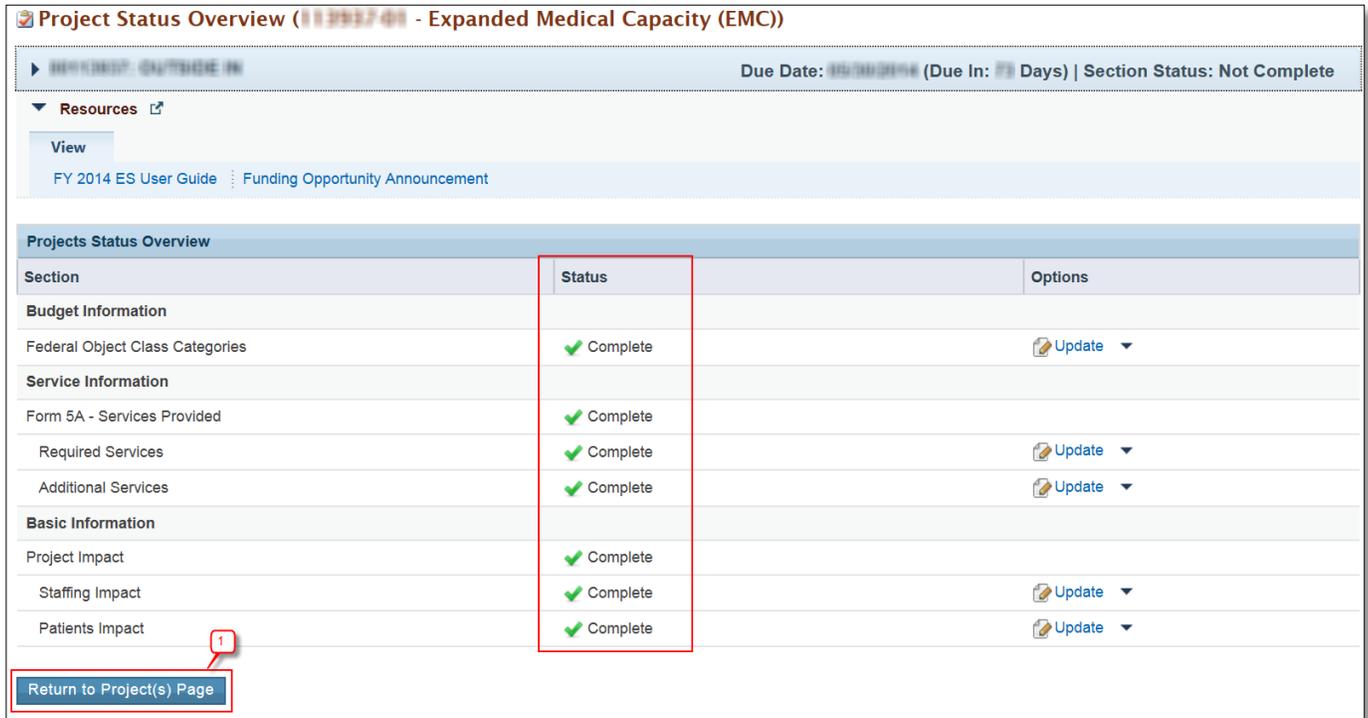
Approximately 2 pages (Max 3000 Characters): 3000 Characters left.

Go to Previous Page Save Save and Continue

4. After completing both the Staffing and Patients Impact sections of the Project Impact form, click the **Save and Continue** button to navigate to the **Project Status Overview** page (Figure 22).

Note: The **Project Impact** form will be complete when the status of both the Staffing Impact and Patients Impact sections are complete.

Figure 22: Project Status Overview Page (Complete)



5. Click on the **Return to Project(s) Page** button to navigate to the **Project(s)** form (Figure 22, 1). If needed, you can add SE projects to this ES application from the Project(s) page (as outlined in Section 4.1).
6. If you wish to delete a previously added SE project, follow the steps below:
 - A. On the **Project(s)** form, expand the options for the SE project that you wish to delete by clicking on the down arrow key (Figure 23, 1).
 - B. Click the **Delete** link (Figure 23, 2).
 - C. On the resulting page, confirm the delete action by clicking the **Confirm** button.
 - The system deletes the SE project from the application.

Figure 23: Delete link to delete an SE Project



Note: The EMC project is required for the FY 2014 ES application and cannot be deleted.

7. Click the **Save and Continue** button on the **Project(s)** form to proceed.

4.2. Completing the Consolidated Federal Object Class Categories form

The **Total Proposed Budget** section in the **Consolidated Federal Object Class Categories** form is populated from the values entered in the **Budget Summary** section of the standard SF424 section.

Note: The total Federal budget proposed ([Figure 24, 1](#)) must be less than or equal to the maximum allowable amount of ES funding for your organization as indicated in the email notification that you received from HRSA.

Figure 24: Consolidated Federal Object Class Categories form – Total Proposed Budget Section

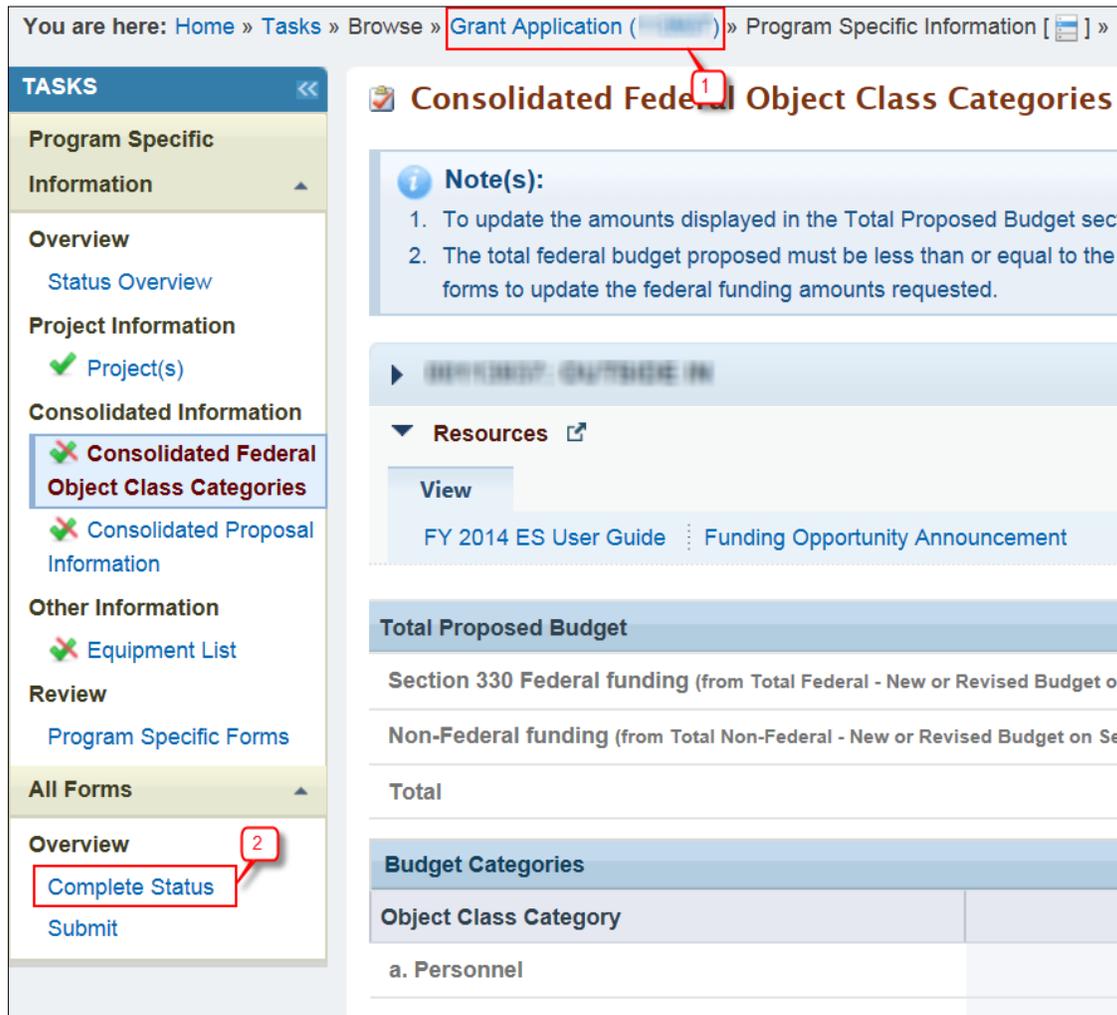


The screenshot shows the 'Consolidated Federal Object Class Categories' form for 'BERKLEY, INDIAN, COUNTY OF'. The 'Resources' section is expanded to show 'View' options for 'FY 2014 ES User Guide' and 'Funding Opportunity Announcement'. The 'Total Proposed Budget' section is a table with the following data:

Total Proposed Budget	Amount
Section 330 Federal funding (from Total Federal - New or Revised Budget on Section A – Budget Summary) ⓘ	\$112,000.00
Non-Federal funding (from Total Non-Federal - New or Revised Budget on Section A – Budget Summary)	\$5,000.00
Total	\$117,000.00

To update the amounts displayed in this section, you must navigate to the standard **Budget Summary** form and update the total Federal funds requested in the application. This can be done by navigating to the standard section of the application by using the [Grant Application](#) link in the navigation links displayed at the top of the form, or the [Complete Status](#) link in the All Forms left menu ([Figure 25, 1, 2](#)). Then follow the steps provided in the section of this User Guide.

Figure 25: Accessing the Standard SF 424 Section of the Application



The Budget Categories section in the **Consolidated Federal Object Class Categories** form is a summary of the amounts entered in each of the project-specific **Federal Object Class Categories** forms. To update the amounts in this section, you must navigate to the project-specific **Federal Object Class Categories** form(s) and update the Federal and Non-Federal funding distributions across the Object Class Categories. Refer to the **Federal Object Class Categories** Form

section of this document for details regarding updating this form.

Note:

- The total Federal funds requested for Equipment in row d (**Figure 26, 1**) must be less than or equal to \$100,000 and less than the Section 330 Federal funding displayed in Total Proposed Budget section of this form.
- The total Federal amount displayed in row k (**Figure 26, 2**) should be equal to the amount displayed in the Section 330 Federal funding field of the Total Proposed Budget section on this form.
- The total Non-Federal amount displayed in row k (**Figure 26, 3**) should be equal to the amount displayed in the Non-Federal funding field of the Total Proposed Budget section on this form.

Figure 26: Consolidated Federal Object Class Categories form – Budget Categories Section

Budget Categories				
Object Class Category	Federal	Non Federal	Total	
a. Personnel	\$0.00	\$0.00	\$0.00	
b. Fringe Benefits	\$0.00	\$0.00	\$0.00	
c. Travel	\$0.00	\$0.00	\$0.00	
d. Equipment 1	\$0.00	\$0.00	\$0.00	
e. Supplies	\$0.00	\$0.00	\$0.00	
f. Contractual	\$0.00	\$0.00	\$0.00	
g. Construction	N/A	N/A	N/A	
h. Other	\$0.00	\$0.00	\$0.00	
i. Total Direct Charges (sum of a - h)	\$0.00	\$0.00	\$0.00	
j. Indirect Charges	\$0.00	\$0.00	\$0.00	
k. Total Budget Specified in Section A - Budget Summary (sum of i - j)	\$0.00 2	\$0.00 3	\$0.00	

Go to Previous Page
Save
Save and Continue

Click the **Save and Continue** button to proceed to the **Consolidated Proposal Information** form.

4.3. Completing the Consolidated Proposal Information form

The **Consolidated Proposal Information** form consists of the following sections:

- Patients by Population Type
- Staffing Impact for All Proposed Projects
- New FTEs by Staff Type
- Federal Budget Information

The Patients by Population Type section displays the following information from the **Project Impact – Patients Impact** form(s) of the project(s) proposed in this ES application:

- The projected increase of new patients for the EMC project (**Figure 27, 1**)
- The projected increases for both existing and new patients from all SE project(s) (**Figure 27, 2, 3**)
- The Total Projected Increase in New Patients for all proposed project(s) (**Figure 27, 4**).

Note: The Total Projected Increase in New and Existing Patients for the population types selected in the **Section A – Budget** Summary form of this application should be greater than 0.

New and existing patients 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.

1. Review the numbers displayed in this section.
2. To update the numbers displayed in this section, navigate to the **Patients Impact** form of the applicable project(s), and update the number of patients as needed. Refer to the _section of this document for details regarding updating this section of the form.

Figure 27: Consolidated Proposal Information – Patients by Population Type

Consolidated Proposal Information

Due Date: 10/28/2014 (Due In: 38 Days) | Section Status: Not Started

Resources

Patients by Population Type

Population Type	Projected Increase of New Patients by End of Project Period for Expanded Medical Capacity (EMC) Project	Projected Increase of patients by End of Project Period for Service Expansion (SE) Project(s)		Total Projected Increase in New patients (All Projects)
		Existing Patients	New Patients	
General Underserved Community	0	0	0	0
Migratory and Seasonal Agricultural Workers	0	0	0	0
Public Housing Residents	0	0	0	0
People Experiencing Homelessness	0	0	0	0
Total	0	0	0	0

Note: As part of determining overall project progress, HRSA will track your progress toward adding the number of total new patients displayed in the Total Projected Increase in New Patients (All Projects) column.

The Staffing Impact for All Proposed Projects section displays the sum of the total Direct Hire FTEs for each service category from the **Project Impact – Staffing Impact** form(s) of the project(s) proposed in this ES application (Figure 28, 1).

- To update the values in this section, navigate to the project-specific **Staffing Impact** form(s) and update the Total FTEs across the staffing positions as applicable. Refer to the **Project Impact – Staffing Impact**
- section of this document for details regarding updating this section of the form.

Figure 28: Consolidated Proposal Information – Staffing Impact for All Proposed Projects

Staffing Impact for All Proposed Projects

Personnel by Major Service Category	New FTEs
Total Facility and Non-Clinical Support Staff	0
Total Physicians	0
Total NP, PA, and CNMs	0
Total Medical	0
Total Dental Services	0
Total Behavioral Health (Mental Health and Substance Abuse)	0
Total Professional Services	0
Total Vision Services	0
Total Pharmacy Personnel	0
Total Supportive Staff	0
Grand Total	0

- In the New FTEs by Staff Type section, report the number of Direct Hire Staff and Contractor FTEs you intend to support with ES funding (Figure 29, 1). Enter zero (0), if not applicable.
- Click on the **Calculate Total** button to calculate the total number of New FTEs.

Figure 29: Consolidated Proposal Information – New FTEs by Staff Type

New FTEs by Staff Type: For each Staff Type listed below, report the number of FTEs you intend to hire with the Expanded Services funding received.	
Staff Type	New FTEs
Direct Hire Staff	<input type="text"/>
Contractors	<input type="text"/>
Total	0

In the Federal Budget Information section, the Federal Funds Requested for Project column displays the total Federal funds requested from line 'k' of the **Federal Object Class Categories** form(s) of the project(s) proposed in this ES application (Figure 30, 1). The Federal Funds Requested for Equipment column displays the Federal funds requested from line 'e' of each project specific **Federal Object Class Categories** form(s) (Figure 30, 2).

7. To update the amounts in this section, navigate to the **Federal Object Class Categories** form(s) of the applicable project(s), and update the funding distributions across the object class categories. Refer to the **Federal Object Class Categories** Form
8. section of this document for details regarding updating this section of the form.
9. The Percentage of Federal Funds Requested column displays the percentage of total Federal funds requested in this ES application for each proposed project (Figure 30, 3).

Note: The total Federal funds you request for the EMC project **must be equal to or greater than 50%** of the total Federal funds that you request in this ES application. You will be directed to update the funding distributions in the **Federal Object Class Categories** form(s) of the applicable project(s) if the amount of Federal funds requested for your EMC project does not meet this requirement.

10. Federal funds for Equipment costs may be requested for Year 1 only in the project-level **Federal Object Class Categories** form. If you propose to use ES funds in Year 1 on Equipment in any proposed projects, you will be prompted on this form to provide a description of how funds that went toward Equipment costs in Year 1 will be spent in future years, during which ES funds may NOT go toward Equipment costs, but may be used in other eligible Cost Categories. (Figure 30, 4).

Figure 30: Federal Budget Information

Federal Budget Information				
Project Type	Federal Funds Requested for the Project	Percentage of Federal Funds Requested	Federal Funds Requested for Equipment	If you requested to use federal funds for Equipment in Year 1, describe how you will use those funds in future years for non-equipment purposes.
Expanded Medical Capacity (EMC)	\$0.00	0.00 %	\$0.00	Approximately 1/2 page (Max 1000 Characters): 1000 Characters left.
Behavioral Health Service Expansion (BH SE)	N/A	N/A	N/A	Approximately 1/2 page (Max 1000 Characters): 1000 Characters left.
Oral Health Service Expansion (OH SE)	N/A	N/A	N/A	Approximately 1/2 page (Max 1000 Characters): 1000 Characters left.
Pharmacy Service Expansion (P SE)	N/A	N/A	N/A	Approximately 1/2 page (Max 1000 Characters): 1000 Characters left.
Vision Service Expansion (V SE)	\$0.00	0.00 %	\$0.00	Approximately 1/2 page (Max 1000 Characters): 1000 Characters left.
Total Federal Funding Requested	\$0.00	0.00 %	\$0.00	

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

11. After completing the **Consolidated Proposal Information** form, click the **Save and Continue** button to proceed to the **Equipment List** form.

4.4. Equipment List

Note: If you requested Federal funds for the Equipment category on the **Consolidated 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 31**).

Figure 31: Equipment List Page – Not Applicable

Equipment List

Due Date: 10/01/2014 (Due In: 30 Days) | Section Status: Complete

Resources

View

FY 2014 ES User Guide | Funding Opportunity Announcement

Alert:
This form is not applicable to you as you have not requested federal funds for the Equipment category in the Consolidated 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 32: Equipment List Page

1. Click the **Add** button to add a piece of equipment (Figure 32).
 - The system navigates to the **Equipment Information - Add Page** (Figure 33). Fields marked with an asterisk (*) are required.

Figure 33: Equipment Information - Add Page

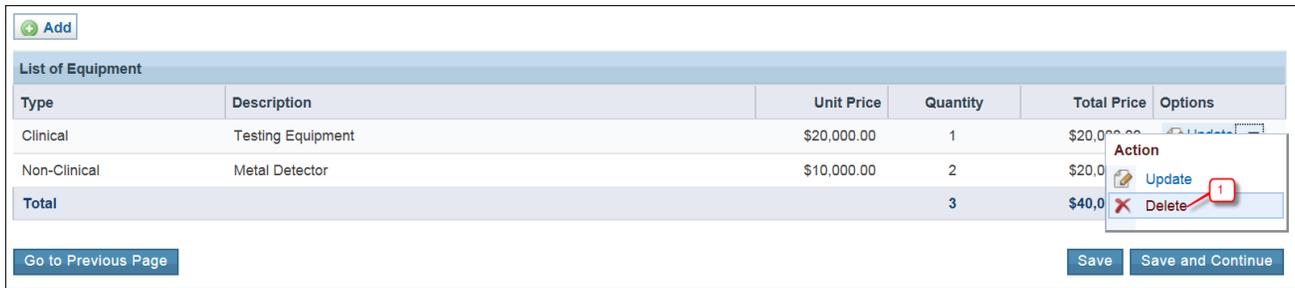
2. Select an equipment **Type** and enter the **Description**, **Unit Price (\$)**, and **Quantity**.
3. Click the **Save and Continue** button at the bottom of the screen. You will be returned to the **Equipment List Page** (Figure 34).
 - The system lists the equipment you entered and calculates the **Total Price**.

Figure 34: Equipment List Page (With Equipment Added)

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	

- If you wish to update an equipment item, click on the **Update** link under the Options menu (Figure 34, 1).
- If you wish to delete an equipment item, click on the **Delete** link under the Options menu (Figure 35, 1).

Figure 35: Delete Equipment



- When you have finished entering the equipment, click the **Save and Continue** button at the bottom of the screen to save your work and proceed.

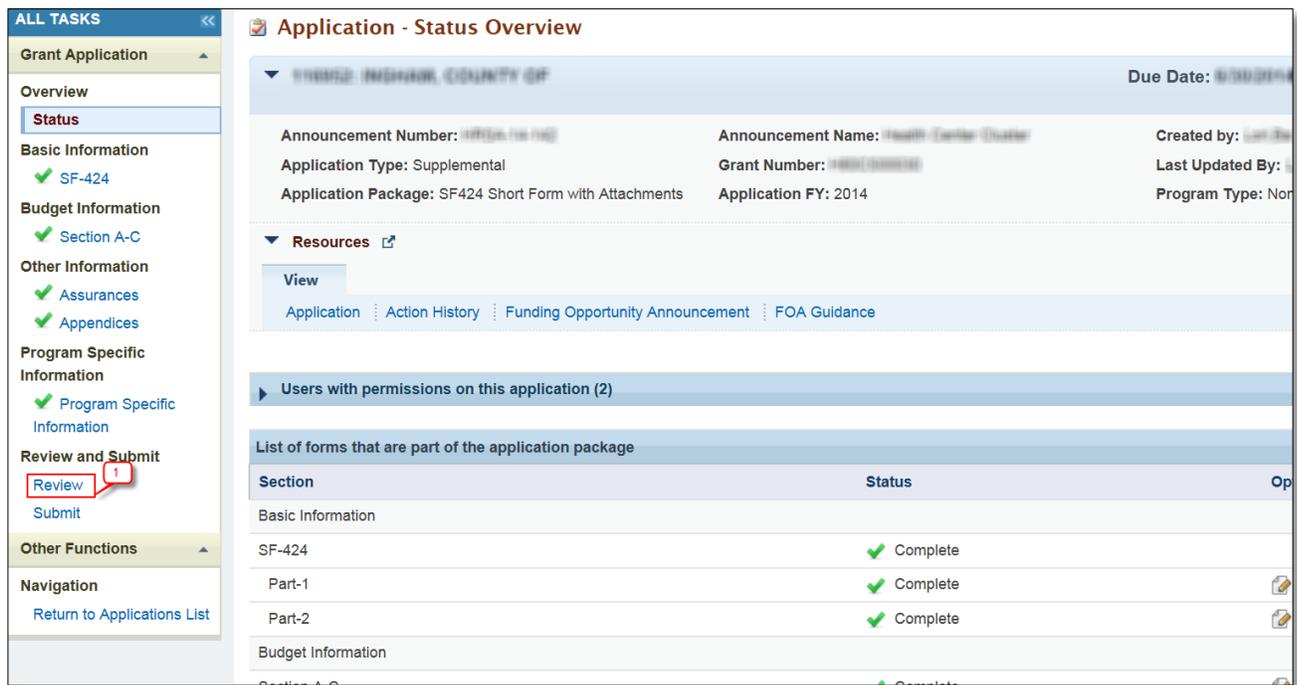
Note: The **Total Price** of equipment added on this form must be equal to the Federal funds requested for the **Equipment** category on the **Consolidated Federal Object Class Categories** form for this application.

5. Reviewing and Submitting the ES Application to HRSA

To review your application, follow the steps below:

- Navigate to the standard section of the application using the **Grant Application** link in the navigation links displayed at the top of the **Project(s)** form or the **Complete Status** link in the All Forms left menu.
- On the **Application Status Overview** page, click the **Review** link in the Review and Submit section of the left menu (Figure 36, 1).

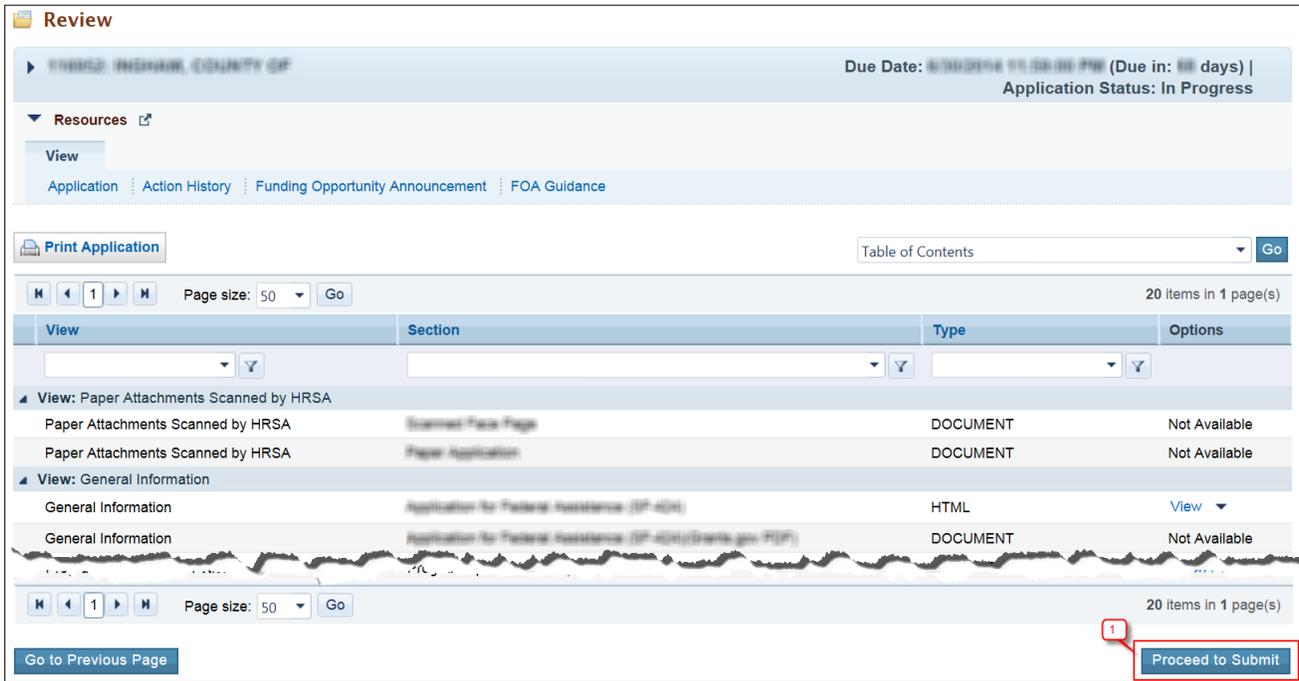
Figure 36: Review link



- 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 37, 1).

Figure 37: 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.

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.
- 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 38).

Figure 38: Submit to AO

The screenshot shows the 'Application - Submit' page. At the top, it displays the application title 'Application - Submit' and the location 'INDIAN COUNTY OF'. The due date is '8/30/2014 11:59:59 PM (Due in: 00 days)' and the application status is 'In Progress'. There are links for 'Resources' and 'Users with permissions on this application (2)'. Below this is a table titled '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
Budget Information		
Section A-C	✓ Complete	Update
Other Information		
Assurances	✓ Complete	Update
Appendices	✓ Complete	Update
Program Specific Information		
Program Specific Information	✓ Complete	Update

At the bottom of the form, there are 'Cancel' and 'Submit to AO' buttons.

6. 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.
7. If you experience any problems with submitting the application in EHB, contact the BPHC Help Line at bphchelpine@hrsa.gov or 877-974-2742 (Monday – Friday, 8:30 AM - 5:30 PM ET).