
HRSA Electronic Handbooks

Service Area Competition - Additional Area (SAC-AA)

User Guide for Grant Applicants

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This user guide describes the steps you need to follow to submit a FY 2015 Service Area Competition – Additional Area (SAC-AA) application to HRSA.

1. Starting the FY 2015 SAC-AA Application

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

1. In the first step, you must find the funding opportunity in Grants.gov, download the application package and submit the completed application in Grants.gov.
2. In the second step, you must validate, complete and submit this application in the HRSA Electronic 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 2015 SAC-AA application using the EHB tracking number (e-mailed after successful Grants.gov submission) and click the **Edit** link to start working on the application in EHB.
 - The system opens the overall **Status Overview** page of the FY 2015 SAC-AA application (**Figure 1**).

Figure 1: Accessing the Application - Status Overview Page

List of forms that are part of the application package		
Section	Status	Options
Basic Information 1		
SF-424	✘ Not Complete	
Part 1	✘ Not Complete	 Update
Part 2	✘ Not Complete	 Update
Project/Performance Site Location(s)	✘ Not Complete	 Update
Project Narrative	✘ Not Complete	 Update
Budget Information 2		
Section A-C	✔ Complete	 Update
Section D-F	✘ Not Complete	 Update
Budget Narrative	✘ Not Complete	 Update
Other Information 3		
Assurances	✘ Not Complete	 Update
Disclosure of Lobbying Activities	✘ Not Complete	 Update
Appendices	✘ Not Started	 Update
Program Specific Information		
Program Specific Information	✘ Not Complete	 Update

The FY 2015 SAC-AA 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 has been imported from Grants.gov and has undergone a data validation check. You may edit this information if necessary. This section consists of the following forms:

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

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

The screenshot shows the SF-424 - Part 2 form. At the top, there are tabs for 'SF-424 - Part 1' and 'SF-424 - Part 2'. Below the tabs, it says 'Fields with * are required'. There are two main sections: 'Areas Affected by Project (Cities, Counties, States, etc.) (Minimum 0) (Maximum 1)' and 'Project Description (Minimum 0) (Maximum 1)'. Both sections have an 'Attach File' button. The 'Project Description' section is highlighted with a red box and a callout '1'.

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

Figure 3: Attach Project Narrative

The screenshot shows the Project Narrative form. At the top, there is a header for 'PROJECT NARRATIVE' with a 'Due Date: 8/7/2014 5:00:00 PM (Due in: 88 days) | Section Status: Not Complete'. Below the header, there is a 'Resources' section with a 'View' button and links for 'Application', 'Action History', 'Funding Opportunity Announcement', and 'FOA Guidance'. Below the resources, it says 'Fields with * are required'. There is a 'Project Narrative (Minimum 1) (Maximum 2)' section with an 'Attach File' button highlighted by a red box and a callout '1'. At the bottom, there are buttons for 'Go to Previous Page', 'Save', and 'Save and Continue'.

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, the right for the awarding agency to examine records associated with the award and compliance with statutes, such as the Hatch Act. Applicants that certify that they do NOT currently receive more than \$100,000 in Federal funds and engage in lobbying activities may skip the Disclosure of Lobbying Activities form. The Other Information section also includes the Appendices, where you upload attachments. Refer to the [Completing the Appendices](#) section of this document for details regarding updating this section.

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

Note: Due to scheduled updates to the EHB system, the SF-424A budget forms will not be available to save in the system until after **May 23, 2014**.

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

2.1.1 Budget Information - Section A-C

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

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

To complete this form, follow the steps below:

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

Figure 4: Section A-C Update Link

Application - Status Overview

THIRD LAPINE COMMUNITY HEALTH CENTER Due Date: 11/28/2014 11:58:00 PM (Due in: 30 days) | Application Status: In Progress

Resources

View

Application | Action History | Funding Opportunity Announcement | FOA Guidance

Users with permissions on this application (1)

List of forms that are part of the application package

Section	Status	Options
Basic Information		
SF-424	Not Started	
Part 1	Not Started	Update
Part 2	Not Started	Update
Project/Performance Site Location(s)	Not Started	Update
Project Narrative	Not Started	Update
Budget Information		
Section A-C	Not Started	Update
Section D-F	Not Started	Update
Budget Narrative	Not Started	Update
Other Information		
Assurances	Not Complete	Update
Disclosure of Funding Activities	Not Complete	Update

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

Figure 5: Section A – Budget Summary on the Budget Information – Section A-C Page

Budget Information - Section A-C

THIRD LAPINE COMMUNITY HEALTH CENTER Due Date: 11/28/2014 11:58:00 PM (Due in: 30 days) | Section Status: Not Complete

Resources

View

Application | Action History | Funding Opportunity Announcement | FOA Guidance

Fields with * are required

* Section A - Budget Summary [Update](#)

Grant Program Function or Activity	CFDA Number	Estimated Unobligated Funds		New or Revised Budget		
		Federal	Non-Federal	Federal	Non-Federal	Total
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 B - Budget Categories [Update](#)

Grant Program Function or Activity

2. Under Section A – Budget Summary, click on the **Update Sub Program** button.

- The **Sub Programs – Update** page opens.

Figure 6: Sub Programs – Update Page

Sub Programs - Update

TRINIDAD LAPINE COMMUNITY HEALTH CENTER Due Date: 8/10/2014 11:58:00 PM (Due in: 0 days) | Section Status: Not Complete

Resources

View

Application | Action History | Funding Opportunity Announcement | FOA Guidance

Sub Programs

<input type="checkbox"/>	Sub-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

Cancel Save and Continue

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

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

Section A - Budget Summary 2 **Update**

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

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

Figure 8: Section A – Update Page

Section A - Update

TRINIDAD LAPINE COMMUNITY HEALTH CENTER Due Date: 8/10/2014 11:58:00 PM (Due in: 0 days) | Section Status: Not Complete

Resources

View

Application | Action History | Funding Opportunity Announcement | FOA Guidance

Fields with * are required

Section A - Budget Summary

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

Cancel Save and Continue

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

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

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

Figure 9: Section A – Budget Summary Page after Update

* 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
Health Care for the Homeless	93.224	\$0.00	\$0.00	\$30,000.00	\$0.00	\$30,000.00
Migrant Health Centers	93.224	\$0.00	\$0.00	\$20,000.00	\$0.00	\$20,000.00
Update Sub Program	Total	\$0.00	\$0.00	\$50,000.00	\$0.00	\$50,000.00

- In Section B – Budget Categories, you must provide the Federal and Non-Federal funding distribution across budget categories for the first 12-month budget period. Click the **Update** button provided at the right corner of the Section B header.

Figure 10: Section B – Budget Categories

* Section B - Budget Categories Update			
Object Class Categories	Grant Program Function or Activity		Total
	Federal	Non-Federal	
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total Direct Charges	\$0.00	\$0.00	\$0.00
Indirect Charges	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

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

Figure 11: Section B – Update Page

Section B - Update

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

▶ **THING: LAYFORD COMMUNITY HEALTH CENTER** Due Date: 4/30/2014 11:59:00 PM (Due in: 0 days) | Section Status: Not Complete

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

Fields with * are required

*** Section B - Budget Categories**

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

Cancel 3 **Save and Continue**

Notes:

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

11. Click the **Save and Continue** button to navigate to the **Budget Information – Section A-C** form (Figure 11, 3).

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

Figure 12: Section C - Non Federal Resources

*** Section C - Non Federal Resources** 1 **Update**

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

Go to Previous Page 2 **Save** **Save and Continue**

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

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

2.1.2 Budget Information – Section D-F

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

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

To complete this form, follow the steps below:

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

Figure 13: Budget Information – Section D-F

Budget Information - Section D-F

THRESHOLD: LAPINE COMMUNITY HEALTH CENTER Due Date: 10/30/2016 11:59:59 PM (Due in: 34 days) | Section Status: Not Complete

Resources

View

Application | Action History | Funding Opportunity Announcement | FOA Guidance

Section D - Forecasted Cash Needs 1 Update

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

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

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

Section F - Other Budget Information 3 Update

Direct Charges No information added.

Indirect Charges No information added.

Remarks No information added.

4 Save Save and Continue

Go to Previous Page

2.1.3 Budget Narrative

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

Figure 14: Budget Narrative

Budget Narrative

TRIM: LARINE COMMUNITY HEALTH CENTER Due Date: 8/30/2014 11:59:00 PM (Due in: 30 days) | Section Status: Not Complete

Resources

View

Application | Action History | Funding Opportunity Announcement | FOA Guidance

Fields with * are required

* Budget Narrative (Minimum 1) (Maximum 2) **Attach File**

No documents attached

Go to Previous Page Save Save and Continue

3. Completing the Appendices Form

1. Click on the [Appendices](#) link on the left navigation menu to navigate to the **Appendices** form.
2. Upload the following standard attachments by clicking the associated **Attach File** buttons:
 - Attachment 1: Service Area Map (required)
 - Attachment 2: Corporate Bylaws (required)
 - Attachment 3: Project Organizational Chart (required)
 - Attachment 4: Position Descriptions for Key Management Staff (required)
 - Attachment 5: Biographical Sketches for Key Management Staff (required)
 - Attachment 6: Co-Applicant Agreement (required for public center applicants that have a co-applicant board)
 - Attachment 7: Summary of Contracts and Agreements (as applicable)
 - Attachment 8: Independent Financial Audit (required)
 - Attachment 9: Articles of Incorporation – Signed Seal Page (required)
 - Attachment 10: Letters of Support (required)
 - Attachment 11: Sliding Fee Discount Schedule(s) (required)
 - Attachment 12: Evidence of Nonprofit or Public Center Status (as applicable)
 - Attachment 13: Floor Plans (as applicable)
 - Attachment 14: Implementation Plan (as applicable)
 - Attachment 15: Other Relevant Documents (as applicable)
3. After completing the **Appendices** form, click the **Save and Continue** button to proceed.

4. Complete the Program Specific Forms

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

Figure 15: Program Specific Information Link



Figure 16: Status Overview Page for Program Specific Forms

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

4.1. Form 1A: General Information Worksheet

Form 1A - General Information Worksheet provides a summary of information related to the applicant, proposed service area, population, and patient and visit projections.

4.1.1 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 30 character)

4.1.2 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

4.1.2.1 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.

In the **Select MUA/MUP** field (Figure 18, 2), select the options that best describe the designated service area you propose to serve. (Multiple selections are allowed.)

Note: If you are applying for Community Health Centers funding, you must provide Service Area IDs for at least one of the line items listed in this field. Otherwise, providing Service Area IDs is optional.

Figure 18: Proposed Service Area section

Changing Population Types

1. To change the population types, navigate to the **Application – Status Overview** page by following one of these options:
 - A. Click the **Grant Application** link in the navigation links displayed at the top of the page above the page name (**Figure 19, 1**).
 - B. Expand the left menu if not already expanded by clicking the double arrows displayed near the form name at the top of the page (**Figure 19, 2**). Then click the **Standard Status** link provided under the All Forms menu (**Figure 19, 3**).

➤ The system navigates to the **Status Overview** page for the entire application.
2. Click the **Update** link for the **Budget Information – Section A-C** form.
3. Repeat the steps described in **Budget Information – Section A - C**.

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

4.1.2.2 Completing 2b. Service Area Type section

In the **Service Area Type** field ([Figure 20](#)), indicate whether the service area is urban, rural, or sparsely populated. If you propose that the service area is sparsely populated, specify the population density by providing the number of people per square mile.

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

Figure 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)

4.1.2.3 Completing 2c. Target Population and Provider Information section

1. For **Target Population** information ([Figure 21, 1](#)), report the Current Numbers for Total Service Area Population and Total Target Population.

Notes:

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

2. For **Provider Information** section ([Figure 21, 2](#)), report the Current Numbers and the numbers Projected at End of Project Period for the Full-Time Employees (FTEs) by staff type.

Note: Providing the numbers for all the staff types is required. Zeroes are acceptable.

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	<input type="text"/>	N/A
* Total Target Population	<input type="text"/>	N/A
Provider Information	Current Number	Projected at End of Project Period
* Total FTE Medical Providers	<input type="text"/>	<input type="text"/>
* Total FTE Dental Providers	<input type="text"/>	<input type="text"/>
* Total FTE Behavioral Health Providers	<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"/>

4.1.3 Patients and Visits by Service Type

To complete this section, follow the steps below:

1. Report the Current Numbers of patients and visits for each listed Service Type (Figure 22, 1).

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

2. Also, provide the numbers you project at the end of the project period (Figure 22, 2).

Figure 22: Patients and Visits by Service Type

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

Notes:

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

- “Visits” are defined to include a documented, face-to-face contact between a patient and a provider who exercises independent judgment in the provision of services to the individual. To be included as a visit, services rendered must be documented. Since patients must have at least one documented visit, it is not possible for the number of patients to exceed the number of visits.
- Providing numbers for all the service types is required. Zeroes are acceptable.

4.1.4 Unduplicated Patients and Visits by Population Type

To complete this section, follow these steps:

1. Report the current numbers of patients and visits for each listed Population Type (**Figure 23, 1**).
2. Report the numbers you project at the end of the project period (**Figure 23, 2**).

Notes:

- If your organization is submitting a New application or a Supplemental application:
 - For the population types corresponding to the sub-programs selected in Section A – Budget Summary section of this application, the numbers of patients and visits in the Projected 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.
 - Current number of patients and visits can be zero even for the population types corresponding to the sub-programs selected in Section A – Budget Summary section of this application.
- If your organization is submitting a Competing Continuation application:
 - For the population types corresponding to the sub-programs selected in Section A – Budget Summary section of this application, the numbers of patients and visits in the Current Number and the Projected at End of Project Period columns should be greater than zero. For the remaining population types, you may provide zeroes.

3. After providing the number of patients and visits in this section, click on the **Calculate** button to automatically calculate the total number of patients and visits under the **Current Number** and the **Projected at End of Project Period** columns.

Figure 23: Unduplicated Patients and Visits by Population Type

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

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

4.2. Form 1C: Documents on File

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

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

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

Figure 24: Form 1C - Documents on File

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

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

4.3. Form 4 - Community Characteristics

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

To complete Form 4, follow these steps:

- Enter the Service Area Number and corresponding Target Population Number for each of the following categories.
 - Race (**Figure 25, 1**)
 - Hispanic or Latino Ethnicity (**Figure 25, 2**)
 - Income as a Percent of Poverty Level (**Figure 25, 3**)

d. Primary Third Party Payment Source (Figure 25, 4)

Notes:

- Information provided regarding race and/or ethnicity will be used only to ensure compliance with statutory and regulatory Governing Board requirements. Data on race and/or ethnicity collected on this form will not be used as an awarding factor.
- When entering data, the total Service Area Numbers and the total Target Population Numbers of the Race, Hispanic or Latino Ethnicity, Income as a Percent of Poverty Level, and Primary Third Party Payment Source sections should be equal.

2. In order to automatically calculate the Total Service Area Numbers and Total Target Population Numbers for all these four sections, click on the **Save and Calculate Total** button (Figure 25, 5) under any of the sections.

Figure 25: Race, Hispanic or Latino Ethnicity, Income as a Percent of Poverty Level, and Primary Third Party Payment Source sections

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

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

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

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

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

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

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

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

- Under the **Special Populations** section ([Figure 26](#)), enter the Service Area Number and the corresponding Target Population Number for each special population group listed.

Notes:

- In the 'Other' row ([Figure 26, 1](#)), specify a special population group that is not listed (if desired), and then enter the Service Area Number and the corresponding Target Population Number for the specified special population group.
- Individuals may be counted in multiple special population groups, so the numbers in this section do not have to match those in the other sections of this form.

Figure 26: Special Populations section

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

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

4.4. Form 2 – Staffing Profile

Form 2: Staffing Profile reports personnel salaries supported by the total budget for the first budget year of the proposed project.

- In column (a), provide the number of Full Time Employees (FTEs) for each staffing position for Year 1. Enter 0 if not applicable ([Figure 27, 1](#)).
- In column (b), provide the Average Annual Salary for the staffing positions with Total FTEs greater than 0 ([Figure 27, 2](#)).
- Provide the Total Federal Support Requested for the staffing positions with Total FTEs greater than 0 ([Figure 27, 3](#)).
- Click the **Save and Calculate Total Salary** button to calculate and save the Total Salary for each position. ([Figure 27, 4](#)).

Notes:

- The Total Federal Support Requested amount should be less than or equal to the Total Salary for each position calculated by the system.
- If you enter 0 as the number of Total FTEs for a staffing position, you are not required to provide the Average Annual Salary of Position (b) and the Total Federal Support Requested values for that position.

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

Figure 27: Form 2- Staffing Profile

The screenshot shows a web form titled "Form 2- Staffing Profile". It is divided into two main sections: "Administration" and "Medical Staff". Each section contains a table with columns for "Total FTEs (a)", "Average Annual Salary of Position (b)", "Total Salary (a * b)", and "Total Federal Support Requested".

Administration Staffing Positions:

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

Medical Staffing Positions:

Position	Total FTEs (a)	Average Annual Salary of Position (b)	Total Salary (a * b)	Total Federal Support Requested
Medical/Clinical Director			\$0.00	
Family Physicians			\$0.00	
General Practitioners			\$0.00	
Internists			\$0.00	
OB/GYNs			\$0.00	

At the bottom of the form, there is a "Save and Calculate Total Salary" button and a note: "Click 'Save and Calculate Total Salary' button to calculate and save the total salaries for all the staffing positions displayed on this form."

4.5. Form 3 - Income Analysis

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

1. Click the **Download** link (Figure 28) in the **Document Template** section to download the form.

Figure 28: Form 3 - Income Analysis Form

The screenshot shows the "Form 3 - Income Analysis" page. At the top, it displays the "Due Date: 10/24/2013 (Due In: 162 Days)" and "Section Status: Not Started". Below this, there is a "Resources" section with links to "SAC FY 2014 User Guide" and "Funding Opportunity Announcement".

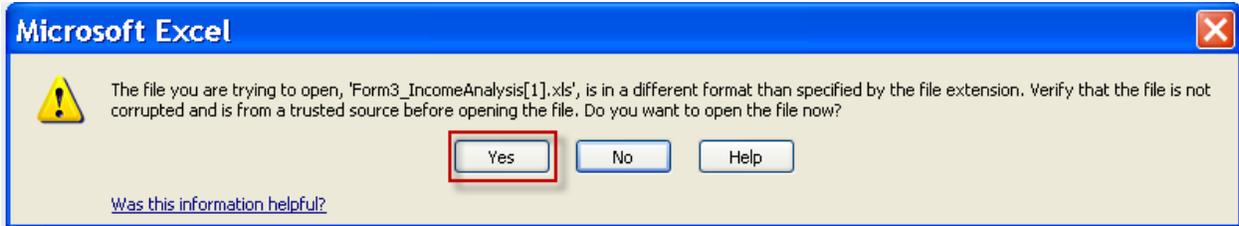
The main content area is titled "Download Template" and contains a table:

Name	Description	Options
Form 3: Income Analysis Form	Template for Income Analysis Form	Download

Below the table, there is a section for "Income Analysis (Minimum 1) (Maximum 1)" with an "Attach File" button. A message states "No documents attached". At the bottom of the page, there are buttons for "Go to Previous Page", "Save", and "Save and Continue".

2. A **Template – Download** page will open, providing instructions about saving the document on your computer. Click the **Continue** button at the bottom of this page to continue with the download.
3. When prompted, select the 'Save' option to save the template on your computer.
4. When you try to open the saved template, the system will display a warning, indicating that the file that you are downloading is in a different format than specified by the file extension. Select '**Yes**' to continue with opening the template (**Figure 29**).

Figure 29: Warning displayed when Form 3 template is opened



5. The **Income Analysis** template opens in an **EXCEL** format (**Figure 30**). Complete the template and save it to your computer.

Figure 30: Form 3 Income Analysis EXCEL Template

Department of Health and Human Services Health Services and Resources Administration		For HRSA Use Only				
Form 3: Income Analysis		Applicant Name:				
<input type="checkbox"/> Year 1		Grant Number:				
<input type="checkbox"/> Year 2		Application Tracking Number:				
Part 1: Patient Service Revenue - Program Income						
Line #	Payer Category	Patients	Billable Visits	Income Per Visit	Projected Income	Prior FY Income Mo/Yr:
		(a)	(b)	(c)	(d)	(e)
1	Medicaid					
2	Medicare					
3	Other Public					
4	Private					
5	Self Pay					
6	Total (lines 1-5)					
Part 2: Other Income - Other Federal, State, Local and Other Income						
7	Other Federal					
8	State Government					
9	Local Government					
10	Private Grants/Contracts					
11	Contributions					
12	Other					
13	Applicant (Retained Earnings)					
14	Total Other (lines 7-13)					
Total Non-Federal (Non-section 330) Income (Program Income Plus Other)						
15	Total Non-Federal (lines 6 + 14)					
Comments/Explanatory Notes (if applicable)						

Note: An adjustment rate that has the effect of increasing charges is expressed as a negative.

- To upload the completed template, click the **Attach File** button provided in the **Income Analysis** section on **Form 3** (Figure 31).

Figure 31: Attach Document Page

Name	Description	Options
Form 3: Income Analysis Form	Template for Income Analysis Form	Download ▾

Income Analysis (Minimum 1) (Maximum 1) Attach File

No documents attached

Go to Previous Page Save Save and Continue

- The **Income Analysis** section will display an attachment panel with the **Browse** and **Upload** buttons.
- Click the **Browse** button to navigate to the location where the completed Income Analysis template is saved, and select the template (Figure 32, 1).
 - Click the **Upload** button (Figure 32, 2) to attach the document to the form.

Figure 32: Upload Attachment panel

Income Analysis (Minimum 1) (Maximum 1) Attach File

★ Document

Allowable Document Types: doc, docx, rtf, txt, wpd, pdf, xls, xlsx, jpg, jpeg, xfd
 Allowable Document Size: 100 MB

Browse... 1

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

Description

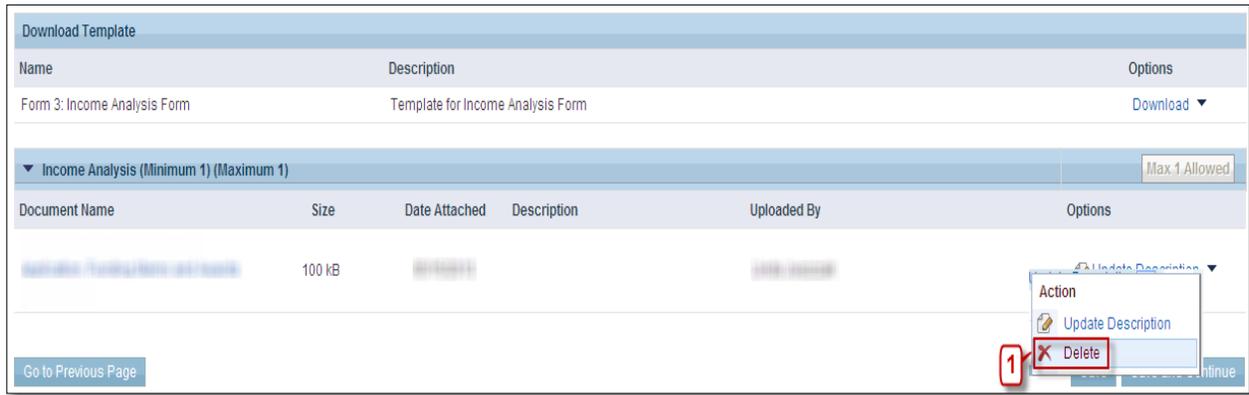
Upload 2 Cancel

No documents attached

- The attached document will appear in the **Income Analysis** section (Figure 33).

Note: You can delete the uploaded document to replace it with another document by expanding the **Options** and selecting the **Delete** link (Figure 33, 1).

Figure 33: Document uploaded to the form



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

4.6. Form 5A – Services Provided

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

4.6.1 Form 5A in a New or a Supplemental Application

If your organization is submitting either a New or Supplemental 2014 SAC-AA application, you may propose modes of provision for the services listed on this form:

4.6.1.1 Completing Form 5A: Required Services Section

Use this form to specify how your organization provides required services. HRSA permits organizations to provide required services directly, by contracting with another provider, or by referral to another provider. These 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	Yes	Yes
Service provided by formal written contract/agreement	No	Yes
Service provided by formal written referral arrangement/agreement	No	No

To specify service delivery modes:

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

- Click the **Save and Continue** button to navigate to the **Additional Services** Section OR click the **Save** button on the **Required Services** Section and select the **Additional Services** tab below the **Resources** section.

Note: Your organization is required to provide behavioral health and substance abuse services by referral to another provider. However, if your organization also directly provides these services or contracts with another provider to offer them, list them on the **Form 5A: Additional Services** Section.

Figure 34: Form 5A, Services Provided – Required 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)
* General Primary Medical Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* Diagnostic Laboratory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* Diagnostic X-Ray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Screenings			
* Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* Communicable Diseases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* Cholesterol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* Blood Lead Test for Elevated Blood Lead Level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* Pediatric Vision, Hearing, and Dental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* Emergency Medical Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* Voluntary Family Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4.6.1.2 Completing Form 5A: Additional Services Section

Figure 35: Additional Services tab

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

Notes:

- This is an optional section. You are not required to identify modes of provision for any additional services listed in this section.

- You can complete this section by clicking the **Save** or **Save and Continue** button located at the bottom of the form.

If you wish to propose an additional service,

1. Indicate the service delivery mode(s) for the desired additional service.

Figure 36: Form 5A - 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)
Urgent Medical Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental Services - Restorative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental Services - Emergency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavioral Health - Treatment/Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavioral Health - Development Screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavioral Health - 24-Hour Crisis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Abuse Services	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>
Occupational Health - Screening for Infectious Diseases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occupational Health - Injury Prevention Programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occupational Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

4.6.2 Form 5A in a Competing Continuation Application

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

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

Figure 37: Refresh from Scope button

Note(s):
Review the list of services retrieved from your scope on file as of 5/20/2013 12:21:49 PM. If there was a recent change approved for your scope (e.g. through a Change In Scope application), click the 'Refresh from Scope' button below to get your most recent scope on file.

Due Date: 09/02/2013 (Due In: 104 Days) | Section Status: Complete

Resources

View

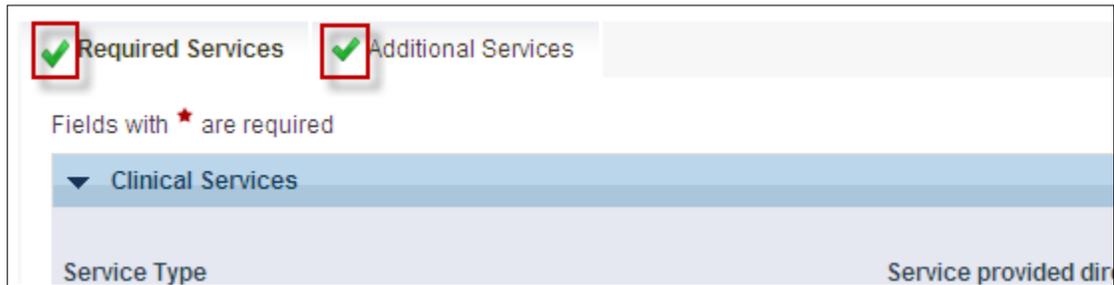
Required Services Additional Services

Refresh from Scope

4.6.3 Saving and Proceeding to next form

Form 5A: Services Provided will be complete when the status of the **Required Services** and **Additional Services** sections is complete. The completed status of both these sections is indicated with a green tick mark (✓ icon) in the section tabs (**Figure 38**).

Figure 38: Completed Required and Additional Services sections



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

4.7. Form 5B: Service Sites

Form 5B: Service Sites identifies the sites in your scope of project.

If your organization is submitting either a New or Supplemental application, you will be able to propose the following types of sites in this form:

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

If your organization is submitting a Competing Continuation application, you will not be able to propose new sites in this form. Please refer to the section [4.7.2, Form 5B in a Competing Continuation](#) application for additional details.

4.7.1 Form 5B in a New Application

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

4.7.1.1 Proposing a New Site

To propose a new site, follow these steps:

1. Click the **Add New Site** button (**Figure 39**) provided above the **Proposed Sites** section.

Figure 39: Form 5B – Proposing New Sites

- The system will navigate to the **Service Site Checklist** page.
- 2. Answer the questions displayed on the **Service Site Checklist** page.

Notes:

- If the answer to question 1 is ‘No’ (**Figure 40, 1**), i.e. if the site being added is not an ‘Admin-only’ site,
 - Select ‘Yes’ for questions ‘a’ through ‘d’ so that the site is qualified to be added to the application, AND
 - Indicate whether the site being added is a domestic violence site by answering ‘Yes’ or ‘No’ to question 2 (**Figure 40, 2**). A Domestic Violence site is a confidential site servicing victims of domestic violence, and the site address cannot be published due to the necessity to protect the location of the domestic violence shelter.
- If the answer to question 1 is ‘Yes’ (**Figure 40, 1**), i.e. if the site being added is an ‘Admin-only’ site, question 2 is not applicable to you.

Figure 40: Service Site Checklist page

Site Qualification Criteria	
* 1. Is the site an "admin-only" site? <small>If Yes, the site is an 'Admin-only' site, select 'Not Applicable' for questions 'a' to 'd' below. If No, the site is a Service Delivery site, answer questions 'a' to 'd' 'Yes' or 'No.'</small>	<input type="radio"/> Yes <input type="radio"/> No
a. Are/will health center encounters be generated by documenting in the patients records face-to-face contacts between patients and providers?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable
b. Do/will providers exercise independent judgment in the provision of services to the patient?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable
c. Are/will services be provided directly by or on behalf of the grantee, whose governing board retains control and authority over the provision of the services at the location?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable
d. Are/will services be provided on a regularly scheduled basis (e.g., daily, weekly, first Thursday of every month)?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable
* 2. Is the site a Domestic Violence (Confidential) site?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable

3. Click the **Verify Qualification** button (Figure 40, 3).
- The system will navigate to the **List of Pre-registered Performance Sites at HRSA Level** page.

Figure 41: List of Pre-registered Performance Sites at HRSA Level page

The screenshot shows the 'List of Pre-registered Performance Sites at HRSA Level' page. At the top, there is a header with 'Due Date: 09/07/2013 (Due In: 73 Days) | Section Status: Not Complete'. Below the header, there is a 'Resources' section with a 'View' button and links for 'FY 2014 SAC User Guide' and 'Funding Opportunity Announcement'. A 'Register Performance Site' button is highlighted with a red box and a '1' callout. Below this is a table titled 'List of Pre-registered Performance Sites' with the following columns: Site Name, Performance Site Type, Performance Site Address, Performance Site Address Category, and Options. The table contains two rows of data. The first row has 'Fixed' as the site type, 'Accurate' as the address category, and a 'Select Site Location' dropdown menu highlighted with a red box and a '2' callout. The second row has 'Fixed' as the site type, 'Approximate' as the address category, and a 'Select Site Location' dropdown menu. A 'Cancel' button is located at the bottom left of the table area.

All the sites that are registered by your organization within EHB will be listed on this page.

Note: If there are no sites registered to your organization, or if you want to use a new location for the site you are adding in **Form 5B**, click the **Register Performance Site** button (Figure 41, 1) and register your site using the **Enterprise Site Repository (ESR)** system.

4. Select a site from the list provided on this page and click its **Select Site Location** link (Figure 41, 2).
- The system will navigate to the **Form 5B - Edit** page.

Notes: The **Select Site Location** link will be disabled (Figure 42, 1) if the site falls under any of these categories, and you will not be able to select the site:

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

In these cases, hovering over the disabled **Select Site Location** link (Figure 42, 2) will provide the reason why the site is disabled.

Figure 44: Form 5B – Update Site page

Form 5B - Edit

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

Fields with * are required

Site Information

* Name of Service Site	<input type="text"/> <small>Max Length: 100</small> Change Site Name	Site Physical Address	<input type="text"/> <small>Max Length: 100</small> Change Location
* Service Site Type	Select Service Site Type	* Location Type	Select Location Type
Location Setting (Required for Service Site)	Select Location Setting	Date Site was Added to Scope (mm/dd/yyyy)	12/2/2012
Date Site was Opened (mm/dd/yyyy)	<input type="text"/>	Site Operational By (mm/dd/yyyy)	<input type="text"/>
Number of Contract Service Delivery Locations (Voucher Screening Only)	<input type="text"/>	Number of Intermittent Sites (Intermittent Only)	<input type="text"/>
Web URL	<input type="text"/>		
* Site Phone Number	(<input type="text"/>) <input type="text"/> - <input type="text"/> Ext. <input type="text"/>	* Administration Phone Number	(<input type="text"/>) <input type="text"/> - <input type="text"/> Ext. <input type="text"/>
Site Fax Number	<input type="text"/>		
Medicaid Billing Number	<input type="text"/>		
* Service Area Population Type	Select Population Type	* Operational Schedule	Select Operational Schedule
* Calendar Schedule	Select Calendar Schedule	Total Hours of Operation (when patients will be served per week)	<input type="text"/>
* Site Operated By	Select Site Operated By		

Add Sub-Recipient/Contractor

Sub-Recipient/Contractor Organization Information

Organization Name	Address (Physical)	Address (Mailing)	EIN	Comments	Options
No records to display.					

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

Service Area Zip Code (Required for Service Site)	<input type="text"/>	<input type="checkbox"/> 20175 <input type="checkbox"/> 20174 <input type="checkbox"/> 20165 <input type="checkbox"/> 20144 <input type="checkbox"/> 20115
	<input type="button" value="Save Zip Code(s)"/>	<input type="button" value="Remove Selected Zip Code(s)"/>
Saved Service Area Zip Code(s)	20175, 20174, 20176, 20177, 20178, 20179, 20145	

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

Service Area Census Tracts	<input type="text"/>	<input type="checkbox"/> 20175 <input type="checkbox"/> 20174 <input type="checkbox"/> 20165 <input type="checkbox"/> 20144 <input type="checkbox"/> 20115
	<input type="button" value="Save Census Tracts"/>	<input type="button" value="Remove Selected Census Tracts"/>
Saved Census Tracts	20175, 20174, 20176, 20177, 20178, 20179, 20145	

Months of Operation (Required for Permanent and Seasonal Locations)

Months of Operation	<input type="checkbox"/> Select All <input type="checkbox"/> January <input type="checkbox"/> February <input type="checkbox"/> March <input type="checkbox"/> April <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> August <input type="checkbox"/> September <input type="checkbox"/> October <input type="checkbox"/> November <input type="checkbox"/> December
Saved Months of Operation	January - June, August - December

- After providing complete information on **Form 5B – Update Site** page, click the **Save and Continue** button.
- **Form 5B – Service Sites** list page will open with the newly added site displayed in the **Proposed Site** section (**Figure 45**).

Figure 45: Newly added site displayed under Proposed Sites section

Site Name	Physical Address	Service Site Type	Location Type	Site Status	Options
		All	All	All	

4.7.2 Form 5B in a Competing Continuation Application

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

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

4.7.3 Form 5B in a Supplemental Application

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

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

4.7.3.1 Pick a Site from Scope

1. On **Form 5B – Service Sites** list page, click the **Pick Site from Scope** provided above the **Existing Sites from Scope** section (**Figure 46**).

Figure 46: Pick Site from Scope button

Pick Site from Scope

- The system will navigate to the **Select Site from Scope** page populated with the sites in your H80 scope (**Figure 47**).

Figure 47: Select Site from Scope

2. Click the **Select this Site** link for the site you want to include in the form (**Figure 47, 1**).
- **Form 5B – Service Sites** list page will open with the selected site displayed in the **Existing Sites from Scope** section (**Figure 48**).

Figure 48: Form 5B Showing Current Site in Scope

Notes: The **Select this Site** link will be disabled (**Figure 49, 1**), and you will not be able to select sites if the site falls under any of the following categories:

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

In these cases, hovering over the disabled **Select Site Location** link (**Figure 49, 2**) will provide the reason why the site is disabled.

Figure 49: Disabled sites in Scope

The screenshot shows a table titled "Existing Site from Scope" with the following columns: Site Name, Site Address, Service Site Type, Location Type, and Options. There are two rows of data. The first row has a "Permanent" location type and a "Select this Site" dropdown. The second row has a "Pending Verification as of 03/15/2013" location type and a "Select this Site" dropdown. A red box highlights the "Pending Verification as of 03/15/2013" text, with a red circle containing the number "2" pointing to it. Another red box highlights the "Select this Site" dropdown for the second row, with a red circle containing the number "1" pointing to it. A "Cancel" button is visible at the bottom left of the table area.

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

4.8. Form 5C - Other Activities/Locations

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

4.8.1 Form 5C in a New or a Supplemental Application

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

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

To add new activities or locations, follow these steps:

1. Click the **Add New Activity/Location** button provided at the top of the form (**Figure 50**).

Figure 50: Add New Activity/Location button

The screenshot shows a button labeled "Add New Activity/Location" with a green plus icon, highlighted by a red box. Below the button is a table with the following columns: Activity Type, Description, Frequency, Type of Location, Status, and Options. The table is currently empty, with the text "No other activities/locations added." centered in the body. At the bottom left of the form is a "Go to Previous Page" button, and at the bottom right is a "Save and Continue" button.

- The system will navigate to the **Activity/Location - Add** page (**Figure 51**).

Figure 51: Activity/Location – Add page

Fields with * are required

Activity/Location Information

* Type of Activity Select Option
 If Other, Please Specify

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

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

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

2. Provide information in all the fields on this page and click the **Save and Continue** button.
 - The system will navigate to the **Form 5C** list page displaying the newly added activity on the form (Figure 52).

Figure 52: Activity/Location added

Activity Type	Description	Frequency	Type of Location	Status	Options
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	All	
Hospital Admitting	Admitting patients to hospitals	Daily	Permanent	Complete	<input type="button" value="Update"/>

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

4.8.2 Form 5C in a Competing Continuation Application

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

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

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

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

4.9. Form 6A – Current Board Member Characteristics

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

Notes:

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

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

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

Figure 53: Form 6A Current Board Member Characteristics

Fields with * are required

1 **Add New Board Member**

Name	Current Board Office Position Held	Area of Expertise	>10% of income from health industry	Health Center Patient	Live or Work in Service Area	Years of Continuous Board Service	Special Population Representative	Options
Mark Stubbly	President	Small Business	No	Yes	Live, Work	9.00	No	2 Update
Mark Stubbly	Member	Marketing	No	Yes	Live	1.00	No	Update

3 **Number of Patient Board Members**

Gender	Number of Patient Board Members
* Male	5
* Female	9
* Unreported/Declined to Report	0

1. To add the board member information, click the **Add New Board Member** button on this form. (Figure 53, 1)
 - The system will navigate to the **Current Board Member - Add** page (Figure 54).

- Provide the required board member information on this page. Click the **Save and Continue** button to save the information and navigate back to the **Form 6A** list page ([Figure 54, 1](#)), or the **Save and Add New** button to save the information and add a new board member record ([Figure 54, 2](#)).

Figure 54: Current Board Member - Add

Patient Board Member Information				
* First Name	<input type="text"/>			
* Last Name	<input type="text"/>			
Middle Initial	<input type="text"/>			
Current Board Office Position Held	<input type="text"/>			
* Area of Expertise	<input type="text"/>			
* Does member derive more than 10% of income from health industry ?	<input type="radio"/> Yes <input type="radio"/> No			
* Is member a health center patient ?	<input type="radio"/> Yes <input type="radio"/> No			
Live or work in service area ?	<input type="checkbox"/> Live <input type="checkbox"/> Work			
* Years of continuous board service	<input type="text"/>			
* Is member a special population representative (MHC, HCH, PHPC) ?	<input type="radio"/> Yes <input type="radio"/> No If Yes, please specify Special Population: <table border="1" style="margin-left: 20px;"> <tr> <td><input type="checkbox"/> Migrant Health (MHC)</td> </tr> <tr> <td><input type="checkbox"/> Homeless Health (HCH)</td> </tr> <tr> <td><input type="checkbox"/> Public Housing (PHPC)</td> </tr> </table>	<input type="checkbox"/> Migrant Health (MHC)	<input type="checkbox"/> Homeless Health (HCH)	<input type="checkbox"/> Public Housing (PHPC)
<input type="checkbox"/> Migrant Health (MHC)				
<input type="checkbox"/> Homeless Health (HCH)				
<input type="checkbox"/> Public Housing (PHPC)				
<input type="button" value="Cancel"/> <input type="button" value="Save and Continue"/> <input type="button" value="Save and Add New"/>				

To update or to delete information for any board member, click on **Update** or **Delete** link under the options column in the **List of Board Members** section ([Figure 53, 2](#)). You must provide a minimum of 9 and a maximum of 25 board members.

Indicate the gender, ethnicity, and race of board members who are patients of the health center. After providing complete information on **Form 6A**, click the **Save and Continue** button to save the information and proceed to the next form.

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

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

Notes:

- If you selected “Tribal” or “Urban Indian” as the Business Entity in Form 1A, **Form 6B** is Not Applicable to you and you will only see the message depicted in [Figure 55](#).
- If you are currently receiving Community Health Centers (CHC) funding, or you selected CHC as one of the sub-programs in the Budget Summary form of this SAC-AA application, **Form 6B** is Not Applicable to you and you will only see the message depicted in [Figure 55](#).

Figure 55: Form 6B “Not Applicable” Message

The screenshot shows the top portion of the 'Form 6B - Request for Waiver of Governance Requirements' interface. At the top, it displays the form title and a 'Due Date' of 10/15/2014 (Due In: 162 Days) with a 'Section Status: Complete'. Below this is a 'Resources' section with a 'View' button and links to 'SAC FY 2014 User Guide' and 'Funding Opportunity Announcement'. A prominent yellow alert box contains the following text: **Alert:** This form is not applicable to you as you are currently receiving or applying to receive Community Health Centers (CHC) funding and/or you have selected 'Tribal' or 'Urban Indian' as the Business Entity in Form 1A. At the bottom of the page, there are two buttons: 'Go to Previous Page' on the left and 'Continue' on the right, which is highlighted with a red border.

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

1. Indicate whether you are requesting a waiver by answering question 1a under the **Request for Waiver** section.

Figure 56: Section 1 of Form 6B

The screenshot displays 'Section 1 of Form 6B' titled '1. Request for Waiver'. The 'Name of Organization' field is filled with 'NATIONAL ASSEMBLY ON SCHOOL-BASED HEALTH CARE'. Question 1a asks, 'Are you requesting a waiver of governance requirements?' with radio buttons for 'Yes' and 'No'. The 'Yes' radio button is selected and highlighted with a red border. A 'Reset' button is present with a tooltip: '(At any time, if you want to delete all the information provided in sections 2, 3 and 4, you may click the 'Reset' button.)'. Below this is section '2. For Applicants with Previous Waiver Approval'. Question 2a, 'Nature of Items Currently Approved to be Waived', has checkboxes for '51 Percent Patient Majority' and 'Monthly Meetings'. Question 2b, 'Are you requesting the waiver to be continued?', has radio buttons for 'Yes', 'No (Governing Board is in Full Compliance)', and 'Not Applicable'.

Note: If you answer No to question 1a, you must not provide any information in the remaining sections of the form. Click the **Save and Continue** button to proceed to **Form 8**.

2. Provide information in the following form sections if you answer 'Yes' to question 1a.
 - 2. For Applicants with Previous Waiver Approval (**Figure 57, 1**).
 - 3. New Waiver Request (**Figure 57, 2**).
 - 4. Alternative Strategies (**Figure 57, 3**).

Figure 57: Sections 2, 3 and 4 of Form 6B

2. For Applicants with Previous Waiver Approval 1

2a. Nature of Items Currently Approved to be Waived

51 Percent Patient Majority

Monthly Meetings

2b. Are you requesting the waiver to be continued?

Yes No (Governing Board is in Full Compliance) Not Applicable

* 2c. Is your waiver request based on arrangements that are different from your original request? [?](#)

Yes No Not Applicable

3. New Waiver Request 2

* 3a. Nature of Items for New Waiver Request [?](#)

51 Percent Patient Majority

Monthly Meetings

4. Alternative Strategies 3

Describe the appropriate alternative strategies in place that will assure consumer/patient participation and/or regular oversight in the direction and ongoing governance of the organization.

* 4a. Strategy 1 [?](#)

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

4b. Strategy 2

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

4c. Other Strategies

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

Note: At any time, if you want to delete the information provided in sections 2, 3, and 4 of this form, you can use the **Reset** button provided in front of question 1a under section **1. Request for Waiver** (Figure 58).

Figure 58: Reset button to delete complete information in sections 2, 3, and 4

1. Request for Waiver

Name of Organization

* 1a. Are you requesting a waiver of governance requirements? [?](#)

Yes No At any time, if you want to delete all the information provided in sections 2, 3 and 4, you may click the 'Reset' button.)

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

4.11. Form 8 - Health Center Agreements

Form 8 indicates whether you have any agreements with other organizations that impact the Board’s composition, authorities, functions, or responsibilities or provide a substantial number of services, sites, and/or activities in your organization’s approved scope of project.

To complete **Form 8**, follow these steps

1. In Part I, Question 1 (**Figure 59**), inform HRSA of any current or proposed agreements with another organization to carry out a substantial portion of your organization’s approved scope of project.

Figure 59: Form 8, Part I

The screenshot shows the 'Part I' section of Form 8. It contains three questions:

- Question 1:** "Do you have, or propose to establish as part of this application, an agreement with another organization to carry out a substantial portion of the proposed scope of project?" It has radio buttons for "Yes" and "No". A red callout box with the number "1" points to the "Yes" button.
- Question 2a:** "Number of contracts for a substantial portion of the proposed scope of project for any of the following: core primary care providers, non-provider health center staff, Chief Medical Officer (CMO), or Chief Financial Officer (CFO)." It has a text input field with a "(positive)" label and "integer up to 4 digits" below it. A red callout box with the number "2" points to the input field.
- Question 2b:** "Number of Memoranda of Understanding (MOU)/Agreement (MOA) for a substantial portion of the proposed scope of project via a sub-recipient/subaward arrangement." It has a text input field with a "(positive)" label and "integer up to 4 digits" below it. A red callout box with the number "3" points to the input field.

Notes:

- If any of the new sites proposed in **Form 5B: Service Sites** are being operated by a “Subrecipient” or a “Contractor”, the system will set the answer to question 1 to ‘Yes’ and make it non-editable (**Figure 59, 1**).
- If you answer Yes to Question 1, indicate the number of each agreement type in 2a (**Figure 59, 2**) and 2b (**Figure 59, 3**).

2. In Part II, Question 1 (**Figure 60**), complete the Governance Checklist to determine if any affiliations or agreements limit or compromise the Board’s authorities, functions, or responsibilities.

Figure 60: Form 8, Part II: Question 1 - Governance Checklist

Part II

★ 1. Governance Checklist: Does the health center affirm that the board exercises the authorities, legislative and regulatory mandated functions, and responsibilities listed below, without limitation or compromise due to an affiliation or agreement with another entity? ⓘ

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

determines board composition	<input type="radio"/> Yes <input type="radio"/> No
determines executive committee function and composition	<input type="radio"/> Yes <input type="radio"/> No
selects board chairperson	<input type="radio"/> Yes <input type="radio"/> No
selects board members	<input type="radio"/> Yes <input type="radio"/> No
performs strategic planning	<input type="radio"/> Yes <input type="radio"/> No
approves the center's annual budget	<input type="radio"/> Yes <input type="radio"/> No
directly employs, selects/dismisses, and evaluates the CEO/Executive Director	<input type="radio"/> Yes <input type="radio"/> No
adopts policies and procedures for personnel and financial management	<input type="radio"/> Yes <input type="radio"/> No
establishes center priorities and allocates resources	<input type="radio"/> Yes <input type="radio"/> No

Note: If you answer 'No' to any Governance Checklist item, you must answer 'Yes' to question 2 in Part II of this form.

- In Part II, Question 2 (Figure 61, 1), inform HRSA of any current or proposed agreements that affect the composition, authorities, functions, or responsibilities of your organization's Board.
- If you answer 'Yes' to question 2, specify the number of such agreements in question 3 (Figure 61, 2).

Figure 61: Form 8, Part II, Questions 2 and 3

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

Yes No **1**

3. Number of agreements/arrangements that impacts the health center's governing board composition, authorities, functions, or responsibilities (e.g., parent subsidiary model, bilateral board representation, outside nomination of board members, joint committees).

(positive integer up to 4 digits) **2**

- If you answered 'Yes' to Part I, question 1 or Part II, question 2, proceed to Part III to add organization agreements.

4.11.1 Adding Organization Agreement details

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

- Click the **Add Organization Agreement** button located above Part III (Figure 62).

Figure 62: Form 8, Part III

Note(s):
If Yes was selected in Part I.1 or Part II.2 or if you indicated that one or more of the sites you proposed in Form 5B of this application are operated by 'subrecipient' or 'contractor', provide Organization Agreement Details below for each organization with which you have an agreement/arrangement. All agreements/arrangements must be uploaded in full. Uploaded documents will NOT count against the page limit.

[Add Organization Agreement](#)

Part III

No organization agreement details added

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

- The system will navigate to the **Organization Agreement - Add** page (Figure 63).

Figure 63: Organization Agreement – Add page

Organization Agreement - Add

Due Date: 08/17/2014 (Due In: 73 Days) | Section Status: Not Complete

Resources

View

FY 2014 SAC User Guide | Funding Opportunity Announcement

Fields with * are required

Organization Agreement Detail

Organization

- * Organization Name (maximum 50 characters)
- * Organization EIN (maximum 9 characters)
- * Explain the history of each agreement/arrangement that impacts the health center's governing board composition, authorities, functions, or responsibilities (e.g., why it was entered into, how it has changed over time). If not applicable for this organization, write "n/a".
 Approximately 1/2 page(s) (Max 500 Characters): 500 Characters left

Physical Location Address

- * Street Address
Number * Name
Select One Number

2. Provide the required information for the agreement in the **Organization Agreement Detail** and **Physical Location Address** sections on this page.
3. Upload at least one document related to the agreement in the **Attachments** section at the bottom of this page by clicking the **Attach File** button (Figure 64).

Note: Before uploading a document for this affiliation, please rename the file to include the affiliated organization's name e.g., 'CincinnatiHospital_MOA.doc'.

Figure 64: Adding Attachments for the Organization Agreement

Note(s):

- You must upload at least one document for this affiliation.
- Before uploading a document for this affiliation, please rename the file to include the affiliated organization's name e.g. 'CincinnatiHospital_LocationDetails.doc'.

Attachment(s) (Minimum 1)(Maximum 5) Attach File

No documents attached.

Cancel Save Save and Continue

- Click **Save and Continue** to return to **Form 8: Health Center Agreements** list page. Following the steps described above, add as many organizations and corresponding agreements as required in Part III.
- After completing **Form 8**, click the **Save and Continue** button to save your work and proceed to the next form.

4.12. Form 9 – Need for Assistance Worksheet

Form 9: Need for Assistance Worksheet documents objective measures of relative need for the proposed service area and target population.

4.12.1 Completing Section I – Core Barriers

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

- Population to One FTE Primary Care Physician
 - Percent of Population Below 200 Percent of Poverty
 - Percent of Population Uninsured
 - Distance (miles) OR travel time (minutes) to the nearest primary care provider accepting new Medicaid and uninsured patients
- For those you will report on, respond **'Yes'** to the question 'Is this Core Barrier Applicable?' (**Figure 65, 1**).
 - Provide information in all the remaining fields of the core barrier.

Notes:

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

- If you answer ‘No’ to ‘Is this Core Barrier Applicable?’ for any core barrier, you will **not** be able to enter any data for that barrier.

Figure 65: Form 9, Section I: Core Barriers

3. Click **Save and Continue** to proceed to **Section II – Core Health Indicators**, OR click the **Save** button at the bottom of **Section I – Core Barriers** and select the **Section II – Core Health Indicators** tab below the **Resources** section (**Figure 66**).

Figure 66: Section II - Core Health Indicators tab

4.12.2 Completing Form 9: Section II - Core Health Indicators

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

- Diabetes
- Cardiovascular Disease

- Cancer
- Prenatal and Perinatal Health
- Child Health
- Behavioral Health

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

1. Select a **Core Health Indicator** from the drop-down menu (**Figure 67, 1**).
2. Click the **Refresh National Benchmark** button (**Figure 67, 2**).
 - The system will refresh the following fields with the values applicable to the selected indicator and make them non-editable:
 - **National Benchmark** (**Figure 67, 3**)
 - Measure unit of the **Data Response** field (**Figure 67, 4**)

Note: Clicking the **Refresh National Benchmark** button will refresh the measuring unit of the **Data Response** field only. You will be required to provide the **Data Response** value (**Figure 67, 5**).

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

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

Figure 67: Form 9, Section II: Core Health Indicators

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

- Enable the **'If Other, Please Specify'** text box (Figure 68, 1). You must provide the description of the 'Other' health indicator that you wish to propose in this text box.
- Set the **National Benchmark** field to 'Not Applicable' and make it non-editable (Figure 68, 2).
- Enable the measuring unit drop-down for **Data Response** field (Figure 68, 3). You will be required to provide both the value and the measuring unit for the **Data Response** field in this scenario.

Figure 68: Selecting 'Other' as Core Health Indicator

The screenshot shows a form for 'Diabetes' with several sections. The 'Core Health Indicator' is set to 'Other' and has a 'Refresh National Benchmark' button. Below it is a text box for 'If 'Other', please specify:' with a red box labeled '1' around it. The 'National Benchmark' is set to 'Not Applicable' with a red box labeled '2' around it. The 'Data Response' field has a measuring unit dropdown menu open, showing options like '%', 'Ratio', '/1,000', '/10,000', '/100,000', 'Months', and 'Other'. A red box labeled '3' is around the dropdown menu. Other fields include 'Year to Which Data Apply', 'Data Source/Description', 'Methodology', and 'Identify Geographic Service Area'.

4. Click the **Save and Continue** button to proceed to **Section III – Other Health and Access Indicators**, OR click the **Save** button at the bottom of **Section II – Core Health Indicators** and select the **Section III – Other Health and Access Indicators** tab below the **Resources** section.

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

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

1. Select a **Health and Access Indicator** from the drop-down menu (Figure 69, 1).
2. Click the **Refresh National Benchmark** button (Figure 69, 2).
 - The system will refresh the following fields with the values applicable to the selected indicator and make them non-editable:
 - **National Benchmark** (Figure 69, 3)
 - Measure unit of the **Data Response** field (Figure 69, 4)

Note: Clicking the **Refresh National Benchmark** button will refresh the measuring unit of the **Data Response** field only. You will be required to provide the **Data Response** value (Figure 69, 5).

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

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

Figure 69: Form 9, Section III: Other Health and Access Indicator

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

4.12.4 Saving and Proceeding to next form

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

The completed status of all these sections is indicated with a green tick mark (✓ icon) in the section tabs (**Figure 70**).

Figure 70: Completed Form 9 sections

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

4.13. Form 10: Annual Emergency Preparedness Report

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

Figure 72: Form 12 – Organization Contacts

Form 12 - Organization Contacts

00107030 HUNTER HEALTH CLINIC INC, THE Due Date:10/24/2013 (Due In: 164 Days) | Section Status: Not Started

Resources View
 SAC FY 2014 User Guide | Funding Opportunity Announcement

Fields with * are required

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

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

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

4. Enter the required information on this page.

Figure 73: Chief Executive Officer – Add page

Chief Executive Officer - Add

00107030 HUNTER HEALTH CLINIC INC, THE Due Date:10/24/2013 (Due In: 164 Days)

Resources View
 SAC FY 2014 User Guide | Funding Opportunity Announcement

Fields with * are required

Add New Contact Information

Position Title Chief Executive Officer

Prefix Select Option

* First Name

* Last Name

Middle Initial

Suffix Select Option
 If 'Other', please specify:

Highest Degree Select Option
 If 'Other', please specify:

* Email Address

* Phone Number

Cancel Save Save and Continue

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

4.15. Clinical Performance Measures

Use this form to provide information about clinical performance measures.

Note: Refer to the SAC-AA Funding Opportunity Announcement for more information on completing the **Clinical Performance Measures** form.

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

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

To complete this form:

- In the **Project Period** section, provide the Project Period Start date and the Project Period End date in 'MM/DD/YYYY' format. (Figure 74, 1)

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

- Click on the Calendar icon (Figure 74, 2) to select the Project Period Start Date and End Date.

Figure 74: Project Period section

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

4.15.1 Completing the Standard Performance Measures for New and Supplemental applications

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

Notes:

- All the standard performance measures will have a status of 'Not Complete'.

- The Clinical Performance Measures form will be ‘Complete’ when the status of all the standard performance measures and additional measures is ‘Complete’.

1. Click on the **Update** link to start working on a performance measure.

Figure 75: Standard Measures section

Focus Area	Performance Measure	Baseline Data	Baseline Year	Projected Data	Status	Options
			All		All	
Standard Measures						
▶ Diabetes	Percentage of diabetic patients whose HbA1c levels are less than 7 percent, less than 8 percent, less than or equal to 9 percent, or greater than 9 percent.				Not Complete	
▶ Cardiovascular Disease	Percentage of adult patients with diagnosed hypertension whose most recent blood pressure was less than 140/90.				Not Complete	

➤ The system will direct you to the **Clinical Performance Measure – Update** page. (Figure 76)

Figure 76: Clinical Performance Measure - Update page

Update Clinical Performance Measure Information

Focus Area: Diabetes

Is this performance measure applicable to your organization? Yes

Performance Measure: Percentage of diabetic patients whose HbA1c levels are less than 7 percent, less than 8 percent, less than or equal to 9 percent, or greater than 9 percent.

Target Goal Description (Sample Goals ):
 Approximately 1/4 page (Max 500 Characters): 500 Characters left.

Numerator Description (Examples ): Number of adult patients age 18 to 75 years with a diagnosis of Type 1 or Type 2 diabetes whose most recent HbA1c level during the measurement year is <7%, <8%, ≤9%, or >9%, among those patients in the denominator.

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

Baseline Data:
 Baseline Year: (yyyy)
 Measure Type: Percentage
 Numerator:
 Denominator:
 

- To view examples of a target goal description click on the **Sample Goals** link (Figure 76, 1). To view examples for Numerator and Denominator descriptions, click on the **Examples** link.
- Calculate Baseline** button will calculate the baseline data based on the numerator and denominator values provided by you. (Figure 76, 2)
- Click on the **Add New Key Factor and Major Planned Action** button to add Key factors.
 - The system will direct you to the **Key Factor and Major Planned Action – Add** page.
- Provide all the required information.(Figure 77)

Figure 77: Key Factors and Major Planned Action - Add page

Fields with * are required

Key Factor and Major Planned Action Information

* Key Factor Type Contributing Restricting

* Key Factor Description
Approximately 3/4 page (Max 1500 Characters): 1500 Characters left.

* Major Planned Action Description
Approximately 3/4 page (Max 1500 Characters): 1500 Characters left.

Cancel 1 Save and Continue 2 Save and Add New

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

6. Click the **Save and Continue** button to save the information on this page and proceed to the **Clinical Performance Measure** list page, or click the **Save and Add New** button to save the key factor information you provided and proceed to add a new key factor.
7. Provide comments in the Comment field if needed.
8. To proceed to the performance measure list page, click on the **Save and Continue** button.

4.15.2 Completing the Standard Performance Measures for Competing Continuation applications

If you are submitting a Competing Continuation application, then the system will pre-populate most of the information you provided for these performance measures from your latest SAC/NAP/BPR submission and 2012 (Uniform Data System) UDS report.

Notes:

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

1. Click on the **Update** link to provide the requested details for all the performance measures.
 - The system will open the **Clinical Performance Measure - Update** page.

Figure 78: Clinical Performance Measure - Update page for Competing Continuation application

Update Clinical Performance Measure Information

Focus Area: Diabetes

Is this performance measure applicable to your organization?: Yes

Performance Measure: Percentage of diabetic patients whose HbA1c levels are less than 7 percent, less than 8 percent, less than or equal to 9 percent, or greater than 9 percent.

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

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

Numerator Description (Examples [↗](#)): Number of adult patients age 18 to 75 years with a diagnosis of Type 1 or Type 2 diabetes whose most recent HbA1c level during the measurement year is <7%, <8%, ≤9%, or >9%, among those patients in the denominator.

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

2 Baseline Data

Baseline Year	2012	(yyyy)
Measure Type	Percentage	
Numerator	2,971	
Denominator	3,863	
Calculate Baseline	76.91%	

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

3 Projected Data

Measure Type: Percentage

2. Provide the Target Goal Description requested (**Figure 78, 1**).
3. For a sample goal description, click on the **Sample Goals** link (**Figure 78, 1**).
4. The following fields related to Baseline Data will be pre-populated from the latest submitted UDS report (**Figure 78, 2**)
 - Baseline Year
 - Numerator
 - Denominator

Notes:

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

5. In the Projected Data field, enter the data expected when the project period concludes.
 - Click the **Sample Calculation** link to see an example of the calculation you need to perform to complete this field (**Figure 78, 3**)
6. Click on the **Add New Key Factor and Major Planned Action** button to add Key Factors.

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

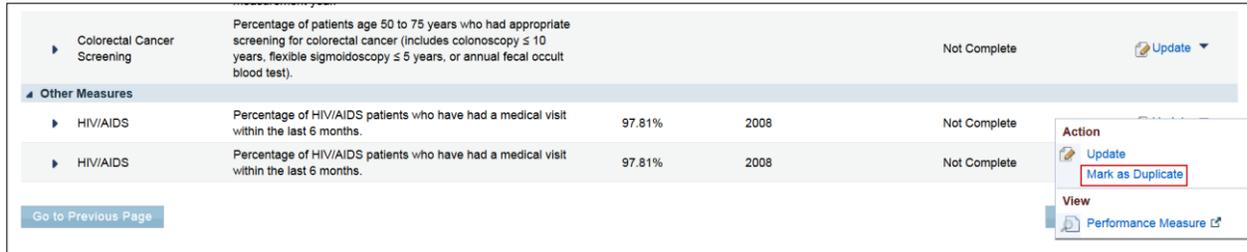
7. Click on the **Save** button to save the information on this page. To proceed to the Performance Measure List page, click on the **Save and Continue** button.

4.15.2.1 Marking a Measure as Duplicate

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

1. Click the **Mark as Duplicate** link (Figure 79).

Figure 79: Mark as Duplicate link



- The **Clinical Performance Measures - Mark As Duplicate** page will be displayed.

Figure 80: Clinical Performance Measures - Mark As Duplicate page

The screenshot shows the 'Clinical Performance Measures - Mark As Duplicate' page. At the top, there are navigation links for 'View', 'SAC FY 2014 User Guide', and 'Funding Opportunity Announcement'. The main content area is titled 'Performance Measure selected to be marked as duplicate'. It contains a table with columns: 'Performance Measure', 'Measure Proposed In', 'Application Tracking Number', 'Numerator Description', and 'Denominator Description'. The first row shows a measure about HIV/AIDS patients with a tracking number of 101037. Below this table is a section titled 'Please identify the performance measure from the ones listed below, which is the duplicate of the performance measure listed above'. It contains another table with the same columns. The second row in this table has a radio button selected, and a red box with the number '1' is around it. Below this table is a 'Justification Comments' section with a text area and a character count: 'Approximately 1/4 page (Max 500 Characters): 500 Characters left.' A red box with the number '2' is around the 'Justification Comments' label.

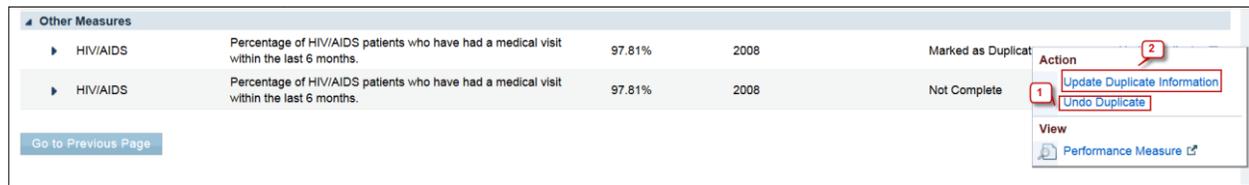
2. Compare the duplicated performance measure's options to the performance measure listed at the top of the screen and select the duplicate. (Figure 80, 1)
3. Provide justification comments for the performance measure marked as a duplicate and click **Save and Continue**. (Figure 80, 2)

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

4.15.2.2 Undo a Duplicated Performance Measure

To unmark the performance measure as a duplicate, click the **Undo Duplicate** link (Figure 81, 1).

Figure 81: Undo/Update Duplicate links



4.15.2.3 Update a Duplicated Performance Measure

To change a duplicated performance measure,

1. Click the **Update Duplicate Information** link (Figure 81, 2)
 - Select another performance measure as the duplicate.
 - Modify the justification comments.
2. Click **Save and Continue** when you are finished.
 - You will be returned to the **Clinical Performance Measures** form.

4.15.3 Adding Other Performance Measure

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

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

Figure 82: Add Clinical Performance Measure



2. Select a focus area from the drop-down menu (Figure 82, 1).
3. If your focus area is Oral Health or Behavioral Health, click on the **Load Performance Measures Category** button to load the performance measure categories (Figure 82, 2). Otherwise, selecting Performance Measure Categories is not applicable for you.
4. Select one or more performance measure categories.
5. Provide the required information on this page.
6. Click on the **Add New Key Factor and Major Planned Action** button to add Key Factors.

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

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

4.16. Financial Performance Measures

Use this form to provide information about financial performance measures.

Note: Refer to the SAC-AA Funding Opportunity Announcement for more information on completing the Financial Performance **Measures** form.

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

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

In order to complete this form, follow these steps

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

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

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

4.16.1 Completing the Standard Performance Measures for New and Supplemental applications

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

Notes:

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

1. Click on the **Update** link to start working on a performance measure.
 - The system will direct you to the **Financial Performance Measure – Update** page.

Figure 83: Financial Performance Measure - Update Page

2. To view examples of a target goal description, click on the [Sample Goals](#) link (Figure 83, 1). To view examples of Numerator and Denominator descriptions, click on the [Examples](#) link.
 3. **Calculate Baseline** button will calculate the baseline data based on the numerator and denominator values provided by you. (Figure 83, 2)
 4. Click on the **Add New Key Factor and Major Planned Action** button to add Key Factors.
- The system will direct you to the **Key Factor and Major Planned Action – Add** page. Provide all the required information.(Figure 84)

Figure 84: Key Factors and Major Planned Action – Add page

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

5. Click the **Save and Continue** button to save the information on this page and proceed to the **Clinical Performance Measure** list page, or click the **Save and Add New** button to save the key factor information you provided and proceed to add a new key factor.

6. Provide comments in the Comment field if needed.
7. To proceed to the **Performance Measure List** page, click on the **Save and Continue** button.

4.16.2 Completing the Standard Performance Measures for Competing Continuation applications

If you are submitting a Competing Continuation application, then the system will pre-populate most of the information you provided for these performance measures from your latest SAC/NAP/BPR submission and 2012 (Uniform Data System) UDS report.

Notes:

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

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

Figure 85: Financial Performance Measure - List Page

Focus Area	Performance Measure	Baseline Data	Baseline Year	Projected Data	Status	Options
Costs	Total cost per patient.	710.92 : 1 Ratio	2011		Not Complete	Update
Costs	Medical cost per medical encounter	140.34 : 1 Ratio	2011		Not Complete	Update
Financial Viability	Change in Net Assets to Expense Ratio (Note: Net Assets = Total Assets - Total Liabilities).	0.00 : 1 Ratio	2010		Not Complete	Update
Financial Viability	Working Capital to Monthly Expense Ratio.	0.13 : 1 Ratio	2010		Not Complete	Update
Financial Viability	Long Term Debt to Equity Ratio.	0.05 : 1 Ratio	2010		Not Complete	Update

- The system will open the **Financial Performance Measures - Update** page.

Figure 86: Financial Performance Measure - Update Page

2. Provide the Target Goal Description requested. For a sample goal description, click on the [Sample Goals](#) link. (Figure 86, 1)
3. For the financial performance measure with Focus area – ‘Cost’, the following fields will be pre-populated from the latest submitted UDS report and will be non-editable. (Figure 86, 2)
 - Baseline Year
 - Numerator
 - Denominator

Notes:

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

4. In the Projected Data field, enter the data expected when the project period concludes. (Figure 86, 3)
 - Click the [Sample Calculation](#) link to see an example of the calculation you need to perform to complete this field (Figure 86, 4)
5. Click on the **Add New Key Factor and Major Planned Action** button to add Key Factors.

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

6. Click the **Save** button to save the information on this page. To proceed to the **Performance Measure List** page, click on the **Save and Continue** button.

4.16.3 Adding Other Performance Measure

To add an ‘Other’ performance measure to your application,

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

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

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

4.16.3.1 Marking a Measure as Duplicate

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

4.16.3.2 Undo Duplicate Performance Measure

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

5. Submitting the FY 2015 SAC-AA Application to HRSA

1. Navigate to the overall **Status Overview** page by clicking the [Standard Status](#) link in the left menu or the [Grant Application](#) link in the navigation links provided at the top of the page.
2. 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.

- A. Click the **Proceed to Submit** button at the bottom of the **Table of Contents**.
 - The system navigates to the **Application - Submit Certify** page.
- B. Click the **Submit to HRSA** button at the bottom of the **Application - Submit Certify** page to finally submit the application to HRSA.

Note: If you are not the AO, the system displays a **Submit to AO** button at the bottom of the **Application - Submit Certify** 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.

3. To troubleshoot problems submitting the application, contact the BPHC Helpline at BPHCHelpline@hrsa.gov or 877-974-2742.