

HRSA EHB USER GUIDE

School-Based Health Care - Capital Program (SBHCC)

User Guide for Grantees

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School-Based Health Care Capital Program (SBHCC) User Guide

1. Introduction

1.1. Document Purpose and Scope

The purpose of this document is to provide detailed instructions to help grantees complete **School-Based Health Care Capital Program (SBHCC) applications** within HRSA Electronic Handbook (EHB). The applications in EHBs consist of:

- Basic Application Information
- Program-Specific Information
 - Project-Specific Information (maximum of 10 projects)

This document is a supplement to *HRSA's Electronic Submission User Guide*, available at <http://www.hrsa.gov/grants/apply/userguide.pdf>.

NOTE: None of the screens displayed in this user guide are from real applications.

1.2. Document Organization and Version Control

This document contains 5 sections apart from the Introduction. Following is the summary:

Section	Description
Before You Apply	This section provides information that grantees need to know before they initiate Applications.
Applying Through Grants.gov	This section shows the steps involved in submitting your application through Grants.gov.
Completing the Application in HRSA Electronic Handbooks	This section describes the steps necessary to complete and submit your Application in the Electronic Handbooks. This section consists of sub-sections that explain how to enter the basic information, the program specific information and any project-related information within it.
Customer Support Information	This section provides contact information to address technical and programmatic questions.
FAQs	This section provides answers to frequently asked questions.

Revision History

Date	Reason for change(s)	Author(s)
09/27/2010	Original draft	REI - Ed Molin
10/13/2010	Addressed revisions requested by HRSA	REI - Ed Molin

2. Before You Apply

2.1. Grantee Organization Must Register with Grants.gov

 If an applicant organization has already completed Grants.gov registration for HRSA or any other Federal agency, this section can be skipped.

Grants.gov requires a **one-time** registration by the applicant organization. This is a six-step process and should be completed by any organization wishing to apply for grants. If you do not complete this registration process you will not be able to submit an application. The registration process will require some time (“The registration process for an Organization can take between three-five business days or as long as two weeks if all steps are not completed on a timely basis,” according to Grants.gov). Therefore, applicants or those considering applying at some point in the future should register as soon as possible. Registration with Grants.gov provides the individuals from the organization the required credentials to apply.

For those applicant organizations needing to register with Grants.gov, registration information can be found at http://www.grants.gov/applicants/get_registered.jsp.

Please direct questions regarding Grants.gov registration to the Grants.gov Contact Center. Visit the following URL: <http://www.grants.gov/contactus/contactus.jsp>.

2.2. User Must Register Within EHBs

In order to initiate your application, you will have to access the HRSA Electronic Handbooks (EHBs). To do this, you must register within the EHBs. The purpose of the registration process is to collect consistent information from all users, avoid collection of redundant information, and allow for the unique identification of each system user.

 **Note that registration within HRSA EHBs is required ONLY ONCE for each user, regardless of the organizations the user represents.**

You may associate your user account with more than one organization. Registration with the EHBs is required only once for each user, regardless of how many organizations a user represents. If you already have a user account and need to associate it with a new organization, log into the EHBs and associate your account with the organization. **Do not create a new user account.**

If you are a new user, complete the following steps to register with the HRSA EHBs:

1. Create a user account: <https://grants.hrsa.gov/webexternal/RegistrationWizard.asp>.
2. Choose a role. EHBs offer three roles – Authorizing Official, Business Official and Other Employee. To submit an application, an Authorizing Official role is required.
3. Associate your user account with your organization. Use the 10-digit grant number from box 4b of the NGA to search for your organization.

For detailed steps on registration information, see *HRSA’s Electronic Submission User Guide* (<http://www.hrsa.gov/grants/apply/userguide.pdf>).

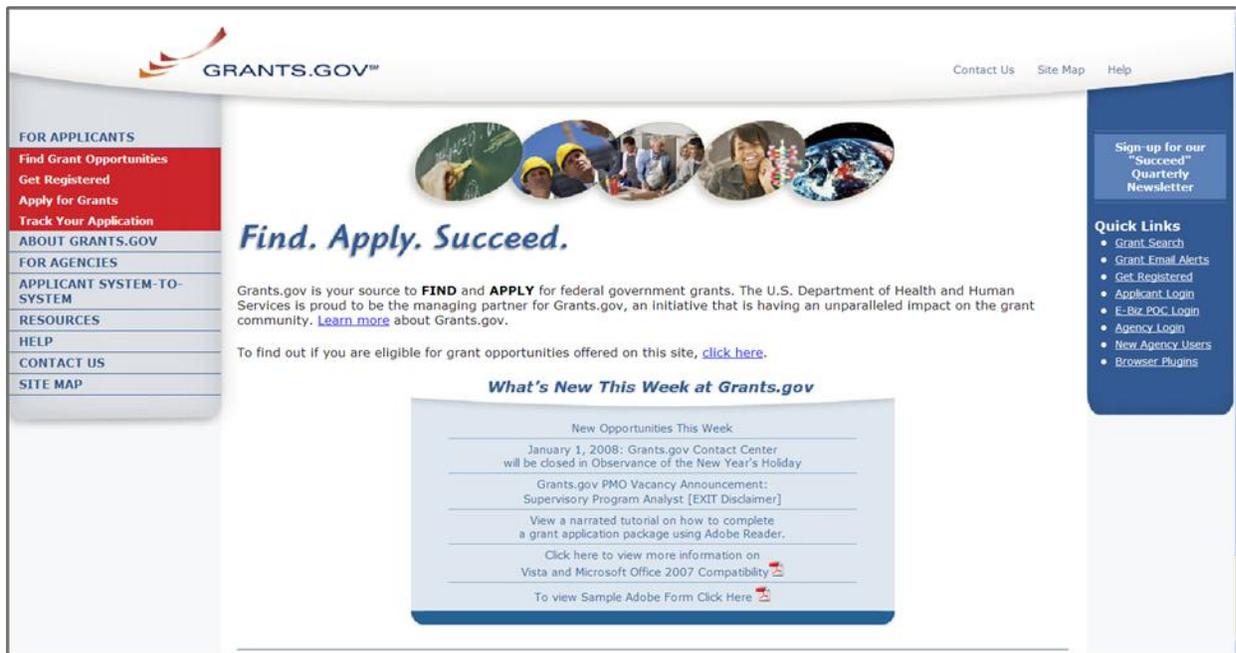
For assistance in registering with HRSA EHBs, call 877-GO4-HRSA (877-464-4772) or 301-998-7373 between 9:00 am to 5:30 pm ET or email callcenter@hrsa.gov.

3. Applying Through Grants.gov

To submit an application through Grants.gov, you must do the following:

1. Go to Grants.gov and [locate the funding opportunity](#) (below).
2. [Download the application package and instructions](#) (on page 12). The program guidance is also part of the instructions that must be downloaded.
3. [Save a local copy of the application package on your computer and complete all the forms](#) (on page 14) based on the instructions provided in the program guidance.
4. [Submit the application package](#) (on page 14) through Grants.gov. (Requires registration)
5. [Track the status of your submitted application](#) (on page 16) at Grants.gov until you receive a notification from Grants.gov that your application has been received by HRSA.

Figure 1: Grants.gov Home

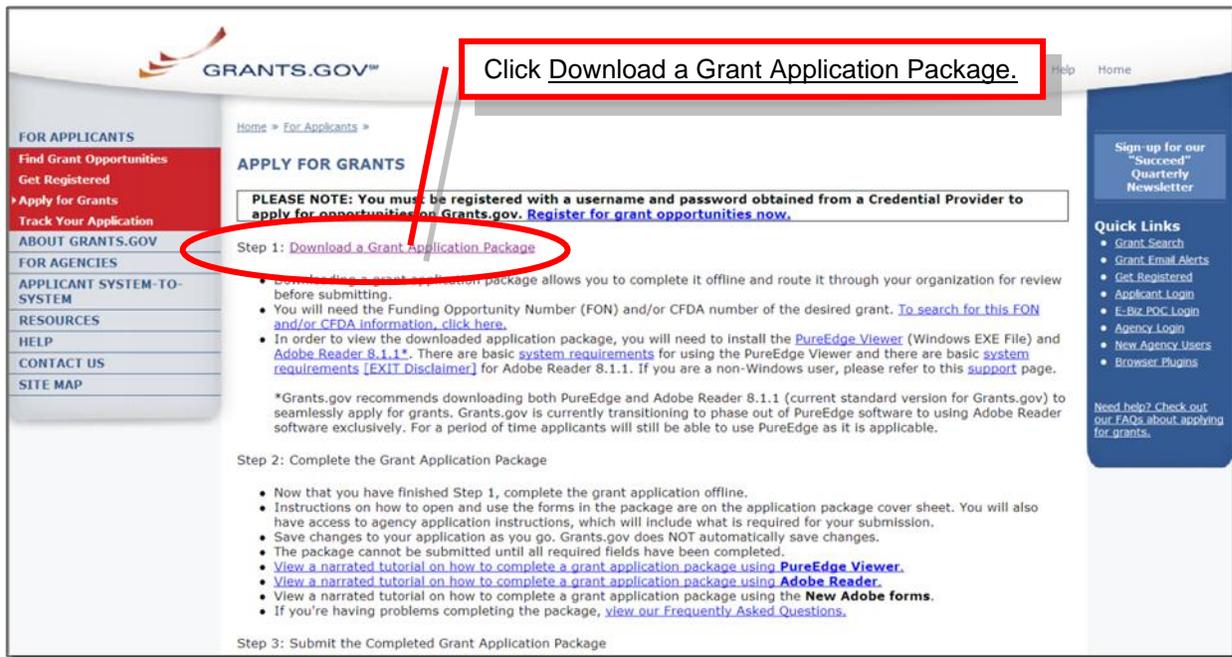


3.1. Locate Funding Opportunity

 The following instructions assume that you know the Funding Opportunity Number (FON) or Catalog of Federal Domestic Assistance (CFDA) number for the grant you are applying for. If this is not the case, go to http://www.grants.gov/applicants/find_grant_opportunities.jsp to locate this information.

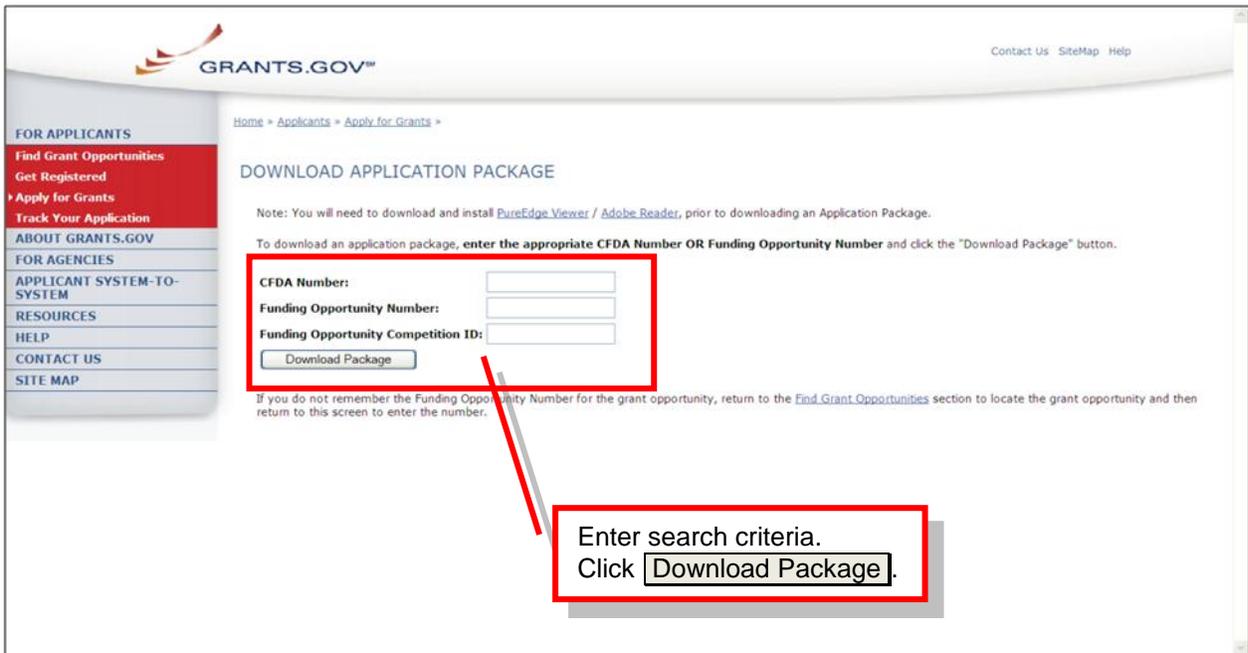
1. Point your browser to http://www.grants.gov/applicants/apply_for_grants.jsp. The Grants.gov portion of the application process is described on this page.
2. Click the [Download a Grant Application Package](#) link.

Figure 2: Apply for Grants Page (at Grants.gov)



3. On the **Download Application Package Page** (Figure 3), enter the CFDA number in the field *CFDA Number*, or the announcement number in the field *Funding Opportunity Number*. (Example announcement number: HRSA-08-113)
4. Click the **Download Package** button.

Figure 3: Download Application Package Page (at Grants.gov)



3.2. Download Application Package and Instructions

-  To view application package and instructions, you will need to download and install the PureEdge Viewer and Adobe Reader 8.1.1. These free programs will allow you to access, complete, and submit applications electronically and securely.
-  Please review the system requirements for these programs at http://www.grants.gov/applicants/apply_for_grants.jsp.

1. Click the [download](#) link for the funding opportunity.

Figure 4: Select Grant Application to Download Page (at Grants.gov)

GRANTS.GOV™

Home > Applicants > Apply for Grants >

SELECTED GRANT APPLICATIONS FOR DOWNLOAD

Download the application and its instructions by selecting the corresponding download link. Save these files to your computer for future reference and use. You do not need Internet access to read the instructions or to complete the application once you save them to your computer.

Before you can view and complete an application package, you must have the PureEdge viewer or Adobe Reader installed. Application packages may be in either PureEdge or Adobe format and applicants are encouraged to have both. Click [here](#) to download the required PureEdge Viewer and Adobe Reader if you do not have it installed already.

Below is a list of the application(s) currently available for the CFDA and/or Funding Opportunity Number that you entered.

To download the application instructions or package, click the corresponding download link. You will then be able to save the files on your computer for future reference and use.

CFDA	Opportunity Number	Competition ID	Competition Title	Agency	Instructions & Application
93.501	HRSA-11-138	3123	SBHCC Application for FY 2011	Health Resources & Services Administration	download
93.224	HRSA-08-112	3122	Service Area Competitions-Additional Areas	Health Resources & Services Administration	download
93.224	5-H80-08-008	2672	Health Center Program Non-Competing Continuation Funding	Health Resources & Services Administration	download
93.224	5-H80-08-009	2673	Health Center Program Non-Competing Continuation Funding	Health Resources & Services Administration	download
93.224	HRSA-08-107	3081	Service Expansion in Mental Health/Substance Abuse, Oral Health and Comprehensive Pharmacy Services	Health Resources & Services Administration	download
93.224	HRSA-08-076	2823	Service Expansion in Mental Health/Substance Abuse, Oral Health and Comprehensive Pharmacy Services	Health Resources & Services Administration	download
93.224	HRSA-08-108	3082	Service Expansion in Mental Health/Substance Abuse, Oral Health and Comprehensive Pharmacy Services	Health Resources & Services Administration	download
93.224	HRSA-08-078	2828	Expanded Medical Capacity (EMC)	Health Resources & Services Administration	download

2. The **DOWNLOAD OPPORTUNITY INSTRUCTIONS AND APPLICATION** page (Figure 5) opens.
3. Click the links to download the application package and instructions.

Figure 5: Download Opportunity Instructions and Application Page (at Grants.gov)

GRANTS.GOV™

DOWNLOAD OPPORTUNITY INSTRUCTIONS AND APPLICATION

You have chosen to download the instructions and application for the following opportunity:

CFDA Number: 93.501 Consolidated Health Centers (Community Health Centers, Migrant Health Centers, Health Care for the Homeless, Public Housing Primary Care, and School Based Health Centers)
Opportunity Number: HRSA-11-138 School Based Health Care - Construction Program
Competition ID: 3123
Competition Title: School Based Health Care - Construction Program
Agency: Health Resources & Services Administration
Opening Date: 10/11/2010
Closing Date: 10/11/2011

If you would like to be notified of any changes to this opportunity please enter your e-mail address below, and you will be e-mailed in the event this opportunity is changed and republished on Grants.gov before its closing date.

Download the instructions and application by selecting the download links below. While the instructions or application files may open directly, you may save the files to your computer for future reference and use. You do not need Internet access to read the instructions or the application once you save them to your computer.

1. [Download Application Instructions](#)
2. [Download Application Package](#)

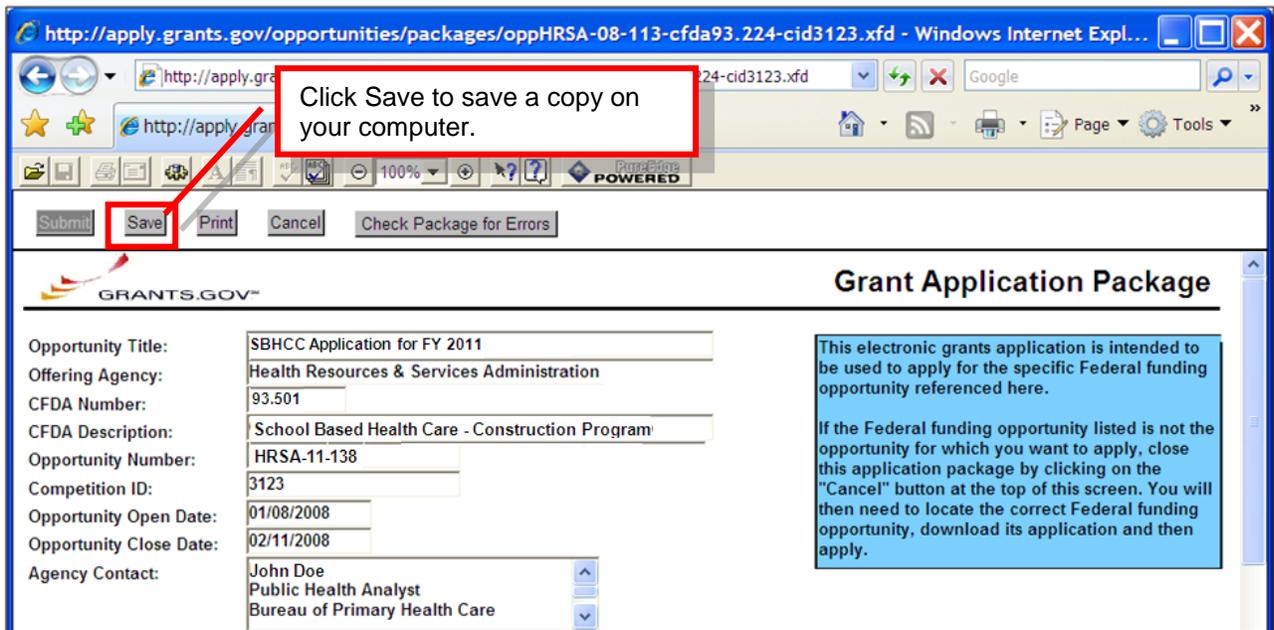
Click the links to download the application package and instructions.

3.3. Complete Application

You can complete the application offline – you do not have to be connected to the Internet.

1. Click the **Save** button to save a copy of the downloaded application on your computer.

Figure 6: Grant Application Package Page (at Grants.gov)



2. Complete the application using both the built-in instructions and the instructions provided in the program guidance.

For assistance with program guidance related questions, please contact the program contact listed on the program guidance.

3.4. Submit Application

You must be connected to the Internet and must have a Grants.gov username and password to submit the application package.

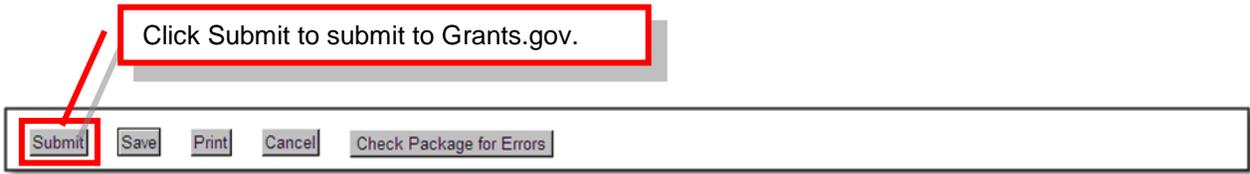
Please direct questions regarding application submission to the Grants.gov Contact Center at Tel.: 1-800-518-4726. Contact Center hours of operation are Monday-Friday from 7:00 a.m. to 9:00 p.m. Eastern Time, excluding Federal holidays.

The **Submit** button on the application package cover page will become active once you have downloaded the application package, completed all required forms, attached all required documents, and saved your application package.

Follow these steps when you have done all this and are ready to send your completed application to Grants.gov.

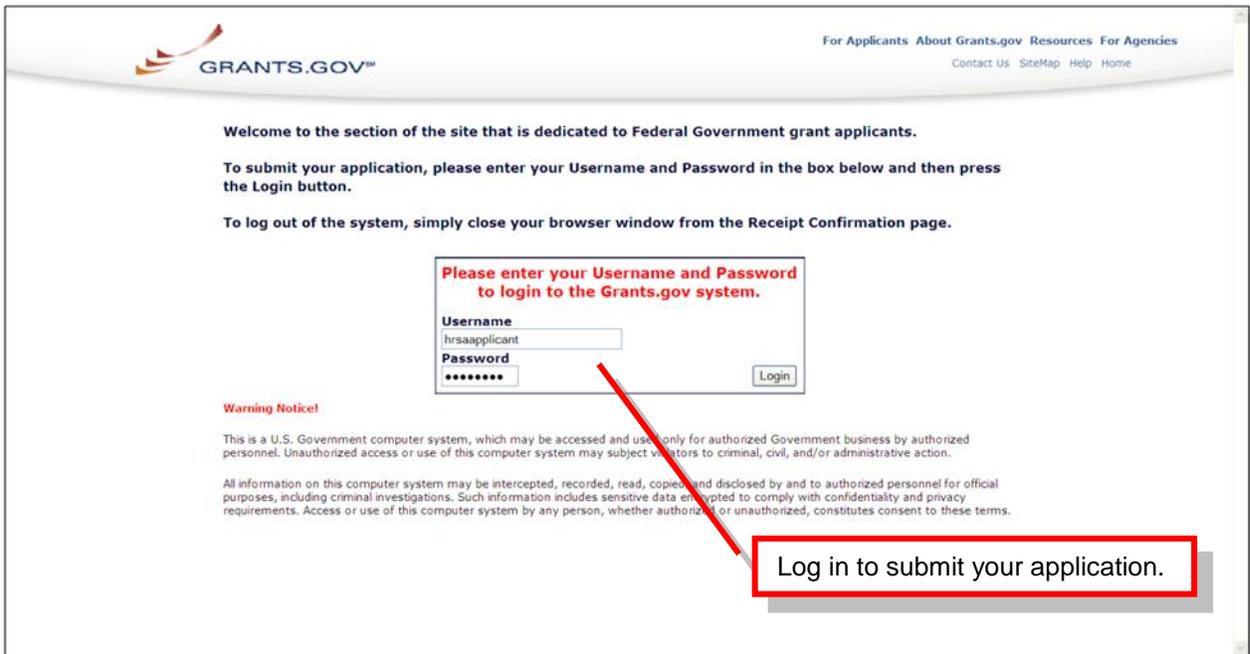
1. Click the **Submit** button on the application package cover page.

Figure 7: Command Buttons in the Grant Application Package (at Grants.gov)



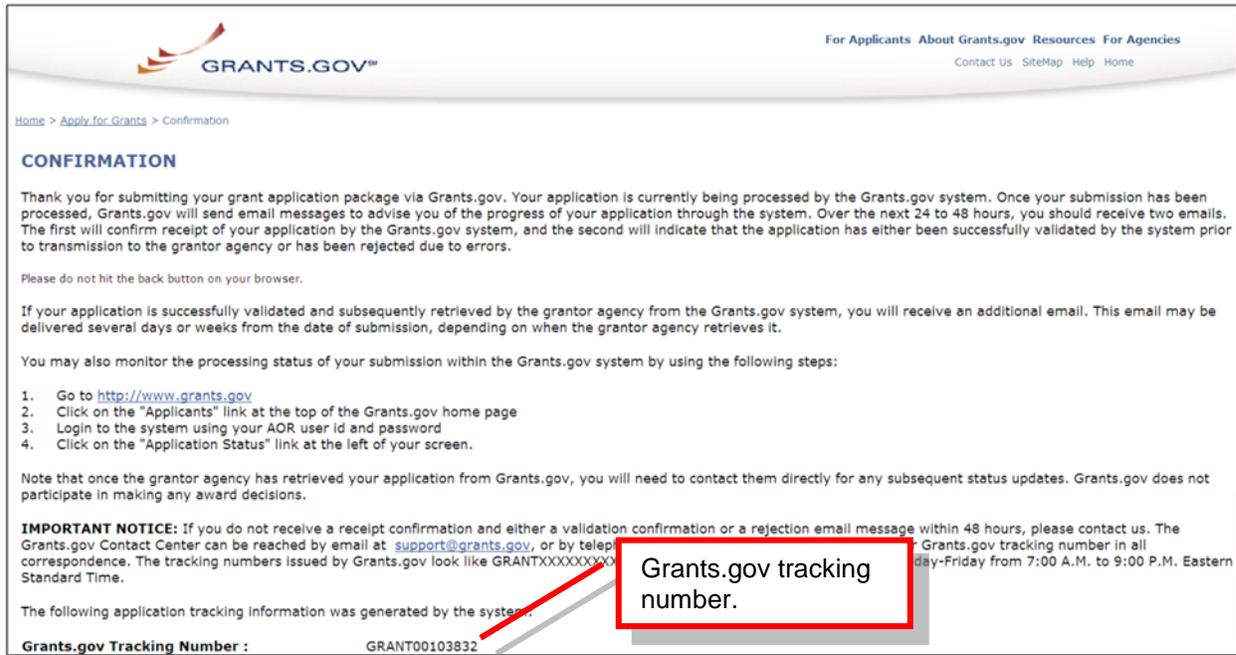
2. When prompted, log into Grants.gov.

Figure 8: Grants.gov Login Prompt



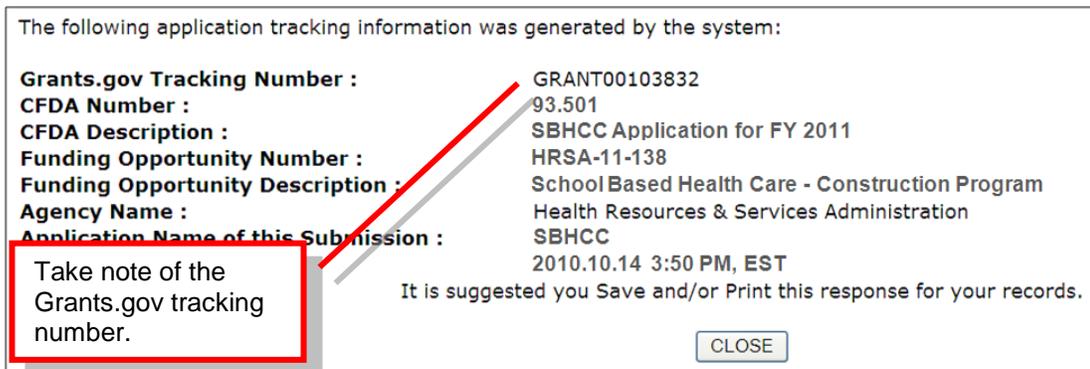
3. Your application package is uploaded to Grants.gov. A confirmation screen will appear once the upload is complete.

Figure 9: Application Submission Confirmation Page (at Grants.gov)



4. A Grants.gov Tracking number is provided on this screen. Please record this number so that you may refer to it for all subsequent help.

Figure 10: Application Submission Confirmation Page, showing Tracking Number (at Grants.gov)



Make note of the Grants.gov Tracking Number, as you will need it later, when you [initiate the application](#) (on page 20). (This number is used to associate the Grants.gov application with the EHB application.)

3.5. Track Status of Application

It is recommended that you check the status of your application in Grants.gov until the status is changed to "Agency Tracking Number Assigned".

You can check the status of your application(s) any time after submission, by visiting Grants.gov at http://www.grants.gov/applicants/track_your_application.jsp.

If there are no errors, the application will be automatically downloaded by HRSA. On successful download at HRSA, the status of the application will change to "Received by Agency" and you will receive an email from

Grants.gov. Subsequently within two to three business days the status will change to “Agency Tracking Number Assigned.” At this point, your application is ready for review and submission in HRSA EHBS.

4. Completing the Application in HRSA Electronic Handbooks

The next step is to complete your application in the HRSA Electronic Handbook (HRSA EHB).

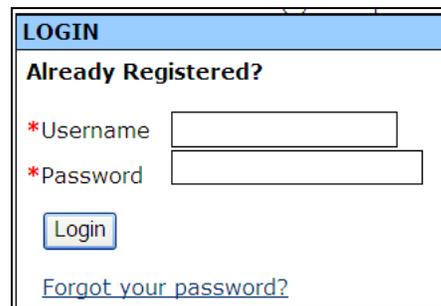
Users new to the EHBs should be mindful that the system times-out after 30 minutes of inactivity. Some forms may take a long time to complete. Users should ensure that they save their work at frequent intervals.

4.1. Logging in and Accessing the Application

4.1.1 Logging In to the HRSA Electronic Handbooks

1. Point your browser to <https://grants.hrsa.gov/webexternal/login.asp>.
2. Enter your username and password.

Figure 11: Section of Login Screen



LOGIN

Already Registered?

*Username

*Password

Login

[Forgot your password?](#)

3. Click the button
4. The **HRSA EHB Home (Welcome) Page** (Figure 12) will open.

Figure 12: HRSA EHB Home (Welcome) Page

U.S. Department of Health and Human Services
HRSA
 Health Resources and Services Administration
 E-HANDBOOK HOME

HRSA Electronic Handbooks for Applicants/Grantee
 Chota Community Health Services, Inc, Vonore, TN

Welcome Barbara Levin to **HRSA EHB ut15 environment** (Last login date and time 9/25/2010 1:30:00 PM) --Tools Menu--

Grants Home
[home](#) | [logout](#) | [contact us](#) | [glossary](#) | [help](#) | [questions/comments](#)

Contact Us:
 Phone: 877-Go4-HRSA/877-464-4772; 301-998-7373
 Time: 9:00 a.m. to 5:30 p.m. Eastern Time (E.T.), Monday
 Email: CallCenter@HRSA.GOV

Applicant/Grantee Electronic Handbook (EHB) allows you to conduct various activities electronically.

Note: You have multiple organization(s) associated with your profile. All data shown to you will be for this organization: Chota Community Health Services, Inc, Vonore, TN". All information is shown in your profile.

WHAT WOULD YOU LIKE TO DO TODAY?

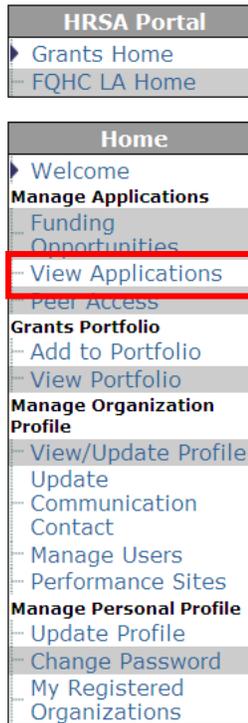
- Manage Competing Applications**
 - [Read Electronic Submission Guide](#)
 - [Verify Grants.gov Application \(if required per Guidance\)](#)
 - [Work on My Application](#)
 - [Allow Other Members of My Organization to Work on My Application](#)
 - [Search Funding Opportunities](#)
- Manage Grants Portfolio**
 - [Read About Grant Registration](#)
 - [Add a Grant to My Portfolio](#)
 - [View Grants in My Portfolio](#)
 - [Work on a Grant](#)
 - [Work on My Noncompeting Progress Report](#)
 - [Work on Other Post Award Submissions](#)
- Manage My Profile**
 - [Update My Contact and Address Detail](#)
 - [Verify My Email Address](#)
 - [Change My Password/Security Question](#)
 - [Read About Multiple Organization Registrations](#)
 - [Associate My Account with Another Organization](#)
 - [Set My Default Organization](#)
- Manage Organization Profile**
 - [Read About Organization Profile Management](#)
 - [Update Organization Information on File](#)
 - [Change Communication Contact for Organization](#)
 - [Manage Users of My Organization](#)

4.1.2 Initiating the Application (First Time Access in the HRSA EHB)

Users who are accessing their application for the first time should follow the steps in this section to add the application to the list of pending applications.

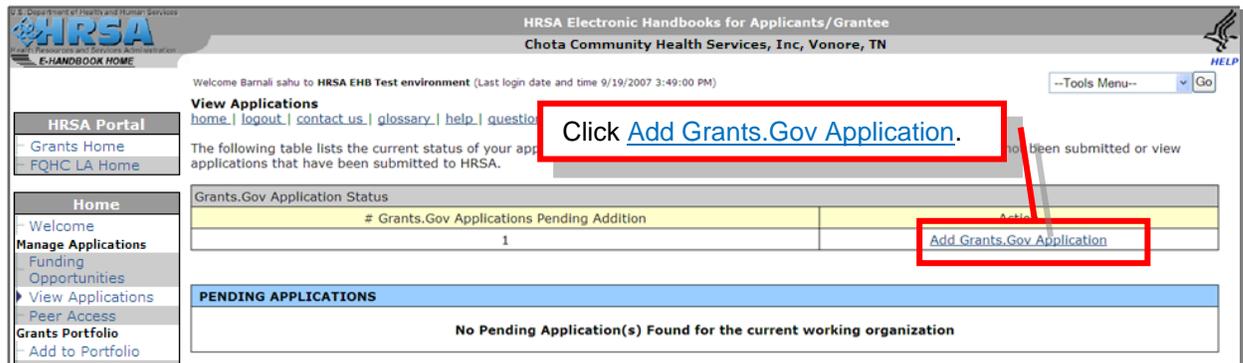
1. On the **HRSA EHB Home (Welcome)** page, select [View Applications](#) in the **Home** menu, under the **Manage Applications** heading on the side menu.

Figure 13: Left Side Menu on HRSA EHB Home Page



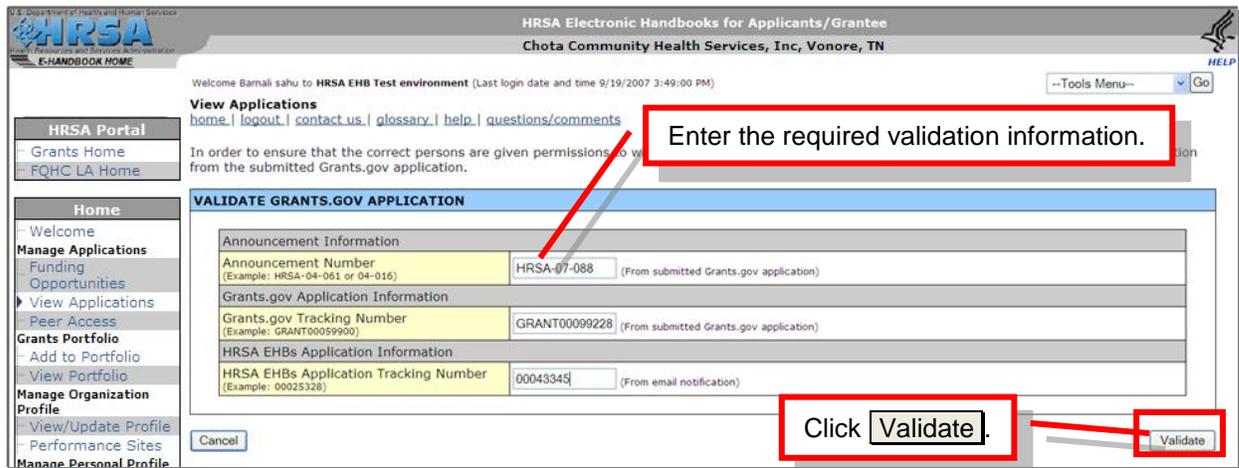
2. The **View Applications** page (Figure 14) will open.

Figure 14: View Applications Page (before Grants.gov Application is added)



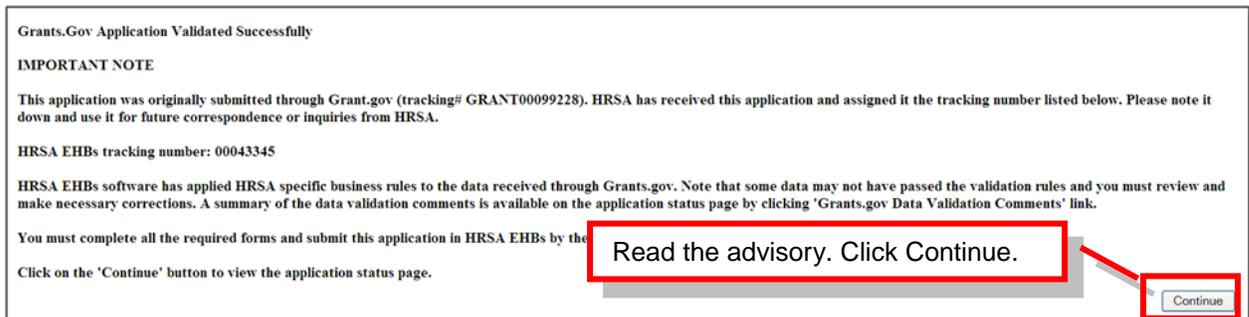
3. Click the [Add Grants.Gov Application](#) link to add your application to the list of pending applications.
4. The **Validate Grants.Gov Application Page** (Figure 15) will open.

Figure 15: Validate Grants.Gov Application Page



5. Enter the required validation information:
 - The Announcement Number (*aka the Funding Opportunity Number*) - from the **Grants.Gov Submission Confirmation** page (Figure 10)
 - The Grants.gov Tracking Number - from the **Grants.gov Submission Confirmation** page (Figure 10)
 - The HRSA EHBs Application Number - from the email notification
6. Click the button.
7. The **Grants.gov Application Validated Successfully** page (Figure 16) will be displayed. Read the advisory.

Figure 16: Grants.gov Application Validated Successfully Page



8. Click the button.

- The application will open in the **Application Status Overview Page** (Figure 17).

Figure 17: Status Overview Page (for Entire Application)

Application SF424 for FY2011

Welcome Barbara Levin to HRSA EHB ut15 environment (Last login date and time 9/22/2010 2:59:00 PM)

Status
[home](#) | [logout](#) | [contact us](#) | [glossary](#) | [help](#) | [questions/comments](#)

The table below shows the status of the application. The application is currently **INCOMPLETE** and cannot be submitted in it's current state.

STATUS OVERVIEW

SUGGESTED NEXT STEP
[Assign AO](#)

APPLICATION PROCESS STATUS

Deadline	Oct 31 2010 5:00PM ET (You have 39 days to complete and submit the application.)
Full Announcement (Includes Program Guidance)	Original announcement posted on 09/14/2010..... View Details
Assigned AO	N/A (One or more AO's currently registered. Assign AO)
Creator	Barbara Levin (The creator is responsible for managing peers for the application. Manage Peers)
Last Updated By	N/A
Peer Information	No peers associated with this Application.

View: [Application](#)

APPLICATION FORMS STATUS

Section	Action	Status
Face Page		
Application	Update	NOT COMPLETE
Applicant	Update	NOT COMPLETE
Project	Update	NOT COMPLETE
Budget Summary	Update	NOT COMPLETE
Other Information		
Appendices	Update	NOT COMPLETE
Program Specific Information		
Program Specific Information	Update	NOT COMPLETE

Note that the screen contains a different left side menu than it did before. Use this left side menu to navigate through the application.

- Click the **Application Process** left side menu item (or the corresponding [Update](#) link) for the form you want to enter or revise.
 - ▶ The corresponding page will be displayed.
 (The details of the **Application Process** forms are covered in the **Entering the Basic Information** portion of this document (on page 28).)
- Click the **Program Specific Information** left side menu item (or the corresponding [Update](#) link) to enter or revise any of the program specific forms.
 - ▶ The **Status Page (for Program Specific Information)** will be displayed (Figure 18).

Figure 18: Status Overview Page (for Program Specific Information)

Welcome Barbara Levin (Last login date and time 9/24/2010 10:50:00 AM)

Status
[home](#) | [logout](#) | [contact us](#) | [help](#) | [questions/comments](#)

The table below shows the status for the SBHC Construction Program Specific Information. The application is currently **COMPLETE**.

Your session will remain active for 30 minutes since your last activity. Please save your work at regular intervals.

PROGRAM SPECIFIC INFORMATION STATUS OVERVIEW			
Budget Information			
Maximum Eligible Amount (x): \$500,000.00		Requested Amount (y): \$5,000.00	
Balance Amount (x - y): \$495,000.00		Number of Projects Proposed: 1	
Federal Amount from SF-424 Budget Summary: \$5,000.00			
PROGRAM SPECIFIC INFORMATION STATUS			
Section	Action	Status	
Proposal Information			
Proposal Cover Page	Update	NOT COMPLETE	
Assurances	Update	NOT COMPLETE	
Project Information			
Projects	Update	NOT COMPLETE	
Consolidated Information			
Consolidated Budget	Update	NOT COMPLETE	
Consolidated Funding Sources	Update	NOT COMPLETE	

[Go Back to Complete Status](#)

Note that the screen contains a different left side menu than it did before. Use this left side menu to navigate through the Program Specific Information.

(Also note that when this page is initially displayed, the status of each section will be NOT COMPLETE.)

(The details of the **Program Specific Information** forms are covered in the **Entering Program Specific Information** portion of this document (on page 46).)

4.1.3 Navigating within the Application

Figure 19: Application Process Left Side Menu



Navigation menus (Figure 19, Figure 20) appear on the left side of every screen in the Electronic Handbook. Use these menus to access the various pages of your application.

You can always go to the Status page to check your progress toward completing your *entire* submission: (There are also separate Status pages for *Program Specific Information* forms, as well as for each project-related form within it.)

- To go to the **Status Overview Page (for the Entire Application)** (Figure 17), click **Status** in the **Application Process** menu.
- To access the program specific information forms, click **Program Specific Information** in the **Application Process** menu. This will display the **Status Overview Page (for Program Specific Information)** (Figure 18). Note that when you are on Program Specific Forms, there is a different left side menu. (Figure 20)
 - To access the project-related forms, first click **Projects** on the **Program Specific Information** menu (Figure 20) to display the **Projects Page** (Figure 57). Next, click the **Update** button for the project you want to access, to display its **Project Status Page** (Figure 58).

Figure 20: Program Specific Left Side Menu

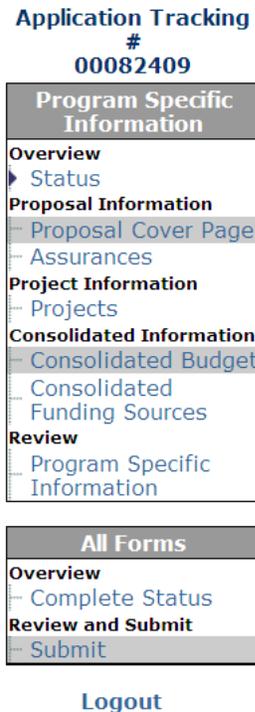
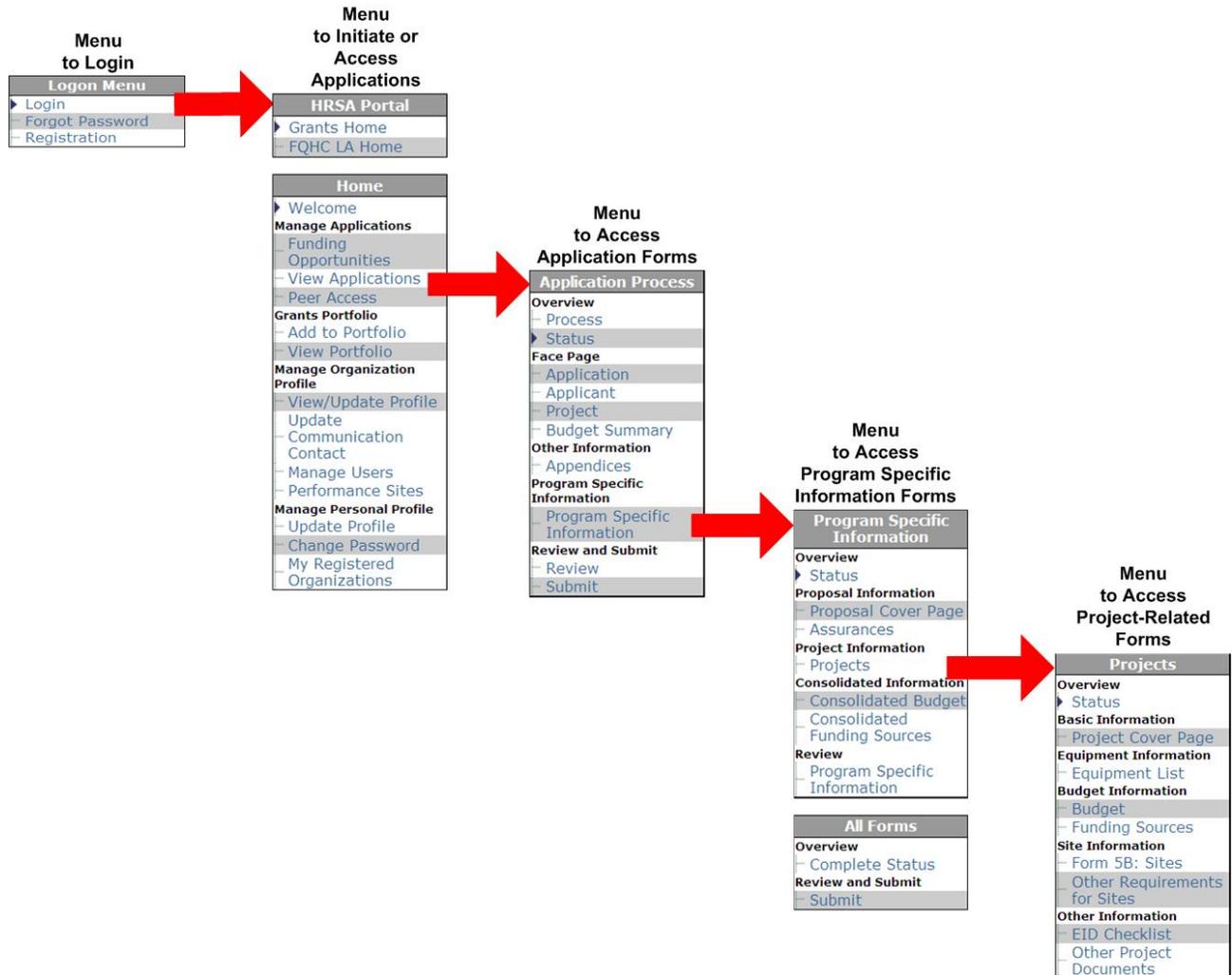


Figure 21: Menu Progression for SBHCC Applications
Menu Progression

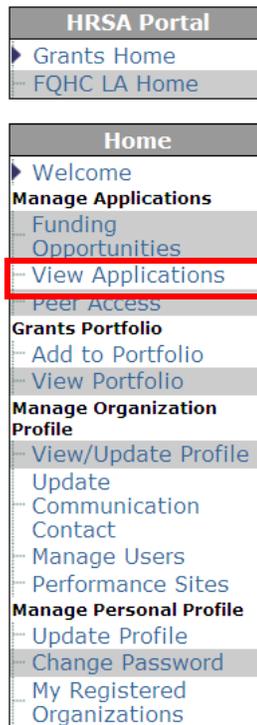


4.1.4 Accessing and Updating the Application (after it has been initiated)

Once an application has been initiated and, perhaps, partially entered, you may need to return to the application to continue the application entry process. The steps detailed below describe the process of returning to the application for editing or update purposes.

1. On the 'HRSA EHB Home (Welcome)' Page, click the [View Applications](#) link under the **Manage Applications** heading on the left side of the **Home** menu (Figure 22).

Figure 22: Left Side Menu on 'HRSA EHB Home (Welcome)' Page



2. The **Pending Applications Page** (Figure 23) will be displayed.

Figure 23: Pending Applications Page

Welcome Barbara Levin to HRSA EHB ut15 environment (Last login date and time 9/22/2010 2:59:00 PM) --Tools Menu-- Go

View Applications
[home](#) | [logout](#) | [contact us](#) | [glossary](#) | [help](#) | [questions/comments](#)

The following table lists the current status of your applications. From this page, you can choose to edit an application if it has not been submitted or view applications that have been submitted to HRSA.

Grants.Gov Application Status	
# Grants.Gov Applications Pending Addition	Action
0	No records found to take action

Displaying 1-3 of 3

PENDING APPLICATIONS

Grant / Application	Status	Creator	Action
HRSA-11-138: School-Based Health Care - Capital Program (SBHCC) Deadline: 10/31/2010 ET			
Original announcement posted on 09/14/2010..... View Details			
HRSA EHBs Tracking No: 00082409 Grants.Gov Tracking #: N/A Application Type: New Title (Discipline): School-Based Health Centers Capital Program(N/A) Proposed Period: 11/1/2010 - 10/31/2011 AO Name:	Application In Progress	Created By: Barbara Levin on 09/22/2010	Edit Delete Submit
HRSA-10-276: Affordable Care Act (ACA) School-Based Health Centers Capital Program Deadline: 12/30/2010 ET			
Update 3 for Original Announcement posted on 06/30/2010: fg..... View Details			
HRSA EHBs Tracking No: 00081337 Grants.Gov Tracking #: N/A Application Type: New Title (Discipline): School-Based Health Centers Capital Program(N/A) Proposed Period: 9/29/2010 - 8/31/2011 AO Name: Barbara Levin	Application In Progress	Created By: Barbara Levin on 07/17/2010	Edit Delete Submit
HRSA-10-282: Affordable Care Act (ACA) School-Based Health Centers Capital Program Deadline: 07/19/2010 ET			
Original announcement posted on 07/18/2010..... View Details			
HRSA EHBs Tracking No: 00081340 Grants.Gov Tracking #: N/A Application Type: New Title (Discipline): Affordable Care Act: Nurse Managed Health Clinics(N/A) Proposed Period: 9/30/2010 - 9/29/2013 AO Name:	Application In Progress	Created By: Barbara Levin on 07/18/2010	Edit Delete Submit

Page 1

- Choose the appropriate application (**School-Based Health Care - Capital Program (SBHCC)**) and click the [Begin](#) or [Edit](#) link.

Once an application has been started, the [Begin](#) link will change to [Edit](#).

- The **Status Overview Page (for Entire Application)** (Figure 17), corresponding to the link you clicked will be displayed.

Note that the screen contains a different left side menu than it did before. Use this left side menu to navigate through the application.

- Click the left side menu item or the corresponding [Update](#) link for the form you want to enter or revise, as per steps [10 – 11](#) of the **Initiating the Application** section (on page 20).

4.2. Entering the Basic Information

After you open your application, the first screen that appears is the **Status Overview Page (for Entire Application)** (Figure 17), showing the various sections of overall application.

The **Status Overview Page (for Entire Application)** shows the status of each basic application form as well as the summary status of *all the* Program Specific Information. You cannot submit your application until all forms in all sections are complete.

 **Your session will remain active for 30 minutes since your last activity. Please save your work every 5 minutes to avoid unexpected behavior.**

Within the **APPLICATION FORM STATUS** Table, click the appropriate left side menu item or the [Update](#) link to open the corresponding form.

NOTE: For the purpose of this document, from this point forward, the left side menu will be used to describe how to access each form. However, as noted above, you can access any application form by returning to the Status Page (for Application), and clicking its [Update](#) link.

NOTE: Whenever a screen has a text box that indicates the number of characters that are allowed (e.g., 4000 characters), the stated number of characters includes spaces.

4.2.1 Application

The **Application Form** contains basic information about your application.

Click **Application** on the **Application Process** left side menu to access the **Application Form** (Figure 24).

Figure 24: Application Form

U.S. Department of Health and Human Services
HRSA
 Health Resources and Services Administration

HRSA Electronic Handbooks for Applicants/Grantee
 Application SF424 for FY2011

Applications
 Welcome Barbara Levin to HRSA EHB ut15 environment (Last login date and time 9/23/2010 6:56:00 PM)

Application
[home](#) | [logout](#) | [contact us](#) | [more instructions](#) | [glossary](#) | [help](#) | [questions/comments](#)

Provide the basic information about the application below. Note that certain data is preloaded from the saved profile.
 To attach a file, click on the "Attach File" button. When you are done, click on the "Save" button or use the "Save and Continue" button to go to the next section. To save the information entered in this page, you are required to use these button.

Fields marked with an asterisk(*) are required.

APPLICATION INFORMATION		STATUS: COMPLETE												
*Name of Federal Agency	Health Resources and Service Administration													
Is Application Subject to Review by State Executive Order 12372 Process? List of participating states	<input type="radio"/> Yes <input checked="" type="radio"/> No	This application was made available to the state executive order 12372 process for review on: Date: (MM/DD/YYYY) <input type="text"/> <input type="text"/> <input type="text"/> <input checked="" type="radio"/> Program is not covered by E.O. 12372 <input type="radio"/> Program has not been selected state for review												
Is Applicant Delinquent of any Federal Debt?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If Yes, the following field should contain an explanation on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space. <div style="border: 1px solid gray; height: 100px; width: 100%;"></div> <table border="1"> <thead> <tr> <th colspan="4">Attach Explanation (Maximum one attachment)</th> </tr> <tr> <th>File Name</th> <th>File Size</th> <th>Date Uploaded</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> <input type="button" value="Attach File"/>	Attach Explanation (Maximum one attachment)				File Name	File Size	Date Uploaded	Description				
Attach Explanation (Maximum one attachment)														
File Name	File Size	Date Uploaded	Description											

1. Answer the questions on the form.
 Fields marked with an asterisk (*) are required.
 - If you select Yes to the question as to whether you are delinquent on debt, then you must enter an explanation in the text box provided.
2. After you have completed the form, click the **Save and Continue** button to save your information, and proceed to the next form.

4.2.2 Applicant Organization Information Form

The **Applicant Organization Information Form** contains information about your Organization, in addition to contact information for different roles.

Click [Applicant](#) on the [Application Process](#) left side menu to access the **Applicant Organization Information Form** (Figure 25, and Figure 26), if it is not already displayed.

Figure 25: Applicant Organization Information Form (Top Portion - Applicant Organization Section)

Application Tracking # 00082409

Application Process

- Overview
- Process
- Status
- Face Page**
- Application
- Applicant
- Project
- Budget Summary
- Other Information
- Appendices
- Program Specific Information
- Program Specific Information
- Review and Submit
- Review
- Submit

[Logout](#)

Applicant
[home](#) | [logout](#) | [contact us](#) | [more instructions](#) | [glossary](#) | [help](#) | [questions/comments](#)

Please review the preloaded Applicant Information and Contact Information. You can edit any information. When you are done, click on the "Save" button or use the "Save and Continue" button to go to the next section. To save the information entered in this page, you are required to click on this button. To return to the previous section, click on the "Go Back" button.

Information entered on the 'Application Information' page was saved successfully. The section status is Complete.

Fields marked with an asterisk(*) are required.

APPLICANT ORGANIZATION INFORMATION		STATUS: NOT COMPLETE
Applicant Organization Information		
Legal Name	Chota Community Health Services, Inc	
Applicant Identifier	<input type="text"/>	
* Type of Applicant	Applicant 1:	<input type="text"/>
	Applicant 2:	<input type="text"/>
	Applicant 3:	<input type="text"/>
	If "Other" then specify: <input type="text"/>	
Organizational Unit	Department	<input type="text"/>
	Division	<input type="text"/>
CRS Entity Identification Number	1- <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/>	
Employer Identification Number (EIN) or (TIN)	68 - 0560048	
*Organizational DUNS Number	143627094	
*Applicant Mailing Address (Required) More Information		
Mailstop Code (Internal Routing)	<input type="text"/>	
Division / Department Name	<input type="text"/>	
Select an option (Street Address or PO Box Only or Rural Route)		
<input checked="" type="radio"/> *Street Address	Number	*Name
	1206	Highway 411
<input type="radio"/> *PO Box Only	Select one Number	
	<input type="text"/>	<input type="text"/>
<input type="radio"/> *Rural Route	*Type	*Number *Box
	<input type="text"/>	<input type="text"/> <input type="text"/>
*City	Vonore (Required if Zip is not specified)	
Urbanization	<input type="text"/> (Used only for Puerto Rico(PR))	
*State	TN (Required if City is specified)	
*Zip Code Lookup	37885 - 2455 (Required if City is not specified)	

**Figure 26: Applicant Organization Information Form
 (Bottom Portion - Contact Information Section)**

Contact Information

*Program Director / Program Investigator (PD/PI)				
Select	Title of Position	Name	Phone	Email
<input checked="" type="radio"/>	Program Director			
<input type="button" value="Add/Change PD/PI"/> <input type="button" value="Update Information"/> <input type="button" value="Delete PD"/>				

*Business Official (BO)				
Select	Title of Position	Name	Phone	Email
<input checked="" type="radio"/>	Business Official			
<input type="button" value="Add/Change BO"/> <input type="button" value="Update Information"/> <input type="button" value="Delete BO"/>				

*Single Point of Contact (SPOC)				
Select	Title of Position	Name	Phone	Email
<input checked="" type="radio"/>	Point of Contact			
<input type="button" value="Add/Change SPOC"/> <input type="button" value="Update Information"/> <input type="button" value="Delete SPOC"/>				

*Authorizing Official (AO)				
Select	Title of Position	Name	Phone	Email
<input checked="" type="radio"/>	Authorizing Official			
<input type="button" value="Add/Change AO"/> <input type="button" value="Update Information"/> <input type="button" value="Delete AO"/>				

Review the information on the **Applicant Organization Information Form**. Fields marked with an asterisk (*) are required.

You can perform the following functions on the screen:



Options:

- ❖ [MODIFY Applicant Organization and Mailing Address Information](#) (below)
- ❖ [ADD or CHANGE Contact Information](#) (below)
- ❖ [UPDATE Contact information](#) (on page 33)
- ❖ [DELETE Contact](#) (on page 34)

- ❖ To MODIFY the Applicant Organization Information and Mailing Address Information, replace the text in the text boxes, and select options from the drop-downs, as appropriate.
- ❖ To ADD or CHANGE a Contact,

For the purpose of this training, the Add/Change PD/PI example will be used. However, similar scenarios apply to all the other types of contacts.

1. Select a contact, and click .
 - ▶ The **Choose Person to Add Form** (Figure 27) will be displayed.

Figure 27: Choose Person to Add Form

The screenshot shows the HRSA Electronic Handbooks for Applicants/Grantee interface. The page title is "Application SR424 for FY2011". The user is logged in as Barbara Levin. The page contains a navigation menu on the left, a main content area with instructions, and a table titled "CHOOSE PERSON TO ADD".

CHOOSE PERSON TO ADD

Select	Name	Email
<input type="radio"/>	Barbara A. Levin	reitester1@hotmail.com

Buttons: "Add Selected Person", "Go Back", "Add New Person".

- To CHANGE the contact, click the **Add Selected Person** button to make a listed person the contact.
 - ▶ The **Contact Information Page** for the contact (Figure 28) will be displayed, listing the current contact information for the contact.
- To ADD a new person as a contact, click the **Add New Person** button.
 - ▶ The (blank) **Contact Information Page** for the contact (Figure 28) will be displayed.

All the fields will be blank, as you will need to provide the information for the new point of contact.

Figure 28: Contact Information Page (Details)

CONTACT INFORMATION OF PROJECT DIRECTOR	
Title	<input type="text"/>
Prefix	<input type="text"/>
*Last Name	Levin <input type="text"/>
*First Name	Barbara <input type="text"/>
Middle Initial	A <input type="text"/>
Suffix	<input type="text"/>
Social Security No.	N/A
Highest Degree	MD, MPH <input type="text"/>
Organization	<input type="text"/>
Please fill out the address information below, if you want to save/update mailing address. You may leave it blank, if you do not want to save the mailing address.	
Mailing Address (Optional) More Information	
Mailstop Code (Internal Routing)	<input type="text"/>
Division / Department Name	<input type="text"/>
Select an option (Street Address or PO Box Only or Rural Route)	
<input checked="" type="radio"/> *Street Address	Number <input type="text"/> *Name <input type="text"/> Select one Number <input type="text"/> <input type="text"/>
<input type="radio"/> *PO Box Only	Number <input type="text"/>
<input type="radio"/> *Rural Route	*Type <input type="text"/> *Number <input type="text"/> *Box <input type="text"/>
*City	Vonore <input type="text"/> (Required if Zip is not specified)
Urbanization	<input type="text"/> (Used only for Puerto Rico(PR))
*State	TN <input type="text"/> (Required if City is specified)
*Zip Code Lookup	37885 <input type="text"/> -2455 <input type="text"/> (Required if City is not specified)
Contact Information	
Email Address	reitester1@hotmail.com <input type="text"/>
Phone Number	(423) <input type="text"/> 442 - 7268 Ext: <input type="text"/>
Fax Number	(<input type="text"/>) <input type="text"/> - <input type="text"/>
<input type="button" value="Go Back"/>	<input type="button" value="Save and Continue"/>

Fields marked with an asterisk (*) are required.

2. Verify and revise the contact information, as necessary.
3. Click button to save your information and return to the **Applicant Organization Information Form** (Figure 26).

The user that you changed or added will be listed in the **Name** column as the contact.

- ❖ To UPDATE the Contact information,
 1. Select a Point of Contact (POC) and click .
 - ▶ The **Contact Information Page** (Figure 28) will be displayed, listing the existing contact information.
 2. Verify and revise the contact information, as necessary. Fields marked with an asterisk (*) are required.
 3. Click to save your information and return to the **Applicant Organization Information Form** (Figure 26).

❖ To DELETE the Point of Contact,

1. Select a Contact, and click **Delete PD**.

▶ You will be returned to the **Applicant Organization Information Form** (Figure 26).

The contact that you deleted will not be listed under the **Name** column

❖ If you are satisfied with the information on the screen, click **Save and Continue** to save your work and proceed to the next form.

4.2.3 Project Information

The **Project Form** provides general information about the application's project.

Click **Project** on the **Application Process** left side menu to access the **Project Form** (Figure 29), if it is not already displayed.

Figure 29: Project Form

Fields marked with an asterisk (*) are required.

1. Enter / modify the Descriptive Title of Applicant Project, as necessary.
2. Click the **Attach File** button to attach a document containing a description of the project.
 - Follow the usual attachment procedures to attach the document.
3. Enter / modify the Proposed Project Period dates.
4. You can perform the following additional functions on the screen:

Options:

- ❖ [ADD Congressional Districts](#) (below)
- ❖ [DELETE Congressional Districts](#) (on page 37)
- ❖ [ATTACH Areas Affected](#) (on page 37)
- ❖ [UPDATE Areas Affected](#) (on page 38)
- ❖ [DELETE Areas Affected](#) (on page 39)

- ❖ To ADD Congressional Districts affected by the project,
 - a. Click the **Add** button under *Other Congressional Districts Affected by Project*.
 - b. The **Select District Form** (Figure 30) will be displayed.

Figure 30: Select District Form

The screenshot shows the HRSA Electronic Handbooks for Applicants/Grantee interface. The header includes the HRSA logo and the text "HRSA Electronic Handbooks for Applicants/Grantee" and "Application SF424 for FY2011". The user is identified as Barbara Levin, with a last login date of 9/23/2010 6:56:00 PM. The application tracking number is 00082409. The main section is titled "SELECT DISTRICT" and contains a dropdown menu for selecting a congressional district. The dropdown menu is currently open, showing a list of districts from 00-Nation to CA-02. The "AL-07" district is highlighted. Below the dropdown menu is a "Save and Continue" button. The left sidebar contains a navigation menu with options such as "Application Tracking", "Application Process", "Face Page", "Other Information", "Program Specific Information", and "Review and Submit".

- c. Select Congressional Districts using the drop-downs on the form.
- d. Click the **Save and Continue** button when you are finished.
 - ▶ You will be returned to the **Project Form** (Figure 31).
 - The Congressional Districts you selected will be listed.

Figure 31: Project Form (with Congressional Districts Listed)

The screenshot shows the 'PROJECT / BUDGET INFORMATION' section of the HRSA Electronic Handbooks. The status is 'NOT COMPLETE'. The form includes the following sections:

- Project Information:** School-Based Health Centers Capital Program
- Proposed Project Period:** Start Date (MM/DD/YYYY) 11/01/2010, End Date (MM/DD/YYYY) 10/31/2011
- Congressional Districts affected by Project:** A table with columns for 'Select' and 'Congressional District(s)'. The table lists AL-07, AL-06, and AL-01. There are 'Add' and 'Delete' buttons below the table.
- Areas Affected by Project (Cities, County, State, etc.):** A section for attaching a file, with an 'Attach File' button.

- ❖ To DELETE Congressional Districts affected by the project,
 - a. Select the Congressional Districts to be deleted.
 - b. Click the **Delete** button.
 - c. The **Confirm Districts for Deletion Form** (Figure 32) will be displayed, listing the districts you selected for deletion.

Figure 32: Confirm Districts for Deletion Form

The screenshot shows the 'SELECT DISTRICT' section of the HRSA Electronic Handbooks. The status is 'NOT COMPLETE'. The form includes the following sections:

- SELECT DISTRICT:** A section with a dropdown menu showing 'AL-07' and buttons for 'Cancel' and 'Continue'.

- d. After confirming the districts to be deleted, click the **Continue** button.
 - ▶ You will be returned to the **Project Form (with Congressional Districts Listed)** (Figure 31). The Congressional Districts you deleted will no longer be listed.
- ❖ To ATTACH areas affected,
 - a. Click the **Attach File** button under *Attach Areas Affected*.
 - b. Follow the usual attachment procedures.
 - c. You will be returned to the **Project Form** (Figure 33). The Areas Affected attachment will be listed.

Figure 33: Project Form
 (With Congressional Districts and Affected Areas Document Listed)

HRSA Electronic Handbooks for Applicants/Grantee
 Application SF424 for FY2011

Welcome Barbara Levin to HRSA EHB ut15 environment (Last login date and time 9/23/2010 6:56:00 PM)

Project
[home](#) | [logout](#) | [contact us](#) | [more instructions](#) | [glossary](#) | [help](#) | [questions/comments](#)

The following section is for project information. Note that certain data is preloaded from the saved profile information.

Add the congressional districts and the areas affected by clicking on the respective "Add" button. When you are done, click on the "Save" button or use the "Save and Continue" button to go to the next section. To save the information entered in this page, you are required to click on this button. To return to the previous section, click on the "Go Back" button.

Fields marked with an asterisk(*) are required.

PROJECT / BUDGET INFORMATION STATUS: NOT COMPLETE

Project Information

Descriptive Title of Applicant Project: School-Based Health Centers Capital Program

Project Description (Maximum one attachment)

File Name	File Size	Date Uploaded	Description
Attach File			

*Proposed Project Period

Start Date (MM/DD/YYYY): 11/01/2010
 End Date (MM/DD/YYYY): 10/31/2011

Congressional Districts affected by Project

Select	Congressional District(s)
<input type="checkbox"/>	AL-06
<input type="checkbox"/>	AL-01

Attach Areas Affected (Maximum one attachment)

Select	File Name	File Size	Date Uploaded	Description
<input checked="" type="radio"/>	Areas Affected.doc	59.5KB	9/24/2010 1:39:12 PM	

Go Back Save Save and Continue

- ❖ To UPDATE areas affected,
 - a. Select the Areas Affected attachment.
 - b. Click the **Update** button.
 - c. The **Update Document Form** (Figure 34) will be displayed.

Figure 34: Update Document Form

HRSA Electronic Handbooks for Applicants/Grantee
 Application SF424 for FY2011

Welcome Barbara Levin to HRSA EHB ut15 environment (Last login date and time 9/23/2010 6:56:00 PM)

Project
[home](#) | [logout](#) | [contact us](#) | [more instructions](#) | [glossary](#) | [help](#) | [questions/comments](#)

This page allows you to update your document and/or its description. To replace the existing attached document with a new one, locate the new document on your local machine using the 'Browse' button. Modify only the description if you do not want to replace the existing document with a new one.

The currently attached document and it's description is displayed below for your reference.

After you are done, click on the 'Continue' button to return to the application page.

UPDATE DOCUMENT FOR

Document: **Browse...**
(Allowable Document Types: doc,rtf,txt,wpd,pdf,xls,jpg,peg,xfd,docx,xlsx)
 (Allowable Document Size: 20 MB)

Description (Maximum 500 characters.):

Update Document Continue

ATTACHED DOCUMENT

Purpose: Areas affected by the Project		
Document Name: Areas Affected.doc	Size: 59.5 KB	Date Attached: 9/24/2010 1:39:12 PM
Description:		

- d. Follow the usual procedures to change the attachment's description and update the attachment.
 - ▶ You will be returned to the **Project Form** (Figure 33).
 The new attachment will be listed.
- ❖ To DELETE areas affected,
 - a. Select the Areas Affected attachment.
 - b. Click the **Delete** button.
 - c. The **Delete Document Confirmation Form** (Figure 35) will be displayed, listing the document you selected for deletion.

Figure 35: Delete Document Confirmation Form

The screenshot shows the HRSA Electronic Handbooks for Applicants/Grantee interface. The main content area displays the 'DELETE DOCUMENT CONFIRMATION' form. The form includes a table with the following data:

Purpose: Areas affected by the Project			
Document Name	Size	Date Attached	Description
Areas Affected by Project.doc	59.5 KB	9/24/2010 1:26:17 PM	

Buttons for 'Cancel' and 'Confirm Delete' are located at the bottom of the form. The left sidebar contains navigation links such as 'Application Tracking # 00082409', 'Application Process', 'Overview', 'Process', 'Status', 'Face Page', 'Application', 'Applicant', 'Project', 'Budget Summary', 'Other Information', 'Appendices', 'Program Specific Information', 'Program Specific Information', 'Review and Submit', 'Review', and 'Submit'.

- d. After confirming the attachment to be deleted, click the **Confirm Delete** button.
 - ▶ You will be returned to the **Project Form (With Congressional Districts and Affected Areas Listed)** (Figure 33)
 The attachment you deleted will no longer be listed.
5. After you have completed the form, click the **Save and Continue** button to save your work and proceed to the next form.

4.2.4 Budget Summary

The **Budget Summary Form** allows users to specify the Federal and Non-Federal portions of the total budget for the grant. In addition, the CFDA number is displayed for the listed Grant Program.

Click [Budget Summary](#) on the **Application Process** left side menu to access the **Budget Summary Form** (Figure 36), if it is not already displayed.

In order for the Budget Summary Form to be considered complete:

1. The Total Federal Amount (in the New or Revised Budget columns) **MUST BE EQUAL** to the Federal Assistance Requested (cell 17c) in the [Consolidated Budget Page](#) (on page 96) of the Program Specific Information.
2. The Total Non-Federal Amount (in the New or Revised Budget columns) **MUST BE EQUAL** to the Total Other Funding Sources row (in column d) in the [Consolidated Funding Sources Page](#) (on page 97) of the Program Specific Information.
3. The Total amount of State Funding, as specified in Budget Summary Form (for Grant Program Function) (Figure 37) must be equal to the Total State Grants (row 3a, column d) in the [Consolidated Funding Sources Page](#) (on page 97) of the Program Specific Information.
4. The Total amount of Local Funding, as specified in Budget Summary Form (for Grant Program Function) (Figure 37) must be equal to the Total Local Funding (row 3b, column d) in the [Consolidated Funding Sources Page](#) (on page 97) of the Program Specific Information.
5. The Total amount of Other, Program Income Funding, as specified in Budget Summary Form (for Grant Program Function) (Figure 37) must be equal to the Total Other Funding (row 4b, column d) in the [Consolidated Funding Sources Page](#) (on page 97) of the Program Specific Information.

Figure 36: Budget Summary Form (Before Entry)

U.S. Department of Health and Human Services
HRSA
 Health Resources and Services Administration

HRSA Electronic Handbooks for Applicants/Grantee
 Application SF424 for FY2011

Applications
 Welcome Barbara Levin to HRSA EHB utIS environment (Last login date and time 9/23/2010 6:56:00 PM)

Budget Summary
[home](#) | [logout](#) | [contact us](#) | [more instructions](#) | [glossary](#) | [help](#) | [questions/comments](#)

To update the information for a grant program or activity, first select it and then click on the "Update Budget Information" button. When you are done, click on the "Save" button or use the "Save and Continue" button to go to the next section. To save the information entered in this page, you are required to use these button.

BUDGET INFORMATION - NON CONSTRUCTION								STATUS: NOT COMPLETE
Section A - Budget Summary								
Select	Grant Program Function or Activity	CFDA Number	Estimated Unobligated Funds		New or Revised Budget			
			Federal	Non-Federal	Federal	Non-Federal	Total	
<input type="radio"/>	School-Based Health Centers Capital Program	93.501			\$0.00	\$0.00	\$0.00	
Update Budget Information		Total			\$0.00	\$0.00	\$0.00	

1. Click **Update Budget Information**.
 - ▶ The **Budget Summary Form (for Grant Program Function)** (Figure 37) will be displayed. Fields marked with an asterisk (*) are required.

**Figure 37: Budget Summary Form (for Grant Program Function)
 (After Entry)**

HRSA Electronic Handbooks for Applicants/Grantee
 Application SF424 for FY2011

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Budget Summary
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Enter or update the budget summary information. When you are done, click on the "Save and Continue" button. To save the information entered in this page, you are required to click on this button. To cancel the action, click on the "Cancel" button.

"Estimated Unobligated Funds" is not applicable for new applications.

Fields marked with an asterisk(*) are required.

SECTION A - BUDGET SUMMARY	
Grant Program Function or Activity	School-Based Health Centers Capital Program
CFDA Number	93.501
Estimated Unobligated Funds	
Federal	
Non-Federal	
New or Revised Budget	
* Federal	\$ 5000
Non-Federal Resources	
Applicant	\$ 0
State	\$ 1000
Local	\$ 0
Other	\$ 0
Program Income	\$ 0
Non-Federal Sub Total	\$1,000.00

Cancel Save and Continue

- Update the information for each category, as necessary.
- Click **Save and Continue**.
- You will be returned to the **Budget Summary Form** (Figure 38)

The budget summary information for Grant Program will reflect your changes.

**Figure 38: Budget Summary Form
 (After Entry)**

HRSA Electronic Handbooks for Applicants/Grantee
 Application SF424 for FY2011

Welcome Barbara Levin to HRSA EHB utIS environment (Last login date and time 9/23/2010 6:56:00 PM)

Budget Summary
[home](#) | [logout](#) | [contact us](#) | [more instructions](#) | [glossary](#) | [help](#) | [questions/comments](#)

To update the information for a grant program or activity, first select it and then click on the "Update Budget Information" button. When you are done, click on the "Save" button or use the "Save and Continue" button to go to the next section. To save the information entered in this page, you are required to use these button.

BUDGET INFORMATION - NON CONSTRUCTION							STATUS: COMPLETE
Section A - Budget Summary							
Select	Grant Program Function or Activity	CFDA Number	Estimated Unobligated Funds		New or Revised Budget		
			Federal	Non-Federal	Federal	Non-Federal	Total
<input checked="" type="radio"/>	School-Based Health Centers Capital Program	93.501			\$5,000.00	\$1,000.00	\$6,000.00
Update Budget Information			Total		\$5,000.00	\$1,000.00	\$6,000.00

Save Save and Continue

- When you are finished making the changes, click **Save and Continue** to save your work and proceed to the next form.

4.2.5 Appendices

The Appendices section allows you to attach specific and optional documents related to your grant program. There are specific attachment categories and 'general attachment categories'. The attachments should be placed in the proper category.

Click the [Appendices](#) link on the **Application Process** left side menu to access the **Appendices Form** (Figure 39), if it is not already displayed.

Figure 39: Appendices Form

The screenshot shows the HRSA Electronic Handbooks for Applicants/Grantee interface. The header includes the HRSA logo and the text "HRSA Electronic Handbooks for Applicants/Grantee" and "Application SF424 for FY2011". A navigation menu on the left lists various sections like "Application Tracking # 00082409", "Application Process", "Overview", "Process", "Status", "Face Page", "Application", "Applicant", "Project", "Budget Summary", "Other Information", "Appendices", "Program Specific Information", "Program Specific Information", "Review and Submit", "Review", and "Submit". The main content area is titled "APPENDICES" and has a status of "NOT COMPLETE". It contains two attachment tables. The first table is for "Attachment 1 - Letters of Support (Maximum 3 attachments)" and the second is for "Attachment 2 - Other Relevant Documents (Maximum 3 attachments)". Both tables have columns for "Select", "File Name", "File Size", "Date Uploaded", and "Description". There are "Attach File" buttons below each table. The page also includes a "Go Back" button and "Save" and "Save and Continue" buttons.

Fields marked with an asterisk (*) are required.

First determine the category for which you want to attach documents (e.g., Letters of Support).

Remember, you will only be able to attach the maximum number of attachments allowed for the attachment category as indicated on the Appendices Form (Figure 39).

1. Click the **Attach File** button related to the Appendix Attachment.
 ► The corresponding **Attach Documents Form** (Figure 40) will be displayed.
 Fields marked with an asterisk (*) are required.

**Figure 40: Attach Documents Form for Letters of Support
 (With Document Ready to be Attached)**

The screenshot shows the HRSA Electronic Handbooks for Applicants/Grantee interface. The main header includes the HRSA logo and the text 'HRSA Electronic Handbooks for Applicants/Grantee' and 'Application SF424 for FY2011'. The user is logged in as Barbara Levin. The left sidebar contains navigation links for 'Application Tracking # 00082409', 'Application Process' (with sub-links for Overview, Process, Status, Face Page, Application, Applicant, Project, Budget Summary), 'Other Information' (with sub-links for Appendices, Program Specific Information, Review and Submit), and 'Logout'. The main content area is titled 'ATTACH DOCUMENTS FOR ATTACHMENT 1' and contains instructions for attaching documents. It includes a table with two rows: 'Document' and 'Description'. The 'Document' row has a text input field containing a file path and a 'Browse...' button. The 'Description' row has a text input field containing 'The first letter of support'. Below the table are 'Attach Documents' and 'Continue' buttons. At the bottom, there is a section titled 'ATTACHED DOCUMENTS' with the text 'No documents have been uploaded.'

2. Enter a description of the document you are attaching.
3. Click the **Browse** button and follow the standard Windows browse procedure to select the document to be attached in the Document box.
4. Click the **Attach Documents** button to attach the document.
 ► The **Attach Documents Form** will be re-displayed (Figure 41), listing the document you attached under the heading *Attached Documents*.

**Figure 41: Attach Documents Form
 (Listing One Attached Document)**

The screenshot shows the HRSA Electronic Handbooks for Applicants/Grantee interface. The page title is "Application SF424 for FY2011". The user is logged in as Barbara Levin. The page is titled "ATTACH DOCUMENTS FOR ATTACHMENT 1". There is a "Document" field with a "Browse..." button and a "Description" field. Below the form is a table titled "ATTACHED DOCUMENTS (Maximum 3)" with one row containing the document name "Letter of Support # 2.doc", size "761 KB", and date attached "9/22/2010 4:05:25 PM". A red box highlights the document name and description in the table.

- Repeat [steps 2 - 4](#) to attach other additional Letters of Support documents.

If you need to remove an attachment, select it, then click the [Delete Selected Attached Documents](#) button.

- Click the [Continue](#) button when you are finished attaching documents for the attachment category.
 ► You will be returned to the **Appendices Form** (Figure 42).
 The documents you attached will be listed.

Figure 42: Appendices Form (With Attachments Listed)

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 E-HANDBOOK HOME

HRSA Electronic Handbooks for Applicants/Grantee
 Application SF424 for FY2011

Applications
 Welcome Barbara Levin to **HRSA EHB ut15 environment** (Last login date and time 9/22/2010 2:59:00 PM) --Tools Menu-- Go

Application Tracking # 00082409

Application Process

- Overview
- Process
- Status
- Face Page
- Application
- Applicant
- Project
- Budget Summary
- Other Information
- Appendices
- Program Specific Information
- Program Specific Information
- Review and Submit
- Review
- Submit

Logout

Appendices
[home](#) | [logout](#) | [contact us](#) | [glossary](#) | [help](#) | [questions/comments](#)

Below is a list of the documents currently attached to this application. You may delete any/all of these attachments by selecting and clicking the "Delete File" button. You may update an existing attachment by selecting the attached file and clicking on the "Update File" button. To attach a new document click on the "Attach File" button to go to the attachment page. When you are done, click on the "Proceed to Review" button to go to the next section. This section will become complete only when "Proceed to Review" Button is clicked. To return to the previous page, click on the "Go Back" button.

Fields marked with an asterisk(*) are required.

APPENDICES STATUS: **NOT COMPLETE**

Attachment 1 - Letters of Support (Maximum 3 attachments)

Select	File Name	File Size	Date Uploaded	Description
<input type="radio"/>	Letter of Support # 1.doc	761 KB	9/22/2010 4:09:41 PM	The second letter of support
<input type="radio"/>	Letter of Support # 2.doc	761 KB	9/22/2010 4:05:25 PM	The first letter of support

Attach File Update Delete

Attachment 2 - Other Relevant Documents (Maximum 3 attachments)

Select	File Name	File Size	Date Uploaded	Description

Attach File

Go Back Save Save and Continue

- Continue to attach appendix-related documents for another category, as necessary by repeating [steps 1-6](#).

You can always display any attached document by clicking its hyperlink.

- When you have attached all the required appendix-related documents, click the **Save and Continue** button on the **Appendices Form (With Attachments Listed)** (Figure 42) to save your work return to the Status form (Figure 17).

4.3. Entering Program Specific Information

The Program Specific Information contains a set of forms which are specific to the SBHCC application.

To get to the Program Specific Information forms, click the [Program Specific Information](#) left side menu link on the **Status Overview Page (for Entire Application)** (Figure 17)

► The **Program Specific Information Status Overview Page** (Figure 43) will be displayed.

Figure 43: Program Specific Information Status Overview Page

The screenshot displays the HRSA SBHCC Application for FY 2011 interface. The top navigation bar includes the HRSA logo, the program name 'C12:School-Based Health Centers Capital Program (93.501)', and the application title 'SBHCC Application for FY 2011'. A user welcome message for Barbara Levin is shown, along with a 'Tools Menu' and a 'Go' button.

The left sidebar contains navigation options: 'Application Tracking # 00082409', 'Program Specific Information' (with sub-links for Overview, Status, Proposal Information, Assurances, Project Information, Consolidated Information, Consolidated Budget, Consolidated Funding Sources, and Review), and 'All Forms' (with sub-links for Overview, Complete Status, Review and Submit, and Submit). A 'Logout' button is also present.

The main content area shows the 'PROGRAM SPECIFIC INFORMATION STATUS OVERVIEW' section. It includes a 'Budget Information' table and a 'PROGRAM SPECIFIC INFORMATION STATUS' table.

Budget Information	
Maximum Eligible Amount (x): \$500,000.00	Requested Amount (y): \$0.00
Balance Amount (x - y): \$500,000.00	Number of Projects Proposed: 0
Federal Amount from SF-424 Budget Summary: \$0.00	

PROGRAM SPECIFIC INFORMATION STATUS		
Section	Action	Status
Proposal Information		
Proposal Cover Page	Update	NOT COMPLETE
Assurances	Update	NOT COMPLETE
Project Information		
Projects	Update	NOT COMPLETE
Consolidated Information		
Consolidated Budget	Update	COMPLETE
Consolidated Funding Sources	Update	COMPLETE

A 'Go Back to Complete Status' button is located at the bottom right of the status overview table.

4.3.1 Proposal Cover Page

The Proposal Cover Page provides for the entry of general information regarding the SBHCC application.

Click [Proposal Cover Page](#) on the [Program Specific Information](#) left side menu to access the **Proposal Cover Page** (Figure 44).

Figure 44: Proposal Cover Page

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C12:School-Based Health Centers Capital Program (93.501)
 SBHCC Application for FY 2011

Welcome Barbara Levin (Last login date and time 9/29/2010 3:31:00 PM) --Tools Menu-- Go

Application Tracking
 # NCC00082409

Program Specific Information

- Overview
- Status
- Proposal Information**
 - Proposal Cover Page**
 - Assurances
- Project Information
 - Projects
- Consolidated Information
 - Consolidated Budget
 - Consolidated Funding Sources
- Review
 - Program Specific Information

All Forms

- Overview
- Complete Status
- Review and Submit**
- Submit

Logout

Proposal Cover Page
[home](#) | [logout](#) | [contact us](#) | [help](#) | [questions/comments](#)

Provide the information about the application in the Proposal Cover page below. Upload the Abstract using the "Attach" button. After uploading, you can delete the attachment... ([Show Full Instruction](#))

Fields marked with an asterisk (*) are required.

PROPOSAL COVER PAGE Status: **COMPLETE**

Proposal Cover Page

Budget Information	
Maximum Eligible Amount (x): \$500,000.00	Requested Amount (y): \$5,000.00
Balance Amount (x - y): \$495,000.00	Number of Projects Proposed: 2
Federal Amount from SF-424 Budget Summary: \$5,000.00	

***1. Applicant Type**

Applicant is a:

- School-based health center WITH a sponsoring facility that meets the definition of a school-based health center under section 2110(c)(9)(A) of the Social Security Act and is administered by a sponsoring facility (as defined in section 2110(c)(9)(B) of the Social Security Act).
- Sponsoring facility OF a school-based health center that meets the definition of a school-based health center under section 2110(c)(9)(A) of the Social Security Act and is administered by a sponsoring facility (as defined in section 2110(c)(9)(B) of the Social Security Act).

***2. Sponsoring Facility Type**

- Hospital
- Public Health Department
- Community Health Center
- Non-profit Health Care Agency
- Local Educational Agency
- Program administered by the Indian Health
- Service or the Bureau of Indian Affairs or operated by Indian tribe or a tribal organization

***3. Applicant administers a new or existing school-based health center that:**

- Is located in or near a school facility of a school district or board, or of an Indian tribe or tribal organization;
- Is organized through school, community, and health provider relationships;
- Provides through health professionals primary health services to children in accordance with State and local law, including laws relating to licensure and certification; and
- Satisfies such other requirements as a State may establish for the operation of such a clinic.

Yes No

***4. Funding Preference**

a. Applicant is requesting the funding preference available under this funding opportunity.

No

1. Answer the questions on the form.
Fields marked with an asterisk (*) are required.
2. When you have completed the form, click the [Save and Continue](#) button to save your work and proceed to the next form.

4.3.2 Assurances

The Assurances Page allows you to download a standard Assurances form, 'certify and sign it', and then attach it to the application.

Click [Assurances](#) on the **Program Specific Information** left side menu to access the **Assurances Page** (Figure 45).

Fields marked with an asterisk (*) are required.

Figure 45: Assurances Page

U.S. Department of Health and Human Services
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 E-HANDBOOK HOME

C12:School-Based Health Centers Capital Program (93.501)
 SBHCC Application for FY 2011

Welcome Barbara Levin (Last login date and time 9/22/2010 2:59:00 PM)

Assurances
[home](#) | [logout](#) | [contact us](#) | [help](#) | [questions/comments](#)

Download and save the Assurances template which can be used to complete the Assurances form. After completing the downloaded Assurances document, upload the completed docume... ([Show Full Instruction](#))

Information entered on the 'PROPOSAL COVER PAGE' page was saved successfully. The Section status is COMPLETE

Fields marked with an asterisk (*) are required.

ASSURANCES Status: **NOT COMPLETE**

Fields marked with an asterisk(*) are required.

Download Template		
Template Name	Template Description	Action
Assurances	Template for Assurances	Download

* Assurances (Maximum One (1) Attachment)

Select	Document Name	Size	Uploaded By	Description
No attached document exists.				

[Attach](#)

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

1. Click the [Download](#) link in the Download Template section to download the document.

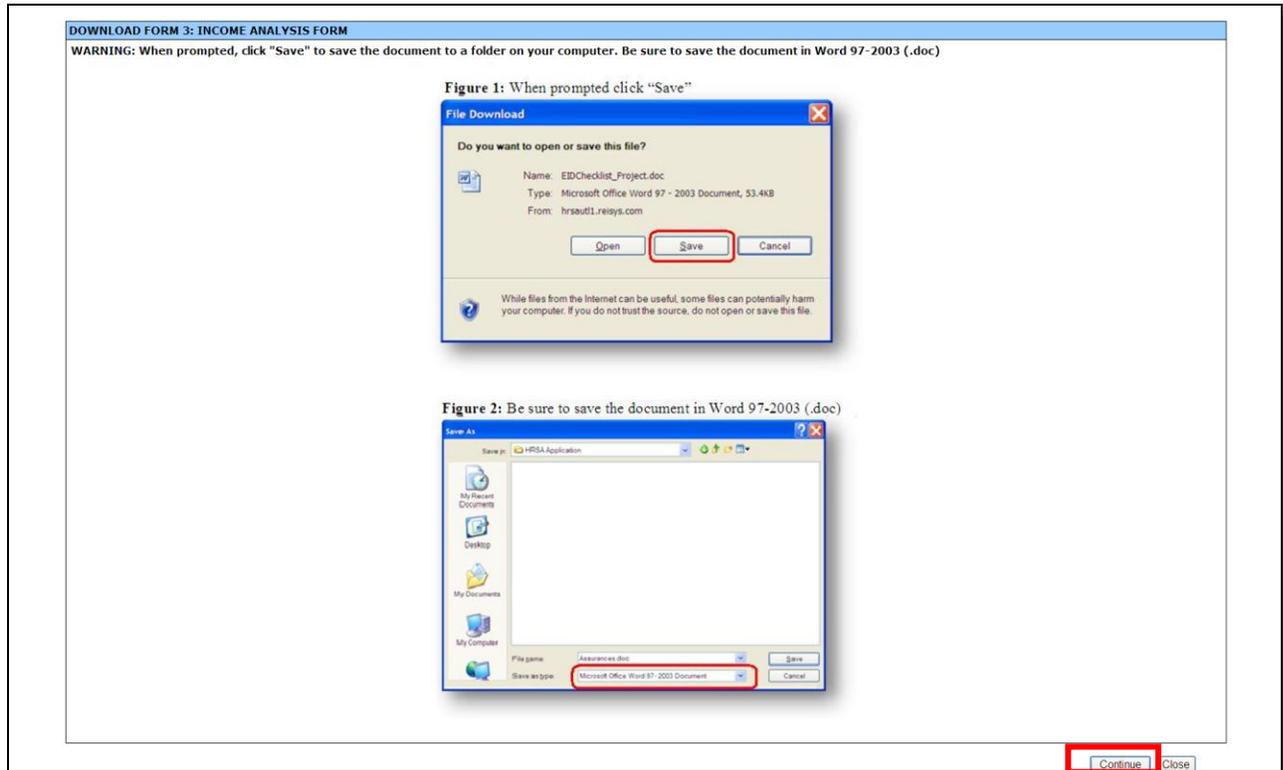
Instead of downloading and using the Microsoft Word template, you can attach an Assurances document in Microsoft Word format as long as you provide all the information that the template requires.

Figure 46: Download Template Section of Assurances Page

Download Template		
Template Name	Template Description	Action
Assurances	Template for Assurances	Download

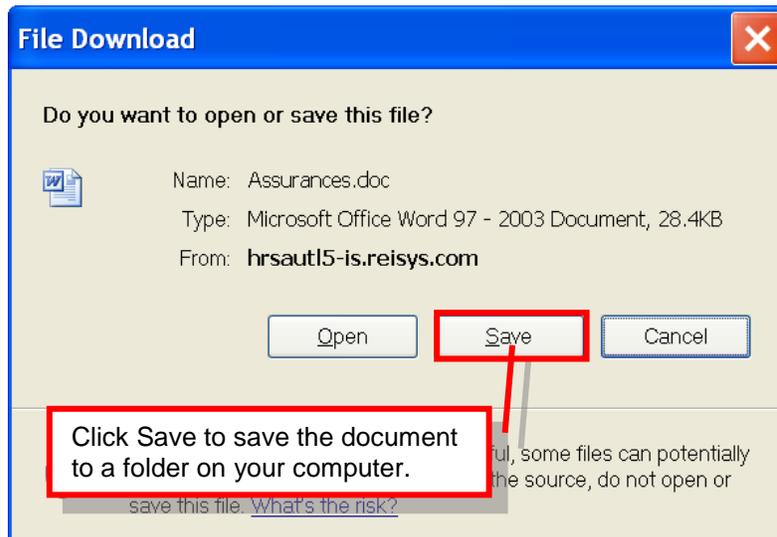
2. A **Download Warning** screen (Figure 47) will be displayed.

Figure 47: Download Warning Screen



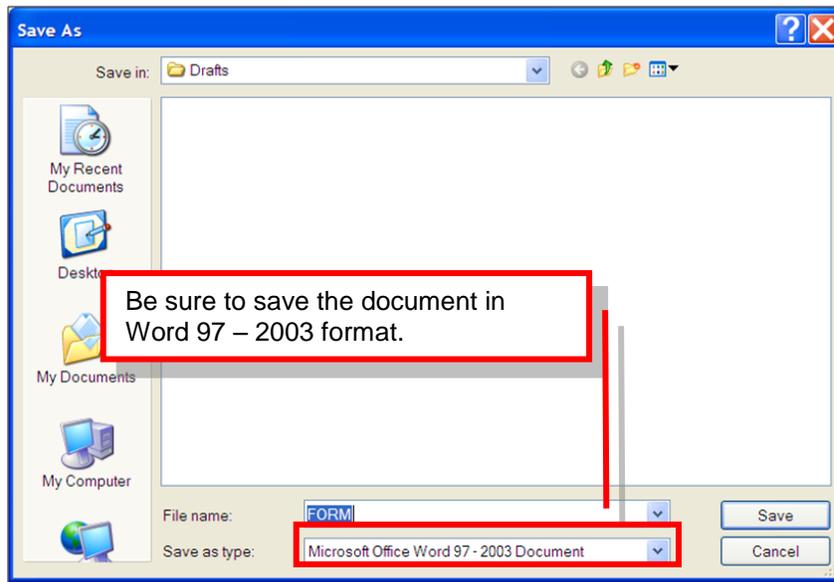
3. Read the download warning, then click the **Continue** button.
 - ▶ A **File Download Dialog Box** (Figure 48) will be displayed.

Figure 48: File Download Dialog Box



4. Click the **Save** button to save the document to a folder on your computer.
5. The **Save As** Windows dialog will be displayed (Figure 49).

Figure 49: Save As Dialog Box



6. Browse to the location where you want to save the document, using standard Windows browsing functionality.
7. Save the document in **Word 97-2003** (.doc) format.

MAKE SURE you save the document in Word 97-2003 (.doc) format, as reviewers cannot open Word 2007 files

8. You can now click the **Close** button on the **Download Warning Screen** (Figure 47).
9. Open the downloaded file (Figure 50) from the location where you saved it.

Figure 50: Downloaded File - Assurances Document

Health Resources and Services Administration ASSURANCES	FOR HRSA USE ONLY			
	Applicant Name	Chota Community Health Services, Inc		
	Grant Number	N/A	Application Tracking Number	00082409
ASSURANCES - CONSTRUCTION PROGRAMS				
1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.				
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the assistance; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.				
3. Will not dispose of, modify the use of, or change the terms of the real property title, or other interest in the site and facilities without permission and instructions from the awarding agency. Will record the Federal interest in the title of real property in accordance with awarding agency directives and will include a covenant in the title of real property acquired in whole or in part with Federal assistance funds to assure non-discrimination during the useful life of the project.				
4. Will comply with the requirements of the assistance awarding agency with regard to the drafting, review and approval of construction plans and specifications.				
5. Will provide and maintain competent and adequate engineering supervision at the construction site to ensure that the complete work conforms with the approved plans and specifications and will furnish progress reports and such other information as may be required by the assist DEPARTMENT OF HEALTH AND HUMAN SERVICES awarding agency or State.				
6. Will initiate and complete the work within the applicable				
7. Will establish safeguards to prohibit employees from using their position for the appearance of personal or organizational conflict of interest, or personal gain.				
8. Will comply with the Intergovernmental Personnel Act of 1970 (5 U.S.C. 5523) and standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of Civil Standards for a Merit System of Personnel Administration (5 C.F.R. 900 Subpart F).				
9. Will comply with the Lead-Based Paint poisoning Prevention Act (42 U.S.C. Section 4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.				
10. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. Section 1681, 1683, and 1685-1686) which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. Section 794) which prohibit discrimination of the basis of handicaps; (d) the Age Discrimination Act 1975, as amended (42 U.S.C. Section 6101-6107) which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L.93-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (PL 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) Section 523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. Section 290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. Section 3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other non-discrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements on any other nondiscrimination statute(s) which may apply to the application.				

After completing the document be sure to save the document in Word 97 – 2003 format.

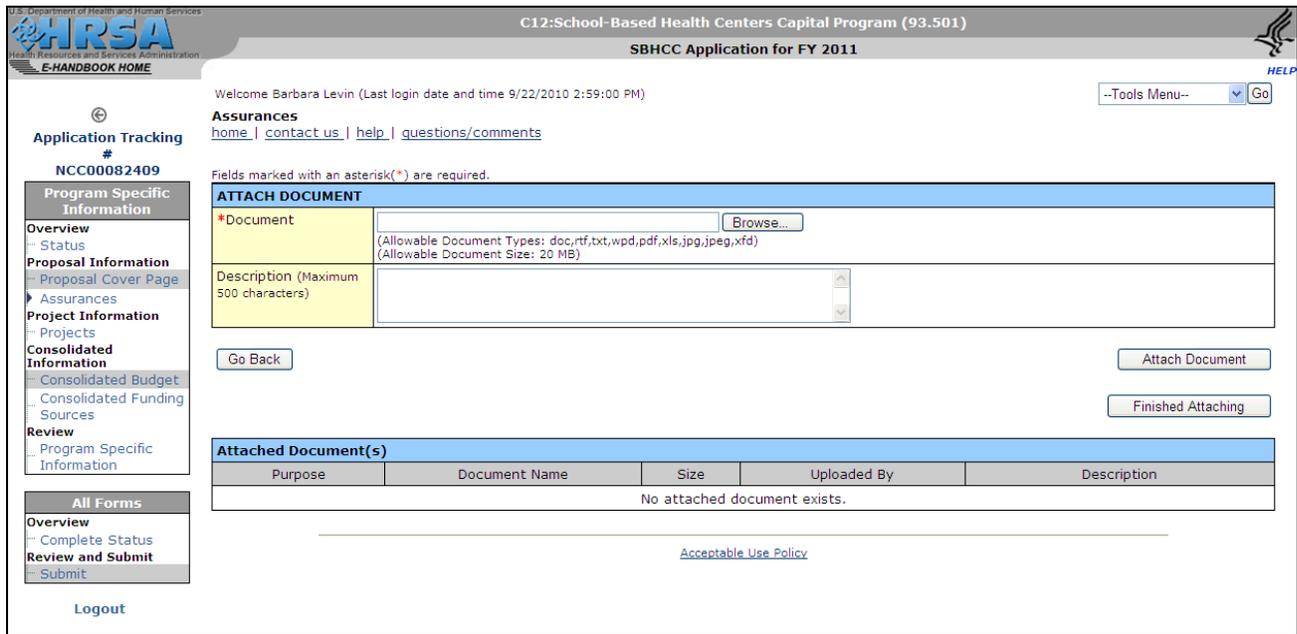
10. 'Update' the document by entering the information requested at the bottom of the form.
11. **Make sure you save the updated document on the hard drive of your computer.**
12. Click the **Attach** button in the 'document upload area' of the **Assurances Page**, as shown in Figure 51 to upload the Income Analysis Form for Year 1, as an attachment.

Figure 51: 'Document Upload Area' of Assurances Page

* Assurances (Maximum One (1) Attachment)				
Select	Document Name	Size	Uploaded By	Description
No attached document exists.				
<input type="button" value="Attach"/>				

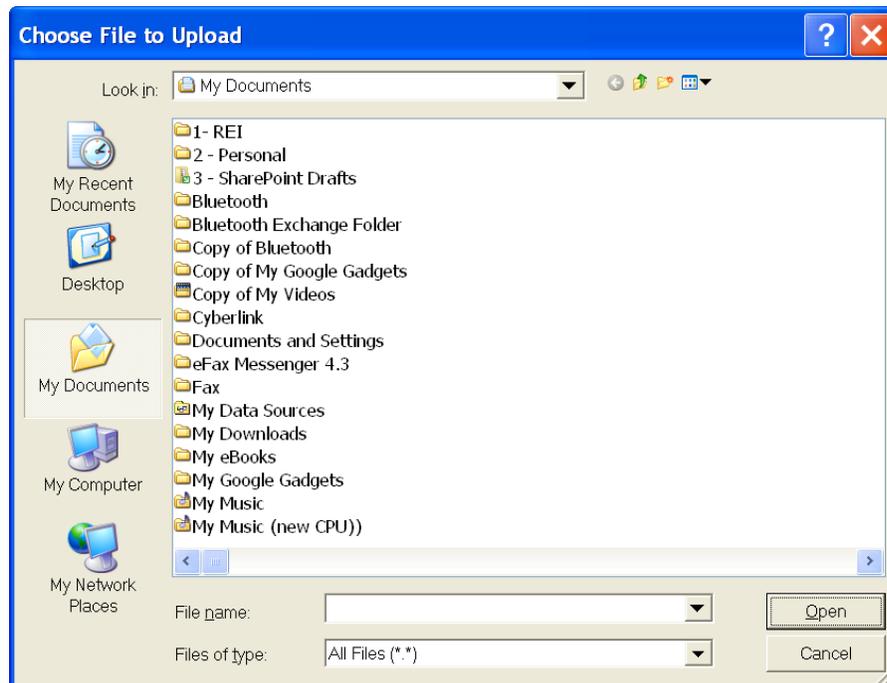
13. The **Attach Document Screen** (Figure 52) will be displayed.
 Fields marked with an asterisk (*) are required.

Figure 52: Attach Document Screen



14. Click the **Browse** button.
 - ▶ The **Choose File to Upload** Windows dialog (Figure 53) will be displayed.

Figure 53: Choose File to Upload Dialog Box



15. Browse to the file using the standard Windows browsing procedures.

HRSA EHBs currently do not support Microsoft Office 2007 formats (.docx, .xlsx, etc). Be sure that your document to which you browse is in Word 97-2003 (.doc, .xls, etc.) format.

16. After you browse to the location where you saved the document, click the **Open** button.
 - ▶ The file name will now appear in the Document field of the **Attach Document Screen** (Figure 52).
17. On the **Attach Document Screen**, click the **Attach Document** button.
 - ▶ The attached document will appear as a hyperlink under the Attached Document(s) heading on the **Attach Document Screen** (Figure 54).

Figure 54: Attach Document Screen (Listing Attached Document)

The screenshot shows the HRSA web application interface. At the top, it displays 'C12:School-Based Health Centers Capital Program (93.501)' and 'SBHCC Application for FY 2011'. A user is logged in as Barbara Levin. A green message states 'Attachment saved successfully.' The main form area is titled 'ATTACH DOCUMENT' and contains a 'Document' field with a 'Browse...' button, a 'Description' field, and 'Go Back', 'Attach Document', and 'Finished Attaching' buttons. Below this is a table titled 'Attached Document(s)' with the following data:

Purpose	Document Name	Size	Uploaded By	Description
Assurances	Assurances.doc	30.85 KB	Barbara Levin on 9/22/2010 6:12:26 PM	

You can always display the Assurances document by clicking its hyperlink.

18. After the document appears under the Attached Document(s) heading, click the **Finished Attaching** button.
 - ▶ You will be returned to the **Assurances Page** (Figure 45). The attached document will be listed under the **Assurances** heading.
19. Click the **Save and Continue** button, at the bottom of the **Assurances Page** (Figure 45), to save your work and proceed to the next form.

4.3.3 Entering Project-Related Forms

The **Projects Page** (Figure 55) allows you to add projects (and subsequently delete them, if necessary). For each project that you add, you must then complete a number of project-related forms. You may add up to 10 projects.

You must enter all applicable project-related forms for EACH project that you propose.

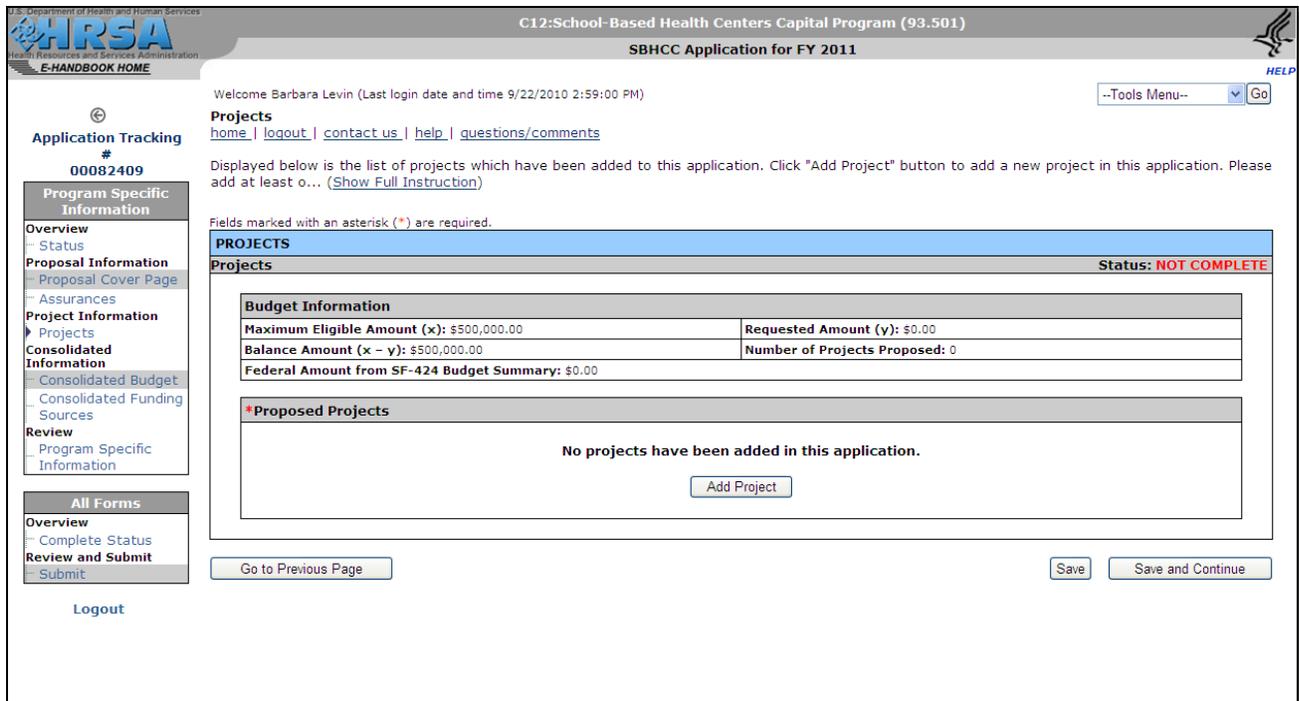
The maximum allowable projects can be comprised of:

- * Any combination of 10 alteration / renovation (A&R) and construction projects
- * Any combination of 9 alteration / renovation (A&R) and construction projects, and 1 equipment-only project

 **You could complete all the project-related forms for each project, before you continue work on the remainder of the Program-Specific forms.**

Click [Projects](#) on the **Program Specific Information** left side menu to access the **Projects Page** (Figure 55), if it is not already displayed.
 Fields marked with an asterisk (*) are required.

Figure 55: Projects Page



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C12:School-Based Health Centers Capital Program (93.501)
 SBHCC Application for FY 2011

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Displayed below is the list of projects which have been added to this application. Click "Add Project" button to add a new project in this application. Please add at least o... ([Show Full Instruction](#))

Fields marked with an asterisk (*) are required.

BUDGET INFORMATION	
Maximum Eligible Amount (x): \$500,000.00	Requested Amount (y): \$0.00
Balance Amount (x - y): \$500,000.00	Number of Projects Proposed: 0
Federal Amount from SF-424 Budget Summary: \$0.00	

***Proposed Projects**

No projects have been added in this application.

4.3.3.1 Adding Projects

1. Click the **Add Project** button.
 - ▶ The **Add Project Page** (Figure 56) will be displayed.
 Fields marked with an asterisk (*) are required.

Figure 56: Add Project Page

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Please add project information below. When you are done, click on the "Save and Continue" button to go to next section. To cancel this action and return to the previous page... ([Show Full Instruction](#))

Fields marked with an asterisk (*) are required.

ADD PROJECT

Project Information

*Project Type	Alteration/Renovation (A&R) ▼
*Project Title	Maximum line(s) allowed approximately: 1 (100 character(s) remaining)

Cancel Save and Continue

2. Select the Project Type (Alteration / Renovation (A&R), Construction, Equipment-Only).
3. Enter a title for the project.
4. Click the **Save and Continue** button.
 - You will receive a confirmation page, and after you click its **Confirm** button, you will be returned to the **Projects Page** (Figure 57). The project you added will be listed.

Figure 57: Projects Page (with listed Project)

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Displayed below is the list of projects which have been added to this application. Click "Add Project" button to add a new project in this application. Please add at least o... ([Show Full Instruction](#))

Fields marked with an asterisk (*) are required.

PROJECTS		Status: NOT COMPLETE
Budget Information		
Maximum Eligible Amount (x): \$500,000.00	Requested Amount (y): \$5,000.00	
Balance Amount (x - y): \$495,000.00	Number of Projects Proposed: 3	
Federal Amount from SF-424 Budget Summary: \$5,000.00		
*Proposed Projects		
82409-01: Alteration of Facility 1		Status: Complete
Project Type	Alteration/Renovation (A&R)	Requested Amount \$5,000.00
Action: <input type="button" value="Update"/> <input type="button" value="Delete"/>		
View: Project Details		
82409-03: Equipment Project # 1		Status: Not Complete
Project Type	Equipment-only	Requested Amount \$0.00
Action: <input type="button" value="Update"/> <input type="button" value="Delete"/>		
View: Project Details		
82409-04: A&R Project #2		Status: Not Complete
Project Type	Alteration/Renovation (A&R)	Requested Amount \$0.00
Action: <input type="button" value="Update"/> <input type="button" value="Delete"/>		
View: Project Details		
<input type="button" value="Add Project"/>		

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- Click the **Update** button to enter the project related forms.
 - The **Project Status Page** (Figure 58) for the project will be displayed.

 You can also click the **Delete** button to delete any project listed on this screen.

Figure 58: Project Status Page

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The table below shows the completion status for the Project added in this SBHC Construction Application. The Project information is currently **INCOMPLETE**.

Your session will remain active for 30 minutes since your last activity. Please save your work at regular intervals.

PROJECT STATUS OVERVIEW			
Project Information			
Project Number: 82409-01		Project Type: Alteration/Renovation (A&R)	
Project Title: Alteration of Facility 1			
PROJECT STATUS			
Section	Action	Status	
Basic Information			
Project Cover Page	Update	NOT COMPLETE	
Equipment Information			
Equipment List	Update	NOT COMPLETE	
Budget Information			
Budget	Update	NOT COMPLETE	
Funding Sources	Update	NOT COMPLETE	
Site Information			
Form 5B: Sites	Update	NOT COMPLETE	
Other Requirements for Sites	Update	NOT COMPLETE	
Other Information			
EID Checklist	Update	NOT COMPLETE	
Other Project Documents	Update	NOT COMPLETE	

There is one **Project Status Page** for each project that is added. The **Project Status Page** is the main page for entering all the project-related information for a project.

4.3.3.2 Project Cover Page

The **Project Cover Page** allows you to enter general information about the project.

Click **Project Cover Page** on the **Projects** left side menu to access the **Project Cover Page** (Figure 59).

Figure 59: Project Cover Page

Fields marked with an asterisk (*) are required.

1. Update the Project Title, if desired.

 **This is the only form that permits you to update the Project Title.**

2. Enter the square footage under Site Information if this is an A&R or a construction project.

For A&R and Construction projects, the square footage will be used with total \$ of cells 7a (site work), 8a (demolition and removal), 9a (construction), and 13a (contingencies) in the project's Budget Form (Figure 66) to calculate the cost per square foot.

3. Click the **Add** button in the Project Management section to enter the Project Manager information.
 - The **Contact Information Page (for Project Manager)** (Figure 60) will be displayed.
 Fields marked with an asterisk (*) are required.

Figure 60: Contact Information Page (for Project Manager)

4. Complete the information on the form and click the **Save and Continue** button.
 - ▶ You will be returned to the **Project Cover Page** (Figure 59).
 The Project Manager will be listed. You can use the **Update Information** and **Delete** buttons to perform their respective functions.
5. Complete the remainder of the form, and click the **Save and Continue** button to save your information and proceed to the next project-related form.

4.3.3.3 Equipment List Page

The Equipment List Page allows you to specify each piece of equipment you are requesting.

- This page is required for Equipment-only type projects.**
- This page is optional for alteration / renovation (A&R) and construction projects.**

Click **Equipment List** on the **Projects** left side menu to access the **Equipment List Page** (Figure 61), if it is not already displayed.

Figure 61: Equipment List Page

1. Click the **Add** button to add a piece of equipment.
 ► The **Add Equipment Information Page** (Figure 62) will be displayed.
 Fields marked with an asterisk (*) are required.

Figure 62: Add Equipment Information Page

2. Select the type of equipment from the drop-down.
3. Enter the Description, Unit Price, and Quantity.
4. When you have completed the entries, click the **Save and Continue** button.
 ► You will be returned to the **Equipment List Page** (Figure 61).

Figure 63: Equipment List Page (With Equipment Added)

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Equipment List
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Provide the equipment information requested for the project in the Equipment List page below.

Click on the "Save and Continue" button to go to the next se... ([Show Full Instruction](#))

✔ **Information saved successfully.**

Fields marked with an asterisk (*) are required.

EQUIPMENT LIST Status: **NOT COMPLETE**

Equipment List

Project Information

Project Number: 82409-01	Project Type: Alteration/Renovation (A&R)
Project Title: Alteration of Facility 1	

List of Equipment

Select	Type	Description	Unit Price	Quantity	Total Price ¹
<input type="radio"/>	Clinical	Diagnostic Scanner	\$1,200.00	5	\$6,000.00
Total¹				5	\$6,000.00

¹These values will be calculated automatically.

The equipment you entered will be listed, and the Total Price will be calculated.

5. At this point, you can perform the following additional functions on the screen:



Options:

- ❖ [ADD More Equipment](#) (below)
- ❖ [DELETE Equipment](#) (below)
- ❖ [UPDATE Equipment](#) (on page 62)

- ❖ To ADD more equipment, repeat steps 1-4.
- ❖ To DELETE equipment,
 - a. Select the equipment you want to delete.
 - b. Click the button.
 - c. A **Delete Equipment Information Confirmation Page** (Figure 64) will be displayed.

Figure 64: Delete Equipment Information Confirmation Page

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Equipment List
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Please click on the 'Confirm Delete' button below to confirm if the equipment displayed below should be deleted. To cancel this action and return to the previous page, click on the 'Cancel' button.

⚠ This is a confirmation page! You MUST click on the appropriate button to complete your action.

Fields marked with an asterisk (*) are required.

DELETE EQUIPMENT INFORMATION

Type	Description	Unit Price	Quantity	Total Price
Clinical	Diagnostic Scanner	\$1,200.00	5	\$6,000.00

- d. Click the **Confirm Delete** button to confirm the deletion.
 - ▶ You will be returned to the **Equipment List Page** (Figure 63). The equipment you deleted will no longer be listed nor included in the Total Price.

The equipment you deleted will no longer be listed nor included in the Total Price

- ❖ To UPDATE equipment,
 - a. Select the Equipment you want to update.
 - b. Click the **Update** button.
 - ▶ The **Edit Equipment Page** (Figure 65) will be displayed, indicating the details of the equipment you selected.
- Fields marked with an asterisk (*) are required.

Figure 65: Edit Equipment Information Page

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Equipment List
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Please update Equipment information displayed below. Click on the 'Save and Continue' button to save the updated information for the selected equipment. To cancel this action... ([Show Full Instruction](#))

Fields marked with an asterisk (*) are required.

EDIT EQUIPMENT INFORMATION

Project Information

Project Number: 82409-01 Project Type: Alteration/Renovation (A&R)
 Project Title: Alteration of Facility 1

Edit Equipment Information

* Type	Clinical
* Description	(Maximum 50 characters) Diagnostic Scanner
* Unit Price (\$)	1,200.00
* Quantity	5

- c. Make any necessary changes to the fields on the screen, and click the **Save and Continue** button.
 - ▶ You will be returned to the **Equipment List Page** (Figure 63).
 The modifications you made to the equipment will be reflected.
6. When you are finished entering equipment, click the **Save and Continue** button to save your work and proceed to the next form.

4.3.3.4 Budget Form

The Budget Form allows you to categorize the costs for the project, and request the amount of Federal Assistance you want.

Click **Budget** on the **Projects** left side menu to access this form (Figure 66), if it is not already displayed.

Figure 66: Budget Form (After Entry)

BUDGET Status: COMPLETE

Project Information

Project Number: 82409-01 Project Type: Alteration/Renovation (A&R)
 Project Title: Alteration of Facility 1

Budget Information

Maximum Eligible Amount (x): \$500,000.00 Requested Amount (y): \$6,000.00
 Balance Amount (x - y): \$494,000.00 Number of Projects Proposed: 1
 Federal Amount from SF-424 Budget Summary: \$0.00 Amount Requested in this project: \$6,000.00

Cost Classification	Total Cost (a)	Costs Not Allowable for Participation (b)	Total Allowable Costs ¹ (c = a-b)
1. Administrative and legal expenses	\$0.00	\$0.00	\$0.00
2. Land, structures, rights-of-way, appraisals, etc.	\$0.00	\$0.00	\$0.00
3. Relocation expenses and payments	\$0.00	\$0.00	\$0.00
4. Architectural and engineering fees	\$0.00	\$0.00	\$0.00
5. Other architectural and engineering fees	\$0.00	\$0.00	\$0.00
6. Project inspection fees	\$0.00	\$0.00	\$0.00
7. Site work	\$0.00	\$0.00	\$0.00
8. Demolition and removal	\$0.00	\$0.00	\$0.00
9. Construction	\$0.00	\$0.00	\$0.00
10. Equipment	\$6000.00	\$0.00	\$6000.00
11. Miscellaneous	\$0.00	\$0.00	\$0.00
12. SUBTOTAL (sum of lines 1- 11) ¹	\$6000.00	\$0.00	\$6000.00
13. Contingencies	\$0.00	\$0.00	\$0.00
14. SUBTOTAL (sum of lines 12 and 13) ¹	\$6000.00	\$0.00	\$6000.00
15. Project (program) income	\$0.00	\$0.00	\$0.00
16. TOTAL PROJECT COSTS ¹	\$6000.00	\$0.00	\$6000.00
17. Federal assistance requested			\$5000

Federal Percentage Share: **83%** (Federal Percentage Share is calculated based on Federal assistance requested in 17c)
¹These values will be calculated automatically.

Go to Previous Page Save Save and Continue

1. Enter the requested information. (The **Total Allowable Costs** column, the SUBTOTAL ROWS, and the TOTAL PROJECT COSTS row will auto-calculate when you press the tab key, click in another entry box, or click the **Save** button.)

- The amount in cell 10c must be equal to the Total Price of all equipment listed in the Equipment List Page (Figure 63).
- The Federal assistance requested (cell 17c) should be less than or equal to the TOTAL PROJECT COSTS (cell 16c).

NOTES REGARDING THE SUM OF ALL PROJECTS:

1. The maximum Federal Assistance Requested (cell 17c) **FOR ALL PROJECTS** must be equal to or less than \$500,000.
2. The Federal Assistance Requested (cell 17c) **FOR ALL PROJECTS** should be equal to the Federal Amount, as entered in the [Budget Summary Form](#) (on page 40).

2. After you have completed the form, click the **Save and Continue** button at the bottom of the screen, to save your work and proceed to the next form.

4.3.3.5 Funding Sources Form

The Funding Sources Form allows you to categorize where you intend to get the *remaining funding for the project* (i.e., the Non-Federal funding).

 **The *remaining funding for the project* refers to the Budget Form (Figure 66). It is the difference between the TOTAL PROJECT COSTS (cell16c) and the amount of Federal Assistance Requested (cell 17c).**

Click [Funding Sources](#) on the **Projects** left side menu to access this form (Figure 67), if it is not already displayed.

Figure 67: Funding Sources Form (After Entry)

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Provide the funding sources information requested for the project in the Funding Sources form below.

Column "Total" and row "Total Other Funding Sources" i... (Show Full Instruction)

Information entered on the 'FUNDING SOURCES' page was saved successfully. The Section status is COMPLETE.

Fields marked with an asterisk (*) are required.

FUNDING SOURCES Status: COMPLETE

Funding Sources

Project Information

Project Number: 82409-01 Project Type: Alteration/Renovation (A&R)
 Project Title: Alteration of Facility 1

Budget Information

Maximum Eligible Amount (x): \$500,000.00 Requested Amount (y): \$5,000.00
 Balance Amount (x - y): \$495,000.00 Number of Projects Proposed: 1
 Federal Amount from SF-424 Budget Summary: \$0.00 Amount Requested in this project: \$5,000.00

Funding Sources Information

Applicant Name: Chota Community Health Services, Inc

1. Total Project Costs (From cell 16a of Budget form) \$ 6,000.00
 2. Federal Grant Requested (From cell 17c of Budget form) \$ 5,000.00

3. Other Funding Sources

	Amount Secured (a)	Amount Expected (b)	Amount Forthcoming (c)	Total ¹ (d=a+b+c)
*3a. State Grants	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
*3b. Local Funding	\$ 1000.00	\$ 0.00	\$ 0.00	\$ 1000.00
*3c. Other Federal Funding	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
*3d. Private/Third Party Funding	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
*3e. Other Project Financing	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Total Other Funding Sources¹	\$ 1000.00	\$ 0.00	\$ 0.00	\$ 1000.00

¹These values will be calculated automatically.

Go to Previous Page Save Save and Continue

1. Enter values in the appropriate boxes to account for the total of the *remaining funding for the project*. Fields marked with an asterisk (*) are required.

(The Total column and the **Total Other Funding Sources** row will be automatically calculated when you press the tab key, click in another entry box, or click the **Save** button.)

The remaining funding for the project (i.e., the Non-Federal Funding) can be calculated from the Funding Sources Information section on this form (above the entry boxes). Subtract the Federal Grant Requested \$ (in line 2) from the Total Project Costs \$ (in line 1).

2. After you have completed the form, click the **Save and Continue** button at the bottom of the screen, to save your work and proceed to the next form.

4.3.3.6 Service Sites Page

The Service Sites Page is used to identify the sites to be used to serve the project.

Click **Form 5B: Sites** on the **Projects** left side menu to access this form (Figure 68), if it is not already displayed.

► The **Service Sites Page** (Figure 68, Figure 69) will be displayed in accordance to the project-type that was selected in the **Add Project Page** (Figure 56).

Figure 68: Form 5B: Service Sites Page (for A&R and Construction Projects)

The screenshot displays the HRSA SBHCC Application for FY 2011 interface. At the top, it identifies the user as Barbara Levin and the project as C12: School-Based Health Centers Capital Program (93.501). The main heading is "Form 5B: Sites". A success message states: "Information entered on the 'FUNDING SOURCES' page was saved successfully. The Section status is COMPLETE". Below this, a table titled "SERVICE SITES" shows the current project details: Project Number: 82409-01, Project Type: Alteration/Renovation (A&R), and Project Title: Alteration of Facility 1. Under the "Proposed Sites" section, it indicates "No Sites Added" and includes an "Add Site" button. The overall status of the section is "NOT COMPLETE".

The above page (Figure 69) will be displayed for A&R and Construction Projects.
 This page allows you to add a site by clicking the **Add Site** button.

Figure 69: Form 5B: Service Sites Page (for Equipment-Only Projects)

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Form 5B: Sites

Click 'Add Site' button to add a new site which you want to propose as part of this application. After adding a site you can update and/or delete the proposed site.

Fields marked with an asterisk (*) are required.

SERVICE SITES

Form 5B: Sites Status: **NOT COMPLETE**

Project Information

Project Number: 82409-03 Project Type: Equipment-only

Project Title: Equipment Project # 1

Proposed Sites

No Sites Added

Add Site Pick Site from Other SBHCC Projects

Go to Previous Page Save Save and Continue

The above page (Figure 69) will be displayed for Equipment-Only Projects.

This page allows you to add a site by:

- * Clicking the **Add Site** button
- * Clicking the **Pick Site from Other SBHCC Projects** button.
 Refer to the [Picking Sites from Other SBHCC Projects](#) section (on page 86) for the details of picking a site.

4.3.3.6.1 Adding Service Sites

This function can be performed for all project types (A&R, Construction, and Equipment-Only).

1. Click the **Add Site** button to propose a site.
 - The **Service Site Checklist** (Figure 70) will open.
 - Fields marked with an asterisk (*) are required.

Figure 70: Service Site Checklist

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Form 5B: Sites
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Questions below are to ensure the site's qualification. Please answer the following questions to qualify your selection as 'site'. Click on 'Verify Qualification' button to proceed.

Fields marked with an asterisk (*) are required.

SERVICE SITE CHECKLIST	
Site Qualification Criteria	
*1. Is the site an "Admin-Only" site?	<input type="radio"/> Yes <input type="radio"/> No
*2. Is the site a "Domestic Violence" (Confidential) site?	<input type="radio"/> Yes <input type="radio"/> No
*3. Location Setting	Please Select <input type="text"/> If "Other", please specify: <input type="text"/>
3a. Applicant has an agreement with a local health education agency (i.e. school) that meets the definition as set forth in section 2110(c)(9) of the Social Security Act (42 USC 1397j(c)(9)).	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A
3b. A minimum level of primary health care services is provided at the school site by a credentialed health care provider.	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A
3c. Transportation is available for patients between the school site and the school-based health center at the location marked as "other."	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A

[Go to Previous Page](#) [Verify Qualification](#)

- Select the answers to complete the checklist questionnaire, and click the **Verify Qualification** button. Fields marked with an asterisk (*) are required.
 - The **List of Pre-registered Performance Sites at HRSA Level** page (Figure 71) will open.

You cannot add a site if you select Yes to the domestic violence or Admin-only questions.

Figure 71: List of Pre-registered Performance Sites at HRSA Level

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Form 5B: Sites
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Please click on 'Register Performance Site' to register a new Performance Site at HRSA level. Select a site and click on 'Update the Registered Performance Site' button to u... (Show Full Instruction)

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LIST OF PRE-REGISTERED PERFORMANCE SITES AT HRSA LEVEL

Select	Site Name	Performance Site Type	Performance Site Address	Performance Site Address Category
<input type="radio"/> *	CHOTA COMMUNITY HEALTH SERVICES	Fixed	1206 US HIGHWAY 411, VONORE, TN 37885 -2455	Accurate
<input type="radio"/> *	CHOTA COMMUNITY HEALTH SERVICES	Fixed	412 Hunt St, Tellico Plains, TN 37385 -5046	Accurate
<input type="radio"/>	Chota Community Health Services Dental Clinic	Fixed	3469 New Hwy 68, Madisonville, TN 37354	Accurate
<input type="radio"/>	Coker Creek Elementary School	Fixed	130 Ruritan Rd, Tellico Plains, TN 37385 -6075	Accurate
<input type="radio"/> *	Family Practice Associates	Fixed	4233 Hwy 411, Madisonville, TN 37354 -1571	Accurate
<input type="radio"/>	Hiwassee College	Fixed	225 Hiwassee College Dr, Madisonville, TN 37354 -4005	Accurate
<input type="radio"/>	Madisonville Intermediate School	Fixed	1000 GREEN RD, MADISONVILLE, TN 37354 -6457	Accurate
<input type="radio"/> *	MADISONVILLE MIDDLE SCHOOL	Fixed	1000 GREEN RD, MADISONVILLE, TN 37354 -6457	Accurate
<input type="radio"/>	Madisonville Primary School	Fixed	268 Warren St, Madisonville, TN 37354 -1050	Accurate
<input type="radio"/>	Rural Vale Elementary School	Fixed	395 Daugherty Spring Rd, Tellico Plains, TN 37385 -5604	Accurate
<input type="radio"/> *	SEQUOYAH HIGH SCHOOL	Fixed	4128 HIGHWAY 411, MADISONVILLE, TN 37354	Accurate
<input type="radio"/> *	SWEETWATER HIGH SCHOOL	Fixed	414 SOUTH HIGH SCHOOL STREET, SWEETWATER, TN 37874	Accurate
<input type="radio"/> *	TELLICO PLAINS HIGH SCHOOL	Fixed	9180 NEW HIGHWAY 68, TELLICO PLAINS, TN 37385 -5341	Accurate
<input type="radio"/>	Tellico Plains Junior High	Fixed	120 Old High School Rd, Tellico Plains, TN 37385 -4922	Accurate
<input type="radio"/> *	TELLICO PLAINS ELEMENTARY	Fixed	121 OLD HIGH SCHOOL, TELLICO PLAINS, TN 37385 -4965	Accurate
<input type="radio"/> *	VONORE ELEMENTARY SCHOOL	Fixed	1135 HIGHWAY 411, VONORE, TN 37885 -2437	Accurate
<input type="radio"/> *	Vonore Middle School	Fixed	414 Hall St, Vonore, TN 37885 -2338	Accurate
<input type="radio"/>	Women's Wellness and Maternity Center	Fixed	3459 New Highway 68, Madisonville, TN 37354 -5148	Accurate

Register Performance Site Update the Registered Performance Site

*This site is already in the current project.
 *This site is already in another A/R/R or Construction project proposed within the current application.
 *This site matches the requirement for confidential sites.
 *This site is an admin only site.
 *This site is a mobile site. This site cannot be selected for A/R/R or Construction Project proposed within the current application.
 *This site is already in scope.

Go to Previous Page Select This Location

3. You can perform the following major functions using this screen:

Options:

- ❖ [REGISTER Performance Site](#) (below)
- ❖ [UPDATE Registered Performance Site](#) (on page 73)
- ❖ [SELECT This Location](#) (on page 75)

You must click the **Select This Location** button in order to complete the process of adding a Service Site.

- ❖ To REGISTER the performance site, if the performance site to be proposed is not pre-registered,
 - a. Select the site, and click the **Register Performance Site** button.
 - ▶ The first **Add Performance Site Page** (Figure 72) will open. Fields marked with an asterisk (*) are required.

Figure 72: Add Performance Site: Site Name, Site Type, Address Type

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Enterprise Sites Repository

Welcome Louis Paris (Last login date and time 8/12/2008 7:35:00 AM)
Add Site
[glossary](#) | [questions/comments](#)

Enter the site information and click 'Next'

Fields marked with an asterisk (*) are required.

ADD PERFORMANCE SITE

Site Information	
*Site Name	<input type="text"/>
*Site Type	Fixed <input type="button" value="v"/>
*Address	<input checked="" type="radio"/> I will type in standard address <input type="radio"/> I will choose Site's address out of existing <input type="radio"/> I will type in non standard address

- b. Provide the site name, site type, select the address type, then click the **Next >** button.
 - ▶ Depending on the address type selected, an appropriate address form will be presented.

Click the **Cancel** button (or the **Cancel** link in left menu) to cancel the registration process of a performance location

- If you selected a 'standard address',
 - i The **Physical Location Address Form** (Figure 73) will be displayed. Fields marked with an asterisk (*) are required.
 - ii Complete the form.

Figure 73: Physical Location Address Form

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 Health Resources and Services Administration
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Enterprise Sites Repository

Welcome Louis Paris (Last login date and time 8/12/2008 7:35:00 AM)
Add Site
[glossary](#) | [questions/comments](#)

Enter your registered organization address. If your site address is confidential click 'Go to Previous Page' and Choose Non Standard Address then enter your City, State and Zip code. Click on 'Next' once you are done. ([Hide Full Instruction](#))

Fields marked with an asterisk (*) are required.

ADD PERFORMANCE SITE

*Physical Location Address (Required) More Information	
*Street Address Line 1	Number <input type="text"/> *Name <input type="text"/>
Street Address Line 2	Select one Number <input type="button" value="v"/> <input type="text"/>
*City	<input type="text"/> (Required if Zip is not specified)
Urbanization	<input type="text"/> (Used only for Puerto Rico(PR))
*State	<input type="button" value="v"/> (Required if City is specified)
*Zip Code Lookup	<input type="text"/> - <input type="text"/> (Required if City is not specified)

- iii Click the **Next >** button.
 ► The **Add Performance Site Confirmation Page** (Figure 74) will be displayed.

Figure 74: Add Performance Site Confirmation Page

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Enterprise Sites Repository
 MENDOCINO COMMUNITY HEALTH CLINIC, INC., Ukiah, CA

Welcome Catherine Rada (Last login date and time 7/8/2010 11:06:00 AM)
Add Site
[glossary](#) | [questions/comments](#)

Complete data entry for required fields and click on 'Next'

ADD PERFORMANCE SITE

Physical Location Address	
Street Address Line 1	2106 Belvedere Blvd
Street Address Line 2	APT 4
City	Silver Spring
State	MD
Zip Code	20902-5628

Cancel Go to Previous Page Next >

- iv Click the **Next >** button to confirm the Performance Site.
 ► The **Site Created Successfully Page** (Figure 75) will be displayed.

Figure 75: Site Created Successfully Page

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Enterprise Sites Repository
 MENDOCINO COMMUNITY HEALTH CLINIC, INC., Ukiah, CA

Welcome Catherine Rada (Last login date and time 7/8/2010 11:06:00 AM)
Add Site
[glossary](#) | [questions/comments](#)

Site Creation Result

ADD PERFORMANCE SITE

Site Created Successfully

Finish

- v Click the **Finish** button.
 - ▶ You will be returned to the **List of Pre-registered Performance Sites at HRSA Level Page** (Figure 71).
- vi The site you registered will be listed.
- If you selected an 'existing location's address',
 - i The **Choose Address From Existing Locations Form** (Figure 76) will be displayed.

Figure 76: Add Performance Site: Choose Address From Existing Locations

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Enterprise Sites Repository

Welcome Louis Paris (Last login date and time 8/12/2008 7:35:00 AM)

Add Site
[glossary](#) | [questions/comments](#)

Choose address out of the list of addresses

ADD PERFORMANCE SITE

Choose Address	
<input type="radio"/>	259 Monroe Ave Rochester 14607 3632 NY
<input type="radio"/>	500 Webster Ave Rochester 14609 4732 NY
<input type="radio"/>	625 SCIO ST ROCHESTER 14605 2660 NY
<input type="radio"/>	1425 PORTLAND AVE ROCHESTER 14621 3001 NY
<input type="radio"/>	2 Rubin Dr Rushville 14544 9681 NY
<input type="radio"/>	222-224 ALEXANDER STREET ROCHESTER 14607 4004 NY
<input type="radio"/>	655 Colfax St Rochester 14606 3113 NY
<input type="radio"/>	180 RIDGEWAY AVE ROCHESTER 14615 3636 NY
<input type="radio"/>	158 Orchard St Rochester 14611 1357 NY
<input type="radio"/>	87 Clinton Ave N Rochester 14604 1407 NY
<input type="radio"/>	4271 E State Street Tallahassee 32311 FL
<input type="radio"/>	1651 Oneida St Utica 13501 4723 NY
<input type="radio"/>	200 Fairbrook dr Herndon 20170 VA
<input type="radio"/>	309 UPPER FALLS BLVD. ROCHESTER 14605 2105 NY
<input type="radio"/>	89 GENESEE ST ROCHESTER 14611 3201 NY
<input type="radio"/>	228 E Main St STE # 103 Rochester 14604 2130 NY
<input type="radio"/>	200 Fairbrook Dr Herndon 20170 VA
<input type="radio"/>	485 Clinton Ave N Rochester 14605 1817 NY

[†]This site is not matching the rule for non confidential site.

Cancel Go to Previous Page Next >

- ii Select an address from one of the existing locations.
- iii Click the **Next >** button
 - ▶ The **Site Created Successfully Page** (Figure 75) will be displayed.
- iv Click the **Finish** button.
 - ▶ You will be returned to the **List of Pre-registered Performance Sites at HRSA Level Page** (Figure 71).
- v The site you registered will be listed.
- If you selected a 'non-standard address',
 - i. The **Add Performance Site Form** (Figure 77) will be displayed. Fields marked with an asterisk (*) are required.

Figure 77: Add Performance Site Form

The screenshot shows the 'Add Performance Site' form within the HRSA Enterprise Sites Repository. The page header includes the HRSA logo and 'Enterprise Sites Repository'. A navigation menu on the left has 'Add Site' selected. The main content area displays a welcome message for 'Louis Paris' and a 'glossary | questions/comments' link. Below this, it says 'Enter the address and click on 'Next''. A note states 'Fields marked with an asterisk (*) are required.' The form itself is titled 'ADD PERFORMANCE SITE' and contains four required fields: Address (with a dropdown arrow), City, State (with a dropdown arrow), and ZipCode (with a hyphen separator). At the bottom of the form are three buttons: 'Cancel', 'Go to Previous Page', and 'Next >'.

- ii. Provide the 'non-standard address' with a street address, city, state and zip-code.
- iii. Click the **Next >** button.
 - ▶ The **Site Created Successfully Page** (Figure 75) will be displayed.
- iv. Click the **Finish** button.
 - ▶ You will be returned to the **List of Pre-registered Performance Sites at HRSA Level Page** (Figure 71).
- v. The site you registered will be listed.
- ❖ To UPDATE the name of a pre-registered site,
 - a. Select the performance site, and click the **Update the Registered Performance Site** button.
 - ▶ The **Update Performance Site Page** (Figure 78) will be displayed. Fields marked with an asterisk (*) are required.

Figure 78: Update Performance Site Page

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Enterprise Sites Repository

Welcome Judith Barr (Last login date and time 3/19/2010 11:19:00 AM)
Change Name
[glossary](#) | [questions/comments](#)

Enter the site information and click 'Next'

Fields marked with an asterisk (*) are required.

UPDATE PERFORMANCE SITE

Site Information	
*Site Name	Health Care Center for Seniors Citizens
*Site Type	Fixed
*Address	819 S Edwin C Moses Blvd Dayton 45408 1463 OH

Cancel Next >

[Acceptable Use Policy](#)

- b. Modify the name of the Performance Site.
- c. Click the **Next >** button.
 - ▶ The **Site Updated Successfully Page** (Figure 79) will be displayed.

Figure 79: Site Updated Successfully Page

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Enterprise Sites Repository

Welcome Judith Barr (Last login date and time 3/19/2010 11:19:00 AM)
Change Name
[glossary](#) | [questions/comments](#)

Enter the site information and click 'Next'

UPDATE PERFORMANCE SITE

Site Updated Successfully

Finish

- d. Click the **Finish** button.
 - ▶ You will be returned to the **List of Pre-registered Performance Sites at HRSA Level Page** (Figure 71).
- The new name for the site you updated will be displayed.

- ❖ To SELECT this Location (i.e., propose site),
 - a. Select the site, and click the **Select This Location** button.
 - ▶ The **Update Site Form** (Figure 80) will be displayed. Fields marked with an asterisk (*) are required.

🔔 Applicants who **do NOT receive H80 grants** are **not** allowed to propose a site which is an 'Admin-only' or an 'Admin/Service Delivery' site. Only 'Service Delivery' site can be proposed by these applicants.

🔔 Applicants **who receive H80 grants** are allowed to propose a site which is an 'Admin/Service Delivery' or 'Service Delivery' site.

🔔 All applicants who are H80 grantees are allowed to propose sites from their approved scope.

🔔 Users should be mindful that the system times-out after 30 minutes of inactivity. Completing Form 5B – Update Site may be a lengthy process. Users are advised to save their work at least every 15 minutes to avoid loss of data. See this message in Update Site form as shown in Figure 80.

Figure 80: Update Site Form

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C12:School-Based Health Centers Capital Program (93.501)
 SBHCC Application for FY 2011

Welcome Barbara Levin (Last login date and time 9/23/2010 11:26:00 AM) --Tools Menu--

Form 5B: Sites
[home](#) | [logout](#) | [contact us](#) | [glossary](#) | [help](#) | [questions/comments](#)

A written agreement between the sponsoring facility and the local education agency (i.e., school) must be in place indicating the type of service(s) that will be provided ... ([Show Full Instruction](#))

Fields marked with an asterisk (*) are required.

UPDATE SITE Status: Not Started

Due to high volume of information required to be filled in this form please ensure that you save the information provided by you within this page by clicking Save button every 15 minutes.

Project Information

Project Number: 0082409-01 Project Type: Alteration/Renovation (A&R)

Project Title: Alteration of Facility 1

Service Site Information

*Name of Service Site: Women's Wellness and Maternity Center

*Service Site Type:

Location Setting (Required for Service Site): School/School modular

*Location Operational:

*Web URL:

*Site Operated by: Grantee Sub-recipient Contractor

Only if **Sub-recipient** selected in the previous question, give organization information below:

Select	Organization Name	Address (Physical)	Address (Mailing)	EIN	View
No Organization Added					
<input type="button" value="Add"/>					

*Date Site was Opened (mm/dd/yyyy):

*Site Operational By(mm/dd/yyyy):

Medicare Billing Number¹ (Maximum 50 characters):

Medicaid Billing Number¹ (Maximum 50 characters):

Medicaid Pharmacy Billing Number¹ (Maximum 50 characters):

Contact Information

*Site Phone Number:

All Forms

Overview
 Complete Status
 Review and Submit
 Submit
 Attachments
 Logout

b. Update existing information, as allowed, or provide additional information about the site in the **Update Site** form. Fields marked with an asterisk (*) are required.

- Click the **Change Site Name** button to update site's name, by following the [procedure to update the name of a pre-registered site](#) (on page 73),
 ► You will be returned to the **Update Site Form** (Figure 80).

 **Applicants are NOT allowed to change any site details if the applicant is an H80 grantee, and the proposed site is part of the grantee's approved scope.**

- If the site is operated by a sub-recipient or contractor,
 - Click the **Add** button under the Sub-recipient or Contractor section to add sub-recipient or contractor information.
 ► The **Add Service Site Organization Page** (Figure 81) will be displayed.
 Fields marked with an asterisk (*) are required.

Figure 81: Add Service Site Organization (Top of Form)

Welcome Barbara Levin (Last login date and time 9/23/2010 11:26:00 AM)

Form 5B: Sites
[home](#) | [logout](#) | [contact us](#) | [glossary](#) | [help](#) | [questions/comment](#)

Enter the following information pertaining to the organization with which you are submitting this application.

All fields marked with a (*) are required.

ADD SERVICE SITE ORGANIZATION

Add Organization

*Organization Name

*Organization EIN (99-9999999)

***Physical Location Address (Required)** [More Information](#)

*Street Address Line 1 Number *Name

Street Address Line 2 Select one Number

*City (Required if Zip is not specified)

Urbanization (Used only for Puerto Rico(PR))

*State (Required if City is specified)

*Zip Code [Lookup](#) - (Required if City is not specified)

Providing the address information below is optional. If you decide to provide the address then all fields marked with an "*" are required. Please provide the mailing address if it is different from physical location address.

Mailing Address (Optional) [More Information](#)

Mailstop Code (Internal Routing)

Division / Department Name

Company

Select an option (Street Address or PO Box Only or Rural Route)

* Street Address Number *Name

Select one Number

- ii. Enter the requested information. Fields marked with an asterisk (*) are required.

Figure 82: Add Service Organization (Bottom of Form)

provide the mailing address... is different from physical location address.

Mailing Address (Optional) [More Information](#)

Mailstop Code (Internal Routing)

Division / Department Name

Company

Select an option (Street Address or PO Box Only or Rural Route)

* Street Address

Number	*Name
<input type="text"/>	<input type="text"/>

 Select one Number

*PO Box Only

*Number
<input type="text"/>

*Rural Route

*Type	*Number	*Box
<input type="text"/>	<input type="text"/>	<input type="text"/>

*City (Required if Zip is not specified)

Urbanization (Used only for Puerto Rico(PR))

*State (Required if City is specified)

*Zip Code [Lookup](#) - (Required if City is not specified)

Comments
 (Maximum 500 characters)

Click Continue when done.

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

🔔 The mailing address portion of the form only needs to be entered if it is different than the physical address.

🔔 If you enter the mailing address, you must first select whether you are entering a street address, a post office box, or a rural route.

- iii. When you have completed the **Add Service Organization** form, click the **Continue** button.
 ► An **Organization Confirmation Page** (Figure 83) will be displayed.

Figure 83: Organization Confirmation Page

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C12: School-Based Health Centers Capital Program (93.501)
 SBHCC Application for FY 2011

Welcome Barbara Levin (Last login date and time 9/23/2010 11:26:00 AM)
 Form 5B: Sites
[home](#) | [logout](#) | [contact us](#) | [glossary](#) | [help](#) | [questions/comments](#)

This is a confirmation page! You MUST click on the appropriate button to complete your action.

ORGANIZATION CONFIRMATION

Organization Information

Organization Name	REI Systems, Inc.
Organization EIN	99-9999999

Physical Location Address

Street Address Line 1	200 Fairbrook Drive
Street Address Line 2	STE 104
City	Herndon
State	VA
Zip Code	20170

Mailing Address

Your mailing address will be same as your location address.

Comments

Go to Previous Page Save and Continue

- iv. Click the **Save and Continue** button, at the bottom of the screen.
 ► You will be returned to the **Update Site Page** (Figure 84). The sub-recipient or contractor site you added will be displayed.

Figure 84: Service Site Information Section of Update Site Form (With Added Sub-Recipient / Contractor)

Service Site Information					
*Name of Service Site	Women's Wellness, Maternity, and Maturity Center				<input type="button" value="Change Site Name"/>
*Service Site Type	Service Delivery Site				
Location Setting					
*Location Operational					
*Web URL					
*Site Operated by	<input type="radio"/> Grantee <input checked="" type="radio"/> Sub-recipient <input type="radio"/> Contractor Note: You cannot propose a site operated by 'Contractor' if the site is not currently on file with HRSA				
Only if Sub-recipient selected in the previous question, give organization information below:					
Select	Organization Name	Address (Physical)	Address (Mailing)	EIN	View
<input type="radio"/>	REI Systems, Inc.		Same as Physical Address	99-9999999	Comments
<input type="button" value="Update"/> <input type="button" value="Remove"/>					

- c. Continue filling out the remainder of the **Service Site Information Section** (Figure 85), after adding the site. Fields marked with an asterisk (*) are required.

Figure 85: Remainder of Service Site Information Section of Form 5 – Part B

*Date Site was Opened (mm/dd/yyyy)	8/23/2010
*Site Operational By(mm/dd/yyyy)	9/3/2010
Medicare Billing Number ¹ (Maximum 50 characters)	
Medicaid Billing Number ¹ (Maximum 50 characters)	
Medicaid Pharmacy Billing Number ¹ (Maximum 50 characters)	
¹ If the school-based health center bills Medicaid/Medicare/Medicaid pharmacy billing number, please provide the number where indicated. If the school-based health center does not have any such number, this field may be left blank and is not required.	

- i Provide dates requested.
- ii Provide the requested Medicare Billing Numbers.
- iii Enter the contact information phone numbers (Figure 86).

Figure 86: Contact Information Section from Update Site Form in Form 5 – Part B

Contact Information	
*Site Phone Number	(703) 480 - 9100 Ext:
*Administration Phone Number	(703) 480 - 9105 Ext:
*Site Fax Number	(703) 480 - 9110

- iv In the physical address information section (Figure 87) click the **Change Location** button if you want to change the physical address of the site being proposed.

 **The performance location must qualify as a service site in order to allow change of physical address. Please note that the qualification questions displayed are related to updating the physical address.**

Figure 87: Physical Location Address Section from Update Site Form in Form 5 – Part B

Physical Address	
Street Address Line 1	814 S Edwin C Moses Blvd
City	Dayton
State	OH
Zip Code	45408-1463
Change Location	

- v A sequence of screens will be displayed for your entry. Fields marked with an asterisk (*) are required.
- vi On the *final* screen, the **Selected Performance Site Page** (Figure 88), the user will be prompted to verify the site qualification criteria again.

Figure 88: Re-verification of Site Qualification upon change of Physical Address

SELECTED PERFORMANCE SITE	
From Location	
Physical Address	
Street Address Line 1	814 S Edwin C Moses Blvd
City	Dayton
State	OH
Zip Code	45408-1463
To Location	
Physical Address	
Street Address Line 1	819 S Edwin C Moses Blvd
City	Dayton
State	OH
Zip Code	45417
Site Qualification Criteria	
You are moving the service delivery site. Please answer the following questions before proceeding.	
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
<input type="button" value="Cancel"/>	<input type="button" value="Save and Continue"/>

- vii Answer questions a, b, c and d, then click the **Save and Continue** button, at the bottom of the screen.
 ► You will be returned to the **Update Site Form** to enter the remainder of the form, starting with the Mailing Address section (Figure 89).

Figure 89: Mailing Address Section from Update Site Form

Providing the address information below is optional. If you decide to provide the address then all fields marked with an "*" are required. Please provide the mailing address if it is different from physical location address.

Mailing Address (Optional) [More Information](#)

Mailstop Code (Internal Routing)	<input type="text"/>
Division / Department Name	<input type="text"/>
Company	<input type="text"/>
Select an option (Street Address or PO Box Only or Rural Route)	
<input checked="" type="radio"/> * Street Address	Number <input type="text"/> *Name <input type="text"/> Select one Number <input type="text"/> <input type="text"/>
<input type="radio"/> *PO Box Only	*Number <input type="text"/>
<input type="radio"/> *Rural Route	*Type <input type="text"/> *Number <input type="text"/> *Box <input type="text"/>
*City	<input type="text"/> (Required if Zip is not specified)
Urbanization	<input type="text"/> (Used only for Puerto Rico(PR))
*State	<input type="text"/> (Required if City is specified)
*Zip Code Lookup	<input type="text"/> - <input type="text"/> (Required if City is not specified)

- d. Enter mailing address information, if desired. Fields marked with an asterisk (*) are required.

-  **The mailing address portion of the form only needs to be entered if it is different than the physical address.**
-  **If you enter the mailing address, you must first select whether you are entering a street address, a post office box, or a rural route.**
-  **Enter service area information.**

- e. Enter the Service Area Information Sections (Figure 90).

Figure 90: Service Area Information Sections from Update Site Form

Note that Zip Codes and Census Tracts are required for service sites. Multiple entries under Service Area Zip Codes and Service Area Census Tracts are allowed.

- i Click the **Add** button under *Service Area Zip Codes* and *Service Area Census Tracts* to make entries in these areas.
 - The **Add Service Area Zip Codes Page** (Figure 91) or the **Add Service Census Tracts Page** (not shown) will be respectively displayed. Fields marked with an asterisk (*) are required.
- Fields marked with an asterisk (*) are required.

Figure 91: Add Service Area Zip Codes Page

- ii Add the zip codes (or census tracts), and click the **Save Zip Codes** button (or the **Save Census Tracts** button), then click the **Finished Adding Zip Codes** button (or the **Finished Adding Census Tracts** button)
 - You will be returned to the **Update Site Form** (Figure 80).
 The zip codes (or census tracts) that you added will be listed.
- f. Complete the bottom of the **Update Site Form** (Figure 92),

Figure 92: Bottom of Update Site Page

*Population Type	Urban																				
Site Operation Scheduling (when service is offered)																					
*Operational Schedule	Full-Time																				
*Calendar Schedule	Year-Round																				
Total Hours of Operation when Patients will be Served per Week (include extended hours) (Required for Service Site)	50.00																				
*Months of Operation (Required for Permanent and Seasonal Locations)																					
<table border="1"> <thead> <tr> <th>Select</th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td><input type="radio"/></td> <td>January</td> <td>January</td> </tr> <tr> <td colspan="3" style="text-align: center;"> <input type="button" value="Add"/> <input type="button" value="Update"/> <input type="button" value="Remove"/> </td> </tr> </tbody> </table>		Select	From	To	<input type="radio"/>	January	January	<input type="button" value="Add"/> <input type="button" value="Update"/> <input type="button" value="Remove"/>													
Select	From	To																			
<input type="radio"/>	January	January																			
<input type="button" value="Add"/> <input type="button" value="Update"/> <input type="button" value="Remove"/>																					
Agreement A written agreement between the sponsoring facility and the local education agency (i.e., school) must be in place indicating the type of service (s) that will be provided and who will be providing the service(s). This document should include the location and duration of services and any other pertinent information.																					
<table border="1"> <thead> <tr> <th colspan="5">Agreement (Maximum One (1) Attachment)</th> </tr> <tr> <th>Select</th> <th>Purpose</th> <th>Document Name</th> <th>Size</th> <th>Uploaded By</th> </tr> </thead> <tbody> <tr> <td colspan="5" style="text-align: center;">No attached document exists.</td> </tr> <tr> <td colspan="5" style="text-align: center;"><input type="button" value="Attach"/></td> </tr> </tbody> </table>		Agreement (Maximum One (1) Attachment)					Select	Purpose	Document Name	Size	Uploaded By	No attached document exists.					<input type="button" value="Attach"/>				
Agreement (Maximum One (1) Attachment)																					
Select	Purpose	Document Name	Size	Uploaded By																	
No attached document exists.																					
<input type="button" value="Attach"/>																					
<input type="button" value="Cancel"/>	<input type="button" value="Save"/> <input type="button" value="Save and Continue"/>																				

Click Add to enter data under Months of Operation.

- i Select the Population Type, Operational Schedule, and Calendar Schedule.

Figure 93: Choices under Population Type

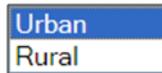


Figure 94: Choices under Operational Schedule



Figure 95: Choices under Calendar Schedule



- ii Enter the Total Hours of Operation
- iii 'Total Hours of Operation' are not required for administrative only sites.
- iv For Months of Operation, click the button to enter data.
 - ▶ The **Add Service Site Months of Operation Page** (Figure 96) will be displayed.

Figure 96: Add Service Sites Months of Operation Page

ADD SERVICE SITE MONTHS OF OPERATION		
Add Months of Operation		
*From	*To	Action
January ▾	January ▾	Save Months of Operation
List of Existing Months of Operation		
Go to Previous Page		Finished Adding Months of Operation

- v Select the *From* and *To* months, click the **Save Months of Operation** button, then click the **Finished Adding Months of Operation** button
 - ▶ You will be returned to the **Update Site Form** (Figure 80).

The Months of Operation you selected will be listed.
- vi If you selected 'Yes' for qualification question 3a Applicant has an agreement with a local health education agency (i.e. school) that meets the definition as set forth in section 2110(c)(9) of the Social Security Act (42 USC 1397jj(c)(9)).', click the **Attach** button, in the Agreement section, at the bottom of the **Update Site Page** (Figure 97), and follow the usual attachment procedures to attach your agreement document.

Figure 97: Agreement Section of Update Site Page

Agreement				
A written agreement between the sponsoring facility and the local education agency (i.e., school) must be in place indicating the type of service (s) that will be provided and who will be providing the service(s). This document should include the location and duration of services and any other pertinent information.				
Agreement (Maximum One (1) Attachment)				
Select	Purpose	Document Name	Size	Uploaded By
No attached document exists.				
Attach				

- g. When you have completed the entire **Update Site Form** (Figure 80), click the **Save and Continue** button at the bottom of the form.
 - ▶ A **Site Confirmation Page** (Figure 98) will be displayed.

Figure 98: Site Confirmation Page

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C12:School-Based Health Centers Capital Program (93.501)
 SBHCC Application for FY 2011

Welcome Barbara Levin (Last login date and time 9/23/2010 11:26:00 AM)

Form 5B: Sites
[home](#) | [logout](#) | [contact us](#) | [glossary](#) | [help](#) | [questions/comments](#)

This is a confirmation page! You MUST click on the appropriate button to complete your action.

SITE CONFIRMATION

Project Information

Project Number: 82409-01	Project Type: Alteration/Renovation (A&R)
Project Title: Alteration of Facility 1	

Service Site Information

Name of Service Site	Women's Wellness, Maternity, and Maturity Center
Service Site Type	Select Service Site Type
Location Setting (Required for Service Site)	School/School modular
Web URL	http://reisystemsinc.com/
Site Operated by	Sub-recipient

Organization Information

Organization Name	Address (Physical)	Address (Mailing)	EIN	View
REI Systems, Inc.		Same as Physical Address	99-9999999	Comments

Date Site was Opened: 8/23/2010
 Site Operational By: 9/3/2010
 Medicare Billing Number¹:
 Medicaid Billing Number¹:
 Medicaid Pharmacy Billing Number¹:

Contact Information

Site Phone Number	703-480-9100	Ext:
Administration Phone Number	703-480-9100	Ext:
Site Fax Number	703-480-9999	

Physical Address

Street Address Line 1	121 OLD HIGH SCHOOL
City	TELLICO PLAINS
State	TN
Zip Code	37385-4965

Mailing Address

Project # 00082409

Overview
 Status
 Basic Information
 Project Cover Page
 Equipment Information
 Equipment List
 Budget Information
 Budget
 Funding Sources
 Site Information
 Form 5B: Sites
 Other Requirements for Sites
 Other Information
 EID Checklist
 Other Project
 Documents

Program Specific Information
 Overview
 Status
 Proposal Information
 Proposal Cover Page
 Assurances
 Project Information
 Projects
 Consolidated Information
 Consolidated Budget
 Consolidated Funding Sources
 Review
 Program Specific Information

All Forms
 Overview
 Complete Status
 Review and Submit
 Submit
 Attachments
 Attachments

Logout

- Click the **Save and Continue** button, at the bottom of the confirmation page, to save the information for the site.
 - You will be returned to the **Service Sites Page** (Figure 99). The newly added service site will be listed.
- Click the **Save and Continue** button, at the bottom of the **Service Sites Page** (Figure 99) to save your work and proceed to the next form.

Figure 99: Form 5 – Part B: Updated Service Sites Page

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Form 5B: Sites
[home](#) | [contact us](#) | [help](#) | [questions/comments](#)

Click 'Add New Site' button to add a new site which you want to propose as part of this application. After adding a site you can update and/or delete the proposed site.

✔ **Site Information saved successfully.**

Fields marked with an asterisk (*) are required.

SERVICE SITES
Form 5B: Sites Status: **NOT COMPLETE**

Project Information
 Project Number: 82409-01
 Project Title: Alteration of Facility 1

Proposed Sites

Women's Wellness, Maternity, and Maturity Center				Status: In Progress
Physical Address	121 OLD HIGH SCHOOL , TELLICO PLAINS, TN 37385-4965	Mailing Address	200 Fairbrook Drive STE 104 Herndon VA 20170	
Action: View Update Remove				

Add Site

Go to Previous Page Save Save and Continue

4.3.3.6.2 Picking Sites from Other SBHCC Projects

NOTE: This function can only be performed for Equipment-Only projects.
In order to perform this function, you must have previously added the site in an A&R or Construction project.

If you have already added a site for either an A&R or Construction project, in order to save you time, you can click the **Pick Site from Other SBHCC Projects** button on the as an alternative to having to add a completely new site.

1. On **Form 5B: Service Sites Page (for Equipment-Only Projects)** (Figure 69), click the **Pick Site from Other SBHCC Projects** button.
 - ▶ The **Select Service Site Page** (Figure 100) will open. The screen will list all the Service Sites previously added for A&R projects and/or a Construction project.

Figure 100: Select Service Site Page

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C12:School-Based Health Centers Capital Program (93.501)
 SBHCC Application for FY 2011

Welcome Barbara Levin (Last login date and time 9/29/2010 3:31:00 PM) --Tools Menu-- Go

Form 5B: Sites
[home](#) | [logout](#) | [contact us](#) | [glossary](#) | [help](#) | [questions/comments](#)

Select a site and click on 'Select This Location' button to complete adding the site.

Project #
 82409-03

Projects

- Overview
- Status
- Basic Information
- Project Cover Page
- Equipment Information
- Equipment List
- Budget Information
- Budget
- Funding Sources
- Site Information
- Form 5B: Sites
- Other Requirements for Sites
- Other Information
- EID Checklist
- Other Project

SERVICE SITES

List of Performance Sites Proposed in Other A/R/R and Construction Projects

Select	Site Name	Performance Site Type	Performance Site Address	Performance Site Address Category
<input type="radio"/>	Women's Wellness, Maternity, and Maturity Center	Fixed	121 OLD HIGH SCHOOL, TELlico PLAINS, TN 37385 -4965	Accurate

Go to Previous Page Select This Location

- Select the site you want to add for the Equipment-Only project, and click the **Save and Continue** button.
 - ▶ The **Update Site Form** for the site will be displayed. The form will be *pre-populated*, based upon the information you previously entered for the site.
- Review the information on the form, and make any changes as required. (Refer to the descriptions appearing following the **Update Site Form** (Figure 80), if you need to update the form.
- When you have finished reviewing (and possibly updating) the form, click **Save and Continue** button.
 - ▶ The **Site Confirmation Page** (Figure 98) will be displayed.
- Click the **Save and Continue** button, at the bottom of the confirmation page, to save the information for the site.
 - ▶ You will be returned to the **Service Sites Page** (Figure 101).

The newly added service site will be listed.

Figure 101: Form 5 – Part B: Updated Service Sites Page

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Form 5B: Sites
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Click 'Add Site' button to add a new site which you want to propose as part of this application. After adding a site you can update and/or delete the proposed site.

✔ Site Information saved successfully.

Fields marked with an asterisk (*) are required.

SERVICE SITES

Form 5B: Sites Status: **COMPLETE**

Project Information			
Project Number:	82409-03	Project Type:	Equipment-only
Project Title:	Equipment Project # 1		

Proposed Sites			
Women's Wellness, Maternity, and Maturity Center Status: Complete			
Physical Address	121 OLD HIGH SCHOOL , TELLICO PLAINS, TN 37385-4965	Mailing Address	200 Fairbrook Drive STE 104 Herndon VA 20170
Action: View Update Remove			

Buttons: Add Site, Pick Site from Other SBHCC Projects, Go to Previous Page, Save, Save and Continue

- Click the **Save and Continue** button, at the bottom of the **Service Sites Page** (Figure 101) to save your work and proceed to the next form.

Figure 102: Update Site Form (for previously-added site)

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Form 5B: Sites
[home](#) | [logout](#) | [contact us](#) | [glossary](#) | [help](#) | [questions/comments](#)

A written agreement between the sponsoring facility and the local education agency (i.e., school) must be in place indicating the type of service(s) that will be provided ... ([Show Full Instruction](#))

Fields marked with an asterisk (*) are required.

UPDATE SITE Status: **Complete**

Note: Due to high volume of information required to be filled in this form please ensure that you save the information provided by you within this page by clicking "Save" button every 15 minutes.

Project Information

Project Number: 82409-03 Project Type: Equipment-only
 Project Title: Equipment Project # 1

Service Site Information

* Name of Service Site: Women's Wellness, Maternity, and Maturity Center [Change Site Name](#)
 * Service Site Type: Service Delivery Site
 Location Setting:
 * Location Operational: Year-Round
 * Web URL: <http://reisystemsinc.com/>
 * Site Operated by: Grantee Sub-recipient Contractor

Only if **Sub-recipient** selected in the previous question, give organization information below:

Select	Organization Name	Address (Physical)	Address (Mailing)	EIN	View
<input type="radio"/>	REI Systems, Inc.		Same as Physical Address	99-9999999	Comments

[Update](#) [Remove](#)

* Date Site was Opened (mm/dd/yyyy): 8/23/2010
 * Site Operational By (mm/dd/yyyy): 9/3/2010

Medicare Billing Number¹ (Maximum 50 characters):
 Medicaid Billing Number² (Maximum 50 characters):
 Medicaid Pharmacy Billing Number¹ (Maximum 50 characters):

Contact Information

* Site Phone Number: (703) 480-9100 Ext:
 * Administration Phone Number: (703) 480-9100 Ext:

4.3.3.6.3 Managing Site Information

The proposed Service Site information is summarized on the **Service Sites Page** -- the main page for **Form 5B: Sites** (Figure 99).

1. Click on the appropriate Action link to [View](#), [Update](#), or [Remove](#) the sites that were added in the application.
2. After you have finished with your changes, click the [Save and Continue](#) button, at the bottom of the **Service Sites Page** (Figure 99) to save your work and proceed to the next form.

4.3.3.7 Other Requirements for Sites Page

The Other Requirements for Sites Page contains miscellaneous questions regarding the project's main site, and allows you to attach a Statement of Agreement.

This page is only applicable to alteration / renovation (A&R) and construction projects.

Applicants will be able to provide information *only after* they have added a site in Form 5B.

Click [Other Requirements for Sites](#) on the **Projects** left side menu to access the **Other Requirements for Sites Page** (Figure 103), if it is not already displayed.

Figure 103: Other Requirements for Sites Page

The screenshot displays the 'Other Requirements for Sites' page in the HRSA SBHCC application. The page is titled 'C12: School-Based Health Centers Capital Program (93.501) SBHCC Application for FY 2011'. The user is logged in as Barbara Levin. The page contains a left-hand navigation menu with sections for 'Projects', 'Program Specific Information', and 'All Forms'. The main content area is titled 'OTHER REQUIREMENTS FOR SITES' and has a status of 'COMPLETE'. It includes a 'Project Information' section with fields for Project Number (82409-01) and Project Type (Alteration/Renovation (A&R)). Below this are three required sections: '1. Site Control and Federal Interest' with radio buttons for 'Owned' (selected) and 'Leased'; '2. Cultural Resource and Historic Preservation Considerations' with questions 2a, 2b, 2c, and 2d; and 'Landlord Letter of Consent' which includes a table for attachments and an 'Attach' button. The table has columns for 'Select', 'Purpose', 'Document Name', 'Size', and 'Uploaded By'. At the bottom of the page are 'Go to Previous Page', 'Save', and 'Save and Continue' buttons.

1. Answer the questions on the form. Fields marked with an asterisk (*) are required.
2. If you have a Landlord Letter of Consent, click the **Attach** button to attach the document by following the usual attachment procedure.

The Landlord Letter of Consent can only be attached, and is required, when “Leased” is selected in Question 1.

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

4.3.3.8 Environmental Information and Documentation (EID) Checklist

The Environmental Information and Documentation (EID) Checklist provides you with a checklist form that you must download, complete, and then upload as an attachment.

Click the **EID Checklist** link on the **Projects** left side menu to access this form (Figure 104), if it is not already displayed.

Figure 104: Environmental Information and Documentation (EID) Checklist Form

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EID Checklist
[home](#) | [logout](#) | [contact us](#) | [help](#) | [questions/comments](#)

Download and save the EID Checklist template which can be used to complete the EID Checklist form. After completing the downloaded EID Checklist document, upload the complet... ([Show Full Instruction](#))

Fields marked with an asterisk (*) are required.

ENVIRONMENTAL INFORMATION AND DOCUMENTATION (EID) CHECKLIST
Environmental Information and Documentation (EID) Checklist Status: **NOT COMPLETE**

Project Information

Project Number: 82409-01	Project Type: Alteration/Renovation (A&R)
Project Title: Alteration of Facility 1	

Fields marked with an asterisk(*) are required.

Download Template

Template Name	Template Description	Action
EID Checklist	Template for EID Checklist	Download

*** EID Checklist (Maximum One (1) Attachment)**

Select	Purpose	Document Name	Size	Uploaded By
No attached document exists.				
<input type="button" value="Attach"/>				

Go to Previous Page

1. Follow a similar procedure to [steps 1 - 9](#) (on page 48) in the [Assurances Page](#) section of this document (on page 48) to download and open the Electronic Information and Documentation (EID) Checklist template (Figure 105).

Figure 105: Environmental Information and Documentation (EID) Checklist Template

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration	FOR HRSA USE ONLY			
	Applicant Name	Chota Community Health Services, Inc		
ENVIRONMENTAL INFORMATION AND DOCUMENTATION (EID)	Grant Number	N/A	Application Tracking Number	00082409
Name of Service Site:				
Physical Site Address:				
Phone:				
Email:				
Address:				
A. USE OF NATURAL RESOURCES				
This set of criteria is concerned with the use and accessibility of nonrenewable natural resources such as land, minerals, and fuels as well as the flow resources (water and air) which are constantly renewed but in which short-term or local shortages might occur.				
1. Is there a controversy with respect to environmental effects of the action based on reasonable and substantial issues? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes explain:				
2. Is the action significantly greater in scope than normal for the area, or will it have significant unusual characteristics (for instance, purchasing a large fleet of cars)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes explain:				
3. Is the action located in either a 100-year or, for critical actions, a 500-year floodplain? <input type="checkbox"/> Yes <input type="checkbox"/> No A PO will contact you to provide a Flood Insurance Rate Map. Clearly mark the location of the facility, and the NFIP Panel Number. FIRMettes can be generated electronically no cost at http://www.msc.fema.gov . The FIRMette module is located in the upper left hand corner, while the tutorial is at the lower right hand corner of the webpage. (If Flood Insurance Rate Maps do not exist for the project site, a floodplain survey or consultation may be required.)				

2. Complete the EID form.
3. Save the document on the hard drive of your computer.
4. Follow a similar procedure to [steps 12 - 18](#) (on page 51) in the [Assurances Page](#) section (on page 48) of this document to attach (i.e., upload) the completed EID Checklist document.
5. After you have attached the EID Checklist document, and have returned to the **Environmental Information and Documentation (EID) Checklist Form** (Figure 104), click the **Save and Continue** button, at the bottom of the screen, to save your work and proceed to the next form.

4.3.3.9 Other Project Documents Page

The Other Project Documents Page provides a mechanism for you to attach project-relevant documents. You must attach documents for document types marked with an asterisk (*).

Click the [Other Project Documents](#) link on the **Projects** left side menu to access this form (Figure 104), if it is not already displayed.

Fields marked with an asterisk (*) are required.

Figure 106: Other Project Documents Page

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Other Project Documents
[home](#) | [logout](#) | [contact us](#) | [help](#) | [questions/comments](#)

Complete the Schematic Drawings document(s) and upload the completed document(s) for the project using the "Attach" button. After uploading, you can delete the attachment (i... [Show Full Instruction](#))

✔ Information entered on the 'ENVIRONMENTAL INFORMATION AND DOCUMENTATION (EID) CHECKLIST' page was saved successfully. The Section status is COMPLETE

Fields marked with an asterisk (*) are required.

OTHER PROJECT DOCUMENTS Status: **NOT COMPLETE**

Other Project Documents

Project Information

Project Number: 82409-01 Project Type: Alteration/Renovation (A&R)
 Project Title: Alteration of Facility 1

*** Budget Justification (Maximum one attachment)**

Select	Purpose	Document Name	Size	Uploaded By
No attached document exists.				
Attach				

*** Site Plan (Maximum one attachment)**

Select	Purpose	Document Name	Size	Uploaded By
No attached document exists.				
Attach				

*** Floor Plans/Schematic Drawings (Maximum one attachment)**

Select	Purpose	Document Name	Size	Uploaded By
No attached document exists.				
Attach				

*** Property Information (Maximum one attachment)**

Select	Purpose	Document Name	Size	Uploaded By
No attached document exists.				
Attach				

Summary of Contracts and Agreements (Maximum one attachment)

Select	Purpose	Document Name	Size	Uploaded By
No attached document exists.				
Attach				

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

1. Click the **Attach** button and follow the usual attachment procedure for each of the documents you need to attach.
2. When you have finished attaching all the documents, click the **Save and Continue** button to save your work.
3. You will be returned to the **Project Status Page** (Figure 107) for the project.

If all the project-related forms have been correctly entered, and are complete, the status of each form will be COMPLETE.

Figure 107: Project Status Page (All Forms Completed)

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Project #
 00082409

Projects

- Overview
- Status
- Basic Information
- Project Cover Page
- Equipment Information
- Equipment List
- Budget Information
- Budget
- Funding Sources
- Site Information
- Form 5B: Sites
- Other Requirements for Sites
- Other Information
- EID Checklist
- Other Project Documents

Program Specific Information

- Overview
- Status
- Proposal Information
- Proposal Cover Page
- Assurances
- Project Information
- Projects
- Consolidated Information
- Consolidated Budget
- Consolidated Funding Sources
- Review
- Program Specific Information

All Forms

- Overview
- Complete Status
- Review and Submit
- Submit
- Attachments
- Attachments

Logout

Tools Menu-- Go

Status
[home](#) | [logout](#) | [contact us](#) | [help](#) | [questions/comments](#)

The table below shows the completion status for the Project added in this SBHC Construction Application. The Project information is currently **COMPLETE**.

Your session will remain active for 30 minutes since your last activity. Please save your work at regular intervals.

PROJECT STATUS OVERVIEW

Project Information		
Project Number: S2409-01	Project Type: Alteration/Renovation (A&R)	
Project Title: Alteration of Facility 1		
PROJECT STATUS		
Section	Action	Status
Basic Information		
Project Cover Page	Update	COMPLETE
Equipment Information		
Equipment List	Update	COMPLETE
Budget Information		
Budget	Update	COMPLETE
Funding Sources		
Funding Sources	Update	COMPLETE
Site Information		
Form 5B: Sites	Update	COMPLETE
Other Requirements for Sites	Update	COMPLETE
Other Information		
EID Checklist	Update	COMPLETE
Other Project Documents	Update	COMPLETE

Go Back to Project List

4.3.3.10 After You Finish Entering a Project

After you finish entering the information for a project, and you return to the **Project Status Page** (Figure 107):

- ❖ Click the **Go Back to Project List** button to return to the **Projects Page** (Figure 108).
- ❖ Click the **Status** link in the **Program Specific Information** left side menu to return to the **Program Specific Information Status Overview Page** (Figure 43) and resume entering Program Specific Information for the application.
- ❖ Click the **Complete Status** link in the **All Forms** left side menu to return to the **Status Overview Page (for Entire Application)** (Figure 17) and resume entering the Basic Information for the application.

Figure 108: Projects Page (Showing Project Completed)

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Projects
[home](#) | [logout](#) | [contact us](#) | [help](#) | [questions/comments](#)

Displayed below is the list of projects which have been added to this application. Click "Add Project" button to add a new project in this application. Please add at least o... ([Show Full Instruction](#))

Fields marked with an asterisk (*) are required.

PROJECTS Status: **NOT COMPLETE**

Budget Information	
Maximum Eligible Amount (x): \$500,000.00	Requested Amount (y): \$5,000.00
Balance Amount (x - y): \$495,000.00	Number of Projects Proposed: 1
Federal Amount from SF-424 Budget Summary: \$0.00	

***Proposed Projects**

Project ID	Project Name	Project Type	Requested Amount	Status
82409-01	Alteration of Facility 1	Alteration/Renovation (A&R)	\$5,000.00	Complete

Action:

View: [Project Details](#)

From the **Projects Page**:

- ❖ Click the **Add Project** button to [enter an additional project](#) (on page 54).
- ❖ Click the **Update** (or **Delete**) button under a project, to respectively update or delete the project.
- ❖ Click the **Save and Continue** button to Indicate that all the projects have been entered, and return to the [Consolidated Budget section](#) (on page 96) of the Program Specific Information.

4.3.4 Consolidated Budget

The Consolidated Budget Page is a read-only screen containing summary information for **ALL the entered projects**. It contains the same classifications as a project's **Budget Form** (Figure 66).

Click **Consolidated Budget** on the **Program Specific Information** left side menu to access the **Consolidated Budget Page** (Figure 109), if it is not already displayed.

Figure 109: Consolidated Budget Page

SBHCC Application for FY 2011

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Consolidated Budget
[home](#) | [logout](#) | [contact us](#) | [help](#) | [questions/comments](#)

Budget numbers shown in each cell within this form displays the summed up budget numbers for that cell which was provided in the Budget form for each project added within th... ([Show Full Instruction](#))

Projects section is NOT COMPLETE. Please resolve the following error(s) to complete this section:

- Total Federal amount proposed in the 'SF-424 Budget Summary' section of this SBHCC application should match the total Federal assistance requested in this SBHCC application (shown in cell '17c' below). Please revise the Federal amount in the 'SF-424 Budget Summary' section OR revise Federal assistance which you are requesting in one or more of the proposed project(s).

CONSOLIDATED BUDGET
 Consolidated Budget Status: COMPLETE

Budget Information		Costs Not Allowable for Participation (b)	Total Allowable Costs (a-b)
Maximum Eligible Amount (x): \$500,000.00	Requested Amount (y): \$5,000.00		
Balance Amount (x - y): \$495,000.00	Number of Projects Proposed: 1		
Federal Amount from SF-424 Budget Summary: \$0.00			
1. Administrative		\$0.00	\$0.00
2. Land, structure		\$0.00	\$0.00
3. Relocation and		\$0.00	\$0.00
4. Architectural		\$0.00	\$0.00
5. Other architectural and engineering fees	\$0.00	\$0.00	\$0.00
6. Project inspection fees	\$0.00	\$0.00	\$0.00
7. Site work	\$0.00	\$0.00	\$0.00
8. Demolition and removal	\$0.00	\$0.00	\$0.00
9. Construction	\$0.00	\$0.00	\$0.00
10. Equipment	\$6,000.00	\$0.00	\$6,000.00
11. Miscellaneous	\$0.00	\$0.00	\$0.00
12. SUBTOTAL (sum of lines 1- 11)	\$6,000.00	\$0.00	\$6,000.00
13. Contingencies	\$0.00	\$0.00	\$0.00
14. SUBTOTAL (sum of lines 12 and 13)	\$6,000.00	\$0.00	\$6,000.00
15. Project (program) income	\$0.00	\$0.00	\$0.00
16. TOTAL PROJECT COSTS	\$6,000.00	\$0.00	\$6,000.00
17. Federal assistance requested			\$5,000.00
Federal Percentage Share: 83.33% (Federal Percentage Share is calculated based on Federal assistance requested in 17c)			

Go to Previous Page Continue

1. Review the Consolidated Budget Information.

The Federal Assistance Requested (cell 17c) should be equal to the Federal Amount (in the New or Revised Budget columns), as entered in the Budget Summary Form of the Basic Information (Figure 36).

Otherwise an error message will appear at the top of the screen, and the following will have a status of NOT COMPLETE:

- * The Projects Page (Figure 108)
- * The Projects section of the Status Overview Page (for Program Specific Information) (Figure 18)
- * The Program Specific Information section of the Status Overview Page (for Entire Application) (Figure 17)

2. If the error message appears at the top of the screen,

- Click the [SF- 424 Budget Summary](#) link to automatically go to the **Budget Summary Form** (Figure 36) so that you can update the budget information in the form to match the **Consolidated Budget Page**.
 - Go to the individual **Budget Forms** (Figure 66) in one or more of the proposed project(s), and revise the Federal assistance which you are requesting.
3. When you have finished reviewing the **Consolidated Budget Page**, click the **Continue** button to proceed to the next form.

4.3.5 Consolidated Funding Sources

The Consolidated Funding Sources Page is a read-only screen containing summary information for **all the entered projects**. It contains the same classifications as a project's **Funding Sources Form** (Figure 67).

Click [Consolidated Funding Sources](#) on the **Program Specific Information** left side menu to access the **Consolidated Funding Sources Page** (Figure 110), if it is not already displayed.

Figure 110: Consolidated Funding Sources Page

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Consolidated Funding Sources
[home](#) | [logout](#) | [contact us](#) | [help](#) | [questions/comments](#)

Numbers shown in each cell within this form displays the summed up numbers for that cell which was provided in the Budget form and Funding Sources form for each project addre... (Show Full Instruction)

CONSOLIDATED FUNDING SOURCES
 Consolidated Funding Sources Status: **COMPLETE**

Budget Information	
Maximum Eligible Amount (x): \$500,000.00	Requested Amount (y): \$5,000.00
Balance Amount (x - y): \$495,000.00	Number of Projects Proposed: 1
Federal Amount from SF-424 Budget Summary: \$5,000.00	

Funding Sources Information				
Applicant Name	Chota Community Health Services, Inc			
1. Total Project Costs (From cell 16a of Budget form)	\$6,000.00			
2. Total Federal Grant Requested (From cell 17c of Budget form)	\$5,000.00			
3. Other Funding Sources				
	Amount Secured (a)	Amount Expected (b)	Amount Forthcoming (c)	Total (d=a+b+c)
3a. State Grants	\$1,000.00	\$0.00	\$0.00	\$1,000.00
3b. Local Funding	\$0.00	\$0.00	\$0.00	\$0.00
3c. Other Federal Funding	\$0.00	\$0.00	\$0.00	\$0.00
3d. Private/Third Party Funding	\$0.00	\$0.00	\$0.00	\$0.00
3e. Other Project Financing	\$0.00	\$0.00	\$0.00	\$0.00
Total Other Funding Sources	\$1,000.00	\$0.00	\$0.00	\$1,000.00

Go to Previous Page Continue

1. Review the Consolidated Funding Sources information.

The Total Other Funding Sources (row d) should be equal to the Total Non-Federal Amount (in the New or Revised Budget columns), as entered in the Budget Summary Form of the Basic Information (Figure 36).

Otherwise an error message might appear at the top of the screen, and the following will have a status of NOT COMPLETE:

- * The Projects Page (Figure 108)
- * The Projects section of the Status Overview Page (for Program Specific Information) (Figure 18)
- * The Program Specific Information section of the Status Overview Page (for Entire Application) (Figure 17)

2. If the error message appears at the top of the screen,
 - a. Click the [SF- 424 Budget Summary](#) link to automatically go to the **Budget Summary Form** (Figure 36) so that you can update the budget information in the form to match the **Consolidated Funding Sources Page**.
 - b. Go to the individual **Funding Sources Forms** (Figure 67) in one or more of the proposed project(s), and revise the Federal assistance which you are requesting.
3. When you have finished reviewing the **Consolidated Funding Sources Page**, click the button.
4. You will be returned to the **Program Specific Information Status Overview Page** (Figure 43).

4.4. Reviewing the Application

The **Status Overview Page for the Entire Application** (Figure 111) shows the completion status of each application form. All forms must be complete before you can submit your application.

Figure 111: Status Overview Page for the Entire Application

HRSA Electronic Handbooks for Applicants/Grantee
 Application SF424 for FY2011

Applications
 Welcome Barbara Levin to
 Status
[home](#) | [logout](#) | [contact](#)

The table below shows

STATUS OVERVIEW

SUGGESTED NEXT STEP
[Submit the Application to HRSA](#)

APPLICATION PROCESS STATUS

Deadline	Oct 31 2010 5:00PM ET (You have 37 days to complete and submit the application.)
Full Announcement (Includes Program Guidance)	Original announcement posted on 09/14/2010..... View Details
Assigned AO	Barbara Levin (The AO is responsible for submitting the application to HRSA. Reassign AO)
Creator	Barbara Levin (The creator is responsible for managing peers for the application. Manage Peers)
Last Updated By	Barbara Levin on 9/24/2010 3:04:00 PM
Peer Information	No peers associated with this Application.

[View: Application](#) | [Attachments \(3\)](#)

APPLICATION FORMS STATUS

Section	Action	Status
Face Page		
Application	Update	COMPLETE
Applicant	Update	COMPLETE
Project	Update	COMPLETE
Budget Summary	Update	COMPLETE
Other Information		
Appendices	Update	COMPLETE
Program Specific Information		
Program Specific Information	Update	COMPLETE

Application Tracking # 00082409

Application Process

- Overview
- Process
- Status**
- Face Page
- Application
- Applicant
- Project
- Budget Summary
- Other Information

Program Specific Information

- Program Specific Information
- Review and Submit**
- Review
- Submit

Logout

You can use this page to perform the following functions (in addition to updating forms):

- ❖ To review the status of the Program Specific Information, click [Program Specific Information/](#).
 - ▶ The **Status Page (for Program Specific Information)** will be displayed (Figure 112).
- ❖ To view or print application-related forms, click [Review](#) in the **Review and Submit** section on the side menu.
 - ▶ The **Review Page for Entire Application** will open in a Table of Content format (Figure 113).
- ❖ To start the submission process from this page, click [Submit](#).
 - ▶ **Status Overview Page for the Entire Application (for Submit)** (Figure 114) will be displayed.

Figure 112: Status Overview Page (for Program Specific Information)

U.S. Department of Health and Human Services
HRSA
 Health Resources and Services Administration
 E-HANDBOOK HOME

C12:School-Based Health Centers Capital Program (93.501)
 SBHCC Application for FY 2011

Welcome Barbara Levin (Last login date and time 9/24/2010 10:50:00 AM) --Tools Menu--

Status
[home](#) | [logout](#) | [contact us](#) | [help](#) | [questions/comments](#)

The table below shows the status for the SBHC Construction Program Specific Information. The application is currently **COMPLETE**.

Your session will remain active for 30 minutes since your last activity. Please save your work at regular intervals.

PROGRAM SPECIFIC INFORMATION STATUS OVERVIEW		
Budget Information		
Maximum Eligible Amount (x): \$500,000.00	Requested Amount (y): \$5,000.00	
Balance Amount (x - y): \$495,000.00	Number of Projects Proposed: 1	
Federal Amount from SF-424 Budget Summary: \$5,000.00		
PROGRAM SPECIFIC INFORMATION STATUS		
Section	Action	Status
Proposal Information		
Proposal Cover Page	Update	COMPLETE
Assurances	Update	COMPLETE
Project Information		
Projects	Update	COMPLETE
Consolidated Information		
Consolidated Budget	Update	COMPLETE
Consolidated Funding Sources	Update	COMPLETE

You can also use this page to start the submission process by clicking [Submit](#).

► **Status Overview Page for the Entire Application (for Submit)** (Figure 114) will be displayed.

Figure 113: Review Page for Entire Application

U.S. Department of Health and Human Services
HRSA
 Health Resources and Services Administration
 E-HANDBOOK HOME

HRSA Electronic Handbooks for Applicants/Grantee
 Application PHS 5161 for FY2011

Welcome Barbara Levin to HRSA EHB ut15 environment (Last login date and time 9/30/2010 1:52:00 PM) --Tools Menu--

Review
[home](#) | [logout](#) | [contact us](#) | [glossary](#) | [help](#) | [questions/comments](#)

The application has not been submitted to HRSA as yet.

The following is the table of contents of the application. For a printable version of all the HTML forms (forms only, no attachments) click [Print All HTML Forms](#) to get a printable copy of all HTML forms.

To print the entire application (HTML forms and attachments) click [Print](#). Please read associated important instructions BEFORE you use this feature.

TABLE OF CONTENTS		
Section	Type	Action
Face Page		
SF-424 Face Page	HTML	View
Project Description	Document	Not Available
Attachments List		
Attachment 1 - Letters of Support ()		View
Attachment 1 - Letters of Support ()		View
Attachment 2 - Other Relevant Documents		Not Available
Program Specific Information		
Program Specific OMB Approved Forms	HTML	View

Standard Form 424

The Table of Contents lists the application-related forms.

- ❖ Use the [View](#) links in the Action column to view a read-only version of a form ().
- ❖ Click [Print](#) to get a printable version of the Table of Contents.
- ❖ Click [Print All HTML Forms](#) to print all forms that are HTML i.e. which were not filled using attachments. Attachments can be printed by clicking on individual [View](#) link for Document (attachment) type forms and then printing the document.
- ❖ Click [Proceed to Submit Page](#) to go to the **Status Overview Page for the Entire Application (for Submit)** (Figure 114) to initiate the Submit Application process.
(You can also click [Submit](#) in the left side menu to initiate the Submit Application process.)

4.5. Submitting Application

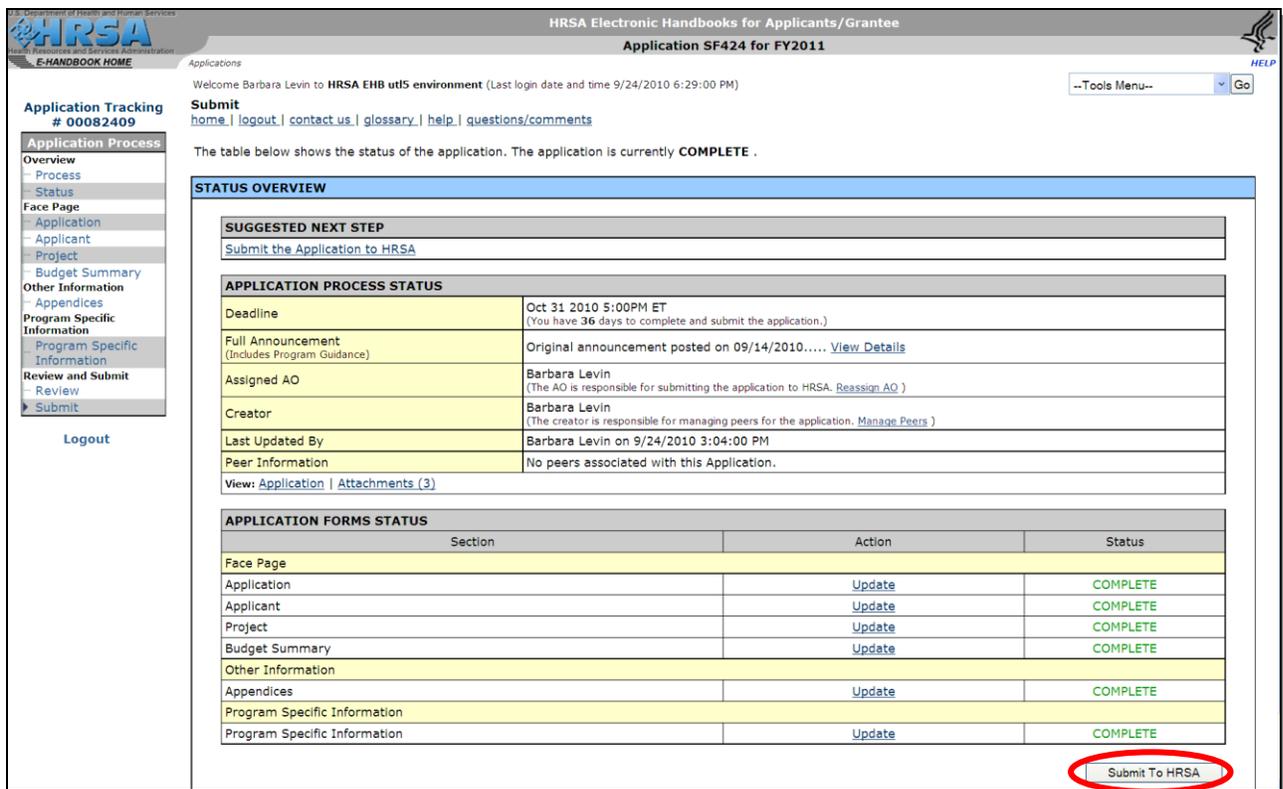
Once all forms are complete, the application can be submitted to HRSA.

To submit the application, you must have the 'Submit' privilege.

1. Click the **Submit** link under **Review and Submit** on the left side menu of the **Status Overview Page for the Entire Application** (Figure 111) (or any other page containing this link) to start the Submit Application process.
2. If all the forms are marked **COMPLETE**, the **Status Overview Page for the Entire Application (for Submit)** (Figure 114) will be displayed (as Ready for Submission), containing a **Submit to HRSA** button at the bottom of the screen.

 If you do not have the 'Submit' privilege, a **Submit to AO** button will be displayed, instead.

Figure 114: Status Overview Page for the Entire Application (for Submit)



The screenshot displays the HRSA Electronic Handbooks for Applicants/Grantee interface. The page title is "Application SF424 for FY2011". The user is logged in as Barbara Levin. The application status is "COMPLETE". The page includes a "SUGGESTED NEXT STEP" section with a "Submit the Application to HRSA" link. Below this is the "APPLICATION PROCESS STATUS" table, followed by the "APPLICATION FORMS STATUS" table. The "APPLICATION FORMS STATUS" table shows that all sections (Face Page, Application, Applicant, Project, Budget Summary, Other Information, Appendices, Program Specific Information) are marked as "COMPLETE". A "Submit To HRSA" button is located at the bottom right of the page, circled in red.

Section	Action	Status
Face Page		
Application	Update	COMPLETE
Applicant	Update	COMPLETE
Project	Update	COMPLETE
Budget Summary	Update	COMPLETE
Other Information		
Appendices	Update	COMPLETE
Program Specific Information		
Program Specific Information	Update	COMPLETE

3. Click the **Submit to HRSA** button.
 - ▶ The **Submit –Certifications and Acceptances Page** (Figure 115) will be displayed.

Figure 115: Submit – Certifications and Acceptances Page

U.S. Department of Health and Human Services
HRSA
 Health Resources and Services Administration
 E-HANDBOOK HOME

HRSA Electronic Handbooks for Applicants/Grantee
 Application SF424 for FY2011

Applications
 Welcome Barbara Levin to HRSA EHB ut15 environment (Last login date and time 9/25/2010 6:49:00 PM)

Submit
[home](#) | [logout](#) | [contact us](#) | [glossary](#) | [help](#) | [questions/comments](#)

You have chosen to submit this application to HRSA. As an Authorizing Official for the applicant organization, you are required to sign all underlying certifications and acceptances. Note that a copy of the governing body's authorization for you to sign this application as official representative must be on file in the applicant's office. Click on all the check boxes to electronically sign the application.

Click the 'Submit Application' button below to confirm your intent to submit the application. Please be aware that once the application has been submitted you will not be able to change it.

If you wish to review your application, or if you do not wish to submit the application at this time, click the 'Cancel' button to return to the previous screen.

This is a confirmation page! You MUST click on the appropriate button to complete your action.

Fields marked with an asterisk(*) are required.

* Certifications and Acceptances		
<input type="checkbox"/>	To the best of my knowledge and belief, all data in this application / pre-application are true and correct, the document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.	View
<input type="radio"/>	Yes	
<input checked="" type="radio"/>	No	View
<input type="radio"/>	Yes	
<input checked="" type="radio"/>	No	View

I certify that I have read and agree to comply with the requirements of form SF 424B upon award of funds.

I have read and agree with all the above certifications.

4. Answer the questions on the form. (The asterisk (*) next to Certifications and Acceptances means that the answers to these questions are required.)
5. Click the button to submit your application to HRSA.
 ► The **Application Submission Confirmation Page** (Figure 116) will be displayed.

Figure 116: Application Submission Confirmation Page

U.S. Department of Health and Human Services
HRSA
 Health Resources and Services Administration
 E-HANDBOOK HOME

HRSA Electronic Handbooks for Applicants/Grantee
 Application PHS 5161 for FY2011

Welcome Barbara Levin to **HRSA EHB ut15 environment** (Last login date and time 9/25/2010 6:49:00 PM) --Tools

Application Tracking # 00082409

Application Preview
 Review

[Logout](#)

Review
[home](#) | [logout](#) | [contact us](#) | [glossary](#) | [help](#) | [questions/comments](#)

The Application was successfully submitted to HRSA.

To print the face page, click the 'Print' button below.

Print

APPLICATION FOR FEDERAL ASSISTANCE Version 7

APPLICATION FOR FEDERAL ASSISTANCE		2. Date Submitted	Applicant Identifier
1. Type of Submission		3. Date Received By State	State Application Identifier
Application	Preapplication		
<input type="checkbox"/> Construction	<input type="checkbox"/> Construction	4. Date Received By Federal Agency	Federal Identifier
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction		Application # 00082409
5. Applicant Information			
Legal Name:		Organizational Unit	
Chota Community Health Services, Inc		Department	
Organizational DUNS:	143627094	Division	
Address: (give city, county, state and zip code)		Name and telephone number of the person to be contacted on matter of involving this application (give area code)	
1206 Highway 411		Name	TERRY HORNE
Vonore TN 37885-2455		Tel Number (give area code):	(615)444-7293
County	Monroe	Fax Number (give area code):	(615)443-5189
6. Employer Identification Number(EIN)		7. Type of Applicant	
68-0560048		G: Independent School District	
		Other (Specify):	
8. Type of Application		9. Name of Federal Agency	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		Health Resources and Service Administration	
If Revision:		11. Descriptive Title of Applicant's Project:	
<input type="checkbox"/> A. Increase Award <input type="checkbox"/> C. Increase Duration		School-Based Health Centers Capital Program	
<input type="checkbox"/> B. Decrease Award <input type="checkbox"/> D. Decrease Duration		12. Areas Affected by Project (Cities, Counties, States, etc.):	
Other (Specify):			
10. Catalog of Federal Domestic Assistance			
Number	93.501		
Title (Name of Program)	School-Based Health Centers Capital Program		
13. Proposed Project			
Start Date:	11/1/2010		
14. Congressional Districts of			
a. Applicant	TN-02		

6. Take note of the Application Number
 - You may optionally print the confirmation page by clicking the **Print** button.
7. Click the **Go Back to Home Page** button (at the bottom the screen, not shown) to go to the **'HRSA EHB Home (Welcome)' Page** (Figure 12) to perform additional work.

5. Customer Support Information

 Use your Application Tracking Number for all correspondence.

5.1. BPHC Help Desk

For assistance with completing Standard and Program Specific forms within the application, please contact BPHC Help Desk:

- By email: BPHCHELPLINE@hrsa.gov
- OR
- By Phone: 1-877-974-BPHC (2742) (between 9:00 am to 5:30 pm ET)

DO NOT call the BPHC Help Desk for any questions on application Guidance or Programmatic questions that you might have when completing your application

5.2. HRSA Call Center

For assistance with registering in HRSA EHBs, or access/password related issues please call the HRSA Call Center:

- By Phone: 877-GO4-HRSA (877-464-4772) or 301-998-7373 (between 9:00 am to 5:30 pm ET)
- OR
- By Email: callcenter@hrsa.gov

Please visit HRSA EHBs for additional online help.

- Go to: <https://grants.hrsa.gov/webexternal/home.asp>
- Click on 'Help'

DO NOT call the Call Center for any questions on application Guidance or Programmatic questions that you might have when completing your application

5.3. HRSA Program Support

For any questions on application guidance or programmatic questions that you might have when completing your application, please contact the Program Point of Contact within Bureau of Primary Health Care (BPHC) Office of Policy and Program Development (OPPD) - as noted within the application guidance.

6. FAQs

6.1. Software

6.1.1 What are the software requirements for HRSA EHBs?

HRSA EHBs can be accessed over the Internet using Internet Explorer (IE) v5.0 and above and Netscape 4.72 and above. HRSA EHBs are 508 compliant.

IE 6.0 and above is the recommended browser.

HRSA EHBs use pop-up screens to allow users to view or work on multiple screens. Ensure that your browser settings allow for pop-ups.

In addition, to view attachments such as Word and PDF, you will need appropriate viewers.

6.1.2 What are the system requirements for using HRSA EHBs on a Macintosh computer?

Mac users are requested to download the latest version of Netscape for their OS version. It is recommended that Safari v1.2.4 and above or Netscape v7.2 and above be used.

Note that Internet Explorer (IE) for Mac has known issues with SSL and Microsoft is no longer supporting IE for Mac. HRSA EHBs do not work on IE for Mac.

In addition, to view attachments such as Word and PDF, you will need appropriate viewers.

6.1.3 What are the software requirements for GAAM?

Refer to the software requirements for HRSA EHBs. In addition, you will need Microsoft Word to complete GAAM unstructured forms.

6.1.4 What document types can I upload?

The following document types are supported in HRSA EHBs:

.DOC - Microsoft Word

.RTF - Rich Text Format

.TXT - Text

.WPD - Word Perfect Document

.PDF - Adobe Portable Document Format

.XLS - Microsoft Excel

 **HRSA EHBs currently do not support MS Office 2007 formats (.docx, .xlsx, etc).**