HRSA Electronic Handbooks (EHB)

FY 2016 Health Center Controlled Networks (HCCN)

HRSA-16-010

User Guide for Grant Applicants

Last updated on October 20, 2015



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This user guide describes the steps you need to follow in order to submit a FY 2016 Health Center Controlled Networks (HCCN) application to the Health Resources and Services Administration (HRSA).

1. Starting the FY 2016 HCCN Application

You can complete and submit the FY 2016 HCCN application by following a two-step process:

- 1. In the first step, you must find the funding opportunity in Grants.gov, download the application package, and submit the completed application in Grants.gov.
- 2. In the second step, you must validate, complete, and submit this application in the HRSA Electronic Handbooks (EHB).

IMPORTANT NOTE: Refer to the HRSA SF-424 Two Tier Application Guide (http://www.hrsa.gov/grants/apply/applicationguide/sf424programspecificappguide.pdf) for more details related to submitting the application in Grants.gov and validating it in EHB.

Once the application is validated in EHB, you can access it in your pending tasks. To access the application in EHB, follow the steps below:

1. After logging into EHB, click the Tasks tab on the EHB **Home** page to navigate to the **Pending Tasks – List** page.

IMPORTANT NOTE: If you do not have a username, you must register in EHB. Do not create duplicate accounts. If you experience log in issues or forget your password, contact the Bureau of Primary Health Care (BPHC) Helpline (http://www.hrsa.gov/about/contact/bphc.aspx) at (877) 974-2742.

- 2. Locate the HCCN application using the EHB application tracking number (e-mailed after successful Grants.gov submission) and click the **Start** link to begin working on the application in EHB.
 - > The system opens the **Application Status Overview** page of the application (Figure 1).

Section	Status	Options
Basic Information		
SF-424	💸 Not Started	
Part 1	💸 Not Started	🐼 Update
Part 2	💸 Not Started	🕜 Update
Project/Performance Site Location(s)	💸 Not Started	🕜 Update
Project Narrative	💸 Not Started	🚱 Update
Budget Information 2		
Section A-C	💸 Not Started	
Budget Period 1	💸 Not Started	🚱 Update
Budget Period 2	💸 Not Started	🚱 Update
Budget Period 3	💸 Not Started	🕜 Update
Budget Period 4	💸 Not Started	🕜 Update
Budget Period 5	💸 Not Started	🚱 Update
Section D-F	💸 Not Started	🕜 Update
Budget Narrative	💸 Not Started	🚱 Update
Other Information 3		
Assurances	💸 Not Started	🕜 Update
Disclosure of Lobbying Activities	💸 Not Started	🚱 Update
Appendices	💸 Not Started	🕜 Update
Program Specific Information		
Program Specific Information	💸 Not Complete	💋 Update

Figure 1: Accessing the Application - Status Overview Page

The application consists of a standard section and a program specific section. You must complete the forms displayed in both of these sections to submit your application to HRSA.

2. Completing the Standard SF-424 Section of the Application

The standard SF-424 section of the application consists of the following main sections:

- <u>Basic Information</u> (Figure 1, 1)
- <u>Budget Information</u> (Figure 1, 2)
- <u>Other Information</u> (Figure 1, 3)

2.1 Completing the Basic Information Section

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

• The **SF-424 Part 1** form displays the basic application and applicant organization information.

• The **SF-424 Part 2** form displays project information including the project title, project period, cities, counties, and Congressional districts affected by the project. The Project Abstract has been imported from Grants.gov and placed under the Project Description section (Figure 2, 1). You may re-attach an updated version, as necessary by selecting the Update Description link (Figure 2, 2).

K SF-424 - Part 1 🕺 SF-424 - Pa	art 2				
Fields with * are required					
▼ Areas Affected by Project (Ci	ties, Counties, States, et	c.) (Minimum 0) (Maxi	mum 1)		Attach File
			No documents attached		
Descriptive Title of Applicant's P	roject Health	h Center Cluster			
· Project Description (Minime	um 1) (Maximum 1)]			Max 1 Allowed
Document Name	Size	Date Attached	Description	Options	2
Project Abstract.docx	11 KB	410-009	Project Abstract from Grant.gov	M Updat	s Description 💌

Figure 2: Project Description on SF-424 Part 2

- The **Project/Performance Site Location(s)** form, provided in Grants.gov, displays the administrative site location and any site locations where you propose to provide services, if listed in Grants.gov. Since this is a supplemental funding application, only the address for the administrative site location is required.
- In the **Project Narrative** form, attach the project narrative by clicking on the Attach file button (Figure 3, 1).

Figure 3: Project Narrative

Go to Previous Page	Save Save and Continue
No documents attached	
Project Narrative (Minimum 1) (Maximum 2)	Attach File
Fields with • are required	Ū
Application Action History - Funding Opportunity Announcement FOA Guidance - Application User Guide	
View	
▼ Resources t2	
 HIGH HEALTH HERE TIME 	Due Date: PM (Due in: days) Section Status: Not Complete
Project Narrative	

2.2 Completing the Budget Information (SF-424A)

To complete this section, you must complete the **Budget Information** <u>Section A-C</u> and <u>D-F</u> forms and provide a <u>Budget Justification Narrative</u>.

2.2.1 Budget Information – Section A-C

IMPORTANT NOTE: FY 2016 HCCN has a total project period of 3 years. Therefore, you are only required to enter the budget information for budget periods 1, 2, and 3.

The **Budget Information – Section A-C** form collects information for every budget period in this funding opportunity. Each budget period consists of the following three sections:

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

To complete this form, follow the steps below:

 Click the Update link for Section A-C 'Budget Period 1' on the Application - Status Overview page (Figure 4).

List of forms that are part of the application package		
Section	Status	Options
Basic Information		
SF-424	💸 Not Started	
Part 1	💸 Not Started	🔗 Update
Part 2	💸 Not Started	🕜 Update
Project/Performance Site Location(s)	💸 Not Started	🕜 Update
Project Narrative	💸 Not Started	🚱 Update
Budget Information		
Section A-C	💸 Not Started	
Budget Period 1	💸 Not Started	🕜 Update
Budget Period 2	💸 Not Started	📝 Update
Budget Period 3	💸 Not Started	🕜 Update
Budget Period 4	💸 Not Started	🕜 Update
Budget Period 5	💸 Not Started	🚱 Update
Section D-F	💸 Not Started	🞲 Update
Budget Narrative	💸 Not Started	🕜 Update
Other Information		
Assurances	💸 Not Started	📝 Update
Disclosure of Lobbying Activities	💸 Not Started	🕜 Update
Appendices	💸 Not Started	🕜 Update
Program Specific Information		
Program Specific Information	💸 Not Complete	🚱 Update

Figure 4: Budget Information Section A-C Update Link

The system navigates to the Budget Information – Section A-C form for the first budget period of this funding opportunity (Figure 5).

wanted as included in the	TV LABOR INC. AND	NAME AND ADDRESS OF TAXABLE	and the second s			Due During		and the second of the second sec
Charles Conserve	in sector of a sec	and a more or pro-	months.			Due Date:	Section Status	: Not Complete
Resources ピ								
Fields with * are required								
Budget Period 1	Budget Period 2	🐳 Budget Period 3	Rudget Period 4	Rudget Period 5				1
* Section A - Budget S	ummary							Dpdate
			and the second second	Estimated Unobliga	ted Funds	Ne	w or Revised Budget	
Grant Program Function	n or Activity	c	FDA Number	Federal	Non-Federal	Federal	Non-Federal	Total
Health Center Controlled	Networks		93.527	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
• Section B - Budget C	ategories							🔗 Update
				Grant Program Function o	Activity			
Object Class Categories	8				Health	Center Controlled Netwo	orks	Total
Personnel						sc	0.00	\$0.00
Fringe Benefits						\$0	0.00	\$0.00
Travel						\$0	0.00	\$0.00
Equipment						\$0	0.00	\$0.00
Supplies						\$0	0.00	\$0.00
Contractual						\$0	0.00	\$0.00
Construction						\$0	0.00	\$0.00
Other						\$0	0.00	\$0.00
Total Direct Charges						s	0.00	\$0.00
Indirect Charges						\$0	0.00	\$0.00
Total						\$0	0.00	\$0.00
Section C - Non Federation	eral Resources							🕖 Update
Grant Program Function	n or Activity		Applicant	State	Local	Other	Program Income	Total
Health Center Controlled	Networks		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Figure 5: Budget Information – Section A-C Page

- 2. To enter or update the budget information for the HCCN project, click the Update button displayed in the top right corner of the Section A Budget Summary header (Figure 5, 2).
 - The Section A Update page opens.



· TURNA COMMUNITY HEALTH AN	INCOMPOSE OF SPOKE	UNE		Due Date: days)	PM (De Section Status: Not C	ue in: omplete
) Resources 🛃						
fields with * are required						
* Section A - Budget Summary						
* Section A - Budget Summary	CEDA Number	Estimated Unobl	igated Funds	1 New or	Revised Budget 2	
* Section A - Budget Summary Grant Program Function or Activity	CFDA Number	Estimated Unobl	igated Funds Non-Federal	1 New or Federal	Revised Budget 2 Non-Federal	Total
Section A - Budget Summary Grant Program Function or Activity Health Center Controlled Networks	CFDA Number	Estimated Unobl Federal	Igated Funds Non-Federal	1 New or Federal \$	Revised Budget 2 Non-Federal \$	Total
Section A - Budget Summary Grant Program Function or Activity Health Center Controlled Networks	CFDA Number 93.527	Estimated Unobl Federal \$0.00	Non-Federal \$0.00	Federal \$ 0.00	Revised Budget 2 Non-Federal \$ 0.00	Total \$0.00
Section A - Budget Summary Grant Program Function or Activity Health Center Controlled Networks Total	CFDA Number 93.527	Estimated Unobl Federal \$0.00 \$0.00	Igated Funds Non-Federal \$0.00 \$0.00	1 New or Federal \$ 0.00 \$0.00	Revised Budget 2 Non-Federal \$ 0.00 \$0.00	Total \$0.00 \$0.00

3. Do not update the Estimated Unobligated Funds columns. Under the New or Revised Budget section, enter the amount of federal funds requested for the first 12-month period of the HCCN project (Figure 6, 1). Do not enter non-federal funds in the budget. Only the federal fund request should be provided. (Figure 6, 2).

IMPORTANT NOTE: The federal amount refers only to HCCN funding requested, not all federal grant funding that an applicant receives. Refer to Table 1 for the maximum allowable awards for each annual budget period.

lable 1: Maximum Annua	I Awards
Number of Participating Health Centers	Maximum Annual Award
10-14	\$500,000
15-19	\$625,000
20-24	\$750,000
25-29	\$875,000
30-34	\$1,000,000
35-39	\$1,125,000
40-44	\$1,250,000
45-49	\$1,375,000
50 or more	\$1,500,000

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- 4. Click the Save and Continue button.
 - The Budget Information Section A-C page re-opens displaying the updated New or Revised Budget under Section A – Budget Summary (Figure 7).

Figure 7: Section A – Budget Summary Page after Update

🛪 Budget Period 1 🛛 🐳 Budget P	eriod 2 💸 Bu	idget Period 3	Rudget Period 4	Rudget Period 5				
* Section A - Budget Summary								🕜 Update
				Estimated Unobliga	ted Funds	Nev	or Revised Budget	
Grant Program Function or Activi	ty.	CF	DA Number	Federal	Non-Federal	Federal	Non-Federal	Total
Health Center Controlled Networks			93.527	\$0.00	\$0.00	\$500,000.00	\$0.00	\$500,000.00
Total				\$0.00	\$0.00	\$500,000.00	\$0.00	\$500,000.00

5. In Section B – Budget Categories, you must provide the federal funding distribution across object class categories for the selected 12-month period. Click the Update button provided at the top right corner of the Section B header (Figure 8).

* Section B - Budget Categories		🔗 Update	
Object Close Categories	Grant Program Function or Activity		
Object class categories	Health Center Controlled Networks	Total	
Personnel	\$0.00	\$0.00	
Fringe Benefits	\$0.00	\$0.00	
Travel	\$0.00	\$0.00	
Equipment	\$0.00	\$0.00	
Supplies	\$0.00	\$0.00	
Contractual	\$0.00	\$0.00	
Construction	\$0.00	\$0.00	
Other	\$0.00	\$0.00	
Total Direct Charges	\$0.00	\$0.00	
Indirect Charges	\$0.00	\$0.00	
Total	\$0.00	\$0.00	

Figure 8: Section B – Budget Categories

- The system navigates to the Section B Update page (Figure 9).
- Enter the federal dollar amount for each applicable object class category under the Health Center Controlled Networks column (Figure 9, 1). Click the Calculate Total button to compute the sum of amounts provided (Figure 9, 2). The total HCCN amount in Section B – Budget Categories must be equal to the total new or revised federal budget amount specified in Section A – Budget Summary of the Budget Information – Section A-C form.

Ote(s): Total of all budget categories in Section B must be equal to total federal new or revised budget in Sec	ion A - \$500,000.00.	
NUMBER COMMUNITY VEALTS ASSOCIATION OF SPORAME	Due Date: days) Section Statu	PM (Due in:
▶ Resources ピ	united and a second state	
ields with • are required		
Section B - Budget Categories		
Object Class Categories Grant Program	Function or Activity	Total
Marc ansa anreguisa	Health Center Controlled Network	(S
Personnel	\$ 0.0	0 \$0.00
ringe Benefits	\$ 0.0	0 \$0.00
Travel	\$ 0.0	0 1 \$0.00
Equipment	\$ 0.0	0 \$0.00
Supplies	\$ 0.0	0 \$0.00
Contractual	\$ 0.0	0 \$0.00
Construction	\$ 0.0	0 \$0.00
Dther	\$ 0.0	0 \$0.00
ndirect Charges	s 0.0	0 \$0.00
Total Calculate Total 2	\$0.0	\$0.00
Total Budget specified in Budget	\$500.000.0	\$500.000.00

Click the Save and Continue button (Figure 9, 3) to navigate to the Budget Information – Section A-C page (Figure 10).

Success: Information saved successfully.						
1000 COMMUNETY HEALTH ADDIDIOS	OR OF SPOKARE			Due Date:	PM (D Section Statu	ue in: days) s: Not Complete
Resources ピ						
ields with * are required						
Budget Period 1 😵 Budget Period 2 🐳 Bud	iget Period 3 🛛 🔆 Budget Period 4	K Budget Period 5				
Section A - Budget Summary						🗑 Update
		Estimated Unobligat	ed Funds	New	or Revised Budget	
arant Program Function or Activity	CFDA Number	Federal	Non-Federal	Federal	Non-Federal	Tota
Health Center Controlled Networks	93.527	\$0.00	\$0.00	\$500,000.00	\$25,000.00	\$525,000.00
Fotal		\$0.00	\$0.00	\$500,000.00	\$25,000.00	\$525,000.0
Section B - Budget Categories						🕜 Updat
		Grant Program Function or	Activity			
Diject class Categories			Health G	Center Controlled Networ	ks	Tota
Personnel				\$100,000.0	00	\$100,000.0
Fringe Benefits				\$10,000,0	00	\$10,000.0
Fravel				\$10,000.	00	\$10,000.0
Equipment				\$10,000.0	00	\$10,000.0
Supplies				\$10,000.	00	\$10,000.0
Contractual				\$10,000.	00	\$10,000.0
Construction				\$50,000.	00	\$50,000.0
Other				\$200,000.	00	\$200,000.0
Total Direct Charges				\$400,000.	00	\$400,000.0
Indirect Charges				\$100,000.	00	\$100,000.0
Total				\$500,000.	00	\$500,000.0
Section C - Non Federal Resources						Dpdat
Grant Program Function or Activity	Applicant	State	Local	Other	Program Income	Tota
Lanth Ocates Ocates and Making and	\$10,000.00	\$5,000.00	\$5,000.00	\$2,500.00	\$2,500.00	\$25,000.0
Health Center Controlled Networks						

Figure 10: Budget Information – Section A-C Page after Updates

- 8. Once you have entered all of the necessary budget information for the specified budget period, you can move on to the **Budget Information Section A-C** form for the next budget period by selecting the desired tab (Figure 10, 1) or by clicking on the Save and Continue button at the bottom of the form (Figure 10, 2).
- 9. The system navigates to the **Budget Information Section A-C** form for the selected budget period (Figure 11).

Success: Information entered on the 'Budget Period 1' page	was saved successfully. The Section st	atus is Complete.				
Unit COMMUNITY HEALTH ADDICEST	ON OF SPOKANE			Due Date:	PM (Section Stat	Due in: days) us: Not Complete
Resources 🕑						
Budget Period 1 🛛 💸 Budget Period 2 🛛 🐳 Bud	dget Period 3 🛛 💸 Budget Period 4	Rudget Period 5			_	Ţ
					Co	py from Previous Yea
Section A - Budget Summary						🕼 Update
The second se	CEDA Musikus	Estimated Unobligat	ed Funds	Ne	w or Revised Budget	
Frank Program Punction of Activity	CFDA Number	Federal	Non-Federal	Federal	Non-Federal	Tota
Health Center Controlled Networks	93.527	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Fotal		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Section B - Budget Categories						Te Update
	(Grant Program Function or	Activity			Testel
DDject Class Categories			Health Co	enter Controlled Netwo	rks	Total
Personnel				\$0	.00	\$0.00
Fringe Benefits				\$0	.00	\$0.00
Fravet				\$0	.00	\$0.00
Equipment				\$0	.00	\$0.00
Supplies				\$0	.00	\$0.00
Contractual				\$0	.00	\$0.00
Construction				\$0	.00	\$0.00
Other				\$0	.00	\$0.00
Total Direct Charges				\$0	.00	\$0.00
ndirect Charges				\$0	.00	\$0.00
Total				\$0	.00	\$0.00
Section C - Non Federal Resources						🔗 Update
Grant Program Function or Activity	Applicant	State	Local	Other	Program Income	Tota
Health Center Controlled Networks	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Figure 11: Budget Information – Section A-C Page for Subsequent Budget Periods

 If the budget information is identical to the previous budget period, you may click on the Copy from Previous Budget Period button (Figure 11, 1) to copy over the information from the previous tab or repeat steps 1 – 10 to enter the desired budget information and move on to the next budget period.

IMPORTANT NOTE: FY 2016 HCCN has a total project period of 3 years. Therefore, you are only required to enter the budget information for budget periods 1, 2, and 3. For budget periods 4 and 5, simply click on the Save and Continue button without entering any additional information to proceed to the next form (**Figure 11, 2**).

2.2.2 Budget Information – Section D-F

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

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

Budget Information	n - Section D-F					
· HING LAPINE COM	MUNITY HERE THE CONTER			Due Date:	PM (Due in: a da Status: I	ays) Section Not Complete
▼ Resources ピ View						
Application Action Histo	ny Funding Opportunity Announcement	FOA Guidance App	ication User Guide			
Section D - Forecasted Cash	Needs				1	Update
		1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total
Federal		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Non-Federal		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Section F - Other Budget Info	ormation				2	Update
Direct Charges	No information added.					
Indirect Charges	No information added.					
Remarks	No information added.				3	
Go to Previous Page					Save	Save and Continue

Figure 12: Budget Information – Section D-F

To complete this form, follow the steps below:

- Section D Forecasted Cash Needs is optional and may be left blank. However, you may enter the amount of cash needed by quarter during the first budget period for the federal requested amount. Click the Update button provided in the top right corner of Section D to do so (Figure 12, 1).
- In Section F Other Budget Information, you may provide information regarding direct and indirect charges. You can also document any relevant comments or remarks in this section. Click the Update button provided in the top right corner of Section F to do so (Figure 12, 2).
- 3. Finally, click the Save and Continue button on the **Budget Information Section D-F** to proceed to the next form (Figure 12, 3).

2.2.3 Budget Justification Narrative

Attach a budget justification narrative by clicking on the Attach File button (Figure 13, 1).

Budget Narrative	
TINDE LAPINE COMMUNITY WERE THE CENTER	Due Date: PM (Due in: days) Section Status: Not Complete
▼ Resources L [*]	
Application Action History Funding Opportunity Announcement FOA Guidance Application User Guide	
Fields with * are required	þ
▼ ● Budget Narrative (Minimum 1) (Maximum 2)	Attach File
No documents attached	
Go to Previous Page	Save Save and Continue

Figure 13: Budget Justification Narrative

Once completed, click on the Save and Continue button to proceed to the next form.

2.3 Completing the Other Information section

The Other Information section consists of the Assurances, Disclosure of Lobbying Activities, and Appendices forms. You must complete all three forms in order to complete this section.

2.3.1 Completing the Assurances Form

The **Assurances** form verifies that you are aware of and agree to comply with all of the federal requirements should HCCN funds be awarded. To complete this form, you must select 'Agree' on the certification question at the bottom of the form (Figure 14, 1) and click on the Save and Continue button to proceed to the **Disclosure of Lobbying Activities** form.

Accuration	
2 Haamaneea	
 Contra and contra international series for Contra and 	Due Date: Section Status:
* Resources (*	
View	
Application Action History Funding Opportunity Ampouncement FOA Guidance Application User Guide	
SF-424B: Assurances, Non-Construction	
As the duty authorized representative of the applicant, I centry that the applicant	
1 Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including func	ds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project
described in this application. 2 Will give the awarding abency the Comptrinier General of the United States and if appropriate the State through any authority.	nzed representative, access to and the polit to examine all records, books, papers, or documents related to the award; and will
establish a proper accounting system in accordance with generally accepted accounting standards or agency directives	
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appe	sarance of personal or organizational conflict of interest, or personal gain
4 Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency 5. Will complex with the interconventmental Personnel Act of 1970 (421) S C. 884708-4763) relation to prescribed standards for.	ment sustems for programs himfert under one of the 19 stabilies or regulations specified in Amenday Ant OPM's Standards for a Ment
System of Personnel Administration (5 C F.R. 900, Subpart F)	o ano 34 ana 6 to food and anota analy one of on 19 months of Administry o
6. Will comply with all Federal statules relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil I	Rights Act of 1964 (F.L. 86-352) 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 §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of functioners. (d) the Ane Decompanion Act of 1875, as amended (27 U S C \$\$55701-8107), which prohibits decompanion and	If sex, (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of a life basis of asis, (c) this Place Alaces Office and Teachered Act of 1022 (D), 80 255), as arreaded valiation to packet promotion on the basis of asis.
the basis of drug abuse, (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act	of 1970 (PL 91-516), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholismi, (g) §§523 and 527 of
the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcoh	tol and drug abuse patient records, (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3001 et seq.), as amended, relating to
nondiscrimination in the sale, rental or financing of housing. (i) any other nondiscrimination provisions in the specific statute(s	Junder which application for Federal assistance is being made, and, (j) the requirements of any other nondiscrimination statute(s)
7 Will cumply, or has already compled, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real F	Property Acquisition Policies Act of 1970 (PL 91-646) which provide for fair and equitable treatment of persons displaced or whose
property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real p	roperty acquired for project purposes regardless of Federal participation in purchases.
8. Will cumply as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political a	activities of employees whose principal employment activities are funded in whole or in part with Federal funds
9 Vini comply, as applicable, with the provisions of the Days Bacon Act (40 D S.C. §§276a to 276a-7), the Cobeland Act (40 the standards for federally assisted construction subanreements	J.S.C. §27/tic and 16 U.S.C. §87/4), and the Contract Work Hours and Salety Standards Act (40 U.S.C. §§3/27/333), regarding abor
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act	of 1973 (PL 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood
insurance if the total cost of insurable construction and acquisition is \$10,000 or more.	
11 Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental configuration of wetlands pursuant to EQ 11990. (d) evaluation of foc.	Jually control measures under the National Environmental Policy Act of 1959 (PL 91-190) and Executive Order (E0) 11514; (b) of bazards in Boudplains in accordance with EO 11988. (e) assurance of project consistency with the approved State management
program developed under the Coastal Zone Management Act of 1972 (16 U.S.G. §§1451 et seq.) (f) conformity of Federal	actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401
et seq.), (g) protection of underground sources of danking water under the Safe Dinniang Water Act of 1974, as amended (P)	1. 93-523) and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P1. 93-205)
12 Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or pot 13. Will accief the awarding among an accient compliance with Section 106 of the National History: Precentation Act of 1960.	ethal components of the habitinal wild and scenic rivers system as amended USEU S C 8470). EC 11503 (doublication and potention of betroor properties) and the Archaeolegeral and History
Preservation Act of 1974 (16 U.S.C. §§409a-1 et seq.)	in antitudio (no prece 24) of the region pagementation and biological or matching produced at and an end of the region and matching
14 Will comply with P.L. 93-348 regarding the protection of truman subjects involved in research, development, and related activ	nties supported by this award of assistance
15 Will comply with the Laboratory Animal Welfare Act of 1966 (PL 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining conductors.	to the care, hundling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of
16 Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §\$4801 et seg.) which prohibits the use of lead-	-based paint in construction or rehabilitation of residence structures.
17 Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendment	es of 1996 and OMB Circular No. 45 CFR 75, "Audits of States, Local Governments, and Non-Profit Organizations."
18 Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing th	is program
 Will comply with the requirements of Section 100(g) of the Trancking Victims Protection Act (TVPA) of 2000, as amended (2 during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award 	(2.0.5.6.7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of transition in persons rd is in effect or (3) Using forced labor in the performance of the award or subawards under the award.
Certification	
Name of the authorized certifying official	
Title	
Applicant organization	
I certify that I have read and agree to comply with the requirements of form SF 424B upon award of funds.	
Agree * Do not agree	
Go to Previous Page	Save Save and Cintinge

Figure 14: Assurances

2.3.2 Completing the Disclosure of Lobbying Activities Form

Complete all sections of the **Disclosure of Lobbying Activities** form and click on the Save and Continue button to proceed to the **Appendices** form.

IMPORTANT NOTE: If you certify that you are currently NOT receiving more than \$100,000 in federal funds, and you engage in lobbying activities, you are not required to complete the Disclosure of Lobbying Activities form.

2.3.3 Completing the Appendices Form

Complete the **Appendices** form using the following steps:

 Expand the left navigation menu if not already expanded by clicking the double arrows displayed near the form name at the top of the page (Figure 15, 1). Click on the Appendices link (Figure 15, 2) to navigate to the Appendices form.



Figure 15: Left Navigation Menu

- 2. Upload the following attachments by clicking the associated Attach File buttons:
 - Attachment 1: Proof of Public or Non-Profit Status
 - Attachment 2: Participating Health Center Memorandum of Agreement
 - Attachment 3: Project Organizational Chart
 - Attachment 4: Position Descriptions for Key Project Staff
 - Attachment 5: Biographical Sketches for Key Project Staff
 - Attachment 6: Staffing Plan
 - Attachment 7: Summary of Contracts and Agreements
 - Attachment 8: Letters of Support

- Attachment 9: Corporate Bylaws
- Attachments 10: Indirect Cost Rate Agreement
- Attachments 11 15: Other Relevant Documents

After completing the **Appendices** form, click the Save and Continue button to proceed to the **Program Specific Information – Status Overview** page.

3. Completing the Program Specific Forms

 Expand the left navigation menu if not already expanded by clicking the double arrows displayed near the form name at the top of the page (Figure 15, 1). Click the Program Specific Information link (Figure 15, 3) under the Program Specific Information section in the left menu to open the Status Overview page for the Program Specific Information forms (Figure 16). Click the Update link to edit a form (Figure 16, 1).

IMPORTANT NOTE: Click on the **Update** link for any form to start updating it. Once completed, click on the Save and Continue button to proceed to the next listed form.

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Core C - Health Information Exchange (HIE) and Population	Health Management	X Not Started		Update -
				(Tallinguage)

Figure 16: Status Overview Page for Program Specific Forms

3.1 Participating Health Centers

The **Participating Health Centers** form allows you to add Health Center Program (H80) award recipients (grantees) and health centers with look-alike designation (LAL) that are committed to supporting the proposed HCCN project throughout the project period. The selected health centers should match those presented in Attachment 2: Participating Health Center Memorandum of Agreement. The **Participating Health Centers** form consists of the two following steps:

- 1. Add Grantee Health Centers (Figure 17, 1)
- 2. Add Look-Alike Health Centers (Figure 17, 2)

Figure 17: Participating Health Centers - List Page

Note(s):						
Provide the total nu Health Center Prov	mber of Participating Health Centers (Health Center Program award recipients and	health centers with look-alike designa	tion) that are committed to	the proposed HCCN project. No	te that the number
rieaun center Prog	an avaro recipients (mose with a gra	nit number beginning noods) must compr	as at least 51 % of the lotal number of	Participating meanin Center	5.	
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Complete each of the steps in the **Participating Health Centers** form by following the instructions below:

3.1.1 Adding Health Center Program Award Recipients

- Click on the Add Grantee Health Center button (Figure 17, 1) on the Participating Health Centers List page. The system navigates to the Participating Health Centers - Grantee Search page (Figure 18).
- By default, the system displays the entire list of all available award recipients in the Search Results panel (Figure 18, 1). The page size is set to 15 records per page, but this can be changed (Figure 18, 2). You can narrow your search results by using the column filters at the top of the section (Figure 18, 3).
- If you would like to search for a specific award recipient, enter at least one of the Basic Search Parameters (Grant Number, Organization Name, DUNS Number etc.) in the Search panel (Figure 18, 4) and click on the Search button (Figure 18, 5). Your results will be displayed in the Search Results panel. You can further filter your results by following the previous step.

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Figure 18: Participating Health Centers - Grantee Search Page

Select the award recipients that you would like to include in your HCCN application (Figure 18, 6) and click the Add to Application button (Figure 18, 7). You can also add all of the award recipients listed in your Search Results panel at once by clicking on the Select All button (Figure 18, 8).

IMPORTANT NOTE: You will only be able to select an award recipient to add to your application once. After an award recipient has been added to your HCCN application, you will not be able to select that award recipient again from your Search Results panel (Figure 19, 1).

Select / Unselect	Grantee Name	City	State	GrantNumber
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)/	TANANA CHIEFS CONFERENCE	FAIRBANKS	AK	-001208-00
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]	Yakutat Tlingit Tribe	Yakutat	AK	10000000
1	BETHEL FAMILY CLINIC	Bethel	AK	VERSION

Figure 19: Search Results Panel Showing Previously Added Award Recipients

5. The system navigates back to the **Participating Health Centers – List** page displaying the newly added award recipients (Figure 20).

Note(s): Provide the total number recipients (those with	ber of Participating Health Centers (Health a grant number beginning H80CS) must	Center Program award recipionts and health centers with look a comprise at least 51% of the total number of Participating Healt	like designation) that are co h Centers	mmitted to the proposed HCCN (xoject. Note that the number of Her	aith Center Program award
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3.1.2 Adding Health Centers with Look-Alike (LAL) Designation

 Click on the Add Look-Alike Health Center button (Figure 20, 1) on the Participating Health Centers – List page. The system navigates to the Participating Health Centers - Look-Alike Search page (Figure 21).

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	VALLE DEL SOL, INC.	PHOENIX		AZ	Laure and
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Figure 21: Participating Health Centers - Look-Alike Search Page

- 2. Repeat steps 2 4 from the Adding Health Center Program Award Recipients section and add the desired number of LAL health centers to your HCCN application.
- 3. The system navigates back to the **Participating Health Centers List** page displaying the newly added LAL health centers (Figure 22, 1).

Note(s): Provide the total number award recipients (those	r of Participating Health Centers (Health with a grant number beginning H80CS	h Center Program award recipients and health centers with look-silik) must comprise at least 51% of the total number of Participating F	e designation) (hat are comm feaith Centers,	ritted to the proposed HCCN	project. Note that the number of H	lealth Center Program
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	Grantee	Alaska Island Community Services	Wrangell	AK	- Second	Dolote -
	Grantee	ALEUTIAN PRIBILOF ISLAND ASSOCIATIONS	ANCHORAGE	AK.	And in case	Delete *
	Grantee	BETHEL FAMILY CLINIC	Bethel	AK	Margine M.	Delete *
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	Grantee	INTERIOR COMMUNITY HEALTH CENTER	Fairbanks	AK	MICHINE.	Delete
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3	Look-Alike	MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT	PHOENIX	AZ	14,000	Dolete -
4	Look-Alike	NEIGHBORHOOD OUTREACH ACCESS TO HEALTH	SCOTTSDALE	AZ	10.0010	Dolete -
5	Look-Alike	VALLE DEL SOL, INC.	PHOENIX	AZ	10.000	Delete
6	Look-Alike	CENTER FOR A LD S. RESEARCH, EDUCATION AND SERVICES - SACRAMENTO, THE	SACRAMENTO	CA	100.0001	Delete *

Figure 22: Participating Health Centers – List Page Showing Added LAL Health Centers

IMPORTANT NOTES:

- You must add a minimum of 10 Participating Health Centers to your HCCN application.
- The number of Health Center Program award recipients (those with a grant number beginning H80CS...) must comprise at least 51 percent of the total number of Participating Health Centers.
 - 4. Click the Save and Continue button to proceed to the next section of the application (Figure 22, 2).

3.1.3 Deleting a Health Center

You may delete a previously added health center from your **Participating Health Centers – List** page by following the steps below:

- 1. Select the **Delete** link for the record that you wish to delete (Figure 22, 3).
- The system navigates to the Delete Confirmation page for that health center (Figure 23). Verify the details of the health center and click the Confirm button if you wish to proceed. The system will delete the Health Center from your application and return to the Participating Health Centers List page.

Confirmation: Delete Confirmation: Yo	u must click the appropriate button to confin	m that this item will be deleted.		
· montanese Commission	TY HEALTH ABBOOM TON OF BP	(MANE		Due Date: (Due In: Days)
Resources				
Health Center Type	Health Center Name	City	State	Grant/ LAL Number
Grantee	BRISTOL BAY BOROUGH	Naknek	AK	CONTRACTOR AND A DESCRIPTION

Figure 23: Delete – Confirmation Page for Selected Health Center

3.2 Project Work Plan

The **Project Work Plan** describes the project goals and how they will be attained by the end of the 3-year project and details the proposed activities to be conducted in the first 12 months of the project period. The **Project Work Plan** list page consists of 4 required Core Objectives (tabs):

Core A - Health IT Implementation and Meaningful Use (Figure 24, 1)

Core B - Data Quality and Reporting (Figure 24, 2)

Core C - Health Information Exchange (HIE) and Population Health Management (Figure 24, 3)

Core D - Quality Improvement (Figure 24, 4)

Each Core Area consists of the following 2 sections. These sections must be completed in every Core Objective tab in order to complete this HCCN application.

- 1. <u>Goals</u> (Figure 24, 5)
- 2. Focus Areas (Figure 24, 6)

Figure 24: Project Work Plan List Page

Resources ピ	1	2	[3		4
Core A - Health IT Implement	ation and Meaningful Use	💸 Core B - Data Quality and Reporting	🐳 Core C - Health Information	Exchange (HIE) and P	opulation Health Management	💥 Core D - Quality Improveme
upplications must propose to increase and attainment of Meaningful Use Goals 5	ease the use of health IT to in requirements. Applications n	nprove the quality of care in health centers a nust propose at least two activities each for F	nd improve individual and popula iocus Areas A1 and A2	tion health. Activities wil	I promote effective use of health	IT solutions at all health center sit
Goal	Goal Description			Goal Percentage	Status	Options 7
Goal A1	Increase the percentage o	f Participating Health Centers with an ONC-certified EHR system in use.		96	Not Complete	🖉 Update 💌
Goal A2	Increase the percentage o incentive payments from C	If Meaningful Use eligible providers at Participating Health Centers receiving 2MS for meeting Meaningful Use requirements.		96	Not Complete	🚱 Update 🗢
Focus Areas						
Focus Area	Description			Number of Related Activities	Status	Options
A1 - Certified EHR Adoption and Implementation	Support the adoption, use,	Support the adoption, use, and optimization of certified EHRs.		0	Not Complete	🕼 Update 🔻
A2 - Advance Meaningful Use	Assist with meeting Stages	s 1, 2, and 3 Meaningful Use requirements.		0	Not Complete	Dpdate -

Complete each of the sections in the **Project Work Plan** by following the steps below:

3.2.1 Completing the Goals Section

- 1. Click on the **Update** link for each of the required goals (Figure 24, 7). The requested information must be provided for each required goal for the application to be eligible for review.
- 2. The system will navigate to the Goal Information Update page for that goal (Figure 25).

sections, considerity edges, ?	NAMES OF THE PERSON OF STOLEN	Due Date: (Due	In: Days) Section Status: Not Complete
Resources 1			
Soal Details			
oal	Description	Baseline Data	Goal Target
ioal A1	Increase the percentage of Participating Health Centers with an ONC-certified EHR system in use.		
lumerator (A1)	Number of Participating Health Centers with an ONC- certified EHR system in use		
Jenominator (A1)	Number of Participating Health Centers	2	
Joal Percentage	3	Save & Calculate Baseline	4
	Approximately 1/4 page (i) (Max 500 Characters): 500 Charac	ters left.	
* Baseline Data Source (i) naximum 500 charac(ets)	5		~
Note(s): Identify a minimum of 2 and a maximum	im of 3 key factors for this goal including at least 1 contributing and 1 restricti	ng factor.	
dd Key Factors			
ey Factors (Minimum 2) (Maximum 3)			
	No items adde	b	

Figure 25: Goal Information – Update Page

In the Goal Details section, provide the Baseline Numerator (Figure 25, 1) and Denominator (Figure 25, 2) values and click on the Save & Calculate Baseline button (Figure 25, 3) to calculate the baseline goal percentage.

IM	PORTANT NOTES:
•	The baseline numerator value must be less than or equal to the baseline denominator value.
•	The baseline denominator value must be greater than or equal to 10.
4	Provide the Goal Target Percentage value (Figure 25, 4) (collected in %).

5. Provide the Baseline Data Source comments (Figure 25, 5).

6. In the Key Factors section, add key factors using the Add Key Factors button (Figure 25, 6). The system navigates to the Key Factor Information – Add page (Figure 26, 1). When adding a key factor, identify the Key Factor Type (Figure 26, 2) and provide the Key Factor Description (Figure 26, 3). Click the Save and Continue button to return to the Goal Information – Update page.

IMPORTANT NOTE: Identify a minimum of 2 and a maximum of 3 key factors. At least 1 contributing factor and 1 restricting factor must be provided.

 Instance committee c 	COMMANNETY REALTH REPARCES		Due Dat	te: (Due In: Days)
Resources				
Fields with * are required	_			
Key Factor Information	1			
* Key Factor Type		2		
	Approximately 1/4 page 🚯 (Max 500 Characters): 5	i00 Characters left.		
Key Factor Description			~	
			4	

Figure 26: Key Factor Information - Add Page

Click the Save and Continue button to return to the Project Work Plan – List page (Figure 27). The system displays the Goal Target Percentage for each goal under the Goal Percentage Column (Figure 27, 1). You can view the goal information in a new read-only window by clicking on the Goal Information link (Figure 27, 2).

plications must propose to incre d attainment of Meaningful Use	iase the use of health IT to improve the quality of care in health centers and improve individual and populal requirements. Applications must propose at least two activities each for Focus Areas A1 and A2.	tion health. Activities wil	I promote effective use of hee	ith 17 solutions at all health center sit
cals		1		
Foal	Goal Description	Goal Percentage	Status	Options
ioal A1	Increase the percentage of Participating Health Centers with an ONC-certified EHR system in use.	33.33%	Complete	Action
ical A2	Increase the percentage of Meaningful Use eligible providers at Participating Health Centers receiving incentive payments from CMS for meeting Meaningful Use requirements.	44.44%	Complete	Dpdale View
ocus Areas				Goal Information C
ocus Area	Description	Number of Related Activities	Status	Options
1 - Certified EHR Adoption nd Implementation	Support the adoption, use, and optimization of certified EHRs.	0	Not Complete	Update •
2 - Advance Meaningful Use	Assist with meeting Stages 1, 2, and 3 Meaningful Use requirements.	0	Not Complete	Dpdate 🔻

Figure 27: Project Work Plan – List Page with Completed Goals

3.2.2 Completing the Focus Areas section

- 1. Click on the **Update** link for each of the required focus areas (Figure 27, 3). The requested information must be provided for each required focus area for the application to be eligible for review.
- 2. The system navigates to the Focus Area Information Update page for that focus area (Figure 28).

Focus Area Inform	nation - Update	
· BRIDDIA COMMAN	ITY HER, TH ADDOCIATION OF BRIDGAME	Due Date: (Due In: Days) Section Status: Not Complete
▶ Resources 🗳		
Fields with * are required		
Focus Area Information		
Focus Area	A1 - Certified EHR Adoption and Implementation	
Description	Support the adoption, use, and optimization of certified EHRs.	
Note(s): Identify a minimum of 2	and a maximum of 5 activities planned under this focus area.	
Activities (Minimum 2) (Ma	ximum 5)	
	No Activities Propo	ed.
Cancel		Save Save and Continue

Figure 28: Focus Area Information – Update Page

 Add activities using the Add Activity button (Figure 28, 1). For each activity, provide the Activity Description (Figure 29, 1), Person/Area Responsible (Figure 29, 2), Time Frame (Figure 29, 3) and Expected Outcome (Figure 29, 4).

IMPORTANT NOTE: Identify a minimum of 2 and a maximum of 5 planned activities to address each focus area.

Activity 1	Delete Activity
Activity Description ①	
proximately 1/2 page 🕕 (Max 1000 Characters): 1000 Characters left.	
	0
	2
2	
Person Area/Responsible 🕕	
proximately 1/8 page 🕕 (Max 200 Characters): 200 Characters left.	
	-0
	9
3	
Time Frame 🖲	
proximately 1/4 page 🙂 (Max 500 Characters): 500 Characters left.	
	0
	2
4	
Expected Outcome ③	
iproximately 1/4 page 🕕 (Max 500 Characters): 500 Characters left.	
	4
	0

Figure 29: Focus Area Information Update Page - Add Activity

When you are finished updating the focus area information, click the Save and Continue button to return to the Project Work Plan - List page. The system displays the number of related activities (Figure 30, 1) for each focus area. You can view the focus area information in a new read-only window by clicking on the Focus Area Information link (Figure 30, 2).

Figure 3	30: Project	t Work Plan	– List Page	with Comp	oleted Core	Objectives

Focus Area Information save	od successfully				
second consume	HERL'H ABBOOM TOM	OF MORANE	Due Date:	(Due In: Da	ays) Section Status: Not Complete
Resources 🗳					
Core A - Health IT Implement	tation and Meaningful Use	Core B - Data Quality and Reporting	n Exchange (HIE) and F	Population Health Managen	nent 🛛 💸 Core D - Quality Improvement
pplications must propose to inc nd attainment of Meaningful Us	rease the use of health IT to in e requirements. Applications n	nprove the quality of care in health centers and improve individual and popula nust propose at least two activities each for Focus Areas A1 and A2	ation health. Activities w	ill promote effective use of	health IT solutions at all health center sites
Goals					
Goal	Goal Description		Goal Percentage	Status	Options
Goal A1	Increase the percentage of	f Participating Health Centers with an ONC-certified EHR system in use.	33.33%	Complete	🖉 Update 🔻
Goal A2	Increase the percentage o incentive payments from C	f Meaningful Use eligible providers at Participating Health Centers receiving MS for meeting Meaningful Use requirements.	44 44%	Complete	🔂 Update 🔻
Focus Areas			1		
	Description		Number of Related Activities	Status	Options
Focus Area		and optimization of partition ELIDe	2	Complete	Action
Focus Area A1 - Certified EHR Adoption and Implementation	Support the adoption, use	and opiningation of centiled CHRS.			

5. Repeat the above steps for both <u>Goals</u> and <u>Focus Areas</u> for each Core Objective and click on the Save and Continue button to proceed with the HCCN application.

4. Reviewing and Submitting the FY 2016 HCCN Application to HRSA

To review your application, follow the steps below:

- 1. Navigate to the standard section of the application using the **Grant Application** link in the navigation links displayed at the top of the **Program Specific** forms.
- 2. On the **Application Status Overview** page, click the **Review** link in the Review and Submit section of the left menu (Figure 31, 1).

ALL TASKS	Application - Status Overview					
Grant Application						
Overview	 Interaction (complete interaction (compare)) 	CRG. MC.	Due Date: PM (Due in: days) Application Status: Complete			
Status	Appointment Number:	Appoundement Name: Service Area Competition	Created by:			
Basic Information	Application Type:	Grant Number:	Last Updated By:			
¥ SF-424	Application Package: SF424	Application FY: 2016	Program Type:			
Project/Performance Site Location(s)	the second provide states					
Project Narrative	▼ Resources Ľ					
Budget Information	View Application Action History Funding Opportunity Announcement FOA Guidance Application User Guide					
Section A-C						
Section D-F						
Other Information	Users with permissions on this application (1)					
Assurances						
Disclosure of Lobbying	List of forms that are part of the application package					
Activities	Section	Status	Options			
Appendices	Basic Information					
Information	SF-424	Complete				
Y Program Specific	Part 1	🕜 Complete	@ Update			
Information	Part 2	🖌 Complete	(@ Update			
Review 1	Project/Performance Site Location(s)	🖌 Complete	Dpdate			
Submit	Project Narrative	🖌 Complete	🚱 Update			
Other Functions	Budget Information					
Navigation	Section A-C	🖌 Complete	😥 Update			
Return to Applications List	Section D-F	V Complete	(Update			
	Budget Narrative	Complete	🚱 Update			
	Other Information					
	Assurances	Complete	🚱 Update			
	Disclosure of Lobbying Activities	Complete	Correction Update			
	Appendices	V Complete	🙋 Update			
	Program Specific Information					
	Program Specific Information	V Complete	👔 Update			

Figure 31: Review Link

- > The system navigates to the **Review** page.
- 3. Verify the information displayed on the **Review** page.
- 4. If you are ready to submit the application to HRSA, click the Proceed to Submit button at the bottom of the **Review** page (Figure 32, 1).



Figure 32: Review Page – Proceed to Submit

- > The system navigates to the **Submit** page.
- 5. Click the Submit to HRSA button at the bottom of the Submit page.
 - > The system navigates to a confirmation page.

IMPORTANT NOTES:

- To submit an application, you must have the 'Submit' privilege. This privilege must be given by the Project Director (PD) to the Authorizing Official (AO) or designee.
- If you are not the AO, a Submit to AO button will be displayed at the bottom of the Submit page. Click the button to notify the AO that their action is required to submit the application to HRSA (Figure 33).

ALL TASKS KK	Application - Submit		
Grant Application +		and had	
Overview	· HUNDE COMMUNITY HEALTH COMMECT	CIVE MC.	Due Date: PM (Due in: days) Application Status: Complete
Status Basic Information SF-424 Project/Performance Site Location(s) Project Narrative Budget Information	Announcement Number: Application Type: Application Package: SF424 Resources C View	Announcement Name: Service Area Competition Grant Number: Application FY: 2016	Created by: Last Updated By: Program Type:
Section A-C	Application Action History Funding Opportunity	Announcement FOA Guidance Application User Guide	
Section D-P Budget Narrative Other Information Assurances	 Users with permissions on this application (1) List of forms that are part of the application package 		
Activities	Section	Status	Options
Appendices	Basic Information		
Program Specific	SF-424	Complete	
Y Program Specific	Part 1	V Complete	🚱 Update
Information	Part 2	Complete	(@ Update
Review and Submit	Project/Performance Site Location(s)	Complete	C Update
Submit	Project Narrative	Complete	🕜 Update
Other Functions	Budget Information		
Navigation	Section A-C	Complete	Dpdate
Return to Applications List	Section D-F	Complete	😥 Update
	Budget Narrative	V Complete	🕼 Update
	Other Information		
	Assurances	🖌 Complete	🕜 Update
	Disclosure of Lobbying Activities	V Complete	😥 Update
	Appendices	Complete	@ Update
	Program Specific Information		
	Program Specific Information	🖌 Complete	🕼 Update
	Go to Previous Page		Submit to AO

Figure 33: Submit to AO

- 6. Answer the questions displayed under the Certifications and Acceptance section of the confirmation page and click the Submit Application button to submit the application to HRSA.
- If you experience any problems with submitting the application in EHB, contact the BPHC Helpline at 1-877-974-2742 (Monday – Friday, 8:30 AM - 5:30 PM ET) or send an email through the Web Request Form (<u>http://www.hrsa.gov/about/contact/bphc.aspx</u>).