

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**).

Figure 1: Accessing the Application - Status Overview Page

List of forms that are part of the application package		
Section	Status	Options
Basic Information 1		
SF-424	Not 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

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:

- [Basic Information](#) (Figure 1, 1)
- [Budget Information](#) (Figure 1, 2)
- [Other Information](#) (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**).

Figure 2: Project Description on SF-424 Part 2

Fields with * are required

▼ Areas Affected by Project (Cities, Counties, States, etc.) (Minimum 0) (Maximum 1) Attach File

No documents attached

Descriptive Title of Applicant's Project: Health Center Cluster

▼ **Project Description (Minimum 1) (Maximum 1)** 1 Max 1 Allowed

Document Name	Size	Date Attached	Description	Options
Project Abstract.docx	11 kB	8/10/2014	Project Abstract from Grant.gov	2 Update Description

- 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

Project Narrative

Due Date: 8/10/2014 3:00:00 PM (Due in: 0 days) | Section Status: Not Complete

▼ Resources

View

Application | Action History | Funding Opportunity Announcement | FOA Guidance | Application User Guide

Fields with * are required

▼ **Project Narrative (Minimum 1) (Maximum 2)** 1 Attach File

No documents attached

Go to Previous Page Save Save and Continue

2.2 Completing the Budget Information (SF-424A)

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

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:

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

Figure 4: Budget Information Section A-C Update Link

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

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

Figure 5: Budget Information – Section A-C Page

Budget Information - Section A-C

Due Date: OCTOBER 11 00:00 PM (Due in: 0 days) | Section Status: Not Complete

Resources

Fields with * are required

Budget Period 1 Budget Period 2 Budget Period 3 Budget Period 4 Budget Period 5

Section A - Budget Summary Update

Grant Program Function or Activity	CFDA Number	Estimated Unobligated Funds		New or Revised Budget		Total
		Federal	Non-Federal	Federal	Non-Federal	
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 Categories Update

Object Class Categories	Grant Program Function or Activity		Total
	Health Center Controlled Networks		
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

Section C - Non Federal Resources Update

Grant Program Function 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

Go to Previous Page Save Save and Continue

- 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.

Figure 6: Section A – Update Page

Section A - Update

Due Date: 11/13/2015 11:30:00 PM (Due in: 30 days) | Section Status: Not Complete

Resources

Fields with * are required

* Section A - Budget Summary

Grant Program Function or Activity	CFDA Number	Estimated Unobligated Funds		New or Revised Budget		Total
		Federal	Non-Federal	Federal	Non-Federal	
Health 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

Cancel Save and Continue

- 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.

Table 1: Maximum Annual 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

- 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

* Section A - Budget Summary Update						
Grant Program Function or Activity	CFDA Number	Estimated Unobligated Funds		New or Revised Budget		
		Federal	Non-Federal	Federal	Non-Federal	Total
Health 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

- 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**).

Figure 8: Section B – Budget Categories

* Section B - Budget Categories Update			
Object Class Categories	Grant Program Function or Activity		Total
	Health Center Controlled Networks		
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	

- 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.

Figure 9: Section B – Update Page

Section B - Update

Note(s):
Total of all budget categories in Section B must be equal to total federal new or revised budget in Section A - \$500,000.00.

Due Date: 11/13/2016 11:59:59 PM (Due in: 30 days) | Section Status: Not Complete

Resources

Fields with * are required

*** Section B - Budget Categories**

Object Class Categories	Grant Program Function or Activity		Total
		Health Center Controlled Networks	
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
Indirect Charges	\$	0.00	\$0.00
Total		\$0.00	\$0.00
Total Budget specified in Budget Summary (Section A)		\$500,000.00	\$500,000.00

Buttons: **Cancel**, **Calculate Total**, **Save and Continue**

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

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

Budget Information - Section A-C

Success:
Information saved successfully.

TERM: COMMUNITY HEALTH ASSOCIATION OF SPokane Due Date: 11/20/2016 11:00:00 PM (Due in: 0 days) | Section Status: Not Complete

Resources

Fields with * are required

Budget Period 1 **Budget Period 2** Budget Period 3 Budget Period 4 Budget Period 5

*** Section A - Budget Summary** Update

Grant Program Function or Activity	CFDA Number	Estimated Unobligated Funds		New or Revised Budget		
		Federal	Non-Federal	Federal	Non-Federal	Total
Health Center Controlled Networks	93.527	\$0.00	\$0.00	\$500,000.00	\$25,000.00	\$525,000.00
Total		\$0.00	\$0.00	\$500,000.00	\$25,000.00	\$525,000.00

*** Section B - Budget Categories** Update

Object Class Categories	Grant Program Function or Activity		Total
	Health Center Controlled Networks		
Personnel	\$100,000.00		\$100,000.00
Fringe Benefits	\$10,000.00		\$10,000.00
Travel	\$10,000.00		\$10,000.00
Equipment	\$10,000.00		\$10,000.00
Supplies	\$10,000.00		\$10,000.00
Contractual	\$10,000.00		\$10,000.00
Construction	\$50,000.00		\$50,000.00
Other	\$200,000.00		\$200,000.00
Total Direct Charges	\$400,000.00		\$400,000.00
Indirect Charges	\$100,000.00		\$100,000.00
Total	\$500,000.00		\$500,000.00

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

Grant Program Function or Activity	Applicant	State	Local	Other	Program Income	Total
Health Center Controlled Networks	\$10,000.00	\$5,000.00	\$5,000.00	\$2,500.00	\$2,500.00	\$25,000.00
Total	\$10,000.00	\$5,000.00	\$5,000.00	\$2,500.00	\$2,500.00	\$25,000.00

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

- 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).
- The system navigates to the **Budget Information - Section A-C** form for the selected budget period (Figure 11).

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

Budget Information - Section A-C

Success:
Information entered on the 'Budget Period 1' page was saved successfully. The Section status is Complete.

Due Date: FEBRUARY 11 09:00 PM (Due in: 0 days) | Section Status: Not Complete

Resources

Budget Period 1 Budget Period 2 Budget Period 3 Budget Period 4 Budget Period 5

Copy from Previous Year (1)

Section A - Budget Summary Update

Grant Program Function or Activity	CFDA Number	Estimated Unobligated Funds		New or Revised Budget		
		Federal	Non-Federal	Federal	Non-Federal	Total
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 Categories Update

Object Class Categories	Grant Program Function or Activity		Total
	Health Center Controlled Networks		
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

Section C - Non Federal Resources Update

Grant Program Function 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

Go to Previous Page Save Save and Continue (2)

10. 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

Figure 12: Budget Information – Section D-F

Budget Information - Section D-F

116062 LARIME COMMUNITY HEALTH CENTER Due Date: 8/30/2016 11:59:59 PM (Due in: 0 days) | Section Status: Not Complete

Resources

View

Application | Action History | Funding Opportunity Announcement | FOA Guidance | Application 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 Information 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

To complete this form, follow the steps below:

1. Section D – Forecasted Cash Needs is optional and **may be left blank**. However, you may enter the amount of cash needed by quarter during the first 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).
2. 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).

Figure 13: Budget Justification Narrative

Budget Narrative

116062 LARIME COMMUNITY HEALTH CENTER Due Date: 8/30/2016 11:59:59 PM (Due in: 0 days) | Section Status: Not Complete

Resources

View

Application | Action History | Funding Opportunity Announcement | FOA Guidance | Application User Guide

Fields with * are required

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

No documents attached

Go to Previous Page Save Save and Continue

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.

Figure 14: Assurances

The screenshot displays the 'Assurances' form interface. At the top, it shows 'Assurances' and 'Due Date: 11/15/2015 10:45:00 AM (Due in 10 days) | Section Status: Not Completed'. Below this is a navigation bar with 'Resources' and 'View' options, including 'Application', 'Action History', 'Funding Opportunity Announcement', 'FOA Guidance', and 'Application User Guide'. The main content area is titled 'SF-424B: Assurances, Non-Construction' and contains a certification statement: 'As the duly authorized representative of the applicant, I certify that the applicant'. This is followed by a list of 19 numbered federal requirements, such as 'Has the legal authority to apply for Federal assistance...' and 'Will comply with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act...'. The bottom section is labeled 'Certification' and includes fields for 'Name of the authorized certifying official', 'Title', and 'Applicant organization'. A certification statement reads: 'I certify that I have read and agree to comply with the requirements of form SF 424B upon award of funds.' Below this statement are two radio buttons: 'Agree' (which is selected and highlighted with a red box and the number '1') and 'Do not agree'. At the very bottom, there are buttons for 'Go to Previous Page', 'Save', and 'Save and Continue'.

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.

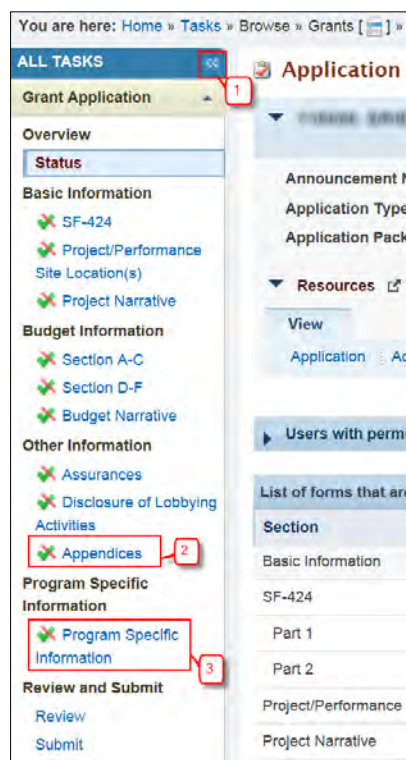
IMPORTANT NOTE: If you certify that you are currently NOT receiving more than \$100,000 in federal funds, and you engage in lobbying activities, you are not required to complete the Disclosure of Lobbying Activities form.

2.3.3 Completing the Appendices Form

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

1. 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

1. 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.

Figure 16: Status Overview Page for Program Specific Forms

Section	Status	Options
Participating Health Centers	Not Started	Update
Project Work Plan Information		
Project Work Plan	Not Started	
Core A - Health IT Implementation and Meaningful Use	Not Started	Update
Core B - Data Quality and Reporting	Not Started	Update
Core C - Health Information Exchange (HIE) and Population Health Management	Not Started	Update
Core D - Quality Improvement	Not Started	Update

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

Participating Health Centers - List

Note(s):
Provide the total number of Participating Health Centers (Health Center Program award recipients and health centers with look-alike designation) that are committed to the proposed HCCN project. Note that the number of Health Center Program award recipients (those with a grant number beginning H80CS...) must comprise at least 51% of the total number of Participating Health Centers.

Due Date: 10/15/2016 (Due In: 0 Days) | Section Status: Not Started

Resources

1 Add Grantee Health Center

2 Add Look-Alike Health Center

Serial Number	Health Center Type	Health Center Name	City	State	Grant/ LAL Number	Options
No other Health Centers added.						

Go to Previous Page Save Save and Continue

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

1. 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).
2. 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).
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.

Figure 18: Participating Health Centers - Grantee Search Page

The screenshot displays the 'Participating Health Centers - Grantee Search' interface. At the top, there are search filters for Grant Number, DUNS Number, Organization Name, City, and State. Below the filters is a table of search results with columns for Select/Unselect, Grantee Name, City, State, and GrantNumber. The table lists various health centers in Alaska, such as Southcentral Foundation and Kodiak Island Health Care Foundation. At the bottom of the page, there are navigation buttons like 'Go to Previous Page' and 'Add to Application'.

Select / Unselect	Grantee Name	City	State	GrantNumber
<input checked="" type="checkbox"/>	SOUTHCENTRAL FOUNDATION	Anchorage	AK	AK00000000
<input type="checkbox"/>	ANCHORAGE NEIGHBORHOOD HEALTH CENTER	ANCHORAGE	AK	AK00000000
<input type="checkbox"/>	GIRDWOOD HEALTH CLINIC	Girdwood	AK	AK00000000
<input checked="" type="checkbox"/>	ALEUTIAN PRIBILOF ISLAND ASSOCIATIONS	ANCHORAGE	AK	AK00000000
<input checked="" type="checkbox"/>	Kodiak Island Health Care Foundation	Kodiak	AK	AK00000000
<input type="checkbox"/>	BRISTOL BAY BOROUGH	Naknek	AK	AK00000000
<input type="checkbox"/>	TANANA CHIEFS CONFERENCE	FAIRBANKS	AK	AK00000000
<input checked="" type="checkbox"/>	Alaska Island Community Services	Wrangell	AK	AK00000000
<input type="checkbox"/>	Yakutat Tlingit Tribe	Yakutat	AK	AK00000000
<input type="checkbox"/>	BETHEL FAMILY CLINIC	Bethel	AK	AK00000000
<input type="checkbox"/>	CITY OF GALENA	Galena	AK	AK00000000
<input type="checkbox"/>	Native Village of Eyak	Cordova	AK	AK00000000
<input type="checkbox"/>	INTERIOR COMMUNITY HEALTH CENTER	Fairbanks	AK	AK00000000
<input type="checkbox"/>	Cross Road Medical Center	Glennallen	AK	AK00000000
<input type="checkbox"/>	SELDOVIA VILLAGE TRIBE	Seldovia	AK	AK00000000

- 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).

Figure 19: Search Results Panel Showing Previously Added Award Recipients

Select / Unselect	Grantee Name	City	State	GrantNumber
<input type="checkbox"/>	SOUTHCENTRAL FOUNDATION	Anchorage	AK	H000000000
<input type="checkbox"/>	ANCHORAGE NEIGHBORHOOD HEALTH CENTER	ANCHORAGE	AK	H000000000
<input type="checkbox"/>	GIRDWOOD HEALTH CLINIC	Girdwood	AK	H000000000
<input type="checkbox"/>	ALEUTIAN PRIBILOF ISLAND ASSOCIATIONS	ANCHORAGE	AK	H000000000
<input type="checkbox"/>	Kodiak Island Health Care Foundation	Kodiak	AK	H000000000
<input type="checkbox"/>	BRISTOL BAY BOROUGH	Naknek	AK	H000000000
<input type="checkbox"/>	TANANA CHIEFS CONFERENCE	FAIRBANKS	AK	H000000000
<input type="checkbox"/>	Alaska Island Community Services	Wrangell	AK	H000000000
<input type="checkbox"/>	Yakutat Tlingit Tribe	Yakutat	AK	H000000000
<input type="checkbox"/>	BETHEL FAMILY CLINIC	Bethel	AK	H000000000

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

Figure 20: Participating Health Centers – List Page Showing Added Award Recipients

Participating Health Centers - List

Note(s):
Provide the total number of Participating Health Centers (Health Center Program award recipients and health centers with look-alike designation) that are committed to the proposed HCCN project. Note that the number of Health Center Program award recipients (those with a grant number beginning H00CS...) must comprise at least 51% of the total number of Participating Health Centers.

SPONSORING COMMUNITY HEALTH ASSOCIATION OF SPOKANE Due Date: 11/15/2016 (Due In: 0 Days) | Section Status: Not Started

Resources

Serial Number	Health Center Type	Health Center Name	City	State	Grant/ LAL Number	Options
1	Grantee	Alaska Island Community Services	Wrangell	AK	H000000000	Delete
2	Grantee	ALEUTIAN PRIBILOF ISLAND ASSOCIATIONS	ANCHORAGE	AK	H000000000	Delete
3	Grantee	Kodiak Island Health Care Foundation	Kodiak	AK	H000000000	Delete
4	Grantee	SOUTHCENTRAL FOUNDATION	Anchorage	AK	H000000000	Delete

Go to Previous Page Save Save and Continue

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**).

Figure 21: Participating Health Centers - Look-Alike Search Page

Participating Health Centers - Look-Alike Search

Due Date: 11/13/2016 (Due In: 30 Days)

Resources

Search Filters:

Basic Search Parameters

Look-Alike Number (comma separated list) (e.g. A11HP00024, A10HP00152) Organization Name Like (e.g. CLAYTON COUNTY)

City Like State All AL AZ CA CO

Search Name: [Save Parameters](#) [Search](#)

[Search](#) | [Saved Searches](#)

This page: [Select all](#) [Unselect all](#) 0 LookAlikes Selected (View) Across pages: [Select all](#) [Unselect all](#) [Group Action Menu](#)

Page size: 15 Go 166 items in 12 page(s)

Select / Unselect	Organization Name	City	State	LAL Number
<input type="checkbox"/>	BAYOULINIC, INC.	BAYOU LA BATRE	AL	LA1280100
<input type="checkbox"/>	TERROS INC	PHOENIX	AZ	LA1280100
<input type="checkbox"/>	RIVER CITIES COMMUNITY CLINIC, INC	BULLHEAD CITY	AZ	LA1280100
<input type="checkbox"/>	NEIGHBORHOOD OUTREACH ACCESS TO HEALTH	SCOTTSDALE	AZ	LA1280100
<input type="checkbox"/>	VALLE DEL SOL, INC.	PHOENIX	AZ	LA1280100
<input type="checkbox"/>	MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT	PHOENIX	AZ	LA1280100
<input type="checkbox"/>	CENTER FOR A.I.D.S. RESEARCH, EDUCATION AND SERVICES - SACRAMENTO, THE	SACRAMENTO	CA	LA1280100
<input type="checkbox"/>	NORTH ORANGE COUNTY REGIONAL HEALTH FOUNDATION	FULLERTON	CA	LA1280100
<input type="checkbox"/>	HEALTH FOR ALL, INC.	SACRAMENTO	CA	LA1280100
<input type="checkbox"/>	CASTLE FAMILY HEALTH CENTERS, INC.	ATWATER	CA	LA1280100
<input type="checkbox"/>	CENTRAL NEIGHBORHOOD HEALTH FOUNDATION	LOS ANGELES	CA	LA1280100
<input type="checkbox"/>	UNIVERSAL HEALTH FOUNDATION	LOS ANGELES	CA	LA1280100
<input type="checkbox"/>	HARBOR COMMUNITY CLINIC	SAN PEDRO	CA	LA1280100
<input type="checkbox"/>	ALL-INCLUSIVE COMMUNITY HEALTH CENTER	BURBANK	CA	LA1280100
<input type="checkbox"/>	SAMUEL DIXON FAMILY HEALTH CEN	VALENCIA	CA	LA1280100

Page size: 15 Go 166 items in 12 page(s)

This page: [Select all](#) [Unselect all](#) 0 LookAlikes Selected (View) Across pages: [Select all](#) [Unselect all](#) [Group Action Menu](#)

[Go to Previous Page](#) [Add to Application](#)

- 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.
- The system navigates back to the **Participating Health Centers – List** page displaying the newly added LAL health centers (Figure 22, 1).

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

Participating Health Centers - List

Note(s):
Provide the total number of Participating Health Centers (Health Center Program award recipients and health centers with look-alike designation) that are committed to the proposed HCCN project. Note that the number of Health Center Program award recipients (those with a grant number beginning H80CS...) must comprise at least 51% of the total number of Participating Health Centers.

Due Date: 11/14/2015 (Due In: 3 Days) | Section Status: Complete

Resources

[Add Grantee Health Center](#) [Add Look-Alike Health Center](#)

Serial Number	Health Center Type	Health Center Name	City	State	Grant/ LAL Number	Options
1	Grantee	BRISTOL BAY BOROUGH	Naknek	AK		Delete
2	Grantee	Yakutat Tingit Tribe	Yakutat	AK		Delete
3	Grantee	Alaska Island Community Services	Wrangell	AK		Delete
4	Grantee	ALEUTIAN FRIBILOF ISLAND ASSOCIATIONS	ANCHORAGE	AK		Delete
5	Grantee	BETHEL FAMILY CLINIC	Bethel	AK		Delete
6	Grantee	Kodiak Island Health Care Foundation	Kodiak	AK		Delete
7	Grantee	INTERIOR COMMUNITY HEALTH CENTER	Fairbanks	AK		Delete
8	Grantee	Cross Road Medical Center	Glennallen	AK		Delete
9	Grantee	SOUTHCENTRAL FOUNDATION	Anchorage	AK		Delete
10	Grantee	CITY OF GALENA	Galena	AK		Delete
11	Grantee	Native Village of Eyak	Cordova	AK		Delete
12	Look-Alike	BAYOCLINIC, INC.	BAYOU LA BATRE	AL		Delete
13	Look-Alike	MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT	PHOENIX	AZ		Delete
14	Look-Alike	NEIGHBORHOOD OUTREACH ACCESS TO HEALTH	SCOTTSDALE	AZ		Delete
15	Look-Alike	VALLE DEL SOL, INC.	PHOENIX	AZ		Delete
16	Look-Alike	CENTER FOR A I D S. RESEARCH, EDUCATION AND SERVICES - SACRAMENTO, THE	SACRAMENTO	CA		Delete

Go to Previous Page Save Save and Continue

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).
2. 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.

Figure 23: Delete – Confirmation Page for Selected Health Center

Participating Health Centers - List

Confirmation:
Delete Confirmation: You must click the appropriate button to confirm that this item will be deleted.

BRISTOL BAY BOROUGH COMMUNITY HEALTH ASSOCIATION OF SPOKANE Due Date: 11/13/2015 (Due In: 30 Days)

Resources

Health Center Type	Health Center Name	City	State	Grant/ LAL Number
Grantee	BRISTOL BAY BOROUGH	Naknek	AK	

Cancel Confirm

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. [Goals](#) ([Figure 24, 5](#))
2. [Focus Areas](#) ([Figure 24, 6](#))

Figure 24: Project Work Plan List Page

Project Work Plan (Core A - Health IT Implementation and Meaningful Use)

BRISTOL BAY BOROUGH COMMUNITY HEALTH ASSOCIATION OF SPOKANE Due Date: 11/13/2015 (Due In: 30 Days) | Section Status: Not Started

Resources

1 2 3 4

Core A - Health IT Implementation and Meaningful Use Core B - Data Quality and Reporting Core C - Health Information Exchange (HIE) and Population Health Management Core D - Quality Improvement

Applications must propose to increase the use of health IT to improve the quality of care in health centers and improve individual and population health. Activities will promote effective use of health IT solutions at all health center sites and attainment of Meaningful Use requirements. Applications must propose at least two activities each for Focus Areas A1 and A2.

Goals 5

Goal	Goal Description	Goal Percentage	Status	Options 7
Goal A1	Increase the percentage of Participating Health Centers with an ONC-certified EHR system in use.	%	Not Complete	Update
Goal A2	Increase the percentage of Meaningful Use eligible providers at Participating Health Centers receiving incentive payments from CMS for meeting Meaningful Use requirements.	%	Not Complete	Update

Focus Areas 6

Focus Area	Description	Number of Related Activities	Status	Options
A1 - Certified EHR Adoption and Implementation	Support the adoption, use, and optimization of certified EHRs.	0	Not Complete	Update
A2 - Advance Meaningful Use	Assist with meeting Stages 1, 2, and 3 Meaningful Use requirements.	0	Not Complete	Update

Go to Previous Page Save Save and Continue

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**).

Figure 25: Goal Information – Update Page

Goal	Description	Baseline Data	Goal Target
Goal A1	Increase the percentage of Participating Health Centers with an ONC-certified EHR system in use.		
Numerator (A1)	Number of Participating Health Centers with an ONC-certified EHR system in use	<input type="text"/>	
Denominator (A1)	Number of Participating Health Centers	<input type="text"/>	
Goal Percentage		<input type="button" value="Save & Calculate Baseline"/>	<input type="text"/>

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

* Baseline Data Source (maximum 500 characters)

Notes(s): Identify a minimum of 2 and a maximum of 3 key factors for this goal including at least 1 contributing and 1 restricting factor.

Add Key Factors

Key Factors (Minimum 2) (Maximum 3)

No items added

Cancel Save Save and Continue

3. 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.

IMPORTANT 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**).

- 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.

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).

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

Goal	Goal Description	Goal Percentage	Status	Options
Goal A1	Increase the percentage of Participating Health Centers with an ONC-certified EHR system in use.	33.33%	Complete	Update
Goal 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	Update

Focus Area	Description	Number of Related Activities	Status	Options
A1 - Certified EHR Adoption and Implementation	Support the adoption, use, and optimization of certified EHRs.	0	Not Complete	Update
A2 - Advance Meaningful Use	Assist with meeting Stages 1, 2, and 3 Meaningful Use requirements.	0	Not Complete	Update

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**).

Figure 28: Focus Area Information – Update Page

Focus Area Information - Update

Due Date: 10/15/2016 (Due In: 10 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.

Add Activity 1

Activities (Minimum 2) (Maximum 5)

No Activities Proposed.

Cancel Save Save and Continue

3. 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.

Figure 29: Focus Area Information Update Page - Add Activity

Activities (Minimum 2) (Maximum 5)

Activity 1 Delete Activity

* Activity Description ⓘ

Approximately 1/2 page ⓘ (Max 1000 Characters): 1000 Characters left.

* Person Area/Responsible ⓘ

Approximately 1/8 page ⓘ (Max 200 Characters): 200 Characters left.

* Time Frame ⓘ

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

* Expected Outcome ⓘ

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

Cancel Save Save and Continue

4. 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 30: Project Work Plan – List Page with Completed Core Objectives

Project Work Plan (Core A - Health IT Implementation and Meaningful Use)

Success:
Focus Area Information saved successfully

Due Date: **11/15/2015** (Due In: **30** Days) | Section Status: Not Complete

Resources

Core A - Health IT Implementation and Meaningful Use | Core B - Data Quality and Reporting | Core C - Health Information Exchange (HIE) and Population Health Management | Core D - Quality Improvement

Applications must propose to increase the use of health IT to improve the quality of care in health centers and improve individual and population health. Activities will promote effective use of health IT solutions at all health center sites and attainment of Meaningful Use requirements. Applications must propose at least two activities each for Focus Areas A1 and A2

Goal	Goal Description	Goal Percentage	Status	Options
Goal A1	Increase the percentage of Participating Health Centers with an ONC-certified EHR system in use.	33.33%	Complete	Update
Goal 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	Update

Focus Area	Description	Number of Related Activities	Status	Options
A1 - Certified EHR Adoption and Implementation	Support the adoption, use, and optimization of certified EHRs.	2	Complete	Update
A2 - Advance Meaningful Use	Assist with meeting Stages 1, 2, and 3 Meaningful Use requirements.	3	Complete	Update

Go to Previous Page | Save | Save and Continue

- Repeat the above steps for both [Goals](#) and [Focus Areas](#) 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:

- 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.
- On the **Application - Status Overview** page, click the [Review](#) link in the Review and Submit section of the left menu ([Figure 31, 1](#)).

Figure 31: Review Link

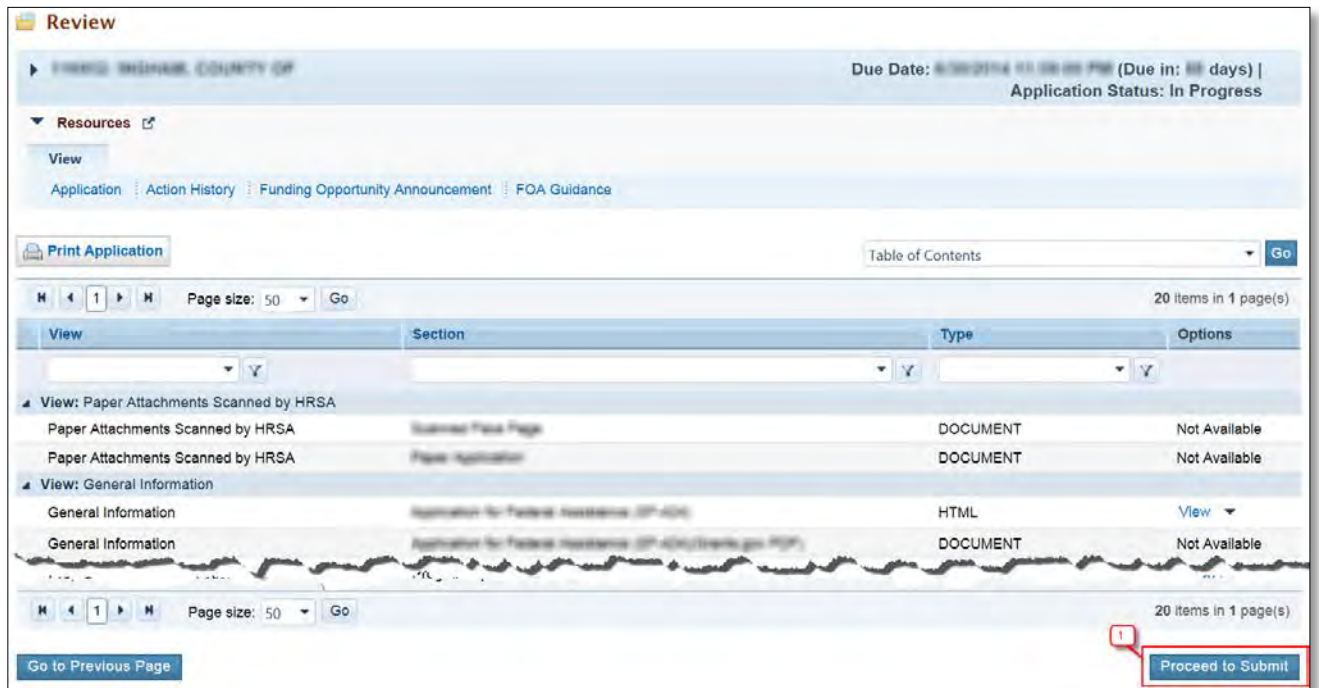
The screenshot shows the 'Application - Status Overview' page. The left sidebar contains a navigation menu with the following sections: Overview, Status (selected), Basic Information, Budget Information, Other Information, Program Specific Information, Review and Submit, and Other Functions. The 'Review and Submit' section has 'Review' highlighted in red with a notification icon. The main content area shows application details, a 'Resources' section, a table of forms, and a 'Review' button.

Section	Status	Options
Basic Information		
SF-424	Complete	
Part 1	Complete	Update
Part 2	Complete	Update
Project/Performance Site Location(s)	Complete	Update
Project Narrative	Complete	Update
Budget Information		
Section A-C	Complete	Update
Section D-F	Complete	Update
Budget Narrative	Complete	Update
Other Information		
Assurances	Complete	Update
Disclosure of Lobbying Activities	Complete	Update
Appendices	Complete	Update
Program Specific Information		
Program Specific Information	Complete	Update

➤ 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**).

