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**HRSA Electronic Handbook**

# **FY 2015 - Health Infrastructure Investment Program (HIIP)**

**User Guide for Grant Applicants**

Last updated on: March 16, 2015

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This user guide describes the steps you need to follow to submit a FY 2015 Health Infrastructure Investment Program (HIIP) application to HRSA.

## 1. Starting the FY 2015 HIIP Application

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

1. In the first step, you must locate 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 Electronic Submission Guide available at <http://www.hrsa.gov/grants/apply/userguide.pdf> for more details related to submitting the application in Grants.gov and validating it in EHB.

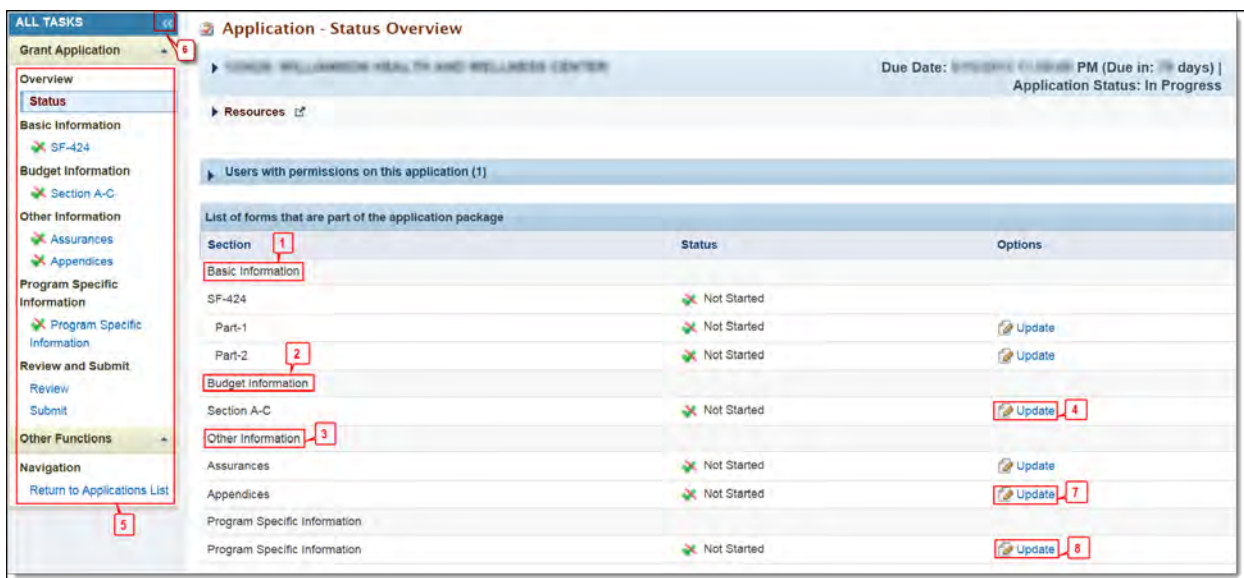
Once the application is validated in EHB, you can access it in your pending tasks. To access the application in EHB, follow the steps below:

1. Log into EHB and 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, then you must register in EHB. Do not create duplicate accounts. If you experience login issues or forgot your password, contact HRSA Contact Center for assistance at <http://www.hrsa.gov/about/contact/bphc.aspx> or 1-877-974-2742 (Monday – Friday, 8:30 AM - 5:30 PM ET).

2. Locate the FY 2015 HIIP application using the EHB Application tracking number (e-mailed after successful Grants.gov submission) and click the **Edit** link to start working on the application in EHB.
  - The system opens the **Application - Status Overview** page of the FY 2015 HIIP application (**Figure 1**).

**Figure 1: Accessing the Application - Status Overview Page**



The FY 2015 HIIP application consists of a standard and a program specific section. You must complete the forms displayed in both of these sections in order to submit your application to HRSA.

## 2. Completing the standard SF-424 section of the application

The standard section of the application consists of the following main sections:

- Basic Information (Figure 1, 1)
- Budget Information (Figure 1, 2)
- Other Information (Figure 1, 3)

### 2.1 Completing the Basic Information (SF-424 Part 1 & Part 2)

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

- The **SF-424 Part 1** form displays the basic application and applicant organization information.
- The **SF-424 Part 2** form displays project information including the project title, project periods, project description, Estimated Funding, State Executive Order 12372 Process, Authorized Representatives and Congressional districts affected by the project.

### 2.2 Completing the Budget Information

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

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

To complete this form, follow the steps below:

1. Click the **Update** link for **Section A-C** on the **Application - Status Overview** page (Figure 1, 4). You can also access each of the form links via the Left Navigational Menu (Figure 1, 5). Expand the Menu if needed by clicking on the double arrows displayed near the form name at the top of the page (Figure 1, 6).
  - The system navigates to the **Budget Information – Section A-C** form (Figure 2).

Figure 2: Budget Information – Section A-C Page

**Budget Information - Section A-C**

Due Date: 11/20/15 7:00:00 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

**\* 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
Capital Development		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Total</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

**\* Section C - Non Federal Resources** [Update](#)

Grant Program Function or Activity	Applicant	State	Local	Other	Program Income	Total
Capital Development	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Total</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

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

- To enter or update the budget information, click the **Update** button displayed in the right corner of the Section A – Budget Summary header (**Figure 2, 1**).
  - The **Section A – Update** page opens.

**Figure 3: Section A – Update Page**

Grant Program Function or Activity	CFDA Number	Estimated Unobligated Funds		New or Revised Budget		
		Federal	Non-Federal	Federal	Non-Federal	Total
Capital Development		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Total</b>		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

- Under the New or Revised Budget section, enter the amount of Federal funds requested for the first 12-month budget period (**Figure 3, 1**). In the Non-Federal column, enter the non-federal funds in the budget for the first 12-month budget period (**Figure 3, 2**).

**IMPORTANT NOTE:** The maximum federal funding limit for the FY 2015 HIIP funding opportunity is \$1,000,000.

- 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 4**).

**Figure 4: Section A – Budget Summary Page after Update**

Grant Program Function or Activity	CFDA Number	Estimated Unobligated Funds		New or Revised Budget		Total
		Federal	Non-Federal	Federal	Non-Federal	
Capital Development	93.526	\$0.00	\$0.00	\$50,000.00	\$10,000.00	\$60,000.00
<b>Total</b>		\$0.00	\$0.00	\$50,000.00	\$10,000.00	\$60,000.00

- In Section C – Non Federal Resources, distribute the non-federal budget amount specified in Section A – Budget Summary across the applicable non-federal resources. Click the **Update** button provided in the right corner of Section C header to do so (**Figure 5**).

**Figure 5: Section C - Non Federal Resources**

Grant Program Function or Activity	Applicant	State	Local	Other	Program Income	Total
Capital Development	\$0.00	\$0.00	\$0.00	\$10,000.00	\$0.00	\$10,000.00
<b>Total</b>	\$0.00	\$0.00	\$0.00	\$10,000.00	\$0.00	\$10,000.00

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

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

### 3. Completing the Appendices Form

1. Click on the **Update** link (Figure 1, 7) (Figure 6, 1) to navigate to the **Appendices** form.
2. Upload the following standard attachments by clicking the associated **Attach File** buttons:
  - Attachment 1: Budget Justification (required)
  - Attachment 2: Site Plan (required)
  - Attachment 3: Floor Plans/Schematic Drawings (required)
  - Attachment 4: Environmental Information and Documentation (EID) Checklist (required)
  - Attachment 7: Service Area Map and Table.
  - Attachment 8: Other Relevant Documents (as applicable)
  - Attachment 9: Letters of Support (as applicable)
3. After completing the **Appendices** form, click the **Save and Continue** button to proceed to the **Program Specific Information – Status Overview** page.

Figure 6: Appendices and Program Specific Information - update

Section	Status	Options
List of forms that are part of the application package		
Basic Information		
SF-424	✓ Complete	
Part-1	✓ Complete	<a href="#">Update</a>
Part-2	✓ Complete	<a href="#">Update</a>
Budget Information		
Section A-C	✓ Complete	<a href="#">Update</a>
Other Information		
Assurances	✗ Complete	<a href="#">Update</a> <sup>1</sup>
<b>Appendices</b>	✗ Complete	<a href="#">Update</a> <sup>1</sup>
Program Specific Information		
Program Specific Information	✗ Not Complete	<a href="#">Update</a> <sup>2</sup>

### 4. Completing the Program Specific Forms

1. The **Program Specific Information – Status Overview** page is also accessible from the **Application – Status Overview** page. Click the **Update** link (Figure 6, 2) under the Program Specific Information section in the left menu to open the **Status Overview** page for the Program Specific Information forms (Figure 7). Click the **Update** link to edit a form.
2. The program specific section of the FY 2015 HIIP application consists of the following sections and forms:
  - **Proposal Information**
    - Proposal Cover Page
    - Assurances



- Project Information
  - Project

**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 7: Status Overview Page for Program Specific Forms

The screenshot shows the 'Status Overview' page for a program. The left sidebar contains a 'TASKS' menu with options like 'Program Specific Information', 'Overview', 'Program Specific Status', 'Proposal Information', 'Assurances', 'Project Information', 'Project', 'Review', 'Program Specific Forms', and 'All Forms'. The main content area displays a table titled 'Program Specific Information Status' with the following data:

Section	Status	Options
Proposal Information		
Proposal Cover Page	Not Started	Update
Assurances	Not Started	Update
Project Information		
Project	Not Started	Update

#### 4.1 Completing the Proposal Cover Page

1. On the program specific **Status Overview** page, click the [Update](#) link for **Proposal Cover Page** to access the form ([Figure 7, 1](#)). You can also access the form by clicking the [Proposal Cover Page](#) link in the left menu ([Figure 7, 2](#)).
  - The system navigates to the **Proposal Cover Page** form ([Figure 8](#)).
2. In the Applicant Eligibility section, select **Yes** to indicate that you are an existing grantee under the Section 330 program ([Figure 8, 1](#)).

Figure 8: Proposal Cover Page

**Proposal Cover Page**

Due Date: (Due In: Days) | Section Status:

**Resources**

View

FY 2015 CD-HIIP User Guide | Funding Opportunity Announcement

Fields with \* are required

**1. Applicant Eligibility**

Is the applicant organization currently an existing health center under the Section 330 Program?

Yes  No

Grant Number:

**2. Need**

For the proposed project, describe the following:

- The target population to be served;
- Existing primary health care services and service gaps within the existing and/or proposed service area (identify other Health Center Program grantees, look-alikes, rural health clinics, hospitals, and health departments in proposed service area);
- The need for additional primary and preventive health services for the target population, as supported by the Uniform Data System (UDS) Mapper information; and
- The current facility barriers impacting the ability to meet the need and increase patient capacity

Approximately 4 pages (Max 8000 Characters) 8000 Characters left

**3. Response**

For the proposed project, describe the following:

- The appropriateness of the project in addressing the needs of the target population(s), including the need for additional facility capacity to improve patient capacity and provide primary and preventive health services;
- The appropriateness of the site location to address the proposed increase in patient capacity as supported by the UDS Mapper information and consistent with the service area identified in the Form 5B; and
- The project's solution to the current facility barriers impacting the ability of the center to increase patient capacity

Approximately 4 pages (Max 8000 Characters) 8000 Characters left

**6. Resources/Capabilities**

For the proposed project, describe the following:

- The appropriateness of the administrative structure and oversight for the proposal, including
  - The health center's governing board commitment to the proposed project, including how it ties into the organizational strategic plan, if appropriate;
  - The expertise and experience of key staff who will be responsible for managing the project and the individuals (name and title) who comprise the Project Team; and
  - The acquisition strategies, policies, and procedures that comply with federal procurement requirements.
- The status of securing the proposed project site. If the site is leased, reference documented consent from the landlord to implement the project, including acknowledgement of Federal Interest, included in Attachment 6 and an appropriate length of lease for the full value of the award-supported improvements, included in Attachment 5.
- Any additional organizational costs (including operating costs, increases in utilities, daily maintenance and repair, and long term capital reinvestment for the project) that will result from the proposed project and how those costs will be met within the existing health center operational budget.

Approximately 4 pages (Max 8000 Characters) 8000 Characters left

Go to Previous Page Save Save and Continue

- Provide the correct active H80 grant number (in the format: H80CSXXXXX) to indicate the grant under which you are proposing the HIIP project (Figure 8, 2)

**IMPORTANT NOTE:** The Applicants must meet all of the following eligibility and completeness requirements to be considered for the funding

- Applicant is an existing health center receiving Health Center Program operational support (under sections 330(e), (g), (h), and/or (i) at the time of application and did not receive initial health center funding in FY 2015.
- Application request for funding as presented on Standard Form (SF)-424C is less than or equal to \$1,000,000.
- Application includes all attachments marked as "required for completeness."



- Application does not propose an equipment-only project.
- Application does not include alteration/renovation or construction/expansion activity associated with the project or connected activity (e.g., site grading, installation of utilities, demolition) that has started before the award date.
- The proposed project will not occur at a sub-recipient or contractor site.
- Application does not propose a project that will occur at a site that received construction-related funding (i.e., new construction or alteration/renovation) through the FY 2010 Facility Investment Program (FIP), FY 2011 Capital Development or FY 2012 Capital Development - Building Capacity funding opportunities.
- The proposed project will not occur at a site with an active HRSA award that supports construction (i.e., new construction, expansion, or alteration/renovation/repair projects). For the purpose of funding opportunity HRSA-15-129, HRSA is defining an "active HRSA award that supports construction" as a project that:
  - Has not been identified as "Complete" as of the period ending March 31, 2015 Quarterly Progress Report submission; and
  - Has not provided to HRSA all project-specific submissions by the application deadline of May 21, 2015. This includes submission of the final budget information, project completion certification, final photos, other active reporting requirement submissions, and/or conditions of award

4. Provide appropriate descriptions for the remaining Need, Response, Collaboration, Impact and Resources/Capabilities sections for the HIIP project.
5. After completing the form, click the **Save and Continue** button to navigate to the **Assurances** form.

## 4.2 Completing the Assurances form

1. Click the **Download** link in the Download Template section to download the SF-424D Construction Assurances template (**Figure 9**).

**Figure 9: Assurances**

2. A **Template – Download** page will be displayed, with instructions on how to save the document on your computer. Click the **Continue** button at the bottom of this page to continue with the download.
3. When prompted, select the 'Save' option to save the template on your computer.

4. Open the downloaded template and provide the following information on page 2 of the template:
  - Signature of Authorized Certifying Official (**Figure 10, 1**)
  - Title (**Figure 10, 2**)
  - Applicant Organization (**Figure 10, 3**)
  - Date Submitted (in MM/DD/YYYY format) (**Figure 10, 4**)

**Figure 10: Template for Assurance**

View Burden Statement

### ASSURANCES - CONSTRUCTION PROGRAMS

OMB Number: 0915-0285  
 Expiration Date: 09/30/2016

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0042), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

**NOTE:** Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the Awarding Agency. Further, certain Federal assistance awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

<ol style="list-style-type: none"> <li>1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning.</li> <li>15. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains 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.C. §§1451 et seq.); (f) conformity of</li> </ol>	<ol style="list-style-type: none"> <li>8. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards of merit systems for programs funded under one of the 19 statutes or regulations specified in</li> <li>19. Will comply with applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.</li> <li>20. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons 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 is in effect or (3) Using forced labor in the performance of the award or subawards under the award</li> </ol>
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<div style="border: 1px solid black; padding: 2px;">SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL</div> <div style="border: 1px solid black; height: 30px; margin-top: 2px;"></div>	<div style="border: 1px solid black; padding: 2px;">TITLE</div> <div style="border: 1px solid black; height: 30px; margin-top: 2px;"></div>
<div style="border: 1px solid black; padding: 2px;">APPLICANT ORGANIZATION</div> <div style="border: 1px solid black; height: 30px; margin-top: 2px;"></div>	<div style="border: 1px solid black; padding: 2px;">DATE SUBMITTED</div> <div style="border: 1px solid black; height: 30px; margin-top: 2px;"></div>

SF-424D (Rev. 7-97) Back

5. To upload the updated Assurances template, click the **Attach File** button provided in the **Assurances** section on the form (**Figure 11, 1**).

- The system displays an attachment panel with the **Browse** and **Upload** buttons.
6. Click the **Browse** button to navigate to the location where the updated Assurances template that you want to upload in the form, is saved and select the template (**Figure 11, 2**).
  7. Click the **Upload** button (**Figure 11, 3**) to attach the document to the form.
    - The system displays the attached document in the **Assurances** section

**Figure 11: Attach File section to upload the completed Assurances document**



**IMPORTANT NOTE:** If you wish to delete the uploaded document, expand the options under Assurances section by clicking the down arrow key and then click the **Delete** button (**Figure 12, 1, 2**). On the resulting page, confirm the delete action by clicking the **Confirm** button.

**Figure 12: Delete Assurances attachment**



8. After completing the **Assurances** form, click the **Save and Continue** button to save your work and proceed to the **Project** form

### 4.3 Completing the Project form

You must propose one 'Alteration/Renovation (A/R)' or 'Construction/Expansion (C/E)' project on the Project form. To propose a project, follow the steps below:

1. Click the **Add Project** button on the **Project** form (**Figure 13**).
  - The system navigates to the **Project – Add** page

Figure 13: Project Form

2. On the **Projects – Add** page, select a Project Type (**Figure 14, 1**) and provide the Project Title.

Figure 14: Projects – Add Page

**IMPORTANT NOTES:** Information on the project types allowed in the HIIP application is as follows:

**Alteration/Renovation (A/R):** This project type can include work required to modernize, improve, and/or reconfigure the interior arrangements of an existing facility; work to improve and/or replace exterior envelope; work to improve accessibility (such as sidewalks and ramps), and/or life safety requirements in an existing facility. This type of project would not increase the total square footage of an existing building and does not require ground disturbance or footings. This type of project may include the purchase of related moveable equipment<sup>1</sup>.

**Construction/Expansion (C/E):** This project type can include the construction of a new stand-alone structure and/or associated work required to expand a structure to increase the total square feet of a facility<sup>2</sup>. Construction projects may include the installation of a permanently affixed modular or prefabricated building and/or the purchase of related moveable equipment.

1 - Moveable equipment includes non-expendable items with a useful life of more than one year that are not permanently affixed and can be easily moved. Examples include x-ray equipment, freezers, autoclaves, furniture, administrative equipment, (i.e., computers, servers, telephones, fax machines, copying machines, software)), and special purpose equipment used for medical activities (e.g., stethoscopes, blood pressure monitors, scales, electronic thermometers). Office supplies (e.g., paper, pencils, toner, etc.), medical supplies (e.g., syringes, blood tubes, plastic gloves, etc.), and educational supplies (e.g., pamphlets, educational videotapes, etc.) are not defined as moveable equipment and are unallowable.

2 - If a proposed facility expansion project also includes alteration/renovation to the existing structure, this falls under the construction project type.

3. Click the **Save and Continue** button on the **Projects – Add** page.



- The system navigates to the **Project Qualification Criteria** page (Figure 15)
4. On the **Project Qualification Criteria** page, answer all the questions by selecting appropriate options and providing comments as applicable (Figure 15, 1, 2).
  5. Check the certification box to certify that the answers you provided on this form are correct (Figure 15, 3)

**IMPORTANT NOTE:** You will be able to check the certification box only if you have provided answers to the questions displayed on this form correctly and there are no validations triggered on these questions.

**Figure 15: Project Qualification Criteria Page**

**Project Qualification Criteria**

Due Date: 10/15/2015 (Due In: 40 Days) | Section Status: Not Started

**Resources**

View  
FY 2015 CD-HIIP User Guide

**Project Information**

Project Title	Project Type	Project Tracking Number	Amount requested in this project
...	...	...	...

Fields with \* are required

\* 1. Will the proposed project occur at a site that has an active HRSA grant that supports construction (i.e., new construction, expansion, or alteration/renovation/repair projects)?

Note: The definition of an "active HRSA award that supports construction" can be found in the funding opportunity HRSA-15-129 in the eligibility criteria.

Yes  No

If "Yes", provide the description.

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

\* 2. Will any physical construction (for example: clearing of site, grading, installation of utilities, demolition, construction, etc.) occur prior to the award of the grant (in or about September 2015)?

Yes  No

If "Yes", provide the description.

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

\* **Certification**

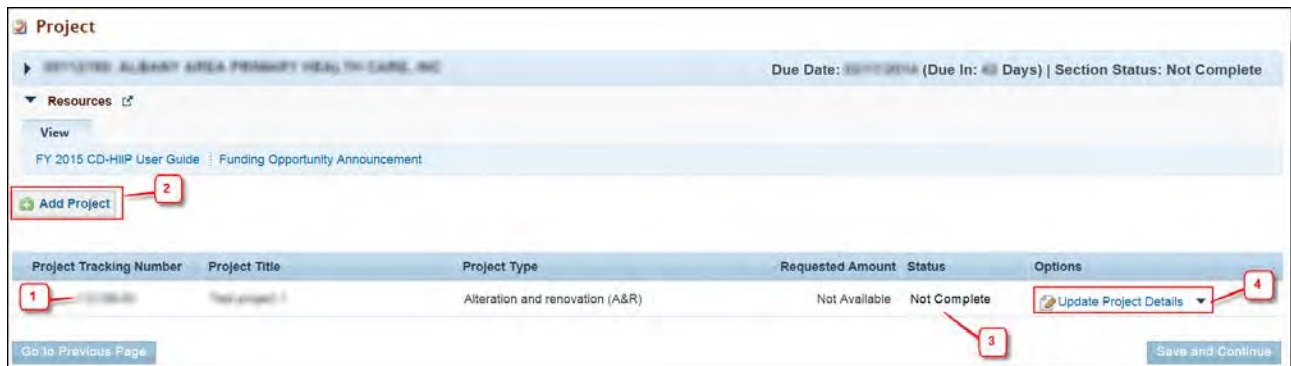
certify that the above statements are accurate and true.

Cancel Save Save and Continue

6. Click the **Save and Continue** button on the **Project Qualification Criteria** page.
  - The system navigates to the **Project** page and displays the project you just added (Figure 16, 1)



**Figure 16: Project Page – Add Project**



**IMPORTANT NOTE:** You will be able to propose only one project in this FY 2015 HIIP application. Once you add the project, the **Add Project** button on the **Project** page will be disabled. (Figure 16, 2).

7. The status of the project added will be **Not Complete** (Figure 16, 3) as you are required to provide information for project specific forms. In order to complete the project information, click the **Update Project Details** link (Figure 16, 4).
  - The system navigates to the **Project Status Overview** page displaying the list of project specific forms that you are required to complete. Notice that a left menu for the Project forms listing all the project forms is displayed at this time (Figure 17, 1). To work on any of the project forms, you can follow any of the options below:
    - A. Click the **Update** link related to the form (Figure 17, 2), or
    - B. Click the form’s link in the Projects left menu

The project specific forms that you are required to complete are as follows:

- Project Qualification Criteria
- Project Cover Page
- Budget (SF-424C)
- Funding Sources
- Equipment List
- Form 5B - Service Sites
- Add Site Checklist
- Other Requirements for Sites

Figure 17: Project Page displaying the Newly Added Project

### Project Qualification Criteria

This form will have 'Complete' status after you provide the required information and certify that the information you provided is correct while adding the project.

If this form is 'Not Complete' due to incomplete information or if you want to update the previously provided details, you can do so by clicking the **Update** link for **Project Qualification Criteria** form on the **Project Status Overview** form or by clicking on this form name in the Projects left menu. Provide complete information on this form and click the **Save and Continue** button to proceed to the **Project Cover Page** form.

If the Project Qualification Criteria form is Complete or you do not wish to update this form at this time, you can directly navigate to the Project Cover Page by clicking the related Update link on the **Project Status Overview** form or by clicking on this form name in the Projects left menu

**IMPORTANT NOTE:** If you choose to update the Project Qualification Criteria form when it is Complete, the certification box will be unchecked when you access the form. You must re-certify the information provided on this form by checking the certification box again and saving the form.

#### 4.3.1 Project Cover Page

Complete the **Project Cover Page** by following the steps below:

1. Review the Project Information details. You may update the Project Title if necessary (**Figure 17, 1**)

Figure 18: Project Cover Page

**Project Cover Page**

Due Date: (Due In: 28 Days) | Section Status: Not Started

**Resources**

View

FY 2015 CD-HIP User Guide | Funding Opportunity Announcement

Fields with \* are required

**Project Information**

Project Title  Project Type  Project Tracking Number 125814-02 Amount requested in this project Not Available

**\* 1. Site Information**

Improved Project Square Footage (total square feet of new construction/expansion and/or the alteration and renovation area):

**\* 2. Project Description**

Provide a detailed description of the scope of all alteration/renovation and/or construction/expansion activities proposed for the project that is clear and consistent with the schematic drawings attached to the application. Include the following:

1. Indicate whether the project involves the construction of a new facility, construction of a building addition, and/or alterations/renovations within an existing building;
2. Indicate the square footage of the specific area(s) to be improved, and the total square footage of the project;
3. Describe the number and type of clinical spaces, staff spaces and support spaces to be added or improved;
4. List major facility improvements, such as modifications and repairs to the building exterior (including windows), interior refinishes and permanently fixed equipment. Include information on improvements to building systems such as heating, ventilation and air conditioning (HVAC), electrical, lighting, plumbing, and communications (if applicable, list exterior site work activity such as improvements to building access, parking lots, etc.);
5. Describe any unique features of the project;
6. Describe how the project will address compliance with local permitting and building code requirements; and
7. Describe how the proposed movable equipment will support and enhance the project.

Approximately 4 pages (Max 8000 Characters) 8000 Characters left.

**\* 3. Project Timeline**

Provide a project timeline that includes the person or entity accountable and the number of months for each of the following critical milestones within the three-year (36 months) project period:

1. Planning;
2. Design;
3. Obtaining required permits and/or variances;
4. Meeting Federal environmental and historic preservation requirements;
5. Solicitation of bids and awarding of contracts, alteration/renovation or construction period; and
6. The expected project completion date.

Describe the current status of the project including any steps that may have been accomplished to date. NOTE: Proposed alteration/renovation and construction/expansion physical activities associated with the project or connected activities (e.g., site grading, installation of utilities, demolition) may not have started before the award date. Conditions of the grant award must be met and lifted through a Notice of Award prior to physical activities commencing.

Project Completion Date:  (MM/YYYY)

Approximately 2 pages (Max 4000 Characters) 4000 Characters left.

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

**IMPORTANT NOTES:**

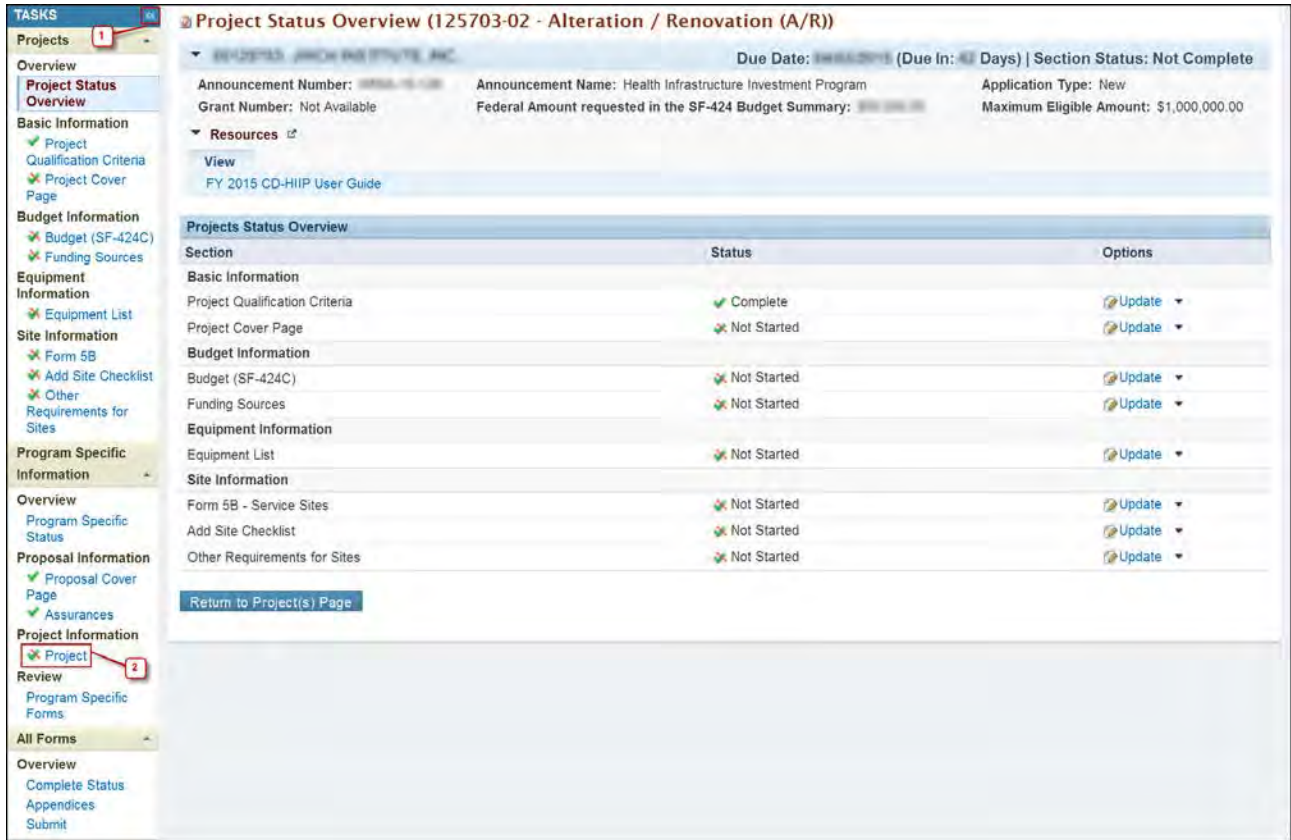
- You will be able to update the Project Title (Figure 18, 1) only on the Project Cover Page form. This field will be non-editable on any other project specific form.
  - You cannot update the Project Type once the project is created (Figure 18, 2). If you wish to include a different Project Type, you must delete the current project on the Project form. To do so, follow the steps provided in the [Deleting the Project](#) section of this user guide.
2. Provide complete information in the remaining sections of the form.
  3. Click the **Save and Continue** button to proceed to the Budget (SF-424C) form.

### 4.3.1.1 Deleting a Project

To delete the HIIP project, follow the steps below:

1. Expand the left menu if not already expanded by clicking the double arrow icon (Figure 19, 1).
2. Click the **Project** link in the Program Specific Information left menu (Figure 19, 2)

Figure 19: Project link in the Left Menu



- The system navigates to the **Project** form.
3. On the **Project** form, for the added project, expand the options by clicking the down arrow key and then click the **Delete** link (Figure 20, 1, 2).
  4. On the resulting page, confirm the delete action by clicking the **Confirm** button.
- The system deletes the HIIP project from the application

Figure 20: Delete link to delete the HIIP Project





### 4.3.2 Budget (SF-424C)

On the **Budget (SF-424C)** form, you must distribute your project costs across the cost classification categories displayed and also provide your request for federal funds for the project. To complete the **Budget (SF-424C)** form, follow the steps below:

1. For every cost classification displayed in rows 1 to 11 and row 13, provide the Total Cost and Cost Not Allowable for Participation values (**Figure 21, 1, 2**).
2. Rows 12, 14 and 16 display the system calculated values. These are non-editable and will be calculated in these rows when you click any **Calculate** button for these rows (**Figure 21, 3**).

**IMPORTANT NOTES:**

- You cannot provide cost information for row 15, Project (program) Income, in this FY 2015 HIIP application. This row will be non-editable.
- For each cost classification, enter a positive number with up to 2 decimal places in the columns Total Costs (a) and Costs Not Allowable for Participation (b). Providing information for all the applicable cost classifications on this form is mandatory. If you do not wish to include costs for a cost classification, enter 0 in both these columns.
- The Costs Not Allowable for Participation should be less than or equal to the Total Costs reported for any cost classification.

3. The Total Allowable Costs value for all cost classifications is also a system calculated value and will be non-editable (**Figure 21, 4**). The dollar amounts in this column will be calculated for rows 12, 14 or 16 when you save this form or when you click the **Calculate** buttons. To calculate this amount, the following formula is applied:

$$\text{Total Allowable Costs} = \text{Total Costs} - \text{Costs Not Allowable for Participation}$$

**Figure 21: Budget (SF-424C) form**

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



**IMPORTANT NOTES:**

- Cell 16c displays the Total Allowable Project Costs. This value should be greater than 0.
- For row 11, Miscellaneous, do not include any items that meet the definition of moveable equipment under this funding opportunity ([Figure 21, 6](#)).
- The Total Allowable Costs for row 13, Contingencies, should be less than or equal to 5% of the sum of the Total Allowable Project Costs for Site Work (7c), Demolition and removal (8c), and Construction (9c). However, the contingency must be reduced to 2% of the construction line after the contract is awarded ([Figure 21, 7](#)).

4. In cell 17c of row 17, provide the federal funds assistance you need for the HIIP project.
5. Click the **Calculate Federal Percentage Share** button to view the percentage of your federal funds request as compared to the Total Allowable Project Costs

**IMPORTANT NOTES:** The federal funds requested in cell 17c must meet all of the following criteria:

- This request should be equal to or less than the Total Allowable Project Costs, i.e. the value in cell 16c, AND
- The maximum federal funds assistance that can be requested in this FY 2015 HIIP application is \$1,000,000.00, So this request in cell 17c should also be less than or equal to \$1,000,000.00, AND
- This request should also be equal to the New or Revised Federal Budget amount you provided in the Budget Summary standard form of this application.
- To update this information on the standard **Budget Summary** form, navigate to the standard section of the application by using the [Grant Application](#) link in the navigation links displayed at the top of the **Project** form or the [Complete Status](#) link in the All Forms left menu.
- Then follow the steps provided in the [Completing the Budget Summary Form](#) section of this user guide.

6. After completing the **Budget (SF-424C)** form, click the **Save and Continue** button to proceed to Funding Sources.

### 4.3.3 Funding Sources

If the Federal Assistance Requested in cell 17c of the **Budget (SF-424C)** form is less than the Total Allowable Project Costs in cell 16c of the **Budget (SF-424C)** form, you must distribute the balance project costs across the other funding sources listed on the **Funding Sources** form.

To complete the **Funding Sources** form, follow the steps below:

1. Review the dollar amounts displayed in the Funding Sources Information section ([Figure 22, 1](#)). These values are non-editable and are pre-populated from the information you provided in the **Budget (SF-424C)** form. If you wish to update these values, you can do so by navigating to the **Budget (SF-424C)** form.
2. In the Other Funding Sources section, distribute the balance of project costs, (i.e. the costs for which you did not request federal assistance), across the other funding sources listed ([Figure 22, 2](#)). To distribute this amount, provide the Amount Secured, Amount Committed and Amount Forthcoming values for all the funding sources ([Figure 22, 3, 4, 5](#)).

Figure 22: Funding Sources

**Funding Sources Information**

1. Total Project Cost (From cell 16a of Budget form) ⓘ \$60,000.00 **1**

2. Federal Grant Requested (From cell 17c of Budget form) \$50,000.00

**Note:** For each funding source listed below, enter a positive number with up to 2 decimal places in the columns Amount Secured (a), Amount Committed (b) and Amount Forthcoming (c). If you do not wish to provide these amounts for a funding source, enter 0.

3. Other Funding Sources <b>2</b>	Amount Secured (a) <b>3</b>	Amount Committed (b) <b>4</b>	Amount Forthcoming (c) <b>5</b>	Total (d = a + b + c) <b>7</b>
* 3a. State Grants ⓘ	\$0.00	\$0.00	\$0.00	\$0.00
* 3b. Local Funding ⓘ	\$0.00	\$0.00	\$0.00	\$0.00
* 3c. Other Federal Funding ⓘ	\$5,000.00	\$0.00	\$5,000.00	\$10,000.00
* 3d. Private/Third Party Funding ⓘ	\$0.00	\$0.00	\$0.00	\$0.00
* 3e. Other Project Financing ⓘ	\$0.00	\$0.00	\$0.00	\$0.00
Total Other Funding Sources <b>6</b>	\$5,000.00	\$0.00	\$5,000.00	<b>8</b> \$10,000.00

Calculate **6**

Go to Previous Page Save Save and Continue

**IMPORTANT NOTES:**

- For each funding source, enter a positive number with up to 2 decimal places in the columns Amount Secured (a), Amount Committed (b) and Amount Forthcoming (c). Providing information for all the Other Funding Sources displayed on this form is mandatory. If you do not wish to distribute the balance of the project costs across a funding source, enter 0 in all the 3 columns.
- If the Federal Assistance Requested in cell 17c is equal to the Total Allowable Project Costs in cell 16c of the [Budget \(SF-424C\)](#) form, there will be no balance total costs remaining to be distributed across the Other Funding Sources. In this case, enter 0 in all the 3 columns listed in the Other Funding Sources section of the Funding Sources form.

3. The values displayed in the Total Other Funding Sources row are system calculated. These are non-editable and will be calculated for this row when you click the related **Calculate** button ([Figure 22, 6](#)).
4. The Total value for all other funding sources is also a system calculated value and will be non-editable ([Figure 22, 7](#)). The dollar amounts in this column will be calculated when you save this form or when you click the **Calculate** button for the Total Other Funding Sources row. To calculate this amount, the following formula is applied:

$$\text{Total} = \text{Amount Secured} + \text{Amount Committed} + \text{Amount Forthcoming}$$

**IMPORTANT NOTES:**

- The Total Allowable Project Costs in cell 16c of the [Budget \(SF-424C\)](#) form should be equal to the sum of the Federal Assistance Requested in cell 17c of the [Budget \(SF-424C\)](#) form and the grand Total amount of all the other funding sources on the **Funding Sources** form ([Figure 22, 8](#)).
- The Total amount proposed for the 'State Grants' row should be equal to the 'State' funding you proposed under the Non-Federal Resources section of the **Budget Summary** standard form. Similarly, the Total amounts proposed for 'Local Funding' and 'Other Federal Funding' rows should be equal to the 'Local' and 'Other' funding you proposed under the Non-Federal Resources section of the **Budget Summary** standard form respectively.

- The sum of the Total amounts proposed for Private/Third Party Funding and Other Project Financing rows on this form should be equal to the 'Applicant' funding proposed under the Non-Federal Resources section of the **Budget Summary** standard form.
- Please note that to update information on the standard **Budget Summary** form, you will need to navigate to the standard section of the application. Then follow the steps provided in the [Completing the Budget Summary Form](#) section of this user guide.

5. After completing the **Funding Sources** form, click the **Save and Continue** button to proceed to the Equipment list page.

#### 4.3.4 Equipment List

##### IMPORTANT NOTES:

- You are required to add equipment information on **Equipment List** form, if you identify equipment costs in the Total Allowable Costs for row 10, Equipment, on the [Budget \(SF-424C\)](#) form. The status of this form will be Complete when the Total Price of equipment added on this form is equal to the Total Allowable Costs for the Equipment cost classification on the [Budget \(SF-424C\)](#) form of this application.
- If you do not identify equipment costs on the [Budget \(SF-424C\)](#) form, you must not add equipment on the **Equipment List** form.
- Please refer to the [Equipment's related notes](#) in the Project section for the list of allowable equipment's.

To add equipment on this form, follow the steps below:

1. Click **Add** button to add an equipment ([Figure 23](#)).

**Figure 23: Equipment List form**

- The system navigates to the **Equipment Information – Add Page** ([Figure 24](#)). Fields marked with an asterisk (\*) are required.

**Figure 24: Equipment Information - Add Page**

2. Select an equipment type and enter the Description, Unit Price (\$), and Quantity.
3. Click the **Save and Continue** button at the bottom of the screen after adding these details.
  - The system navigates to the Equipment List page and displays the equipment you just added along with the calculated **Total Price** ([Figure 25](#))

Figure 25: Equipment List Page (With Equipment Added)

Type	Description	Unit Price	Quantity	Total Price	Options
Clinical	Figure 25: Equipment List Page With Equipment Added	\$2,000.00	1	\$20,000.00	Update
<b>Total</b>			<b>1</b>	<b>\$20,000.00</b>	

- After completing this form, click the **Save and Continue** button to proceed to **Form 5B – Service Sites**.

### 4.3.5 Form 5B – Service Sites

On the **Form 5B: Service Sites** form, the applicant is required to Add New Site or Pick an existing Site from Scope. The applicant can only select a New or Active in Scope Admin/Service Delivery, Service Delivery or Confidential Site (Domestic Violence) Site that is within their current approved H80 scope of project.

#### 4.3.5.1 Add New Site.

- To add a New Site, click on the **Add New Site** button (Figure 26, 1). The system will navigate to the **Service Site Checklist** page.

Figure 26: Form 5B – Service Sites

- Provide answers to the listed questions and click on **Verify Qualification** button. The system will navigate to 'List of Pre-registered Performance Sites at HRSA Level' page (Figure 27).
- On the 'List of Pre-registered Performance Sites at HRSA Level' page select a site by clicking on the 'Select Site Location' link from options column (Figure 27, 1).

Figure 27: List of Pre-registered Performance Sites at HRSA Level

- You can also register a new Performance Site by clicking on the **Register Performance Site** button (Figure 27, 2).

4. The system navigates to the **Form 5B: Edit** page (Figure 28).

Figure 28: Form 5B: Edit Page



5. Fill out all of the required information and complete this form.

- The system will navigate to **Form 5B - Service Sites** and the selected site will be available under proposed site column.

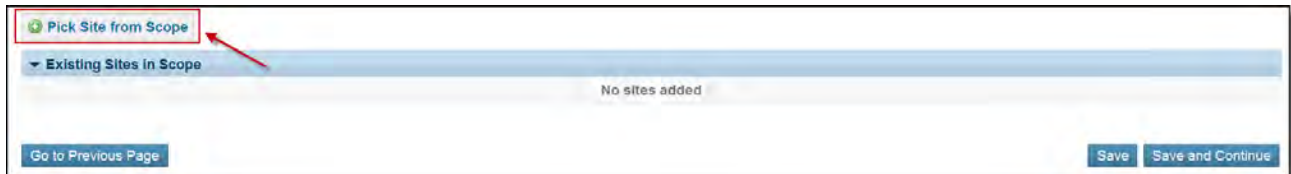
**IMPORTANT NOTES:**

- The system will allow an applicant to propose only one site.
- The 'Add New Site' and 'Pick Site from Scope' buttons will be disabled after a site has been added to the project.
- The system will not allow an applicant to select an Admin-only site, Mobile Van site, Site which is operated by 'Sub-recipient', Site which is operated by 'Contractor', Site with pending verification status or site with terminated status.
- If a New Site is added, the applicant is required to complete the [Add Site Checklist](#) form.

**4.3.5.2 Pick Site from Scope.**

1. The applicant can pick an existing Site from Scope by clicking on the **Pick Site from Scope** button.

**Figure 29: Form 5B: Pick Site from Scope**



- The system navigates to the **Select Site from Scope** form and displays the list of active sites in the scope of the H80 grant you provided in the Applicant Eligibility section of the **Proposal Cover Page** form of this application (**Figure 30**).

**IMPORTANT NOTES:** You will be able to pick a site from your H80 scope only if you have provided a correct active H80 grant number associated with your organization on the [Proposal Cover Page](#) form of this application. Otherwise, you will not be able to click the **Pick Site from Scope** button in order to complete Form 5B.

**Figure 30: Select Site from Scope form**



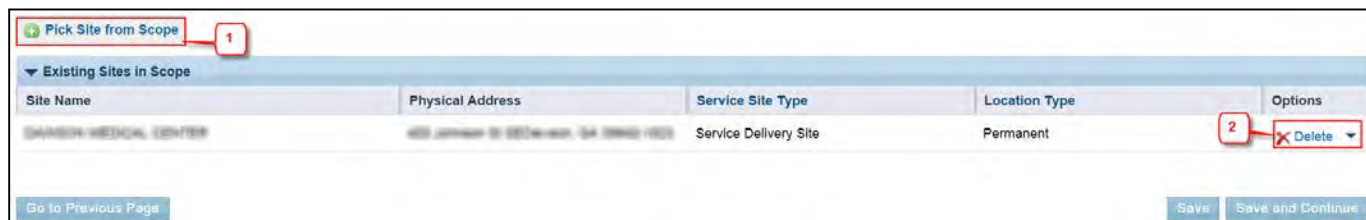
2. To select a site, click the **Select this Site** link provided under the Options column (**Figure 30, 1**).

**IMPORTANT NOTES:**

- The system allows you to select only the site of 'Service Delivery' or 'Administrative/Service Delivery' type in your H80 scope with an Active status. You will also be able to select confidential site on this form.
- The system disables the [Select this Site](#) link ([Figure 30, 2](#)) for the site under any of the categories mentioned below. The reason(s) for which the site is being disabled will be displayed when you hover over the disabled [Select this Site](#) link ([Figure 30, 3](#)).
- If the site is an 'Admin-only' site.
- If the site is a 'Mobile Van' site.
- If the site is operated by a 'sub-recipient' or a 'contractor'.
- If the site has the Pending Verification status.
- If the site is terminated.

3. The system navigates to the **Form 5B** list page and displays the site you just selected under the Existing Sites in Scope section ([Figure 31](#)).

**Figure 31: Site added to Form 5B**



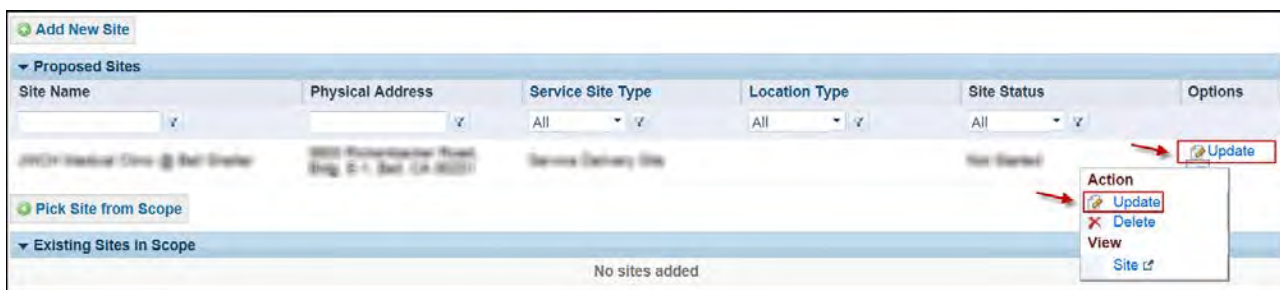
4. After completing **Form 5B**, click the **Save and Continue** button to proceed to the Add Site Checklist page.

### 4.3.5.3 Update Site

1. A Site can be updated by clicking on the Update link ([Figure 32](#)).

- The system will navigate to **Form-5B - Edit** page ([Figure 28](#)).

**Figure 32: Update Site Link**



2. Fill out all of the required information and complete this form.

- The system will navigate to **Form 5B - Service Sites** and the updated site will be available under proposed site column.

### 4.3.5.4 Delete Site

1. To delete a site, click on the [Delete](#) link under options ([Figure 31, 2](#)).

The application will navigate to **Service Site - Delete Confirm** page.

2. Click on **Confirm Delete** button to confirm and delete site.
3. The application will navigate to **Form 5B - Service Sites** page.

**IMPORTANT NOTE:** The applicant will only be able to delete a site that was added during the '**Add a New Site**' or '**Pick Site from Scope**' process. The site will not be deleted from scope and an applicant will be able to add the deleted site again.

#### 4.3.6 Add Site Checklist page

The Add Site checklist page will be available upon adding a new site in [Form 5B](#).

**IMPORTANT NOTES:**

- The **Add Site Checklist** form will ONLY be available if the applicant has added a new site in [Form 5B](#).
- If the applicant completes '**Add Site Checklist**' form and then deletes the previously added site on **Form 5B**, the system will delete the information provided in this form and change the status of the form to **Not Complete**.

1. Provide all of the required information and complete this form ([Figure 33](#)).

Figure 33: Add Site Checklist Form

**Add Site Checklist**
Due Date:  (Due In:  Days)

**Resources**

**Project Information**

Project Title	Project Type	Alteration and renovation (A&R)	Project Tracking Number
			Amount requested in this

**CHECKLIST FOR ADDING A SERVICE SITE**

Unless otherwise noted, responses are required for all questions when requesting to add a Required OR Additional (Including Specialty) Service.

Site Name:

Site Address:

When do you plan to start providing services at the site?

**1. NEED**

Clearly address why and how the addition of the proposed site will address unmet need and further the mission of the health center by maintaining or increasing access and maintaining or improving quality of care.

1a. How was the need for the proposed site identified (check all applicable reasons)?

LCS Trend Data (e.g. Patient Origin Data) and/or a needs assessment indicated a high need for a site at this location (e.g. health center is exceeding patient capacity at existing sites, health center is seeing significant number of UDS Data Year (20 ) Needs assessment completed on (mm/dd/yyyy)

The site is located in a Medically Underserved Area (MUA)  
Health center verified MUA Designation is current in HRSA Database on (mm/dd/yyyy):

The site will serve a Medically Underserved Population (MUP)  
Health center verified MUP Designation is current in HRSA Database on (mm/dd/yyyy):

An existing health center site (Section 330 grantees or FQHC Look-Alike) in the proposed area is closing and/or another safety net provider(s) is no longer offering services to our target population in this area.

One or more of my current sites is under renovation and we need to add a temporary site to scope where we will provide services until the current site(s) under renovation are ready. Once the health center re-opens the existing renovation, if they will no longer be utilizing the temporary site added through this change in scope, they will need to submit a change in scope to REMOVE the temporary site from scope via a Site Deletion request.

The site will replace a site I have already removed from scope and/or plan to remove from scope in the future, and these two actions (closure of original site and opening of new site to replace the original site) will NOT be accomplished.

Other (Describe in the space provided below):

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

1b. Using the most recent UDS data and/or other data specific to your target population and/or service area, describe the:

- specific access barriers (e.g. Ratio of Population to One FTE Primary Care Physician, Distance (miles) OR Travel Time (minutes) to Nearest Primary Care Provider Accepting New Medicaid and/or Uninsured F health center, etc.) and
- specific risk factors (e.g., occupational, environmental, behavioral, social/cultural, or housing status) of the patient population to be served at the proposed site that supports the need for and/or benefit of the

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

1b. Using the most recent UDS data and/or other data specific to your target population and/or service area, describe the:

- specific access barriers (e.g. Ratio of Population to One FTE Primary Care Physician, Distance (miles) OR Travel Time (minutes) to Nearest Primary Care Provider Accepting New Medicaid and/or Uninsured F health center, etc.) and
- specific risk factors (e.g., occupational, environmental, behavioral, social/cultural, or housing status) of the patient population to be served at the proposed site that supports the need for and/or benefit of the

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

1c. Provide evidence that the proposed site will appropriately serve the current patient and/or target population by providing the following information about the population that will utilize the new site.

Number of patients projected to be served annually  
This is the anticipated number of patients that will utilize the proposed site in the coming calendar year.

Number:   
(Format: 99)

Data Source Used for Projection:  
Approximately 2 pages (2) (Max 3000 Characters): 3000 Characters left.

NHSC sites and participants may contact the NHSC through the Customer Service Portal (<https://programportal.hrsa.gov/extranet/landing.seam>) or through the Customer Care Center by calling 1-800-221-9393.

In adding this site to your scope, has your health center assessed the impact on any NHSC participants that will be asked to work at this site and advised them that they will need to seek a site reassignment with this new site?

Yes  Not Applicable, health center does not plan to place any NHSC participants at this site.

Briefly explain your response:  
Approximately 2 pages (2) (Max 3000 Characters): 3000 Characters left.

Go to Previous Page
Save Save and Continue

2. Click on **Save and Continue** button to proceed to the **Other Requirements for Sites** page.

#### 4.3.7 Other Requirements for Sites

The **FY 2015 HIIP** application collects information on the following sections in '**Other Requirements for Sites**' page:

- a. Project Information
- b. Site Information
  - i. Site Control and Federal Interest
  - ii. Cultural Resource Assessment and Historic Preservation Considerations (For Alteration/Renovation (A/R) projects ONLY)
- c. Attachments

##### **IMPORTANT NOTES:**

- The **Other Requirements for Sites** form will be available ONLY AFTER the applicant has added a new site or selected an existing site from scope in [Form 5B](#).
- If the form is complete and previously added site on **Form 5B** is replaced with another site, the system will reset the information on '**Other Requirements for Sites**' form and change the status of the form to **Not Complete**. The system will ensure that the applicant revisits this form to provide the updated '**Other Requirements for Sites**' form for the updated site.
- The name of the Service Site and Address are non-editable fields and no changes can be made to these fields. The information is pre-populated from **Form 5B**.

1. The applicant needs to provide information in all of the required fields ([Figure 34](#)).
2. The applicant is required to provide maximum of 0 and minimum of 1 attachment to the Property information field.
3. The applicant is required to provide maximum of 1 and minimum of 1 attachment to the Landlord Letter of Consent field.
4. Click on **Save and Continue** button to proceed.



Figure 34: Other Requirements for Sites Form

**Other Requirements For Sites**

Due Date: 10/15/2015 (Due In: 0 Days) | Section Status: Not Complete

**Resources**

[View](#)

[FY 2015 CD-HIP User Guide](#) | [Funding Opportunity Announcement](#)

**Project Information**

Project Title	Project Type	Project Tracking Number	Amount requested in this project

**Site Information**

Name of Service Site:

Site Address:

**\* 1. Site Control and Federal Interest**

Identify current status of property (If 'Leased', please provide Landlord Letter of Consent)

Owned  Leased

**\* 2. Cultural Resource Assessment and Historic Preservation Considerations**

2a. Is the proposed facility 50 years or older?

Yes  No

2b. Does the overall proposed project include

1) Any renovation/modification to the exterior of the facility (including the installation of new signage), or

2) Ground disturbance activities (including installation of permanent access ramps, utility work, installation of curb cuts, fencing, and parking)?

Yes  No

2c. Does the project involve alteration/renovation/repair to a project facility that is architecturally, historically, or culturally significant?

Yes  No

2d. Is the site located on Native American, Alaskan Native, Native Hawaiian, or equivalent culturally significant lands?

Yes  No

**Attachments**

Upload the Landlord Letter of Consent document only if you indicated that the property status is 'Leased' in question 1 of this form. Otherwise, do not upload the document.

**\* Attachment 5: Property Information (Minimum 1) (Maximum 1)** Attach File

No documents attached

**Attachment 6: Landlord Letter of Consent (as applicable) (Minimum 0) (Maximum 1)** Attach File

No documents attached

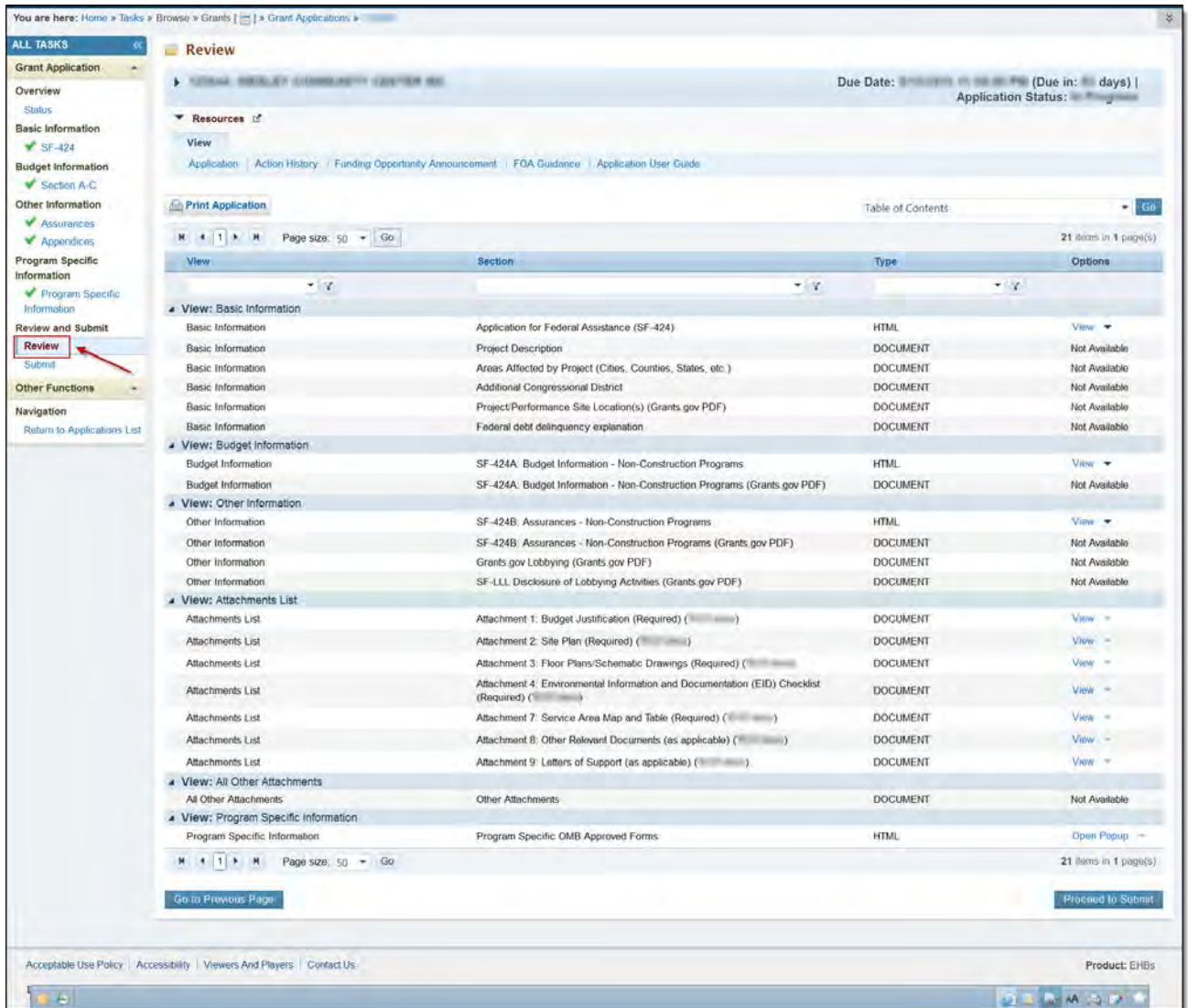
[Go to Previous Page](#) [Save](#) [Save and Continue](#)

## 5. Reviewing and Submitting the FY 2015 HIIP Application to HRSA

To review your application, follow the steps below:

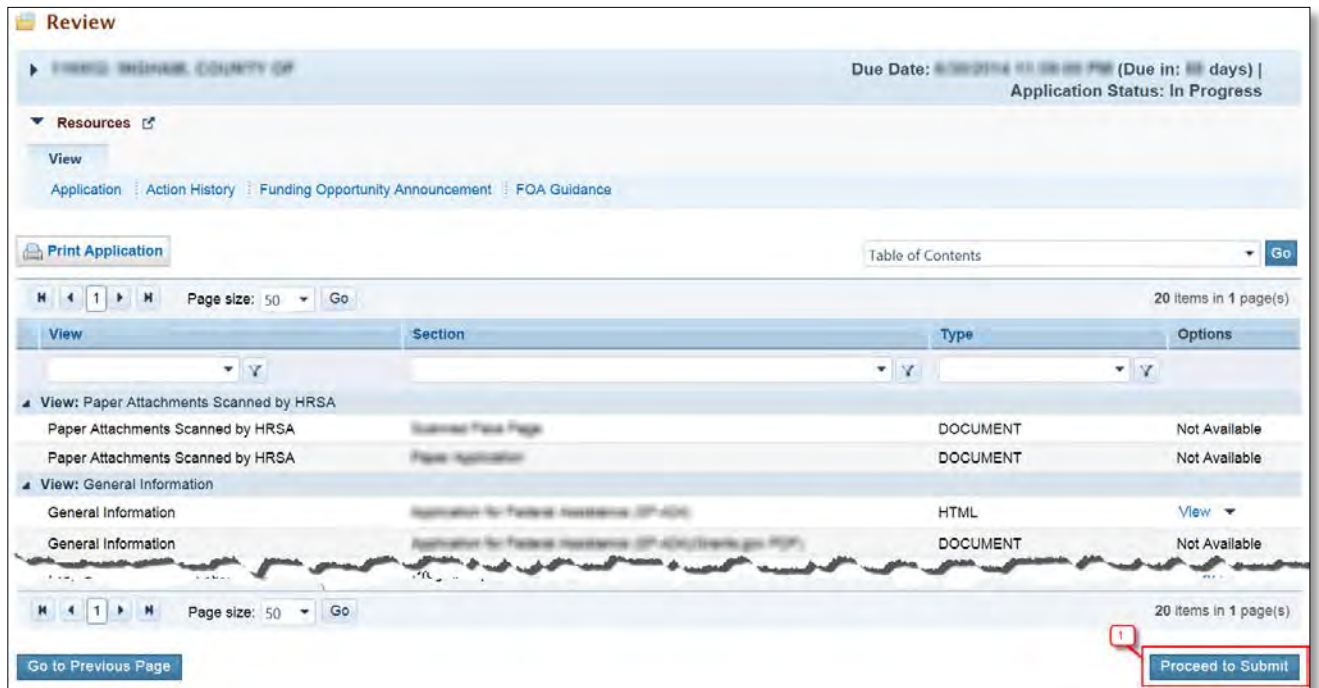
1. Navigate to the standard section of the application using the [Grant Application](#) link in the navigation links displayed at the top of the **Summary Page** form or the [Standard Status](#) link in the All Forms left menu.
2. On the **Application - Status Overview** page, click the [Review](#) link in the Review and Submit section of the left menu ([Figure 35](#)).

Figure 35: 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 36, 1).

**Figure 36: 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.

The **Other Requirements for Sites** form will be available ONLY AFTER the applicant has added a new site

**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 the application can be submitted to HRSA.

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