

HRSA Electronic Handbooks

FY 2016 Oral Health Service Expansion (OHSE)

User Guide for Grant Applicants

Last updated on: November 2, 2015



Table of Contents

- 1. Starting the FY 2016 OHSE Application 3**
- 2. Completing the SF-424 section of the application 4**
 - 2.1. *Completing the Budget Information*..... 5
 - 2.1.1 Budget Information Section A-C 6
 - 2.1.2 Budget Information – Section D-F 12
 - 2.1.3 Budget Narrative 13
- 3. Completing the Appendices Form..... 14**
- 4. Completing the Program Specific Forms..... 16**
 - 4.1. *Form 1A: General Information Worksheet*..... 16
 - 4.1.1 Applicant Information section 17
 - 4.1.2 Proposed Service Area section..... 18
 - 4.1.3 Unduplicated Patients and Visits by Population Type 20
 - 4.1. *Form 1B – Funding Request Summary*..... 21
 - 4.2. *Form 2 – Staffing Profile*..... 22
 - 4.3. *Form 5A – Services Provided (Required Services)*..... 25
 - 4.4. *Form 5B - Service Sites*..... 28
 - 4.4.1 Proposing a New Site 28
 - 4.4.2 Pick a Site from Scope for Alteration/Renovation Purposes 32
 - 4.5. *Alteration/Renovation (A/R) Information*..... 34
 - 4.5.1 Completing Alteration/Renovation (A/R) Project Cover Page 34
 - 4.5.2 Completing Other Requirements for Sites..... 35
 - 4.6. *Clinical Performance Measures*..... 36
 - 4.7. *Equipment List*..... 37
 - 4.8. *Supplemental Information*..... 38
- 5. Submitting the FY 2015 OHSE Application to HRSA 40**

This User Guide describes the steps you need to follow to submit an FY 2016 OHSE application to HRSA.

1. Starting the FY 2016 OHSE Application

You must complete and submit the FY 2015 OHSE application by following a 2-step process:

1. First, you must find the funding opportunity in Grants.gov (HRSA-16-076), download the application package, and submit the completed application in Grants.gov.
2. Secondly, you must validate, complete, and submit this application in the HRSA Electronic Handbooks (EHB).

IMPORTANT NOTES:

- Refer to the HRSA SF-424 **Two-Tier Application Guide** available at <http://www.hrsa.gov/grants/apply/applicationguide/sf424programspecificappguide.pdf> for more details related to submitting an application in Grants.gov and validating it in EHB.

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

1. After logging into EHB, click the Tasks tab on the EHB **Home** page to navigate to the **Pending Tasks – List** page.
2. Locate the FY 2016 OHSE application using the EHB tracking number (e-mailed after successful Grants.gov submission), and click the **Edit** link to start working on the application in EHB.
 - The system opens the overall **Application Forms Status** page of the FY 2016 OHSE application (**Figure 1**).

Figure 1: Accessing the Application Forms Status 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	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 Started	Update

The FY 2016 OHSE 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 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**)

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

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

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

The screenshot shows the SF-424 Part 2 form interface. At the top, there are two tabs: 'SF-424 - Part 1' and 'SF-424 - Part 2'. Below the tabs, a message states 'Fields with * are required'. The form contains two main sections, each with a dropdown menu and an 'Attach File' button. The first section is 'Areas Affected by Project (Cities, Counties, States, etc.) (Minimum 0) (Maximum 1)', which currently shows 'No documents attached'. The second section is 'Project Description (Minimum 0) (Maximum 1)', which also shows 'No documents attached'. A red callout box with the number '1' points to the 'Attach File' button in the Project Description section. The 'Descriptive Title of Applicant's Project' field contains the text 'Health Center Cluster'.

- **Project/Performance Site Location(s)** form displays the locations where you provide services.
- In the **Project Narrative** page attach the project narrative by clicking on the **Attach File** button ([Figure 3, 1](#)).

Figure 3: Attach Project Narrative

The screenshot shows the 'Project Narrative' form page. At the top, there is a header with 'Project Narrative' and a 'Due Date' field. Below the header, there is a 'Resources' section with a 'View' button and a list of links: 'Application', 'Action History', 'Funding Opportunity Announcement', 'FOA Guidance', and 'Application User Guide'. The main form area contains a dropdown menu for 'Project Narrative (Minimum 1) (Maximum 2)', which shows 'No documents attached'. A red callout box with the number '1' points to the 'Attach File' button next to the dropdown. At the bottom of the form, there are three buttons: 'Go to Previous Page', 'Save', and 'Save and Continue'.

In the Budget Information section, provide HRSA with information about funding needs for the proposed project. Refer to the [Completing the Budget Information](#) section of this document for details regarding updating this section.

In the Other Information section, verify that you are aware of and agree to comply with all of the requirements when funds are awarded. These include non-discrimination, the right for the awarding agency to examine records associated with the award, and compliance with statutes such as the Hatch Act. The Other Information section also includes the Appendices, where you upload attachments. Refer to the Completing the [Appendices section](#) of this document for details regarding updating this section. Figure 4

2.1. Completing the Budget Information

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

2.1.1 Budget Information Section A-C.

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

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

To complete this form, follow the following steps:

Click the update link for Section A-C on the application status Overview page ([Figure 4](#)).

Figure 4: 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	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 Started	Update

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

Figure 5: Budget Information – Section A-C Page

Budget Information - Section A-C

▼ **Resources** (7)

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
Community Health Centers	83.224	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Health Care for the Homeless	93.224	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Migrant Health Centers	93.224	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Public Housing	83.224	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Update Sub Program 1	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
	Federal	Non-Federal	
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total Direct Charges	\$0.00	\$0.00	\$0.00
Indirect Charges	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

Section C - Non Federal Resources Update

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

- Under Section A – Budget Summary, click on the **Update Sub Program** button (Figure 5, 1).
 - The **Sub Programs – Update** page opens (Figure 6).

Figure 6: Sub Programs – Update Page

Sub Programs - Update

FORWARD LAPINE COMMUNITY HEALTH CENTER Due Date: 4/30/2016 11:59:00 PM (Due in: 0 days) | Section Status: Not Complete

Resources

View

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

Sub Programs

<input type="checkbox"/>	Sub-Program	CFDA
<input type="checkbox"/>	Community Health Centers	93.224
<input checked="" type="checkbox"/>	Health Care for the Homeless	93.224
<input type="checkbox"/>	Migrant Health Centers	93.224
<input type="checkbox"/>	Public Housing	93.224

Cancel Save and Continue

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

Figure 7: Section A – Budget Summary

Section A - Budget Summary Update

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

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

Figure 8: Section A – Update Page

Section A - Budget Summary Update

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

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

IMPORTANT NOTES:

- The Federal amount refers only to the Federal section 330 grant funding requested for the Oral Health Service Expansion project, not all Federal grant funding that an applicant receives.
- Applicants may apply for a maximum ceiling amount of up to \$350,000 per year.

- Click the **Save and Continue** button.
 - The **Budget Information – Section A-C** page re-opens displaying the updated New or Revised Budget under Section A – Budget Summary (Figure 9)

Figure 9: Section A – Budget Summary Page after Update

* Section A - Budget Summary Update						
Grant Program Function or Activity	CFDA Number	Estimated Unobligated Funds		New or Revised Budget		
		Federal	Non-Federal	Federal	Non-Federal	Total
Health Care for the Homeless	93.224	\$0.00	\$0.00	\$30,000.00	\$0.00	\$30,000.00
Migrant Health Centers	93.224	\$0.00	\$0.00	\$20,000.00	\$0.00	\$20,000.00
<input type="button" value="Update Sub Program"/>	Total	\$0.00	\$0.00	\$50,000.00	\$0.00	\$50,000.00

- In Section B – Budget Categories, you must provide the Federal and non-Federal funding distribution across object class categories for the first 12-month budget period. Click the **Update** button provided at the right corner of the Section B header (Figure 10).

Figure 10: Section B – Budget Categories

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

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

Figure 11: Section B – Update Page

Section B - Update

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

► 11840: LAFINE COMMUNITY HEALTH CENTER Due Date: 8/30/2016 11:59:59 PM (Due in: 00 days) | Section Status: Not Complete

▼ Resources [↗](#)

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

Fields with * are required

*** Section B - Budget Categories**

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

Cancel Save and Continue

IMPORTANT NOTES:

- The total Federal amount in Section B – Budget Categories must be equal to the total new or revised Federal budget amount specified in **Section A – Budget Summary** of the **Budget Information – Section A-C form**.
- The total non-Federal amount in Section B – Budget Categories must be equal to the total new or revised non-Federal budget amount specified in **Section A – Budget Summary** of the **Budget Information – Section A-C form**.
- Applicants may request up to \$150,000 in Year 1 only for equipment (e.g., dental chair) and/or minor alterations/renovations (e.g., installation of dental chair). Applicants should include one-time funds in the appropriate Object Class Categories in Section B – Budget Categories. Applicants will use Form 1B to separate one-time funds from operating funds for year 1.

10. Click **Save and Continue** (Figure 11, 3) to navigate back to the **Budget Information – Section A-C form** (Figure 5).

11. In **Section C – Non Federal Resources**, distribute the non-Federal budget amount specified in **Section**

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

Figure 12: Section C - Non Federal Resources

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

IMPORTANT NOTES: 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.

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

2.1.2 Budget Information – Section D-F

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

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

Figure 13: Budget Information – Section D-F

Budget Information - Section D-F

THOMAS LIPPINE COMMUNITY HEALTH CENTER | Due Date: 8/28/2016 11:59:59 PM (Due in: 28 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 E - Federal Funds Needed for Balance of the Project 2 Update

Grant Program	Future Funding Periods (Years)			
	1st	2nd	3rd	4th
Health Care for the Homeless	\$0.00	\$0.00	\$0.00	\$0.00
Migrant Health Centers	\$0.00	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00	\$0.00

Section F - Other Budget Information 3 Update

Direct Charges: No information added.

Indirect Charges: No information added.

Remarks: No information added.

Go to Previous Page Save Save and Continue 4

To complete this form, follow the steps below:

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

2.1.3 Budget Narrative

Attach a budget justification narrative by clicking on the **Attach File** button shown in (Figure 14).

Figure 14: Budget Narrative

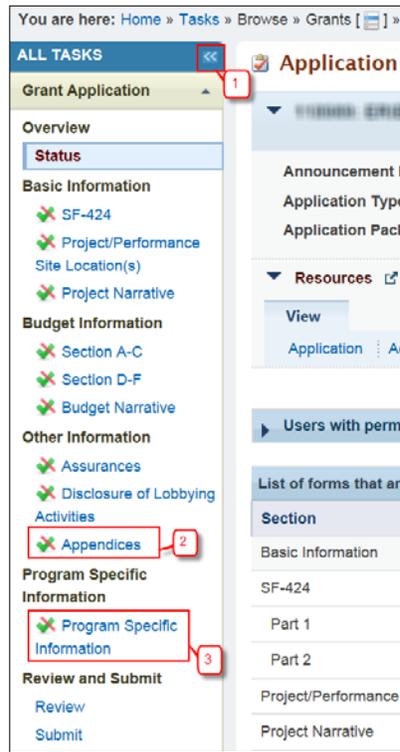
The screenshot shows a web application interface for a 'Budget Narrative' form. At the top, the title 'Budget Narrative' is displayed. Below it, the funding source is identified as 'FUNDING: LARINE COMMUNITY HEALTH CENTER'. The due date is '8/30/2016 11:59:59 PM (Due in: 36 days)' and the section status is 'Not Complete'. A 'Resources' section is expanded, showing a 'View' button and links for 'Application', 'Action History', 'Funding Opportunity Announcement', 'FOA Guidance', and 'Application User Guide'. A note states 'Fields with * are required'. The main form area is titled '* Budget Narrative (Minimum 1) (Maximum 2)' and currently shows 'No documents attached'. An 'Attach File' button is visible on the right. At the bottom, there are buttons for 'Go to Previous Page', 'Save', and 'Save and Continue'.

Once completed, click on the **Save and Continue** button to proceed to the **Assurances** page and then the Disclosure of Lobbying Activities. Applicants that certify that they do NOT currently receive more than **\$100,000** in Federal funds and engage in lobbying activities may skip the Disclosure of Lobbying Activities form.

3. Completing the Appendices Form

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 standard attachments by clicking the associated **Attach File** buttons:

- Attachment 1: Service Area Map and Table (Minimum 1) (Maximum 1)
- Attachment 2: Implementation Plan (Minimum 1) (Maximum 1)
- Attachment 3: Position Descriptions for Key Project Staff (Minimum 1) (Maximum 1)
- Attachment 4: Biographical Sketches for Key Project Staff (Minimum 1) (Maximum 1)
- Attachment 5: Letters of Support (Minimum 1) (Maximum 1)
- Attachment 6: Sliding Fee Discount Schedule (Minimum 1) (Maximum 1)
- Attachment 7: Summary of Contracts and Agreements (Minimum 0) (Maximum 1)
- Attachment 8: Indirect Cost Rate Agreement, as applicable (Minimum 0) (Maximum 1)
- Attachment 9: Other Relevant Documents (as applicable)
- Attachment 10: Other Relevant Documents (as applicable)
- Attachment 11: Other Relevant Documents (as applicable)
- Attachment 12: Other Relevant Documents (as applicable)
- Attachment 13: Other Relevant Documents (as applicable)
- Attachment 14: Other Relevant Documents (as applicable)
- Attachment 15: Other Relevant Documents (as applicable)

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

4. Completing the Program Specific Forms

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

Figure 16: Status Overview Page for Program Specific Forms

Program Specific Information Status		
Section	Status	Options
General Information		
Form 1A - General Information Worksheet	Not Started	Update ▾
Budget Information		
Form 1B - Funding Request Summary	Not Started	Update ▾
Form 2 - Staffing Profile	Not Started	Update ▾
Year 1	Not Started	Update ▾
Sites and Services		
Form 5A - Services Provided	Not Started	Update ▾
Required Services	Not Started	Update ▾
Additional Services	Not Started	Update ▾
Form 5B - Service Sites	Not Started	Update ▾
Alteration/Renovation (A/R) Information	Not Started	Update ▾
Performance Measures		
Clinical Performance Measures	Not Started	Update ▾
Other Information		
Equipment List	Not Started	Update ▾
Supplemental Information	Not Started	Update ▾
Return to Complete Status		

4.1. Form 1A: General Information Worksheet

Form 1A - General Information Worksheet provides a summary of information related to the applicant, proposed service area and dental patient and visit projections. This form comprises of the following sections:

- Applicant Information (**Figure 17, 1**)
- Proposed Service Area (**Figure 17, 2**)

Figure 17: Form 1A: General Information Worksheet

Form 1A - General Information Worksheet

Due Date: (Due In: Days) | Section Status: Not Complete

Resources: View
 FY 2016 OH Application User Guide | Funding Opportunity Announcement

Fields with * are required

1. Applicant Information

Applicant Name: [Redacted]

* Fiscal Year End Date: April 30

Application Type: Revision (Supplemental)

Existing Grantee: Yes

Grant Number: [Redacted]

* Business Entity: Private, non-profit (non-Tribal or Urban Indian)

* Organization Type (Select all that apply)

- All
- Faith based
- Hospital
- State government
- City/County/Local Government or Municipality
- University
- Community based organization
- Other

If 'Other' please specify:
 (maximum 100 characters)

2. Proposed Service Area

2a. Service Area Type

* Choose Service Area Type

- Urban
- Rural
- Sparsely Populated - Specify population density by providing the number of people per square mile: (Provide a value ranging from 0.01 to 7)

Note(s):
 For the Patients and Visits by Service Type Section
 • The UDS/Baseline Values for dental patients and visits will pre-populate from 2014 UDS data. Provide total projected dental patients and related visits for calendar year 2017 (by December 31, 2017). Total projected dental patients include:
 • existing dental patients that will continue to receive dental services in 2017,
 • existing health center patients not currently receiving dental services who will receive these services in 2017, and
 • new patients (new to the health center) who will receive these services in 2017.

2b. Patients and Visits

Patients and Visits by Service Type

Service Type	UDS / Baseline Value		Projected by December 31, 2017	
	Patients	Visits	Patients	Visits
* Total Medical Services	N/A	N/A	N/A	N/A
* Total Dental Services			0	0
Behavioral Health Services				
* Total Mental Health Services	N/A	N/A	N/A	N/A
* Total Substance Abuse Services	N/A	N/A	N/A	N/A
* Total Enabling Services	N/A	N/A	N/A	N/A

Note(s):
 For the Unduplicated Patients and Visits by Population Type Section
 • In the table below, report ONLY the NEW dental patients (new to the health center) and related visits as a result of the OH project for the year ending December 31, 2017.
 • There is no minimum required value for the new unduplicated patient projection. Patient projections should be reasonable based on the identified needs of the patient population and service area.

Unduplicated Patients and Visits by Population Type

Population Type	UDS / Baseline Value		Projected by December 31, 2017	
	Patients	Visits	Patients	Visits
* Total	N/A	N/A		
* General Underserved Community (Report all patients/visits not reported in the rows below)	N/A	N/A	0	0
* Migratory and Seasonal Agricultural Workers	N/A	N/A	0	0
* Public Housing Residents	N/A	N/A	0	0
* People Experiencing Homelessness	N/A	N/A	0	0

Go to Previous Page | Save | Save and Continue

4.1.1 Applicant Information section

The **Applicant Information** section is pre-populated with application and grant-related information, as

applicable. Complete this section by providing information in the required fields (Figure 17).

IMPORTANT NOTES:

- Complete all relevant information that is not pre-populated.
- Applicants may check only one category in the Business Entity section. An applicant that is a Tribal or Urban Indian entity and also meets the definition for a public or private entity should select the Tribal or Urban Indian category.
- Applicants may select one or more category for the Organization Type section.
- If you choose to select 'Other' as one of the Organization Type values (Figure 18, 1), you must specify the organization type.

Figure 18: Applicant Information section

1. Applicant Information

Applicant Name: [REDACTED]

* Fiscal Year End Date: Select Option

Application Type: Revision (Supplemental)

Existing Grantee: Yes

Grant Number: [REDACTED]

* Business Entity: Select Option

* Organization Type (Select all that apply)

- All
- Faith based
- Hospital
- State government
- City/County/Local Government or Municipality
- University
- Community based organization
- Other

If 'Other' please specify: _____
(maximum 100 characters)

4.1.2 Proposed Service Area section

The Proposed Service Area section is further divided into the following sub-sections:

- 2a. Service Area Type (Figure 19).
- 2b. Patients and Visits (Figure 20).
- Unduplicated Patients and Visits by Population Type (Figure 21).

4.1.2.1 Completing 2a. Service Area Type section

2. In the Service Area Type field (Figure 19), indicate whether the service area is urban, rural, or sparsely populated.

IMPORTANT NOTES:

- If sparsely populated is selected, provide the number of people per square mile (values must range from .01 to 7).
- For information about rural populations, visit the **Office of Rural Health Policy’s web site** http://www.hrsa.gov/ruralhealth/policy/definition_of_rural.html.

Figure 19: Service Area Type section

2. Proposed Service Area
2a. Service Area Type

Choose Service Area Type

Urban
 Rural
 Sparsely Populated - Specify population density by providing the number of people per square mile: (Provide a value ranging from 0.01 to 7)

4.1.2.2 Completing 2b: Patients and Visits

To complete this section, follow the steps below:

1. For Dental Services only, project the number of dental patients and visits anticipated for the calendar year ending December 31, 2017 in the ‘Projected by December 31, 2017’ columns (**Figure 20**).
2. The patients and visits for the ‘Projected by December 31, 2017’ column will only accept values greater than the UDS/Baseline Values for dental patients and visits, which will be pre-populated from the 2014 UDS Report.

Figure 20: Patients and Visits by Service Type

Service Type	UDS / Baseline Value		Projected by December 31, 2017	
	Patients	Visits	Patients	Visits
* Total Medical Services	N/A	N/A	N/A	N/A
* Total Dental Services	<input type="text"/>	<input type="text"/>	0	0
Behavioral Health Services				
* Total Mental Health Services	N/A	N/A	N/A	N/A
* Total Substance Abuse Services	N/A	N/A	N/A	N/A
* Total Enabling Services	N/A	N/A	N/A	N/A

IMPORTANT NOTE:

- Include the following patients who will receive dental services in 2017: 1) existing dental patients who will continue receiving dental services, 2) existing health center patients who have previously not received dental services at the health center who will receive dental services at the health center, and 3) new dental patients who are new to the health center as a result of the proposed project.

4.1.3 Unduplicated Patients and Visits by Population Type

To complete this section, follow the steps below:

1. In the Total row, provide the total new (new to the health center) dental patients and associated visits anticipated for the calendar year ending **December 31, 2017** (Figure 21).
2. Provide the number of new (new to the health center) dental patients and associated dental visits that you project to serve for the calendar year ending December 31, 2017 for each listed Population Type (Figure 21).

Figure 21: Unduplicated Patients and Visits by Population Type

Unduplicated Patients and Visits by Population Type					
Population Type	UDS / Baseline Value		Projected by December 31, 2017		
	Patients	Visits	Patients	Visits	
• Total	N/A	N/A	<input type="text" value="0"/>	<input type="text" value="0"/>	
• General Underserved Community (Report all patients/visits not reported in the rows below)	N/A	N/A	<input type="text" value="0"/>	<input type="text" value="0"/>	
• Migratory and Seasonal Agricultural Workers	N/A	N/A	<input type="text" value="0"/>	<input type="text" value="0"/>	
• Public Housing Residents	N/A	N/A	<input type="text" value="0"/>	<input type="text" value="0"/>	
• People Experiencing Homelessness	N/A	N/A	<input type="text" value="0"/>	<input type="text" value="0"/>	

Go to Previous Page Save Save and Continue

IMPORTANT NOTES:

- Report only new (new to the health center) patients and visits projected for calendar year 2017 as a direct result of the proposed project.
- New unduplicated patients is a subset of the total dental patients and should be less than or equal to the difference between projected dental patients for 2017 and baseline dental patients for 2014.
- Across all population type categories, an individual can only be counted once as a patient.
- The new patient projection should not include (should not duplicate) current health center patients or unduplicated patients projected in other supplemental funding applications (e.g., Expanded Services, Substance Abuse Service Expansion).
- There is no minimum required value for the new (new to the health center) unduplicated patient projection. Patient projections should be reasonable based on the identified needs of the patient population and service area.

3. Click on **Save and Continue** to continue to the **Form 1B – Funding Request Summary**.

4.2. Form 1B – Funding Request Summary

Form 1B confirms the funding request and is used to request one-time funding (which should also appear in the Budget Information Section A form in the Equipment and/or Construction rows). To complete this form follow the following steps:

1. Provide the Year 1 operational funding by category (CHC, MHC, HCH, and/or PHPC) (**Figure 22, 1**). The values should be consistent with [Budget Information Section A](#) of the application. Use the Calculate button on the left to populate the ‘Total Operational Cost’ (**Figure 22, 2**).

Figure 22: Form 1B – Funding Request Summary

The screenshot shows the 'Form 1B - Funding Request Summary' interface. At the top, there are fields for 'Due Date', '(Due In: Days)', and 'Section Status'. Below this is a 'Resources' section with a 'View' button and a link to 'FY 2016 OH Application User Guide | Funding Opportunity Announcement'. A note states 'Fields with * are required'. The main section is titled 'Federal Funds Requested: Based on a 12-month Budget for each Budget Period'. It contains a table with columns for 'Type of Health Center', 'Program', 'Year 1 Operational', 'Year 2 Operational', and 'Year 2 Funding Population Percentage'. The table lists categories like Community Health Centers, Health Care for the Homeless, Migrant Health Centers, and Public Housing Primary Care. A 'Calculate' button is next to the 'Total Operational Costs' row. Below the table, there are sections for 'One-Time Funding' and 'One-time funds will be used for', with radio button options for 'Equipment only', 'Minor alteration/renovation with equipment', 'Minor alteration/renovation without equipment', and 'N/A'. A 'Calculate' button is also present for the 'Total Federal Funding Requested' row. At the bottom, there is a question 'Are you proposing to add a mobile site or permanent site in this application?' with 'Yes' and 'No' radio buttons. Navigation buttons 'Go to Previous Page', 'Save', and 'Save and Continue' are at the very bottom.

Type of Health Center	Program	Year 1		Year 2	
		Operational	Operational	Operational	Funding Population Percentage
Community Health Centers	CHC-330(e)	\$0.00	\$0.00	\$0.00	0%
* Health Care for the Homeless	HCH-330(h)	\$0.00	\$0.00	\$0.00	0%
* Migrant Health Centers	MHC-330(g)	\$0.00	\$0.00	\$0.00	0%
Public Housing Primary Care	PHPC-330(i)	\$0.00	\$0.00	\$0.00	0%
Total Operational Costs		\$0.00	\$0.00	\$0.00	
* One-Time Funding		\$0.00	\$0.00	\$0.00	
Total Federal Funding Requested		\$0.00	\$0.00	\$0.00	

2. Enter any one-time funds requested (**Figure 22, 3**) and use the Calculate button (**Figure 22, 4**) to populate the ‘Total Federal Funding Requested’ (**Figure 22, 5**).

IMPORTANT NOTES:

- The maximum amount of funding per year is \$350,000.
- One-time funding requested for equipment and/or minor alteration/renovation (up to \$150,000) is included in the amount for Year 1 (e.g., \$200,000 for operations, \$125,000 for equipment, and \$25,000 for

minor alteration/renovation in Year 1).

- One Time Funding amount must match the sum of the 'Equipment' & 'Construction' Federal amounts provided in the Standard [Section B - Budget Categories](#) section.
- The budget details for Year 2 will be pre-populated from data provided in the [Budget Information Section E - Federal Funds Needed for Balance of the Project](#).

3. Provide a response to the use of the one-time funds form in the following options:

- a. Equipment only
- b. Minor alteration/renovation with equipment
- c. Minor alteration/renovation only
- d. N/A (if one-time funding is not requested)

IMPORTANT NOTES:

- If you indicated that you will use the **One-Time Funding** for 'Equipment only' ([Figure 22, 6](#)) purchase, you must provide necessary information in the **Equipment List** form.
- If you indicated that you will use the **One-Time Funding** for 'Minor alteration/renovation with equipment' ([Figure 22, 7](#)), you must provide the necessary information in the **Alteration/Renovation (A/R) Information** and **Equipment List** forms.
- If you indicated that you will use the **One-Time Funding** for 'Minor alteration/renovation without equipment' ([Figure 22, 8](#)), you must provide the necessary information in the **Alteration/Renovation (A/R) Information** forms that include the A/R Project Cover page and Other Requirements for Sites forms.
- If you select 'N/A' ([Figure 22, 9](#)) signifying no **One-time funding**, you will not be able to provide any information in the **Alteration/Renovation (A/R) Information** and **Equipment List** forms.
- If you update the radio button selection in the '**One-time funds will be used for**' section at any time and save the new selection, the system will delete the information provided by you in all forms that no longer apply based on the new selection.

4. If you are proposing to add a new site to scope (mobile site or permanent site) in this application, select 'Yes'. If not, select 'No'. If Yes is selected, Form 5B must be completed.

5. Click on **Save and Continue** to move to the **Form 2- Staffing Profile**.

4.3. Form 2 – Staffing Profile

Form 2: Staffing Profile reports personnel supported by the total budget for the first budget year (12 months) of the proposed project. Applicants may include staff in the following major service categories:

- Facility and Non-Clinical Support Staff (**Figure 23, 1**)
 - Dental Services (**Figure 23, 2**)
 - Professional Services (**Figure 23, 3**)
 - Enabling Services (**Figure 23, 4**)
1. Report all new staff that will support activities within the proposed scope of project and will be supported through Federal funding or leveraged non-Federal funding. Do not include staff that are already included in your Health Center Program grant (e.g., in your Service Area Competition or Expanded Services budget).
 2. Allocate staff time in the Direct Hire FTE column by function among the staff positions listed. An individual's full-time equivalent (FTE) should not be duplicated across positions. Do not exceed 100% FTE for any individual. For position descriptions, refer to the **UDS Reporting Manual** at <http://bphc.hrsa.gov/datareporting/reporting/2014udsmanual.pdf>
 3. In the Direct Hire FTEs column, provide the number of Full Time Equivalent (FTEs) for each staffing position (**Figure 23, 6**).
 4. In the Contract/Agreement FTEs column, select 'Yes' if contracted staff is used for any position (**Figure 23, 7**). Arrangements for contracted staff should be summarized in **Attachment 7: Summary of Contracts and Agreements**.
 5. To calculate the total for the Direct Hire FTEs, click on the Calculate button (**Figure 24**). The form will display the sum of 'Direct Hire FTEs' for the Staffing Positions under **Total FTEs** (**Figure 23, 5**).

Figure 23: Form 2- Staffing Profile

Form 2 - Staffing Profile

Note(s):
 • Allocate staff time by function among the staff positions listed. An individual's full-time equivalent (FTE) should not be duplicated across positions. For example, a provider serving as a part-time case manager and a part time outreach worker should be listed in each respective category, with the FTE percentage allocated to each position (e.g., case manager 30% FTE and outreach worker 70% FTE). Do not exceed 100% FTE for any individual. Refer to the [2014 UDS manual](#) for position descriptions.

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

Resources
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[FY 2016 OH Application User Guide](#) | [Funding Opportunity Announcement](#)

Fields with * are required

Facility and Non-Clinical Support Staff

Staffing Positions for Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
* Fiscal and Billing Staff	<input type="text"/>	<input type="radio"/> Yes <input checked="" type="radio"/> No
* IT Staff	<input type="text"/>	<input type="radio"/> Yes <input checked="" type="radio"/> No
* Facility Staff	<input type="text"/>	<input type="radio"/> Yes <input checked="" type="radio"/> No
* Patient Support Staff	<input type="text"/>	<input type="radio"/> Yes <input checked="" type="radio"/> No

Dental Services

Staffing Positions for Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
* Dentists	<input type="text"/>	<input type="radio"/> Yes <input checked="" type="radio"/> No
* Dental Hygienists	<input type="text"/>	<input type="radio"/> Yes <input checked="" type="radio"/> No
* Dental Assistants, Aides, Technicians	<input type="text"/>	<input type="radio"/> Yes <input checked="" type="radio"/> No

Professional Services

Staffing Positions for Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
* Other Professional Health Services Staff - Dental Therapists	<input type="text"/>	<input type="radio"/> Yes <input checked="" type="radio"/> No

Enabling Services

Staffing Positions for Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
* Case Managers	<input type="text"/>	<input type="radio"/> Yes <input checked="" type="radio"/> No
* Patient/Community Education Specialists	<input type="text"/>	<input type="radio"/> Yes <input checked="" type="radio"/> No
* Outreach Workers	<input type="text"/>	<input type="radio"/> Yes <input checked="" type="radio"/> No
* Transportation Staff	<input type="text"/>	<input type="radio"/> Yes <input checked="" type="radio"/> No
* Eligibility Assistance Workers	<input type="text"/>	<input type="radio"/> Yes <input checked="" type="radio"/> No
* Interpretation Staff	<input type="text"/>	<input type="radio"/> Yes <input checked="" type="radio"/> No
* Other Enabling Services Staff Please Specify: <input type="text"/> (Maximum 40 characters)	<input type="text"/>	<input type="radio"/> Yes <input checked="" type="radio"/> No

Total FTEs

Totals	Direct Hire FTEs	Contract/Agreement FTEs
Totals <input type="button" value="Calculate"/>	<input type="text"/>	N/A

IMPORTANT NOTES:

- Volunteers must be recorded in the Direct Hire FTEs column.
- In order to be eligible for funding under the Oral Health Service Expansion FOA, the combined FTEs for dentists, dental hygienists and dental therapists must be greater than or equal to 1.0. If these dental providers are not Direct Hire FTEs, the applicant should check 'Yes' under Contract/Agreement FTEs. Applicants will use the Supplemental Information Form to provide information on the number of Contract/Agreement FTE dental providers and validate the dental provider FTE requirement.

Figure 24: Total FTEs

▼ Total FTEs		
Totals	Direct Hire FTEs	Contract/Agreement FTEs
Totals ⓘ <input type="button" value="Calculate"/>	0	N/A
<input type="button" value="Go to Previous Page"/>		<input type="button" value="Save"/> <input type="button" value="Save and Continue"/>

4.4. Form 5A – Services Provided (Required Services)

Form 5A – Services provided identifies the OHSE services and how the OHSE services will be provided (**Figure 25**). There are two sections: **Required Services** (**Figure 25, 1**) and **Additional Services** (**Figure 25, 2**). Form 5A is pre-populated with the OHSE-related services and their modes of provision from your Health Center Program grant scope of project. If new services are proposed or if new modes of service delivery are proposed in this application, corresponding scope verification conditions will appear on the Notice of Award, if an award is made.

Figure 25: Form 5A, Services Provided – Required Services

Form 5A - Services Provided (Required Services)

Note(s):

- Form 5A is pre-populated with the OHSE-related list of services and their modes of provision from your Health Center Program grant scope as of '10/7/2015 12:45:53 PM'. If there was a recent change approved for your scope (e.g., through a Change in Scope application), click the Refresh From Scope button below to populate your most recent scope on file.
- You may propose changes only to the services that are applicable to this supplemental funding opportunity, which are displayed as editable on this form.
- You must either already provide, or propose to provide, Preventive Dental or Additional Dental Services directly (Column I) and/or through formal contract/agreement in which you pay for the service (Column II) to submit an eligible application.
- You may not add services in which the health center does not pay (Column III). However, you may change Column III to either Column I or Column II services through this application.
- Click the 'Save and Continue' button at the bottom of this form to proceed.
- Only applicants that receive OHSE funding will have their grant scope updated to reflect changes in Form 5A.

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

Resources

View
 FY 2016 OH Application User Guide | Funding Opportunity Announcement | Services in H80 Scope

Fields with * are required

Required Services Additional Services

Refresh from Scope

Service Type	Column I - Direct (Health Center Pays)	Column II - Formal Written Contract/Agreement (Health Center Pays)	Column III - Formal Written Referral Arrangement (Health Center DOES NOT pay)
* Preventive Dental	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
* Case Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* Eligibility Assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* Health Education	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* Outreach	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* Transportation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* Translation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Go to Previous Page Save Save and Continue

Use this form to specify the OHSE services and how your organization will provide services offered through the OHSE project. HRSA permits services to be provided directly, by contract with another provider, or by referral to another provider. These modes of service provision differ according to the service provider and the payment source (Table 1).

Table 1: Modes of Service Provision

Mode of Service Provision	Your Organization Provides the Service	Your Organization Pays for the Service
Service provided directly (Health Center pays) (Figure 25, 4)	Yes	Yes
Service provided by formal written contract/agreement (Health Center pays) (Figure 25, 5)	No	Yes
Service provided by formal written referral arrangement/agreement (Health Center does not pay) (Figure 25, 6)	No	No

To specify service delivery modes,

1. Check one or more boxes to indicate the OHSE project service delivery mode(s) for each service type.
2. If the pre-populated data on **Form 5A** does not reflect recently approved scope changes, click the Refresh from Scope button to refresh the data and display the approved changes (Figure 25, 3).

IMPORTANT NOTES:

- You may propose changes only to the services that are applicable to this supplemental funding opportunity, which are displayed as editable on this form.
- You must provide, or propose to provide, Preventive Dental directly (Column I) and/or through formal contract/agreement (Column II) to submit an eligible application. If under your current scope you provide Preventive Dental services under Column III only, you must switch the service modality to Column I or II to be eligible for funding under this FOA.
- You may not add services in which the health center does not pay (Column III). However, you may change Column III to either Column I or Column II services through this application.

3. After completing the **Required Services**, click the **Save and Continue** button to navigate to the **Additional Services** section OR click the **Save** button on **Required Services** section and select the **Additional Services** (Figure 25, 2) tab below the **Resources** section.
4. Use the **Additional Services** section to identify changes in Additional Dental Services and Additional Enabling/Supportive Services that your organization provides as well as changes in the mode of service delivery (Figure 26). This section is optional. You are not required to identify modes of provision for any additional services listed in this section.
5. After completing both the sections on **Form 5A**, click the **Save and Continue** button to save your work and proceed to the next form.

Figure 26: Form 5A - Additional Services Tab

Service Type	Column I - Direct (Health Center Pays)	Column II - Formal Written Contract/Agreement (Health Center Pays)	Column III - Formal Written Referral Arrangement (Health Center DOES NOT pay)
Additional Dental Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional Enabling/Supportive Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

4.5. Form 5B - Service Sites

Form 5B: Service Sites enables you to propose new site(s) for OHSE. If you are proposing a new permanent or mobile site in this application, you must complete Form 5B. Form 5B is also used to designate the site at which alterations/renovations will occur, if requested (see [section 4.4.2](#)).

IMPORTANT NOTES:

- If you answer 'Yes' for 'Are you proposing to add a mobile site or permanent site in this application?' in **Form 1B**, you must complete Form 5B to provide information on the new site that you are adding to scope.
- On **Form 1B**, if you requested one-time funds for alteration/renovation, you are required to pick a site from scope under Form 5B - Service Sites and/or a new site where the alteration/renovation will take place (see [section 4.4.2](#)).

4.5.1 Proposing a New Site

To propose a new site, follow the steps below:

1. Click the Add New Site button ([Figure 27](#)) provided above the **Proposed Sites** section.

Figure 27: Form 5B – Service Sites

Form 5B - Service Sites

Note(s):

- Select "Add New Site" to add a new permanent or mobile site, as indicated on Form 1B
- Select a site from your current Scope since you indicated one-time use of funds for alteration/renovation in Form 1B

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

Resources

Note(s):

When adding a new site, please ensure that the service area zip code(s) and the site address zip code(s) for the newly proposed site is within the grantee's list of service area zip code(s) as of the release date of this OH Funding Opportunity. The allowable service area zip codes are 21531, 21538, 21536, 21521, 21550, 21520, 21582, 21523, 21522, 21581, 21532, 15558, 21539, 21522, 15532, 21536, 15411, 15562, 15424, 26250... (+ View More)

Add New Site

Proposed Sites

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

Pick Site from Scope

Existing Sites in Scope

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

Go to Previous Page | Save | Save and Continue

- The system navigates to the **Service Site Checklist** page (Figure 29). Answer the questions displayed on the **Service Site Checklist** page.

Figure 28: Service Site Checklist page

Service Site Checklist

Due Date: (Due In: Days)

Resources

View

FY 2016 OH Application User Guide | Funding Opportunity Announcement

Fields with * are required

Site Qualification Criteria

* 1. Is the site an "admin-only" site?
If Yes, the site is an "Admin-only" site, select "Not Applicable" for questions "a" to "d" below. If No, the site is a Service Delivery site, answer questions "a" to "d" Yes or No.

a. Are/will health center encounters be generated by documenting in the patients records face-to-face contacts between patients and providers? Yes No Not Applicable

b. Do/will providers exercise independent judgment in the provision of services to the patient? Yes No Not Applicable

c. Are/will services be provided directly by or on behalf of the grantee, whose governing board retains control and authority over the provision of the services at the location? Yes No Not Applicable

d. Are/will services be provided on a regularly scheduled basis (e.g., daily, weekly, first Thursday of every month)? Yes No Not Applicable

* 2. Is the site a Domestic Violence (Confidential) shelter? Yes No Not Applicable

Go to Previous Page | Verify Qualification

IMPORTANT NOTES:

- If the answer to question 1 is 'No' (**Figure 28, 1**), i.e. the site being added is *not* an 'Admin-only' site,
 - Select 'Yes' for questions 'a' through 'd' so that the site is qualified to be added to the application, AND
 - Indicate whether the site being added is a domestic violence site by answering 'Yes' or 'No' to question 2 (**Figure 28, 2**). A Domestic Violence site is a confidential site serving victims of domestic violence, and the site address cannot be published due to the necessity to protect the location of the domestic violence shelter.
- Applicants may not add an 'Admin-only' site in this application.

3. Click the Verify Qualification button (**Figure 28, 3**). The system will navigate to the **List of Pre-registered Performance Sites at HRSA Level** page (All of the sites that are registered by your organization within EHB will be listed on this page).
4. To add a new site, click the **Register Performance Site** button (**Figure 29, 1**) and register your site using the Enterprise Site Repository (ESR) system by following the steps below:
5. On the Basic Information – Enter page, provide a site name and select a site type from the following options: Fixed, Mobile. Click the Next Step button.
6. On the Address – Enter page, enter the physical address of the site and click the Next Step button.
7. On the Register – Confirm page, the system displays the physical address you entered on the Address – Enter page along with the standardized format of the address. Select the option you want to proceed with and click the Confirm button.
8. On the Register – Result page, click the Finish button to finally register the site to your organization.

IMPORTANT NOTE:

- The zip code of a new permanent site address and/or the address at which a mobile van is parked must be limited to the applicant's service area zip codes as listed on Form 5B in the applicant's scope of project.

Figure 29: List of Pre-registered Performance Sites at HRSA Level page

List of Pre-registered Performance Sites at HRSA Level

Note(s):
Please click on 'Register Performance Site' to register a new Performance Site at HRSA level. Select a site and click on 'Update the Registered Performance Site' button to update the site information. Select a site and click on 'Select This Location' button to complete adding the site.

Resources
View
FY 2016 OH Application User Guide | Funding Opportunity Announcement

Register Performance Site 1

Site Name	Performance Site Type	Performance Site Address	Performance Site Address Category	Options
			Accurate	Select Site Location
				Select Site Location
				Select Site Location
				Select Site Location
				Select Site Location

2 Select Site Location

Cancel

9. Once the site is registered, select the site from the list of pre-registered sites by clicking on **Select Site Location** to provide additional information on the new site (Figure 29, 2).
10. When you click the **Select Site Location** link of a site, the system navigates to the **Form 5B – Edit** page where you must provide all the required information for the new site (Figure 30).

IMPORTANT NOTES:

- Site Physical Address – The zip code of the Site Physical Address (where the new permanent site is located or where the mobile unit is parked) must be included in the applicant’s current service area (based on the Service Area zip codes listed across all current sites in scope on Form 5B)
- Service Area Zip Codes – All service area zip codes listed for proposed site(s) must be included in the applicant’s current service area (based on the service area zip codes listed across all current sites in scope on Form 5B).

Figure 31: Form 5B - Service Sites – Pick Site from Scope

- The system navigates to the **Select Site from Scope** page populated with the sites in your H80 scope (Figure 32).

Figure 32: Select Site from Scope

2. Click the **Select this Site** link for the site you want to include for alteration/renovation (Figure 32). The system will return you to **Form 5B – Service Sites** list page.
3. **Form 5B** will be locked and cannot be edited for sites in scope. After choosing the site(s) at which alteration/renovation will take place, click the **Save and Continue** button to save your work and proceed to the next form.

4.6. Alteration/Renovation (A/R) Information

Applicants requesting up to \$150,000 in one-time funding for minor alteration/renovation (with or without moveable equipment) must complete the Alteration/Renovation (A/R) Project Cover Page and Other Requirements for Sites forms in EHBs for each site where minor alteration/renovation is proposed.

1. At the site(s) where alteration/renovation will take place, select 'Yes' for 'are you requesting Federal one-time funding for minor alteration/renovation at this site?' (Figure 33, 1). Note that the alteration/renovation form will prepopulate both new sites as well as existing sites selected for A/R in Form 5B.
2. Click on Update link (Figure 33, 2) and there will be two tabs:
 - a. Alteration/Renovation (A/R) Project Cover Page (Figure 34).
 - b. Other Requirements for Sites (Figure 35)

Figure 33: Alteration/Renovation (A/R) Information page

The screenshot shows the 'Alteration/Renovation (A/R) Information' page. At the top, there is a 'Resources' section with links to 'FY 2016 OH Application User Guide' and 'Funding Opportunity Announcement'. Below that is a 'Note(s)' section with the instruction: 'Select site(s) for which you are requesting one-time Funding for alteration/renovation.' The main part of the page is a table titled 'Select site' with the following columns: Site Name, Physical Address, 'Are you requesting federal one-time funding for minor alteration/renovation at this site?', Status, and Options. Two rows are shown in the table. The first row has 'Complete' status and the second row also has 'Complete' status. Red boxes with numbers 1 and 2 highlight the 'Yes' radio button in the first row and the 'Update' link in the second row. At the bottom of the page, there are buttons for 'Go to Previous Page', 'Save', and 'Save and Continue'.

Site Name	Physical Address	Are you requesting federal one-time funding for minor alteration/renovation at this site?	Status	Options
		<input type="radio"/> Yes <input checked="" type="radio"/> No	Complete	Update
		<input checked="" type="radio"/> Yes <input type="radio"/> No	Complete	Update

4.6.1 Completing Alteration/Renovation (A/R) Project Cover Page

1. On the **Alteration/Renovation (A/R) Project Cover** page, enter the information for sections 1 to 4 and provide required attachments (Figure 34).
2. Click on **Save and Continue** to move to **Other Requirements for Sites** page (Figure 35).

Figure 34: Alteration/Renovation (A/R) Project Cover page

✓ Alteration/Renovation (A/R) Project Cover Page
✓ Other Requirements for Sites

*** 1. Site Information**

Name of Service Site	Wesley Health Centers -- Downey
Site Address	8530 FIRESTONE BLVD, DOWNEY, CA 90241-4926
Improved Project Square Footage	11

*** 2. Project Description**

Provide a detailed description of the scope of work for the A/R project. Identify the major clinical and non-clinical spaces that will result from the project. Include the area (in square feet) or dimensions of the spaces to be altered, or renovated. The description should also list major improvements, such as permanently affixed equipment to be installed; modifications and repairs to the building exterior (including windows); heating, ventilation and air conditioning (HVAC) modifications (including the installation of climate control and duct work); electrical upgrades; plumbing work; and any work outside the building. Describe how the applicant will reduce the project's potential adverse impacts on the environment. Indicate whether or not the project will implement green/sustainable design practices/principles (e.g., using project materials, design/renovation strategies, equipment selection, etc.).

Approximately 2 pages (Max 4000 Characters without spaces): 3996 Characters left.

Design Preview

*** Attachments**

▼ * A/R Budget Justification (Minimum 1) (Maximum 1)
Max 1 Allowed

Document Name	Size	Date Attached	Description	Options
OHSE FOA Test.docx	13 kB	10/07/2015		Update Description

Environmental Information Documentation (EID) Checklist

Download Template

Name	Description	Options
EID Checklist	Template for EID Checklist	Download

▼ * EID Checklist (Minimum 1) (Maximum 1)
Max 1 Allowed

Document Name	Size	Date Attached	Description	Options
OHSE FOA Test.docx	13 kB	10/07/2015		Update Description

▼ * Floor Plans/Schematic Drawings (Minimum 1) (Maximum 2)
Attach File

Document Name	Size	Date Attached	Description	Options
OHSE FOA Test.docx	13 kB	10/07/2015		Update Description

▼ Other Project Documents (Minimum 0) (Maximum 1)
Attach File

No documents attached

Go to Previous Page
Save
Save and Continue

4.6.2 Completing Other Requirements for Sites

Applicants requesting one-time funding for minor alteration/renovation must complete the Other Requirements for Sites form for each site where minor alteration/renovation activities will occur. This form addresses site control, federal interest, and cultural resources and historic preservation considerations related to the project. To complete this form:

1. Identify whether the site is owned by the applicant or leased (**Figure 35, 1**).
2. Answer the questions under Cultural Resource Assessment and Historic Preservation Considerations (**Figure 35, 2**).

- If the site is a leased property, you must attach a Landlord Letter of Consent for performing alteration/renovation on the site in the Attachments section. (Figure 35, 3). Otherwise, do not upload any document in the Attachments section.

Figure 35: Other Requirements for Sites

Alteration/Renovation (A/R) Project Cover Page **Other Requirements for Sites**

Site Information

Name of Service Site
Site Address

1. Site Control and Federal Interest

1a. Identify current status of property site (If 'Leased', please answer Question 1b)

Owned Leased

1b. If Leased, please check the following:

The applicant certifies the following:

- The existing lease will provide the health center reasonable control of the project site;
- The existing lease is consistent with the proposed scope of project;
- We understand and accept the terms and conditions regarding Federal Interest in the property.

2. Cultural Resource Assessment and Historic Preservation Considerations

2a. Was the project facility constructed prior to 1976?

Yes No

2b. Is the project facility 50 years or older?

Yes No

2c. Does any element of the overall work at the project site include:

- Any renovation/modifications to the exterior of the facility (for example: roof, HVAC, windows, siding, signage, exterior painting, generators, etc.) or
- Ground disturbance activity (for example: expansion of building footprint, parking lot, sidewalks, utilities, etc.)?

Yes No

2d. Does the project involve renovation to a facility that is, or near a facility that is, architecturally, historically, or culturally significant; or is the site located on or near Native American, Alaskan Native, Native Hawaiian, or equivalent culturally significant lands?

Yes No

Attachments

If property status is 'Leased', applicant must provide Landlord Letter of Consent.

Landlord Letter of Consent (Minimum 0) (Maximum 1) Attach File

No documents attached

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

- Click on **Save and Continue** to go back to Alteration/Renovation (A/R) Project Cover Page.
- Click on the **Save and Continue** button to move to next form.

4.7. Clinical Performance Measures

The **Clinical Performance Measures** form identifies the goal for the required OHSE performance measure and is provided for informational purposes only.

- The Start and End Dates in the Project Period section are pre-populated. Do not make changes to the Project Period Start Date (Figure 36, 1) and End Date (Figure 36, 2).

Figure 36: Clinical Performance Measure page

Clinical Performance Measures

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

Resources

View

FY 2016 OH Application User Guide | Funding Opportunity Announcement

Fields with * are required

Project Period

* Start Date (mm/dd/yyyy) 10/08/2015

* End Date (mm/dd/yyyy) 10/28/2015

Collapse Group | Detailed View

Focus Area	Performance Measure	Baseline Data	Baseline Year	Projected Data	Status	Options
			All		All	View
Standard Measures						
Oral Health (Oral Exams)	Percentage of adult patients referred for dental services during the measurement year.					View
Oral Health (Oral Exams, Restorative Services, Fluoride Treatment - Adult or Child, Prophylaxis - Adult or Child, Sealants, Emergency Services, Rehabilitative Services)	By the end of the project period, 50% of patients with one or more visits to our new access point service sites will have been referred for a dental screening and/or services during the measurement period.					View

Go to Previous Page | Save | Save and Continue

2. Click on the View link to view the Oral Health Measure(s) in read only format (Figure 36, 3 & 4).
3. Click on the **Save and Continue** button to move to next form.

4.8. Equipment List

The **Equipment List** form must be completed if one-time funding is requested on Form 1B for equipment purchase (maximum of \$150,000; allowed in Year 1 only). To complete the **Equipment List** form (if it is applicable to you), follow the steps below:

1. Click the Add button to add a piece of equipment (Figure 37). The **Equipment Information - Add Page** will open (Figure 38). Fields marked with an asterisk (*) are required.

Figure 37: Equipment List Page

2. Select an equipment type and enter the Description, Unit Price (\$), and Quantity ([Figure 38](#)).
3. Click the **Save and Continue** button at the bottom of the screen. You will be returned to the **Equipment List Page** (The form will show the equipment you entered and calculate the Total Price).
4. Click the **Save and Continue** button at the bottom of the screen to save your work and proceed to the next form.

Figure 38: Equipment Information - Add Page

4.9. Supplemental Information

The **Supplemental Information** form is divided into three parts:

- New Licensed Dental Providers ([Figure 39, 1](#)).
- Dental Patient Confirmation ([Figure 39, 2](#))
- Proportion of Health Center patients receiving oral health services at the center ([Figure 39, 3](#)).

1. Provide the number of new onsite FTE licensed dental providers (dentists, dental hygienists, and/or dental therapists) that will be added through OHSE funding. Enter providers as Direct Hire Staff and/or

Contracted FTEs.

2. Click on the **Save and Calculate** button to populate the Total Onsite FTEs column.

IMPORTANT NOTE:

- The fields for 'Direct Hire Staff' and 'Contracted FTEs' will accept values less than 1 (Figure 39, 4).
- The total for licensed dental provider FTEs must be equal to or greater than 1.0 for the application to be eligible (Figure 39, 5).

Figure 39: Supplemental Information Page

Supplemental Information

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

Resources

View

FY 2016 OH Application User Guide | Funding Opportunity Announcement

Fields with * are required

1) New Licensed Onsite Dental Provider Staff (Total must be greater than 1.00 to be eligible for OHSE funding)

New Licensed Onsite Dental Provider Staff	Direct Hire Staff FTEs (a)	Contracted FTEs (b)	Total Onsite FTEs (c) (1a+1b)
Dentists			
Dental Hygienists			
Dental Therapists			
Total Direct and Contractor FTEs:			

Click the 'Save and Calculate' button to calculate and save all of the fields on this form

2) Dental Patient Confirmation Details

Dental Patient Confirmation	Patients from Form 1A/ Confirmations
a. Projected total dental patients as of December 31, 2017	0
By checking the certification box, I confirm that the projected calendar year 2017 dental patient number is accurate. If not accurate, revisit Form 1A and correct the projected number in the "Patients and Visits by Service Type" table.	<input type="checkbox"/>
b. New dental patients resulting from OH Project as of December 31, 2017	0
By checking the certification box, I confirm that the projected calendar year 2017 NEW dental patient number is accurate (includes only patients NEW to the health center that become health center patients as a result of the expanded oral health services and will be served between January 1, 2017 and December 31, 2017). If not accurate, revisit Form 1A and correct the total projected patient number in the "Unduplicated Patients and Visits by Population Type" table. *This number will be added to your Patient Target.	<input type="checkbox"/>

3) Proportion of Health Center Patients receiving Oral Health Service at Center (3d must be greater than 3c to be eligible for OHSE funding)

a. Total Dental Patients in 2014 (number from 2014 UDS, Table 5, Row 19(c))	
b. Total Unduplicated Patients for 2014 (number from 2014 UDS Table 4, Row 6)	
c. Percentage of health center patients receiving oral health services at the health center in 2014 (3a/3b)	
d. Projected percentage of health center patients that will receive oral health services at the health center in 2017	

Click the 'Save and Calculate' button to calculate and save all of the fields on this form

Go to Previous Page

Save Save and Continue

3. Under 2a, confirm the dental patient projection – pre-populated from the projected dental patients for 2017 entered under the “Patients and Visits by Service Type” table of Form 1A (**Figure 39, 6**).
4. Under 2b, confirm the new unduplicated patient projection for 2017 – pre-populated from the Total row of the “Unduplicated Patients and Visits by Population Type” table of Form 1A (**Figure 39, 7**).
5. If the numbers in 2a or 2b are not accurate, revisit [Form 1A](#) to correct the patient projections.
6. The values in 3a and 3b will be populated from the 2014 UDS report. The value in 3c will auto calculate using the formula $(3a/3b \times 100)$ (**Figure 39, 3**).
7. Enter the projected percentage of total unduplicated health center patients that will receive oral health services at the health center in calendar year 2017 (as of December 31, 2017). The percentage in 3d must be greater than the percentage in 3c to be eligible for OHSE funding.

5. Submitting the FY 2015 OHSE Application to HRSA

1. Review the information displayed in the **Table of Contents** by clicking the **Review** link under the Review and Submit section in the left menu. If you are ready to submit the application to HRSA, click the **Proceed to Submit** button at the bottom of the **Table of Contents**.

IMPORTANT NOTE:

- To submit an application, you must have the Submit privilege. This privilege must be given by the Project Director (PD) to the Authorizing Official (AO) or designee. If you are not able to submit the application or you do not have the appropriate permissions, contact the BPHC Helpline for assistance at 1-877-974-2742 or <http://www.hrsa.gov/about/contact/bphc.aspx> (Monday – Friday, 8:30 AM - 5:30 PM ET).

2. The system navigates to the **Application – Submit Certify page**. Click the **Submit to HRSA** button at the bottom of the **Application - Submit Certify** page to finally submit the application to HRSA. If you are not the AO, the system displays a **Submit to AO** button at the bottom of the **Application - Submit Certify** page. Click the button to notify the AO that the application can be submitted to HRSA. Only the AO can submit the application to HRSA.
3. To troubleshoot problems submitting the application, contact the BPHC Helpline at 877-974-2742 ext. 3 or <http://www.hrsa.gov/about/contact/bphc.aspx>.