HRSA Electronic Handbooks

FY 2016 Oral Health Service Expansion (OHSE)

User Guide for Grant Applicants

Last updated on: November 2, 2015

U.S. Department of Health and Human Services

◇HRSA

Health Resources and Services Administration

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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

Section	Status	Options
List of forms that are part of the application package		
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

- **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

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

Section	Status	Options
List of forms that are part of the application package		
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

1. 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

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

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

5. 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.

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6. 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		Estimated Unobligated Funds		New or Revised Budget			Update
Grant Program Function or Activity	CFDA Number	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	
Update Sub Program	Total	$0.00	$0.00	$50,000.00	$0.00	$50,000.00	

7. 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

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

> **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

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

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
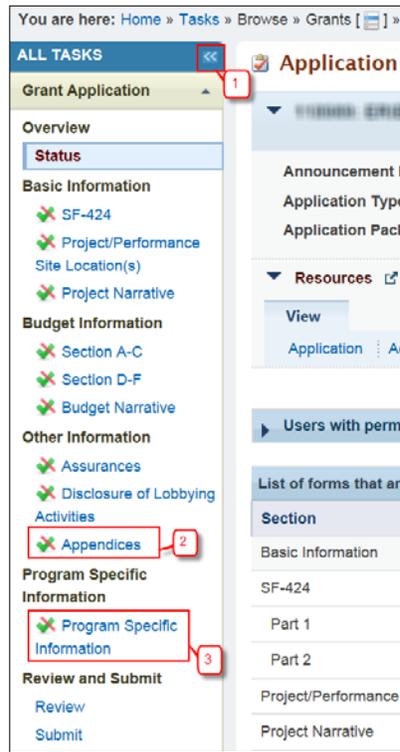
2. Upload the following standard attachments by clicking the associated **Attach File** buttons:

- 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)

3. 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

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

Figure 16: 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	
Year 1	Not Started	Update ▾
Sites and Services		
Form 5A - Services Provided	Not Started	
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:

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

Figure 17: Form 1A: General Information Worksheet

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**).

Figure 18: Applicant Information section

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

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

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

> **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	0	0
★ 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

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

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

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- 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

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

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

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.

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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

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

2. 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

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 navigates 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

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 30: Form 5B – Edit page

11. After providing the complete information on **Form 5B – Edit** page, click '**Save and Continue'** to save your work. The system will advance to the **Form 5B – Service Sites** list page, which will display the newly added site in the **Proposed Site** section. Form 5B is now complete unless you are requesting funds for Alterations/Renovations.

4.5.2 Pick a Site from Scope for Alteration/Renovation Purposes

1. If you are requesting one-time funds for alteration/renovation in **Form 1B**, you must indicate at which site alteration/renovation will take place. If alteration/renovation will take place at a site already in scope, on **Form 5B – Service Sites** list page, click the **Pick Site from Scope** button provided above the **Existing Sites from Scope** section (**Figure 31**) to select the site(s).

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

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

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**).

3. 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

4. Click on **Save and Continue** to go back to Alteration/Renovation (A/R) Project Cover Page.
5. 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.

1. 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

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

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 x 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.