HRSA Electronic Handbook

Fiscal Year (FY) 2017

Service Area Competition (SAC) /Service Area Competition-Additional Areas (SAC-AA)

User Guide for Grant Applicants

Last updated on: September 27, 2016

HRSA
Health Resources & Services Administration

Contents

1. Starting the FY 2017 SAC/SAC-AA Application 4

2. Completing the Standard SF-424 Section of the Application 5

2.1 Completing the Budget Information (SF-424A) 6
2.1.1 Budget Information - Section A-C 6
2.1.2 Budget Information – Section D-F 12
2.1.3 Budget Justification Narrative 13

3. Completing the Assurances Form 14

4. Completing the Disclosure of Lobbying Activities Form 14

5. Completing the Appendices Form 14

6. Completing the Program Specific Forms 16

6.1 Form 1A: General Information Worksheet 17
6.1.1 Completing the Applicant Information Section 19
6.1.2 Completing the Proposed Service Area Section 19

6.2 Form 1C: Documents on File 23

6.3 Form 4 - Community Characteristics 24
6.3.1 Completing the Form 4 Sections 26
6.3.2 Completing the Special Populations and Select Population Characteristics Section 26

6.4 Form 2 – Staffing Profile 27
6.4.1 Completing the Staffing Positions for Major Service Category Related Sections 30
6.4.2 Completing the Total FTEs Section 31

6.5 Form 3 - Income Analysis 32
6.5.1 Completing the Payer Categories Section 32
6.5.2 Completing the Comments/Explanatory Notes Section 33

6.6 Form 5A – Services Provided 33
6.6.1 Form 5A in New or Competing Supplement Application 34
6.6.2 Form 5A: Service Sites in a Competing Continuation Application 36
6.6.3 Saving and Proceeding to the Next Form 37

6.7 Form 5B: Service Sites 38
6.7.1 Form 5B in a New Application 38
6.7.2 Form 5B in a Competing Continuation Application 43
6.7.3 Form 5B in a Competing Supplement Application 44

6.8 Form 5C - Other Activities/Locations 46
6.8.1 Form 5C in a New or a Competing Supplement Application 46
6.8.2 Form 5C in a Competing Continuation Application 47

6.9 Form 6A – Current Board Member Characteristics 48

6.10 Form 6B - Request for Waiver of Board Member Requirements 50
6.10.1 Completing Form 6B When It is Not Applicable 51
6.10.2 Completing Form 6B When It Is Applicable 51

6.11 Form 8 - Health Center Agreements 52

6.11.1 Completing Part I of Form 8 53
6.11.2 Completing Part II of Form 8 – Adding Organization Agreement Details 54
6.12 Form 10: Emergency Preparedness Report 55
6.13 Form 12 - Organization Contacts 56
6.14 Clinical Performance Measures 58
6.14.1 Completing the Required Clinical Performance Measures 58
6.14.2 Adding an Additional Performance Measure 62
6.15 Financial Performance Measures 62
6.15.1 Completing the Required Financial Performance Measures 63
6.15.2 Adding an Additional Performance Measures 66
6.16 Summary Page 66
6.16.1 Completing the Summary Page 67
7. Reviewing and Submitting the FY 2017 SAC/SAC-AA Application to HRSA 69

This user guide describes the steps you need to follow to submit an FY 2017 Service Area Competition (SAC)/Service Area Competition-Additional Areas (SAC-AA) application to the Health Resources and Services Administration (HRSA).

1. Starting the FY 2017 SAC/SAC-AA Application

Complete and submit the application by following a two-step process:

1. Find the funding opportunity announcement in Grants.gov, download the application package, and submit the completed application in Grants.gov.
2. Validate, complete, and submit this application in the HRSA Electronic Handbook (EHB).

IMPORTANT NOTE: 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.

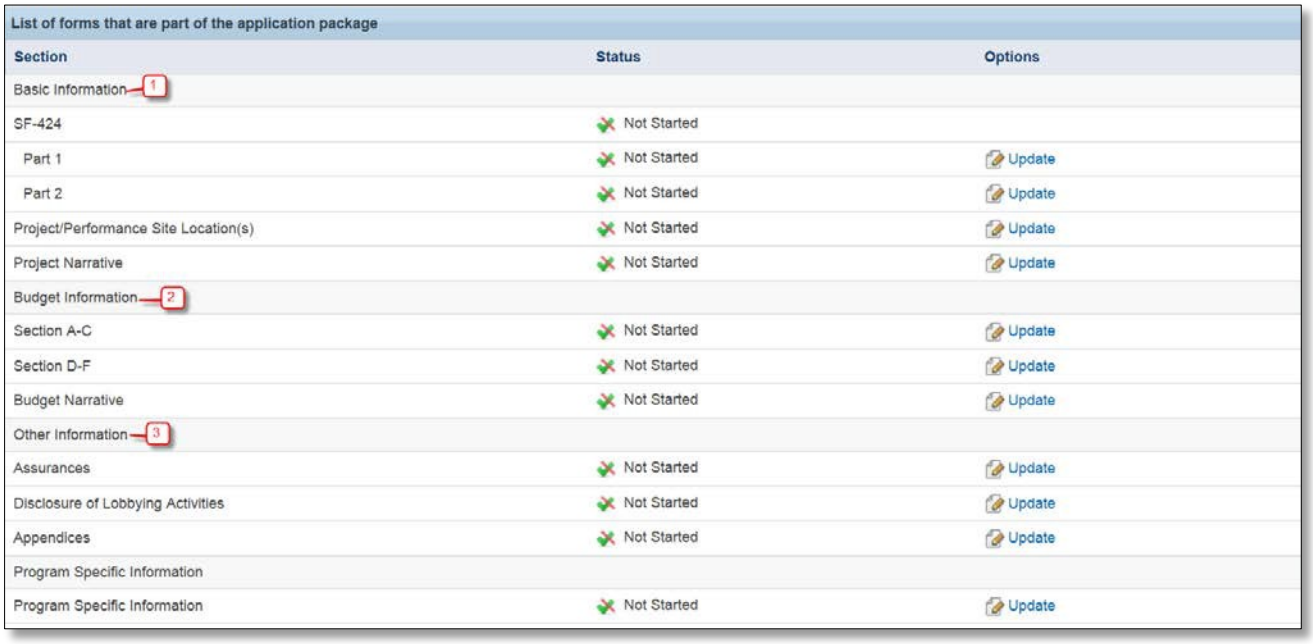
Once the application is validated in EHB, access it in your pending tasks. To access the application in EHB, follow the steps below:

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

IMPORTANT NOTE: If you do not have a username, you must register in EHB. Do not create duplicate accounts. If you experience log in issues or forget your password, contact the HRSA Contact Center (http://www.hrsa.gov/about/contact/ehbhelp.aspx) at (877) 464-4772.

2. Locate the FY 2017 SAC/SAC-AA application using the EHB Application tracking number (e-mailed after successful Grants.gov submission) and click the **Start** link to begin working on the application in EHB (if you have previously accessed the application, the **Start** link will be replaced with **Edit**).
   - The system opens the **Application - Status Overview** page of the application (**Figure 1**).

Figure 1: Accessing the Application - Status Overview Page



List of forms that are part of the application package

Section	Status	Options
Basic Information 1		
SF-424	Not Started	
Part 1	Not Started	Update
Part 2	Not Started	Update
Project/Performance Site Location(s)	Not Started	Update
Project Narrative	Not Started	Update
Budget Information 2		
Section A-C	Not Started	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 application consists of a Standard section and a Program Specific section. Complete the forms displayed in both of these sections in order to submit your application to HRSA.

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

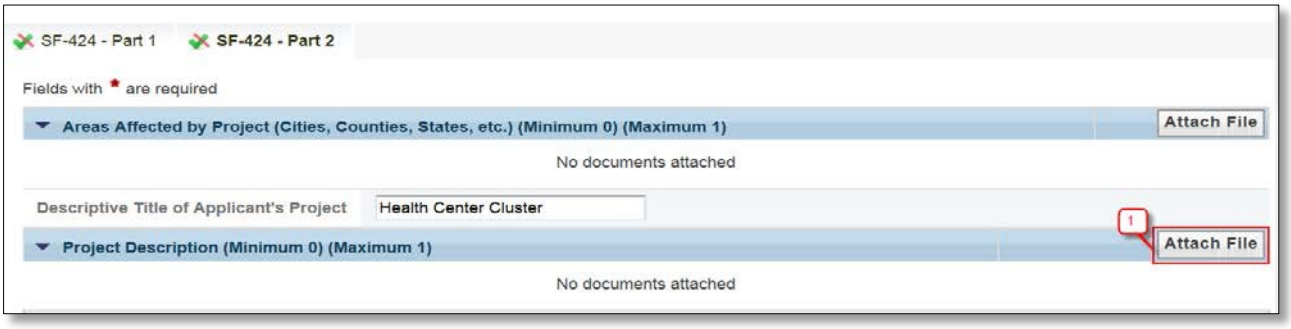
The Standard section of the application consists of the following main sections:

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

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:

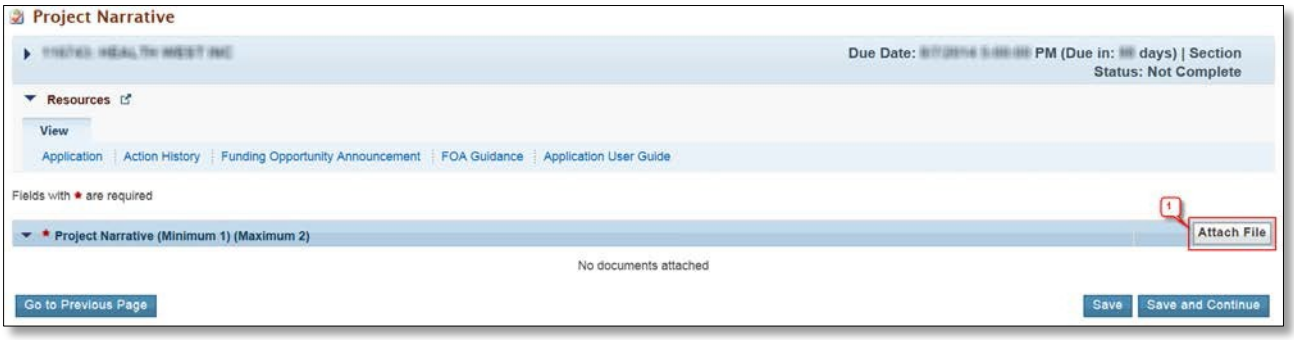
- The **SF-424 Part 1** form displays the basic application and applicant organization information.
- The **SF-424 Part 2** form displays project information including the project title, project periods, cities, counties, and Congressional districts affected by the project. The Project Abstract is attached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

Figure 2: Attach Project Abstract on the SF-424 Part 2



- The **Project/Performance Site Location(s)** form displays the locations where you provide services.
- In the **Project Narrative** form, attach the Project Narrative by clicking on the **Attach file** button (**Figure 3**, **1**).

Figure 3: Attach Project Narrative



2.1 Completing the Budget Information (SF-424A)

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

2.1.1 Budget Information - Section A-C

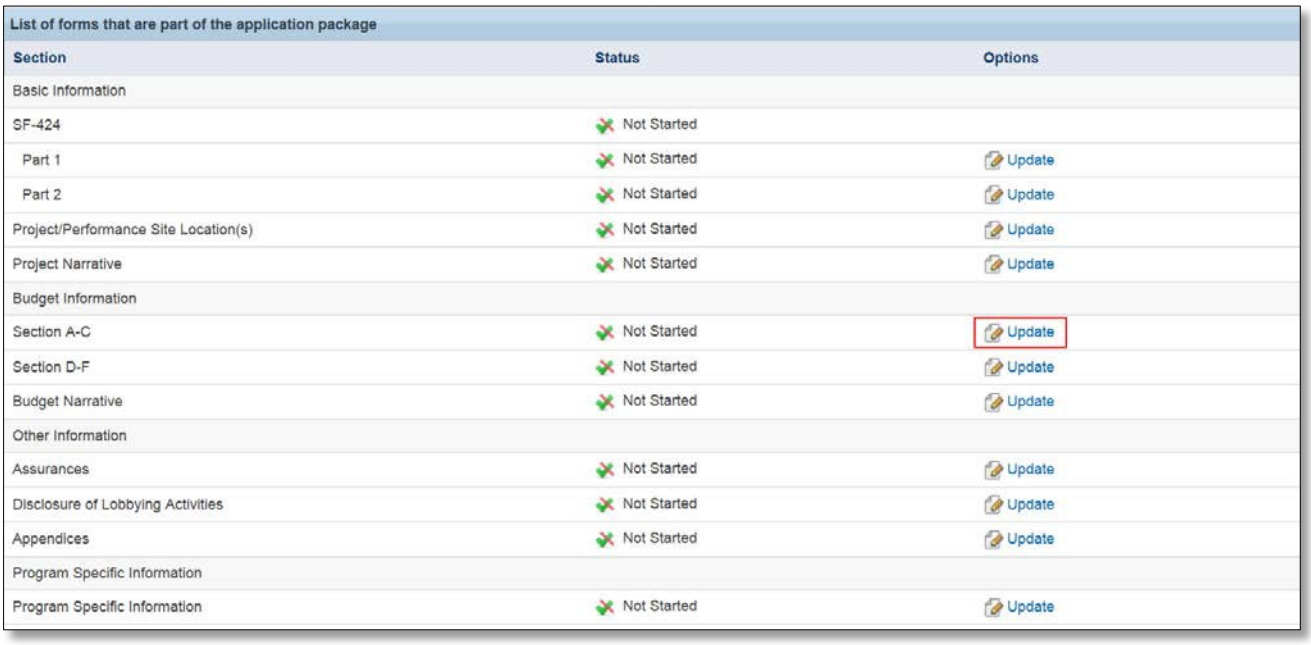
The **Budget Information – Section A-C** form consists of the following three sections:

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

To complete this form, follow the steps below:

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

Figure 4: Section A-C Update Link

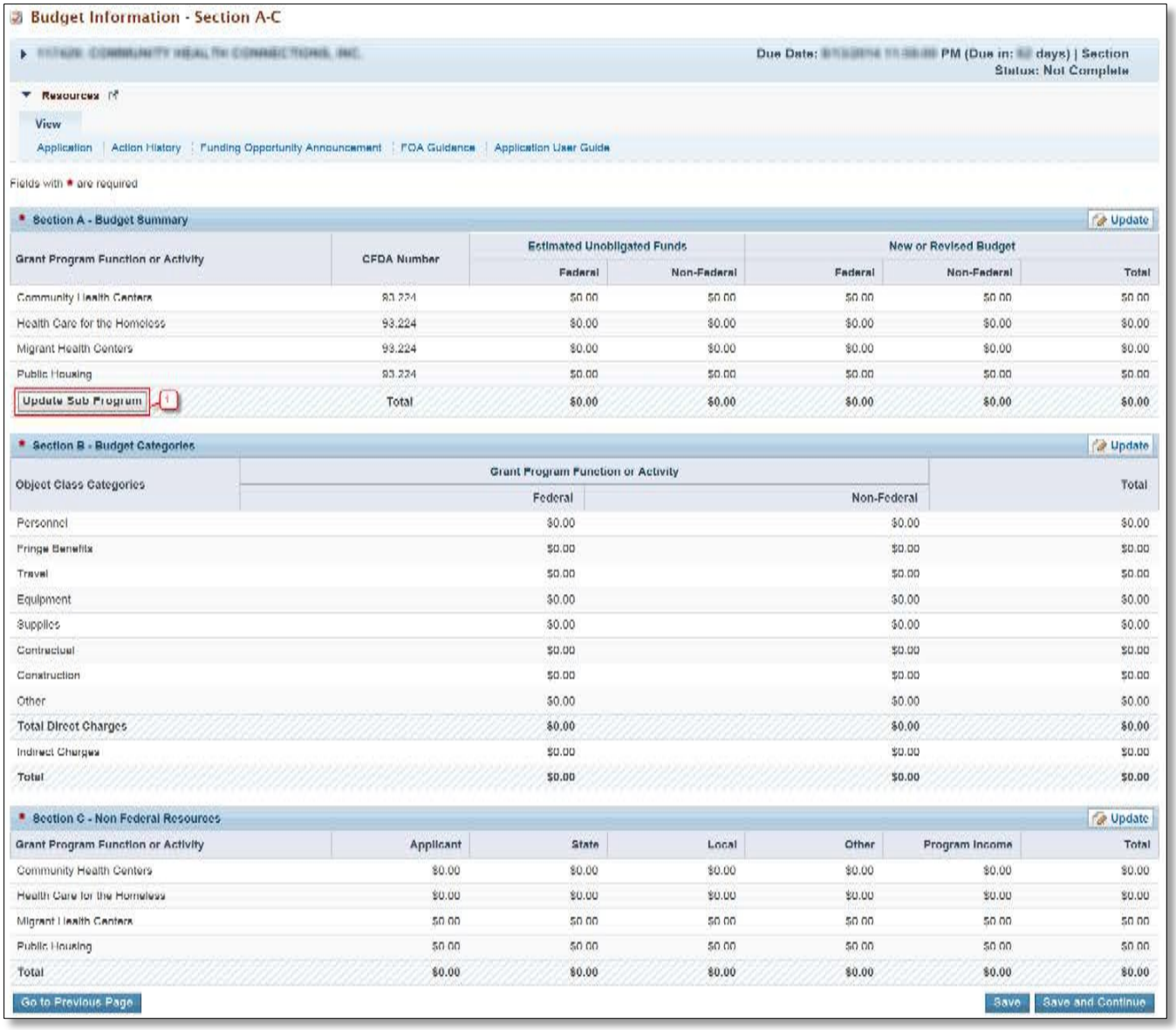


List of forms that are part of the application package

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

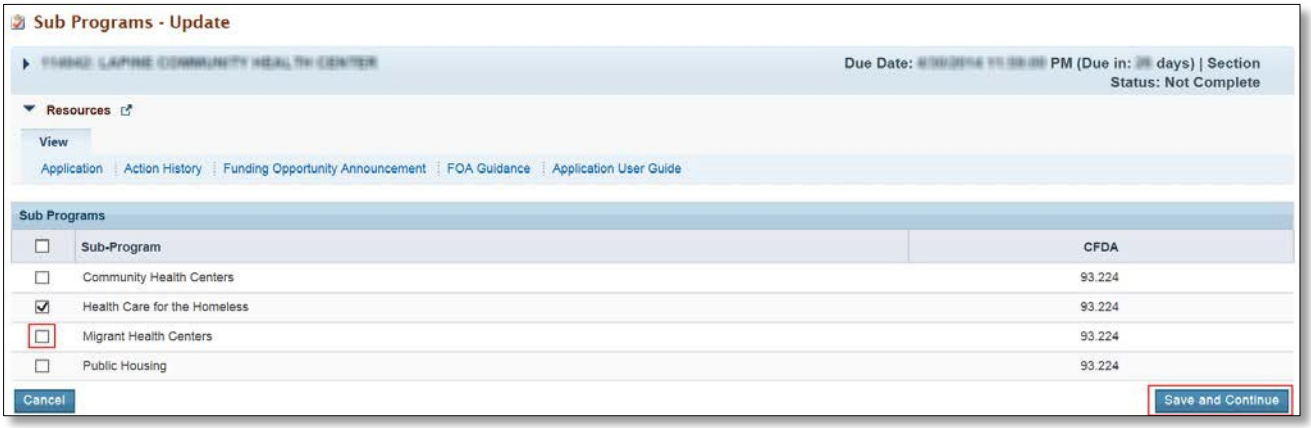
- The system navigates to the **Budget Information – Section A-C** form (**Figure 5**).

Figure 5: Budget Information – Section A-C Page



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

Figure 6: Sub Program – Update Page



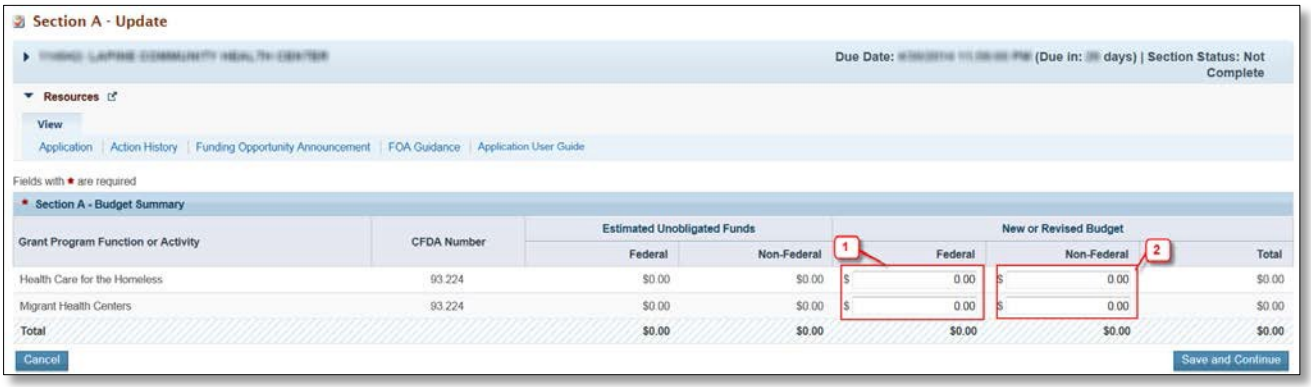
3. Select or de-select the sub programs. Only select the sub programs for which you are requesting funding (CHC, MHC, HCH, and/or PHPC).
4. Click the Save and Continue button.
   a. The **Budget Information – Section A-C** page re-opens showing the selected sub program(s) under the Section A – Budget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

Figure 7: Section A – Budget Summary Showing Addition of Sub Program

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

➢ The **Section A – Update** page opens.

Figure 8: Section A – Update Page



6. 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 NOTE: The federal amount refers only to SAC/SAC-AA funding requested, not all federal grant funding that an applicant receives.

7. 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
Update Sub Program	Total	$0.00	$0.00	$50,000.00	$0.00	$50,000.00

8. In Section B – Budget Categories, 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 top right corner of the Section B header (**Figure 10**).

Figure 10: Section B – Budget Categories

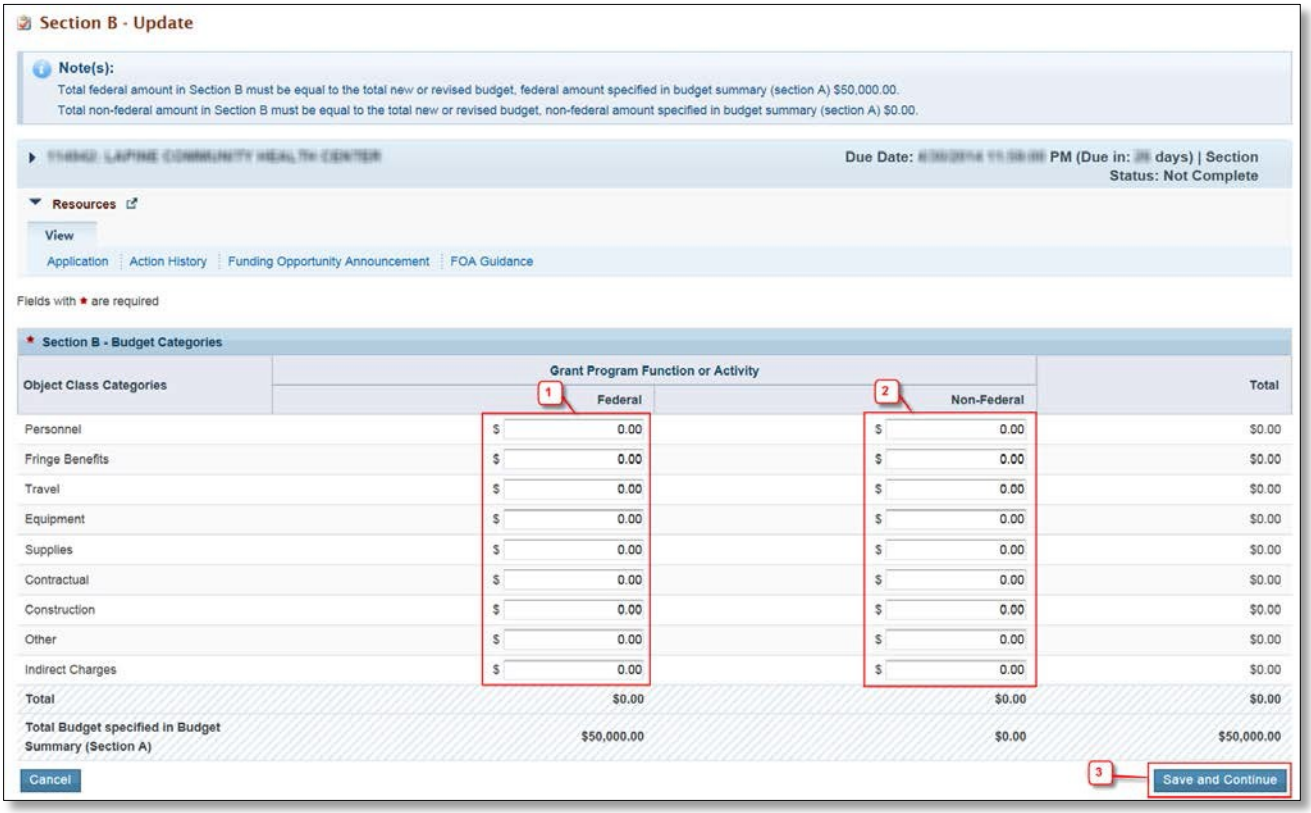
* Section B - Budget Categories — Update

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**

➢ The system navigates to the **Section B – Update** page (**Figure 11**).

9. Enter the federal dollar amount for each applicable object class category under the Federal column (**Figure 11**, **1**).
10. 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** page.
- 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** page.

11. Click the Save and Continue button (**Figure 11**, **3**) to navigate to the **Budget Information – Section A-C** page (**Figure 5**).
12. 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 top right corner of Section C header to do so (**Figure 12**, **1**).

Figure 12: Section C - Non Federal Resources

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

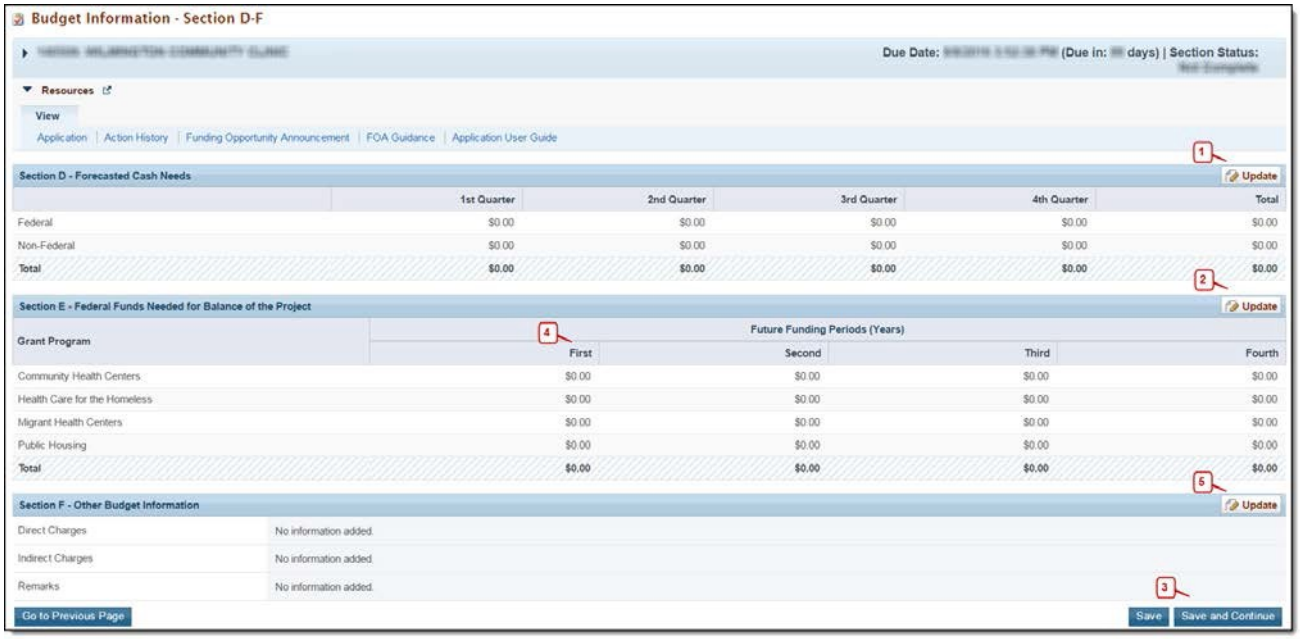
13. Click the Save and Continue button to proceed to the next form (**Figure 12**, **2**).

2.1.2 Budget Information – Section D-F

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

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

Figure 13: Budget Information – Section D-F



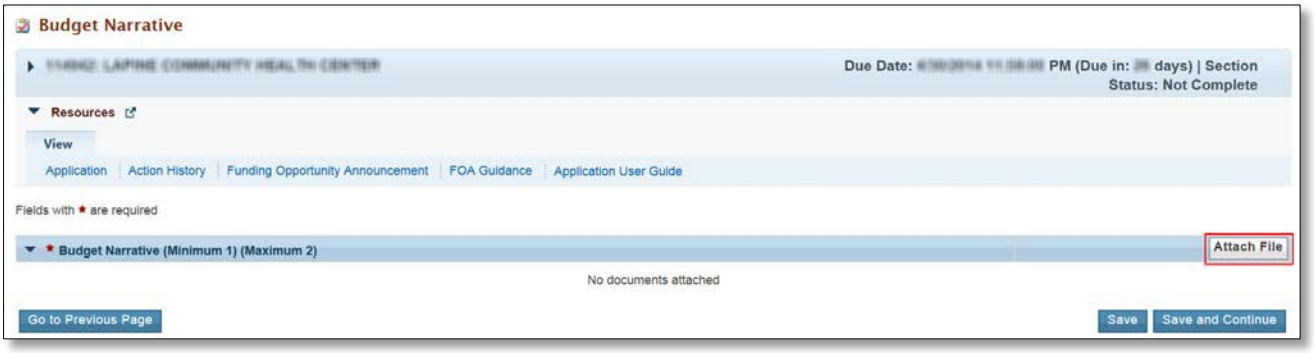
To complete this form, follow the steps below:

1. Section D – Forecasted Cash Needs is optional and may be left blank. 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 top right corner of Section D to do so (**Figure 13**, **1**).
2. In Section E - Federal Funds Needed for Balance of the Project, enter the federal funds requested for each of the Future Funding Periods (Years) for each proposed sub program (**Figure 13**, **4**). Click the Update button provided in the top right corner of Section E to do so (**Figure 13**, **2**).
3. In Section F – Other Budget Information, provide information regarding direct and indirect charges. You can also document any relevant comments or remarks in this section. Click the Update button provided in the top right corner of Section F to do so (**Figure 13**, **5**).
4. Finally, click the Save and Continue button on the Budget Information – Section D-F to proceed (**Figure 13**, **3**).

2.1.3 Budget Justification Narrative

Attach a Budget Justification Narrative by clicking on the Attach File button shown in (**Figure 14**).

Figure 14: Budget Justification Narrative

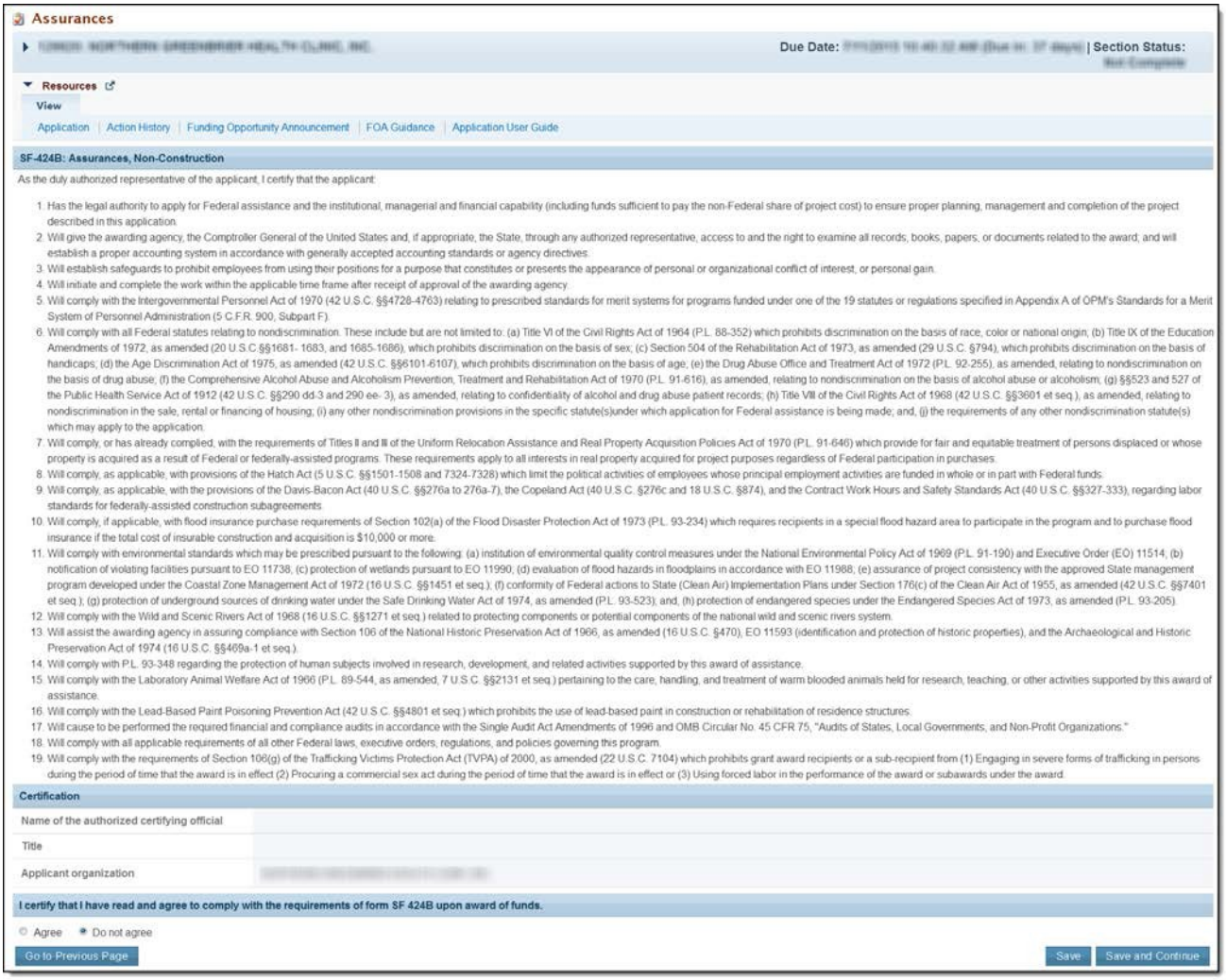


Once completed, click the Save and Continue button to proceed to the **Assurances** page.

3. Completing the Assurances Form

To complete this form, click on the Agree button (**Figure 15**) and click the Save and Continue button to proceed to the **Disclosure of Lobbying Activities** form.

Figure 15: Assurances



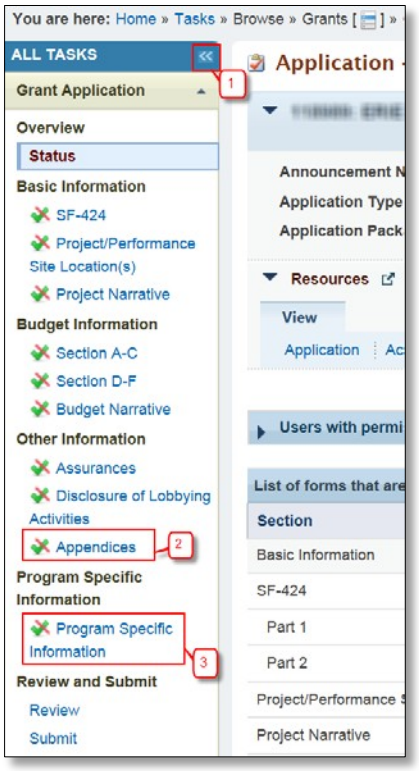
4. Completing the Disclosure of Lobbying Activities Form

Provide all of the details on Disclosure of Lobbying Activities form to proceed to the Appendices form.

5. 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 16**, **1**). Click the **Appendices** link (**Figure 16**, **2**) to navigate to the **Appendices** form.

Figure 16: Left Navigation Menu



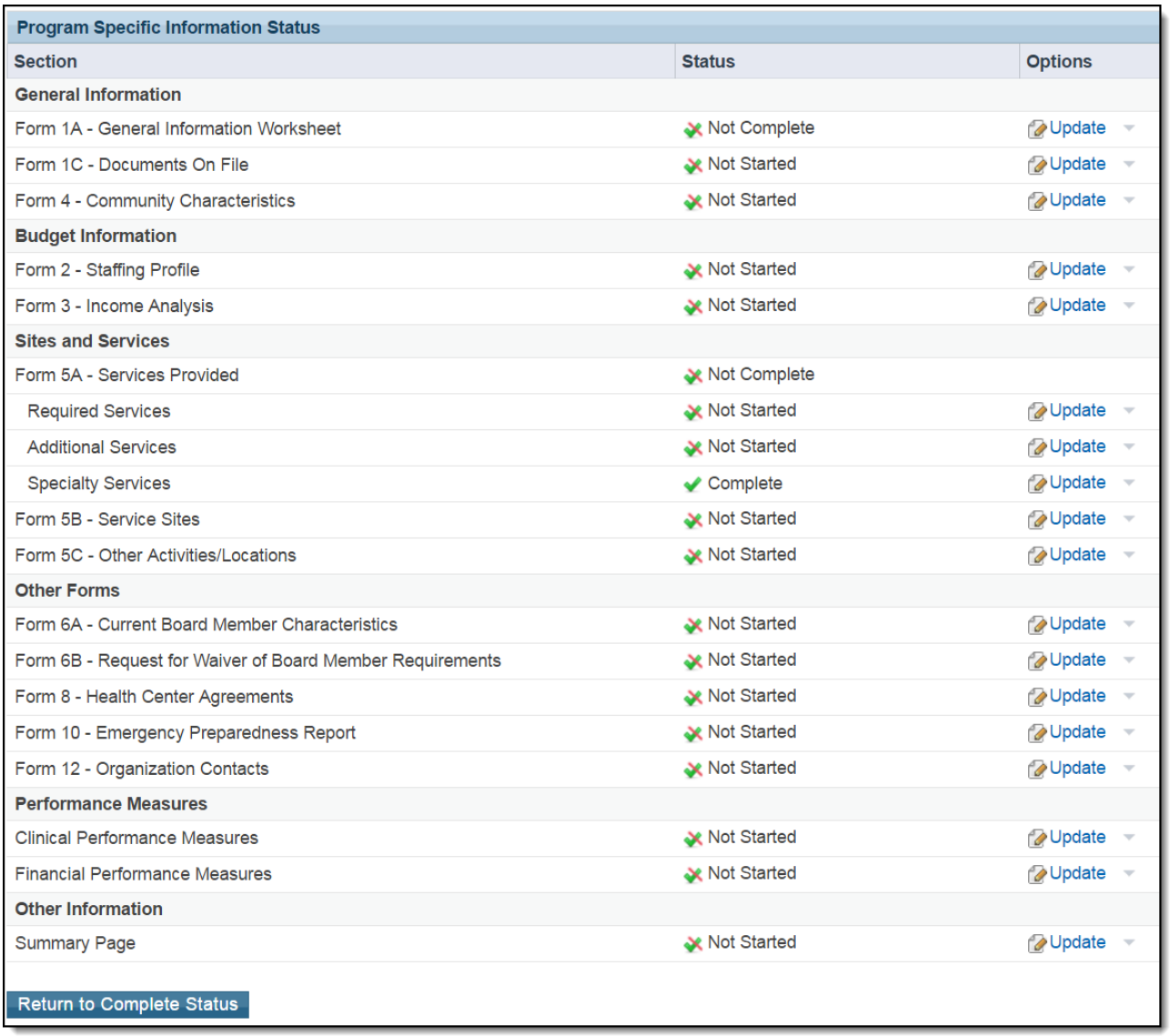
2. Upload the following attachments as they apply by clicking the associated Attach File button for each:
   - Attachment 1: Service Area Map and Table (required)
   - Attachment 2: Corporate Bylaws (required)
   - Attachment 3: Project Organizational Chart (required)
   - Attachment 4: Position Descriptions for Key Management Staff (required)
   - Attachment 5: Biographical Sketches for Key Management Staff (required)
   - Attachment 6: Co-Applicant Agreement (required for public center applicants that have a co-applicant board) (as applicable)
   - Attachment 7: Summary of Contracts and Agreements (as applicable)
   - Attachment 8: Articles of Incorporation – Signed Seal Page (as applicable)
   - Attachment 9: Letters of Support (required)
   - Attachment 10: Sliding Fee Discount Schedule(s) (required)
   - Attachment 11: Evidence of Nonprofit or Public Center Status (as applicable)
   - Attachment 12: Floor Plans (as applicable)
   - Attachment 13: Implementation Plan (as applicable)
   - Attachment 14: 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.

6. 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 16**, **1**). Click the **Program Specific Information** link (**Figure 16**, **3**) under the Program Specific Information section in the left menu to open the **Status Overview** page for the Program Specific Information forms (**Figure 17**).
2. Click the **Update** link for any form to start updating it. Once completed, click the Save and Continue button to proceed to the next listed form.

Figure 17: Status Overview Page for Program Specific Forms



Program Specific Information Status

Section	Status	Options
General Information		
Form 1A - General Information Worksheet	Not Complete	Update
Form 1C - Documents On File	Not Started	Update
Form 4 - Community Characteristics	Not Started	Update
Budget Information		
Form 2 - Staffing Profile	Not Started	Update
Form 3 - Income Analysis	Not Started	Update
Sites and Services		
Form 5A - Services Provided	Not Complete	
Required Services	Not Started	Update
Additional Services	Not Started	Update
Specialty Services	Complete	Update
Form 5B - Service Sites	Not Started	Update
Form 5C - Other Activities/Locations	Not Started	Update
Other Forms		
Form 6A - Current Board Member Characteristics	Not Started	Update
Form 6B - Request for Waiver of Board Member Requirements	Not Started	Update
Form 8 - Health Center Agreements	Not Started	Update
Form 10 - Emergency Preparedness Report	Not Started	Update
Form 12 - Organization Contacts	Not Started	Update
Performance Measures		
Clinical Performance Measures	Not Started	Update
Financial Performance Measures	Not Started	Update
Other Information		
Summary Page	Not Started	Update

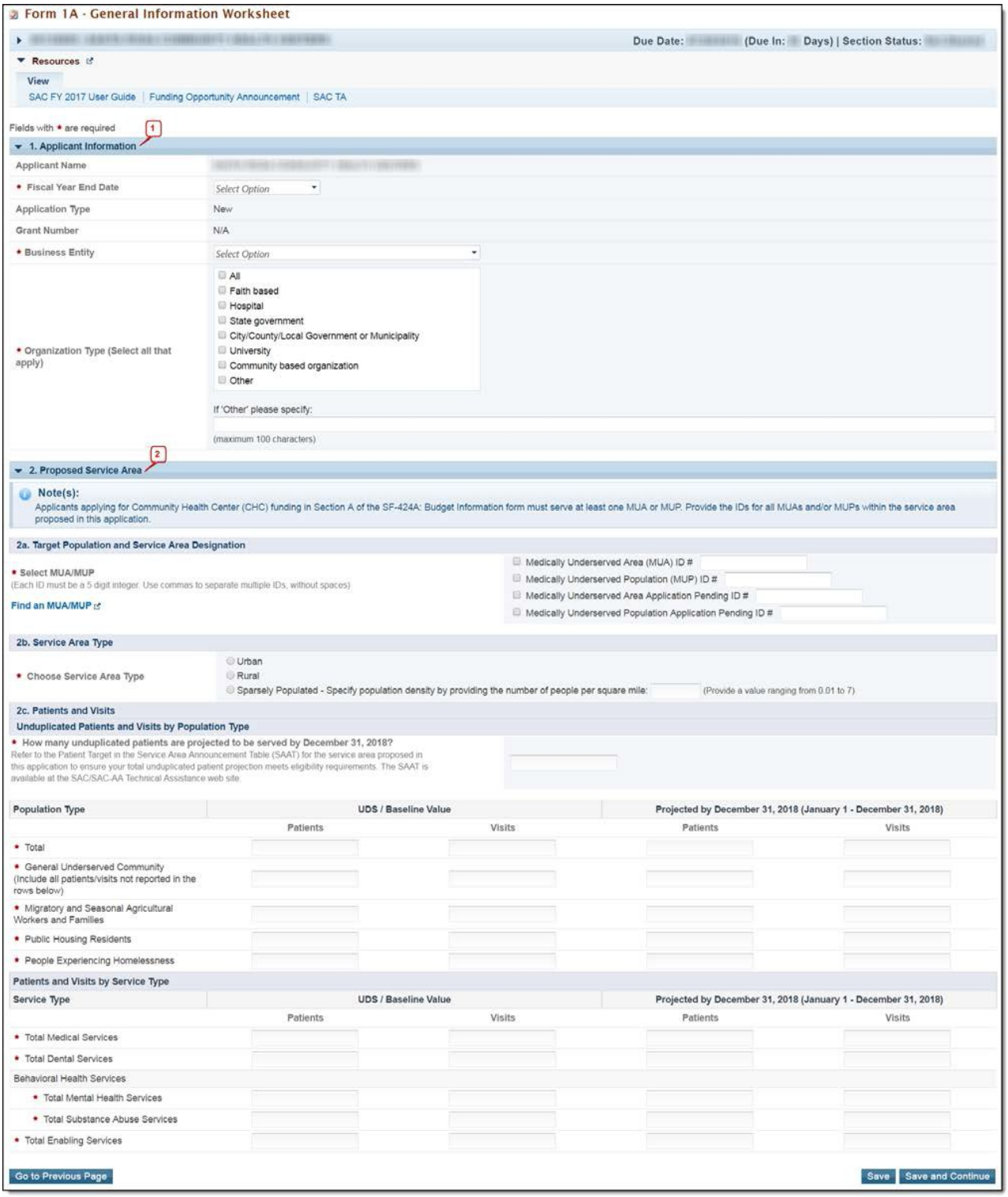
Return to Complete Status

6.1 Form 1A: General Information Worksheet

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

- 1. Applicant Information (**Figure 18**, **1**)
- 2. Proposed Service Area (**Figure 18**, **2**)

Figure 18: Form 1A: General Information Worksheet



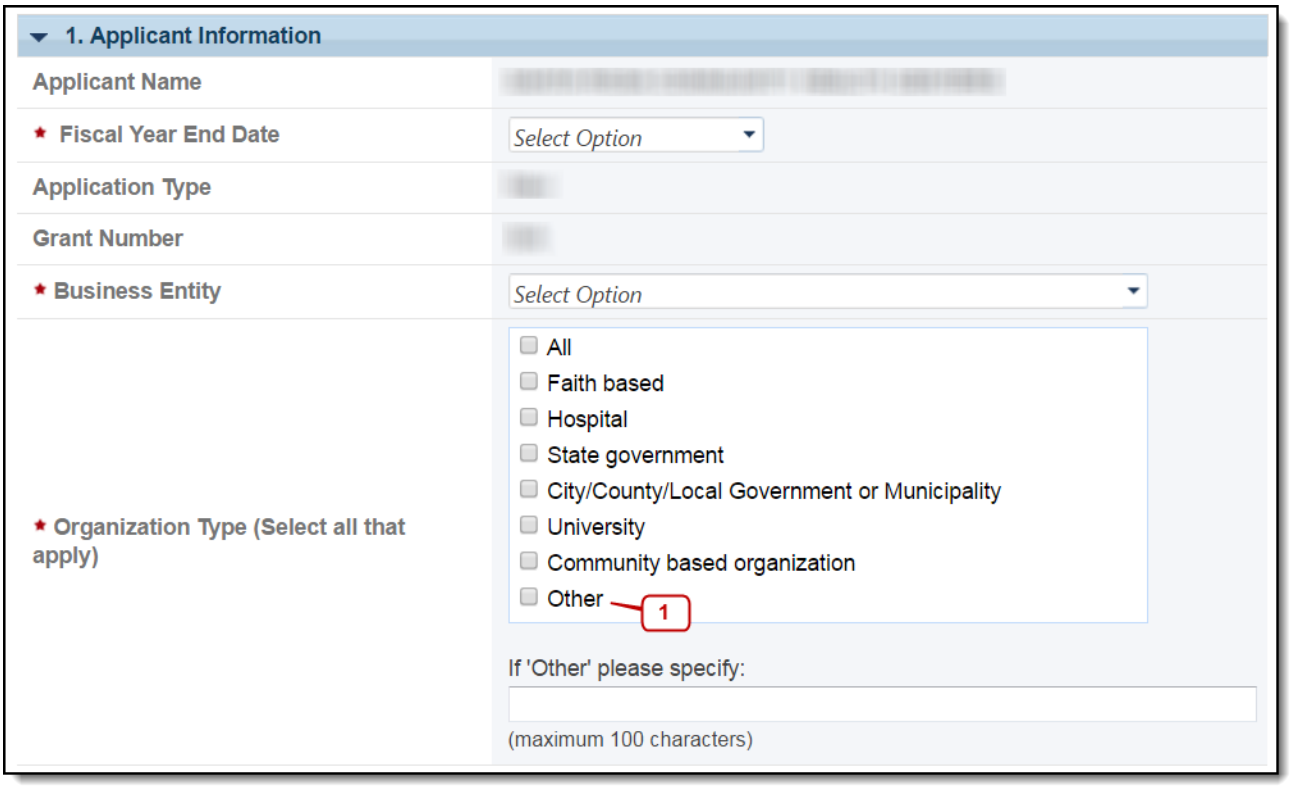
6.1.1 Completing the Applicant Information Section

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 19**).

IMPORTANT NOTE:

- Complete all relevant information that is not pre-populated.
- Use the Fiscal Year End Date field to note the month and day that your organization's fiscal year ends (e.g., June 30) to help HRSA know when to expect the audit submission in the Federal Audit Clearinghouse (https://harvester.census.gov/facweb/default.aspx/).
- H80 grant numbers will pre-populate for competing continuation applicants and competing supplement applicants.
- 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 categories for the Organization Type section.
- If you select 'Other' as one of the Organization Type values (**Figure 19**, **1**), you must specify the organization type.

Figure 19: Applicant Information Section



6.1.2 Completing the Proposed Service Area Section

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

- 2a. Service Area Designation
- 2b. Service Area Type
- 2c. Patients and Visits
    - Unduplicated Patients and Visits by Population Type
    - Patients and Visits by Service Type

6.1.2.1 Completing 2a. Service Area Designation

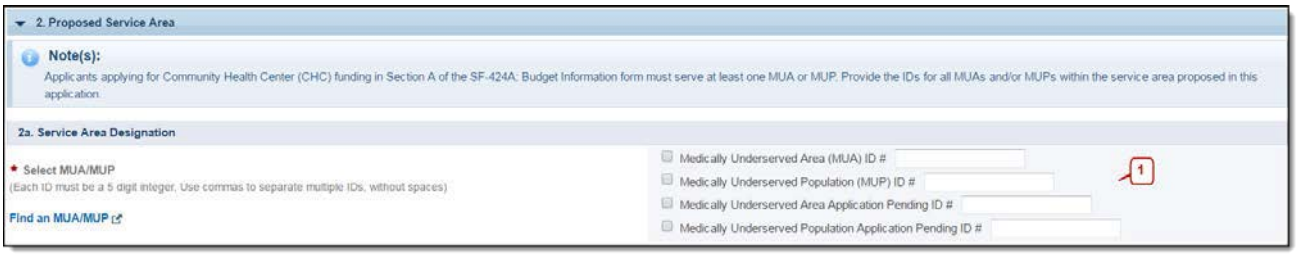
In the **Select MUA/MUP** field (**Figure 20**, **1**), select the options that best describe the designated service area you propose to serve, multiple selections are allowed.

Select the MUA and/or MUP designations for the proposed service area and enter the identification number(s).

IMPORTANT NOTES:

- Applicants applying for CHC funding MUST serve at least one Medically Underserved Area (MUA) and/or Medically Underserved Population (MUP).
- For inquiries regarding MUAs or MUPs, visit the Shortage Designation web site http://www.hrsa.gov/shortage or email sdb@hrsa.gov.

Figure 20: Proposed Service Area section



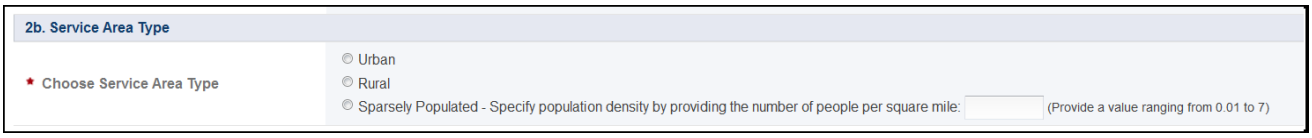
6.1.2.2 Completing 2b. Service Area Type

In the **Service Area Type** field (**Figure 21**), indicate whether the service area is urban, rural, or sparsely populated. If sparsely populated is selected, specify the population density by providing the number of people per square mile.

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 at http://www.hrsa.gov/ruralhealth/policy/definition_of_rural.html.

Figure 21: 2b. Service Area Type



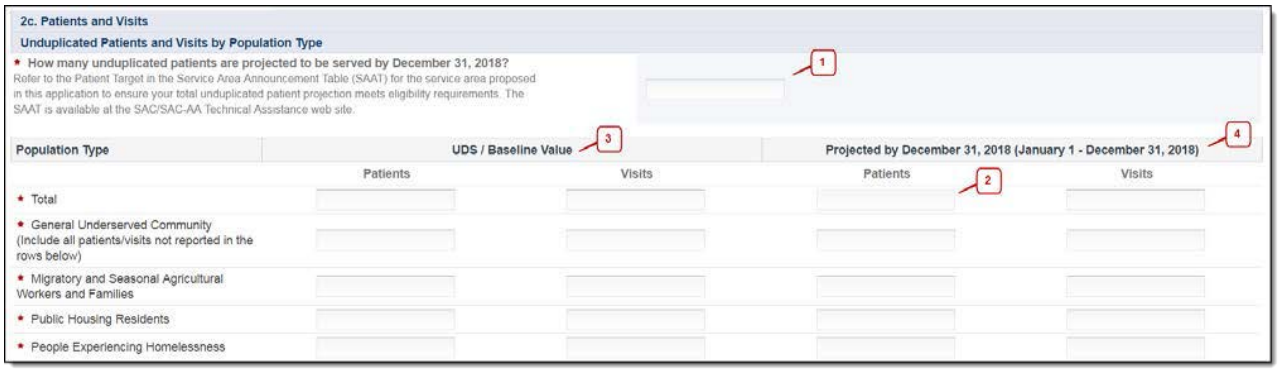
6.1.2.3 Completing 2c. Patients and Visits

6.1.2.3.1 Unduplicated Patients and Visits by Population Type

To complete this section, follow these steps:

1. Answer the question, 'How many unduplicated patients are projected to be served by December 31, 2018?' (**Figure 22**, **1**)
2. The system will auto-populate the number in the Total row of the Patients column under the 'Projected by December 31, 2018 (January 1 - December 31, 2018)' heading. (**Figure 22**, **2**) when you click the Save or Save and Continue button.
3. Provide the number of Patients and Visits under the UDS/Baseline Value heading and Visits under the Projected by December 31, 2018 (January 1 – December 31, 2018) heading in the Total row.
4. Provide the number of Patients and Visits under the UDS/Baseline Value heading for each Population Type listed. (**Figure 22**, **3**). Patients and visits must not be duplicated across the Population Types.
5. Provide the number of Patients and Visits that you project to serve annually under the Projected by December 31, 2018 (January 1 – December 31, 2018) heading for each Population Type listed (**Figure 22**, **4**). Patients and visits must not be duplicated across the Population Types.

Figure 22: Unduplicated Patients and Visits by Population Type



IMPORTANT NOTES:

- Compare the total number of unduplicated patients projected to be served by December 31, 2018 with the Patient Target in the Service Area Announcement Table (SAAT), available at the SAC (http://bphc.hrsa.gov/programopportunities/fundingopportunities/SAC/index.html) or SAC-AA (http://bphc.hrsa.gov/programopportunities/fundingopportunities/sac-aa/index.html) Technical Assistances web sites or Appendix D, as applicable, for the service area proposed to ensure it meets eligibility requirements.

  * The unduplicated patient projection must be at least 75% of the Patient Target in the SAAT or Appendix D, as applicable.

  ** Review the Patient Target from the SAAT or Appendix D and the Summary of Funding section of the FOA for details to ensure that the patient projection and funding request on the SF-424A are aligned. Other resources are available at the SAC (http://bphc.hrsa.gov/programopportunities/fundingopportunities/SAC/index.html) or SAC-AA (http://bphc.hrsa.gov/programopportunities/fundingopportunities/sac-aa/index.html) Technical Assistance web sites, as applicable.

- If your organization is submitting a new application or a competing supplement application:
  - Data entered in the UDS/Baseline Value columns for patients and visits can be zero, even for the Population Types corresponding to the sub programs selected in the Budget Information form, Section A – Budget Summary section of this application.
- If your organization is submitting a competing continuation application:
  - Patient data under the UDS/Baseline Value heading is pre-populated from the Uniform Data System (UDS) for the Total and for the Population Types corresponding to the sub programs selected in the Budget Information form, Section A – Budget Summary section of this application.
  - The Total Visits under the UDS/Baseline Value heading is pre-populated from the Uniform Data System (UDS). You must enter the number of visits for Population Types corresponding to the sub programs selected in the Budget Information form, Section A – Budget Summary section of this application. For the remaining Population Types, you may provide zeros if there are no current patients. You may also provide data for the Population Types beyond those selected in the SF-424A.
- The number of patients and visits under the Projected by December 31, 2018 heading for each Population Type that corresponds to the sub programs selected in the Budget Information form, Section A – Budget Summary section of this application, should be greater than zero. For the remaining Population Types, you may provide zeros if there are no projections. You may also provide data for the Population Types beyond those selected in the SF-424A.
- The General Underserved Community row may include all patients/visits not captured in other Population Types.
- Across all Population Type categories, an individual can only be counted once as a patient.

6.1.2.3.2 Patients and Visits by Service Type

To complete this section, follow the steps below:

1. Provide the UDS/Baseline Value of Patients and Visits for each listed Service Type (**Figure 23**, **1**).

2. Provide the number of Patients and Visits that you project to serve by December 31, 2018 (**Figure 23**, **3**).

Figure 23: Patients and Visits by Service Type

IMPORTANT NOTES:

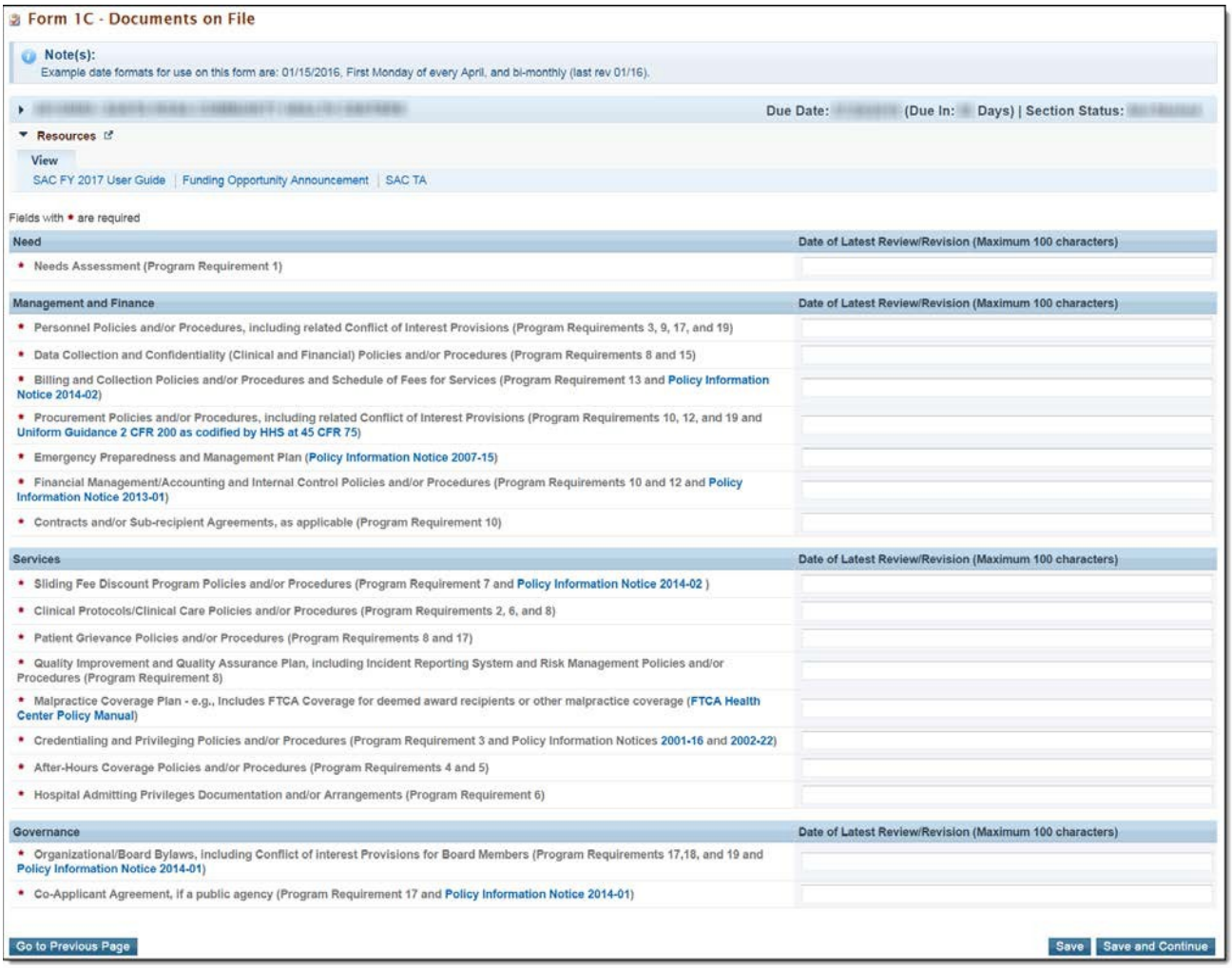
- 'UDS/Baseline Value' refers to the number of patients and visits for the proposed service area at the time of application.
- Projected Patients and Visits for Medical Services must be greater than 0.
- Project the number of patients and visits anticipated within each Service Type category by December 31, 2018 at the current level of funding.
- To maintain consistency with the patients and visits reported in UDS, do not report patients and visits for vision or pharmacy services, or services outside the proposed scope of project. Refer to the Scope of Project (http://bphc.hrsa.gov/about/requirements/scope) policy documents.
- The Patients and Visits by Service Type section does not display total values, since an individual patient may be included in multiple Service Type categories.
- Providing numbers for all the Service Types is required. Zeros are acceptable, except Total Medical Services.

3. After completing all sections of Form 1A: General Information Worksheet, click the Save and Continue button to save your work and proceed to the next form.

6.2 Form 1C: Documents on File

Form 1C - Documents on File displays a list of documents to be maintained by the applicant organization.

Figure 24: Form 1C - Documents on File



1. To complete Form 1C, enter the requested review/revision dates for each document listed on this form (**Figure 24**).

IMPORTANT NOTE: Examples date formats for use on this form are 01/15/2016, First Monday of every April, and bi-monthly (last rev 01/16).

2. After completing all sections of Form 1C, click the Save and Continue button to save your work and proceed to the next form.

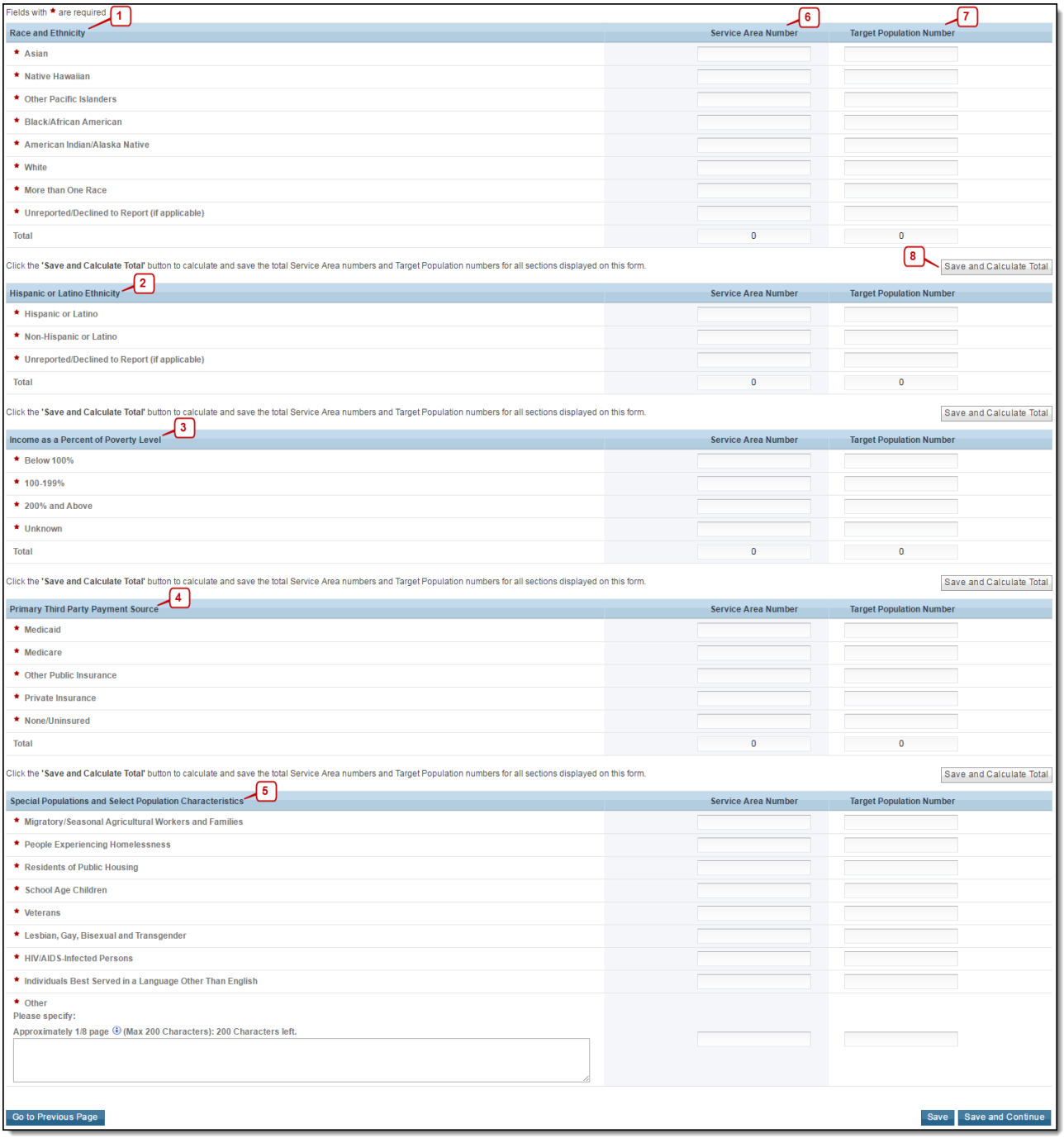
6.3 Form 4 - Community Characteristics

Form 4: Community Characteristics reports current service area and target population data for the entire scope of the project (i.e. all sites). This form comprises the following sections:

- Race and Ethnicity (**Figure 25**, **1**)
- Hispanic or Latino Ethnicity (**Figure 25**, **2**)
- Income as a Percent of Poverty Level (**Figure 25**, **3**)

- Principal Third Party Payment Source (**Figure 25**, **4**)
- Special Populations and Select Population Characteristics (**Figure 25**, **5**)

Figure 25: Form 4: Community Characteristics



6.3.1 Completing the Form 4 Sections

To complete the **Race and Ethnicity**, **Hispanic or Latino Ethnicity**, **Income as a Percent of Poverty Level**, and **Primary Third Party Payment Source** sections (**Figure 25**, **1, 2, 3, 4**), enter the **Service Area Number** (**Figure 25**, **6**) and corresponding **Target Population Number** for each of the respective categories (**Figure 25**, **7**).

IMPORTANT NOTES:

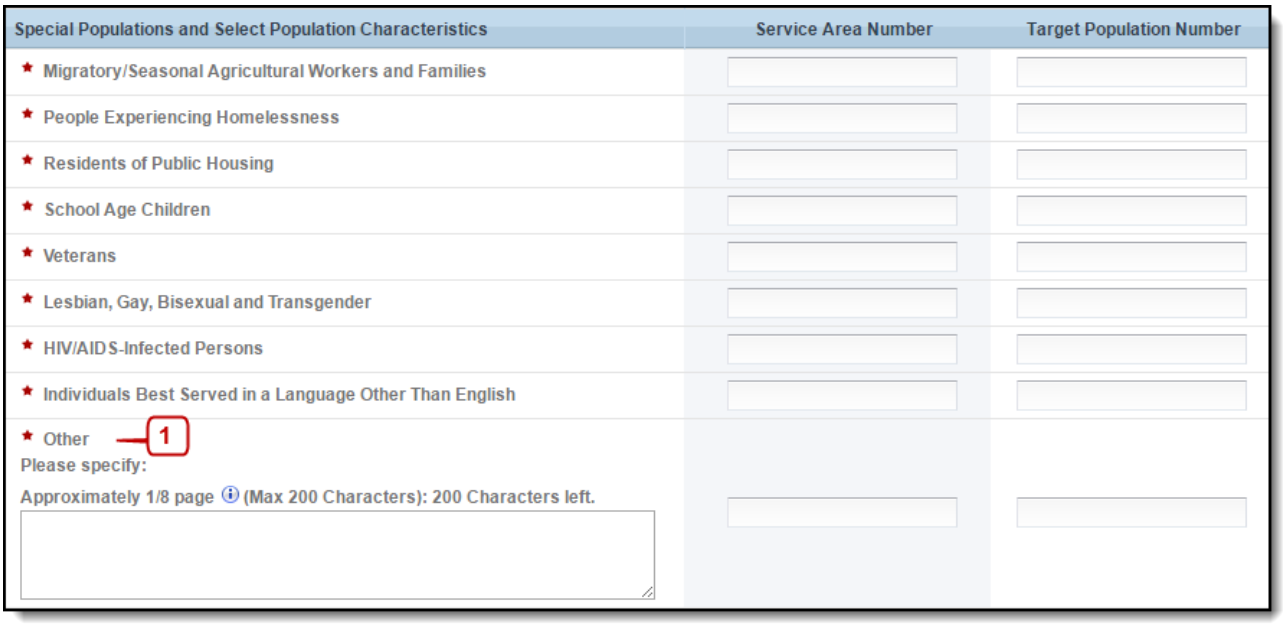
- Target Population data is a subset of Service Area data, and in most cases is a greater than the number of patients projected on Form 1A. Patient data should not be used to report target population data since patients are typically a subset of all individuals targeted for service.
- The 'Service Area Percentage' and 'Target Population Percentage' are auto-populated and can be viewed in the read-only version of form 4.
- If information for the service area is not available, extrapolate data from the U.S. Census Bureau, local planning agencies, health departments, and other local, state, and national data sources. Estimates are acceptable.
- Information provided regarding race and/or ethnicity will be used only to ensure compliance with statutory and regulatory Governing Board requirements. Data on race and/or ethnicity collected on this form will not be used as an awarding factor.
- When entering data, the total Service Area Numbers and the total Target Population Numbers of the Race and Ethnicity, Hispanic or Latino Ethnicity, Income as a Percent of Poverty Level, and Primary Third Party Payment Source sections should be equal.

In order to automatically calculate the Total Service Area Numbers and Total Target Population Numbers for all four sections, click Save and Calculate Total button (**Figure 25**, **8**) under any of the sections.

6.3.2 Completing the Special Populations and Select Population Characteristics Section

1. Under the Special Populations and Select Population Characteristics section (**Figure 26**), enter the **Service Area Number** and the corresponding **Target Population Number** for each special population group listed.

Figure 26: Special Populations Section



IMPORTANT NOTES:

- If you select the sub programs related to special populations, i.e. MHC, HCH and/or PHPC, in the Budget Information – Section A–C form of this application, you must provide a Service Area Number and Target Population Number that is greater than 0 for the following line items under the Special Populations section on **Form 4** as applicable: 'Migratory/Seasonal Agricultural Workers and Families,' 'People Experiencing Homelessness,' and 'Residents of Public Housing'.
- In the 'Other' row (**Figure 26**, **1**), specify a special population group that is not listed (if desired), and then enter the Service Area Number and the corresponding Target Population Number for the specified special population group.
- Individuals may be counted in multiple special population groups, so the numbers in this section do not have to match those in the other sections of this form.
- The applicant can view the calculations in the Review – Program Specific Forms section prior to submitting an application.

2. After completing all the sections on Form 4, click the Save and Continue button to save your work and proceed to the next form

6.4 Form 2 – Staffing Profile

Form 2: Staffing Profile reports personnel supported by the total budget (federal and non-federal funds) for the first budget year (12 months) of the proposed project for all sites included on Form 5B: Service Sites. This form is comprised of the following sections:

- Staffing Positions for Major Service Category sections

- Key Management Staff/Administration (**Figure 27**, **1**)
- Facility and Non-Clinical Support Staff (**Figure 27**, **2**)
- Physicians (**Figure 27**, **3**)
- Nurse Practitioners, Physician Assistants, and Certified Nurse Midwives (**Figure 27**, **4**)
- Medical (**Figure 27**, **5**)
- Dental Services (**Figure 27**, **6**)
- Behavioral Health (Mental Health and Substance Abuse) (**Figure 28**, **7**)
- Professional Services (**Figure 28**, **8**)
- Vision Services (**Figure 28**, **9**)
- Pharmacy (**Figure 28**, **10**)
- Enabling Services (**Figure 28**, **11**)
- Other Programs and Services (**Figure 28**, **12**)

- Total FTEs (**Figure 28**, **13**)

Figure 27: Form 2- Staffing Profile

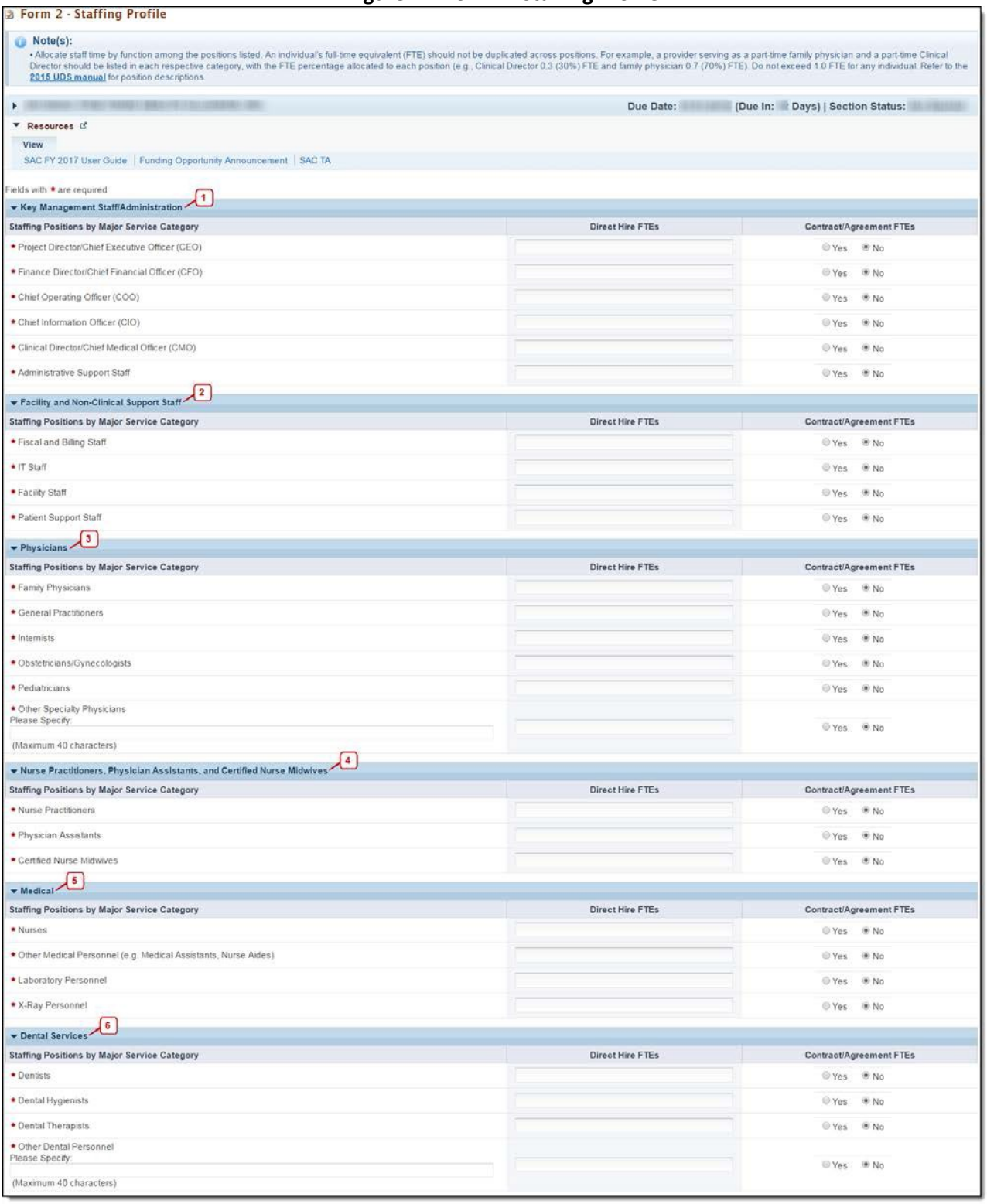
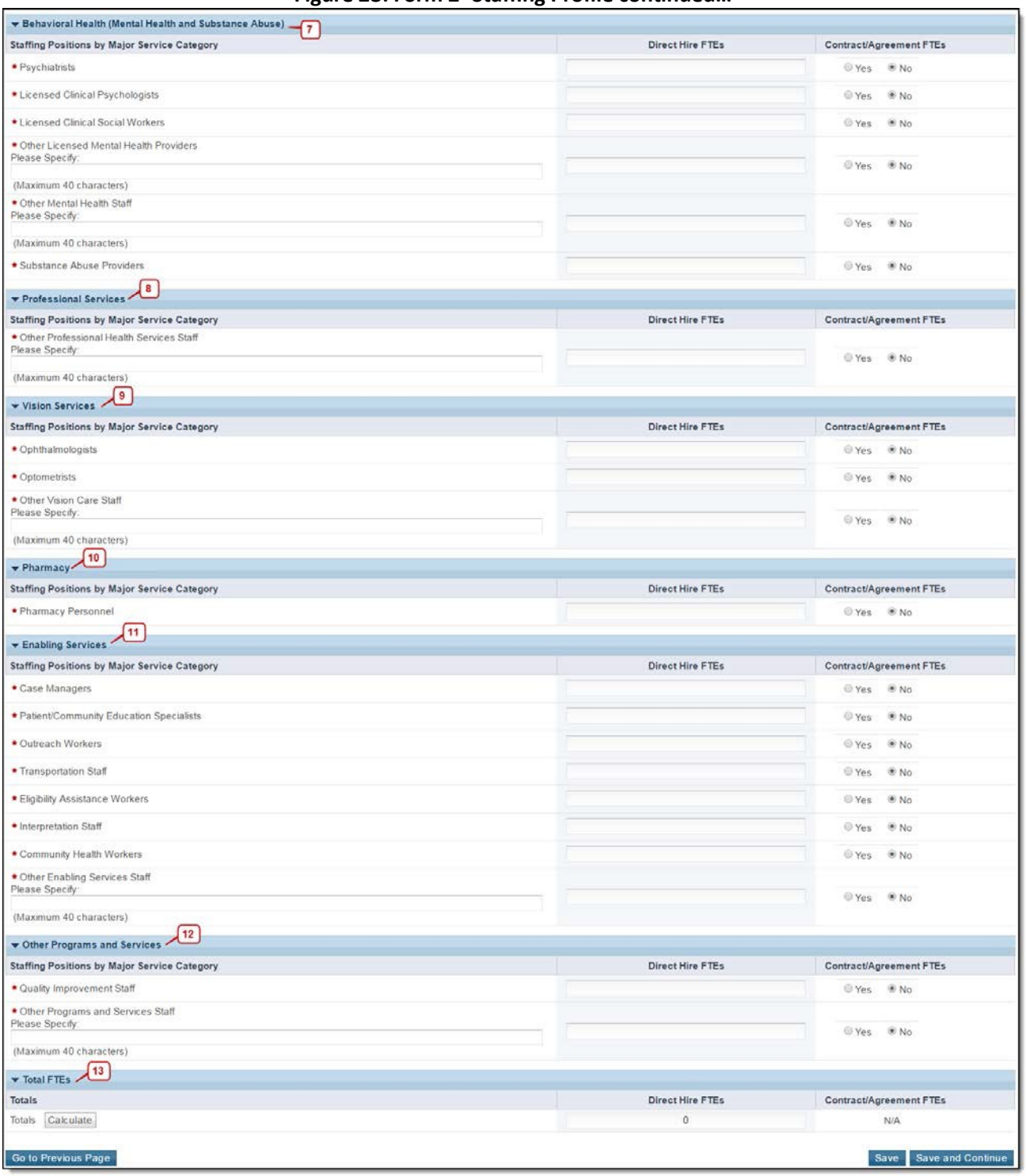


Figure 28: Form 2- Staffing Profile continued…



6.4.1 Completing the Staffing Positions for Major Service Category Related Sections

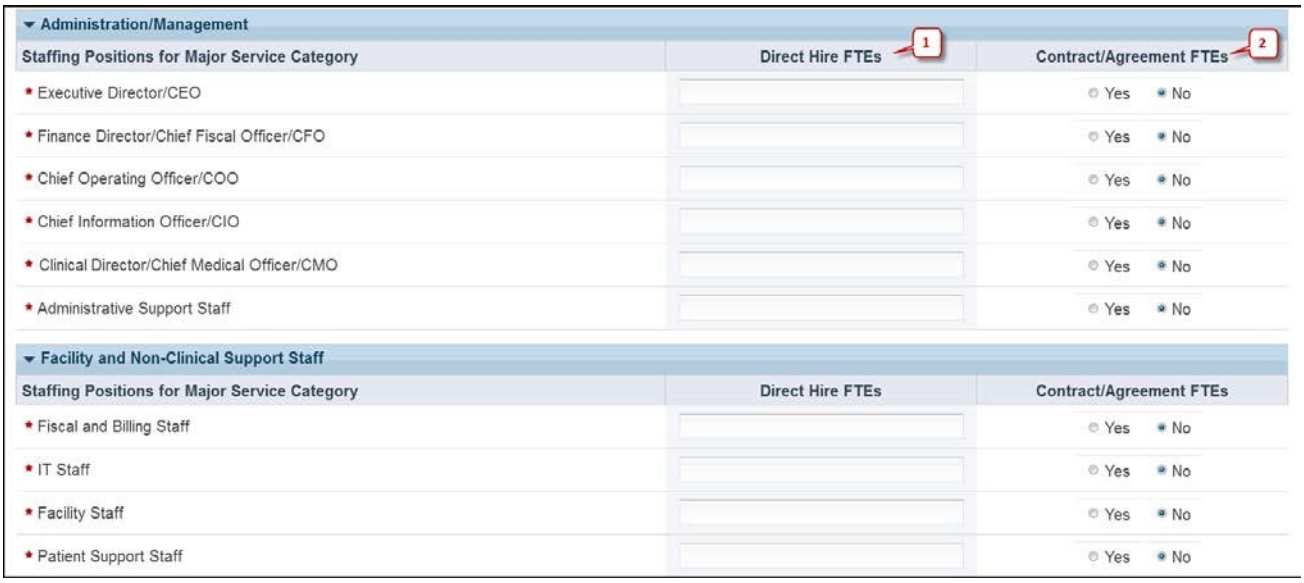
1. In the Direct Hire FTEs column, provide the number of Full Time Employees (FTEs) for each staffing position. Enter 0 if not applicable (**Figure 29**, **1**).

2. In the Contract/Agreement FTEs column, select the relevant option if any position is staffed by a contracted FTE for agreements summarized in Attachment 7: Summary of Contracts and Agreements and/or included in contracts uploaded to **Form 8: Health Center Agreements**, as needed. (**Figure 29**, **2**).

IMPORTANT NOTES:

- 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. For example, a provider serving as a part-time family physician and a part-time Clinical Director should be listed in each respective category with the FTE allocated to each position (e.g., Clinical Director 0.3 (30%) FTE and family physician 0.7 (70%) FTE). Do not exceed 1.0 FTE for any individual. For position descriptions, refer to the UDS Reporting Manual (http://bphc.hrsa.gov/datareporting/reporting/2015udsmanual.pdf).
- If a staffing profile is not listed, you may specify in the Other section, up to 40 characters, and provide a value for Direst Hire FTEs (zeros are acceptable) or specify if its Contract/Agreement FTEs.
- Volunteers must be recorded in the Direct Hire FTEs column.

Figure 29: Direct Hire and Contract/Agreement FTEs Columns

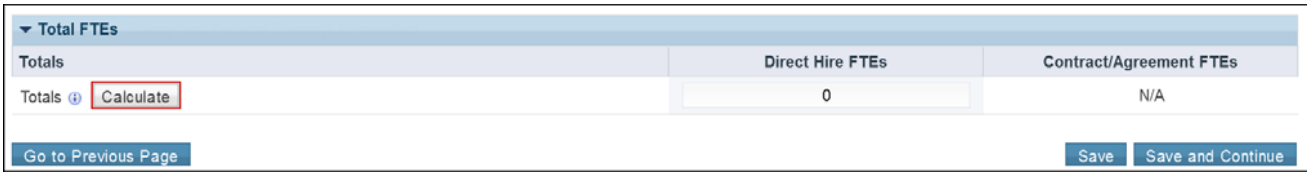


6.4.2 Completing the Total FTEs Section

This row displays the sum of 'Direct Hire FTEs' for the Staffing Positions for Major Service Categories.

1. To calculate the totals, click the Calculate button (**Figure 30**).

Figure 30: Total FTEs



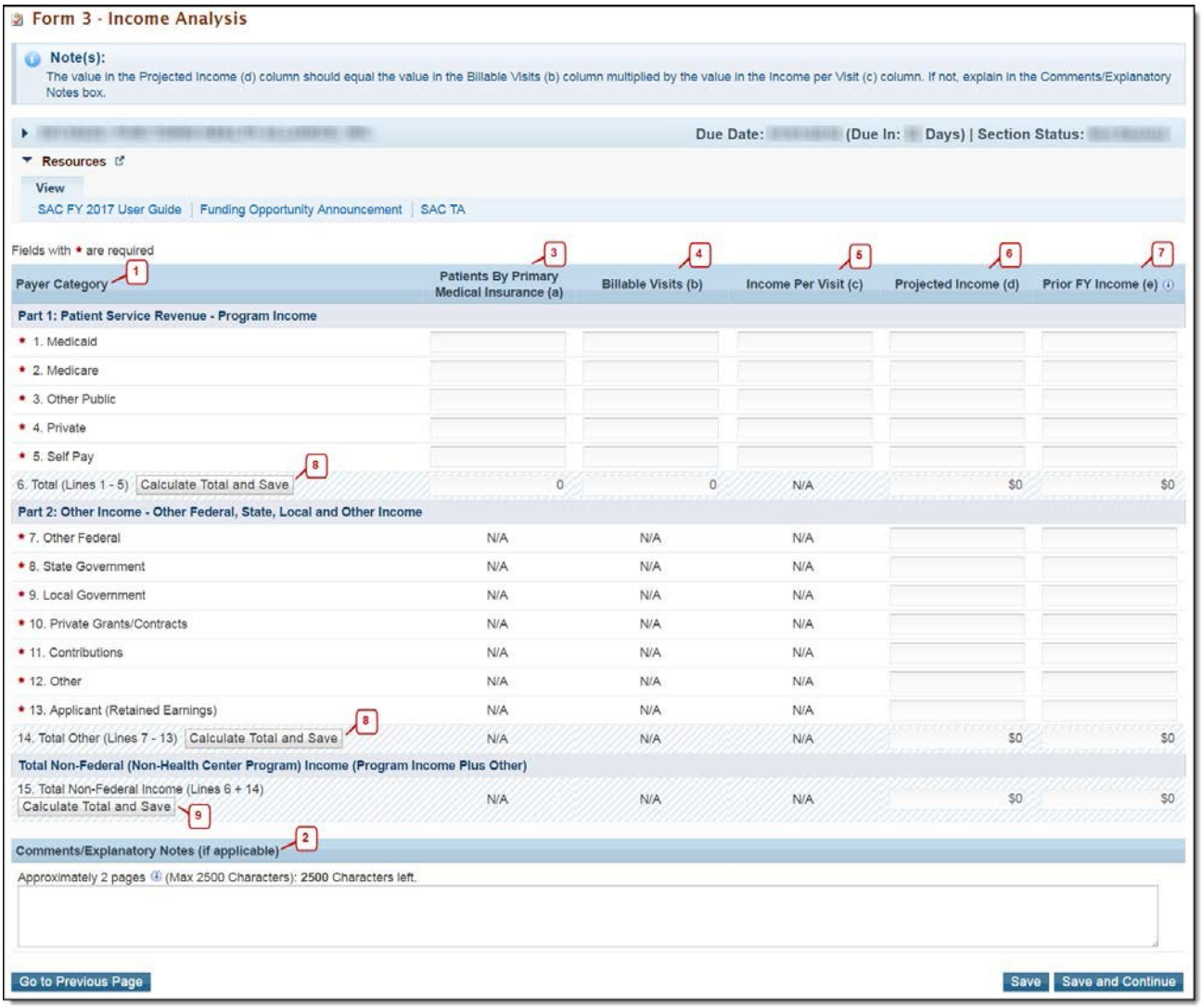
2. Click the Save and Continue button to save your work and proceed to the next form.

6.5 Form 3 - Income Analysis

Form 3: Income Analysis projects program income, by source, for Year 1 of the proposed project period. This form comprises the following sections:

1. Payer Categories (**Figure 31**, **1**)
2. Comments/Explanatory Notes (**Figure 31**, **2**)

Figure 31: Form 3: Income Analysis



6.5.1 Completing the Payer Categories Section

The Payer Categories section is further divided into the following parts:

- Part 1: Patient Service Revenue - Program Income
- Part 2: Other Income - Other Federal, State, Local and Other Income
- Total Non-Federal (Non-Health Center Program) Income (Program Income Plus Other)

To complete the **Payer Categories** section, follow the steps below:

1. In column (a), provide the number of Patients by Primary Medical Insurance for each Payer Category in Part 1. Enter 0 if not applicable (**Figure 31**, **3**).
2. In column (b), provide the number of Billable Visits that is greater than or equal to the number of Patients by Primary Medical Insurance (i.e. column (a)) for each Payer Category in Part 1. Enter 0 if not applicable (**Figure 31**, **4**).
3. In column (c), provide the amount of Income per Visit for each Payer Category in Part 1. Enter 0 if not applicable. (**Figure 31**, **5**).
4. In column (d), provide the amount of Projected Income for each Payer Category in Parts 1 and 2. Enter 0 if not applicable (**Figure 31**, **6**).
5. In Prior FY Income (e) column, provide the amount of Prior FY Income (e) in Parts 1 and 2. Refer to the Fiscal Year End Date selected in Form 1A of this application to provide this information. Enter 0 if not applicable (**Figure 31**, **7**).
6. Click the Calculate Total and Save button to calculate and save the values for each Payer Categories in Part 1. (**Figure 31**, **8**).

IMPORTANT NOTES:

- The number of Billable Visits in column (b) should be Zero if the number of Patients by Primary Medical Insurance in column (a) for a Payer Categories is Zero.
- The value in the Projected Income (d) column should equal the value in the Billable Visits (b) column multiplied by the value in the Income per Visit (c) column. If these values are not equal, provide an explanation in the Comments/Explanatory Notes box.
- The Patients By Primary Medical Insurance (a), Billable Visits (b) and Income Per Visit (c) columns in Part 2 are disabled and set to 'N/A'.

7. Click the Calculate Total and Save button in the **Total Non-Federal (Non-Health Center Program) Income (Program Income Plus Other)** section to calculate and save the values for each Payer Category in Part 1 & 2. (**Figure 31**, **9**).

6.5.2 Completing the Comments/Explanatory Notes Section

In this section, enter any comments/explanations related to this form.

1. If the value for any Payer Category in Projected Income (d) is not equal to the value obtained by multiplying Billable Visits (b) with Income per Visit (c), provide an explanation in this section. Provide justification for each Payer Category for which these numbers are not equal. If these numbers are equal for each Payer Category, providing comments in this section is optional.
2. Click the Save and Continue button to save your work and proceed to the next form.

6.6 Form 5A – Services Provided

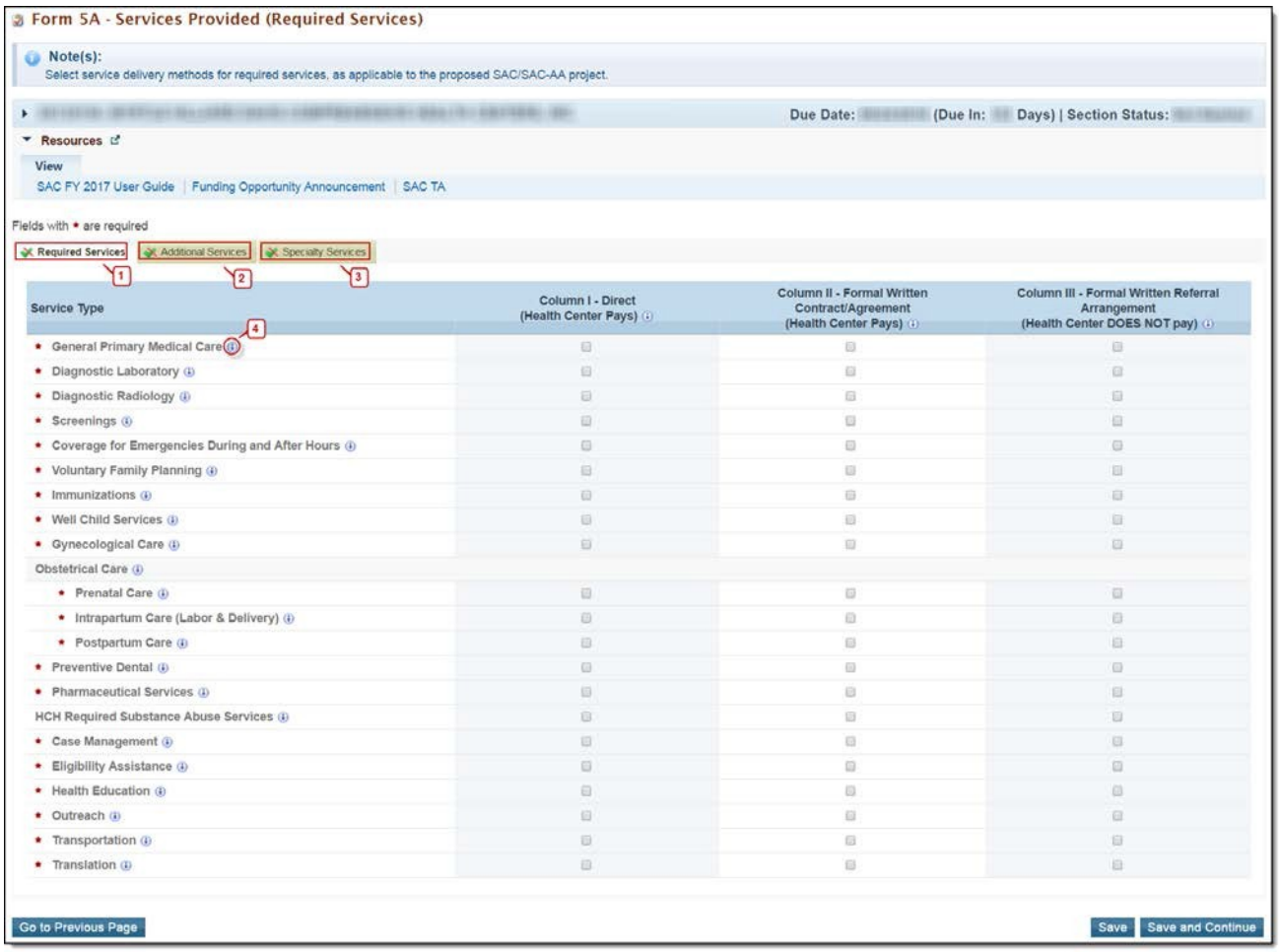
Form 5A – Services Provided identifies how the required, additional and specialty services will be provided by the applicant organization.

6.6.1 Form 5A in New or Competing Supplement Application

If your organization is submitting either a new or competing supplement application, propose one or more service delivery methods for the following services listed on this form:

- Required Services (**Figure 32**, **1**)
- Additional Services (**Figure 32**, **2**)

Figure 32: Form 5A (New or Competing Supplement Applications)



6.6.1.1 Completing Form 5A: Required Services Section

Use this form to specify how your organization provides required services. HRSA permits organizations to provide required services directly, by contracting with another provider, or by referral to another provider. These service delivery methods differ according to the service provider and the payment source (Table 1).

Table 1: Modes of Service Provision

Service Delivery Methods	Your Organization Provides the Service	Your Organization Pays for the Service
Service provided directly by health center	Yes	**Yes**
Service provided by formal written contract/agreement	No	**Yes**
Service provided by formal written referral arrangement	**No**	**No**

To specify service delivery methods:

1. Check one or more boxes to indicate the service delivery method(s) for required services as applicable to the project proposed in this application. To view details about a service, hover over the information icon provided, if available, for that service (**Figure 32**, **3**).
2. Click the Save and Continue button to navigate to the **Additional Services** section OR click the Save button on the **Required Services** Section and select the **Additional Services** tab (**Figure 32**, **2**).

IMPORTANT NOTES:

- 'HCH Required Substance Abuse Services' cannot be selected as a service delivery method for if HCH is not selected as a sub program in the Budget Information – Section A-C Budget Summary section of this application. If selected HCH is selected as a sub program, then you are required to select at least one service delivery method for 'HCH Required Substance Abuse Services'.
- Only one form is required regardless of the number of proposed sites.
- New services proposed on Form 5A in this application must be added to support the new service area proposed in this application. (If this application is funded, all services on this form must be accessible to patients at all current sites in scope, though the mode of service delivery may be different across sites).
- Competing supplement applicants: All services in your current scope of project must be accessible to patients at any sites proposed in this application, though the mode of service delivery (Column I, II, or III) may be different across sites.

6.6.1.2 Completing Form 5A: Additional Services Section

Use this form to identify additional services proposed.

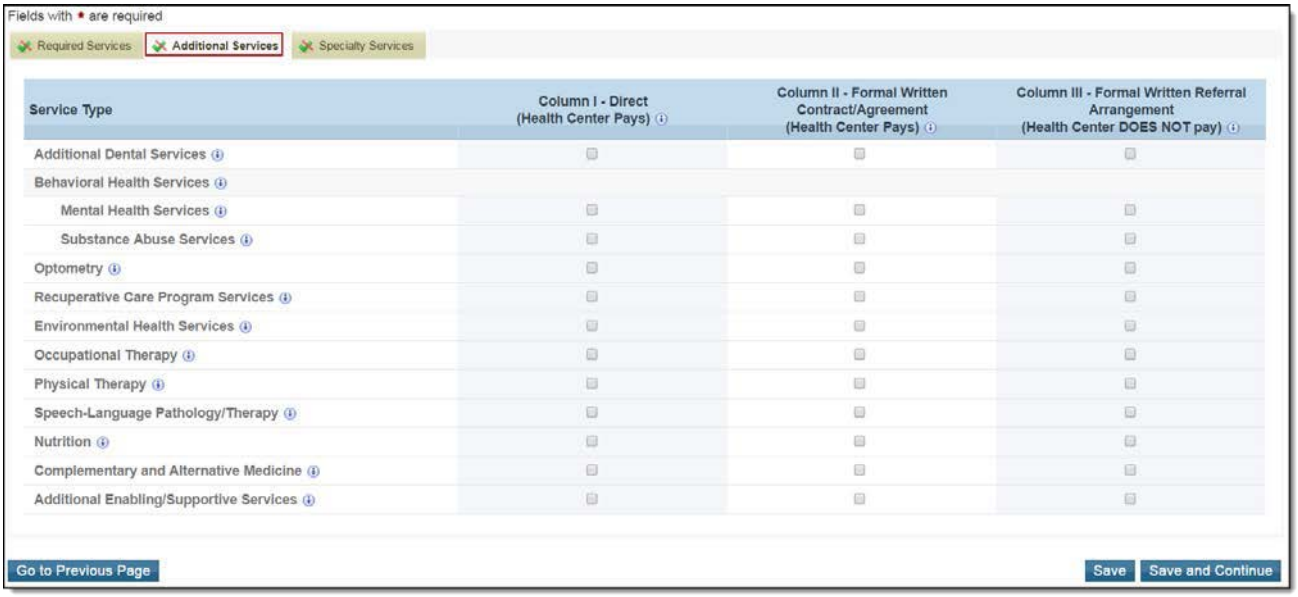
IMPORTANT NOTES:

- This is an optional section. You are not required to identify service delivery methods for any additional services listed in this section.
- You can complete this section by clicking the Save or Save and Continue button located at the bottom of the form.

If you wish to propose an additional service,

1. Indicate the service delivery method(s) for the desired additional service (**Figure 33**).

Figure 33: Form 5A, Services Provided - Additional Services



2. Click the Save and Continue button to navigate to Specialty Services Sites OR click the Save button on the Additional Services Section and select the **Specialty Services** tab.

6.6.1.3 Completing Form 5A: Specialty Services Section

You cannot propose service delivery methods for specialty services in the FY 2017 SAC/SAC-AA application. You will see the message depicted in (**Figure 34**) when you access the Specialty Services section of **Form 5A**. Click the Continue button of this section to proceed.

Figure 34: Form 5A, Services Provided - Specialty Services

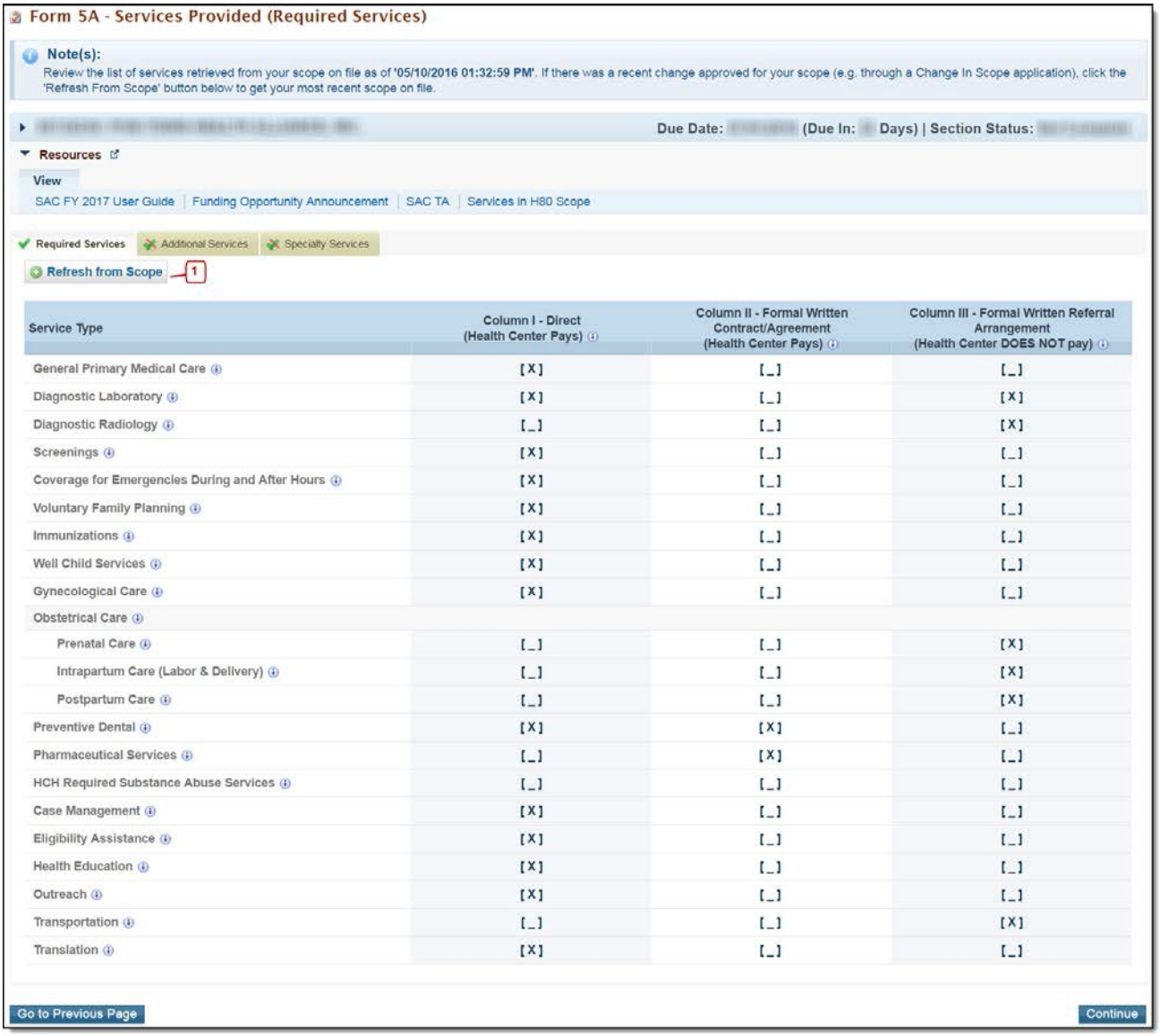
IMPORTANT NOTE: You will be required to visit the Specialty Services section at least once in order to update page status to Complete.

6.6.2 Form 5A: Service Sites in a Competing Continuation Application

If your organization is submitting a competing continuation application, **Form 5A: Service Sites** is pre-populated with the services in the current Health Center Program scope that HRSA has on file for your organization and is non-editable. You will be required to visit the Required Services, Additional Services, and Specialty Services sections at least once in order to change the status of the form to Complete.

If the pre-populated data on **Form 5A** does not reflect any recent approved scope changes, click the Refresh from Scope button to refresh the data and display the approved changes. (**Figure 35**, **1**).

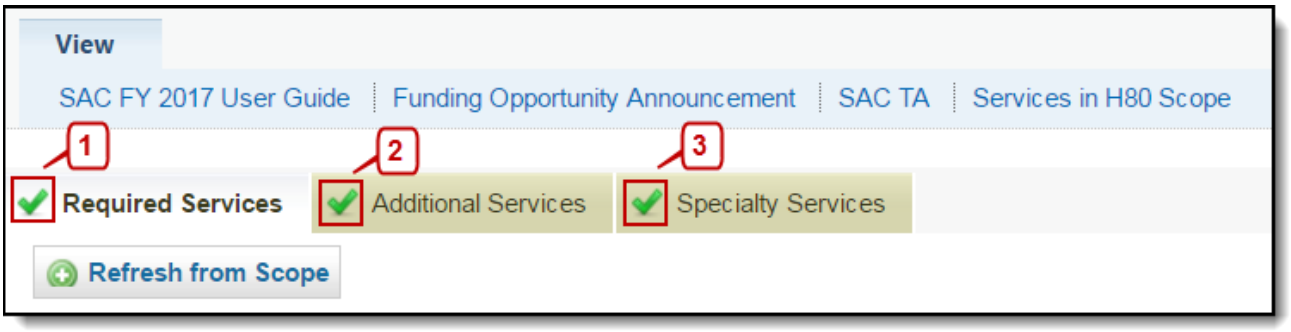
Figure 35: Form 5A (Competing Continuation Application)



6.6.3 Saving and Proceeding to the Next Form

Form 5A: Services Provided will be complete when the statuses of the Required Services, Additional Services, and Specialty Services sections are complete. The completed status of these sections is indicated with a green tick mark in the section tabs (**Figure 36**, **1, 2** & **3**).

Figure 36: Completed Required and Additional Sections



After completing all the sections on **Form 5A**, click the Save and Continue button (or Continue button in competing continuation applications) to save your work and proceed to Form 5B.

6.7 Form 5B: Service Sites

Form 5B: Service Sites identifies the sites in your scope of project. If your organization is submitting either a new or competing supplement application, you will be able to propose the following types of sites in this form:

- Service Delivery Site
- Administrative/Service Delivery Site
- Admin-only Site

This form is pre-populated and un-editable for competing continuation applicants. New sites cannot be proposed in competing continuation applications.

6.7.1 Form 5B in a New Application

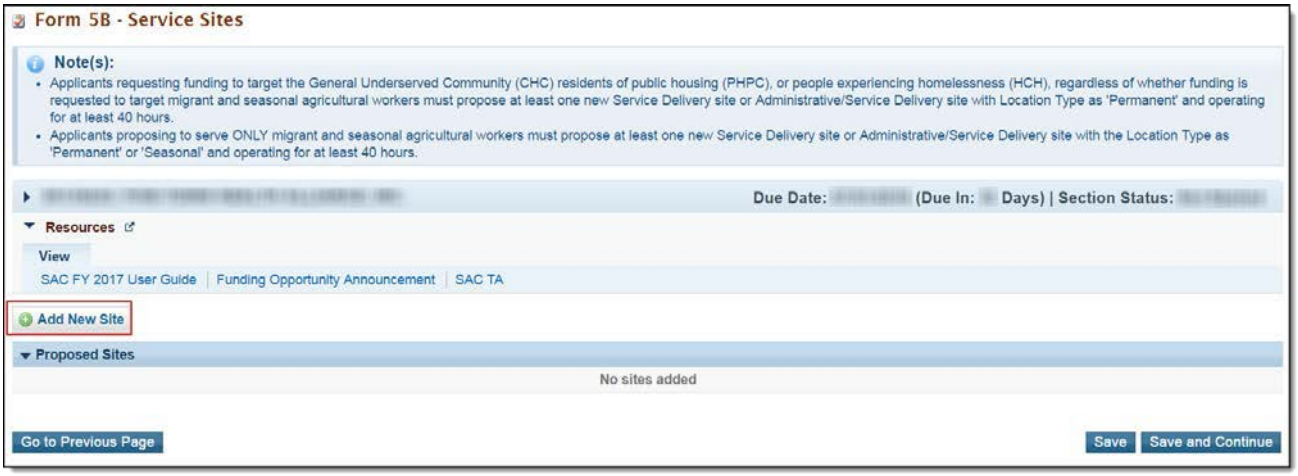
If your organization is submitting a new application, you are required to propose at least one Service Delivery or an Administrative/Service Delivery site. For SAC-AA Applicants, all zip codes listed in Appendix D must be entered on Form 5B.

6.7.1.1 Proposing a New Site

To propose a new site, follow the steps below:

1. Click the Add New Site button (**Figure 37**) provided above the Proposed Sites section.

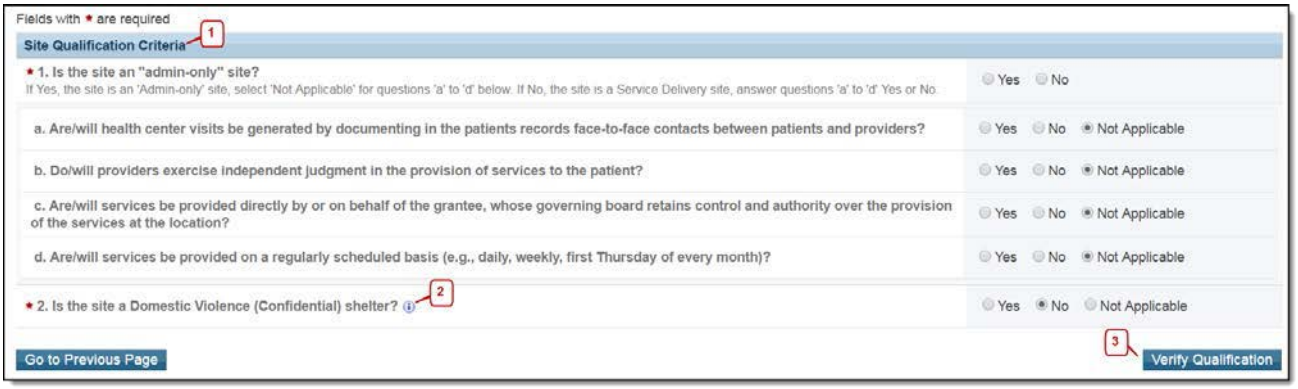
Figure 37: Form 5B – (New Application)



➢ The system navigates to the **Service Site Checklist** page.

2. Answer the questions displayed on the **Service Site Checklist** page.

Figure 38: Service Site Checklist Page



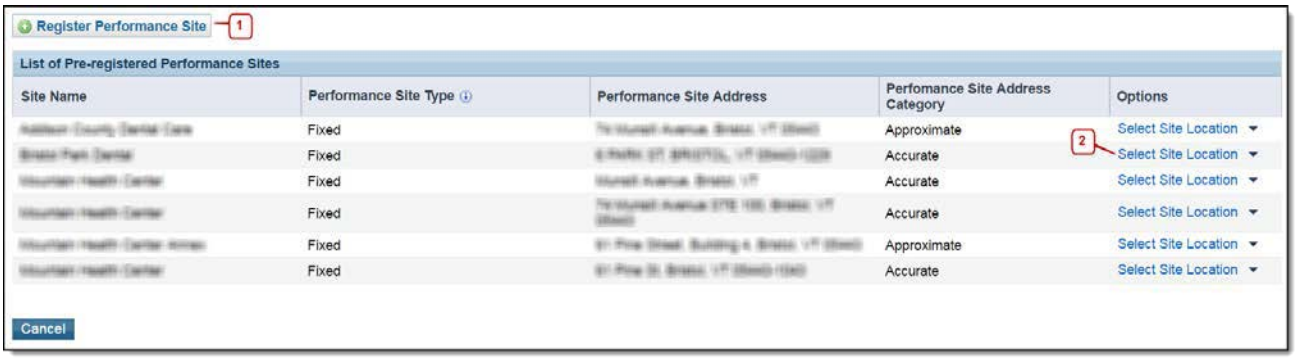
IMPORTANT NOTES:

- If the answer to question 1 is 'No' (**Figure 38**, 1), i.e. if 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 38**, 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.
- If the answer to question 1 is 'Yes' (**Figure 38**, 1), i.e. if the site being added is an 'Admin-only' site, select 'Not Applicable' to question 2

3. Click the Verify Qualification button (**Figure 38**, **3**).

➢ The system 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.

Figure 39: List of Pre-registered Performance Sites at HRSA Level Page



4. Select a site from the list provided on this page and click its **Select Site Location** link (**Figure 39**, **2**).

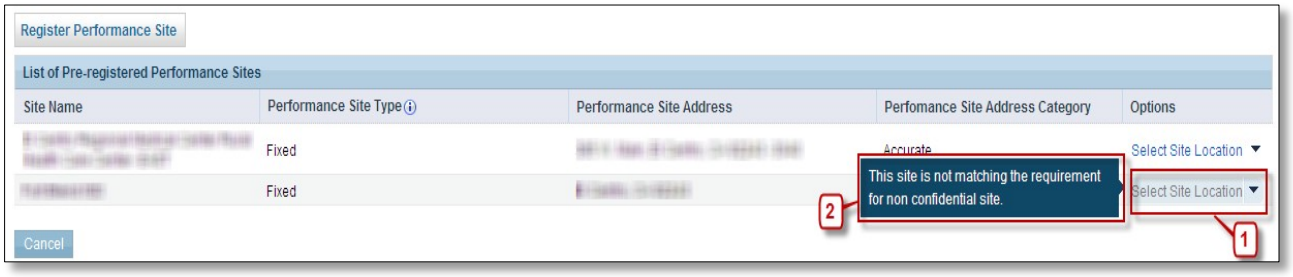
IMPORTANT NOTES:

The Select Site Location link will be disabled (**Figure 40**, **1**) and you will not be able to select the site if it:

- Is already included in the current application.
- Is already in your Health Center Program scope (competing supplement applicants).
- Is a Mobile site and the applicant is trying to propose an 'Admin-only' site.
- Is a confidential site and the applicant is trying to propose a non-confidential/non-domestic violence site.
- Is a non-confidential site and the applicant is trying to propose a confidential/ domestic violence site.

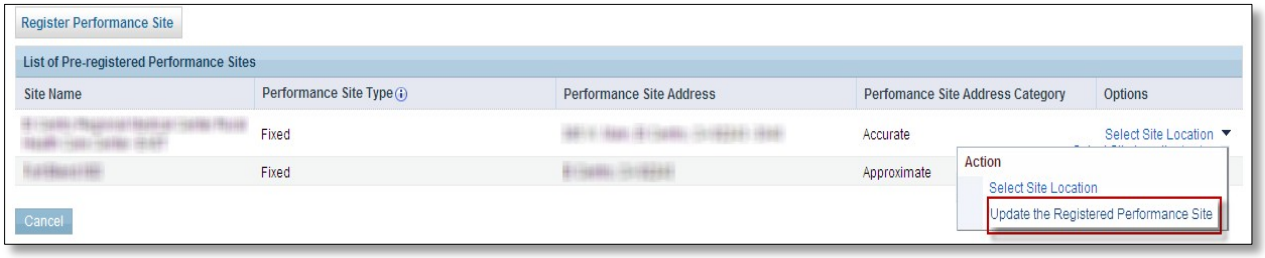
In these cases, hovering over the disabled Select Site Location link (**Figure 40**, **2**) will provide the reason why the site is disabled.

Figure 40: Disabled Site Locations



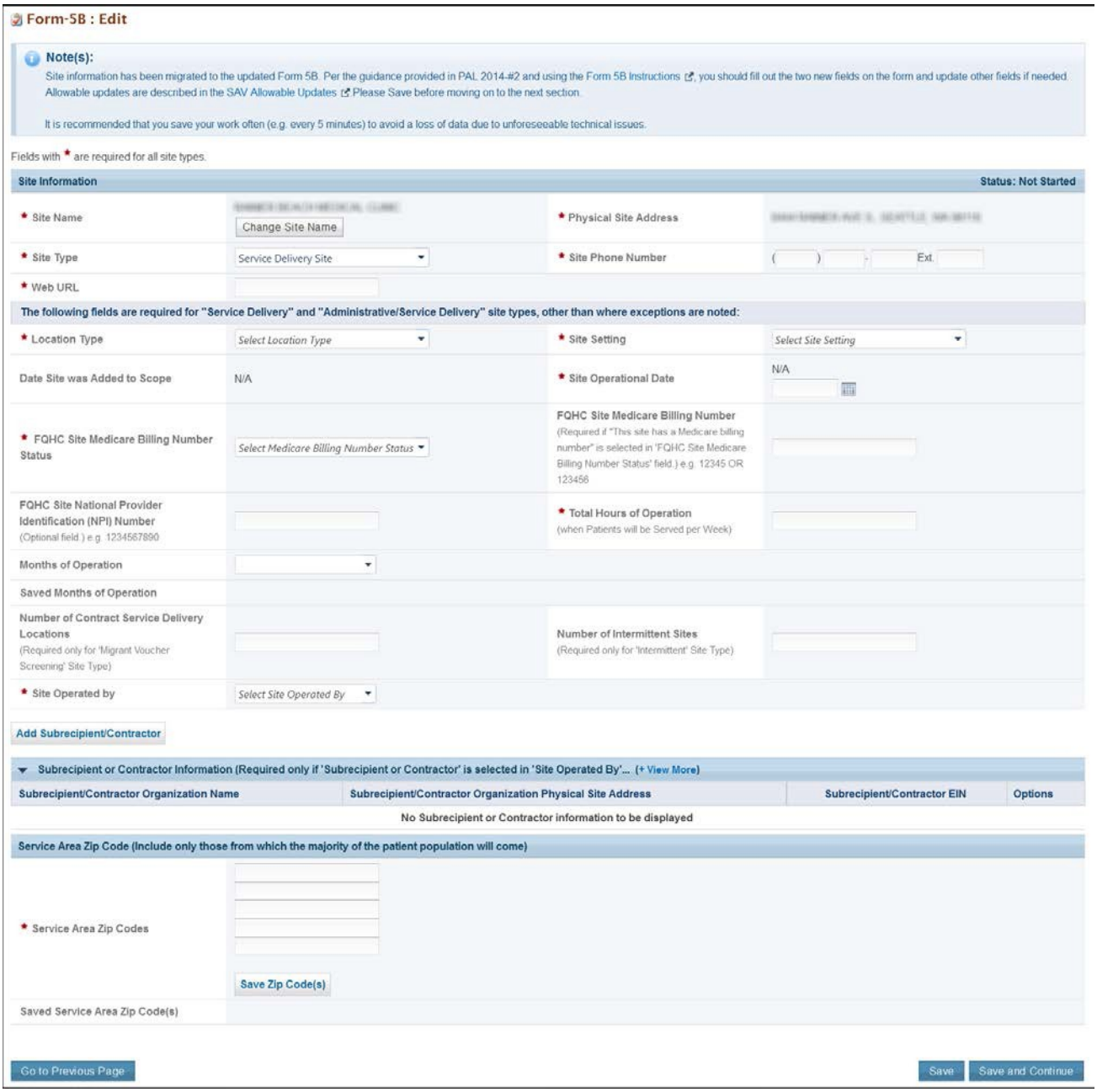
IMPORTANT NOTE: If you wish to update the name of any site listed on this page, click **Update the Registered Performance Site** link (**Figure 41**) and update the site name.

Figure 41: Update the Registered Performance Site Link



5. 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 site (**Figure 42**).

Figure 42: Form 5B – Update Site Page

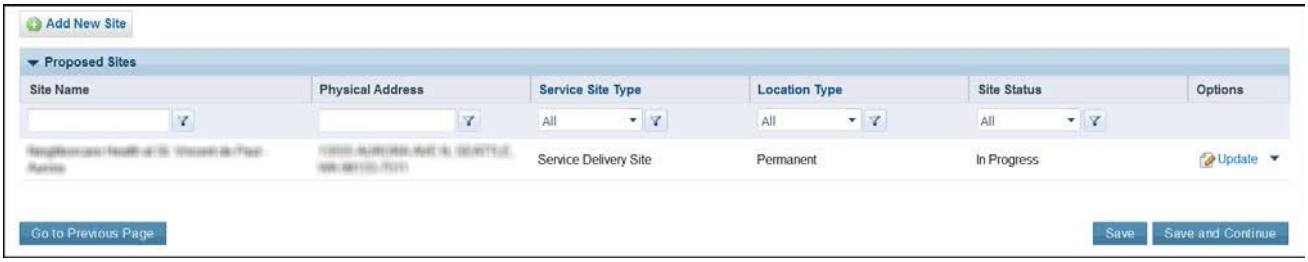


IMPORTANT NOTES:

- Zip codes entered in the Service Area Zip Codes field must be those where at least 75 percent of the current patients within the service area reside, as indicated in the SAAT, or all zip codes from Appendix D, as applicable. Zip codes entered in this field will determine compliance with Eligibility Requirement 3b.
- The 'Physical Site Address' must be a verifiable physical street address.

6. After providing complete information on **Form 5B – Edit** page, click the Save and Continue button.
   - **Form 5B – Service Sites** list page opens with the newly added site displayed in the **Proposed Site** section (**Figure 43**).

Figure 43: Newly Added Site Displayed Under Proposed Sites Section



IMPORTANT NOTES:

- If you are requesting funding to serve Community Health Center, Public Housing Primary Care, and/or Health Care for the Homeless populations (with or without Migrant Health Center) in the Budget Summary form within the standard section of this application, you must propose at least one Service Delivery site or Administrative/Service Delivery that has the Location Type as 'Permanent', and that is operating for at least 40 hours a week.
- If you are requesting funding to serve only Migrant Health Centers in the Budget Summary form within the standard section of this application, you must propose at least one Service Delivery site or Administrative/Service Delivery site that has Location Type as 'Permanent' or 'Seasonal,' and that is operating for at least 40 hours a week.

If there are no sites registered to your organization, or if you want to use a new location for the site you are adding in Form 5B, click the Register Performance Site button (**Figure 39**, **1**) and register your site using the Enterprise Site Repository (ESR) system by following the steps below:

a. On the Basic Information – Enter page, provide a site name and select a site type from the following options: Fixed or Mobile. Click the Next Step button.

b. On the Address – Enter page, enter the physical address of the site and click the Next Step button.

c. 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.

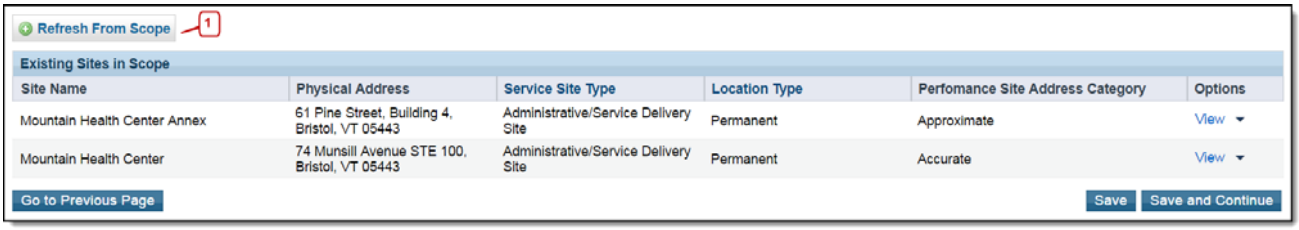
d. On the Register – Result page, click the Finish button to register the site to your organization.

6.7.2 Form 5B in a Competing Continuation Application

If your organization is submitting a competing continuation application, Form 5B is pre-populated with the sites in the current Health Center Program scope that HRSA has on file for your organization.

Form 5B is un-editable. You will be required to visit the form at least once in order to change the status of the form to Complete.

Figure 44: Form 5B (Competing Continuation Application)



If the pre-populated data on **Form 5B** does not reflect any recent approved scope changes, click the Refresh from Scope button to refresh the data and display the approved changes (**Figure 44, 1**).

6.7.3 Form 5B in a Competing Supplement Application

If your organization is submitting a competing supplement application, you must propose at least one new Service Delivery or an Administrative/Service Delivery site. To add a new site under the Proposed Sites section, follow the steps described in section 6.7.1.1 Proposing a New Site.

In addition to proposing new sites in the form, you will also be able to pick sites from your current Health Center Program scope. The steps to pick a site from your scope are described in the following section:

6.7.3.1 Pick a Site from Scope

1. On **Form 5B – Service Sites** list page, click the Pick Site from Scope provided above the **Existing Sites from Scope** section (**Figure 45**, **1**).

Figure 45: Form 5B (Supplemental Application)

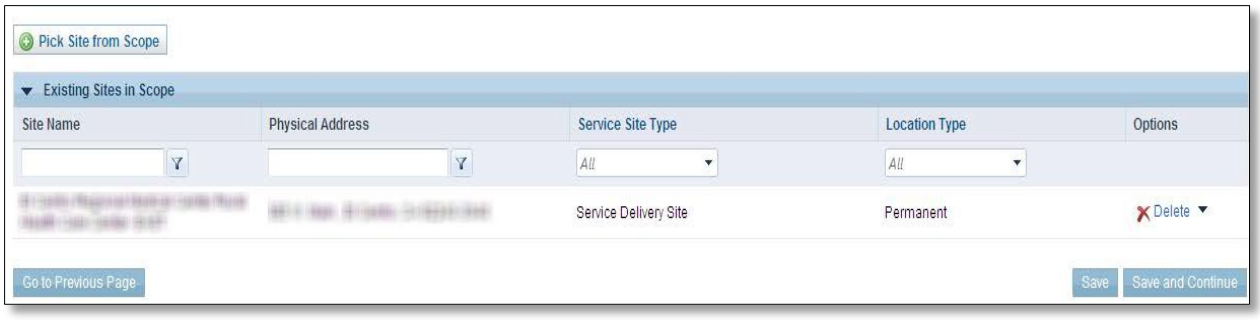
- The system navigates to the **Select Site from Scope** page populated with the sites in your H80 scope (**Figure 46**).

Figure 46: Select Site from Scope

2. Click the **Select this Site** link for the site you want to include in the form (**Figure 46**, **1**).

   - **Form 5B – Service Sites** list page opens with the selected site displayed in the Existing Sites from Scope section (**Figure 47**).

Figure 47: Form 5B Showing Current Site in Scope



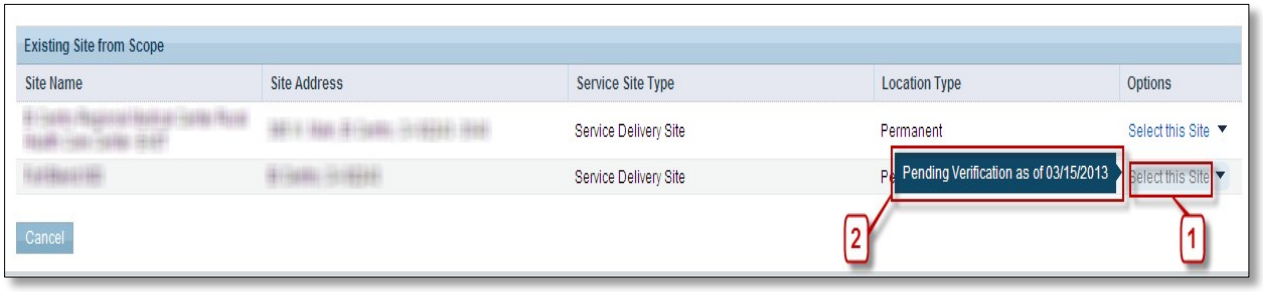
IMPORTANT NOTES:

The Select this Site link will be disabled (**Figure 48, 1**), and you will not be able to select sites if the site falls under any of the following categories

- If the site is already included in the current application.
- If the site has a 'Pending Verification' status in scope.

In these cases, hovering over the disabled Select Site Location link (**Figure 48**, **2**) will provide the reason why the site is disabled.

Figure 48: Disabled Sites in Scope



3. After completing **Form 5B**, click the Save and Continue button to save your work and proceed to the next form.

6.8 Form 5C - Other Activities/Locations

Form C – Other Activities/Locations identifies other activities or locations associated with your organization.

6.8.1 Form 5C in a New or a Competing Supplement Application

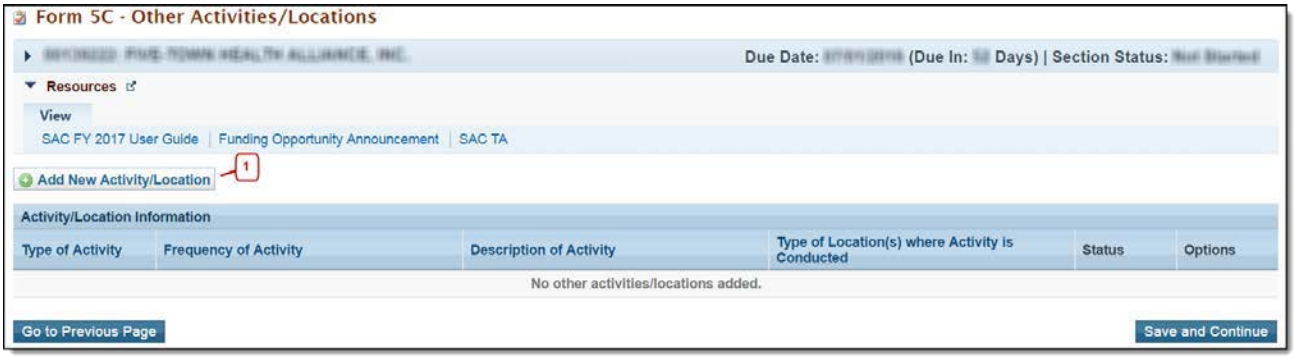
If your organization is submitting either a new or a competing supplement application, you may propose activities and locations in this form.

IMPORTANT NOTE: This is an optional form. If you do not want to propose any activities or locations in your application, you can click the Save and Continue button provided at the bottom of the form to complete it.

To add new activities or locations, follow these steps:

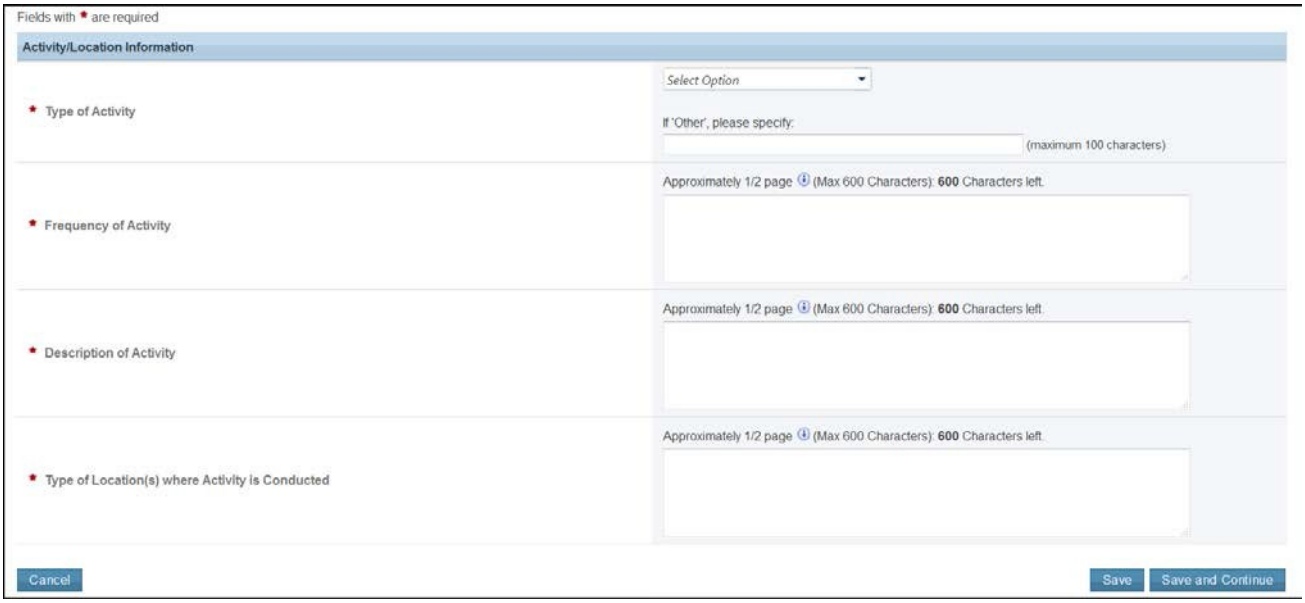
1. Click the Add New Activity/Location button provided at the top of the form (**Figure 49**, **1**).

Figure 49: Form 5C (New or Competing Supplement Applications)



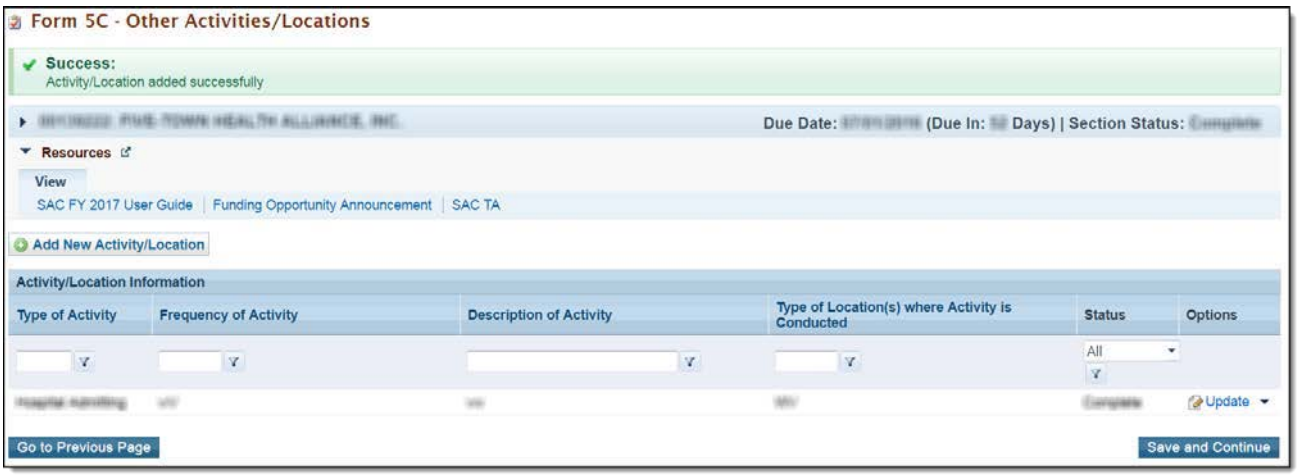
- The system navigates to the **Activity/Location - Add** page (**Figure 50**).

Figure 50: Activity/Location – Add page



2. Provide information in all the fields on this page and click the Save and Continue button.
   - The system navigates to the **Form 5C** list page displaying the newly added activity on the form (**Figure 51**).

Figure 51: Activity/Location Information Added

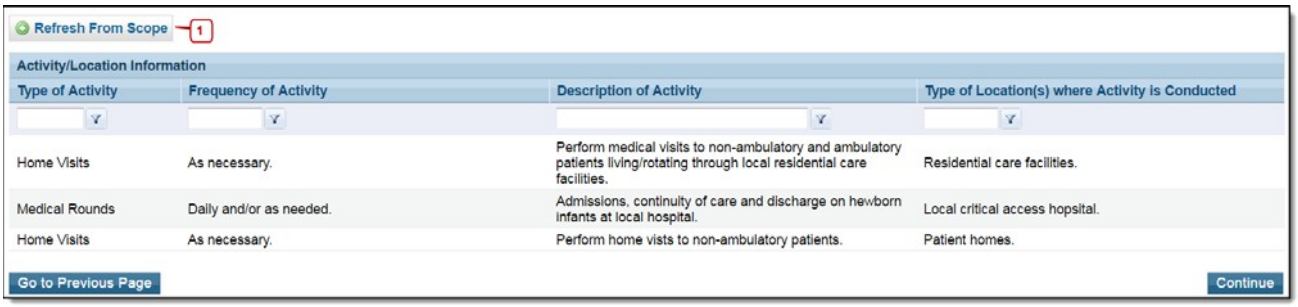


Once the activity is added, it can be updated or deleted as needed.

6.8.2 Form 5C in a Competing Continuation Application

If your organization is submitting a competing continuation application, Form 5C is pre-populated with the activities/locations Information in the current Health Center Program scope that HRSA has on file for your organization and is not editable. You will be required to visit this form at least once in order to change the status of the form to Complete.

Figure 52: Form 5C (Competing Continuation Applications)



If the pre-populated data on **Form 5C** does not reflect any recent approved scope changes, click the Refresh from Scope button to refresh the data and display the approved changes (**Figure 52**, **1**).

After completing **Form 5C**, click the Save and Continue button to save your work and proceed to the next form.

6.9 Form 6A – Current Board Member Characteristics

Form 6A: Current Board Member Characteristics provides information about your organization's current board members.

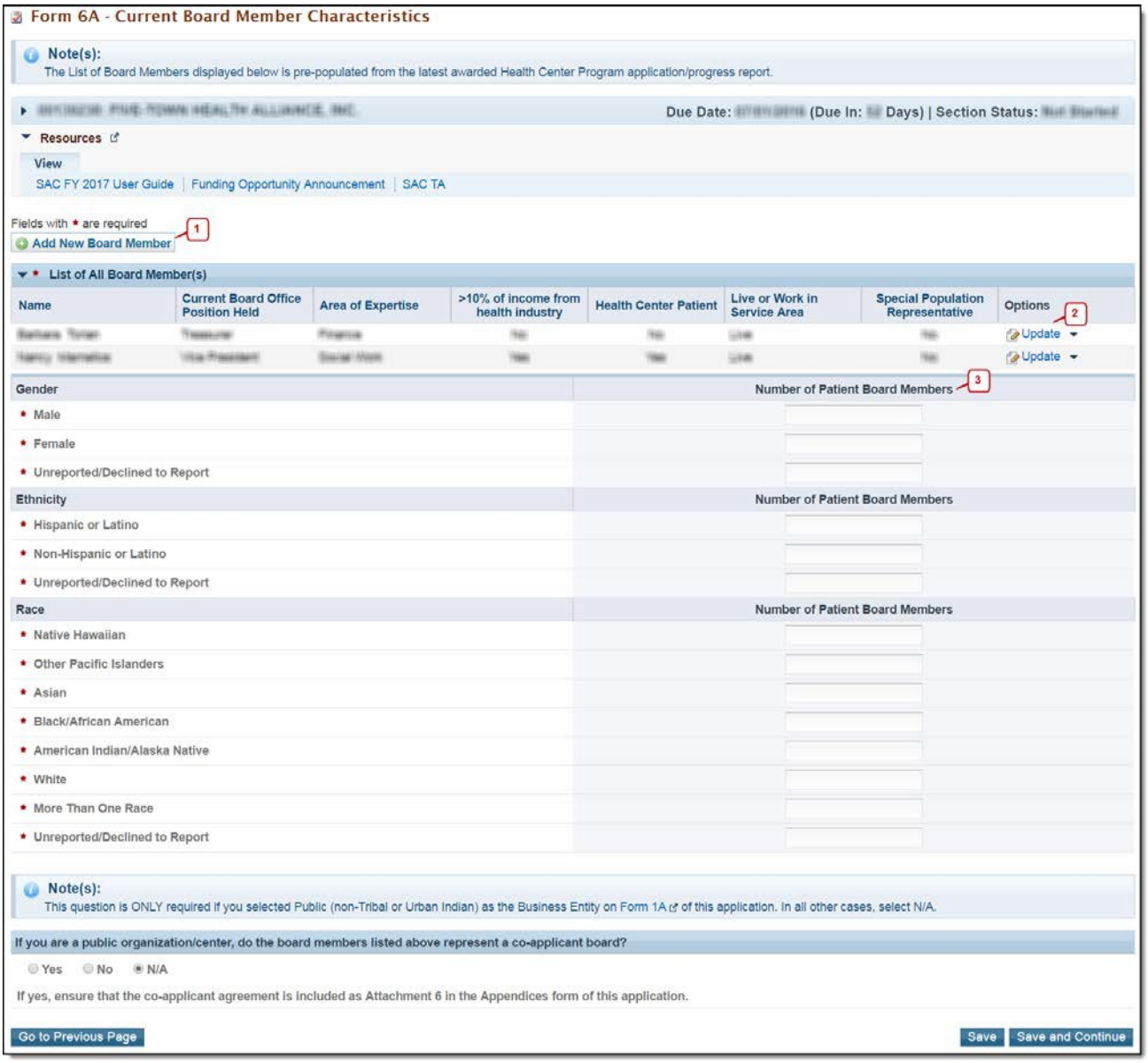
IMPORTANT NOTES:

- This form is optional if you selected 'Tribal Indian' or 'Urban Indian' as the **Business Entity** in **Form 1A: General Information Worksheet**. You can click the Save or the Save and Continue button at the bottom of the page to proceed to the next form.
- If you chose a **Business Entity** other than 'Tribal Indian' or 'Urban Indian,' you must enter all required information on **Form 6A.**
- The minimum number of board members to be entered on **Form 6A** is **9** and the maximum number is **25**.
- If **Form 6A** is optional for you, but you choose to enter information, then you must enter all required information.

New applicants are required to list all the current board members and provide the requested details.

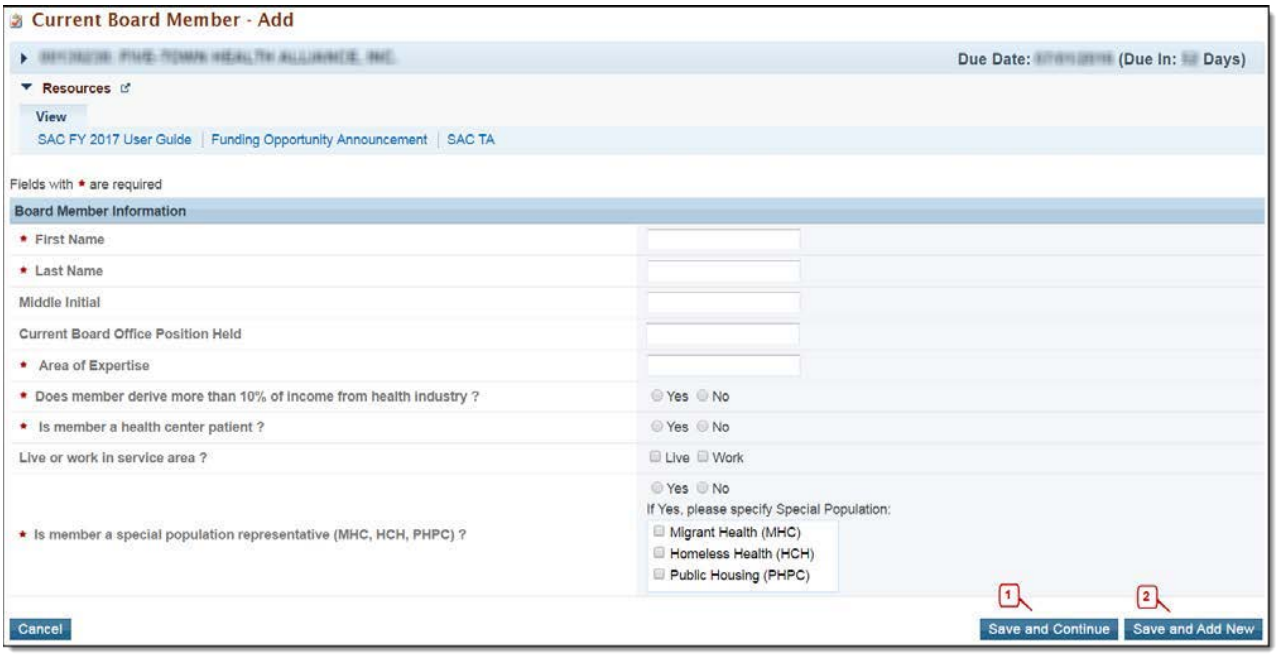
For competing continuation or competing supplement applicants, the system will pre-populate the board member information from the last awarded Health Center Program application with Form 6A information. Applicants will have the option to update or delete pre-populated information and add new board members, as applicable.

Figure 53: Form 6A Current Board Member Characteristics



1. To add information for a new board member, click the Add Board Member button. (**Figure 53**, **1**)
   - ➢ The system navigates to the **Current Board Member - Add** page (**Figure 54**).
2. Provide the required board member information on this page. Click the Save and Continue button to save the information and navigate back to the **Form 6A** list page (**Figure 54, 1**), or the Save and Add New button to save the information and add a new board member record (**Figure 54, 2**).

Figure 54: Current Board Member – Add Page



3. To update or to delete information for any board member, click the **Update** or **Delete** link under the options column in the **List of All Board Members** section (**Figure 53**, **2**). You must provide a minimum of 9 and maximum of 25 board members.
4. Enter the gender, ethnicity, and race of board members who are patients of the health center in the **Patient Board Member Classification** sections (**Figure 53**, **3**).

IMPORTANT NOTES:

- The totals of each **Patient Board Member Classification** section should be equal.
- The total number of patient board members under each classification section should be less than or equal to the total number of board members listed in the **List of All Board Members** section.

5. If you selected Public (non-Tribal or Urban Indian) as the business entity in Form 1A of this application, then select 'Yes' or 'No' for the public organization/center related question. If you selected a different business entity in Form 1A, then select 'N/A' for this question. If you answer 'Yes' to this question, ensure that the Co-applicant Agreement is included as **Attachment 6** in the Appendices form of this application.
6. After providing complete information on **Form 6A**, click the Save and Continue button to save the information and proceed to the next form.

6.10 Form 6B - Request for Waiver of Board Member Requirements

Form 6B provides information about waiver requests. Note that HRSA will not grant a waiver request if your organization currently receives or is applying for Community Health Center (CHC) funding.

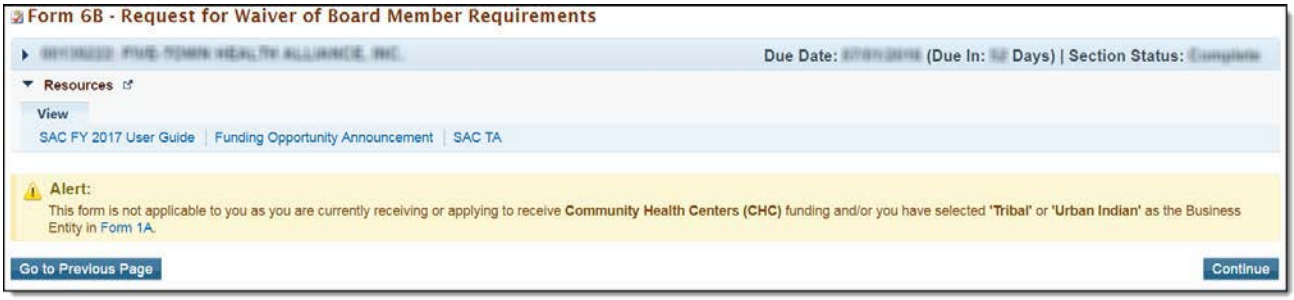
6.10.1 Completing Form 6B When It is Not Applicable

Form 6B will not be applicable and you will only see the message depicted in (**Figure 55**) if any of these reasons is true:

- You selected 'Tribal' or 'Urban Indian' as the Business Entity in Form 1A.
- You are currently receiving Community Health Centers (CHC) funding, or you selected CHC as one of the sub programs in the Budget Information: Section A - Budget Summary form of this application.

You can proceed to the next form by clicking on the Continue button provided at the bottom of the form to change the status to complete it.

Figure 55: Form 6B – Not Applicable

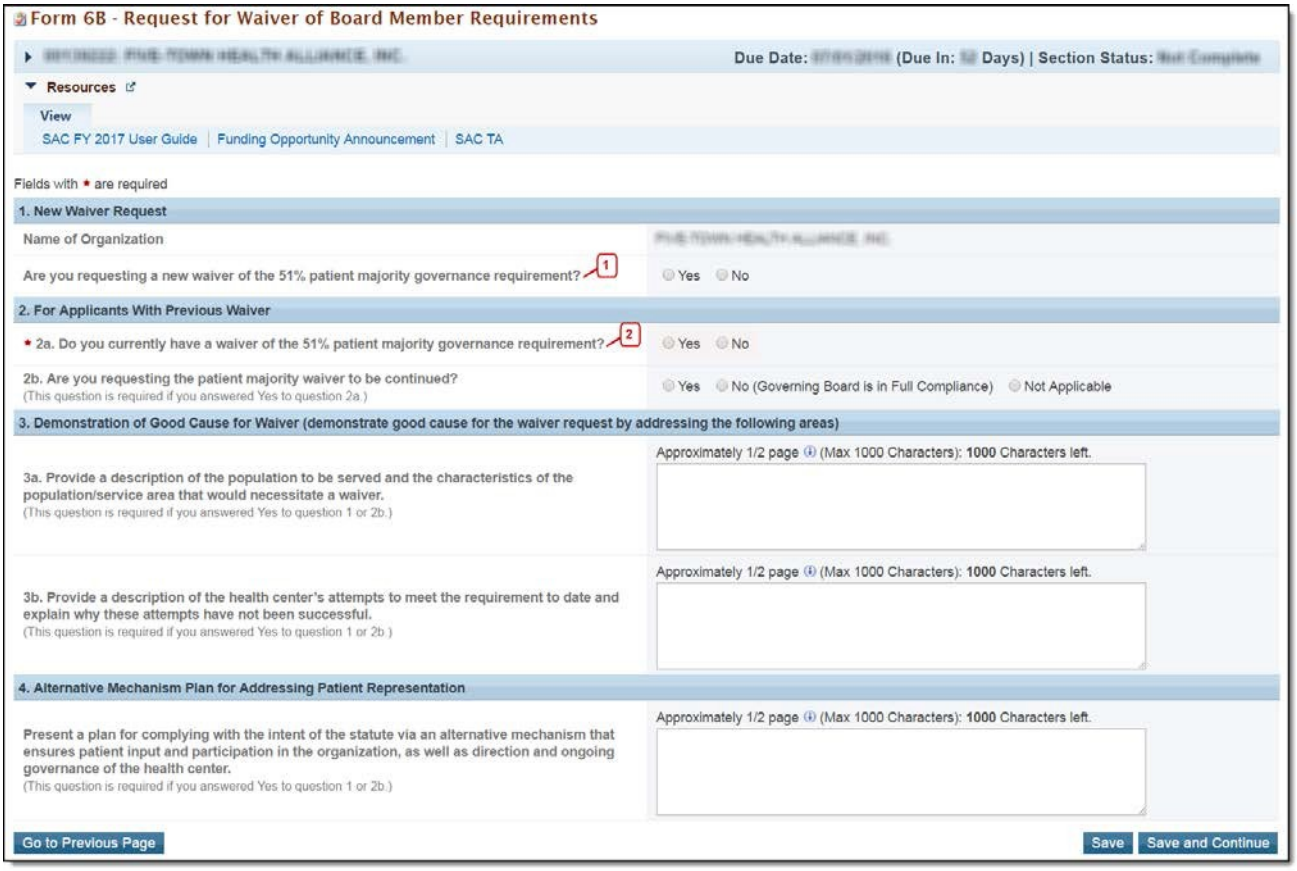


6.10.2 Completing Form 6B When It Is Applicable

To complete **Form 6B** when it is applicable and required, follow the steps provided below:

1. Indicate whether you are requesting a new waiver of the 51% patient majority governance requirement under the **New Waiver Request** section (**Figure 56**, **1**) or if you currently have a waiver in the for **Applicants With Previous Waiver** section (**Figure 56**, **2**).

Figure 56: Form 6B – Applicable



2. Answer the remaining questions on the form, as applicable.

IMPORTANT NOTES:

- Select 'Yes' or 'No' for question 2b if you answered 'Yes' to question 2a. Select 'N/A' for this question if you answered 'No' to question 2a.
- Questions 3a, 3b and 4 are required if you answered 'Yes' to question 1 and/or question 2b.

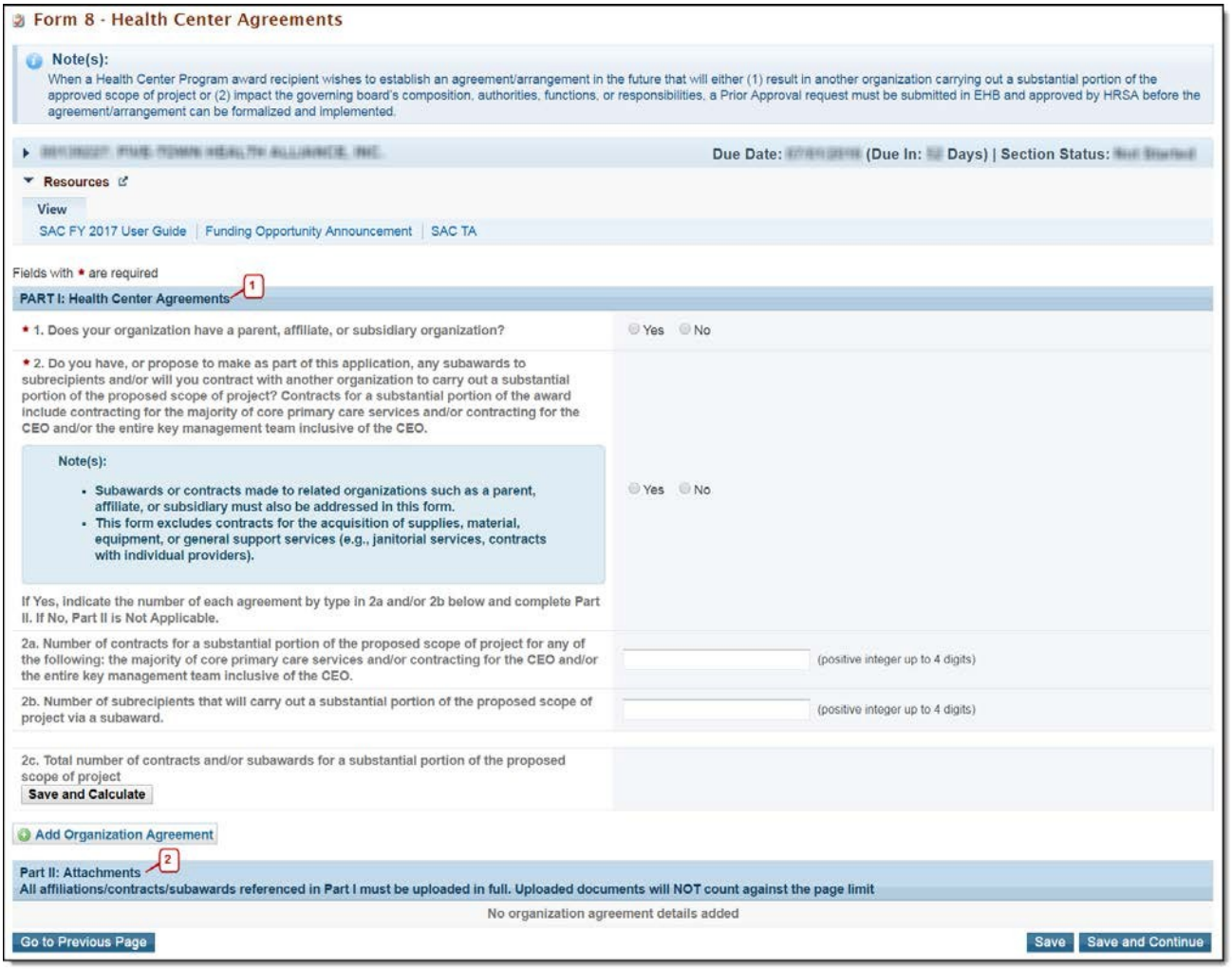
After completing **Form 6B**, click the Save and Continue button to save your work and proceed to the next form.

6.11 Form 8 - Health Center Agreements

Form 8 indicates any agreements with 1) a parent, affiliate, or subsidiary organization; and/or 2) any current or proposed agreements that will constitute a substantial portion of the proposed scope of project, including a proposed site to be operated by a subrecipient and/or contractor, as identified in Form 5B: Service Sites. This form comprises of the following sections:

- Part I (**Figure 57**, **1**)
- Part II (**Figure 57**, **2**)

Figure 57: Form 8 – Health Center Agreements

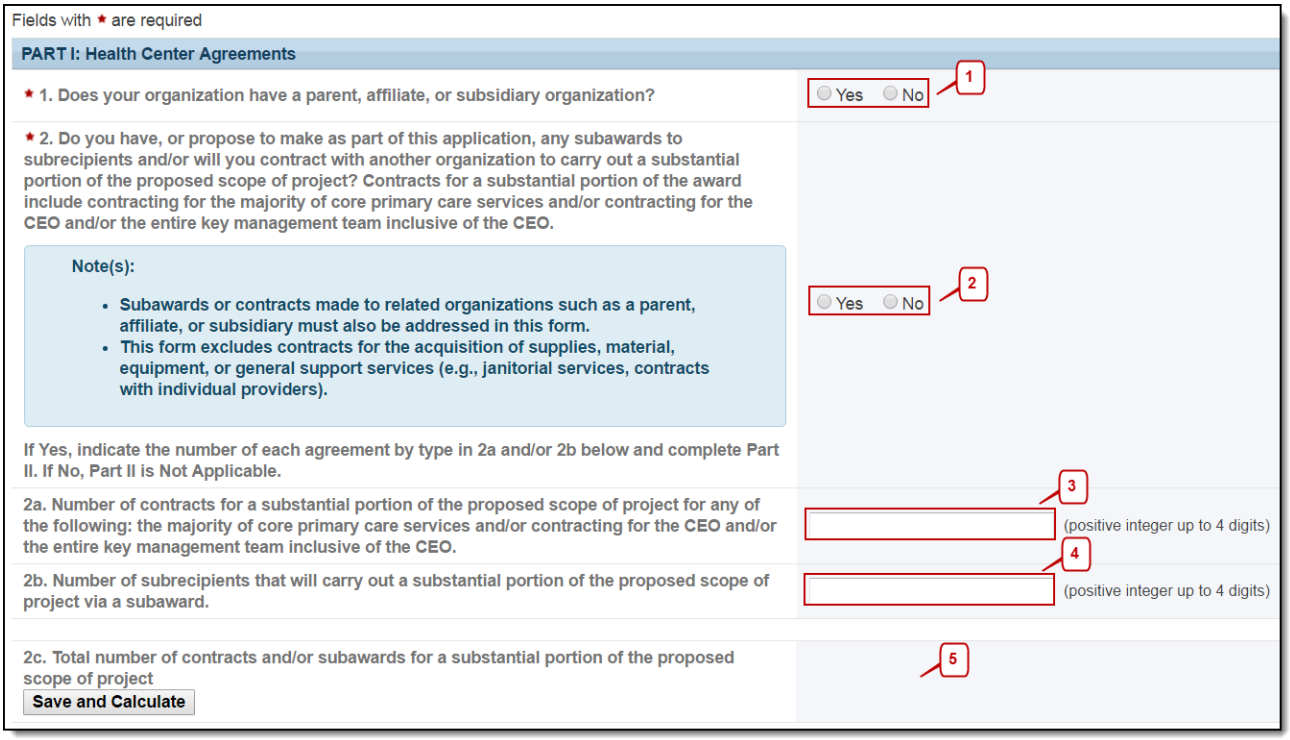


6.11.1 Completing Part I of Form 8

To complete Part I of **Form 8**, follow the steps below:

1. In Part I, question 1 (**Figure 58**, **1**), inform HRSA if organization has a parent, affiliate, or subsidiary organization.

Figure 58: Form 8, Part I



2. Select '**Yes'** in question 2 (**Figure 58**, **2**), if any current or proposed agreements exist with another organization to carry out a substantial portion of your organization's approved scope of project. If 'Yes' is selected, complete 2a – 2c.

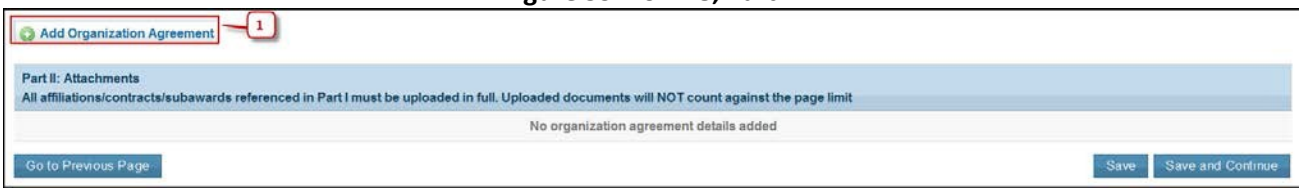
IMPORTANT NOTES: If any of the sites proposed in Form 5B: Service Sites are being operated by a Subrecipient and/or Contractor, the system will auto select 'Yes' for question 2 and make it non-editable.

6.11.2 Completing Part II of Form 8 – Adding Organization Agreement Details

If you answer 'Yes' to questions 1 and/or 2 in Part II, provide each agreement with external organizations as noted in Part I. If 'No' is selected in question 1 and/or 2, Part II is Not Applicable. The agreements will be organized by each organization. To add agreements, follow the steps below:

1. Click the Add Organization Agreement button located above Part II (**Figure 59**, **1**).

Figure 59: Form 8, Part II



➢ The system navigates to the **Organization Agreement - Add** page (**Figure 60**).

Figure 60: Organization Agreement – Add Page

2. Provide the required information for the agreement in the Organization Agreement Detail section on this page (**Figure 60**, **1**).
3. Upload at least one document related to the agreement in the Attachments section at the bottom of this page by clicking the Attach File button (**Figure 60**, **2**).

IMPORTANT NOTES:

- Before uploading a document for this affiliation, rename the file to include the affiliated organization's name e.g., 'CincinnatiHospital_MOA.doc'.
- Part II will accept a maximum of five document uploads for 10 organizations. Additional documentation that exceeds this limit should be included in Attachment 14: Other Relevant Documents.
- Attachments to Form 8 will not count toward the application page limit of 160 pages.

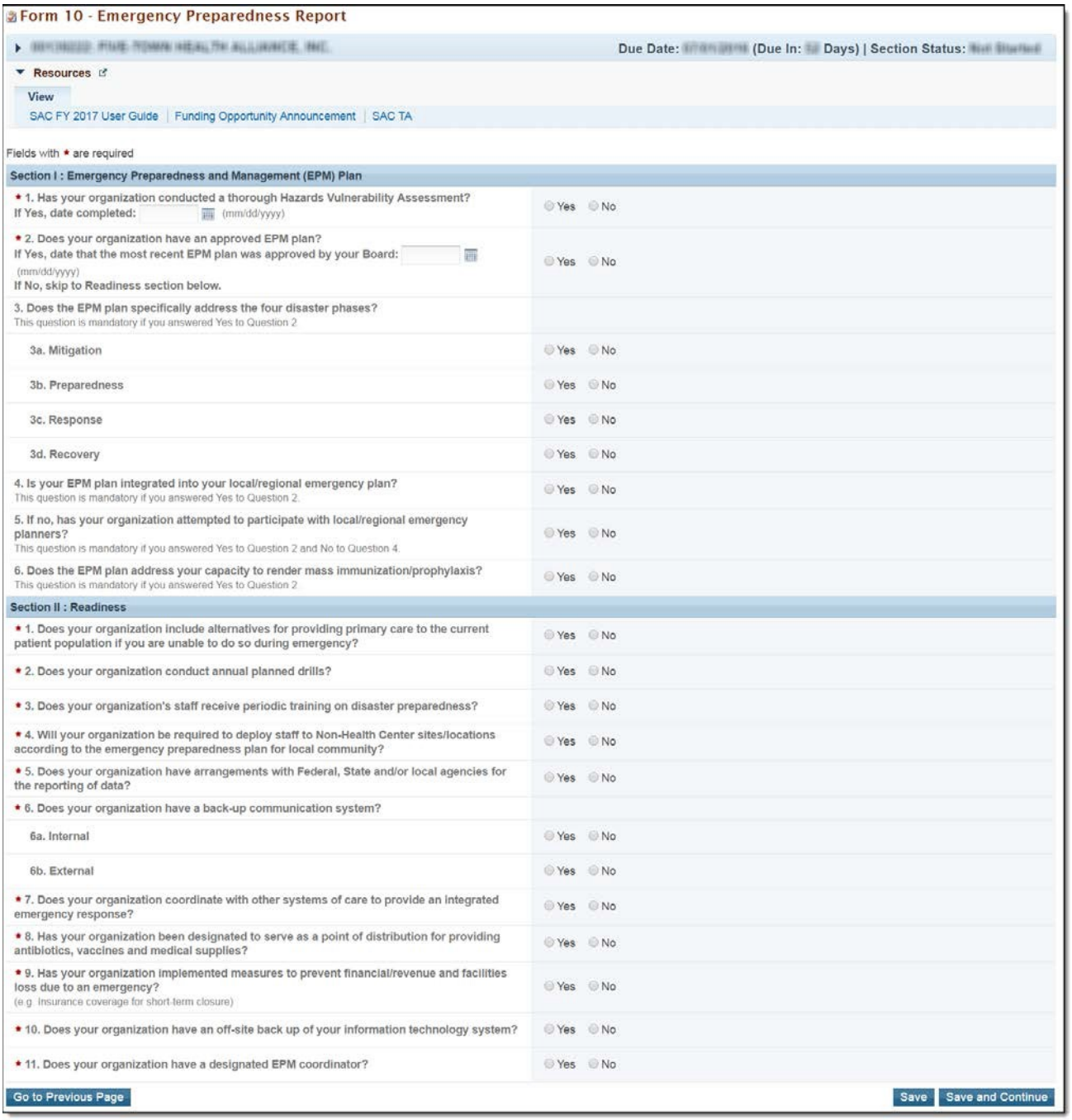
4. Click the Save and Continue button to return to the **Form 8: Health Center Agreements** list page**.** Following the steps described above, add as many organizations and corresponding agreements up to the noted maximum as referenced in Part I.
5. After completing **Form 8**, click the Save and Continue button to save your work and proceed to the next form.

6.12 Form 10: Emergency Preparedness Report

The Emergency Preparedness Report assesses your organization's overall emergency readiness.

1. Complete the sections of this form by selecting a 'Yes' or 'No' response (**Figure 61**).
2. After providing complete information on **Form 10**, click the Save and Continue to save the information and proceed to the next form.

Figure 61: Form 10 – Emergency Preparedness Report



Form 10 - Emergency Preparedness Report

[redacted] Due Date: [redacted] (Due In: [redacted] Days) | Section Status: [redacted]

Resources

View

SAC FY 2017 User Guide | Funding Opportunity Announcement | SAC TA

Fields with * are required

Section I : Emergency Preparedness and Management (EPM) Plan

* 1. Has your organization conducted a thorough Hazards Vulnerability Assessment? If Yes, date completed: (mm/dd/yyyy)	Yes No
* 2. Does your organization have an approved EPM plan? If Yes, date that the most recent EPM plan was approved by your Board: (mm/dd/yyyy) If No, skip to Readiness section below.	Yes No
3. Does the EPM plan specifically address the four disaster phases? This question is mandatory if you answered Yes to Question 2	
3a. Mitigation	Yes No
3b. Preparedness	Yes No
3c. Response	Yes No
3d. Recovery	Yes No
4. Is your EPM plan integrated into your local/regional emergency plan? This question is mandatory if you answered Yes to Question 2.	Yes No
5. If no, has your organization attempted to participate with local/regional emergency planners? This question is mandatory if you answered Yes to Question 2 and No to Question 4.	Yes No
6. Does the EPM plan address your capacity to render mass immunization/prophylaxis? This question is mandatory if you answered Yes to Question 2.	Yes No

Section II : Readiness

* 1. Does your organization include alternatives for providing primary care to the current patient population if you are unable to do so during emergency?	Yes No
* 2. Does your organization conduct annual planned drills?	Yes No
* 3. Does your organization's staff receive periodic training on disaster preparedness?	Yes No
* 4. Will your organization be required to deploy staff to Non-Health Center sites/locations according to the emergency preparedness plan for local community?	Yes No
* 5. Does your organization have arrangements with Federal, State and/or local agencies for the reporting of data?	Yes No
* 6. Does your organization have a back-up communication system?	
6a. Internal	Yes No
6b. External	Yes No
* 7. Does your organization coordinate with other systems of care to provide an integrated emergency response?	Yes No
* 8. Has your organization been designated to serve as a point of distribution for providing antibiotics, vaccines and medical supplies?	Yes No
* 9. Has your organization implemented measures to prevent financial/revenue and facilities loss due to an emergency? (e.g. Insurance coverage for short-term closure)	Yes No
* 10. Does your organization have an off-site back up of your information technology system?	Yes No
* 11. Does your organization have a designated EPM coordinator?	Yes No

Go to Previous Page | Save | Save and Continue

6.13 Form 12 - Organization Contacts

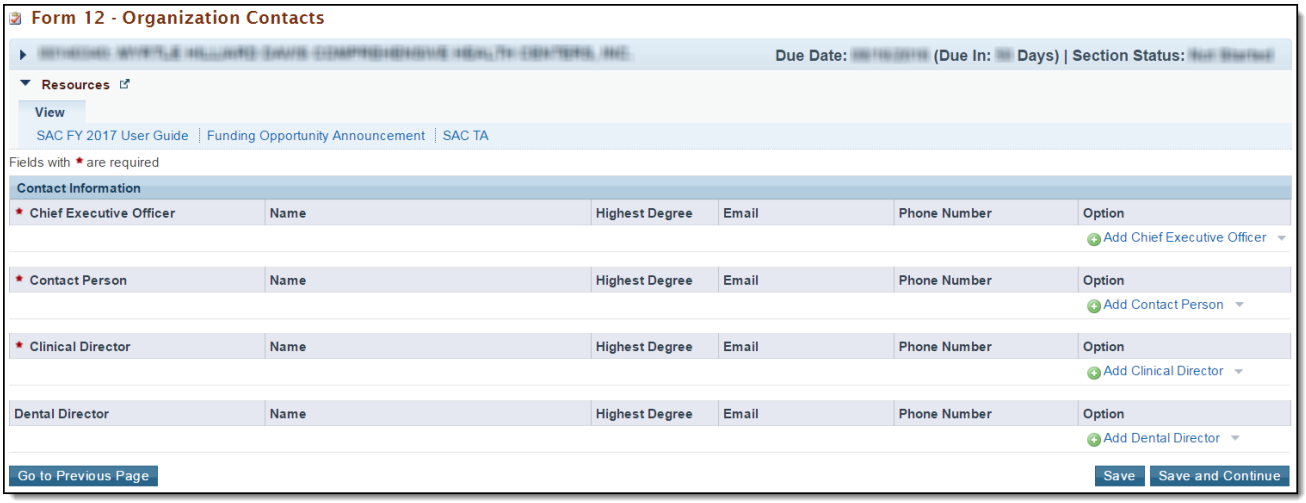
Use **Form 12: Organization Contacts** to provide contact information for the proposed project.

New applicants must provide the requested contact information.

For competing continuation or competing supplement applications, the system will pre-populate the board member information from the latest awarded H80 grant funding application with **Form 12** information.

Enter contact information for the Chief Executive Officer, Contact Person, Clinical Director, and Dental Director (optional) on this form (**Figure 62**)

Figure 62: Form 12 – Organization Contacts



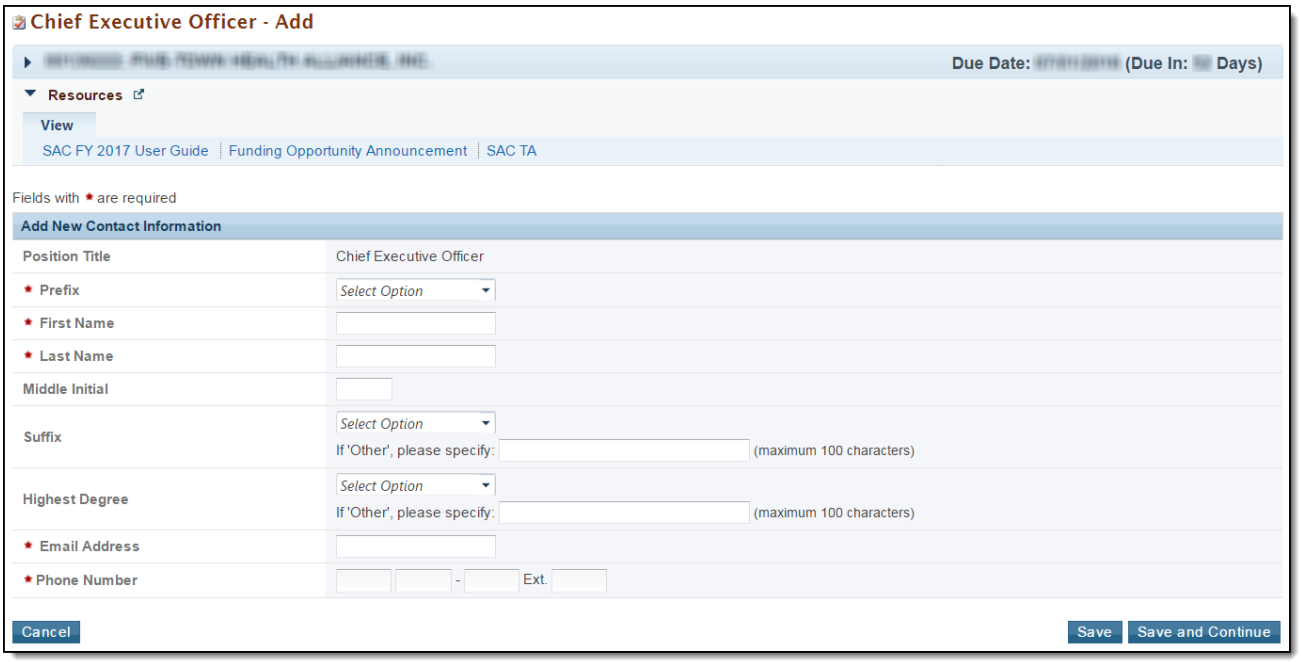
1. Click the **Add/Update** link to add or update the information for each type of contact. For example, click **Add Chief Executive Officer** link to add a Chief Executive Officer.
   - ➢ The system directs you to the data entry page for the corresponding contact.
2. To delete the contact information already provided, click the **Delete** link under the options column.

IMPORTANT NOTES:

- The **Update** and the **Delete** link will be displayed only when you have added the contact information.
- The 'Prefix' (e.g., Dr., Ms.) is a required field for the Chief Executive Officer

3. Enter the required information on this page.

Figure 63: Chief Executive Officer – Add Page



4. Click Save to save the information and remain on the same page or click the Save and Continue button to save the information and proceed to the **Form 12 – Organizations Contact** page to add information for the next contact.

5. After providing complete information on **Form 12**, click the Save and Continue button to save the information and proceed to the next form.

6.14 Clinical Performance Measures

The **Clinical Performance Measures** form displays Required Measures and Additional Measures. The Required Measures are HRSA-defined measures; applicants are required to provide requested information for all required measures. **Additional Measures** are self-defined. These measures are optional.

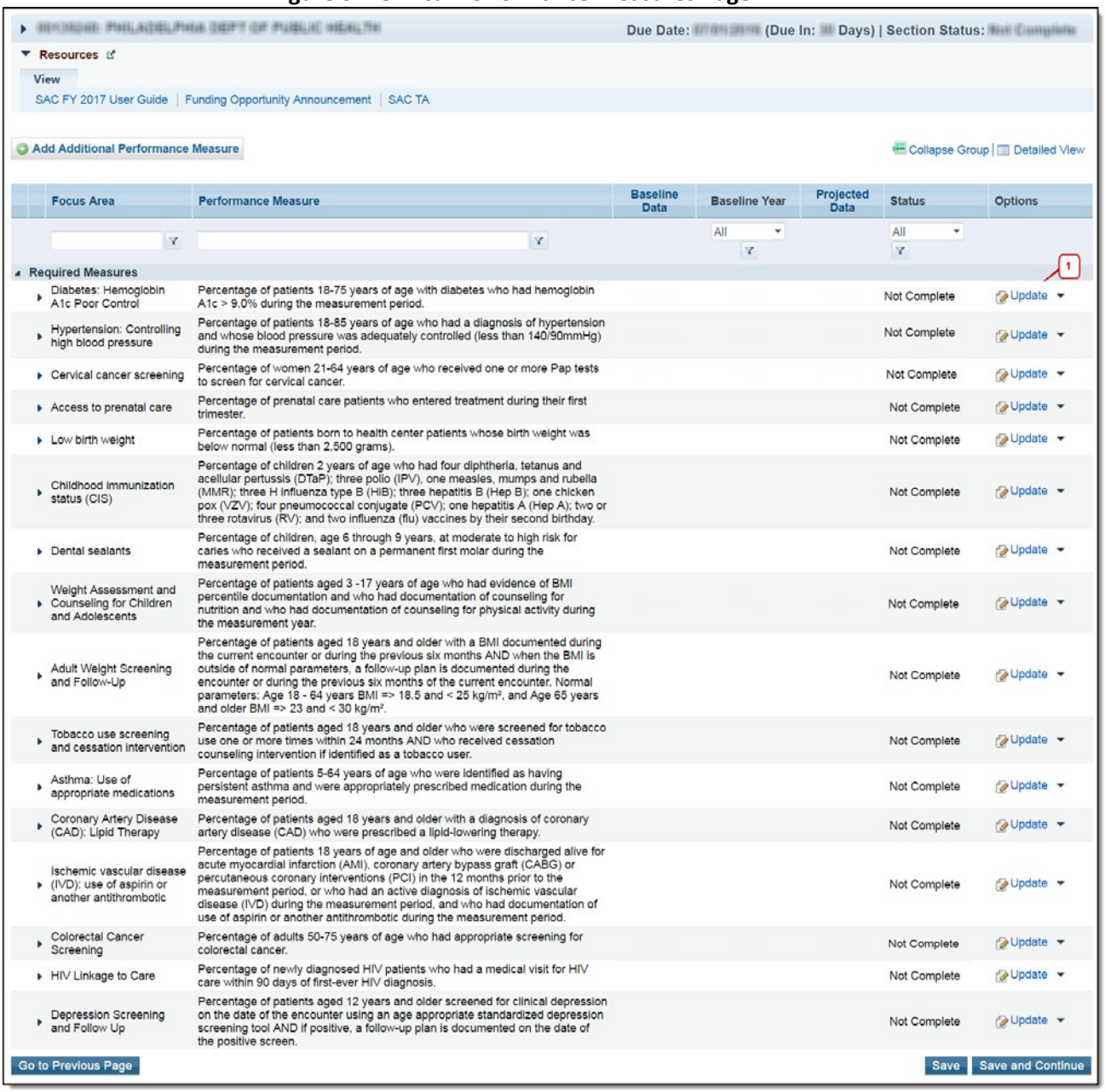
IMPORTANT NOTE:

- Refer to Appendix B in the SAC/SAC-AA Funding Opportunity Announcement for more information on completing the **Clinical Performance Measures** form.
- In the Required section, 10 out of 16 Clinical Performance Measures have been updated.
- If you are submitting a competing continuation application, the system will pre-populate baseline data for six of the Clinical Performance Measures from the 2015 Uniform Data System (UDS) report. Baseline data must be entered for the other 10.
- If you are submitting a new or competing supplement application, you must provide all information for all required performance measures listed in this form.

6.14.1 Completing the Required Clinical Performance Measures

1. Click the **Update** link to start working on a performance measure (**Figure 64**, **1**).
   - ➢ The system navigates to the **Clinical Performance Measures – Update** page (**Figure 65**).

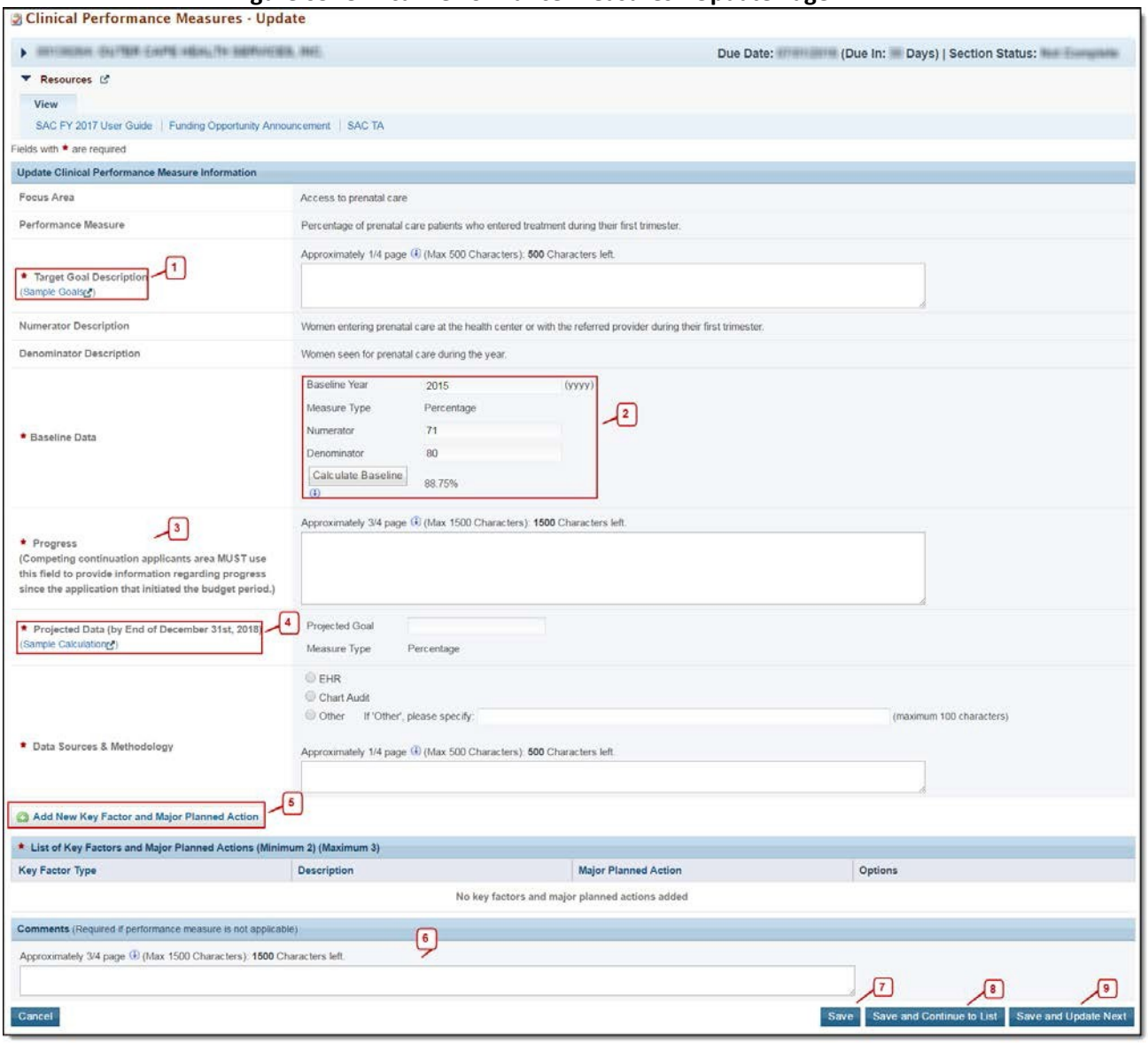
Figure 64: Clinical Performance Measures Page



IMPORTANT NOTES:

- All HRSA-defined Clinical Performance Measures are required.
- The **Clinical Performance Measures** form will become 'Complete' when the statuses of all required performance measures and additional performance measures are 'Complete'.

Figure 65: Clinical Performance Measures - Update Page



2. Provide the Target Goal Description requested. To view examples of a Target Goal Description, click the **Sample Goals** link (**Figure 65**, **1**).

3. Baseline Data comprises the following fields:

    - Baseline Year
    - Numerator
    - Denominator

    The Calculate Baseline button will calculate the baseline data based on the numerator and denominator values entered (**Figure 65**, **2**).

IMPORTANT NOTES:

- If you are completing a new or competing supplement application, you must enter data in all Baseline Data fields
- If you are completing a competing continuation application:
  - Baseline data will be pre-populated from the 2015 Uniform Data System (UDS) report for six of the required performance measures.
  - If you would like to report more current baseline data, the information should be included in the Comments field.
- Baseline Data must be provided for fields that are not pre-populated.

4. In the Projected Data field, enter the goal expected by December 31st 2018 (**Figure 65**, **4**). Click the **Sample Calculation** link to see an example.
5. Select an appropriate response in the Data Sources & Methodology field. If 'Other' is selected, specify a name and description.
6. Click the Add New Key Factor and Major Planned Action button to add Key Factors (**Figure 65**, **5**). Provide all required information.
   - The system navigates to the Key Factor and Major Planned Action – Add page (**Figure 66**).
   - Click the Save and Continue button (**Figure 66**, **1**) to save the information on this page and proceed to the **Clinical Performance Measures – Update** page, or click the Save and Add New button (**Figure 66**, **2**) to save the key factor information you provided and proceed to add a new key factor.

Figure 66: Key Factors and Major Planned Action - Add Page

IMPORTANT NOTE: Provide information for at-least one restricting and one contributing Key Factor type.

7. If you are submitting a competing continuation application, provide progress on the performance measure (**Figure 65**, **3**) since the application that initiated the current budget period (e.g., FY 2016 Budget Period Renewal (BPR)). State if progress cannot be reported due to the measure being updated.

   The Progress field is not applicable for new and competing supplement applications.

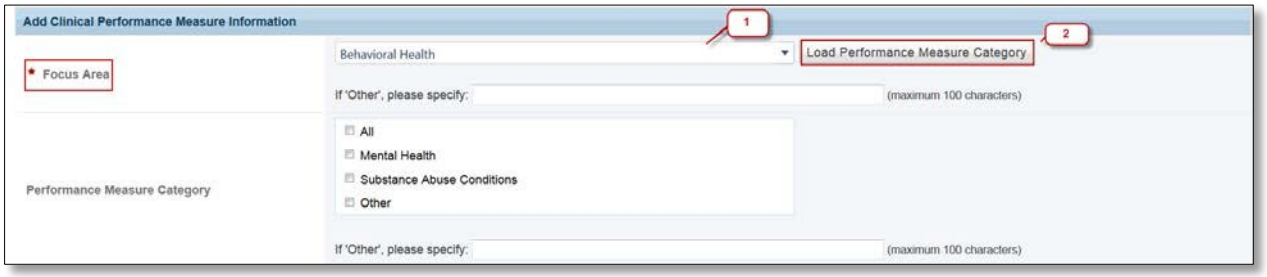
8. Provide comments in the Comment fields, if needed (**Figure 65**, **6**).
9. Click the Save button to save the information on this page (**Figure 65**, **7**). To proceed to the **Clinical Performance Measure – List** page, click the Save and Continue to List button (**Figure 65**, **8**) or click the Save and Update Next button to update the next performance measure (**Figure 65**, **9**).

6.14.2 Adding an Additional Performance Measure

To add an 'Additional' performance measure to your application,

1. Click the Add Additional Performance Measure button on the Clinical Performance Measures form list page.
   - The **Add Clinical Performance Measures** page opens.

Figure 67: **Add Clinical Performance Measures**



2. Select a focus area from the drop-down menu (**Figure 67**, **1**).
3. Provide the required information on this page. Refer to the steps in 6.14.1 Complete the Required Clinical Performance Measures above to complete this form.

   Click the Save button to save the information on this page. To proceed to the **Clinical Performance Measures** page, click the Save and Continue button. The newly added measure will be listed under the Additional Measures group on the **Clinical Performance Measures** page.

   Newly added 'Additional' performance measures or previously self-defined Additional' performance measures can be updated or deleted by using the **Update** and **Delete** links provided as options.

6.15 Financial Performance Measures

The **Financial Performance Measures** form displays Required Measures and Additional Measures. Required Measures are HRSA-defined performance measures; applicants are required to provide requested information for all measures listed under Required Measures.

Additional Measures are measures self-defined (these measures are optional).

Use this form to provide information about Financial Performance Measures.

IMPORTANT NOTES:

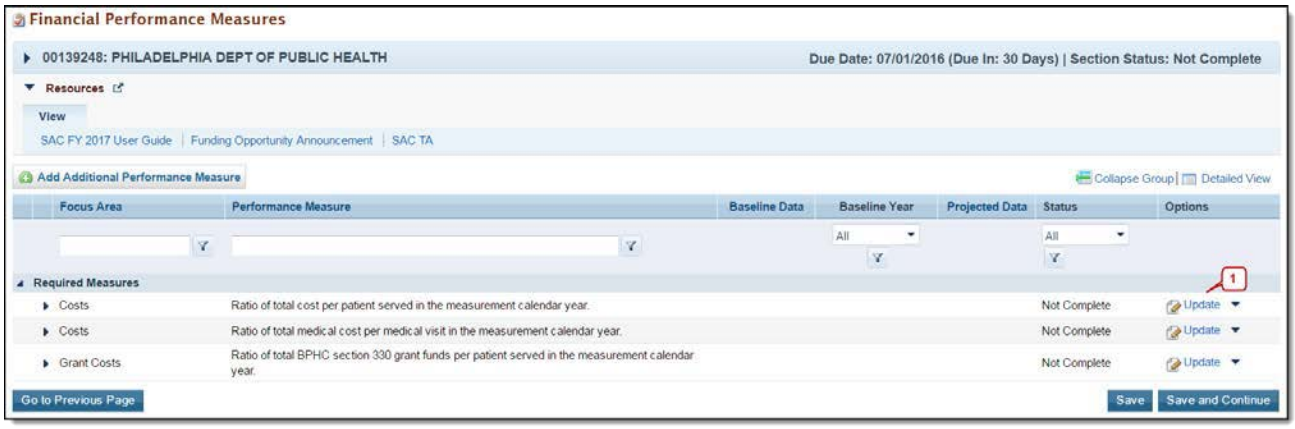
- Refer to Appendix B in the SAC/SAC-AA Funding Opportunity Announcement for more information on completing the **Financial Performance Measures** form.
- If you are submitting a competing continuation application, the system will pre-populate Baseline Data from the 2015 Uniform Data System (UDS) report.

6.15.1 Completing the Required Financial Performance Measures

1. Click the Update link to start working on a performance measure (**Figure 68**, **1**).

➢ The system navigates to the **Financial Performance Measures – Update** page (**Figure 69**).

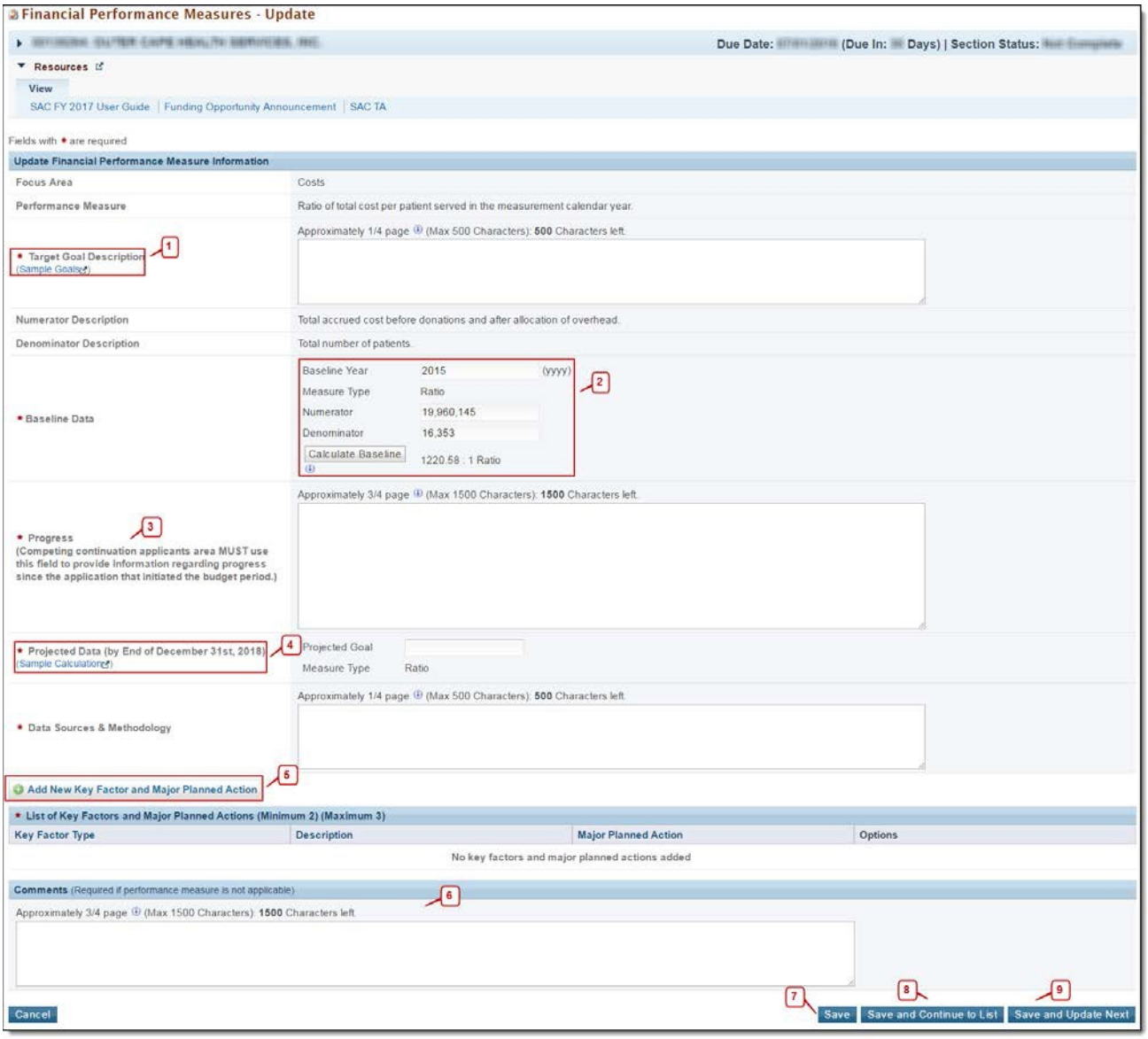
Figure 68: Financial Performance Measures – List Page



IMPORTANT NOTES:

- All required Financial Performance Measures will have a status of 'Not Complete'.
- The **Financial Performance Measures** form will become 'Complete' when the statuses of all required performance measures and additional performance measures are 'Complete'.

Figure 69: Financial Performance Measure - Update Page



2. Provide the Target Goal Description requested. For a sample goal description, click the Sample Goals link. To view an example of a Target Goal Description, click the **Sample Goal**s link. (**Figure 69**, **1**).
3. Baseline Data comprises the following fields:

    - Baseline Year
    - Numerator
    - Denominator

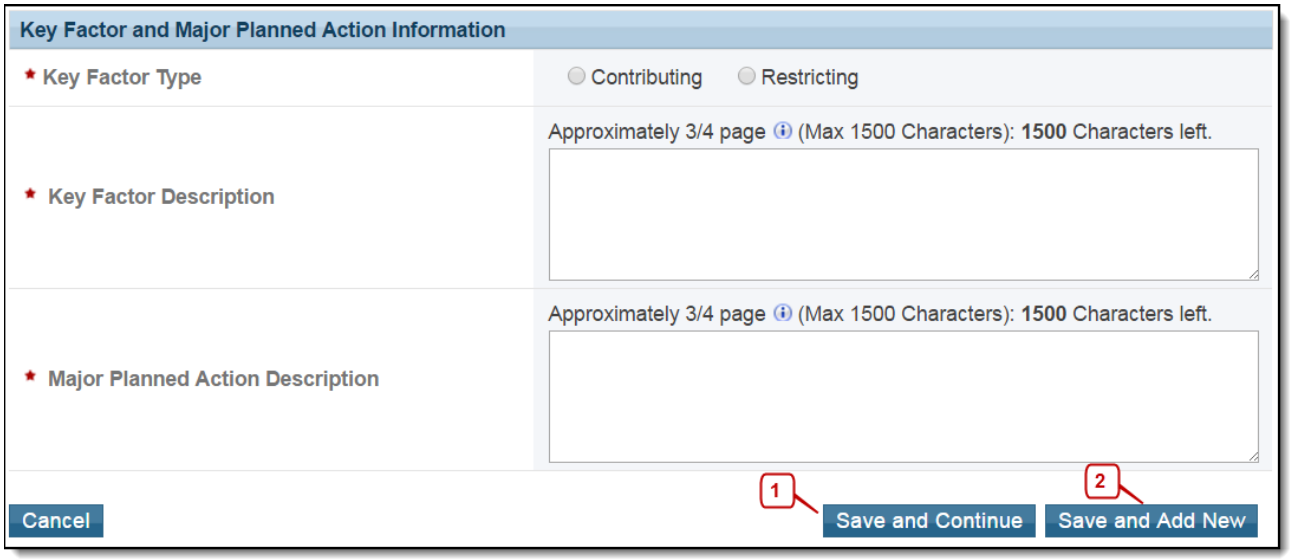
    The Calculate Baseline button will calculate the baseline data based on the numerator and denominator values entered (**Figure 69**, **2**).

IMPORTANT NOTE:

- If you are completing a new or competing supplement application, you must enter data in all Baseline Data fields.
- If you are completing a competing continuation application the Baseline data will be pre-populated from the 2015 Uniform Data System (UDS) report and if you would like to report more current baseline data, the information should be included in Comments field.

4. In the Projected Data field, enter the data expected by December 31st 2018 (**Figure 69**, **4**). Click the **Sample Calculation** link to see an example.
5. Select an appropriate response in the Data Sources & Methodology field. If 'Other' is selected, specify a name and description.
6. Click the Add New Key Factor and Major Planned Action button to add key factors (**Figure 69**, **5**). Provide all the required information.
   - The system navigates to the Key Factor and Major Planned Action – Add page (**Figure 70**).
   - Click the Save and Continue button (**Figure 70**, **1**) to save the information on this page and proceed to the **Financial Performance Measures – Update** page, or click the Save and Add New button (**Figure 70**, **2**) to save the key factor information you provided and proceed to add a new key factor.

Figure 70: Key Factors and Major Planned Action - Add Page



IMPORTANT NOTE: Provide information for at least one restricting and one contributing Key Factor type.

7. If you are submitting a competing continuation, provide progress on the performance measure (**Figure 69**, **2**) since the application that initiated the current budget period (e.g., FY 2016 Budget Period Renewal (BPR)). State if progress cannot be reported due to the measure being revised.

   The Progress field is not applicable for new and competing supplement applicants.
8. Provide comments in the Comment field, if needed (**Figure 69**, **6**).

9. Click the Save button to save the information on this page (**Figure 69**, **7**). To proceed to the **Financial Performance Measure – List** page, click the Save and Continue to List button (**Figure 69**, **8**) or click the Save and Update Next button (**Figure 69**, **9**) to update the next performance measure.

6.15.2 Adding an Additional Performance Measures

To add an 'Additional' performance measure to your application:

1. Click the Add Additional Performance Measure button on the Financial Performance Measure form list page,
   - The **Financial Performance Measures – Add** page will open.
2. Provide the required information on this page. Refer to the steps in 6.15.1 Complete the Required Financial Performance Measures above to complete this form.

   Click the Save button to save the information on this page. To proceed to the **Financial Performance Measure** page, click the Save and Continue button. The newly added measure will be listed under the Other Measures group on the **Financial Performance Measures** page.

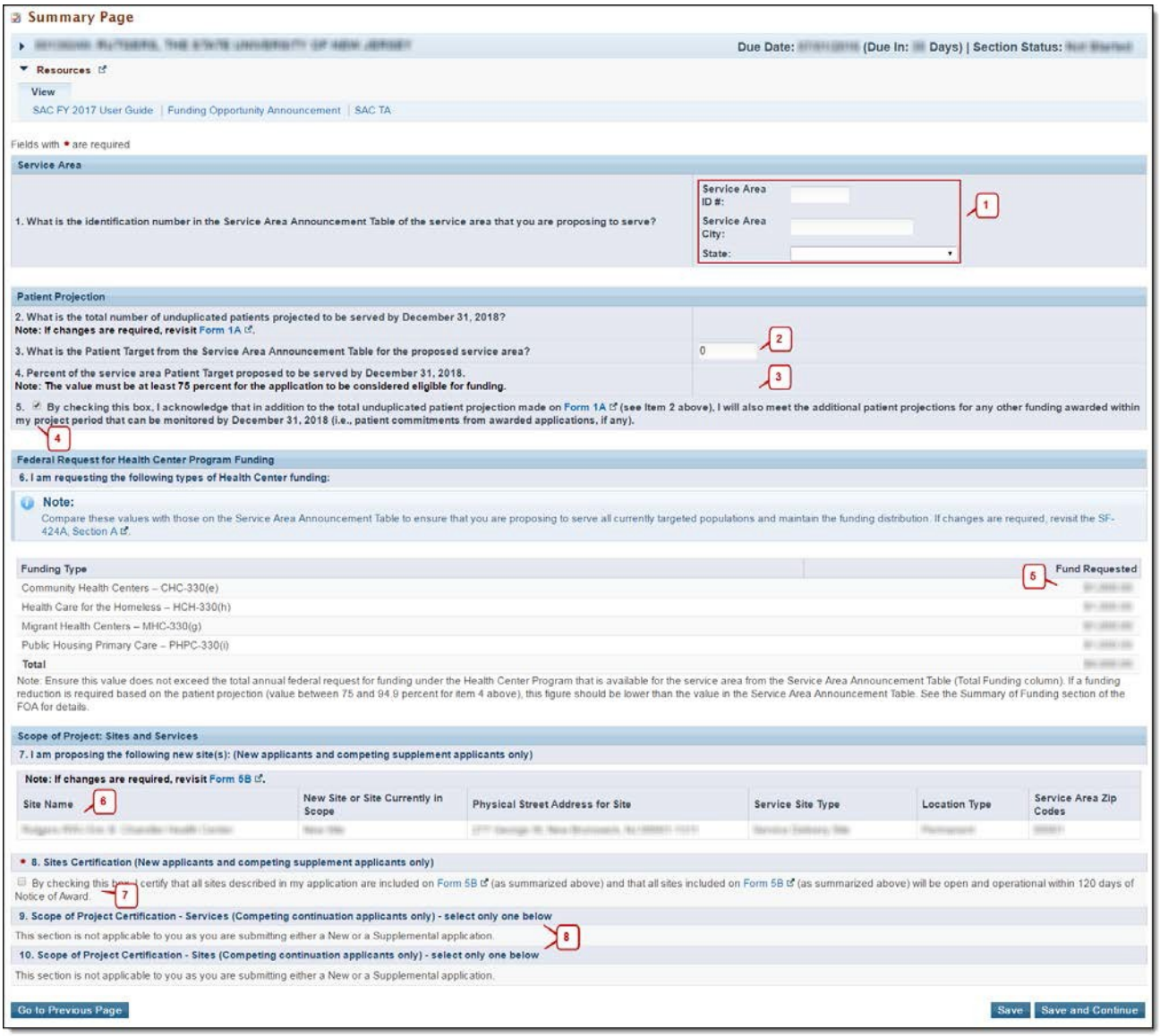
   Newly added 'Additional' performance measures or previously self-defined Additional' performance measures can be updated or deleted by using the **Update** and **Delete** links provided as options.

6.16 Summary Page

The Summary Page form provides a read-only view of BPHC identified fields from certain forms of the application. To complete the Summary Page, the following four sections must be completed:

- Service Area (**Figure 71**, **1**)
- Patient Projection (**Figure 71**, **2**)
- Federal Request for Health Center Program Funding (**Figure 71**, **5**)
- Scope of Project: Sites and Services (**Figure 71**, **6**, **7**, and **8)**

Figure 71: Summary Page



6.16.1 Completing the Summary Page

1. Enter the 'Service Area Id #', 'City', and 'State' of the service area that you are proposing to serve, as indicated in the SAAT, available at the SAC (http://bphc.hrsa.gov/programopportunities/fundingopportunities/SAC/index.html) or SAC-AA (http://bphc.hrsa.gov/programopportunities/fundingopportunities/sac-aa/index.html) Technical Assistance web sites or Appendix D , as applicable, (**Figure 71, 1**) to complete the Service Area section.
2. The total number of unduplicated patients projected to be served by December 31, 2018 in the Patient Projection section will be pre-populated from the Total row of the Unduplicated Patients and Visits By Population Type section of Form 1A: General Information Worksheet.
3. Enter the Patient Target for the proposed service area, as indicated in the SAAT, available at the SAC (http://bphc.hrsa.gov/programopportunities/fundingopportunities/SAC/index.html) or SAC-AA (http://bphc.hrsa.gov/programopportunities/fundingopportunities/sac-aa/index.html) Technical

Assistance web sites or Appendix D, as applicable, (**Figure 71, 2**). The percentage of patients to be served by December 31, 2018 will auto-calculate (**Figure 71, 3**). Certify that in addition to the total unduplicated patient projection made on Form 1A: General Information Worksheet, patient projections from other funding awarded within the project period that can be monitored by December 31, 2018 will also be met. (**Figure 71**, **4**).

4. The information in the Federal Request for Health Center Program Funding section is pre-populated from Section A: Budget Summary of the Budget Information: Section A-C page of this application, and is displayed in a read-only format (**Figure 71**, **5**). Compare the total Funding Request in this section with the Total Funding in the SAAT, available at the SAC (http://bphc.hrsa.gov/programopportunities/fundingopportunities/SAC/index.html) or SAC-AA (http://bphc.hrsa.gov/programopportunities/fundingopportunities/sac-aa/index.html) Technical Assistance web sites or Appendix D, as applicable, to ensure your eligibility. If you need to make changes to the values displayed in this section, revisit the Standard Section of this application and edit the Section A - Budget Summary.
5. If you are submitting a new or a competing supplement application, items 7 and 8 (**Figure 71**, **6** and **7**) of the Summary Page form are applicable to you:
    a. Item 7 displays a table of all site(s) included in Form 5B (**Figure 71**, **6**). If changes are required, revisit Form 5B.
    b. Certify in Item 8 that all sites described in your application (and displayed in item 7) are included on Form 5B and will all be open and operational within 120 days of receipt of the Notice of Award (**Figure 71**, **7**).

IMPORTANT NOTE: Items 7 and 8 are not applicable to you if you are submitting a competing continuation application.

6. If you are submitting a competing continuation application, items 9 and 10 of the Summary Page form are applicable to you:
    a. Certify in item 9, 'Scope of Project Certification – Services' that Form 5A: Services Provided of this application accurately reflects all services and service delivery methods included in your current approved scope of project or that required changes have been submitted through the change in scope process (**Figure 71**, **8**).
    b. Certify in item 10, 'Scope of Project Certification – Sites' that Form 5B: Service Sites of this application accurately reflects all sites included in your current approved scope of project, or that required changes have been submitted through the change in scope process (**Figure 71**, **8**).

IMPORTANT NOTES:

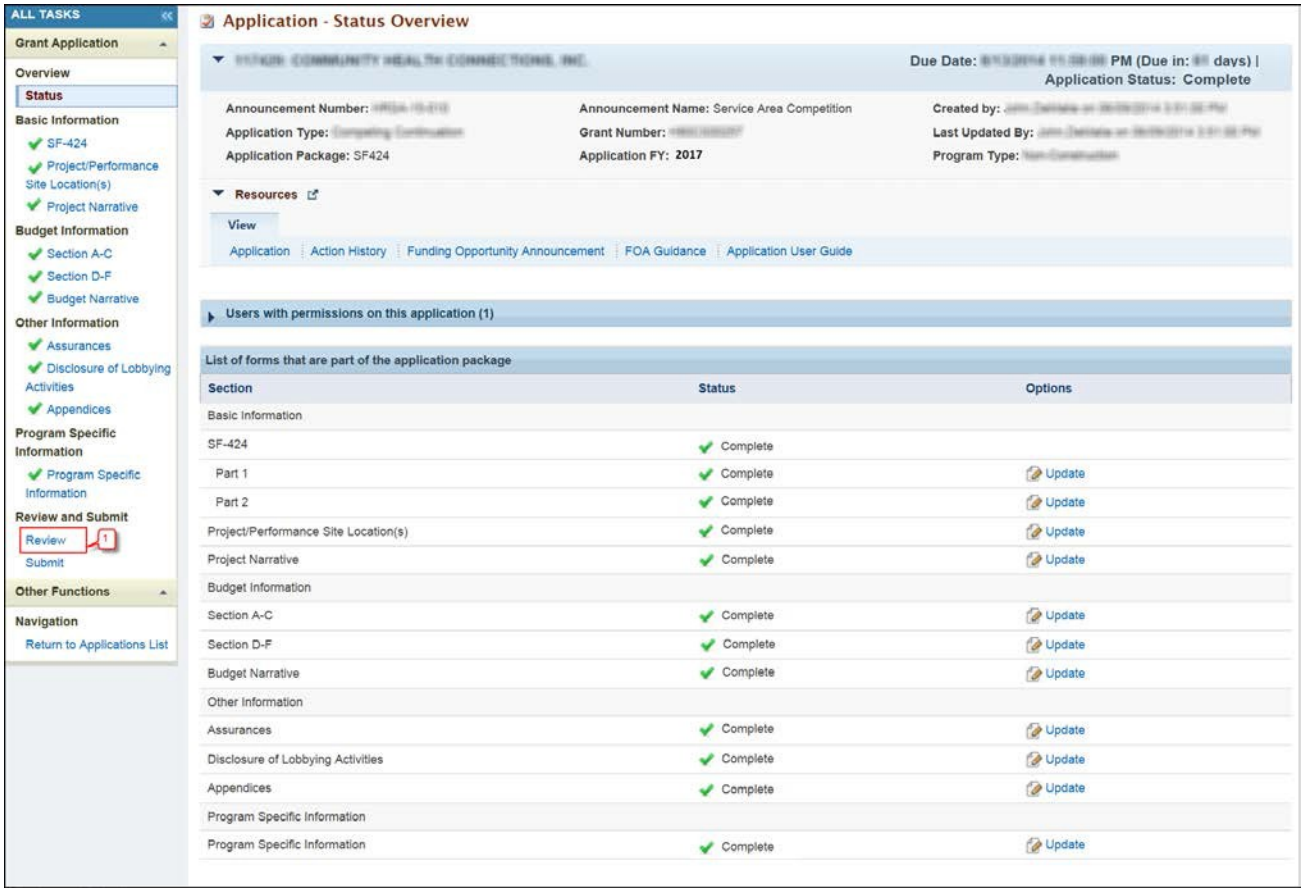
- Items 9 and 10 are not applicable to you if you are submitting a new or competing supplement application (**Figure 71**, **8**).
- If you revisit Form 1A, Form 5A or Form 5B and click the Refresh from Scope button AFTER the **Summary Page** form is already 'Complete,' the system will change the status of the **Summary Page** to 'Not Complete' and you will be required to revisit the **Summary Page** in order to mark it as 'Complete' once again.

7. Reviewing and Submitting the FY 2017 SAC/SAC-AA Application to HRSA

To review your application, follow the steps below:

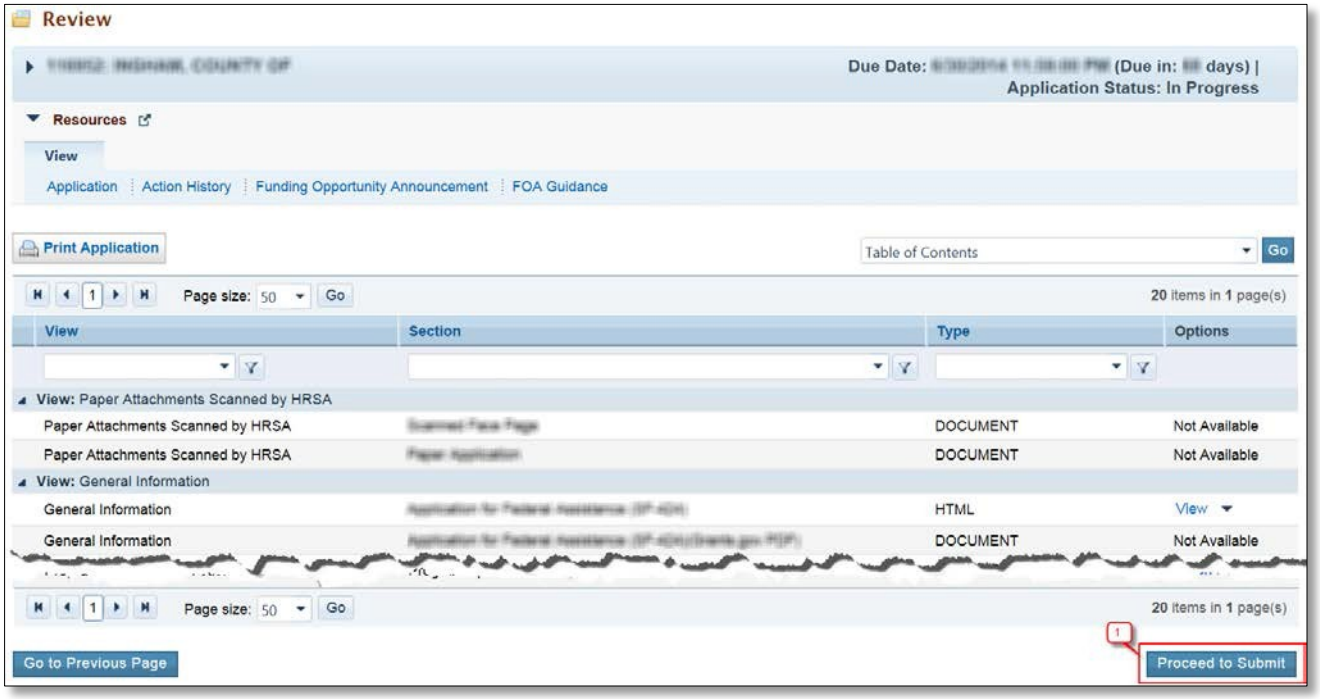
1. Navigate to the standard section of the application using the **Grant Application** link in the navigation links displayed at the top of the **Summary Page** form.
2. On the **Application** - **Status Overview** page, click the **Review** link in the Review and Submit section of the left menu (**Figure 72, 1**).

Figure 72: Review Link



   - The system navigates to the **Review** page.
3. Verify the information displayed on the **Review** page.
4. If you are ready to submit the application to HRSA, click the Proceed to Submit button at the bottom of the **Review** page (**Figure 73, 1**).

Figure 73: Review Page – Proceed to Submit



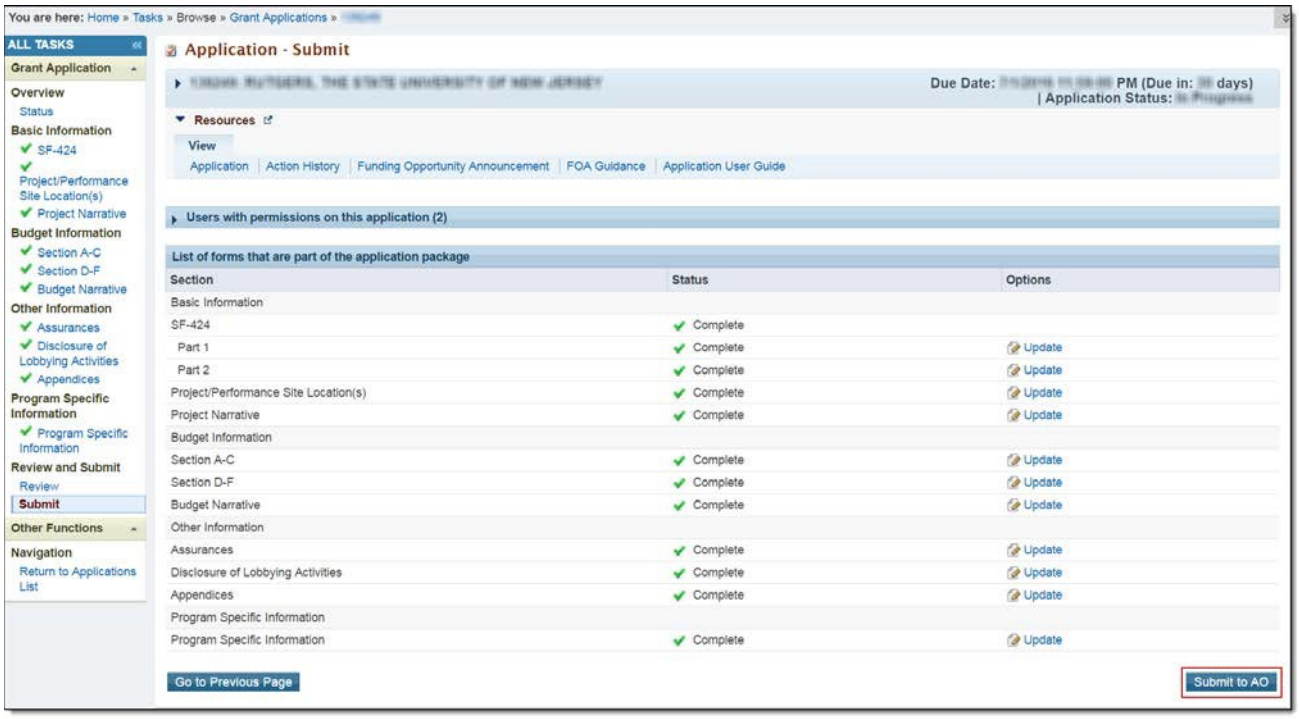
- The system navigates to the **Submit** page.

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

IMPORTANT NOTES:

- To submit an application, you must have the 'Submit' privilege. This privilege must be given by the Project Director (PD) to the Authorizing Official (AO) or designee.
- If you are not the AO, a Submit to AO button will be displayed at the bottom of the Submit page. Click the button to notify the AO that the application can be submitted to HRSA (**Figure 74**).

Figure 74: Submit to AO



6. Answer the questions displayed under the Certifications and Acceptance section of the confirmation page and click the Submit Application button to submit the application to HRSA.
7. If you experience any problems with submitting the application in EHB, contact the BPHC Helpline at 1-877-974-2742 (select option 3) or http://www.hrsa.gov/about/contact/bphc.aspx.