
HRSA EHB USER GUIDE

Noncompeting Continuation (NCC) Progress Report for BPHC

User Guide for Grant Applicants

Last updated on: 7/15/09



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Noncompeting Continuation (NCC) Progress Report for BPHC User Guide

1. Introduction

1.1. Document Purpose and Scope

The purpose of this document is to provide detailed instructions to help grantees complete the Program Specific Information sections of an NCC Progress Report for their grant within the HRSA Electronic Handbook (EHB).

This document does not attempt to cover the entire NCC Progress Report, as this is covered in the *NCC Progress Report User Guide* document

1.2. Document Organization and Version Control

This document contains 3 sections apart from the Introduction. Following is the summary:

| Section | Description |
|---|---|
| Completing Program Specific Information | Describes the steps necessary to complete the Program Specific Information sections of the Progress Report in the Electronic Handbooks. |
| Customer Support Information | Provides contact information to address technical and programmatic questions. |
| FAQs | Provides answers to frequently asked questions by various categories. |

Revision History

| Date | Reason for change(s) | Author(s) |
|------------|--|----------------|
| 05/27/2010 | Original document | REI - Ed Molin |
| 06/10/2010 | Removed generic material (i.e., SF-PPR and Budget Forms), and re-structured it to change scope of manual to only discuss BPHC Program Specific Information. | REI - Ed Molin |
| 07/15/2010 | Combined this document with generic NCC Progress Report User Guide (for H80 Grants). Included Log in, Standard Forms, and other sections of the NCC Progress Report User Guide (for H80 Grants) that were previously not contained in this document. | REI - Ed Molin |

2. Before You Access a Progress Report

In order to initiate your Progress Report, you will have to access the HRSA Electronic Handbooks (EHBs). To do this, you must register within the EHBs. The purpose of the registration process is to collect consistent information from all users, avoid collection of redundant information, and allow for the unique identification of each system user. Note that **registration within HRSA EHBs is required only once for each user regardless of the organizations they represent.**

If you already have a user account, you do not need to create another account. **Do not create duplicate user accounts.** If you are a new grantee organization user, you need to complete the following two steps to get appropriate access:

1. Individual users from an organization who participate in the grants process must create individual accounts in the system. To get registration guidance, go to <https://grants.hrsa.gov/webexternal/home.asp> and click **Registration** in the left side menu.
2. The user must then associate their account with the specific grantee organization. While searching for your organization, use your 10 digit grant number from box 4b of the NGA. If you recently received a grant from HRSA and have not registered before, this step will be applicable to you. Note that EHBs offers these roles – Project Director, Authorizing Official, Business Official and an Other Employee role. To work on and submit the progress report within the EHBs, please request the Project Director for the grant to assign you appropriate access (i.e., Edit Noncompeting Continuation, Submit Noncompeting Continuation).

For detailed steps on registration information, see *HRSA's Electronic Submission User Guide* (<http://www.hrsa.gov/grants/userguide.htm>).

For assistance in registering with HRSA EHBs, call 877-GO4-HRSA (877-464-4772) or 301-998-7373 between 9:00 am to 5:30 pm ET or email callcenter@hrsa.gov.

3. Completing the Progress Report in HRSA Electronic Handbooks

The next step is to complete your Progress Report in the HRSA Electronic Handbook (HRSA EHB).

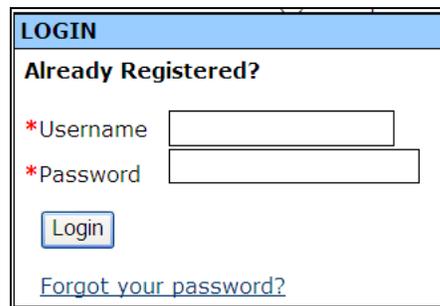
Users new to the EHBs should be mindful that the system times-out after 30 minutes of inactivity. Some forms may take a long time to complete. Users should ensure that they save their work at frequent intervals.

3.1. Logging In and Accessing the Progress Report

3.1.1 Logging In to the HRSA Electronic Handbooks

1. Point your browser to <https://grants.hrsa.gov/webexternal/login.asp>.
2. Enter your username and password.

Figure 1: Section of Login Screen



LOGIN

Already Registered?

*Username

*Password

Login

[Forgot your password?](#)

3. Click .
4. The 'HRSA EHB Home (Welcome)' Page (Figure 2) opens.

Figure 2: 'HRSA EHB Home (Welcome)' Page

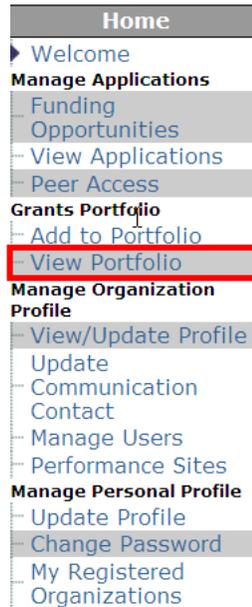
The screenshot shows the HRSA EHB Home (Welcome) page. At the top, it says "HRSA Electronic Handbooks for Applicants/Grantee" and "Columbia River Community Health Services, Boardman, OR". The user is logged in as Melinda Binder. The left side menu is highlighted with a red box and contains the following items: Home, Welcome, Manage Applications (Funding, Opportunities, View Applications, Peer Access), Grants Portfolio (Add to Portfolio, View Portfolio), Manage Organization Profile (View/Update Profile, Update, Communication, Contact, Manage Users, Performance Sites), Manage Personal Profile (Update Profile, Change Password, My Registered Organizations), and Logout. The main content area includes a "Contact Us" section with phone, time, and email information. Below that, there is a section titled "WHAT WOULD YOU LIKE TO DO TODAY?" with three main categories: "Manage Competing Applications", "Manage Grants Portfolio", and "Manage Organization Profile". Each category has several sub-links. A red box highlights the side menu, and a callout box points to it with the text: "The side menu appears on every screen. Use it to navigate through your Progress Report."

3.1.2 Accessing the Progress Report

Users who are accessing a progress report should follow these steps:

1. On the 'HRSA EHB Home (Welcome)' Page, click the [View Portfolio](#) link under the **Grants Portfolio** heading on the left side menu (Figure 3).

Figure 3: Sample Left Side Menu on 'HRSA EHB Home (Welcome)' Page



2. The **View Portfolio Page** (Figure 4) will be displayed.
3. Choose the appropriate grant record and click the [Open Grant Handbook](#) link.

Figure 4: View Portfolio Page

U.S. Department of Health and Human Services
HRSA
 Health Resources and Services Administration
 E-HANDBOOK HOME

HRSA Electronic Handbooks for Applicants/Grantee
 Columbia River Community Health Services, Boardman, OR

Welcome Melinda Binder to HRSA EHB ut16 environment (Last login date and time 5/24/2010 12:03:00 PM) --Tools Menu-- Go

View Portfolio
[home](#) | [logout](#) | [contact us](#) | [glossary](#) | [help](#) | [questions/comments](#)

Click [Open Grant Handbook](#) as a project director or an employee. Click on the

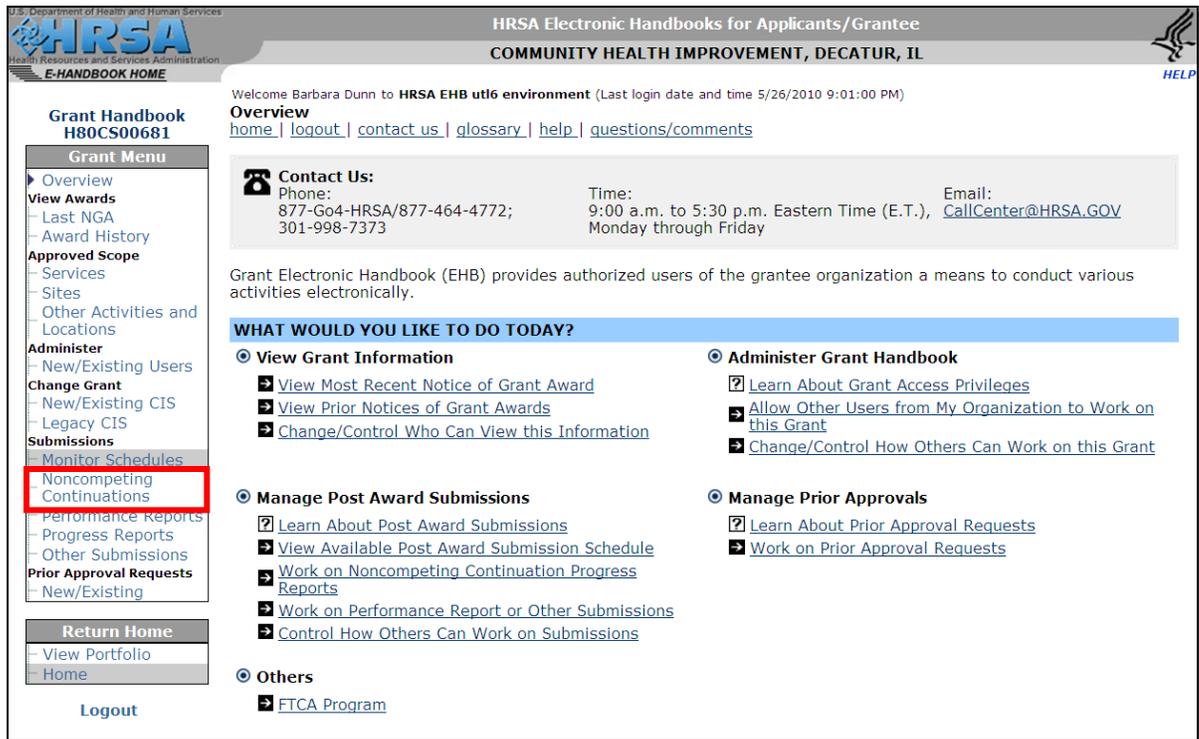
GRANTS LIST

| H80CS04207:Health Center Cluster | | | | Last Award Issued on: 02/25/2010 |
|---|--|-------------------------|----------------------|----------------------------------|
| Project Period | 12/1/2004-11/30/2010 | Budget Period | 12/1/2009-11/30/2010 | Open Grant Handbook |
| CRS EIN | 1201056268A1 | Number of Support Years | 6 | |
| Project Director | Melinda Binder, Email: reitester1@hotmail.com, Phone: (541) 481-7212 | | | |
| Grant Contact | Kellie Gilchrist, Email: reitester1@hotmail.com, Phone: (301) 443-1077 | | | |
| Program Contact | Karen Charles, Email: reitester1@hotmail.com, Phone: (301) 443-1531 | | | |
| C81CS13450:ARRA - Capital Improvement Program | | | | Last Award Issued on: 08/28/2009 |
| Project Period | 6/29/2009-6/28/2011 | Budget Period | 6/29/2009-6/28/2011 | Open Grant Handbook |
| CRS EIN | 1201056268A1 | Number of Support Years | 1 | |
| Project Director | Melinda Binder, Email: reitester1@hotmail.com, Phone: (541) 481-7212 Ext: 29 | | | |
| Grant Contact | Donna Giarth, Email: reitester1@hotmail.com, Phone: (301) 443-9142 | | | |
| Program Contact | Karen McMillan, Email: reitester1@hotmail.com, Phone: | | | |
| H8BCS11606:ARRA - Increased Demand for Services | | | | Last Award Issued on: 09/18/2009 |
| Project Period | 3/27/2009-3/26/2011 | Budget Period | 3/27/2009-3/26/2011 | Open Grant Handbook |
| CRS EIN | 1201056268A1 | Number of Support Years | 1 | |
| Project Director | Melinda Binder, Email: reitester1@hotmail.com, Phone: (541) 481-7212 Ext: 29 | | | |
| Grant Contact | Curtis Colston, Email: reitester1@hotmail.com, Phone: (301) 443-3438 | | | |
| Program Contact | Karen Charles, Email: reitester1@hotmail.com, Phone: (301) 443-1531 | | | |

- The 'Welcome Page' for the Grant Handbook (Figure 5) corresponding to the link you clicked will be displayed.

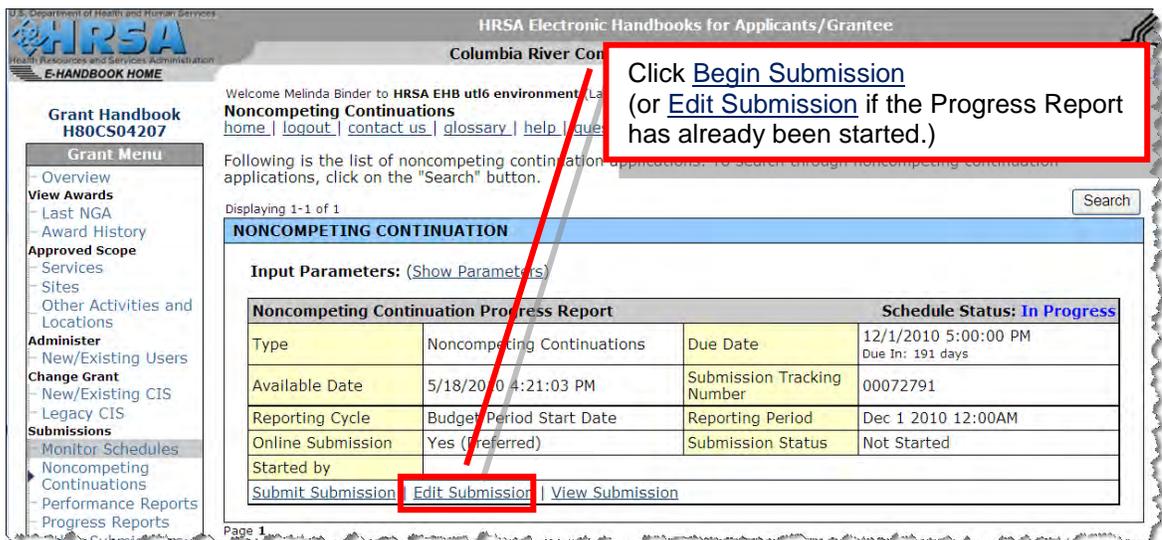
Note that the screen contains a different left side menu than it did before.

Figure 5: 'Welcome Page' for the Grant Handbook



5. Click the [Noncompeting Continuations](#) link under the **Submissions** heading on the left side menu.
6. The **Noncompeting Continuations Page** will be displayed.

Figure 6: Noncompeting Continuations Page



7. Click the [Begin Submission](#) (or [Edit Submission](#)) link corresponding to the progress report that you want to enter.

Once a progress report has been started, the [Begin Submission](#) link will change to [Edit Submission](#).

- The **Status Page (for Progress Report)** (Figure 7) will be displayed.

Note that the screen contains a different left side menu than it did before. Use this left menu to navigate through the progress report.

Figure 7: Status Page (for Progress Report)

The screenshot displays the HRSA EHB ut16 environment interface. At the top, it identifies the user as Melinda Binder and the application as SF PPR for FY 2011. The left-hand navigation menu is highlighted with a red box and includes sections for Overview, Basic Information, Budget Information, Program Specific Information, and Other Information. The main content area shows the application status as INCOMPLETE and provides a 'STATUS OVERVIEW' section. This section contains two tables: one for process status (Deadline, Created On, Last Updated By) and another for form status (Basic Information, Budget Information, Other Information).

| NCC PROGRESS REPORT PROCESS STATUS | | |
|---|---|--|
| Deadline | Dec 1 2010 5:00PM (You have 191 days to complete and submit the application.) | |
| Created On | 5/18/2010 4:21:02 PM | |
| Last Updated By | Melinda Binder on 5/24/2010 10:37:09 AM | |
| View: NCC Progress Report | | |

| NCC PROGRESS REPORT FORM STATUS | | |
|------------------------------------|------------------------|--------------|
| Section | Action | Status |
| Basic Information | | |
| SF-PPR | Update | COMPLETE |
| SF-PPR-2 (Cover Page Continuation) | Update | COMPLETE |
| Budget Information | | |
| Budget Summary | Update | NOT COMPLETE |
| Budget Categories | Update | NOT COMPLETE |
| Budget Narrative | Update | NOT COMPLETE |
| Other Information | | |
| Program Specific Information | Update | COMPLETE |
| Appendices | Update | NOT COMPLETE |

- Click the [Update](#) link for the section you want to enter or revise.
 - ▶ The corresponding page will be displayed.
 - (Click the [Update](#) link next to Program Specific Information, to enter or revise any of the program specific information forms,
 - ▶ The **Status Page (for Program Specific Information)** (Figure 31) will be displayed.)
 (Refer to the [Entering Program Specific Information](#) section (on page 36).

3.1.3 Navigating within the Progress Report

Figure 8: Side Menu in Grantee Handbook



[Logout](#)

A navigation menu (Figure 8) appears on the left side of every screen in the Electronic Handbook. Use this menu to access the various pages of your Progress Report.

- Click [Status](#) under the **Overview** heading to go to the **Status Overview Page for the Entire Progress Report** (Figure 113).
- Click [Program Specific Information](#) to access the **Program Specific Information** forms (starting on page 36). The **Status Page (for Program Specific Information)** (Figure 31) will be displayed. (Note that when you are on Program Specific Forms, there is a different side menu.)

3.2. Entering Standard Forms (SF-PPR)

After you open your Progress Report, the first screen that appears is the **Status Page (for Progress Report)**, showing the various sections of overall SF-PPR.

Figure 9: SAMPLE Status Page (for Progress Report)

U.S. Department of Health and Human Services
HRSA
 Health Resources and Services Administration
 E-HANDBOOK HOME

H80: Budget Period Renewal (93.224)
 SF-PPR for FY 2011

Welcome Melinda Binder to **HRSA EHB ut6 environment** (Last login date and time 5/24/2010 1:51:00 PM)

Status
[home](#) | [logout](#) | [contact us](#) | [glossary](#) | [help](#) | [questions/comments](#)

The table below shows the status of the application. The application is currently **INCOMPLETE** and cannot be submitted in it's current state.

Application SF PPR
NCC72791

Progress Report Process

- Overview
 - ▶ Status
- Basic Information
 - SF-PPR
 - SF-PPR-2
- Budget Information
 - Budget Summary
 - Budget Categories
 - Budget Narrative
- Program Specific Information
 - Program Specific Information
- Other Information
 - Appendices
- Review and Submit
 - Review
 - Submit

[Logout](#)

STATUS OVERVIEW

NCC PROGRESS REPORT PROCESS STATUS

| | |
|---|---|
| Deadline | Dec 1 2010 5:00PM (You have 191 days to complete and submit the application.) |
| Created On | 5/18/2010 4:21:02 PM |
| Last Updated By | Melinda Binder on 5/24/2010 10:37:09 AM |
| View: NCC Progress Report | |

Users with Permissions on NCC Request [\(Show Details\)](#)

NCC PROGRESS REPORT FORM STATUS

| Section | Action | Status |
|------------------------------------|------------------------|--------------|
| Basic Information | | |
| SF-PPR | Update | COMPLETE |
| SF-PPR-2 (Cover Page Continuation) | Update | COMPLETE |
| Budget Information | | |
| Budget Summary | Update | NOT COMPLETE |
| Budget Categories | Update | NOT COMPLETE |
| Budget Narrative | Update | NOT COMPLETE |
| Other Information | | |
| Program Specific Information | Update | COMPLETE |
| Appendices | Update | NOT COMPLETE |

The **Status Page (for Progress Report)** shows the status of each standard form (i.e., the SF-PPR forms) and budget form, as well as the summary status of *all the* Program Specific Information. You cannot submit your Progress Report until all forms in all sections are complete.

Your session will remain active for 30 minutes since your last activity. Please save your work every 5 minutes to avoid unexpected behavior.

Within the **NCC PROGRESS REPORT FORM STATUS** Table, click the [Update](#) link to open the corresponding form.

NOTE: For the purpose of this document, the left-side menu will be used to access each form. However, as noted above, you can access any SF-PPR or budget form by returning to the Status Page (for Progress Report), and clicking its [Update](#) link.

3.2.1 Basic Information: SF-PPR

The **SF-PPR Form** contains basic information about your grantee organization and is the cover page for the progress report. By default, the information will be pre-populated from the information in the application which started the last budget period, including the Authorizing Official(s) designated for the grant.

Click [SF-PPR](#) on the Progress Report left side menu to access the **SF-PPR Form** (Figure 10).

Figure 10: SF-PPR Form

The screenshot shows the SF-PPR form for FY 2011. The top navigation bar includes the HRSA logo, the text 'H80: Budget Period Renewal (93.224)', and 'SF-PPR for FY 2011'. A welcome message for Melinda Binder is displayed. The left sidebar contains a 'Progress Report Tracking# NCC00072791' and a navigation menu with options like Overview, Basic Information, Budget Information, Program Specific Information, and Other Information. The main content area is titled 'SF-PPR' and has a status of 'Not Complete'. It is divided into two sections: 'Grantee Organization Information' and 'Authorizing Official(AO) Contact Information'. The 'Grantee Organization Information' section contains a table with the following data:

| | |
|--|--|
| Federal Grant or Other Identifying Number Assigned by Federal Agency | H80CS04207 |
| DUNS Number | 147185941 |
| Employer Identification Number (EIN) | 201056268 |
| Recipient Organization Name | Columbia River Community Health Services |
| Recipient Organization Address | SW Kinkade Rd , Boardman Oregon 97818 |
| CRS Entity Identification Number | |
| Recipient Identifying Number or Account Number | 72791 |
| Reporting Period End Date | 11/30/2010 12:00:00 AM |
| Final Report | <input type="radio"/> Yes <input checked="" type="radio"/> No |

The 'Authorizing Official(AO) Contact Information' section contains a table with one row of data:

| Select | Title of Position | Name | Phone | Email |
|----------------------------------|----------------------|------|-------|-------|
| <input checked="" type="radio"/> | Authorizing Official | | | |

Below the table are three buttons: 'Add/Change AO', 'Update Information', and 'Delete AO'. The 'Add/Change AO' button is highlighted with a red box. At the bottom of the form are buttons for 'Go to Previous Page', 'Save', and 'Save and Continue'.

You can perform the following functions on the screen:

Options:

- ❖ [CHANGE selected Authorizing Official](#) (below)
- ❖ [ADD an AO](#) (on page 20)
- ❖ [UPDATE the AO information](#) (on page 21)
- ❖ [DELETE an AO](#) (on page 21)

❖ To CHANGE the selected Authorizing Official,

1. Select an AO and click **Add/Change AO**.

►The **SF-PPR Add Authorizing Official Form** (Figure 11) will be displayed, and will be populated with all the AO's registered for the grant.

Figure 11: SF-PPR Add Authorizing Official Form

U.S. Department of Health and Human Services
HRSA
 Health Resources and Services Administration
 E-HANDBOOK HOME

H80: Budget Period Renewal (93.224)
 SF-PPR for FY 2011

Welcome Faye Hagen to **HRSA EHB utl8 environment** (Last login date and time 7/15/2010 1:54:00 PM)
SF-PPR
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These are the current AO(s) with submit applications privilege. Please choose the person that you want to Add as AO for this application and click on the "Add Selected Person as AO". If you do not find the name of the person you wish to Add, click on the "Request A New AO" Button. To return to the previous section, click on the "Go Back" Button.

| CHOOSE AO TO ADD | | | | |
|-----------------------|-------------------|----------|------------------------|-----------------------|
| Select | Name | UserName | Email | Last Login Date |
| <input type="radio"/> | Bruce L Bergo | bbergo | reitester1@hotmail.com | 2/18/2008 1:04:00 PM |
| <input type="radio"/> | Robin Silbernagel | rowohl | reitester1@hotmail.com | 9/29/2009 9:19:00 PM |
| <input type="radio"/> | C. Gary Kopp | cgkopp | reitester1@hotmail.com | 5/2/2007 10:15:00 AM |
| <input type="radio"/> | Faye D Hagen | fhagen | reitester1@hotmail.com | 7/15/2010 1:54:00 PM |
| <input type="radio"/> | Gary Kopp | garykopp | reitester1@hotmail.com | 12/16/2004 5:00:00 PM |

2. Select the user to be designated as the AO, if more than one user is listed.
3. Click .
 ► The **SF-PPR Contact Information Page** (Figure 12) will be displayed for the selected user, listing the current contact information.

Figure 12: SF-PPR Contact Information Page (for existing HRSA user)

CONTACT INFORMATION

Title: Director, Office of Health Administration

Prefix: Mr

*Last Name: Lucius

*First Name: Mike

Middle Initial:

Suffix:

Organization Affiliation:

***Mailing Address (Required) More Information**

Mailstop Code (Internal Routing):

Division / Department Name:

Select an option (Street Address or PO Box Only or Rural Route)

* Street Address: Number: PO Box 1700

* PO Box Only: *Number:

* Rural Route: *Type: *Number: *Box:

*City: Jackson (Required if Zip is not specified)

Urbanization: (Used only for Puerto Rico(PR))

*State: MS (Required if City is specified)

*Zip Code Lookup: 39215 (Required if City is not specified)

Contact Address

*Email Address: reitester1@hotmail.com

*Phone Number: (601) 576 - 7542 Ext:

Fax Number: (601) 576 - 7655

4. Verify and revise the contact information, as necessary. Fields marked with an asterisk (*) are required.
 5. Click **Save and Continue** to save your information and return to the **SF-PPR form** (Figure 10)
- The user that you added will be listed as the Authorizing Official.

❖ To ADD an AO,

1. Click **Add/Change AO**.
 - ▶ The **SF-PPR Add Authorizing Official Form** (Figure 11) will be displayed.
2. Click **Request a New AO**.
 - ▶ The **Notify AO Page** (Figure 13) will be displayed, to allow you to enter name and email address information into a pre-formatted email, requesting the HRSA employee to register in the HRSA EHB.

Figure 13: Notify AO Page

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In order to assign a new AO to your application, the chosen person must be registered. Please enter the information below to notify the prospective AO via an email and request that he or she registers. When you are done click on the "Continue" button. To cancel the action, click on the "Cancel" button.

AO information entered here will not be saved by the system.

Fields marked with an asterisk(*) are required.

| Notify AO | |
|----------------------|--|
| *First Name: | <input type="text"/> |
| *Last Name: | <input type="text"/> |
| *Email Address: | <input type="text"/> |
| Subject: | Registration Request |
| Message: | <p>This email has been sent to you because Faye Hagen has indicated that you are the Authorizing Official (AO) for the following organization.</p> <p>Name: Northland Health Partners Community Health Center Address: 416 Kundert Street Turtle Lake, ND, 58575-4205 Registered AOs: Gary Kopp, C. Gary Kopp, Bruce Bergo, Robin Silbernagel, Faye Hagen</p> <p>Faye Hagen has created an application for the above organization. You are required to review and submit this application to HRSA. In order to do this, you must register with HRSA following the instructions given below.</p> <ol style="list-style-type: none"> Log on to the HRSA EHBs website https://hrsautl8.reisys.com/webExternal/ Click on the registration link on the left hand side menu. Enter your name and contact information, choose to register the organization and select the Authorizing Official (AO) role. Complete the registration by following the instructions. Click on 'Continue to Register Organization' and search for your organization using the name provided above. In case there are multiple matches, please use the complete organization information given above to select the correct organization from the results. <p>After your registration process is complete, please notify the creator of the application, so your name can be chosen as the AO for his/her application.</p> <p>If you have any questions, please contact HRSA Call Center at CallCenter@HRSA.GOV.</p> |
| Additional Comments: | <input type="text"/> |

3. Complete the form, and click **Continue**.
 - ▶ The **Notify AO Confirmation Page** will be displayed (Figure 14).

Figure 14: Notify AO Confirmation Page

4. Click **Continue**.
 ► You will be returned to the **SF-PPR Form** (Figure 10).
5. The email displayed in the **Notify AO Confirmation Page** (Figure 14) will be sent, requesting the HRSA employee to register in the HRSA EHB.

After the HRSA employee registers within the EHB, you must return to the SF-PPR Form (Figure 10) and click **Add/Change AO to display the SF-PPR Add Authorizing Official Form (Figure 11). The HRSA employee will now be listed on the screen to allow you to [select him/her as an AO](#).**

- ❖ To UPDATE the AO information,
 1. Select an AO and click **Update Information**.
 ► The **SF-PPR Contact Information Page** (Figure 12) will be displayed, listing the user's current contact information.
 2. Verify and revise the contact information, as necessary.
 3. Click **Save and Continue** to save your information and return to the **SF-PPR Form** (Figure 10).
- ❖ To DELETE an AO,
 1. Select an Authorizing Official and click **Delete AO**.
 ► You will be returned to the **SF-PPR Form** (Figure 10).

The AO that you deleted will not be listed under the **Name** column. (However it will still be listed in the **SF-PPR Add Authorizing Official Form** (Figure 11).

- ❖ If you are satisfied with the information on the screen, click **Save and Continue** to save your work and proceed to the next form.

3.2.2 Basic Information: SF-PPR-2

The **SF-PPR-2 Form** contains information about the grant for which you are creating / updating the progress report, and is a continuation of SF-PPR form.

Click **SF-PPR-2** on the Progress Report left side menu to access the **SF-PPR-2 (Cover Page Continuation) Form** (Figure 15), if it is not already displayed.

- 🔔 **By default, the information will be pre-populated from the information in the application which started the last budget period. This includes the Department Name, Division Name, and the Point of Contact (POC) registered for the grant.**
- 🔔 **If a POC was not added in the application which initiated the last budget period, the system will list the Project Director (PD) , Business Official (BO), and Authorizing Official (AO) from the application, so that one of them can be selected as a POC (see Add/Change POC below).**
- 🔔 **In addition, the system will pre-populate the list of areas affected from all the awarded applications in the last budget period.**

Figure 15: SF-PPR-2 (Cover Page Continuation) Form

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Application SF PPR NCC72791

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 - Budget Narrative
- Program Specific Information
 - Program Specific Information
- Other Information
 - Appendices
 - Review and Submit
 - Review
 - Submit

Logout

Provide the required information requested in this form. Note that certain data is preloaded from the saved profile.

Use the "Save and Continue" button to... ([Show Full Instruction](#))

Fields marked with an asterisk (*) are required.

SF-PPR-2 (COVER PAGE CONTINUATION) Status: Complete

Supplemental Continuation of SF-PPR Cover Page

| *Department Name | Botany Department | | | | |
|---|--|-----------|------------------|------------------------------------|--|
| *Division Name | Plants and Planktons | | | | |
| Name of Federal Agency | Health Resources and Service Administration | | | | |
| Funding Opportunity Number | HRSA-08-005 | | | | |
| Funding Opportunity Title | Non Competing Continuations (Budget Period Renewal) | | | | |
| Areas Affected by Project (Cities, County, State, etc.) | <table border="1"> <thead> <tr> <th>Area Type</th> <th>Affected Area(s)</th> </tr> </thead> <tbody> <tr> <td colspan="2">There are no Areas affected added.</td> </tr> </tbody> </table> | Area Type | Affected Area(s) | There are no Areas affected added. | |
| Area Type | Affected Area(s) | | | | |
| There are no Areas affected added. | | | | | |

Point of Contact (POC) Information

| Select | Title of Position | Name | Phone | Email |
|----------------------------------|-------------------|----------------|-----------------------|------------------------|
| <input checked="" type="radio"/> | Point of Contact | Melinda Binder | (541)481-7212 Ext: 29 | reitester1@hotmail.com |

Add/Change POC Update Information Delete POC

Go to Previous Page Save Save and Continue

Review the **Supplemental Continuation of the SF-PPR Cover Page**.

You can perform the following functions on the screen:

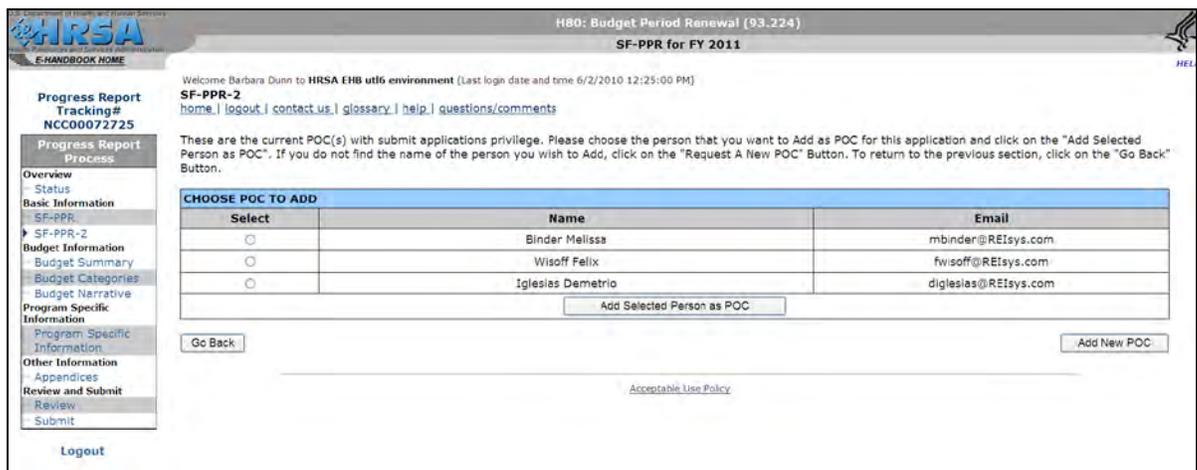


Options:

- ❖ [MODIFY Department Name and/or Division Name](#) (below)
- ❖ [ADD or CHANGE Point of Contact](#) (below)
- ❖ [UPDATE POC information](#) (on page 24)
- ❖ [DELETE Point of Contact](#) (on page 24)

- ❖ To MODIFY the Department Name and/or Division Name, replace the text in the text boxes.
- ❖ To ADD or CHANGE the Point of Contact,
 1. Select a Point of Contact, and click **Add/Change POC**.
 - ▶ The **SF-PPR Add Point of Contact Form** (Figure 16) will be displayed, and will be populated from the list of contacts proposed in the awarded application which started the last budget period.

Figure 16: SF-PPR Add Point of Contact Form



| Select | Name | Email |
|--------------------------|-------------------|----------------------|
| <input type="checkbox"/> | Binder Melissa | mbinder@REIsys.com |
| <input type="checkbox"/> | Wisoff Felix | fwisoff@REIsys.com |
| <input type="checkbox"/> | Iglesias Demetrio | diglesias@REIsys.com |

2. Select the person to be designated as the POC, if more than one user is listed.
3. Click **Add Selected Person as POC**.
 - ▶ The **SF-PPR Contact Information Page** (Figure 12) will be displayed, listing the current contact information for the contact.

If you click **Add New POC, the SF-PPR Contact Information Page (Figure 12) will also be displayed. However, all the fields will be blank as you will need to provide the information for the new POC.**

4. Verify and revise the contact information, as necessary.
5. Click **Save and Continue** to save your information and return to the **SF-PPR-2 (Cover Page Continuation) Form** (Figure 15).

The user that you added will be listed as a Point of Contact.

- ❖ To UPDATE the POC information,
 1. Select a POC and click **Update Information**.
 - ▶ The **SF-PPR Contact Information Page** (Figure 12) will be displayed.
 2. Verify and revise the contact information, as necessary.
 3. Click **Save and Continue** to save your information and return to the **SF-PPR-2 (Cover Page Continuation) Form** (Figure 15).
- ❖ To DELETE the Point of Contact,
 1. Select a Point of Contact, and click **Delete POC**.
 - ▶ You will be returned to the **SF-PPR-2 (Cover Page Continuation) Form** (Figure 15).

The POC that you deleted will not be listed under the **Name** column
- ❖ If you are satisfied with the information on the screen, click **Save and Continue** to save your work and proceed to the next form.

3.2.3 Budget Information

3.2.3.1 Budget Information: Budget Summary

The **Budget Summary Form** (Figure 17) can be used to provide a break-down of federal funding for each grant program function (e.g. Community Health Center, Migrant Health Center, etc). The CFDA number is provided for each listed sub-program.

The budget summary form pre-populates the list of grant program functions (e.g. Community Health Center, Migrant Health Center, etc) for which the grantee is currently receiving federal funds.

The Recommended Federal Funding amount is shown from the last Notice of Grant Award (NGA) received by the grantee. This **Budget Summary Form** can be used to update the budget information (federal and non-federal budget) for each of the listed grant program functions (also referred here as sub-programs) such that the total federal budget for all sub-programs equals the recommended federal amount from the last NGA.

Click [Budget Summary](#) on the Progress Report left side menu to access the **Budget Summary Form** (Figure 17), if it is not already displayed.

Figure 17: Budget Summary Form

You can perform the following functions on this screen:

Options:

- ❖ [ADD or REMOVE Sub-Programs](#) (on page 26)
- ❖ [UPDATE Sub-Program Budget Information](#) (on page 27)

- ❖ To ADD any missing sub-program(s) or to REMOVE a sub-program,
 1. Click the [Change Sub-Programs](#) link, located below the table.
 - ▶ The **Select Sub-Programs Page** (Figure 18) will be displayed.

Figure 18: Select Sub-Programs Page

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H80: Budget Period Renewal (93.224)
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Welcome Melinda Binder to HRSA EHB ut16 environment (Last login date and time 5/25/2010 1:07:00 PM)
Budget Summary
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The program "Health Center Cluster" includes the following sub-programs. Please choose the sub-program(s) you want to apply. If you unselect a sub-program, all the budget information you entered for this sub-program will be deleted.

| Select Sub Program(s) | | |
|-------------------------------------|------------------------------|--------|
| Select | Program | CFDA |
| <input checked="" type="checkbox"/> | Community Health Centers | 93.224 |
| <input type="checkbox"/> | Health Care for the Homeless | 93.224 |
| <input checked="" type="checkbox"/> | Migrant Health Centers | 93.224 |
| <input checked="" type="checkbox"/> | Public Housing | 93.224 |
| <input type="checkbox"/> | School Based Health Center | 93.224 |

[Acceptable Use Policy](#)

Logout

2. Select / de-select subprograms, as appropriate.

In the progress report, grantees should not seek funding for any sub-program for which they are not receiving federal funds.

3. Click .
 - ▶ You will be returned to the **Budget Summary Form** (Figure 17)
 The listed sub-programs will reflect your changes.

- ❖ To UPDATE the budget information for a sub-program,
 1. Select the sub-program, and click [Update Budget Information](#).
 - ▶ The **Budget Summary Form (for Sub-Program)** (Figure 19) will be displayed.

Figure 19: Budget Summary Form (for Sub-Program)

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Budget Summary
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Enter or update the budget summary information. Please refer to the Progress Report Instructions for more information on filling out this section. Use the "Save and Continue" button to go to the next section. To return to the previous section, click on the "Cancel" button. The form will be marked as **COMPLETE** only after all the required information is provided.

Fields marked with an asterisk(*) are required.

| BUDGET SUMMARY | |
|------------------------------------|--------------------------|
| Grant Program Function or Activity | Community Health Centers |
| CFDA Number | 93.224 |
| New or Revised Budget | |
| *Federal | \$ 0.00 |
| Non-Federal Resources | |
| Applicant | \$ 0.00 |
| State | \$ 0.00 |
| Local | \$ 0.00 |
| Other | \$ 0.00 |
| Program Income | \$ 0.00 |
| Non-Federal Sub Total | \$ 0.00 |

Go Back Save and Continue

2. Update the information for each category, as necessary. Fields marked with an asterisk (*) are required.
3. Click [Save and Continue](#).
 - ▶ You will be returned to the **Budget Summary Form** (Figure 17)

The budget summary information for sub-program will reflect your changes.

- ❖ If you are satisfied with the information on the form, click [Save and Continue](#) to save your work and proceed to the next form.

The system will validate that the Total Federal amount requested by the grantee for all sub-programs listed in the form is equal to the Recommended Federal Amount (from the last NGA).

3.2.3.2 Budget Information: Budget Categories

The **Budget Categories Form** allows you to update the budget object class amounts for each sub-program.

Click [Budget Categories](#) on the Progress Report left side menu to access the **Budget Categories Form** (Figure 20), if it is not already displayed.

The system will display all the sub-programs that are listed in Budget Summary Form (Figure 17).

Figure 20: Budget Categories Form

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Budget Categories
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Enter or update the information for each grant function of activity listed. Please refer to the Progress Report Instructions for more information on filling out this... ([Show Full Instruction](#))

Current total new or revised budget amount = **\$400,000.00**

Fields marked with an asterisk (*) are required.

***BUDGET CATEGORIES** Status: **Not Complete**

| Object Class Categories | Grant Program Function or Activity | | Totals |
|-------------------------|------------------------------------|------------------------|---------------|
| | Community Health Centers | Migrant Health Centers | |
| 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 |
| Totals | \$0.00 | \$0.00 | \$0.00 |

Update Update

Go to Previous Page Save Save and Continue

❖ To update the budget object classes for a sub-program:

1. Click **Update** under the sub-program for which you want specify amounts for budget object categories.
 - ▶ The **Budget Categories (for Sub-Program) Form** (Figure 21) will be displayed.

Note that the bottom line is populated with the total \$ for the sub-program, as reflected in the **Budget Summary Form** (Figure 17).

Figure 21: Budget Categories (for Sub-Program) Form

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Progress Report Process

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 - Program Specific Information
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 Review and Submit
 - Review
 - Submit

Logout

Fields marked with an asterisk(*) are required.

| BUDGET CATEGORIES | |
|--|---|
| Object Class Categories | Grant Program Function or Activity (\$) |
| *Grant Program, Function or Activity | Community Health Centers |
| *Personnel | \$ 0.00 |
| *Fringe Benefits | \$ 0.00 |
| *Travel | \$ 0.00 |
| *Equipment | \$ 0.00 |
| *Supplies | \$ 0.00 |
| *Contractual | \$ 0.00 |
| *Construction | \$ 0.00 |
| *Other | \$ 0.00 |
| *Indirect Charges | \$ 0.00 |
| Total Budget specified in Budget Summary | \$400,000.00 |

Go Back Save and Continue

2. Enter the \$ amount for each budget object class.
 Fields marked with an asterisk (*) are required.

Make sure, that, for a given sub-program, the total \$ of all the Budget Object Classes equal the amount in the Total Budget specified in Budget Summary.

3. When you are finished entering the \$ amounts, click **Save and Continue**.
 ► You will be returned to the **Budget Categories Form** (Figure 20).

The \$ amounts that you entered for the sub-program's budget object classes will be listed.

- ❖ When you are finished entering the budget object class amounts for each sub-program, click **Save and Continue** to save your work and proceed to the next form.

3.2.3.3 Budget Information: Budget Narrative

The **Budget Narrative Form** allows users to upload up to two (2) attachments that provide a budget narrative/justification.

(For more information regarding the budget narrative description, please refer to the Program Instructions.)

Click [Budget Narrative](#) on the Progress Report left side menu to access the **Budget Narrative Form** (Figure 22), if it is not already displayed.

Figure 22: Budget Narrative Form

1. To attach a budget narrative document, click **Attach** and follow the usual attachment procedures.
2. When you are finished attaching the document(s), click **Save and Continue** to save your work and proceed to the next form.

3.2.4 Appendices

The Appendices section allows you to attach standard attachments required for your grant program when submitting a progress report.

Click the [Appendices](#) link on the Progress Reports side menu (Figure 9) to access the **Appendices Form** (Figure 23), if it is not already displayed.

Figure 23: Appendices Form

1. Click **Attach**.
 ► The **Attach Document (for Appendices) Page** (Figure 24) will be displayed.

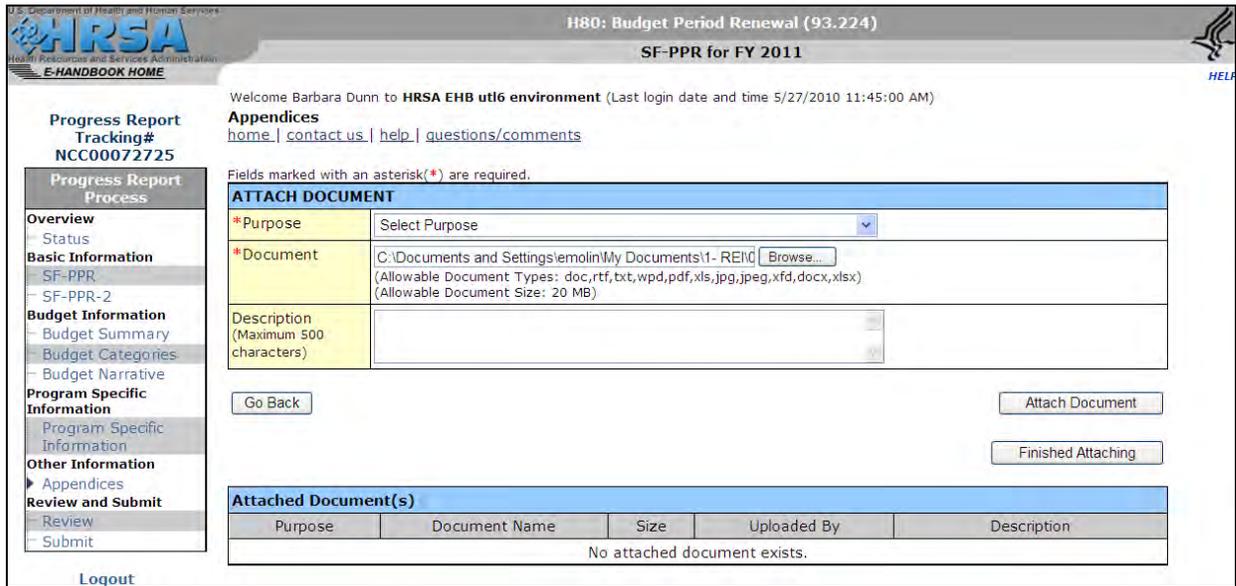
Figure 24: Attach Document (for Appendices) Page

2. Select the purpose of the attachment from the *Purpose* drop-down.

 **Only one attachment is allowed per purpose. Once you select a purpose, you cannot attach another document and select the same purpose.**

3. Click **Browse . . .** and follow the standard Windows browse procedure to select the document to be attached in the Document box.

Figure 25: Attach Document (for Appendices) Page (Showing Document to be Attached)



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 - Program Specific Information
- Other Information**
 - Appendices
- Review and Submit**
 - Review
 - Submit

Fields marked with an asterisk(*) are required.

ATTACH DOCUMENT

| | |
|--------------------------------------|---|
| *Purpose | Select Purpose |
| *Document | C:\Documents and Settings\lemolin\My Documents\1- REI\0 Browse... <small>(Allowable Document Types: doc,rtf,txt,wpd,pdf,xls,jpg,jpeg,xfd,docx,xlsx) (Allowable Document Size: 20 MB)</small> |
| Description (Maximum 500 characters) | |

Attached Document(s)

| Purpose | Document Name | Size | Uploaded By | Description |
|------------------------------|---------------|------|-------------|-------------|
| No attached document exists. | | | | |

[Logout](#)

4. Enter a description of the document you are attaching.
5. Click **Attach Document** to attach the document.
 - The **Attach Document (for Appendices) Page** will be re-displayed (Figure 26), listing the Document you attached under the heading *Attached Documents*.

Figure 26: Attach Document (for Appendices) Page (Listing Attached Document)

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HELP

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Appendices
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✔ **Attachment saved successfully.**

Fields marked with an asterisk(*) are required.

| ATTACH DOCUMENT | |
|---|--|
| *Purpose | Attachment 4 - Position Descriptions for Key Management Staff (Max 1) ▾ |
| *Document | <input type="text"/> <input type="button" value="Browse..."/> <small>(Allowable Document Types: doc,rtf,txt,wpd,pdf,xls,jpg,jpeg,xfd,docx,xlsx) (Allowable Document Size: 20 MB)</small> |
| Description (Maximum 500 characters) | <input type="text"/> |

| Attached Document(s) | | | | |
|---|---------------------------------------|-----------|-------------------------------------|-----------------------|
| Purpose | Document Name | Size | Uploaded By | Description |
| Attachment 4 - Position Descriptions for Key Management Staff | Position Descriptions | 364 Bytes | Barbara Dunn on 6/1/2010 2:21:41 PM | Position Descriptions |

6. Repeat [steps 2 through 5](#) (on page 31) to attach any other appendix documents.
7. When you have completed attaching all the appendix documents, click .
 - ▶ The **Appendices Form** will be re-displayed (Figure 27), listing the appendix documents you just attached.

Figure 27: Appendices Form (with Appendix Documents Listed)

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Appendices
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Upload the completed document using the 'Attach' button. After uploading, you can delete the attachment (if needed) by selecting it and clicking "Delete" button. Ple... ([Show Full Instruction](#))

Progress Report Tracking# NCC00072725

Progress Report Process

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 - Budget Summary
 - Budget Categories
 - Budget Narrative
- Program Specific Information
 - Program Specific Information
- Other Information
 - Appendices
- Review and Submit
 - Review
 - Submit

APPENDICES Status: **Complete**

| Attached Documents | | | | | |
|----------------------------------|---|---------------------------------------|-----------|-------------------------------------|-----------------------|
| Select | Purpose | Document Name | Size | Uploaded By | Description |
| <input checked="" type="radio"/> | Attachment 4 - Position Descriptions for Key Management Staff | Position Descriptions | 364 Bytes | Barbara Dunn on 6/1/2010 2:21:41 PM | Position Descriptions |

[Logout](#)

8. At this point, you can:
 - Click the [hyperlinked name](#) of a listed document to view it.
 - Click to attach additional appendix documents, by following [steps 1 through 7](#) (on page 31).
 - Select a document and click to change the document's description via the **Update Description Page** (Figure 28).
 - Select a document and click to delete the selected attachment.
9. When you are finished with your attachments, click to save the information and return to the **Status Page (for Progress Report)** (Figure 9).

Figure 28: Update Description Page

U.S. Department of Health and Human Services

H80: Budget Period Renewal (93.224)
 SF-PPR for FY 2011

HELP

Progress Report

Tracking#
NCC00072725

Progress Report Process

- Overview
- Status
- Basic Information**
- SF-PPR
- SF-PPR-2
- Budget Information**
- Budget Summary
- Budget Categories
- Budget Narrative
- Program Specific Information**
- Program Specific Information
- Other Information**
- ▶ **Appendices**
- Review and Submit**
- Review
- Submit

Logout

Welcome Barbara Dunn to **HRSA EHB ut16 environment** (Last login date and time 5/27/2010 11:45:00 AM)

Appendices
[home](#) | [contact us](#) | [help](#) | [questions/comments](#)

UPDATE DESCRIPTION

New Description (Maximum 500 characters)

User IDs used in creating this document.

Cancel
Update Description

Attached Document

| Purpose | Document Name | Size | Uploaded By | Description |
|---|---------------------------------------|-----------|-------------------------------------|-----------------------|
| Attachment 4 - Position Descriptions for Key Management Staff | Position Descriptions | 364 Bytes | Barbara Dunn on 6/1/2010 2:21:41 PM | Position Descriptions |

[Acceptable Use Policy](#)

3.3. Entering Program Specific Information

- To enter or revise Program Specific Information, you must first:
 - Click the [Update](#) link next to Program Specific Information on the **Status Page (for Progress Report)** (Figure 30),
 - or
 - Click the [Program Specific Information](#) link on the left side menu of any Progress Report screen that has a menu heading of **Progress Report Process**,

Figure 29: Menu Progression to Program Specific Information Status Table

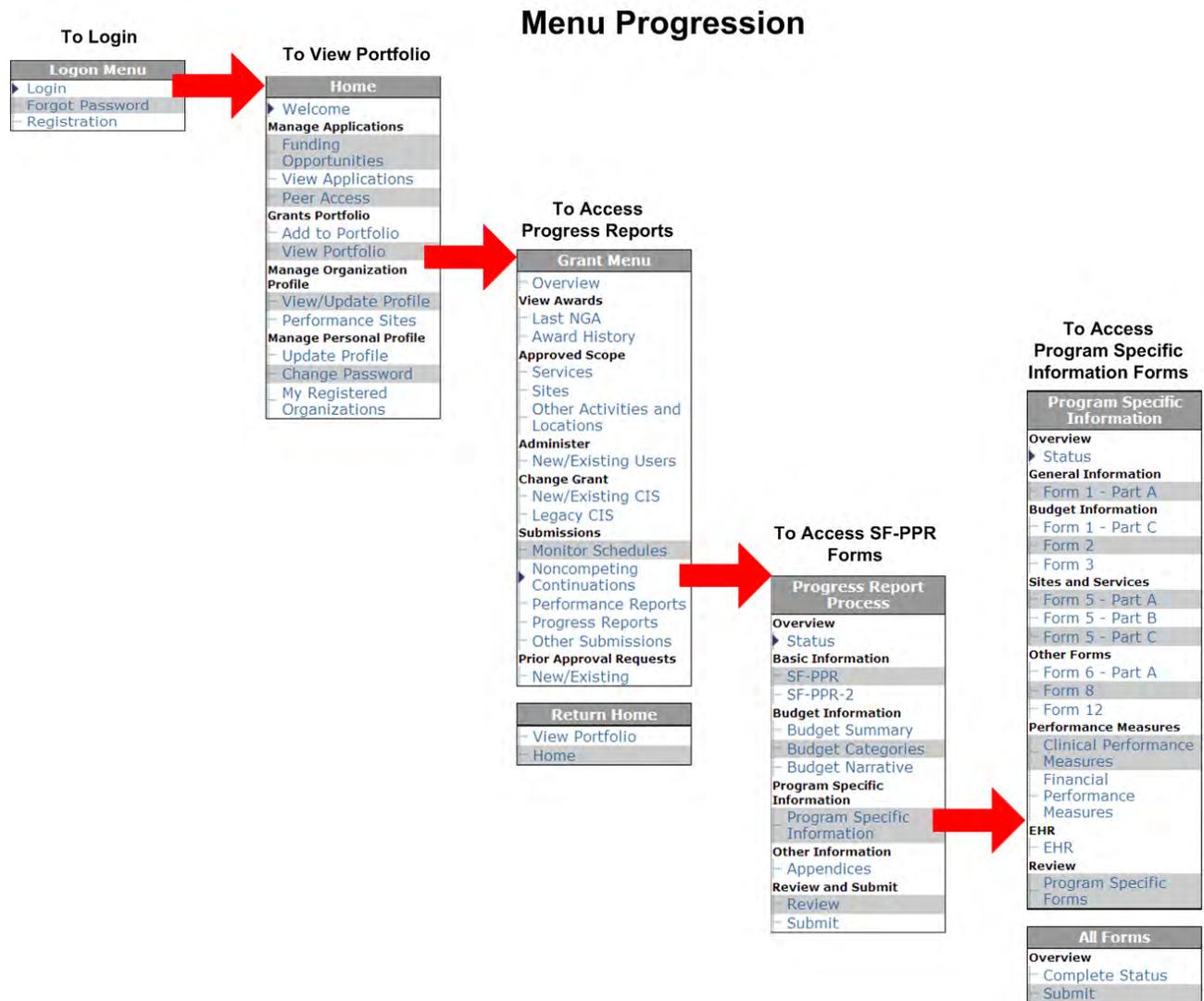


Figure 30: Status Page (for Progress Report)

U.S. Department of Health and Human Services
HRSA
 Health Resources and Services Administration
 E-HANDBOOK HOME

H80: Budget Period Renewal (93.224)
 SF-PPR for FY 2011

HELPS

Welcome Melinda Binder to **HRSA EHB ut16 environment** (Last login date and time 5/24/2010 1:51:00 PM)

Status
[home](#) | [logout](#) | [contact us](#) | [glossary](#) | [help](#) | [questions/comments](#)

The table below shows the status of the application. The application is currently **INCOMPLETE** and cannot be submitted in it's current state.

Application SF PPR NCC72791

Progress Report Process

- Overview
- ▶ **Status**
- Basic Information
 - SF-PPR
 - SF-PPR-2
- Budget Information
 - Budget Summary
 - Budget Categories
 - Budget Narrative
- Program Specific Information
 - Program Specific Information
- Other Information
 - Appendices
- Review and Submit
 - Review
 - Submit

Logout

STATUS OVERVIEW

NCC PROGRESS REPORT PROCESS STATUS

| | |
|-----------------|---|
| Deadline | Dec 1 2010 5:00PM (You have 191 days to complete and submit the application.) |
| Created On | 5/18/2010 4:21:02 PM |
| Last Updated By | Melinda Binder on 5/24/2010 10:37:09 AM |

[View: NCC Progress Report](#)

Users with Permissions on NCC Request [\(Show Details\)](#)

NCC PROGRESS REPORT FORM STATUS

| Section | Action | Status |
|------------------------------------|------------------------|--------------|
| Basic Information | | |
| SF-PPR | Update | COMPLETE |
| SF-PPR-2 (Cover Page Continuation) | Update | COMPLETE |
| Budget Information | | |
| Budget Summary | Update | NOT COMPLETE |
| Budget Categories | Update | NOT COMPLETE |
| Budget Narrative | Update | NOT COMPLETE |
| Other Information | | |
| Program Specific Information | Update | COMPLETE |
| Appendices | Update | NOT COMPLETE |

- After clicking on either of the Program Specific Information links on the **Status Page (for Progress Report)** (Figure 30), the **Status Page (for Program Specific Information)** (Figure 31) will be displayed. (Note that the screen contains a different left side menu than it did for the entire Progress Report.).

Figure 31: Status Page (for Program Specific Information)

U.S. Department of Health and Human Services
HRSA
 Health Resources and Services Administration
 E-HANDBOOK HOME

H80:Health Center Cluster (93.224)
 BPR Progress Report for FY 2011

Welcome Barbara Dunn (Last login date and time 5/27/2010 10:41:00 AM)

Progress Report
 Tracking# NCC
 00072725

Program Specific Information

Overview
 ▶ Status
 General Information
 - Form 1 - Part A
 Budget Information
 - Form 1 - Part C
 - Form 2
 - Form 3
 Sites and Services
 - Form 5 - Part A
 - Form 5 - Part B
 - Form 5 - Part C
 Other Forms
 - Form 6 - Part A
 - Form 8
 - Form 12
 Performance Measures
 - Clinical Performance Measures
 - Financial Performance Measures
 EHR
 - EHR
 Review
 - Program Specific Forms

All Forms
 Overview
 - Complete Status
 - Submit

Logout

Status
[home](#) | [help](#) | [questions/comments](#)

The table below shows the status for the BPR Program Specific Information. The application is currently **INCOMPLETE** and cannot be submitted in it's current state.

Your session will remain active for 30 minutes since your last activity. Please save your work every 5 minutes to avoid unexpected behavior.

Fields marked with an asterisk (*) are required.

| STATUS OVERVIEW | | |
|---|------------------------|--------------|
| PROGRAM SPECIFIC INFORMATION STATUS | | |
| Section | Action | Status |
| General Information | | |
| Form 1: Part A - General Information Worksheet | Update | NOT COMPLETE |
| Budget Information | | |
| Form 1: Part C - Documents On File | Update | NOT COMPLETE |
| Form 2: Proposed Staff Profile | Update | NOT COMPLETE |
| Form 3: Income Analysis Form | Update | NOT COMPLETE |
| Sites and Services | | |
| Form 5: Part A - Service Sites | Update | NOT COMPLETE |
| Required Services | Update | COMPLETE |
| Additional Services | Update | COMPLETE |
| Form 5: Part B - Service Sites | Update | NOT COMPLETE |
| Form 5: Part C - Other Activities/Locations | Update | NOT COMPLETE |
| Other Forms | | |
| Form 6: Part A - Current Board Member Characteristics | Update | NOT COMPLETE |
| Form 8: Health Center Affiliation Certification/Checklist | Update | NOT COMPLETE |
| Form 12: Organization contacts | Update | NOT COMPLETE |
| Performance Measures | | |
| Clinical Performance Measures | Update | NOT COMPLETE |
| Financial Performance Measures | Update | NOT COMPLETE |
| Electronic Health Records (EHR) | | |
| Electronic Health Records (EHR) | Update | NOT COMPLETE |

Click [Update](#) to access a form.

Your session will remain active for 30 minutes since your last activity. Please save your work every 5 minutes to avoid unexpected behavior.

The **Program Specific Information Status Table** shows the status of each program specific form.

In order to be able to submit your Progress Report, you must complete all the Program Specific Information listed on this screen (*in addition to* all the forms listed on the **Status Page (for Progress Report)** screen (Figure 30)).

- To access any program specific form, use the side menu, or click [Update](#) next to the name of the form in this table.

NOTE: For the purpose of this document, the left-side menu will be used to access each form. However, as noted above, you can access any program specific form by returning to the Status Page (for Program Specific Information), and clicking its [Update](#) link.

3.3.1 Form 1 – Part A: General Information Worksheet

Form 1 – Part A: General Information Worksheet provides a summary of information related to the applicant, proposed service area, population, patient, and visit projections presented in the project description and other forms. The following instructions are intended to clarify the information to be reported in each section of the form.

Click [Form 1 – Part A](#) on the Program Specific Information left side menu to access the **General Information Worksheet** (Figure 32).

Figure 32: Form 1 – Part A: General Information Worksheet

Welcome Barbara Dunn (Last login date and time 5/27/2010 10:41:00 AM)

Form 1 - Part A
[home](#) | [help](#) | [questions/comments](#)

Provide General Information related to the application in this form. Note that certain data is preloaded from the saved profile. Please refer to the guidance for more inform... ([Show Full Instruction](#))

Fields marked with an asterisk (*) are required.

GENERAL INFORMATION

Form 1 - Part A: General Information Worksheet Status: **Not Complete**

1. Applicant Information

| | | | |
|--------------------|--|------------------|-----|
| Applicant Name | | | |
| Application Type | Noncompeting Continuation | Existing Grantee | Yes |
| Grant Number | | BHCMIS ID | N/A |
| *Business Entity | <input type="radio"/> Tribal <input type="radio"/> Urban Indian <input type="radio"/> Private, non-profit (non-Tribal or Urban Indian) <input type="radio"/> Public (non-Tribal or Urban Indian) | | |
| *Organization Type | <input type="checkbox"/> Faith based <input type="checkbox"/> Hospital <input type="checkbox"/> State government <input type="checkbox"/> City/County/Local Government or Municipality <input type="checkbox"/> University <input type="checkbox"/> Community based organization <input type="checkbox"/> Other If 'Other', please specify: <input type="text"/> | | |

2. Proposed Service Area

Applicants applying for Community Health funding should provide at least one designated service area ID being proposed to serve under an MUA or MUP.

*2a. Service Area Designation (Use commas to separate multiple IDs)

[Find a MUA/MUP](#)

- Medically Underserved Area (ID#)
- Medically Underserved Population (ID#)
- MUA Application Pending (ID#)
- MUP Application Pending (ID#)
- Serving Section 330 (G) - Migrant Health Centers
- Serving Section 330 (H) - Homeless Health Centers
- Serving Section 330 (I) - Public Housing Health Centers

Enter the information into the form. Fields marked with an asterisk (*) are required.

1. Under **Applicant Information** (Figure 33), select your business entity and the organization type which best describe your organization. (Multiple selections are allowed for the organization type, but not for the business entity.)

Figure 33: Applicant Information Section of Form 1 – Part A

| 1. Applicant Information | | | |
|--------------------------|---|------------------|-----|
| Applicant Name | Columbia River Community Health Services, Boardman, OR | | |
| Application Type | Noncompeting Continuation | Existing Grantee | Yes |
| Grant Number | H80CS04207 | BHCMIS ID | N/A |
| *Business Entity | <input type="radio"/> Tribal <input type="radio"/> Urban Indian <input checked="" type="radio"/> Private, non-profit (non-Tribal or Urban Indian) <input type="radio"/> Public (non-Tribal or Urban Indian) | | |
| *Organization Type | <input type="checkbox"/> Faith based <input type="checkbox"/> Hospital <input type="checkbox"/> State government <input checked="" type="checkbox"/> City/County/Local Government or Municipality <input type="checkbox"/> University <input type="checkbox"/> Community based organization <input type="checkbox"/> Other If 'Other', please specify: <input type="text"/> | | |

- Under **Proposed Service Area** (Figure 34), select the option(s) which best describes the designated service areas you propose to serve. (Multiple selections are allowed.) You must provide Service Area ID(s) for the selected option(s) if you are applying for General Community funding. Also select whether the Target population type is urban or rural.

Figure 34: Proposed Service Area Section of Form 1 – Part A

| 2. Proposed Service Area | |
|--|---|
| *2a. Service Area Designation (Use commas to separate multiple IDs) Find a MUA/MUP | <input type="checkbox"/> Medically Underserved Area (ID# <input type="text"/>) <input type="checkbox"/> Medically Underserved Population (ID# <input type="text"/>) <input type="checkbox"/> MUA Application Pending (ID# <input type="text"/>) <input type="checkbox"/> MUP Application Pending (ID# <input type="text"/>) <input checked="" type="checkbox"/> Serving Section 330 (G) - Migrant Health Centers <input checked="" type="checkbox"/> Serving Section 330 (H) - Homeless Health Centers <input type="checkbox"/> Serving Section 330 (I) - Public Housing Health Centers |
| *2b. Target Population Type | <input type="radio"/> Urban <input type="radio"/> Rural |

 **Several tables request both current and projected information. “Current” refers to the number of patients and/or visits you serve at the time of Progress Report. “Projected at End of Project Period” refers to the number of patients and/or visits you anticipate serving by the end of the project period at the current level of funding.**

- Under **Target Population and Provider Information** (Figure 35), report the aggregate data for all of the sites included in the proposed project. Report the number of provider FTEs by staff type.

Figure 35: Target Population and Provider Information Section (top) of Form 1 – Part A

*2c. Target Population and Provider Information

| Target Population Information | Current Number | Projected at End of Project Period |
|---|-----------------------------------|------------------------------------|
| Total Service Area Population | <input type="text"/> | N/A |
| Total Target Population | <input type="text"/> | N/A |
| Total FTE Medical Providers | <input type="text" value="0.00"/> | <input type="text" value="0.00"/> |
| Total FTE Dental Providers | <input type="text" value="0.00"/> | <input type="text" value="0.00"/> |
| Total FTE Behavioral Health Providers | <input type="text" value="0.00"/> | <input type="text" value="0.00"/> |
| Total FTE Substance Abuse Service Providers | <input type="text" value="0.00"/> | <input type="text" value="0.00"/> |
| Total FTE Enabling Service Providers | <input type="text" value="0.00"/> | <input type="text" value="0.00"/> |

4. In the 2 tables, below (Figure 36), report the current numbers of patients and visits based on the most recent submission to the Uniform Data System. Similarly, provide the corresponding numbers expected at the end of the project period.

Visits are defined to include a documented, face-to-face contact between a patient and a provider who exercises independent judgment in the provision of services to the individual. To be included as an encounter, services rendered must be documented.

Since patients must have at least one documented visit, it is not possible for the number of patients to exceed the number of visits.

Figure 36: Patients and Visits Information Sections (bottom) of Form 1 – Part A

* Patients and Visits by Service Type

| Service Type | Current Number | | Projected at End of Project Period | |
|-------------------------|--------------------------------|--------------------------------|------------------------------------|--------------------------------|
| | Patients | Visits | Patients | Visits |
| Total Medical | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> |
| Total Dental | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> |
| Total Behavioral Health | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> |
| Total Substance Abuse | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> |
| Total Enabling Services | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> |

* Patients and Visits by Population Type

| Population Type | Current Number | | Number at End of Yr1 | | Number After Year 2 | | Number at End of Project Period | |
|--------------------------------------|--------------------------------|--------------------------------|----------------------|--------|---------------------|--------|---------------------------------|--------------------------------|
| | Patients | Visits | Patients | Visits | Patients | Visits | Patients | Visits |
| General Community | <input type="text" value="0"/> | <input type="text" value="0"/> | N/A | N/A | N/A | N/A | <input type="text" value="0"/> | <input type="text" value="0"/> |
| Migrant/Seasonal Farmworkers | <input type="text" value="0"/> | <input type="text" value="0"/> | N/A | N/A | N/A | N/A | <input type="text" value="0"/> | <input type="text" value="0"/> |
| Public Housing Residents | <input type="text" value="0"/> | <input type="text" value="0"/> | N/A | N/A | | | | |
| Homeless Persons | <input type="text" value="0"/> | <input type="text" value="0"/> | N/A | N/A | | | | |
| Total (Click 'Save' to calculate) | <input type="text" value="0"/> | <input type="text" value="0"/> | N/A | N/A | | | | |

Report current numbers of patients and visits based on the most recent submission to the Uniform Data System.

This form does not allow you to leave any field blank. If there is no information, then zero is acceptable.

- Click **Save and Continue** at the bottom of **Form 1 – Part A: General Information Worksheet** (Figure 32), when you have finished your entries, to save your work and proceed to the next form.

3.3.2 Form 1 – Part C: Documents on File

Form 1 – Part C: Documents on File displays a list of documents to be maintained at your organization. You are to provide the date on which each document was last revised.

Click **Form 1 – Part C** on the Program Specific Information side menu to access the **Documents on File Form** (Figure 37), if it is not already displayed.

Figure 37: Form 1 – Part C: Documents on File

HRSA H80:Health Center Cluster (93.224)
 BPR Progress Report for FY 2011

Welcome Barbara Dunn (Last login date and time 5/27/2010 10:41:00 AM)

Form 1 - Part C
 home | help | questions/comments

Provide date when the documents listed in the form were last revised. Please refer to the guidance for more information on filling out Form 1 - Part C.

Use the "Save a..." ([Show Full Instruction](#))

Fields marked with an asterisk (*) are required.

DOCUMENTS ON FILE Status: **Not Complete**

| MANAGEMENT AND FINANCE | DATE OF LATEST REVISION |
|---|-------------------------|
| *Personnel Policies and Procedures | <input type="text"/> |
| *Conflict of Interest Policies and Procedures | <input type="text"/> |
| *Data Collection and Information Systems | <input type="text"/> |
| *Agreements with Medicaid and Medicare | <input type="text"/> |
| *Billing | <input type="text"/> |
| *Procurement | <input type="text"/> |
| *Emergency Preparedness and Management Plan | <input type="text"/> |
| *Travel Policies | <input type="text"/> |
| *Fee Schedule | <input type="text"/> |
| *Accounting Policies and Procedures Manual | <input type="text"/> |
| *Documentation of FQHC rates | <input type="text"/> |
| *Contracts with Agencies, Vendors, etc | <input type="text"/> |
| *Legal Documents related to federal interest in real property | <input type="text"/> |

Click "Save" button to save all information within this page.

| CLINICAL PROGRAM | DATE OF LATEST REVISION |
|--|-------------------------|
| *Patient Confidentiality Policy and Procedures | <input type="text"/> |
| *Principles of Practice (As applicable) | <input type="text"/> |
| *List of Non-Physician Supervision Protocols | <input type="text"/> |
| *Health Maintenance Protocols by Age Group | <input type="text"/> |
| *Clinical Protocols | <input type="text"/> |
| *Continuing Professional Education Policies | <input type="text"/> |

- Enter the requested document revision dates. Fields marked with an asterisk (*) are required.
- Click **Save and Continue** at the bottom of the screen, to save your work and proceed to the next form.

3.3.3 Form 2: Staffing Profile

Form 2: Staffing Profile reports personnel salaries supported by the total budget for the proposed project i.e. 2 years. Provide staffing profile information in this form. Please refer to the guidance for more information on filling out Form 2.

Click [Form 2](#) on the Program Specific Information side menu to access the **Staffing Profile Form** (Figure 38), if it is not already displayed.

Figure 38: Form 2: Staffing Profile

Welcome Barbara Dunn (Last login date and time 5/27/2010 10:41:00 AM)

Form 2
[home](#) | [help](#) | [questions/comments](#)

Provide staffing profile information for year 1 of the proposed project in this form. Please refer to the guidance for more information on filling out Form 2.

Use the ... ([Show Full Instruction](#))

Fields marked with an asterisk (*) are required.

STAFFING PROFILE
Form 2: Staffing Profile Status: **Not Complete**

| ADMINISTRATION | TOTAL FTES (a) | ANNUAL SALARY OF POSITION (b) | TOTAL SALARY (a*b) |
|--|----------------|-------------------------------|--------------------|
| *Executive Director / CEO | 0.00 | \$0.00 | \$0.00 |
| *Finance Director (Fiscal Officer) / CFO | 0.00 | \$0.00 | \$0.00 |
| *Chief Operating Officer / COO | 0.00 | \$0.00 | \$0.00 |
| *Chief Information Officer / CIO | 0.00 | \$0.00 | \$0.00 |
| *Administrative Support Staff | 0.00 | \$0.00 | \$0.00 |

Click "Save" button to save all information within this page. Save

| | TOTAL FTES (a) | ANNUAL SALARY OF POSITION (b) | TOTAL SALARY (a*b) |
|--|----------------|-------------------------------|--------------------|
| *Family Physicians | 0.00 | \$0.00 | \$0.00 |
| *General Practitioners | 0.00 | \$0.00 | \$0.00 |
| *Internists | 0.00 | \$0.00 | \$0.00 |
| *OB/GYNs | 0.00 | \$0.00 | \$0.00 |
| *Pediatricians | 0.00 | \$0.00 | \$0.00 |
| *Other Specialty Physicians | 0.00 | \$0.00 | \$0.00 |
| *Physician Assistants/Nurse Practitioners | 0.00 | \$0.00 | \$0.00 |
| *Certified Nurse Midwives | 0.00 | \$0.00 | \$0.00 |
| *Nurses (RNs, LVNs, LPNs) | 0.00 | \$0.00 | \$0.00 |
| *Pharmacist, Pharmacy Support, Technicians | 0.00 | \$0.00 | \$0.00 |

This form does not allow you to leave any field blank; if there is no information, then zero is acceptable.

1. Enter the information into the form. Fields marked with an asterisk (*) are required.
2. Under **Administration** (Figure 39), enter the number of employees for each job title and the corresponding salary. The Total Salary column will auto-calculate when you press the tab key or click the **Save** button.

Figure 39: Administration Section of Form 2

| ADMINISTRATION | TOTAL FTES (a) | ANNUAL SALARY OF POSITION (b) | TOTAL SALARY (a*b) |
|--|----------------|-------------------------------|--------------------|
| *Executive Director / CEO | 1.00 | \$60000.00 | \$60000.00 |
| *Finance Director (Fiscal Officer) / CFO | 1.00 | \$59500.00 | \$59500.00 |
| *Chief Operating Officer / COO | 1.00 | \$59000.00 | \$59000.00 |
| *Chief Information Officer / CIO | 1.00 | \$55000.00 | \$55000.00 |
| *Administrative Support Staff | 1.00 | \$50000.00 | \$50000.00 |

Click "Save" button to save all information within this page. Save

3. Under **Medical Staff** (Figure 40), enter the number of employees for each job title and the corresponding salary. The Total Salary column will auto-calculate when you press the Tab key or click the **Save** button.

Figure 40: Medical Staff Section of Form 2

| MEDICAL STAFF | TOTAL FTES (a) | ANNUAL SALARY OF POSITION (b) | TOTAL SALARY (a*b) |
|---|----------------|-------------------------------|--------------------|
| *Medical/Clinical Director | 1.00 | \$75000.00 | \$75000.00 |
| *Family Physicians | 3.00 | \$300000.00 | \$900000.00 |
| *General Practitioners | 1.00 | \$100000.00 | \$100000.00 |
| *Internists | 0.00 | \$0.00 | \$0.00 |
| *OB/GYNs | 0.00 | \$0.00 | \$0.00 |
| *Pediatricians | 1.00 | \$75000.00 | \$75000.00 |
| *Other Specialty Physicians Please Specify: <input type="text"/> | 0.00 | \$0.00 | \$0.00 |
| *Physician Assistants/Nurse Practitioners | 0.00 | \$0.00 | \$0.00 |
| *Certified Nurse Midwives | 0.00 | \$0.00 | \$0.00 |
| *Nurses (RNs, LVNs, LPNs) | 5.00 | \$60000.00 | \$300000.00 |
| *Pharmacist, Pharmacy Support, Technicians | 0.00 | \$0.00 | \$0.00 |
| *Other Medical Personnel Please Specify: <input type="text"/> | 0.00 | \$0.00 | \$0.00 |
| *Laboratory Personnel (Lab Technicians) | 0.00 | \$0.00 | \$0.00 |
| *X-ray Personnel | 0.00 | \$0.00 | \$0.00 |
| *Clinical Support Staff (Medical Assistants, etc) | 3.00 | \$70000.00 | \$210000.00 |
| *Volunteer Clinical Providers (Medical and Dental) | 2.00 | N/A | N/A |

Click "Save" button to save all information within this page. Save

4. **Under Dental, Mental Health and Enabling Staff** (Figure 41), enter the number of employees for each job title and the corresponding salary. The Total Salary column will auto-calculate when you press the Tab key or click the **Save** button.

Figure 41: Dental, Mental Health and Enabling Staff Section of Form 2

| DENTAL, BEHAVIORAL HEALTH AND ENABLING STAFF | TOTAL FTES (a) | ANNUAL SALARY OF POSITION (b) | TOTAL SALARY (a*b) |
|---|-----------------------------------|--------------------------------------|--------------------------------------|
| DENTAL STAFF | | | |
| *Dentists | <input type="text" value="0.00"/> | \$ <input type="text" value="0.00"/> | \$ <input type="text" value="0.00"/> |
| *Dental Hygienists | <input type="text" value="0.00"/> | \$ <input type="text" value="0.00"/> | \$ <input type="text" value="0.00"/> |
| *Dental Assistants, Aides, Technicians | <input type="text" value="0.00"/> | \$ <input type="text" value="0.00"/> | \$ <input type="text" value="0.00"/> |
| BEHAVIORAL HEALTH STAFF | | | |
| *Behavioral Health Specialists (BH Provider) | <input type="text" value="0.00"/> | \$ <input type="text" value="0.00"/> | \$ <input type="text" value="0.00"/> |
| *Alcohol and Substance Abuse Specialists | <input type="text" value="0.00"/> | \$ <input type="text" value="0.00"/> | \$ <input type="text" value="0.00"/> |
| *Psychiatrists | <input type="text" value="0.00"/> | \$ <input type="text" value="0.00"/> | \$ <input type="text" value="0.00"/> |
| *Psychologists | <input type="text" value="0.00"/> | \$ <input type="text" value="0.00"/> | \$ <input type="text" value="0.00"/> |
| ENABLING STAFF | | | |
| *Patient Education Specialist (Health Educator) | <input type="text" value="0.00"/> | \$ <input type="text" value="0.00"/> | \$ <input type="text" value="0.00"/> |
| *Case Managers | <input type="text" value="0.00"/> | \$ <input type="text" value="0.00"/> | \$ <input type="text" value="0.00"/> |
| *Outreach (Outreach Staff) | <input type="text" value="0.00"/> | \$ <input type="text" value="0.00"/> | \$ <input type="text" value="0.00"/> |
| *Other Enabling | <input type="text" value="0.00"/> | \$ <input type="text" value="0.00"/> | \$ <input type="text" value="0.00"/> |
| Click "Save" button to save all information within this page. | | | <input type="button" value="Save"/> |

5. **Under Other Staff** (Figure 42), enter the number of employees for the Other Professional Staff and Other Staff line items, then enter the corresponding salary. The Total Salary column will auto-calculate when you press the Tab key or click the **Save** button.

Figure 42: Other Staff Section of Form 2

| OTHER STAFF | TOTAL FTES (a) | ANNUAL SALARY OF POSITION (b) | TOTAL SALARY (a*b) |
|---------------------------|-----------------------------------|--------------------------------------|--------------------------------------|
| *Other Professional Staff | <input type="text" value="0.00"/> | \$ <input type="text" value="0.00"/> | \$ <input type="text" value="0.00"/> |
| *Other Staff | <input type="text" value="0.00"/> | \$ <input type="text" value="0.00"/> | \$ <input type="text" value="0.00"/> |

6. **Click** **Save and Continue** at the bottom of the screen, to save your work and proceed to the next form.

3.3.4 Form 3: Income Analysis Form

Form 3: Income Analysis Form projects program income, by source, for the proposed project period.

Click [Form 3](#) on the Program Specific Information side menu to access **Form 3: Income Analysis Form** (Figure 43), if it is not already displayed.

Figure 43: Form 3: Income Analysis Form

The screenshot shows the HRSA BPR Progress Report for FY 2011. The user is Barbara Dunn, logged in at 5/27/2010 10:41:00 AM. The page title is 'Form 3' and the status is 'Not Complete'. The main content area contains a 'Download Template' table and an 'Income Analysis Form (Maximum One (1) Attachment)' table. The 'Download Template' table has the following data:

| Template Name | Template Description | Action |
|------------------------------|-----------------------------------|--------------------------|
| Form 3: Income Analysis Form | Template for Income Analysis Form | Download |

The 'Income Analysis Form (Maximum One (1) Attachment)' table has the following data:

| Select | Purpose | Document Name | Size | Uploaded By |
|------------------------------|---------|---------------|------|-------------|
| No attached document exists. | | | | |

Buttons at the bottom include 'Go to Previous Page', 'Save', and 'Save and Continue'.

Form 3 contains a template document that you must download, complete and save, and then upload as an attachment.

After you download the document, it is strongly recommended that you save the document to your computer before attempting to complete it.

Figure 44: Document Download and Upload Sections of Form 3

| INCOME ANALYSIS FORM | | | | |
|---|-----------------------------------|---------------|------|-----------------------------|
| Form 3: Income Analysis Form | | | | Status: Not Complete |
| <p>Note: Instead of using the attached MS Word template, you can attach income analysis in MS Excel format as long as you provide all information being sought in the the MS Word template.</p> <p>Fields marked with an asterisk(*) are required.</p> | | | | |
| Download Template | | | | |
| Template Name | Template Description | | | Action |
| Form 3: Income Analysis Form | Template for Income Analysis form | | | Download |
| Income Analysis Form (Maximum Two (2) Attachment) | | | | |
| Select | Purpose | Document Name | Size | Uploaded By |
| No attached document exists. | | | | |
| <input type="button" value="Attach"/> | | | | |

1. Click the [Download](#) link in the **Download Template** section (Figure 45) to download the document.

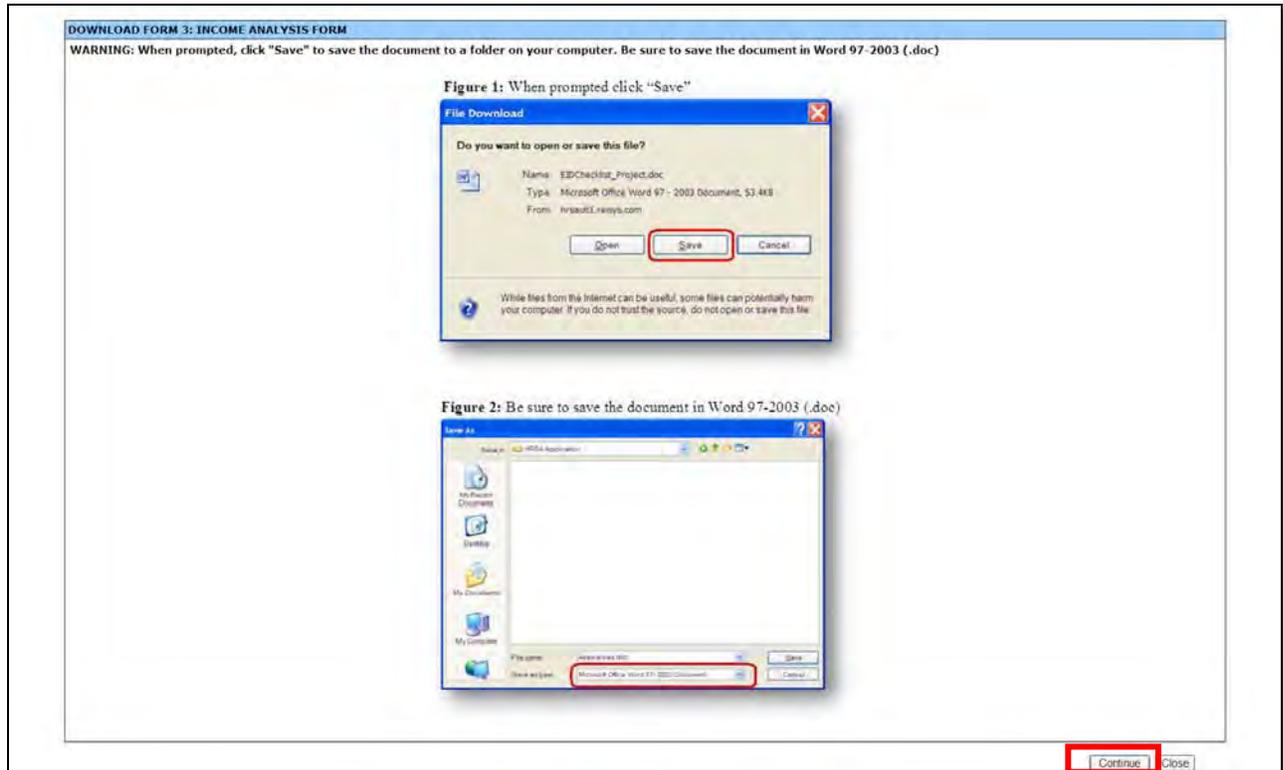
 **Instead of using the Microsoft Word template, you can attach the income analysis in Microsoft Excel format as long as you provide all the information that the template asks for.**

Figure 45: Download Template Section of Form 3

| Download Template | | |
|--------------------------------|-------------------------------------|--------------------------|
| Template Name | Template Description | Action |
| Form 3: Income Analysis Format | Template for Income Analysis Format | Download |

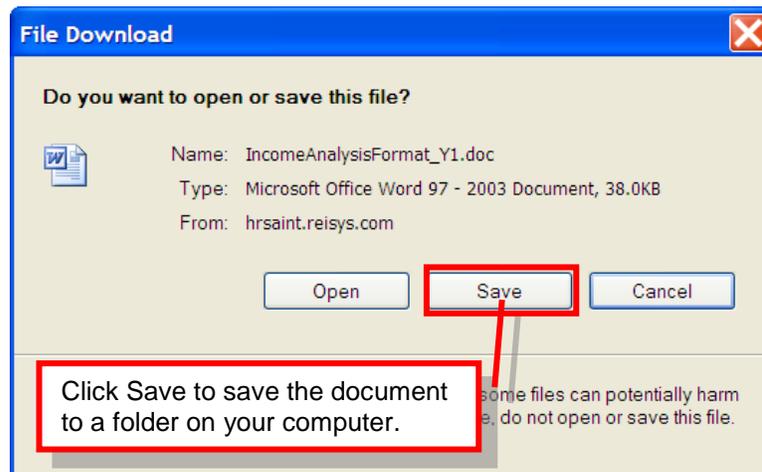
2. A **Download Warning** screen (Figure 46) will be displayed.
3. Read the download warning, then click on the **Download Warning** screen.
 - ▶ A **File Download Dialog Box** (Figure 47) will be displayed.

Figure 46: Download Warning Screen



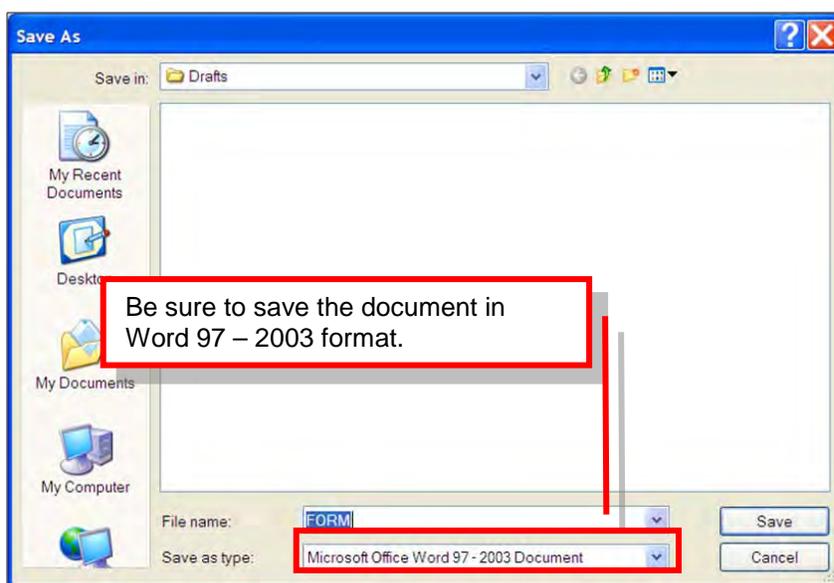
4. Click **Save** on the **File Download Dialog Box** (Figure 47) to save the document to a folder on your computer.

Figure 47: File Download Dialog Box



5. The **Save As** Windows dialog will be displayed (Figure 48).

Figure 48: Save As Dialog Box



6. Browse to the location where you want to save the document, using standard Windows browsing functionality.
7. Save the document in **Word 97-2003** (.doc) format.

MAKE SURE you save the document in **Word 97-2003** (.doc) format . . .
. . . as reviewers cannot open **Word 2007** files

8. You can now click **Close** on the **Download Warning Screen** (Figure 46).
9. Open the downloaded file (Figure 49) from the location where you saved it.

Figure 49: Downloaded File Income Analysis Template Document

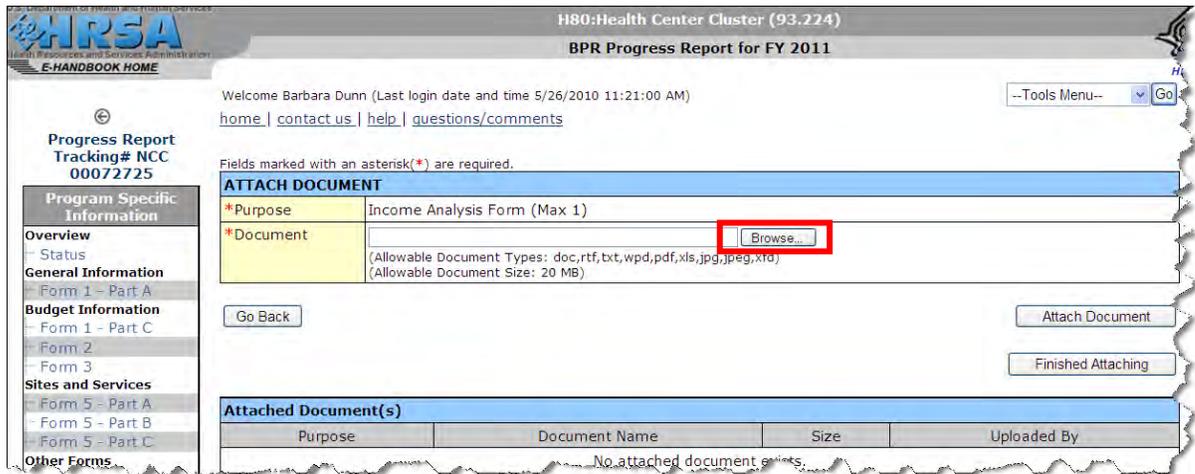
10. Complete the Income Analysis document.
11. **Make sure you save the document** (in Word 97 – 2003 format).
12. Click **Attach** in the **Income Analysis Form** section (i.e., the **Income Analysis Format** section of Form 3), as shown in Figure 50 . . .
 . . . to upload the Income Analysis Form, as an attachment.

Figure 50: Document Upload Area of Form 3

| Income Analysis Format (Maximum One (1) Attachment) | | | | |
|---|---------|---------------|------|-------------|
| Select | Purpose | Document Name | Size | Uploaded By |
| No attached document exists. | | | | |
| <input type="button" value="Attach"/> | | | | |

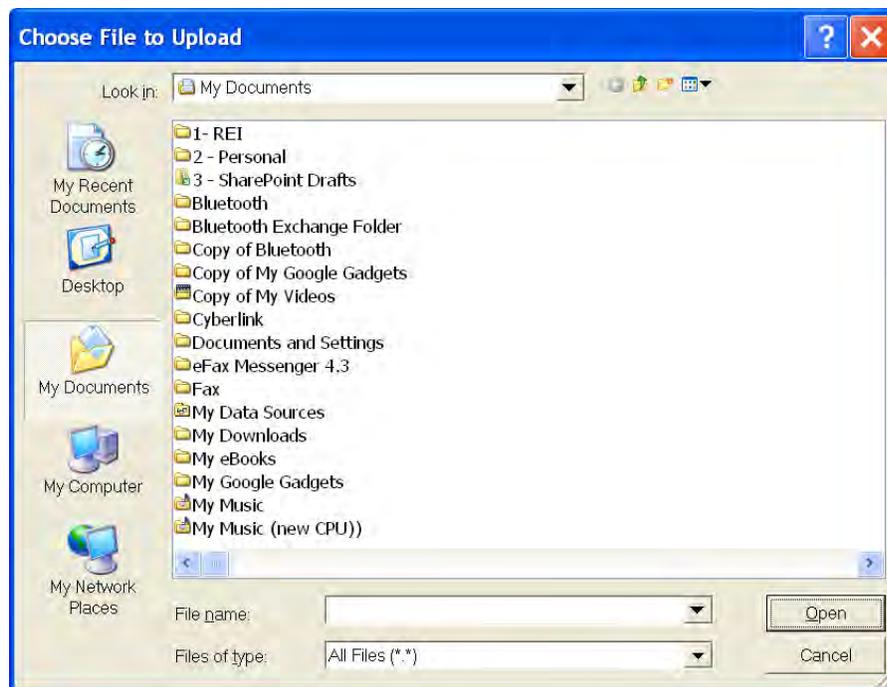
13. The **Attach Document Screen** (Figure 51) will be displayed.

Figure 51: Attach Document Screen



14. Click the **Browse . . .** button.
 - ▶ The **Choose File to Upload** Windows dialog (Figure 52) will be displayed.

Figure 52: Choose File to Upload Dialog Box



15. Browse to the file, and select it, using the standard Windows browsing procedures.

HRSA EHBs currently do not support Microsoft Office 2007 formats (.docx, .xlsx, etc). Be sure that your document is in Word 97-2003 (.doc, .xls, etc.) format.

16. After you browse to the location where you saved the document, click **Open**.
 - ▶ The file name will now appear in the Document field of the **Attach Document Screen** (Figure 51).

17. On the **Attach Document Screen** (Figure 51), click **Attach Document**.
 - ▶ The attached document will appear in the under *Document Name* in the Attached Document(s) list (Figure 53)

Figure 53: Attach Document Screen (with attached document listed)

U.S. Department of Health and Human Services
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H80:Health Center Cluster (93.224)
 BPR Progress Report for FY 2011

Welcome Barbara Dunn (Last login date and time 5/26/2010 11:21:00 AM)
[home](#) | [contact us](#) | [help](#) | [questions/comments](#)

Progress Report Tracking# NCC 00072725

Program Specific Information

- Overview
 - Status
- General Information
 - Form 1 - Part A
- Budget Information
 - Form 1 - Part C
 - Form 2
 - Form 3
- Sites and Services
 - Form 5 - Part A
 - Form 5 - Part B
 - Form 5 - Part C
- Other Forms
 - Form 6 - Part A
 - Form 8
 - Form 12
- Project Plans

Attachment saved successfully.

Fields marked with an asterisk(*) are required.

ATTACH DOCUMENT

*Purpose Income Analysis Form (Max 1)

*Document
 (Allowable Document Types: doc,rtf,txt,wpd,pdf,xls,jpg,jpeg,xfd)
 (Allowable Document Size: 20 MB)

Attached Document(s)

| Purpose | Document Name | Size | Uploaded By |
|----------------------|------------------------|----------|---------------------------------------|
| Income Analysis Form | incomeAnalysisForm.doc | 41.96 KB | Barbara Dunn on 5/26/2010 11:53:09 AM |

18. After the document appears under the Attached Document(s) heading, click **Finished Attaching**.
 - ▶ You will be returned to **Form 3: Income Analysis Form** (Figure 54). The attached document will be listed under the **Income Analysis Form** heading.

Figure 54: Form 3: Income Analysis Form (listing attached document)

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Form 3
[home](#) | [help](#) | [questions/comments](#)

Download and save the Income Analysis template document which can be used to complete Form 3. After completing the downloaded Income Analysis document, upload the completed ... ([Show Full Instruction](#))

Fields marked with an asterisk (*) are required.

INCOME ANALYSIS FORM

Form 3: Income Analysis Form Status: **Not Complete**

Note: Instead of using the attached MS Word template, you can attach income analysis in MS Excel format as long as you provide all information being sought in the the MS Word template.

Fields marked with an asterisk(*) are required.

Download Template

| Template Name | Template Description | Action |
|------------------------------|-----------------------------------|--------------------------|
| Form 3: Income Analysis Form | Template for Income Analysis Form | Download |

Income Analysis Form (Maximum One (1) Attachment)

| Select | Purpose | Document Name | Size | Uploaded By |
|---------------------------------------|----------------------|--|----------|---------------------------------------|
| <input checked="" type="radio"/> | Income Analysis Form | IncomeAnalysisForm.doc | 41.96 KB | Barbara Dunn on 5/26/2010 11:53:09 AM |
| <input type="button" value="Delete"/> | | | | |

Progress Report Tracking# NCC 00072725

Program Specific Information

- Overview
- Status
- General Information
 - Form 1 - Part A
 - Form 1 - Part C
 - Budget Information
 - Form 1 - Part B
 - Form 2
 - Form 3
 - Sites and Services
 - Form 5 - Part A
 - Form 5 - Part B
 - Form 5 - Part C
 - Other Forms
 - Form 6 - Part A
 - Form 8
 - Form 12
 - Performance Measures
 - Clinical Performance Measures
 - Financial Performance Measures
 - EHR
 - EHR
 - Review
 - Program Specific Forms

All Forms

- Overview
- Complete Status
- Submit

[Logout](#)

19. After you have attached the Income Analysis form, click **Save and Continue** on **Form 3: Income Analysis Form** (Figure 54), to save your work and proceed to the next form.

3.3.5 Form 5 – Part A: Services Provided – Required Services

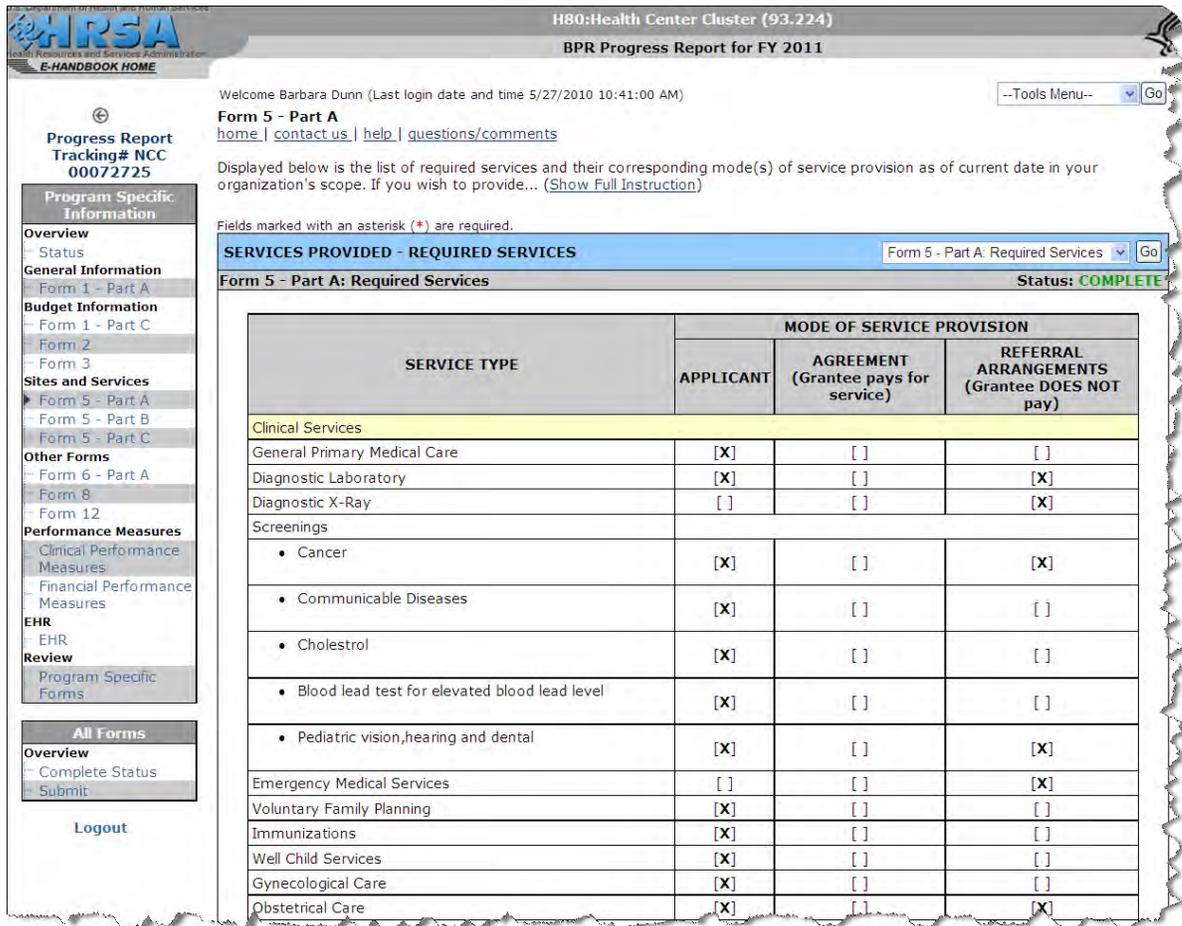
 Existing grantees that are submitting a Non Competing Continuation Progress Report (Type 5), Form 5 - Parts A, B, and C will be pre-populated with grantee's baseline scope on file.

Click [Form 5 – Part A](#) on the Program Specific Information side menu to access the **Services Provided-Required Services Form** (Figure 55), if it is not already displayed.

This form (Figure 55) will be pre-populated, based upon your existing scope.

1. After reviewing the form, click **Continue** (at the bottom of the page) to progress to the next page of this form (Additional Services).

Figure 55: Form 5 – Part A: Services Provided – Required Services



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Form 5 - Part A
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Progress Report Tracking# NCC 00072725

Program Specific Information

Overview
 Status
 General Information
 Form 1 - Part A
 Budget Information
 Form 1 - Part C
 Form 2
 Form 3
 Sites and Services
 Form 5 - Part A
 Form 5 - Part B
 Form 5 - Part C
 Other Forms
 Form 6 - Part A
 Form 8
 Form 12
 Performance Measures
 Clinical Performance Measures
 Financial Performance Measures
 EHR
 EHR Review
 Program Specific Forms

All Forms
 Overview
 Complete Status
 Submit

Logout

Displayed below is the list of required services and their corresponding mode(s) of service provision as of current date in your organization's scope. If you wish to provide... (Show Full Instruction)

Fields marked with an asterisk (*) are required.

SERVICES PROVIDED - REQUIRED SERVICES Form 5 - Part A: Required Services Go

Form 5 - Part A: Required Services Status: **COMPLETE**

| SERVICE TYPE | MODE OF SERVICE PROVISION | | |
|---|-------------------------------------|--------------------------------------|--|
| | APPLICANT | AGREEMENT (Grantee pays for service) | REFERRAL ARRANGEMENTS (Grantee DOES NOT pay) |
| Clinical Services | | | |
| General Primary Medical Care | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Diagnostic Laboratory | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Diagnostic X-Ray | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Screenings | | | |
| • Cancer | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| • Communicable Diseases | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Cholesterol | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Blood lead test for elevated blood lead level | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Pediatric vision,hearing and dental | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Emergency Medical Services | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Voluntary Family Planning | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Immunizations | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Well Child Services | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Gynecological Care | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Obstetrical Care | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

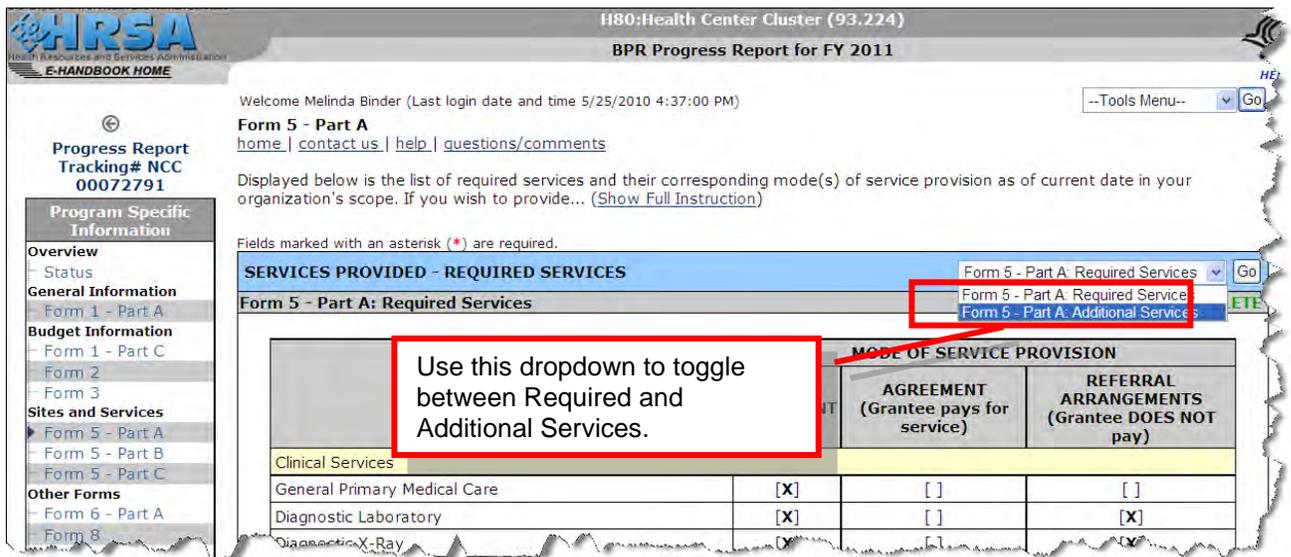
3.3.6 Form 5 – Part A: Services Provided – Additional Services

 For existing grantees that are Submitting a Non Competing Continuation Progress Report (Type 5), this form will be pre-populated (and read only) and will show all additional services and their existing delivery mechanism(s) from the grantee’s baseline scope on file.

The **Additional Services Page** of **Form 5 – Part A** (Figure 57) will be pre-populated, based upon your existing scope.

1. While on **Form 5 – Part A – Required Services** (Figure 56): select *Form 5 – Part A: Additional Services* from the dropdown at the top of the form, and click **Go**, if you are not already on the **Services Provided – Additional Services Form** (Figure 57).

Figure 56: Form 5 – Part A: Services Provided (Top of Form– Required Services)



HRSA Health Resources and Services Administration
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 BPR Progress Report for FY 2011

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 Form 5 - Part A
[home](#) | [contact us](#) | [help](#) | [questions/comments](#)

Displayed below is the list of required services and their corresponding mode(s) of service provision as of current date in your organization's scope. If you wish to provide... ([Show Full Instruction](#))

Fields marked with an asterisk (*) are required.

SERVICES PROVIDED - REQUIRED SERVICES

Form 5 - Part A: Required Services

Form 5 - Part A: Required Services
 Form 5 - Part A: Additional Services

Use this dropdown to toggle between Required and Additional Services.

| SERVICE | MODE OF SERVICE PROVISION | |
|------------------------------|---|--|
| | AGREEMENT (Grantee pays for service) | REFERRAL ARRANGEMENTS (Grantee DOES NOT pay) |
| Clinical Services | | |
| General Primary Medical Care | [X] | [] |
| Diagnostic Laboratory | [X] | [X] |
| Diagnostic X-Ray | [X] | [X] |

Figure 57: Form 5 – Part A: Services Provided – Additional Services

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Form 5 - Part A
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Displayed below is the list of additional services and their corresponding mode(s) of service provision as of current date in your organization's scope. If you wish to add o... ([Show Full Instruction](#))

Fields marked with an asterisk (*) are required.

SERVICES PROVIDED - ADDITIONAL SERVICES Form 5 - Part A: Additional Services Go

Form 5 - Part A: Additional Services Status: **COMPLETE**

| Additional Services Currently Offered by Grantee | | | |
|--|---------------------------|---|---|
| SERVICE TYPE | MODE OF SERVICE PROVISION | | |
| | GRANTEE | AGREEMENT (Grantee pays for service) | REFERRAL ARRANGEMENTS (Grantee DOES NOT pay) |
| Clinical Services | | | |
| Dental Services - Restorative | X | | |
| Dental Services - Emergency | X | | |
| Behavioral Health - Treatment/Counseling | X | | |
| Behavioral Health - Development Screening | | | X |
| Behavioral Health - 24-Hour Crisis | | | X |
| Occupational Therapy | | | X |
| Physical Therapy | | | X |
| HIV Testing | X | | |
| TB Therapy | X | | |
| Podiatry | | X | |
| Other Clinical-Services - Scopes - intestinal and vaginal | X | | |
| Other Clinical-Services - 24-hour coverage | X | | |
| Non Clinical Services | | | |
| WIC | | | X |
| Nutrition (not WIC) | | | X |
| Other Non-Clinical Services - Parenting Education | X | | |
| Other Non-Clinical Services - Nursing Home and Other Placement | X | | |
| Other Non-Clinical Services - Homemaker/Aide | | | X |

Go to Previous Page Continue

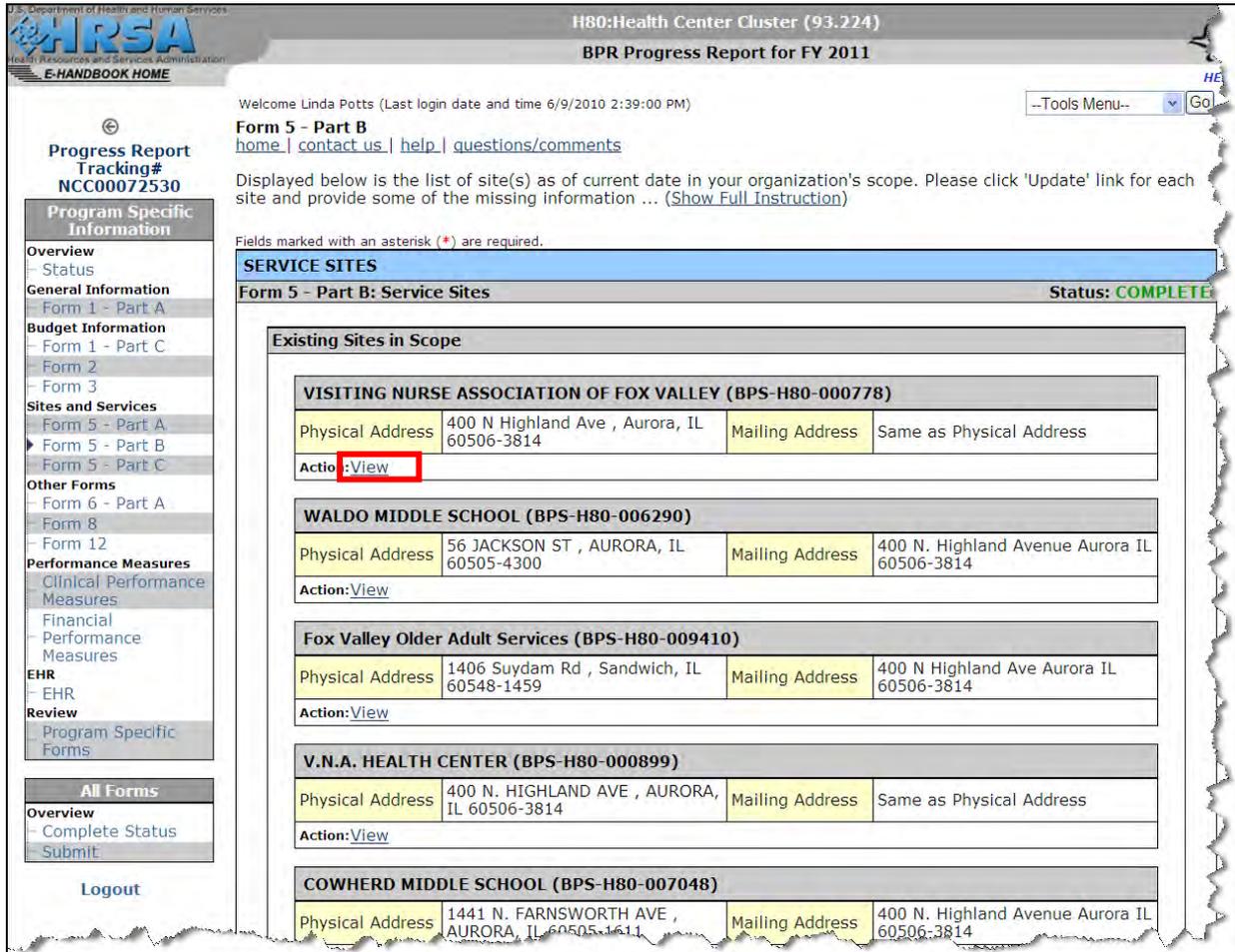
- After reviewing **Form 5 – Part A** (Figure 57), click the **Continue** button to progress to the next form.

3.3.7 Form 5 – Part B: Service Sites

 For existing grantees submitting a Non Competing Continuation Progress Report (Type 5), Form 5 – Part B will show site(s) pre-populated from grantee’s baseline scope on file.

Click [Form 5 – Part B](#) on the Program Specific Information side menu to access **Form 5 – Part B: Service Sites** (Figure 58), if you are not already on the form.

Figure 58: Form 5 – Part B: Service Sites



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Form 5 - Part B
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Displayed below is the list of site(s) as of current date in your organization's scope. Please click 'Update' link for each site and provide some of the missing information ... ([Show Full Instruction](#))

Fields marked with an asterisk (*) are required.

SERVICE SITES
 Form 5 - Part B: Service Sites Status: **COMPLETE**

Existing Sites in Scope

| VISITING NURSE ASSOCIATION OF FOX VALLEY (BPS-H80-000778) | | | |
|---|--|-----------------|--------------------------|
| Physical Address | 400 N Highland Ave , Aurora, IL 60506-3814 | Mailing Address | Same as Physical Address |
| Action: | View | | |

| WALDO MIDDLE SCHOOL (BPS-H80-006290) | | | |
|--------------------------------------|---------------------------------------|-----------------|---|
| Physical Address | 56 JACKSON ST , AURORA, IL 60505-4300 | Mailing Address | 400 N. Highland Avenue Aurora IL 60506-3814 |
| Action: | View | | |

| Fox Valley Older Adult Services (BPS-H80-009410) | | | |
|--|--|-----------------|---|
| Physical Address | 1406 Suydam Rd , Sandwich, IL 60548-1459 | Mailing Address | 400 N Highland Ave Aurora IL 60506-3814 |
| Action: | View | | |

| V.N.A. HEALTH CENTER (BPS-H80-000899) | | | |
|---------------------------------------|---|-----------------|--------------------------|
| Physical Address | 400 N. HIGHLAND AVE , AURORA, IL 60506-3814 | Mailing Address | Same as Physical Address |
| Action: | View | | |

| COWHERD MIDDLE SCHOOL (BPS-H80-007048) | | | |
|--|--|-----------------|---|
| Physical Address | 1441 N. FARNSWORTH AVE , AURORA, IL 60505-1611 | Mailing Address | 400 N. Highland Avenue Aurora IL 60506-3814 |
| Action: | View | | |

All Forms
 Overview
 - Complete Status
 Submit

Logout

This form will be pre-populated, based upon your existing scope.

3.3.8 Viewing Service Sites

1. Click the [View](#) link on **Form 5 – Part B: Service Sites** (Figure 58) to view the information for the site listed above.
 - ▶ A read-only version of the **Service Site Information** (Figure 59) will be displayed in a pop-up window.

Figure 59: Read-Only Version of Service Site Information for Form 5 – Part B Page

| DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration | | FOR HRSA USE ONLY | | | | | | | | | | | | | |
|--|--|---|--|--------------|--|-------------------|--|--------------------|--|-------------------|----------------|-----|--|------|--|
| FORM 5 - PART B: SERVICE SITES (List of Sites in BPHC Records) | | Application Tracking Number | Grant Number | | | | | | | | | | | | |
| | | 00072791 | H80CS04207 | | | | | | | | | | | | |
| COLUMBIA RIVER COMMUNITY HEALTH SERVICES (BPS-H80-000487) | | Action Status: Picked from Scope | | | | | | | | | | | | | |
| Name of Service Site | COLUMBIA RIVER COMMUNITY HEALTH SERVICES | Service Site Type | Service Delivery Site | | | | | | | | | | | | |
| Location Type | Permanent | Location Setting (Required for Service Site Only) | All Other Clinic Types | | | | | | | | | | | | |
| Number of Contract Service Delivery Locations (Voucher Screening Only) | 0 | Number of Intermittent Sites (Intermittent Only) | 0 | | | | | | | | | | | | |
| Web URL | http://reisystemsinc.com/ | | | | | | | | | | | | | | |
| Site Operated by | <input checked="" type="checkbox"/> Grantee <input type="checkbox"/> Sub-Recipient <input type="checkbox"/> Contractor | | | | | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th colspan="2">Organization</th> </tr> </thead> <tbody> <tr> <td>Organization Name</td> <td></td> </tr> <tr> <td>Address (Physical)</td> <td></td> </tr> <tr> <td>Address (Mailing)</td> <td>Not Applicable</td> </tr> <tr> <td>EIN</td> <td></td> </tr> <tr> <td>View</td> <td></td> </tr> </tbody> </table> | | | | Organization | | Organization Name | | Address (Physical) | | Address (Mailing) | Not Applicable | EIN | | View | |
| Organization | | | | | | | | | | | | | | | |
| Organization Name | | | | | | | | | | | | | | | |
| Address (Physical) | | | | | | | | | | | | | | | |
| Address (Mailing) | Not Applicable | | | | | | | | | | | | | | |
| EIN | | | | | | | | | | | | | | | |
| View | | | | | | | | | | | | | | | |
| Date Site was Opened | 1/3/2005 | Date Site was Added to Scope | 1/3/2005 | | | | | | | | | | | | |
| Site Operational By | 4/25/2010 | Medicare Billing Number | 123456789 | | | | | | | | | | | | |
| Medicaid Billing Number | 12345 | Medicaid Pharmacy Billing Number | 98765 | | | | | | | | | | | | |
| Site Phone Number | 541-481-7212 | Administration Phone Number | 541-481-7212 Ext. 29 | | | | | | | | | | | | |
| Site Fax Number | 541-481-2020 | | | | | | | | | | | | | | |
| Site Physical Address | 201 SW Kinkade Rd , Boardman, OR 97818 | Site Mailing Address | Post Office Box 397 Boardman OR | | | | | | | | | | | | |
| Service Area Zipcodes (Required for Service Site Only) | 97818, 97844, 22010 | Service Area Census Tracts | 19021, 20190 | | | | | | | | | | | | |
| Population Type | <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Rural | | | | | | | | | | | | | | |
| Operational Schedule | <input checked="" type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time | Calendar Schedule | <input checked="" type="checkbox"/> Year-Round <input type="checkbox"/> Seasonal | | | | | | | | | | | | |
| Total Hours of Operation when Patients will be Served per Week (include extended hours) | 45.000 | Months of Operation | | | | | | | | | | | | | |

2. Click **Close Window** to close the pop-up window and return to **Form 5 – Part B: Service Sites** (Figure 58).
3. Click **Save and Continue** at the bottom of **Form 5 – Part B** (Figure 58) to save any changes and proceed to the next form.

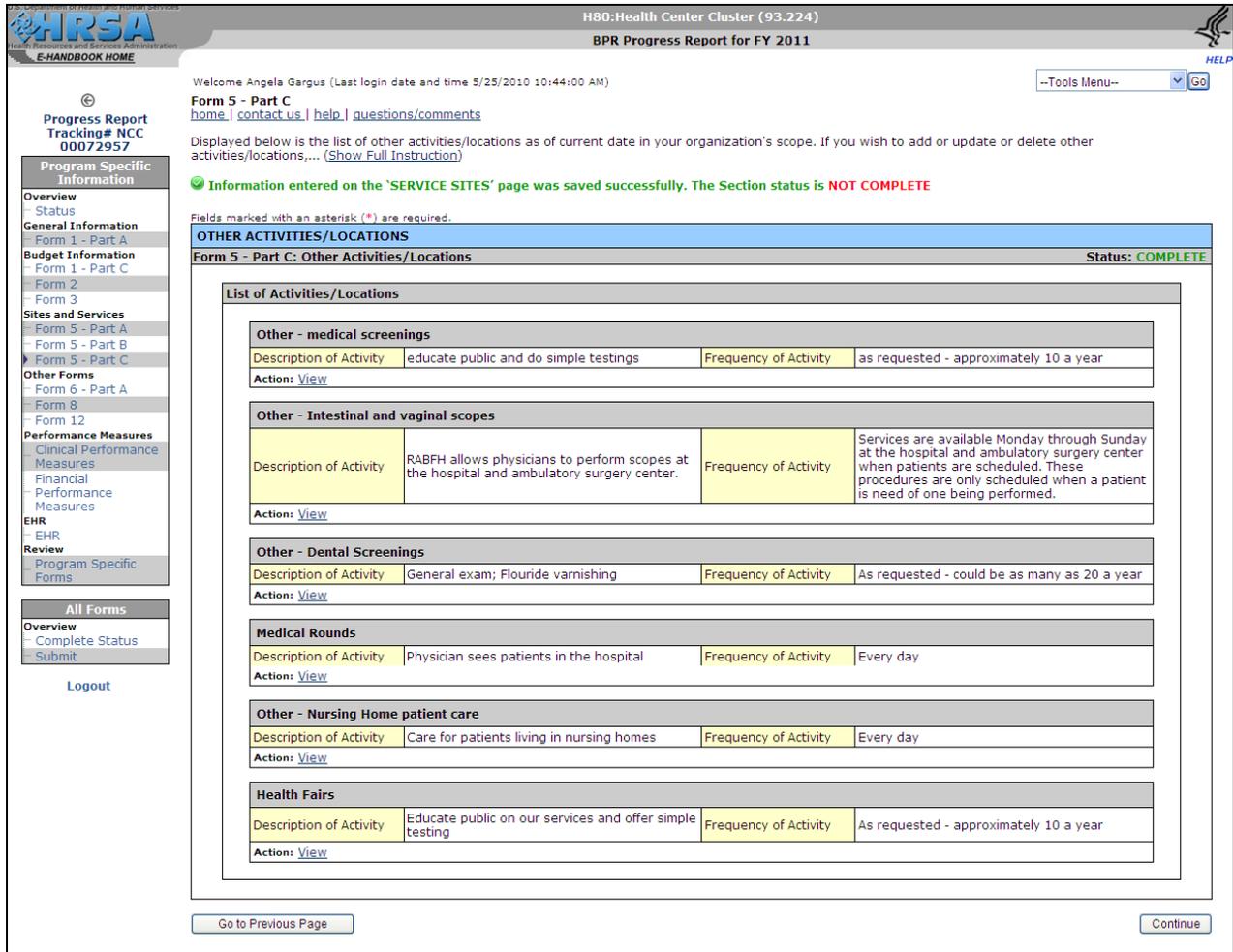
3.3.9 Form 5 – Part C: Other Activities/Locations

 Existing grantees that are submitting a Non Competing Continuation) Progress Report (Type 5), Form 5 – Part C will be pre-populated with list of other activities/locations from grantee’s baseline scope on file. This information will be read-only.

Click [Form 5 – Part C](#) on the Program Specific Information side menu to access **Other Activities/Locations Form** (Figure 60), if you are not already on the form.

This form (Figure 60) will be pre-populated, based upon your baseline scope.

Figure 60: Form 5 – Part C: Other Activities / Locations)



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Form 5 - Part C
[home](#) | [contact us](#) | [help](#) | [questions/comments](#)

Displayed below is the list of other activities/locations as of current date in your organization's scope. If you wish to add or update or delete other activities/locations,... (Show Full Instruction)

Information entered on the 'SERVICE SITES' page was saved successfully. The Section status is NOT COMPLETE

Fields marked with an asterisk (*) are required.

OTHER ACTIVITIES/LOCATIONS Status: **COMPLETE**

Form 5 - Part C: Other Activities/Locations Status: **COMPLETE**

List of Activities/Locations

| Other - medical screenings | | | |
|------------------------------|---------------------------------------|-----------------------|--|
| Description of Activity | educate public and do simple testings | Frequency of Activity | as requested - approximately 10 a year |
| Action: View | | | |

| Other - Intestinal and vaginal scopes | | | |
|---------------------------------------|--|-----------------------|--|
| Description of Activity | RABFH allows physicians to perform scopes at the hospital and ambulatory surgery center. | Frequency of Activity | Services are available Monday through Sunday at the hospital and ambulatory surgery center when patients are scheduled. These procedures are only scheduled when a patient is need of one being performed. |
| Action: View | | | |

| Other - Dental Screenings | | | |
|------------------------------|-----------------------------------|-----------------------|--|
| Description of Activity | General exam; Flouride varnishing | Frequency of Activity | As requested - could be as many as 20 a year |
| Action: View | | | |

| Medical Rounds | | | |
|------------------------------|---|-----------------------|-----------|
| Description of Activity | Physician sees patients in the hospital | Frequency of Activity | Every day |
| Action: View | | | |

| Other - Nursing Home patient care | | | |
|-----------------------------------|---|-----------------------|-----------|
| Description of Activity | Care for patients living in nursing homes | Frequency of Activity | Every day |
| Action: View | | | |

| Health Fairs | | | |
|------------------------------|---|-----------------------|--|
| Description of Activity | Educate public on our services and offer simple testing | Frequency of Activity | As requested - approximately 10 a year |
| Action: View | | | |

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

1. Click the [View](#) link below an Activity / Location to review the activity / location information.
 ► The **Activity / Location Pop-up Screen** (Figure 61) will be displayed in a pop-up window.

Figure 61: Activity / Location Pop-up Screen

| DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration | | FOR HRSA USE ONLY | |
|---|---|-----------------------------|--------------|
| FORM 5 - PART C: OTHER ACTIVITIES/LOCATIONS | | Application Tracking Number | Grant Number |
| | | 00072513 | H80CS00759 |
| ACTIVITY/LOCATION #1 | | | |
| Type of Activity | Other - Migrant Camp Outreach | | |
| Frequency of Activity | We visit approximately 15 migrant camps each year. | | |
| Description of Activity | During our migrant camp outreach we provide health education; immunizations; health screens for TB, blood sugars, blood pressure, and dental health; and health visits with medical providers and dentists. | | |
| Type of Location(s) where Activity is Conducted | This service is provided at various migrant camp location through out our service area. | | |
| <input type="button" value="Close Window"/> | | | |

2. After reviewing the information, click to close the pop-up window and return to **Form 5 – Part C: Other Activities / Locations** (Figure 60).
3. Click on **Form 5 – Part C** (Figure 60) to proceed to the next form.

3.3.10 Form 6 – Part A: Current Board Member Characteristics

Form 6 – Part A is the Board Member Characteristics form. Applicants should list all current board members and provide information on all characteristics as requested.

Click [Form 6 – Part A](#) on the Program Specific Information side menu to access the **Current Board Member Characteristics Form** (Figure 62), if it is not already displayed.

Figure 62: Form 6 – Part A: Current Board Member Characteristics

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 BPR Progress Report for FY 2011

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Form 6 - Part A
[home](#) | [help](#) | [questions/comments](#)

Provide information on Current Board Member Characteristics if applicable. Please refer to the guidance for more information on filling out Form 6 - Part A.

Use the "S..." ([Show Full Instruction](#))

Note: There is a limit on how many board members are allowed to be added: minimum is 9 and maximum is 25.

Information entered on the 'OTHER ACTIVITIES/LOCATIONS' page was saved successfully. The Section status is COMPLETE

Fields marked with an asterisk (*) are required.

CURRENT BOARD MEMBER CHARACTERISTICS
 Form 6 - Part A: Current Board Member Characteristics Status: **Not Complete**

***Organization Type**
 Is your organization a tribal entity?
 Yes No

If your answer to above question is 'Yes', you are exempted from filling this form.

| Select | # | Board Member Name | Board Office Held | Area of Expertise | Health Center Patient | Live or Work in Service Area | Years of Continuous Board Service | Special Population Representative |
|------------------------------------|---|-------------------|-------------------|-------------------|-----------------------|------------------------------|-----------------------------------|-----------------------------------|
| <input type="button" value="Add"/> | | | | | | | | |

| Gender | Number of Board Members |
|--------|-------------------------|
| Male | 0 |
| Female | 0 |

| Ethnicity | Number of Board Members |
|------------------------|-------------------------|
| Hispanic or Latino | 0 |
| Non-Hispanic or Latino | 0 |

| Race | Number of Board Members |
|---|-------------------------|
| White | 0 |
| Native Hawaiian or Other Pacific Islander | 0 |
| Black/African American | 0 |
| American Indian or Alaska Native | 0 |
| Asian | 0 |
| More Than One Race | 0 |

Go to Previous Page

Form 6 – Part A is a table document that you must complete.

- It is strongly recommended that you save your work on a regular basis while completing this form.**
- It is required that you define your organization type as tribal or non-tribal entity.**
- The board member counts for each category (Gender, Race and Ethnicity) must not exceed the number of board members listed.**

Figure 63: Current Board Member Characteristics (details) of Form 6 – Part A

Fields marked with an asterisk (*) are required.

CURRENT BOARD MEMBER CHARACTERISTICS

Form 6 – Part A: Current Board Member Characteristics Status: **Not Complete**

***Organization Type**

Is your organization a tribal entity?

Yes No

If your answer to above question is 'Yes', you are exempted from filling this form.

List of Board Member(s)

| Select | # | Board Member Name | Board Office Held | Area of Expertise | Health Center Patient | Live or Work in Service Area | Years of Continuous Board Service | Special Population Representative |
|--------|---|-------------------|-------------------|------------------------------------|-----------------------|------------------------------|-----------------------------------|-----------------------------------|
| | | | | <input type="button" value="Add"/> | | | | |

| Gender | Number of Board Members |
|---|-------------------------|
| Male | 0 |
| Female | 0 |
| Ethnicity | Number of Board Members |
| Hispanic or Latino | 0 |
| Non Hispanic | 0 |
| Race | Number of Board Members |
| White | 0 |
| Native Hawaiian or Other Pacific Islander | 0 |
| Black/African American | 0 |
| American Indian or Alaska Native | 0 |
| Asian | 0 |
| More Than One Race | 0 |

1. Select your answer to the **Organization Type** question (Yes or No).

 **If you select No (i.e., your Organization is NOT a tribal entity, then you MUST add board members. However the system will allow you to add board members even if you are a tribal entity.**

2. Click to add individual board members.
 - ▶ The **Add Board Member Information Page** (Figure 64) will be displayed.

Figure 64: Add Board Member Information Page

The screenshot shows the 'Add Board Member Information' page. The left sidebar contains a navigation menu with categories like 'Program Specific Information', 'Overview', 'General Information', 'Budget Information', 'Sites and Services', 'Other Forms', 'Performance Measures', 'EHR', and 'Review'. The main content area is titled 'ADD BOARD MEMBER INFORMATION' and contains the following fields:

- *First Name (text input)
- *Last Name (text input)
- Middle Initial (text input)
- *Board Office Held (text input)
- *Area of Expertise (text input)
- *Does member derive more than 10% of income from health industry (radio buttons: Yes, No)
- *Is member a health center patient (radio buttons: Yes, No)
- Live or work in service area (checkboxes: Live, Work)
- *Years of continuous board service (text input)
- *Is member a special population representative (MHC, HCH, PHPC) (checkboxes: MHC, HCH, PHPC)

At the bottom right, the 'Save and Continue' button is highlighted with a red box. Other buttons include 'Cancel' and 'Go'.

3. Enter the required information, click **Save and Continue**. Fields marked with an asterisk (*) are required.
 - ▶ You will be returned to **Current Board Member Characteristics (details) of Form 6 – Part A** (Figure 63). The board member you added will be listed under the *List of Board Members*.
4. Repeat the 'add board member' process to add additional board members.

You must provide a minimum of 9 and a maximum of 25 board members.

5. After you finish adding the board members, you need to enter the Board Member counts found on the bottom half of the screen (i.e., the Board Member Counts) (Figure 65).

The total number of board members for each category (i.e., gender, ethnicity, race) must be equal to the amount of board members that were previously added.

Figure 65: Board Member Counts on Form 6 – Part A

| Gender | Number of Board Members |
|---|-------------------------|
| Male | 0 |
| Female | 0 |
| Ethnicity | Number of Board Members |
| Hispanic or Latino | 0 |
| Non-Hispanic | 0 |
| Race | Number of Board Members |
| White | 0 |
| Native Hawaiian or Other Pacific Islander | 0 |
| Black/African American | 0 |
| American Indian or Alaska Native | 0 |
| Asian | 0 |
| More Than One Race | 0 |

- After you have completed the screen, click **Save and Continue**, to save your work and proceed to the next form.

3.3.11 Form 8: Health Center Affiliation Certification/Checklist

The submission of Form 8 is required for CHC and/or MHC applicants.

Click **Form 8** on the Program Specific Information side menu to access the **Health Center Affiliation Certification/Checklist Form** (Figure 66), if it is not already displayed.

Figure 66: Form 8: Health Center Affiliation Certification/Checklist

The screenshot displays the HRSA BPR Progress Report for FY 2011. The user is logged in as Angela Gargus. The main content area is titled "HEALTH CENTER AFFILIATION CERTIFICATION/CHECKLIST" and "Form 8: Health Center Affiliation Certification/Checklist". The status is "Not Complete".

Does your organization have, or propose to establish as part of this application, any of the following Affiliation Types:

- Contract for a substantial portion of the approved scope of project
- Memorandum of Understanding (MOU)/Agreement (MOA) for substantial portion of the approved scope
- Contract with another organization or individual contract for core primary care providers
- Contract with another organization for staffing health center
- Contract with another organization for the Chief Medical Officer (CMO) or Chief Financial Officer (CFO)
- Merger with another organization
- Parent Subsidiary Model arrangement
- Acquisition by another organization
- Establishment of a New Entity (e.g. Network corporation)

Options: Yes (Please complete sections **Organization Affiliations** Section), No, Not Applicable (Choose this option if you **ARE** an HCH and/or PHPC applicant)

Organization Affiliations

No Records found.

Add Organization Affiliation

- Applicants should indicate if any of the identified affiliation arrangements (Figure 67) are present or proposed, by selecting the appropriate option button.

The system will not allow you to select *Not Applicable* if you are requesting (or have requested) Health Care for the Homeless (HCH) and/or Public Housing (PHPC) funding.

Figure 67: Affiliation Type Checklist of Form 8

Does your organization have, or propose to establish as part of this application, any of the following Affiliation Types:

- Contract for a substantial portion of the approved scope of project
- Memorandum of Understanding (MOU)/Agreement (MOA) for substantial portion of the approved scope
- Contract with another organization or individual contract for core primary care providers
- Contract with another organization for staffing health center
- Contract with another organization for the Chief Medical Officer (CMO) or Chief Financial Officer (CFO)
- Merger with another organization
- Parent Subsidiary Model arrangement
- Acquisition by another organization
- Establishment of a New Entity (e.g. Network corporation)

Yes (Please Complete sections **Organization Affiliations** Section)
 No
 Not Applicable (Choose this option if you **ARE** an HCH and/or PHPC applicant)

(NOTE: You must complete a checklist for each organization with which you have any of the above arrangements. Summaries/Copies of all applicable affiliations must be included with the application.)

Select an answer, and then proceed.

2. Applicants with affiliations must add affiliations in the **Organization Affiliations** section (Figure 68). An entry must be made for each organization with which the applicant has any identified affiliation arrangements.

You can only add Organization Affiliations if you answer Yes (i.e., you have one or more of the listed affiliation types).

a. Click **Add Organization Affiliation**.

Figure 68: Add Organization Affiliations Section of Form 8

Please provide at least one Organization Affiliation if you answered 'Yes' to above question.

Organization Affiliations

No Records found.

Add Organization Affiliation

Click Add Organization Affiliation to complete this section.

b. The **Add Organization Affiliation Page** (Figure 69) opens.

Figure 69: Add Organization Affiliation Page

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H80-Health Center Cluster (93.224)
 BPR Progress Report for FY 2011

Welcome Angela Gargus (Last login date and time 5/25/2010 10:44:00 AM)

Form 8
[home](#) | [help](#) | [questions/comments](#)

Enter all information requested below related to the affiliation which you want to add.

Fields marked with an asterisk (*) are required.

HEALTH CENTER AFFILIATION CERTIFICATION/CHECKLIST Status: **Not Started**

| | |
|---|--|
| Add Organization Affiliation | |
| *Organization Name (Maximum 50 characters) | <input type="text"/> |
| *Organization EIN (9 Digits) | <input type="text"/> |
| *Physical Location Address (Required) | |
| *Street Address Line 1 | Number <input type="text"/> *Name <input type="text"/> |
| Street Address Line 2 | Select one Number <input type="text"/> |
| *City | <input type="text"/> (Required if Zip is not specified) |
| Urbanization | <input type="text"/> (Used only for Puerto Rico(PR)) |
| *State | <input type="text"/> (Required if City is specified) |
| *Zip Code Lookup | <input type="text"/> - <input type="text"/> (Required if City is not specified) |
| *Affiliation Type (check all that apply) | <input type="checkbox"/> Contract for a substantial portion of the approved scope of project <input type="checkbox"/> Memorandum of Understanding (MOU)/Agreement (MOA) for substantial portion of the approved scope <input type="checkbox"/> Contract with another organization or individual contract for core primary care providers <input type="checkbox"/> Contract with another organization for staffing health center <input type="checkbox"/> Contract with another organization for the Chief Medical Officer (CMO) or Chief Financial Officer (CFO) <input type="checkbox"/> Merger with another organization <input type="checkbox"/> Parent Subsidiary Model arrangement <input type="checkbox"/> Acquisition by another organization <input type="checkbox"/> Establishment of a New Entity (e.g. Network corporation) |
| Description (Optional) (Maximum 500 characters) | |
| <input type="text"/> | |

Click "Save" button to avoid losing information entered above.

- c. Complete the fields in the **Add Organization Affiliation** section of the form (Figure 70), and click **Save**. Fields marked with an asterisk (*) are required.

Figure 70: Add Organization Affiliation Section of Add Organization Affiliation Page

| Add Organization Affiliation | | Status: Not Started |
|---|--|----------------------------|
| *Organization Name (Maximum 50 characters) | <input type="text"/> | |
| *Organization EIN (9 Digits) | <input type="text"/> | |
| *Physical Location Address (Required) | | |
| *Street Address Line 1 | Number | *Name |
| Street Address Line 2 | Select one | Number |
| *City | <input type="text"/> (Required if Zip is not specified) | |
| Urbanization | <input type="text"/> (Used only for Puerto Rico(PR)) | |
| *State | <input type="text"/> (Required if City is specified) | |
| *Zip Code <u>Lookup</u> | <input type="text"/> - <input type="text"/> (Required if City is not specified) | |
| *Affiliation Type (check all that apply) | <input type="checkbox"/> Contract for a substantial portion of the approved scope of project <input type="checkbox"/> Memorandum of Understanding (MOU)/Agreement (MOA) for substantial portion of the approved scope <input type="checkbox"/> Contract with another organization or individual contract for core primary care providers <input type="checkbox"/> Contract with another organization for staffing health center <input type="checkbox"/> Contract with another organization for the Chief Medical Officer (CMO) or Chief Financial Officer (CFO) <input type="checkbox"/> Merger with another organization <input type="checkbox"/> Parent Subsidiary Model arrangement <input type="checkbox"/> Acquisition by another organization <input type="checkbox"/> Establishment of a New Entity (e.g. Network corporation) | |

- d. Complete the **Health Center Affiliation Checklist** section (Figure 71), and click **Save**. Fields marked with an asterisk (*) are required.

Figure 71: Health Center Affiliation Checklist Section of Add Organization Affiliation Page

| Health Center Affiliation Checklist | | |
|---|---------------------------|-----------------------|
| STAFFING | Yes | No |
| *1) The center directly employs the CFO, CMO and the core staff of full-time primary care providers. | <input type="radio"/> | <input type="radio"/> |
| *2) The center directly employs all non-provider health center staff. | <input type="radio"/> | <input type="radio"/> |
| *3) If NO to question 1 or 2, the CEO of the center retains the authority to select and dismiss the CFO and CMO as well as other staff assigned to the center? Please cite reference document [] and page # [] | <input type="radio"/> | <input type="radio"/> |
| GOVERNANCE | Yes | No |
| *4) The arrangements presented in the affiliation agreements, as defined above, do not compromise the Board authorities or limit its legislative and regulatory mandated functions and responsibilities as defined below. (Examples of compromising arrangements are... (Show)) | <input type="radio"/> | <input type="radio"/> |
| | Reference Document | Page # |
| *board composition | [] | [] |
| *executive committee function and composition | [] | [] |
| *selection of board chairperson | [] | [] |
| *selection of board members | [] | [] |
| *strategic planning | [] | [] |
| *approval of the annual budget of the center | [] | [] |
| *directly employs, selects/dismisses and evaluates the Chief Executive Officer/Executive Director | [] | [] |
| *adoption of policies and procedures for personnel and financial management | [] | [] |
| *establishes center priorities | [] | [] |
| *establishes eligibility requirements for partial payment of services | [] | [] |
| *provides for an independent audit | [] | [] |
| *evaluation of center activities | [] | [] |
| *adoption of center's health care policies including scope and availability of services, location, hours of operation and quality of care audit procedures | [] | [] |
| *existence of a conflict of interest policy | [] | [] |
| *contains appropriate provisions around the activities to be performed, time, schedules, the policies and procedures to be followed in carrying out the agreement, and the maximum amount of money for which the grantee may become liable to the contractor under the agreement; | [] | [] |
| *requires the contractor to maintain appropriate financial, program and property management systems and records in accordance with 45 CFR Part 74 and provides the center, DHHS and the U.S. Comptroller General with access to such records; | [] | [] |
| *requires the submission of financial and programmatic reports to the health center; | [] | [] |
| *complies with Federal procurement standards or grant requirements including conflict of interest standards; | [] | [] |
| *subject to termination (with administrative, contractual and legal remedies) in the event of breach by the contractor. | [] | [] |
| CONTRACTING | Yes | No |
| *5) The center has justified the performance of the work by a third party. Please cite reference document [] and page # [] | <input type="radio"/> | <input type="radio"/> |
| *6) Written affiliation agreement(s) comply with current Department of Health and Human Services (HHS) policies (PINs 97-27 and 98-24) | <input type="radio"/> | <input type="radio"/> |

Click "Save" button to avoid losing information entered above. Save

e. Click **Attach** in the **Attachments** section (Figure 72) to attach any relevant documents.

A maximum of 10 documents can be attached.

Figure 72: Attachments Section of Add Organization Affiliation Page

Attachments

Please upload copies of all relevant and cited documents in this section. Before uploading a document for this affiliation, please rename the file to include the affiliated organization's name e.g. 'CincinnatiHospital_LocationDetails.doc'.

| Other Attachment(s) (Maximum Ten (10) Attachment(s)) | | | | |
|--|---------|---------------|------|-------------|
| Select | Purpose | Document Name | Size | Uploaded By |
| No attached document exists. | | | | |
| <input type="button" value="Attach"/> | | | | |

f. The **Attach Document Page** (Figure 73) will be displayed.

Figure 73: Attach Document Page

- g. Click **Browse . . .** and follow the standard Windows browse procedure to list the document in the Document box.
- h. Click **Attach Document**.
 - ▶ The **Attachment Document Page** will be re-displayed with a confirmation message. The document will be listed in the **Attached Document(s)** section of the screen.

Figure 74: Attach Document Screen (with confirmation message)

- i. Click **Finished Attaching**.
 - ▶ You will be returned to the **Add Organization Affiliation Page** (Figure 69). The attached document(s) will be listed in the **Attachments** section of the **Add Organization Affiliation Page** (Figure 75).

Figure 75: Attachments Section of Add Organization Affiliation Page (with attachments listed)

Attachments

Please upload copies of all relevant and cited documents in this section. Before uploading a document for this affiliation, please rename the file to include the affiliated organization's name e.g. 'CincinnatiHospital_LocationDetails.doc'.

| Other Attachment(s) (Maximum Ten (10) Attachment(s)) | | | | |
|--|------------------------|------------------------|----------|-------------------------------------|
| Select | Purpose | Document Name | Size | Uploaded By |
| <input checked="" type="radio"/> | Form 8 Other Documents | Strategic Planning.doc | 42.05 KB | Judith Barr on 3/21/2010 2:17:26 PM |

3. Click .
 - ▶ You will be returned to **Form 8: Health Center Affiliation Certification/Checklist** (Figure 66). The affiliated organization you just added will be listed under the **Organization Affiliations** section.
4. Click to save your work and proceed to the next form.

3.3.12 Form 12: Organization Contacts

Form 12: Organization Contacts, can be used to list contact information in your current project scope.

Click [Form 12](#) on the Program Specific Information side menu to access the **Organization Contacts Form** (Figure 76), if you are not already on the form.

Figure 76: Form 12: Organization Contacts

The screenshot displays the HRSA BPR Progress Report for FY 2011, Form 12: Organization Contacts. The page includes a sidebar with navigation options, a main content area with a welcome message and a progress indicator, and a table for adding contacts. The table has columns for role, name, and phone number. Red boxes highlight the 'Add Medical Director', 'Add Dental Director', 'Add Chief Executive Officer', and 'Add Contact Person' buttons. A red callout box points to these buttons with the text: 'Click Add/Change to enter information for each point of contact.'

Applicants should enter a medical director, dental director (optional), chief executive officer, and a contact person. The contact person should be the primary communications liaison for any program specific information being submitted as part of this Progress Report. Fields marked with an asterisk (*) are required.

1. Click one of the *Add* buttons to add or update the information for each type of contact. For example, click [Add Medical Director](#) to add a medical director.
 - The **Contact Information Data Entry Page** (Figure 77) will be displayed for the contact you are adding.
2. Enter the information on the page. Fields marked with an asterisk (*) are required.

Figure 77: Contact Information Data Entry Page for Form 12

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H80:Health Center Cluster (93.224)
 BPR Progress Report for FY 2011

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Form 12
 Progress Report Tracking# NCC00072530

Enter or update the contact information shown below. Click "Save and Continue" button to save the information entered in this page.

Fields marked with an asterisk (*) are required.

CONTACT INFORMATION

| | |
|--------------------|--|
| *Title of Position | Medical Director |
| Prefix | Select One |
| *Last Name | <input type="text"/> |
| *First Name | <input type="text"/> |
| Middle Initial | <input type="text"/> |
| Suffix | Select One If 'Other', please specify <input type="text"/> |
| Highest Degree | Select One If 'Other', please specify <input type="text"/> |

Contact Address

| | |
|----------------|--|
| *Email Address | <input type="text"/> |
| *Phone Number | (<input type="text"/>) <input type="text"/> - <input type="text"/> Ext: <input type="text"/> |

Go Back Save and Continue

Program Specific Information

- Overview
- Status
- General Information
 - Form 1 - Part A
- Budget Information
 - Form 1 - Part C
 - Form 2
 - Form 3
- Sites and Services
 - Form 5 - Part A
 - Form 5 - Part B
 - Form 5 - Part C
- Other Forms
 - Form 6 - Part A
 - Form 8
 - Form 12
- Performance Measures
 - Clinical Performance Measures
 - Financial Performance Measures
- EHR
- Review
 - Program Specific Forms

All Forms

- Overview
- Complete Status
- Submit

Logout

- Click **Save and Continue** to save your work and return to **Form 12: Organization Contacts** (Figure 76).
- After you have added all the contacts, click **Save and Continue** on **Form 12: Organization Contacts**, to save your work and proceed to the next form.

3.3.13 Clinical Performance Measures

On this form you will provide information on your Clinical Performance Measures. Please refer to the guidance for more information on filling out Clinical Performance Measures.

Clinical Performance Measures was formerly known as the Health Care Plan.

Click the [Clinical Performance Measures](#) link on the Program Specific Information side menu to access this form (Figure 78), if you are not already on the form.

The data for all standard performance measures will be populated from the application awarded in the last project or budget period where the measure was first proposed.

NOTE: All Oral Health and Behavioral Health Measures will be listed from all the applications where they were proposed. These measures will be listed under Standard Measures or Other Measures, as per their corresponding applications.

Figure 78: Clinical Performance Measures Form

Welcome Angela Gargus (Last login date and time 5/25/2010 10:44:00 AM)

Clinical Performance Measures
[home](#) | [help](#) | [questions/comments](#)

Provide information on Clinical Performance Measures form. Please refer to the guidance for more information on filling out Clinical Performance Measures form.

Use the... ([Show Full Instruction](#))

Fields marked with an asterisk (*) are required.

CLINICAL PERFORMANCE MEASURES Status: **Not Complete**

Clinical Performance Measures

| Project Period | | | |
|-----------------------------|------------|---------------------------|------------|
| *Start Date (mm/dd/yyyy) | 05/27/2010 | *End Date (mm/dd/yyyy) | 05/27/2011 |

[Save](#)

***Standard Measures**

| Performance Measure: Percentage of diabetic patients whose HbA1c levels are less than or equal to 9 percent. | | | | Status: Complete |
|--|------------------------------|------------------|---|-------------------------|
| Focus Area | Diabetes | Goal Description | Increase the percentage of adult patients (age 18 to 75) with type 1 or 2 diabetes whose most recent hemoglobin A1c (HbA1c) is less than or equal to 9% | |
| Baseline Data | 79.07% (Baseline Year: 2008) | Projected Data | 84.00% | |
| Action: View Update | | | | |

| Performance Measure: Percentage of adult patients with diagnosed hypertension whose most recent blood pressure was less than 140/90. | | | | Status: Not Complete |
|--|------------------------------|------------------|--|-----------------------------|
| Focus Area | Cardiovascular Disease | Goal Description | Increase the percentage of adult patients (age 18 to 85) with diagnosed hypertension whose most recent blood pressure was less than or equal to 140/90 | |
| Baseline Data | 49.88% (Baseline Year: 2008) | Projected Data | 55.00% | |
| Action: View Update | | | | |

| Performance Measure: Percentage of women age 21-64 who received one or more Pap tests during the measurement year or during the two years prior to the measurement year. | | | | Status: Not Complete |
|--|--------|------------------|---|-----------------------------|
| Focus Area | Cancer | Goal Description | Increase the percentage of women 21-64 years of age who receive Pap tests | |

1. Enter the Project Period.

The system will synchronize the project period dates between Clinical Performance Measures and Financial Performance Measures as soon as they are updated in either of the 2 forms. Changes made to dates in one form will be reflected in other form.

2. You may enter or modify the performance measure information as per the options listed below.

| | |
|---|---|
|  | <p>Options:</p> <ul style="list-style-type: none"> ❖ Update a Performance Measure (below) ❖ View a Performance Measure (on page 79) ❖ Add a Performance Measure (on page 80) ❖ Delete a Performance Measure (on page 82) ❖ Mark a Performance Measure as a Duplicate (on page 83) ❖ Undo a Duplicated Performance Measure (on page 85) ❖ Update a Duplicated Performance Measure (on page 86) |
|---|---|

Figure 79: Clinical Performance Measures (an Incomplete Performance Measure Section)

| | | | |
|---|---------------------------|------------------|--|
| Performance Measure: Percentage of diabetic patients whose HbA1c levels are less than or equal to 9 percent. | | | Status: Not Complete |
| Focus Area | Diabetes | Goal Description | (Please Specify) |
| Baseline Data | ___% (Baseline Year: ___) | Projected Data | ___ % |
| Action: View Update | | | |

- ❖ Click the [Update](#) link to enter or update the information for a performance measure.
 - ▶ The corresponding version of the **Update Clinical Performance Measure Information Page** (Figure 80 or Figure 81) will be displayed for the performance measure.

🔔 **You are required to answer all Performance Measure questions.**

🔔 **If any performance measure listed is not applicable, an explanation is required in the comment field for that measure.**

**Figure 80: Update Clinical Performance Measure Information Page
 (for NON-Oral or NON-Behavioral Focus Areas)**

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 BPR Progress Report for FY 2011

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Clinical Performance Measures
[home](#) | [help](#) | [questions/comments](#)

Please update the below Clinical Performance Measure information and click the 'Save and Continue' button when you are complete. To cancel this action and return to the prev... ([Show Full Instruction](#))

Note:
 - Performance Measure details (except Quantitative data for Progress Towards Goal) displayed below are pre-populated from BPR FY 2010 application submitted by grantee.
 - Quantitative data for Progress Towards Goal is pre-populated from UDS 2009 Report submitted by grantee. This data can be revised if needed.
 - If pre-populated data is revised, please provide appropriate justification in the 'Comments' field shown below.

Information entered on the 'Clinical Performance Measure' page was saved successfully. The Section status is COMPLETE

Fields marked with an asterisk (*) are required.

UPDATE CLINICAL PERFORMANCE MEASURE INFORMATION Status: COMPLETE

| Update Clinical Performance Measure Information | | | | | | | | | | | | | | | |
|---|--|---|--|---|--------------------------------------|---------------|---|------------|------------------------------------|--------------|------------------------------------|----------------------|--------|--|--|
| Focus Area | Diabetes | | | | | | | | | | | | | | |
| * Is this Performance Measure applicable to your Organization? | Yes <input type="checkbox"/> | | | | | | | | | | | | | | |
| <small>(If No, provide explanation in 'Comments' area at bottom of this form)</small> | | | | | | | | | | | | | | | |
| Performance Measure | Percentage of diabetic patients whose HbA1c levels are less than or equal to 9 percent. | | | | | | | | | | | | | | |
| *Target Goal Description <small>(Sample Goals)</small> | Increase to 50% adult patients with Type 1 or Type 2 diabetes whose most recent HbA1c is < 9%. | | | | | | | | | | | | | | |
| Click "Save" button to save all information within this page. Save | | | | | | | | | | | | | | | |
| Numerator Description <small>(Examples)</small> | Number of adult patients age 18 to 75 years (for measurement year 2009, date of birth on or after January 1, 1934 and on or before December 31, 1991) with a diagnosis of Type 1 or Type 2 diabetes whose most recent hemoglobin A1c level during the measurement year is <= 9%, among those patients included in the denominator. | | | | | | | | | | | | | | |
| Denominator Description <small>(Examples)</small> | Number of adult patients age 18 to 75 years as of December 31 of the measurement year (for measurement year 2009, date of birth on or after January 1, 1934 and on or before December 31, 1991) with a diagnosis of Type 1 or Type 2 diabetes, who have been seen in the clinic at least twice during the reporting year and do not meet any of the exclusion criteria. | | | | | | | | | | | | | | |
| *Baseline Data | <table border="0"> <tr> <td>Baseline Year:</td> <td><input type="text" value="2008"/> (yyyy)</td> <td rowspan="4">*Projected Data (by End of Project Period) <small>(Sample Calculation)</small></td> <td rowspan="4"><input type="text" value="50.00"/> %</td> </tr> <tr> <td>Measure Type:</td> <td><input type="text" value="Percentage"/></td> </tr> <tr> <td>Numerator:</td> <td><input type="text" value="33.00"/></td> </tr> <tr> <td>Denominator:</td> <td><input type="text" value="70.00"/></td> </tr> <tr> <td>Calculated Baseline:</td> <td>47.14%</td> <td colspan="2"></td> </tr> </table> | Baseline Year: | <input type="text" value="2008"/> (yyyy) | *Projected Data (by End of Project Period) <small>(Sample Calculation)</small> | <input type="text" value="50.00"/> % | Measure Type: | <input type="text" value="Percentage"/> | Numerator: | <input type="text" value="33.00"/> | Denominator: | <input type="text" value="70.00"/> | Calculated Baseline: | 47.14% | | |
| Baseline Year: | <input type="text" value="2008"/> (yyyy) | *Projected Data (by End of Project Period) <small>(Sample Calculation)</small> | <input type="text" value="50.00"/> % | | | | | | | | | | | | |
| Measure Type: | <input type="text" value="Percentage"/> | | | | | | | | | | | | | | |
| Numerator: | <input type="text" value="33.00"/> | | | | | | | | | | | | | | |
| Denominator: | <input type="text" value="70.00"/> | | | | | | | | | | | | | | |
| Calculated Baseline: | 47.14% | | | | | | | | | | | | | | |
| *Data Source & Methodology | <small>(maximum 500 characters)</small> Representative sample of patient records. (UDS Report 2008) | | | | | | | | | | | | | | |

**Figure 81: Update Clinical Performance Measure Information Page
 (for Oral or Behavioral Focus Areas)**

U.S. Department of Health and Human Services
HRSA
 Health Resources and Services Administration
 E-HANDBOOK HOME

H80:Health Center Cluster (93.224)
 BPR Progress Report for FY 2011

Welcome Linda Potts (Last login date and time 6/14/2010 1:27:00 PM)

Clinical Performance Measures
[home](#) | [help](#) | [questions/comments](#)

Please update the below Clinical Performance Measure information and click the 'Save and Continue' button when you are complete. To cancel this action and return to the prev... ([Show Full Instruction](#))

Note:
 - Performance Measure details (except Quantitative data for Progress Towards Goal) displayed below are pre-populated from BPR FY 2010 application submitted by grantee.
 - If pre-populated data is revised, please provide appropriate justification in the 'Comments' field shown below.

Fields marked with an asterisk (*) are required.

UPDATE CLINICAL PERFORMANCE MEASURE INFORMATION Status: **COMPLETE**

| Update Clinical Performance Measure Information | |
|---|--|
| Focus Area | Oral Health |
| *Performance Measure Category | (Select one or more categories for Oral/Behavioral measures. To select multiple values, hold the Ctrl key and then select from the list.) Emergency Services Oral Exams Restorative Services Oral Surgery If 'Other', Please specify |
| *Is this Performance Measure applicable to your Organization? | Yes <input type="button" value="v"/> (If No, provide explanation in 'Comments' area at bottom of this form) |
| *Performance Measure | (maximum 500 characters) Percentage of patients who have a comprehensive oral exam and treatment plan. |
| *Target Goal Description (Sample Goals) | (maximum 500 characters) By 2013, increase by 5% patients who have a comprehensive oral exam and treatment plan. |
| Click "Save" button to save all information within this page. <input type="button" value="Save"/> | |
| *Numerator Description (Examples) | (maximum 500 characters) Number of patients who have a comprehensive oral exam and treatment plan, among those patients included in the denominator. |
| *Denominator | (maximum 500 characters) Number of patients who were seen in the clinic at least twice as of December |

NOTE: The screens for the Oral and Behavioral Focus areas (Figure 81) contain a Performance Measure Category dropdown to the right of the Focus Area name. You must select one or more of these categories.

- a. Complete or modify the corresponding **Update Clinical Performance Measure** details for the performance measure (Figure 82 or Figure 83). Fields marked with an asterisk (*) are required.

**Figure 82: Update Clinical Performance Measure Information – Details
 (for NON-Oral or NON-Behavioral Focus Areas)**

| Update Clinical Performance Measure Information | | | |
|---|--|--|--------------------------------------|
| Focus Area | Diabetes | | |
| *Is this Performance Measure applicable to your Organization? | Yes <input type="button" value="v"/> (If No, provide explanation in 'Comments' area at bottom of this form) | | |
| Performance Measure | Percentage of diabetic patients whose HbA1c levels are less than or equal to 9 percent. | | |
| *Target Goal Description (Sample Goals) | (maximum 500 characters) Increase to 50% adult patients with Type 1 or Type 2 diabetes whose most recent HbA1c is < 9%. | | |
| Click "Save" button to save all information within this page. <input type="button" value="Save"/> | | | |
| Numerator Description (Examples) | Number of adult patients age 18 to 75 years (for measurement year 2009, date of birth on or after January 1, 1934 and on or before December 31, 1991) with a diagnosis of Type 1 or Type 2 diabetes whose most recent hemoglobin A1c level during the measurement year is <= 9%, among those patients included in the denominator. | | |
| Denominator Description (Examples) | Number of adult patients age 18 to 75 years as of December 31 of the measurement year (for measurement year 2009, date of birth on or after January 1, 1934 and on or before December 31, 1991) with a diagnosis of Type 1 or Type 2 diabetes, who have been seen in the clinic at least twice during the reporting year and do not meet any of the exclusion criteria. | | |
| *Baseline Data | Baseline Year: <input type="text" value="2008"/> (yyyy) Measure Type: <input type="button" value="v"/> Percentage Numerator: <input type="text" value="33.00"/> Denominator: <input type="text" value="70.00"/> Calculated Baseline: 47.14% <table border="1" style="float: right; margin-left: 20px;"> <tr> <td>*Projected Data (by End of Project Period) (Sample Calculation)</td> <td><input type="text" value="50.00"/> %</td> </tr> </table> | *Projected Data (by End of Project Period) (Sample Calculation) | <input type="text" value="50.00"/> % |
| *Projected Data (by End of Project Period) (Sample Calculation) | <input type="text" value="50.00"/> % | | |
| *Data Source & Methodology | (maximum 500 characters) Representative sample of patient records. (UDS Report 2008) | | |
| *Progress Towards Goal | Quantitative: <input type="text" value="72.86"/> % Qualitative: (maximum 500 characters) There was considerable progress made towards the goal. | | |
| Click "Save" button to save all information within this page. <input type="button" value="Save"/> | | | |
| Comments | (maximum 1000 characters) | | |

**Figure 83: Update Clinical Performance Measure Information – Details
 (for Oral or Behavioral Focus Areas)**

| Update Clinical Performance Measure Information | | | |
|---|---|---|---|
| Focus Area | Oral Health | * Performance Measure Category (Select one or more categories for Oral/Behavioral measures. To select multiple values, hold the Ctrl key and then select from the list.) | Emergency Services Oral Exams Restorative Services Oral Surgery If 'Other', Please specify |
| *Is this Performance Measure applicable to your Organization? | Yes <input type="checkbox"/> No <input type="checkbox"/> (If No, provide explanation in 'Comments' area at bottom of this form) | | |
| *Performance Measure | (maximum 500 characters) Percentage of patients who have a comprehensive oral exam and treatment plan. | | |
| *Target Goal Description (Sample Goals) | (maximum 500 characters) By 2013, increase by 5% patients who have a comprehensive oral exam and treatment plan. | | |
| Click "Save" button to save all information within this page. Save | | | |
| *Numerator Description (Examples) | (maximum 500 characters) Number of patients who have a comprehensive oral exam and treatment plan, among those patients included in the denominator. | | |
| *Denominator Description (Examples) | (maximum 500 characters) Number of patients who were seen in the clinic at least twice as of December 31 of the measurement year and do not meet any of the exclusion criteria. | | |
| Click "Save" button to save all information within this page. Save | | | |
| *Baseline Data | Baseline Year: <input type="text" value="2009"/> (yyyy) Measure Type: <input type="text" value="Percentage"/> Numerator: <input type="text" value="408.00"/> Denominator: <input type="text" value="592.00"/> Calculated Baseline: 68.92% | *Projected Data (by End of Project Period) (Sample Calculation) | <input type="text" value="74.00"/> % |
| *Data Source & Methodology | (maximum 500 characters) Representative sample of patient records (UDS Report 2008) | | |
| *Progress Towards Goal | Quantitative: <input type="text" value="74.00"/> % Qualitative: (maximum 500 characters) Progress Towards Goal | | |
| Click "Save" button to save all information within this page. Save | | | |
| Comments (Required if Performance Measure is N/A) | (maximum 1000 characters) | | |

- b. When you are finished entering all the details, click **Save and Continue** at the bottom of the form.
- ▶ You will be returned to the main **Clinical Performance Measures Form** (Figure 78). The performance measure you entered will be completed (Figure 84).

Figure 84: Clinical Performance Measures (Completed Performance Measure Section)

| | | | |
|---|------------------------------|------------------|---|
| Performance Measure: Percentage of diabetic patients whose HbA1c levels are less than or equal to 9 percent. | | | Status: Complete |
| Focus Area | Diabetes | Goal Description | Increase the percentage of adult patients (age 18 to 75) with type 1 or 2 diabetes whose most recent hemoglobin A1c (HbA1c) is less than or equal to 9% |
| Baseline Data | 79.07% (Baseline Year: 2008) | Projected Data | 84.00% |
| Action: View Update | | | |

- ❖ Click the [View](#) link to see a pop-up screen displaying the details of the performance measure.
 - a. A read only version of the Performance Measure will be displayed (Figure 85).

Figure 85: View of Clinical Performance Measure

[Close Window](#)

HEALTH CARE PLAN

As of 6/15/2010 5:53:17 PM

| | | |
|--|-----------------------------|-------------------|
| DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration CLINICAL PERFORMANCE MEASURES | FOR HRSA USE ONLY | |
| | Application Tracking Number | Grant Number |
| | 00072530 | H80CS03983 |
| | Project Period | - |

Focus Area: Diabetes

| | | | |
|---|---|---|--------|
| Performance Measure: Percentage of diabetic patients whose HbA1c levels are less than or equal to 9 percent. | | | |
| Is this Performance Measure Applicable to your Organization? | Yes | | |
| Performance Measure Categories | Not Applicable | | |
| Target Goal Description | Increase to 50% adult patients with Type 1 or Type 2 diabetes whose most recent HbA1c is < 9%. | | |
| Numerator Description | Number of adult patients age 18 to 75 years (for measurement year 2009, date of birth on or after January 1, 1934 and on or before December 31, 1991) with a diagnosis of Type 1 or Type 2 diabetes whose most recent hemoglobin A1c level during the measurement year is <= 9%, among those patients included in the denominator. | | |
| Denominator Description | Number of adult patients age 18 to 75 years as of December 31 of the measurement year (for measurement year 2009, date of birth on or after January 1, 1934 and on or before December 31, 1991) with a diagnosis of Type 1 or Type 2 diabetes, who have been seen in the clinic at least twice during the reporting year and do not meet any of the exclusion criteria. | | |
| Baseline Data | Baseline Year: 2008 Measure Type: Percentage Numerator: 33.00 Denominator: 70.00 Calculated Baseline: 47.14% | Projected Data (by End of Project Period) | 50.00% |
| Data Source & Methodology | Representative sample of patient records. (UDS Report 2008) | | |
| Progress Towards Goal | Quantitative: 72.86% | | |
| | Qualitative: There was considerable progress made towards the goal. | | |
| Comments | | | |

[Close Window](#)

- b. Click [Close Window](#) to close the pop-up screen and return to the main **Clinical Performance Measures Form** (Figure 78).

- ❖ Click **Add Performance Measure**, in the **Other Measures** section, at the bottom of the **Clinical Performance Measures Form** (Figure 86) to add a performance measure and enter its details.

Figure 86: Clinical Performance Measures Form (Bottom of Screen)

| | | | |
|---|-------------------------------|------------------|---|
| Performance Measure: Percentage of newborns who had a follow up visit within four weeks of birth. | | | Status: Not Complete |
| Focus Area | Prenatal and Perinatal Health | Goal Description | By 2013, increase by 10% newborns who had a follow-up visit within four weeks of birth. |
| Baseline Data | 65.07% (Baseline Year: 2009) | Projected Data | 75.00% |
| Action: View Update Mark as Duplicate Note: The performance measure details are pre-populated from BPR FY 2010 application submitted by grantee. | | | |

Add Performance Measure

Go to Previous Page Save Save and Continue

- The **Add Clinical Performance Measure Information Page** (Figure 87) will be displayed.

NOTE: The Focus Area, formerly known as Prenatal and Perinatal Health, has now been split into 2 Focus Areas: Prenatal Health and Perinatal Health.

Figure 87: Add Clinical Performance Measure Information Page

The screenshot shows the 'ADD CLINICAL PERFORMANCE MEASURE INFORMATION' page. The status is 'COMPLETE'. The form includes the following sections:

- Focus Area:** A dropdown menu is set to 'Other'. Below it, a text box contains 'Surgery' (highlighted with a red box). A note says: '(Select one or more categories for Oral/Behavioral measures. To select multiple values, hold the Ctrl key and then select from the list.)' To the right, a list of categories is shown: Emergency Services, Oral Exams, Restorative Services, Oral Surgery.
- Performance Measure:** A text box containing 'The amount unnecessary surgeries.'
- Target Goal Description:** A text box containing 'The amount unnecessary surgeries should be reduced by 15%.'
- Numerator Description:** A text box containing 'Number of adult patients age 18 and older absolutely requiring surgery.'
- Denominator Description:** A text box containing 'Number of adult patients age 18 and older where surgery is recommended.'
- Baseline Data:** Fields for Baseline Year (2010), Measure Type (Ratio), Numerator (85.00), and Denominator (100.00). A calculated baseline of 0.85 (Ratio) is shown. A 'Projected Data' field shows 85 (Ratio).
- Data Source & Methodology:** A text box containing 'Data Source & Methodology'.

- b. Enter the requested information on the **Add Clinical Performance Measure Information Page**. Fields marked with an asterisk (*) are required.

You are required to answer all Performance Measure questions.

NOTE: The Add clinical Performance Measure Information Page always contains a dropdown for Performance Measure Categories. However, you must only select categories if your Focus Area is Oral or Behavior Health.

- c. Click **Save and Continue** at the bottom of the screen after you have completed the screen.
 ► You will be returned to the **Clinical Performance Measures Form** (Figure 78).

A summary of the Clinical Performance Measure information you entered will be listed as a new performance measure in the **Other Measures** section (Figure 88), at the bottom of the form.

Figure 88: Other Measures Section of Clinical Performance Measures Form

| | | | |
|---|------------------------------------|------------------|--|
| Performance Measure: The amount unnecessary surgeries. | | | Status: Complete |
| Focus Area | Surgery | Goal Description | The amount unnecessary surgeries should be reduced by 15%. |
| Baseline Data | 0.85 (Ratio) (Baseline Year: 2010) | Projected Data | 85.00 (Ratio) |
| Action: View Update Delete | | | |

- ❖ Click the [Delete](#) link (if it appears under a Performance Measure that you added) (Figure 89), to delete the Performance Measure.

Figure 89 Performance Measure with Delete Link

| | | | |
|---|------------------------------------|------------------|--|
| Performance Measure: The amount unnecessary surgeries. | | | Status: Complete |
| Focus Area | Surgery | Goal Description | The amount unnecessary surgeries should be reduced by 15%. |
| Baseline Data | 0.85 (Ratio) (Baseline Year: 2010) | Projected Data | 85.00 (Ratio) |
| Action: View Update Delete | | | |

- The **Delete Confirmation Page for Clinical Performance Measure Page** will be displayed (Figure 90), to allow you to confirm the deletion.

Figure 90 Delete Confirmation Page for Clinical Performance Measure Page

The screenshot shows the HRSA BPR Progress Report for FY 2011. The user is Linda Potts, logged in at 6/14/2010 1:27:00 PM. The page title is 'Clinical Performance Measures' and the sub-page is 'BPR Progress Report for FY 2011'. The main content area displays a confirmation message: 'Please confirm the deletion of the below Clinical Performance Measure information. To cancel this action and return to the previous page, click the 'Cancel' button.' Below this is a table titled 'DELETE HEALTH CARE PLAN INFORMATION' with the following data:

| Performance Measure: The amount unnecessary surgeries. | | | |
|--|----------------------------------|------------------|--|
| Focus Area | Other (Surgery) | Goal Description | The amount unnecessary surgeries should be reduced by 15%. |
| Baseline Data | 0.85 Ratio (Baseline Year: 2010) | Projected Data | 85.00 Ratio |

At the bottom of the table, there is a link: 'View: Performance Measure Details'. Below the table are two buttons: 'Cancel' and 'Confirm Delete'.

b. Click **Confirm Delete** to confirm the deletion.

► You will be returned to the **Clinical Performance Measures Form** (Figure 78).

The Performance Measure you deleted will no longer be listed.

- ❖ Click the [Mark as Duplicate](#) link (if it appears under a Performance Measure), to resolve any Clinical Performance Measure duplications (Figure 91).

Figure 91: Clinical Performance Measures Duplications

| Other Measures | | | |
|---|------------------------------|------------------|--|
| Performance Measure: Percentage of adult patients with a Body Mass Index of greater than or equal to 30 who receive weight counseling/treatment. | | | Status: Not Complete |
| Focus Area | Diabetes | Goal Description | By 2013, increase to 85% of adult patients with a Body Mass Index > 30 who have weight counseling/treatment. |
| Baseline Data | 68.42% (Baseline Year: 2009) | Projected Data | 85.00% |
| Action: View Update Mark as Duplicate | | | |
| Note: The performance measure details are pre-populated from BPR FY 2010 application submitted by grantee. | | | |
| Performance Measure: Percentage of diabetic patients whose HbA1c levels are less than or equal to 7 percent. | | | Status: Not Complete |
| Focus Area | Diabetes | Goal Description | By 2013, increase to 50% adult patients with Type 1 or 2 diabetes whose most recent HbA1c is < 7% (under control). |
| Baseline Data | 25.71% (Baseline Year: 2008) | Projected Data | 50.00% |
| Action: View Update Mark as Duplicate | | | |
| Note: The performance measure details are pre-populated from BPR FY 2010 application submitted by grantee. | | | |
| Performance Measure: Percentage of children and adolescent patients with a Body Mass Index of greater than or equal to 30 who receive weight counseling/treatment. | | | Status: Not Complete |
| Focus Area | Diabetes | Goal Description | By 2013, increase to 85% of children and adolescent patients with a Body Mass Index > 30 who have weight counseling/treatment. |
| Baseline Data | 66.67% (Baseline Year: 2009) | Projected Data | 85.00% |
| Action: View Update Mark as Duplicate | | | |
| Note: The performance measure details are pre-populated from BPR FY 2010 application submitted by grantee. | | | |

- a. The **Mark Performance Measure As Duplicate Page** (Figure 92) will be displayed.

Figure 92: Clinical Performance Measures Duplications

U.S. Department of Health and Human Services
HRSA
 Health Resources and Services Administration
 E-HANDBOOK HOME

H80:Health Center Cluster (93.224)
 BPR Progress Report for FY 2011

Welcome Linda Potts (Last login date and time 6/14/2010 1:27:00 PM)

Clinical Performance Measures
[home](#) | [help](#) | [questions/comments](#)

Provide information in this form. Please refer to the instructions document for more information on filling out Clinical Performance Measures form.

Fields marked with an asterisk (*) are required.

MARK PERFORMANCE MEASURE AS DUPLICATE

Performance Measure: Percentage of diabetic patients whose HbA1c levels are less than or equal to 7 percent.
 Measure Proposed In: BPR FY 2010 (Application Tracking#: 69460)
 Numerator Description: Number of adult patients age 18 to 75 years with a diagnosis of Type 1 or Type 2 d... (Show Details)
 Denominator Description: Number of adult patients age 18 to 75 years as of December 31 of the measurement y... (Show Details)

Please identify the performance measure from the ones listed below, which is the duplicate of the performance measure listed above. Justification comments are required if a performance measure is selected.

Performance Measure: Percentage of adult patients with a Body Mass Index of greater than or equal to 30... (Show Details)
 Measure Proposed In: BPR FY 2010 (Application Tracking#: 69460)
 Numerator Description: Number of adult patients age 18 to 75 years of age with a BMI > 30 who received... (Show Details)
 Denominator Description: Number of adult patients age 18 to 75 years as of December 31 of the measurement y... (Show Details)

Performance Measure: Percentage of children and adolescent patients with a Body Mass Index of greater than or equal to 30... (Show Details)
 Measure Proposed In: BPR FY 2010 (Application Tracking#: 69460)
 Numerator Description: Number of children and adolescents 17 years of age and under with a BMI > 30 wh... (Show Details)
 Denominator Description: Number of children and adolescents 17 years of age and under as of December 31 of ... (Show Details)

***Justification**
 Comments (maximum 500 characters)

Go to Previous Page Save and Continue

- b. Review the duplicated Performance Measures vs. the Performance Measure listed at the top of the screen, and select the one that is a duplicate.
- c. Enter a justification in the Comments box, and click **Save and Continue**.
 ► You will be returned to the **Clinical Performance Measures Form** (Figure 78).

The Performance Measure that you selected as a duplicate will no longer contain a [Mark as Duplicate](#) link. Instead, there will be two other links: [Undo Duplicate](#) and [Update Duplicate Information](#).

- ❖ Click an [Undo Duplicate](#) link (if it appears under a Performance Measure that you marked as a duplicate (Figure 93), to unmark the Performance Measure as a duplicate.

This link will only appear on Performance Measures that have been marked as a duplicate.

Figure 93 Performance Measure with Duplicate Information - Related Links

| | | | |
|---|------------------------------|------------------|--|
| Performance Measure: Percentage of diabetic patients whose HbA1c levels are less than or equal to 7 percent. | | | Status: Marked as Duplicate |
| Focus Area | Diabetes | Goal Description | By 2013, increase to 50% adult patients with Type 1 or 2 diabetes whose most recent HbA1c is < 7% (under control). |
| Baseline Data | 25.71% (Baseline Year: 2008) | Projected Data | 50.00% |
| Action: View Undo Duplicate Update Duplicate Information | | | |

a. The **Clinical Performance Measures Form** (Figure 78) will be redisplayed.

The Performance Measure will no longer have an [Undo Duplicate](#) link.

- ❖ Click an [Update Duplicate Information](#) link (if it appears under a Performance Measure that you marked as a duplicate) (Figure 93), to change the duplicated Performance Measure.

 **This link will only appear on Performance Measures that have been marked as a duplicate.**

a. The **Update Duplicate Information Page** (Figure 94) will be displayed.

Figure 94: Update Duplicate Information Page

The screenshot shows the HRSA BPR Progress Report for FY 2011. The page title is "UPDATE DUPLICATE INFORMATION". The main content area contains a table of performance measures. The first measure is selected, and its details are shown below. The table lists the measure proposed in, numerator description, and denominator description for three different measures. A justification text box is provided for the selected measure.

| UPDATE DUPLICATE INFORMATION | |
|---|--|
| Performance Measure: Percentage of diabetic patients whose HbA1c levels are less than or equal to 7 percent. | |
| Measure Proposed In | BPR FY 2010 (Application Tracking#: 69460) |
| Numerator Description | Number of adult patients age 18 to 75 years with a diagnosis of Type 1 or Type 2 d... (Show Details) |
| Denominator Description | Number of adult patients age 18 to 75 years as of December 31 of the measurement y... (Show Details) |
| Please identify the performance measure from the ones listed below, which is the duplicate of the performance measure listed above. Justification comments are required if a performance measure is selected. | |
| <input checked="" type="radio"/> Performance Measure: Percentage of adult patients with a Body Mass Index of greater than or equal to 30... (Show Details) | |
| Measure Proposed In | BPR FY 2010 (Application Tracking#: 69460) |
| Numerator Description | Number of adult patients age 18 to 75 years of age with a BMI > 30 who received... (Show Details) |
| Denominator Description | Number of adult patients age 18 to 75 years as of December 31 of the measurement y... (Show Details) |
| <input type="radio"/> Performance Measure: Percentage of children and adolescent patients with a Body Mass Index of greater t... (Show Details) | |
| Measure Proposed In | BPR FY 2010 (Application Tracking#: 69460) |
| Numerator Description | Number of children and adolescents 17 years of age and under with a BMI > 30 wh... (Show Details) |
| Denominator Description | Number of children and adolescents 17 years of age and under as of December 31 of ... (Show Details) |
| *Justification | |
| Comments | (maximum 500 characters) This is my justification |

b. At this point you can:

- Select another Performance Measure as the duplicate
- Modify the justification comments

c. Click the **Save and Continue** button when you are finished.

► You will be returned to the **Clinical Performance Measures Form** (Figure 78).

The Performance Measure will reflect your changes.

- After you have completed working with all the Clinical Performance Measures, click **Save and Continue** on the **Clinical Performance Measures Form** (Figure 78) to save your work and proceed to the next form.

3.3.14 Financial Performance Measures

Provide information on Financial Performance Measures. Please refer to the guidance for more information on filling out Financial Performance Measures.

Financial Performance Measures was formerly known as the Business Plan.

Click the [Financial Performance Measures](#) link on the Program Specific Information side menu to access this form (Figure 95), if it is not already displayed.

The data for all standard performance measures will be populated from the application awarded in the last project or budget period where the measure was first proposed.

Figure 95: Financial Performance Measures Form

HRSA
 E-HANDBOOK HOME

H80:Health Center Cluster (93.224)
 BPR Progress Report for FY 2011

Welcome Angela Gargus (Last login date and time 5/25/2010 10:44:00 AM)

Financial Performance Measures
[home](#) | [help](#) | [questions/comments](#)

Provide information on Financial Performance Measures form. Please refer to the guidance for more information on filling out Financial Performance Measures form.

Use t... (Show Full Instruction)

Information entered on the 'FINANCIAL PERFORMANCE MEASURES' page was saved successfully. The Section status is Not Complete.

Fields marked with an asterisk (*) are required.

FINANCIAL PERFORMANCE MEASURES Status: Not Complete

Financial Performance Measures Status: Not Complete

Project Period

| | | | |
|--------------------------|-----------|------------------------|-----------|
| *Start Date (mm/dd/yyyy) | 5/27/2010 | *End Date (mm/dd/yyyy) | 5/27/2011 |
|--------------------------|-----------|------------------------|-----------|

Save

***Standard Measures**

Performance Measure: Total cost per patient. Status: Complete

| | | | |
|---------------|--------------------------------------|------------------|--|
| Focus Area | Costs | Goal Description | Maintain rate of increase in total cost per patient to less than or equal to 5% per year |
| Baseline Data | 409.03 (Ratio) (Baseline Year: 2007) | Projected Data | 518.48 (Ratio) |

Action: View | Update

Performance Measure: Medical cost per medical visit. Status: Not Complete

| | | | |
|---------------|--------------------------------------|------------------|--|
| Focus Area | Costs | Goal Description | Maintain rate of increase in cost per encounter to less than or equal to 5% per year |
| Baseline Data | 129.35 (Ratio) (Baseline Year: 2007) | Projected Data | 162.81 (Ratio) |

Action: View | Update

Performance Measure: Change in Net Assets to Expense Ratio (Note: Net Assets = Total Assets - Total Liabilities). Status: Not Complete

| | | | |
|------------|---------------------|------------------|--|
| Focus Area | Financial Viability | Goal Description | Maintain a ratio of greater than or equal to 0 |
|------------|---------------------|------------------|--|

- Enter the Project Period.

The system will synchronize the project period dates between Clinical Performance Measures and Financial Performance Measures as soon as they are updated in either of the 2 forms. Changes made to dates in one form will be reflected in other form.

2. You may enter or modify the performance measure information as per the options listed below.

| | |
|---|--|
|  | <p>Options :</p> <ul style="list-style-type: none"> ❖ Update a Performance Measure (below) ❖ View a Performance Measure (on page 90) ❖ Add a Performance Measure (on page 91) ❖ Delete a Performance Measure (on page 93) ❖ Mark a Performance Measure as a Duplicate (on page 93) ❖ Undo a Duplicated Performance Measure (on page 95) ❖ Update a Duplicated Performance Measure (on page 95) |
|---|--|

Figure 96: Financial Performance Measures (Incomplete Performance Measure Section)

| | | | |
|---|----------------------------------|-----------------------------|------------------|
| Performance Measure: Total cost per patient. | | Status: Not Complete | |
| Focus Area | Costs | Goal Description | (Please Specify) |
| Baseline Data | ___ (Ratio) (Baseline Year: ___) | Projected Data | ___ (Ratio) |
| Action: View Update | | | |

- ❖ Click an [Update](#) link to enter or update the information for each performance measure.
 - ▶ The **Update Financial Performance Measure Information Page** (Figure 97) will be displayed for the performance measure.

-  **You are required to enter / update a all Performance Measures.**
-  **If any performance measured listed is not applicable, an explanation is required in the comment field for that measure.**

Figure 97: Update Financial Performance Measure Information Page

U.S. Department of Health and Human Services
HRSA
 Health Resources and Services Administration
 E-HANDBOOK HOME

H80:Health Center Cluster (93.224)
 BPR Progress Report for FY 2011

Welcome Angela Gargus (Last login date and time 5/25/2010 10:44:00 AM)

Financial Performance Measures
[home](#) | [help](#) | [questions/comments](#)

Please update the below Financial Performance Measure information and click the 'Save and Continue' button when you are complete. To cancel this action and return to the pre... ([Show Full Instruction](#))

Information entered on the 'Financial Performance Measure' page was saved successfully. The Section status is COMPLETE

Fields marked with an asterisk (*) are required.

UPDATE FINANCIAL PERFORMANCE MEASURE INFORMATION Status: COMPLETE

| Update Financial Performance Measure Information | | | |
|---|---|---|---|
| Focus Area | Costs | *Is this Performance Measure applicable to your Organization? | Yes <input type="checkbox"/> |
| Performance Measure | Total cost per patient. | | |
| *Target Goal Description ¹ (Sample Goals) | (maximum 500 characters) Maintain rate of increase in total cost per patient to less than or equal to 5% per year | | |
| Click "Save" button to save all information within this page. <input type="button" value="Save"/> | | | |
| Numerator Description (Examples) | Total accrued cost before donations and after allocation of overhead. | | |
| Denominator Description (Examples) | Total number of patients. | | |
| *Baseline Data ¹ | Baseline Year: <input type="text" value="2007"/> (yyyy) Measure Type: <input type="text" value="Ratio"/> Numerator: <input type="text" value="2870144.00"/> Denominator: <input type="text" value="7017.00"/> Calculated Baseline: 409.03 (Ratio) | *Projected Data ¹ (by End of Project Period) (Sample Calculation) | <input type="text" value="518.48"/> (Ratio) |
| *Data Source & Methodology ¹ | (maximum 500 characters) Annual ODS Report, I&A, L17, C-c divided by T4, L6, C-a | | |
| *Progress Towards Goal ² | Quantitative: <input type="text" value="75"/> (Ratio) | | |
| | Qualitative: (maximum 500 characters) Progress Towards Goal | | |

Program Specific Information

Progress Report Tracking# NCC 00072957

Overview
 Status
General Information
 Form 1 - Part A
Budget Information
 Form 1 - Part C
 Form 2
 Form 3
Sites and Services
 Form 5 - Part A
 Form 5 - Part B
 Form 5 - Part C
Other Forms
 Form 6 - Part A
 Form 8
 Form 12
Performance Measures
 Clinical Performance Measures
 Financial Performance Measures
EHR
 EHR
Review
 Program Specific Forms

All Forms
 Overview
 Complete Status
 Submit

Logout

- a. Complete the **Update Financial Performance Measure Information** details for the performance measure (Figure 98). All of the fields marked with an asterisk (*) are required.

Figure 98: Update Financial Performance Measure Information (top portion of screen)

| Update Business Plan Information | | | |
|---|---|---|---|
| Focus Area | Costs | *Is this Performance Measure applicable to your Organization? | Yes <input type="button" value="v"/> <small>(If No, provide explanation in 'Comments' area at bottom of this form)</small> |
| Performance Measure | Total cost per patient. | | |
| *Target Goal Description <small>(Sample Goals)</small> | <small>(maximum 500 characters)</small> Our Target Goal Description | | |
| Click "Save" button to save all information within this page. <input type="button" value="Save"/> | | | |
| Numerator Description <small>(Examples)</small> | Total accrued cost before donations and after allocation of overhead. | | |
| Denominator Description <small>(Examples)</small> | Total number of patients. | | |
| *Baseline Data | Baseline Year: <input type="text" value="2010"/> (yyyy) Measure Type: <input type="text" value="Ratio"/> Numerator: <input type="text" value="55.00"/> Denominator: <input type="text" value="100.00"/> Calculated Baseline: 0.55 (Ratio) | *Projected Data (by End of Project Period) <small>(Sample Calculation)</small> | <input type="text" value="65"/> (Ratio) |
| *Data Source & Methodology | <small>(maximum 500 characters)</small> Our Data Source & Methodology | | |
| Click "Save" button to save all information within this page. <input type="button" value="Save"/> | | | |
| *Key Factor and Major Planned Action #1 | Key Factor Type: <input checked="" type="radio"/> Contributing <input type="radio"/> Restricting <input type="radio"/> N/A Key Factor Description <small>(maximum 500 characters)</small> Our Key Factor and Major Planned Action #1 Major Planned Action Description <small>(maximum 500 characters)</small> | | |

- b. When you are finished entering all the details, click **Save and Continue** at the bottom of the form.
- ▶ You will be returned to the main **Financial Performance Measures Form** (Figure 95). The performance measure you updated will be completed (Figure 99).

Figure 99: Financial Performance Measures (Completed Performance Measure Section)

| Performance Measure: Total cost per patient. Status: Complete | | | |
|---|------------------------------------|------------------|-----------------------------|
| Focus Area | Costs | Goal Description | Our Target Goal Description |
| Baseline Data | 0.55 (Ratio) (Baseline Year: 2010) | Projected Data | 65.00 (Ratio) |
| Action: View Update | | | |

- ❖ Click the [View](#) link to see a pop-up screen displaying the details of the performance measure.
 - a. A read only version of the Performance Measure will be displayed (Figure 100).

Figure 100: View of Financial Performance Measure

| | | | |
|--|--|---|-------------------|
| BUSINESS PLAN | | | |
| | | As of 6/15/2010 5:44:03 PM | |
| DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration FINANCIAL PERFORMANCE MEASURES | | FOR HRSA USE ONLY | |
| | | Application Tracking Number | Grant Number |
| | | 00072530 | H80CS03983 |
| | | Project Period | - |
| Focus Area: Costs | | | |
| Performance Measure: Total cost per patient. | | | |
| Is this Performance Measure Applicable to your Organization? | Yes | | |
| Performance Measure Categories | Not Applicable | | |
| Target Goal Description | By 2014, maintain rate of increase in total cost per patient to 5% per year. | | |
| Numerator Description | Total accrued cost before donations and after allocation of overhead. | | |
| Denominator Description | Total number of patients. | | |
| Baseline Data | Baseline Year: 2007 Measure Type: Ratio Numerator: 5583917.00 Denominator: 21716.00 Calculated Baseline: 257.13 (Ratio) | Projected Data (by End of Project Period) | 328.17 (Ratio) |
| Data Source & Methodology | 2007 UDS data for baseline | | |
| Progress Towards Goal | Quantitative: 411.23 (Ratio) Qualitative: | | |
| Comments | | | |

- b. Click to close the pop-up screen and return to the main **Financial Performance Measures Form** (Figure 95).
- ❖ Click , in the **Other Measures** section, at the bottom of the **Financial Performance Measures Form** (Figure 101) to add a performance measure and enter its details.

Figure 101: Financial Performance Measures (Bottom of Screen)

| | |
|--|--|
| Other Measures | |
| No Other Performance Measure(s) Specified | |
| <input type="button" value="Add Performance Measure"/> | |
| <input type="button" value="Go to Previous Page"/> | <input type="button" value="Save"/> <input type="button" value="Save and Continue"/> |

- a. The **Add Financial Performance Measure Information Page** (Figure 102) will be displayed. Fields marked with an asterisk (*) are required.

Figure 102: Add Financial Performance Measure Information Page

HRSA Health Resources and Services Administration
 E-HANDBOOK HOME

Progress Report Tracking# NCC 00072957

Program Specific Information

- Overview
- Status
- General Information
 - Form 1 - Part A
- Budget Information
 - Form 1 - Part C
 - Form 2
 - Form 3
- Sites and Services
 - Form 5 - Part A
 - Form 5 - Part B
 - Form 5 - Part C
- Other Forms
 - Form 6 - Part A
 - Form 8
 - Form 12
- Performance Measures
 - Clinical Performance Measures
 - Financial Performance Measures
 - Performance Measures
- EHR
 - EHR
- Review
 - Program Specific Forms

All Forms

- Overview
- Complete Status
- Submit

Logout

HRSA H80:Health Center Cluster (93,224)
 BPR Progress Report for FY 2011

Welcome Angela Gargus (Last login date and time 5/25/2010 10:44:00 AM)

Financial Performance Measures
[home](#) | [help](#) | [questions/comments](#)

Please update the below Financial Performance Measure information and click the 'Save and Continue' button when you are complete. To cancel this action and return to the pre... (Show Full Instruction)

Information entered on the 'Financial Performance Measure' page was saved successfully. The Section status is COMPLETE

Fields marked with an asterisk (*) are required.

ADD FINANCIAL PERFORMANCE MEASURE INFORMATION Status: COMPLETE

Add Financial Performance Measure Information

Other

*Focus Area If 'Other', Please specify Budget Plan (maximum 500 characters)

*Performance Measure Costs for 2011 are less than that for 2010. (maximum 500 characters)

*Target Goal Description (Sample Goals) Costs for 2011 are at or below the budget. (maximum 500 characters)

Click "Save" button to save all information within this page. Save

*Numerator Description (Examples) Total accrued cost before donations and after allocation of overhead (maximum 500 characters)

*Denominator Description (Examples) Total number of patients (maximum 500 characters)

Click "Save" button to save all information within this page. Save

*Baseline Data

Baseline Year: 2009 (yyyy)
 Measure Type: Ratio
 Numerator: 300.00
 Denominator: 400.00
 Calculated Baseline: 0.75 (Ratio)

*Projected Data (by End of Project Period) (Sample Calculation) 75 (Ratio)

*Data Source & Methodology Data Source & Methodology (maximum 500 characters)

b. Enter the requested information on the **Add Financial Performance Measure Information Page**. Fields marked with an asterisk (*) are required.

You are required to answer all Performance Measure questions.

c. Click **Save and Continue** at the bottom of the screen after you have completed the screen.
 ► You will be returned to the **Financial Performance Measures Form** (Figure 95).

A summary of the Financial Performance Measures information you entered will be listed as a new performance measure in the **Other Measures** section of the screen (Figure 103), at the bottom of the form.

Figure 103: Other Measures Section of Financial Measures Form

| Other Measures | | | |
|--|------------------------------------|------------------|--|
| Performance Measure: Costs for 2011 are less than that for 2010. | | | Status: Complete |
| Focus Area | Budget Plan | Goal Description | Costs for 2011 are at or below the budget. |
| Baseline Data | 0.75 (Ratio) (Baseline Year: 2009) | Projected Data | 75.00 (Ratio) |
| Action: View Update Delete | | | |

- ❖ Click the [Delete](#) link (if it appears under a Performance Measure that you added) (Figure 104), to delete the Performance Measure.

Figure 104 Performance Measure with Delete Link

| | | | |
|--|------------------------------------|------------------|--|
| Performance Measure: Change in Net Assets to Expense Ratio (Note: Net Assets = Total Assets – Total Liabilities). | | | Status: Complete |
| Focus Area | Financial Viability | Goal Description | Decrease Net Assets to Expense Ratio by 25%. |
| Baseline Data | 0.75 (Ratio) (Baseline Year: 2010) | Projected Data | 75.00 (Ratio) |
| Action: View Update Delete | | | |

- The **Delete Confirmation Page for Financial Performance Measure** will be displayed (Figure 105), to allow you to confirm the deletion.

Figure 105 Delete Confirmation Page for Financial Performance Measure

The screenshot shows the HRSA BPR Progress Report for FY 2011. The page title is "H80:Health Center Cluster (93.224) BPR Progress Report for FY 2011". The user is Linda Potts, last login on 6/15/2010 at 12:35:00 PM. The page is titled "Financial Performance Measures" and asks the user to confirm the deletion of a specific measure. The measure details are shown in a table:

| | | | |
|--|----------------------------------|------------------|--|
| DELETE BUSINESS PLAN INFORMATION | | | |
| Performance Measure: Change in Net Assets to Expense Ratio (Note: Net Assets = Total Assets – Total Liabilities). | | | |
| Focus Area | Other (Financial Viability) | Goal Description | Decrease Net Assets to Expense Ratio by 25%. |
| Baseline Data | 0.75 Ratio (Baseline Year: 2010) | Projected Data | 75.00 Ratio |
| View: Performance Measure Details | | | |

At the bottom of the confirmation area, there are two buttons: "Cancel" and "Confirm Delete".

- Click **Confirm Delete** to confirm the deletion.
 - ▶ You will be returned to the **Financial Performance Measures Form** (Figure 95).

The Performance Measure you deleted will no longer be listed.

- ❖ Click the [Mark as Duplicate](#) link (if it appears under a Performance Measure), to resolve any Financial Performance Measure duplications (Figure 106).

Figure 106: Financial Performance Measures Duplications

| Performance Measure: turnover rate | | | | Status: Not Complete |
|---|------------------------------|------------------|------------------------------|-----------------------------|
| Focus Area | Human Resources | Goal Description | reduce overall turnover rate | |
| Baseline Data | 31.90% (Baseline Year: 2008) | Projected Data | 22.00% | |
| Action: View Update Mark as Duplicate | | | | |
| Note: The performance measure details are pre-populated from BPR FY 2010 application submitted by grantee. | | | | |

| Performance Measure: turnover rate | | | | Status: Not Complete |
|---|------------------------------|------------------|-----------------------------------|-----------------------------|
| Focus Area | Human Resources | Goal Description | reduce turnover rate of new hires | |
| Baseline Data | 15.10% (Baseline Year: 2008) | Projected Data | 15.00% | |
| Action: View Update Mark as Duplicate | | | | |
| Note: The performance measure details are pre-populated from BPR FY 2010 application submitted by grantee. | | | | |

a. The **Mark Performance Measure As Duplicate Page** (Figure 107) will be displayed.

Figure 107: Mark Performance Measure As Duplicate Page

U.S. Department of Health and Human Services
HRSA
 Health Resources and Services Administration
 E-HANDBOOK HOME

H80:Health Center Cluster (93.224)
 BPR Progress Report for FY 2011

Welcome Linda Potts (Last login date and time 6/15/2010 12:35:00 PM) --Tools Menu-- [Go](#) [HELP](#)

Progress Report Tracking# NCC00072530

Program Specific Information

- Overview
 - Status
- General Information
 - Form 1 - Part A
- Budget Information
 - Form 1 - Part C
 - Form 2
 - Form 3
- Sites and Services
 - Form 5 - Part A
 - Form 5 - Part B
 - Form 5 - Part C
- Other Forms
 - Form 6 - Part A
 - Form 8
 - Form 12
- Performance Measures
 - Clinical Performance Measures
 - Financial Performance Measures
 - Performance Measures**
- EHR
 - EHR Review
- Program Specific Forms

All Forms

- Overview
- Complete Status
- Submit

[Logout](#)

Financial Performance Measures
[home](#) | [help](#) | [questions/comments](#)

Provide information in this form. Please refer to the instructions document for more information on filling out Financial Performance Measures form.

Fields marked with an asterisk (*) are required.

MARK PERFORMANCE MEASURE AS DUPLICATE

Performance Measure: turnover rate

| | |
|-------------------------|---|
| Measure Proposed In | BPR FY 2010 (Application Tracking#: 69460) |
| Numerator Description | FTE terminations under one year of employment |
| Denominator Description | Total Active Employee FTEs |

Please identify the performance measure from the ones listed below, which is the duplicate of the performance measure listed above. Justification comments are required if a performance measure is selected.

Performance Measure: turnover rate

| | |
|-------------------------|---|
| Measure Proposed In | BPR FY 2010 (Application Tracking#: 69460) |
| Numerator Description | Total FTE terminations in fiscal year period |
| Denominator Description | Total FTEs of active employees in the fiscal period |

Performance Measure: average provider longevity

| | |
|-------------------------|--|
| Measure Proposed In | BPR FY 2010 (Application Tracking#: 69460) |
| Numerator Description | total months on staff for employee providers divided by 12 |
| Denominator Description | FTE equivalent of active employee providers |

***Justification**

Comments (maximum 500 characters)

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

b. Review the duplicated Performance Measures vs. the Performance Measure listed at the top of the screen, and select the one that is a duplicate.

c. Enter a justification in the Comments box, and click **Save and Continue**.
 ► You will be returned to the **Financial Performance Measures Form** (Figure 95).

The Performance Measure that you selected as a duplicate will no longer contain a [Mark as Duplicate](#) link. Instead, there will be two other links: [Undo Duplicate](#) and [Update Duplicate Information](#).

❖ Click the [Undo Duplicate](#) link (if it appears under a Performance Measure that you marked as a duplicate (Figure 108), to unmark the Performance Measure as a duplicate.

 **This link will only appear on Performance Measures that have been marked as a duplicate.**

Figure 108 Performance Measure with Duplicate Information - Related Links

| Performance Measure: turnover rate | | | Status: Marked as Duplicate |
|--|------------------------------|------------------|------------------------------------|
| Focus Area | Human Resources | Goal Description | reduce turnover rate of new hires |
| Baseline Data | 15.10% (Baseline Year: 2008) | Projected Data | 15.00% |
| Action: View Undo Duplicate Update Duplicate Information | | | |

a. The **Financial Performance Measures Form** (Figure 95) will be redisplayed.

The Performance Measure will no longer have an [Undo Duplicate](#) link.

❖ Click the [Update Duplicate Information](#) link (if it appears under a Performance Measure that you marked as a duplicate) (Figure 108), to change the duplicated Performance Measure.

 **This link will only appear on Performance Measures that have been marked as a duplicate.**

a. The **Update Duplicate Information Page** (Figure 109) will be displayed.

Figure 109: Update Duplicate Information Page

U.S. Department of Health and Human Services
HRSA
 Health Resources and Services Administration
 E-HANDBOOK HOME

H80:Health Center Cluster (93.224)
 BPR Progress Report for FY 2011

Welcome Linda Potts (Last login date and time 6/15/2010 12:35:00 PM) --Tools Menu-- Go

Financial Performance Measures
[home](#) | [help](#) | [questions/comments](#)

Provide information in this form. Please refer to the instructions document for more information on filling out Financial Performance Measures form.

Fields marked with an asterisk (*) are required.

UPDATE DUPLICATE INFORMATION

Performance Measure: turnover rate

| | |
|-------------------------|---|
| Measure Proposed In | BPR FY 2010 (Application Tracking#: 69460) |
| Numerator Description | FTE terminations under one year of employment |
| Denominator Description | Total Active Employee FTEs |

Please identify the performance measure from the ones listed below, which is the duplicate of the performance measure listed above. Justification comments are required if a performance measure is selected.

Performance Measure: turnover rate

| | |
|-------------------------|---|
| Measure Proposed In | BPR FY 2010 (Application Tracking#: 69460) |
| Numerator Description | Total FTE terminations in fiscal year period |
| Denominator Description | Total FTEs of active employees in the fiscal period |

Performance Measure: average provider longevity

| | |
|-------------------------|--|
| Measure Proposed In | BPR FY 2010 (Application Tracking#: 69460) |
| Numerator Description | total months on staff for employee providers divided by 12 |
| Denominator Description | FTE equivalent of active employee providers |

***Justification** (maximum 500 characters)

Comments: This duplicate is justified.

Go to Previous Page Save and Continue

b. At this point you can:

- Select another Performance Measure as the duplicate
- Modify the justification comments

c. Click the **Save and Continue** button when you are finished.

► You will be returned to the **Financial Performance Measures Form** (Figure 95).

The Performance Measure will reflect your changes.

3. After you have completed working with all the Financial Performance Measures, click **Save and Continue** on the **Financial Performance Measures Form** (Figure 95) to save your work and proceed to the next form.

3.3.15 Electronic Health Records (EHR)

Please provide the following information being requested on your Electronic Health Records. If you have any questions, please refer to the guidance for more information on filling out Electronic Health Records (EHR) form.

Click the [EHR](#) link on the Program Specific Information side menu to access the **Electronic Health Records (EHR) Form** (Figure 110), if it is not already displayed.

Enter the information on the form. Fields marked with an asterisk (*) are required.

Figure 110: Electronic Health Records (EHR) Form

Welcome Angela Gargus (Last login date and time 5/25/2010 10:44:00 AM)

EHR
[home](#) | [help](#) | [questions/comments](#)

Provide information on Electronic Health Records. Please refer to the guidance for more information on filling out Electronic Health Records (EHR).

Use the "Save and C..." ([Show Full Instruction](#))

Fields marked with an asterisk (*) are required.

ELECTRONIC HEALTH RECORDS (EHR) Status: **Not Complete**

Electronic Health Records

*1. Does your health center use ELECTRONIC HEALTH RECORDS (not including billing records)?
(Skip to question 4, if you answer 'No or Don't know')

Yes, all electronic
 Yes, part paper and part electronic
 No or Don't know

2. Is the EHR system certified by the U.S. Department of Health and Human Services?
 Yes No N/A

3. Which of your clinical programs use an electronic system? Of the clinical programs with an electronic system, indicate each program that is integrated within your health center's EHR.

| Clinical Program | Electronic System? (Check if system present) | Integrated into EHR? (Check if integrated into EHR) |
|---------------------------------------|---|--|
| Medical | <input type="checkbox"/> | <input type="checkbox"/> |
| Oral/Dental | <input type="checkbox"/> | <input type="checkbox"/> |
| Behavioral health and Substance Abuse | <input type="checkbox"/> | <input type="checkbox"/> |
| Pharmacy | <input type="checkbox"/> | <input type="checkbox"/> |
| ePrescribing | <input type="checkbox"/> | <input type="checkbox"/> |
| Lab | <input type="checkbox"/> | <input type="checkbox"/> |
| X-Ray | <input type="checkbox"/> | <input type="checkbox"/> |
| Other: If 'Other', please specify: | <input type="checkbox"/> | <input type="checkbox"/> |
| Other: If 'Other', please specify: | <input type="checkbox"/> | <input type="checkbox"/> |
| Other: If 'Other', please specify: | <input type="checkbox"/> | <input type="checkbox"/> |
| Other: If 'Other', please specify: | <input type="checkbox"/> | <input type="checkbox"/> |

Figure 111: Electronic Health Records Detail – Questions 1 & 2

| Electronic Health Records | |
|--|--|
| *1. Does your health center use ELECTRONIC HEALTH RECORDS (not including billing records)? (Skip to question 4, if you answer 'No or Don't know') | |
| <input type="radio"/> Yes, all electronic <input type="radio"/> Yes, part paper and part electronic <input type="radio"/> No or Don't know | |
| 2. Is the EHR system certified by the U.S. Department of Health and Human Services? | |
| <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A | |

Figure 112: Electronic Health Records Detail – Questions 3 & 4

| 3. Which of your clinical programs use an electronic system? Of the clinical programs with an electronic system, indicate each program that is integrated within your health center's EHR. | | |
|--|---|--|
| Clinical Program | Electronic System? (Check if system present) | Integrated into EHR? (Check if integrated into EHR) |
| Medical | <input type="checkbox"/> | <input type="checkbox"/> |
| Oral/Dental | <input type="checkbox"/> | <input type="checkbox"/> |
| Mental health and Substance Abuse | <input type="checkbox"/> | <input type="checkbox"/> |
| Pharmacy | <input type="checkbox"/> | <input type="checkbox"/> |
| ePrescribing | <input type="checkbox"/> | <input type="checkbox"/> |
| Lab | <input type="checkbox"/> | <input type="checkbox"/> |
| X-Ray | <input type="checkbox"/> | <input type="checkbox"/> |
| Other: If 'Other', please specify: <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other: If 'Other', please specify: <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other: If 'Other', please specify: <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other: If 'Other', please specify: <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | |
|--|--|
| *4. Are there any plans for installing a new EHR system or replacing the current system? | |
| <input type="radio"/> Install a new EHR within 12 months <input type="radio"/> Install a new EHR within 13-36 months <input type="radio"/> Not install an EHR <input type="radio"/> Unknown | |

- All applicants must answer Question #1: *Does your health center use ELECTRONIC HEALTH RECORDS (not including billing records)?*. This answer will determine how much is required on the remainder of the form.
 - Yes, all electronic – You need to answer Questions #2, #3 and #4.
 - Yes, part paper and part electronic - You need to answer Questions #2, #3 and #4.
 - No or Don't know – You will only answer Question #4.
- If you are required (as per your answer to question #1), answer question #2,.
- If you are required (as per your answer to question #1), check all clinical programs that are on an electronic system. Also, check all clinical programs that are Integrated into an EHR system.

 **If the Clinical Program is Integrated into an EHR then you must also check that it is an Electronic System.**

 **A Clinical Program can be an Electronic System, but the program is not required to be Integrated into an EHR.**

 **If your Clinical Program falls in the 'Other' category you will have to specify the program type.**

4. You are required to answer question #4.
5. Click , to save the form.

3.4. Reviewing Progress Report

3.4.1 Reviewing Standard Forms (SF-PPR)

The **Status Overview Page for the Entire Progress Report** (Figure 113) shows the completion status of each SF-PPR form, as well the status of the Program Specific Information forms, as a whole. (All forms must have a **COMPLETE** status before you can *submit* your Progress Report.)

Figure 113: SAMPLE Status Overview Page for the Entire Progress Report

Application SF PPR
NCC72791

Progress Report Process

- Overview
 - Status
- Basic Information
 - SF-PPR
 - SF-PPR-2
- Budget Information
 - Budget Summary
 - Budget Categories
 - Budget Narrative
- Program Specific Information
 - Program Specific Information
- Other Information
 - Appendices
- Review and Submit
 - Review
 - Submit

Logout

STATUS OVERVIEW

NCC PROGRESS REPORT PROCESS STATUS

| | |
|-----------------|---|
| Deadline | Dec 1 2010 5:00PM (You have 191 days to complete and submit the application.) |
| Created On | 5/18/2010 4:21:02 PM |
| Last Updated By | Melinda Binder on 5/24/2010 10:37:09 AM |

view: [NCC Progress Report](#)

| | Action | Status |
|------------------------------|------------------------|----------|
| Budget Information | | |
| Budget Summary | Update | COMPLETE |
| Budget Categories | Update | COMPLETE |
| Budget Narrative | Update | COMPLETE |
| Other Information | | |
| Program Specific Information | Update | COMPLETE |
| Appendices | Update | COMPLETE |

- ❖ To view or print any Progress Report form, click **Review** in the **Review and Submit** section on the side menu (Figure 113).
 - ▶ The **Review Page for Entire Progress Report** (Figure 114) will open in a Table of Content format.

Figure 114: SAMPLE Review Page for Entire Progress Report

Welcome Faye Hagen to HRSA EHB utl8 environment (Last login date and time 6/27/2010 3:46:00 PM)

Review
[home](#) | [logout](#) | [contact us](#) | [glossary](#) | [help](#) | [questions/comments](#)

The progress report has not been submitted to HRSA as yet.

The following is the table of contents of the progress report. Click on "Print" button for a printable version of this page. For a printable version of all the HTML forms (forms only, no attachments), click on "Print All HTML Forms" button.

To print the entire progress report (HTML forms and attachments) and attachments, click on "Print All HTML Forms" button. For more important instructions BEFORE you use this feature, click on "Print" button.

Click **Print All HTML Forms** to get a printable copy of all HTML forms.

TABLE OF CONTENTS

| Section | Type | Action |
|--|----------|----------------------|
| Basic Information | | |
| SF-PPR | HTML | View |
| SF-PPR-2 (Cover Page Continuation) | HTML | View |
| Budget Information | | |
| Budget Summary | HTML | View |
| Budget Categories | HTML | View |
| Budget Narrative | DOCUMENT | Not Available |
| Appendices | | |
| Attachment 1 -Program Narrative Update | DOCUMENT | Not Available |
| Attachment 2 -Service Area Map | DOCUMENT | Not Available |
| Attachment 3 -Organizational Chart | DOCUMENT | Not Available |
| Attachment 4 -Position Descriptions for Key Management | DOCUMENT | Not Available |
| Attachment 5 -Biographical Sketches for Key Management | DOCUMENT | Not Available |
| Attachment 6 -Action Plan Summary | DOCUMENT | Not Available |
| Attachment 7 -Other Relevant Documents | DOCUMENT | Not Available |
| Attachment 8 | DOCUMENT | Not Available |
| Attachment 9 | DOCUMENT | Not Available |
| Attachment 10 | DOCUMENT | Not Available |
| Attachment 11 | DOCUMENT | Not Available |
| Attachment 12 | DOCUMENT | Not Available |
| Attachment 13 | DOCUMENT | Not Available |
| Attachment 14 | DOCUMENT | Not Available |
| Attachment 15 | DOCUMENT | Not Available |
| Program Specific Information | | |
| Program Specific OMB Approved Forms | HTML | View |

Click [View](#) links to view individual sections of your Progress Report.

[Print](#) [Print All HTML Forms](#)

[Proceed To Submit](#)

- ❖ The Table of Contents lists all sections in the Progress Report.
 - Use the [View](#) links in the Action column to view any section.
 - Click **Print** to get a printable version of the Table of Contents.
 - Click **Print All HTML Forms** to print all forms that are HTML (i.e. which those that were not filled using attachments.) Attachments can be printed by clicking on individual [View](#) link for DOCUMENT (attachment) type forms and then printing the document.
 - Click **Proceed to Submit**, at the bottom of the form, to go to the **Submit Page** (Figure 117) to initiate the Submit Progress Report process, by starting with [step 3](#) (on page 104).

3.4.2 Reviewing Program Specific Information

The status and review pages are provided as a convenient place from which you can check the completion status of all or any part of your Program Specific Information, as well as view or print your Program Specific Information.

To view the status of the Program Specific Information, click [Program Specific Information](#) in the left side menu of the **Status Overview Page for the Entire Progress Report** (Figure 113).

► The **Status Overview Page for Program Specific Information** (Figure 115) will open.

Figure 115: Status Overview Page for Program Specific Information

Welcome Angela Gargus (Last login date and time 3/25/2010 10:44:00 AM)

HRSA H80:Health Center Cluster (93.224)
 BPR Progress Report for FY 2011

Progress Report Tracking# NCC 00072957

Program Specific Information

Overview
 ▶ Status
 General Information
 Form 1 - Part A
 Budget Information
 Form 1 - Part C
 Form 2
 Form 3
 Sites and Services
 Form 5 - Part A
 Form 5 - Part B
 Form 5 - Part C
 Other Forms
 Form 6 - Part A
 Form 8
 Form 12
 Performance Measures
 Clinical Performance Measures
 Financial Performance Measures
 EHR
 EHR
Program Specific Forms
 All Forms
 Overview
 Complete Status
 Submit

Logout

Fields marked with an asterisk (*) are required.

STATUS OVERVIEW

| Section | Action | Status |
|---|------------------------|----------|
| General Information | | |
| Form 1: Part A - General Information Worksheet | Update | COMPLETE |
| Budget Information | | |
| Form 1: Part C - Documents On File | Update | COMPLETE |
| Form 2: Proposed Staff Profile | Update | COMPLETE |
| Form 3: Income Analysis Form | Update | COMPLETE |
| Sites and Services | | |
| Form 5: Part A - Services Provided | | |
| Required Services | Update | COMPLETE |
| Additional Services | Update | COMPLETE |
| Form 5: Part B - Service Sites | Update | COMPLETE |
| Form 5: Part C - Other Activities/Locations | Update | COMPLETE |
| Other Forms | | |
| Form 6: Part A - Current Board Member Characteristics | Update | COMPLETE |
| Form 8: Health Center Affiliation Certification/Checklist | Update | COMPLETE |
| Form 12: Organization contacts | Update | COMPLETE |
| Performance Measures | | |
| Clinical Performance Measures | Update | COMPLETE |
| Financial Performance Measures | Update | COMPLETE |
| Electronic Health Records | Update | COMPLETE |
| Electronic Health Records | Update | COMPLETE |

Click [Program Specific Information](#) on the Program Specific Forms side menu

❖ To view or print Program Specific Information, click [Program Specific Forms](#) under the **Review** heading on the side menu.

► The **Program Specific Information Review Page** will open in a Table of Contents format (Figure 116).

Figure 116: Program Specific Information Review Page

Welcome Angela Gargus (Last login date and time 5/27/2010 10:11:20 AM)

Program Specific Forms
[home](#) | [help](#) | [questions/comments](#)

The following is the table of contents for the program specific information for a printable version of this page. For a printable version of this page, click on the [Print All HTML Forms](#) button.

Note: 'Print All HTML Forms' button will print all program specific HTML forms only.

| Section | Type | Action |
|---|----------|----------------------|
| Program Specific Information | | |
| Form 1: Part A - General Information Worksheet | HTML | View |
| Form 1: Part C - Documents On File | HTML | View |
| Form 2: Staffing Profile | HTML | View |
| Form 3: Income Analysis Form | DOCUMENT | Not Available |
| Form 5: Part A - Required Services Provided | HTML | View |
| Form 5: Part A - Additional Services Provided | HTML | View |
| Form 5: Part B - Service Sites | HTML | View |
| Form 5: Part C - Other Activities/Locations | HTML | View |
| Form 6: Part A - Current Board Member Chairperson | HTML | View |
| Form 8: Health Center Affiliation Certification/Checklist | HTML | View |
| Form 8: Affiliation Organization Attachments | DOCUMENT | Not Available |
| Form 12: Organization contacts | HTML | View |
| Clinical Performance Measures | HTML | View |
| Financial Performance Measures | HTML | View |
| Electronic Health Records (EHR) | HTML | View |

[Acceptable Use Policy](#)

- ❖ The Table of Contents lists all sections in the Program Specific Information portion of the Progress Report.
 - Use the [View](#) links in the Action column to view any section.
 - Click to get a printable version of the Table of Contents.
 - Click to print all Program Specific Information that is in HTML (i.e. which were not entered using attachments). Attachments can be printed by clicking on individual [View](#) link for DOCUMENT (attachment) type forms, and then printing the document.

3.5. Submitting Progress Report

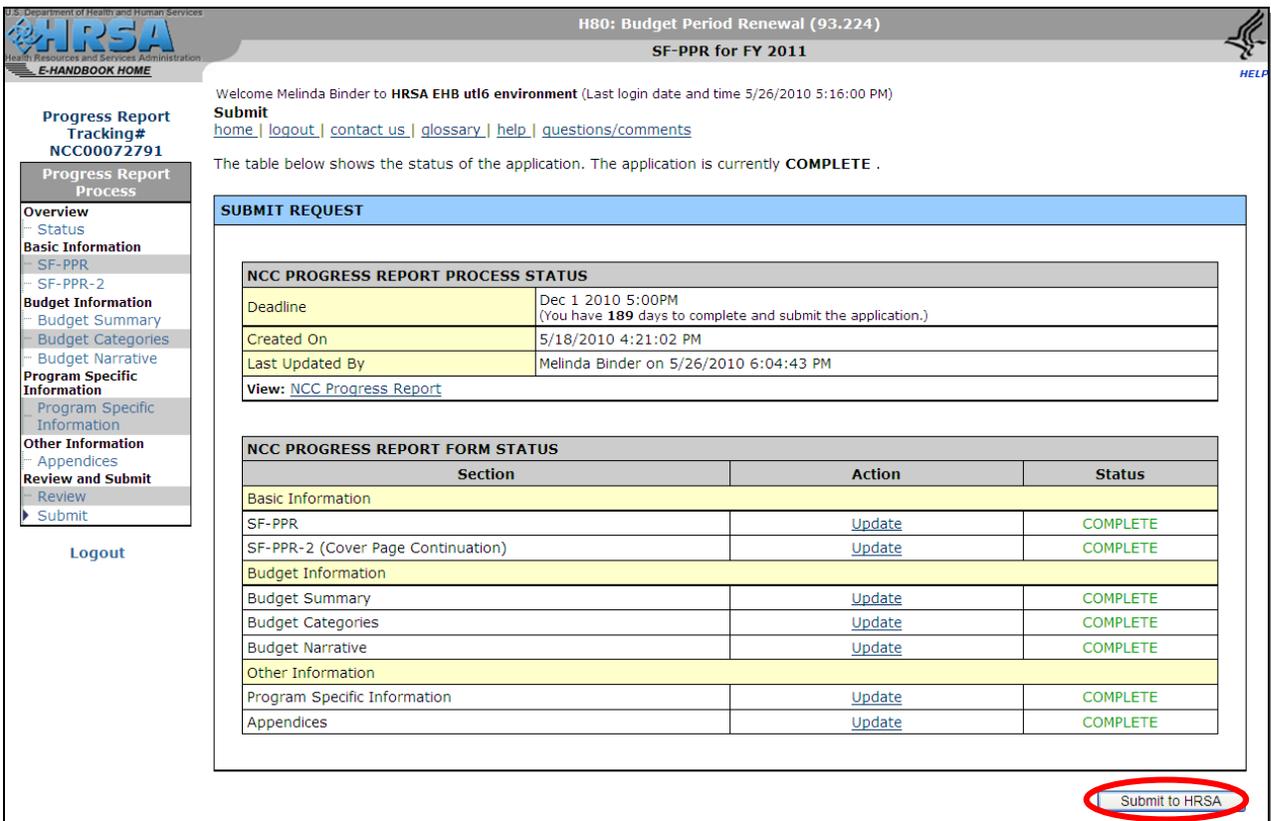
Once all forms are complete, the Progress Report can be submitted to HRSA.

 **All Program Specific Information forms AS WELL AS the SF-PPR forms all must be complete**

To submit the Progress Report, you must have the 'Submit' privilege.

1. Click [Submit](#) under **Review and Submit** on the side menu of the **Status Overview Page for the Entire Progress Report** (Figure 113) to start the Submit Progress Report process.
2. If all the forms are marked **COMPLETE**, the **Submit Page** (Figure 117) will be displayed.

Figure 117: SAMPLE Submit Page



The screenshot shows the HRSA web interface for submitting a progress report. The page title is "H80: Budget Period Renewal (93.224) SF-PPR for FY 2011". The user is logged in as Melinda Binder. The main content area displays the "SUBMIT REQUEST" section with two tables:

NCC PROGRESS REPORT PROCESS STATUS

| | |
|-----------------|---|
| Deadline | Dec 1 2010 5:00PM (You have 189 days to complete and submit the application.) |
| Created On | 5/18/2010 4:21:02 PM |
| Last Updated By | Melinda Binder on 5/26/2010 6:04:43 PM |

[View: NCC Progress Report](#)

NCC PROGRESS REPORT FORM STATUS

| Section | Action | Status |
|------------------------------------|------------------------|----------|
| Basic Information | | |
| SF-PPR | Update | COMPLETE |
| SF-PPR-2 (Cover Page Continuation) | Update | COMPLETE |
| Budget Information | | |
| Budget Summary | Update | COMPLETE |
| Budget Categories | Update | COMPLETE |
| Budget Narrative | Update | COMPLETE |
| Other Information | | |
| Program Specific Information | Update | COMPLETE |
| Appendices | Update | COMPLETE |

At the bottom right of the page, there is a button labeled "Submit to HRSA" which is circled in red.

3. Click the [Submit to HRSA](#) button.
 - ▶ The **Submit – NCC Progress Report Certification Page** (Figure 118) will be displayed.

Figure 118: SAMPLE Submit – NCC Progress Report Certification Page

U.S. Department of Health and Human Services
HRSA
 Health Resources and Services Administration
 E-HANDBOOK HOME

H80: Budget Period Renewal (93.224)
 SF-PPR for FY 2011

Welcome Melinda Binder to HRSA EHB utl6 environment (Last login date and time 5/26/2010 5:16:00 PM)
 Submit
[home](#) | [logout](#) | [contact us](#) | [glossary](#) | [help](#) | [questions/comments](#)

Progress Report Tracking#
 NCC00072791

Progress Report Process

- Overview
- Status
- Basic Information**
 - SF-PPR
 - SF-PPR-2
- Budget Information**
 - Budget Summary
 - Budget Categories
 - Budget Narrative
- Program Specific Information**
 - Program Specific Information
- Other Information**
 - Appendices
- Review and Submit**
 - Review
 - Submit

[Logout](#)

Note: This is a confirmation page! You MUST click on the appropriate button to complete your action..

You have chosen to submit this report to HRSA. Please check the box to electronically sign the Noncompeting Continuation (NCC) Progress Report. Click on the 'Submit Report' button below to submit the report. If you do not wish to submit the (NCC) Progress Report at this time, click on the 'Cancel' button to return to the previous screen.

Fields marked with an asterisk (*) are required.

***NCC PROGRESS REPORT CERTIFICATION**

I certify to the best of my knowledge and belief that the information provided in this progress report is true and correct. [View Report](#)

Please check the box to electronically sign the NCC Progress Report

[Cancel](#) [Submit Report](#)

4. Check the box to electronically sign the Progress Report.
5. Click the [Submit Report](#) button to submit your Progress Report to HRSA.
 ► The **NCC Progress Report Confirmation Page** (Figure 119) will be displayed.

Figure 119: NCC Progress Report Confirmation Page

U.S. Department of Health and Human Services
HRSA
 Health Resources and Services Administration
 E-HANDBOOK HOME

H80: Budget Period Renewal (93.224)
 SF-PPR for FY 2011

Welcome Melinda Binder to HRSA EHB utl6 environment (Last login date and time 5/26/2010 5:16:00 PM)
[home](#) | [logout](#) | [contact us](#) | [glossary](#) | [help](#) | [questions/comments](#)

[Print](#)

✓ NCC Progress Report was successfully submitted and received by HRSA.

The tracking number for your submission is listed below. Please keep record of the tracking number for future reference.

Your progress report will now be sent for review. During this process you may be contacted by the reviewer for additional questions related to your submission. All such questions will be directed to the contact person that you have specified in your progress report.

All technical/system issues should be directed to the BPHC helpline at 877-Go4-HRSA/877-464-4772; 301-998-7373 or Email at CallCenter@HRSA.GOV from 9:00 a.m. to 5:30 p.m. Eastern Time (E.T.), Monday through Friday

| | |
|----------------------------|----------------------|
| Submitted on Date and Time | 5/26/2010 8:49:30 PM |
| Submitted By | Melinda Binder |
| Tracking Number | NCC72791 |

[Go To Noncompeting Continuation List Page](#)

6. Take note of the Tracking number
 - You may optionally print the confirmation page by clicking the [Print](#) button.
7. Click the [Go to Noncompeting Continuation List Page](#) to go to the **Noncompeting Continuations Page** (Figure 6) to view additional grants for which you can begin or edit Progress Reports.

3.6. Submitting Revised Progress Report

3.6.1 Editing and Submitting Change-Requested Progress Reports

Sometimes, after you submit a Progress Report, a HRSA reviewer may request that you revise the contents provided in the Progress Report.

If your Progress Report is *Change-Requested*, you will receive a *Change-Request Email*, similar to the one displayed below asking you to make specific revisions in the report:

Figure 120: Sample Change-Request Email

From: reitester1@hotmail.com [mailto:reitester1@hotmail.com]
Sent: Tuesday, June 15, 2010 1:23 PM
To: Vaibhavi Patel
Subject: Noncompeting Continuation for Grant # :H80CS00317) - Change Requested by HRSA

A Change Request for Noncompeting Continuation has been requested by HRSA. Following are the details:

Grant Number **H80CS00104**
Grantee Name: KINSTON COMMUNITY HEALTH CENTER, INC.

Tracking Number: **78615**
Budget Period: 12/1/2009-11/30/2010

Submitted on: 06/30/2010

**Following Comments were added by the HRSA Reviewer for your information:
Please change the budget summary.**

This deliverable can be accessed in the EHBs by clicking the following link:
<https://hrsautl5.reisys.com/webExternal/PostAward/deliverables.asp?deliverableTypeCode=3&DeliverableScheduleStatus=1,2,4>

This Request will also be available in EHBs from the "Noncompeting Continuations" under Submissions sections of the Grant Hand Book. If you have any questions, please contact your project officer (PO).

For any questions regarding online submission, please contact the call center at 877-Go4-HRSA/877-464-4772/301-998-7373 or Email at CallCenter@HRSA.GOV.

NOTE: This is a system generated message. Please do not respond to this message.
The mail was generated in the Development environment

After you receive the email you will need to edit and re-submit the Progress Report noted in the email message.

1. On the '**HRSA EHB Home (Welcome) Page**', click the [View Portfolio](#) link under the **Grants Portfolio** heading on the left side menu.
2. The **View Portfolio Page** (Figure 121) will be displayed.

Figure 121: View Portfolio Page

Welcome Carla Pellerin to HRSA EHB ut15 environment (Last login date and time 6/30/2010 12:41:00 PM)

View Portfolio
[home](#) | [logout](#) | [contact us](#) | [glossary](#) | [help](#) | [questions/comments](#)

Following are the grants for which you have been registered either as a project director or an employee. Click on the "Open Grant Handbook" link to manage a grant.

| GRANTS LIST | | | | Last Award Issued on: 04/07/2010 |
|---|------------------|---|-------------------------|-------------------------------------|
| C81CS | Project Period | 6/29/2009-6/28/2011 | Budget Period | 6/29/2009-6/28/2011 |
| | CRS EIN | 1561833275A1 | Number of Support Years | 1 |
| | Project Director | Carla B Pellerin, Email: reitester1@hotmail.com, Phone: (252) 522-9485 Ext: 230 | | Open Grant Handbook |
| | Grant Contact | Tonya Randall, Email: feitester1@hotmail.com, Phone: (301) 594-4259 | | |
| | Program Contact | David Spurlock, Email: reitester1@hotmail.com, Phone: (301) 443-1789 | | |
| H80CS00104:Health Center Cluster | | | | Last Award Issued on: 02/25/2010 |
| | Project Period | 2/1/2002-11/30/2012 | Budget Period | 12/1/2009-11/30/2010 |
| | CRS EIN | 1561833275A1 | Number of Support Years | 9 |
| | Project Director | Carla B Pellerin, Email: reitester1@hotmail.com, Phone: (252) 522-9800 Ext: 230 | | Open Grant Handbook |
| | Grant Contact | Frances Woodburn, Email: reitester1@hotmail.com, Phone: (301) 443-3268 | | |
| | Program Contact | Darryl Burnett, Email: feitester1@hotmail.com, Phone: (301) 594-4449 | | |

3. Click the [Open Grant Handbook](#) link for the grant number that was noted in the *Change-Request Email*.
4. The **'Welcome Page' for the Grant Handbook** (Figure 5) corresponding to the link you clicked will be displayed.
 Note that the screen contains a different left side menu than it did before.
5. Click the [Noncompeting Continuations](#) link under the **Submissions** heading on the left side menu.
6. The **Noncompeting Continuations Page** (Figure 122) will be displayed.

Note that the **Schedule Status** for the *Change-Requested* Progress Report states **Change requested** at the top of its Progress Report information table.

Figure 122: Noncompeting Continuations Page

U.S. Department of Health and Human Services
HRSA
 Health Resources and Services Administration
 E-HANDBOOK HOME

HRSA Electronic Handbooks for Applicants/Grantee
 KINSTON COMMUNITY HEALTH CENTER, INC., Kinston, NC

Welcome Carla Pellerin to HRSA EHB ut15 environment (Last login date and time 6/30/2010 12:41:00 PM)

Noncompeting Continuations
[home](#) | [logout](#) | [contact us](#) | [glossary](#) | [help](#) | [questions/comments](#)

Following is the list of noncompeting continuation applications. To search through noncompeting continuation applications, click on the "Search" button.

Displaying 1-1 of 1

NONCOMPETING CONTINUATION

Input Parameters: ([Show Parameters](#))

| Noncompeting Continuation Progress Report | | | Schedule Status: Change requested |
|---|--|----------------------------|---|
| Type | Noncompeting Continuations | Due Date | 7/1/2010 Due In: 1 days |
| Available Date | 6/3/2010 7:01:46 PM | Submission Tracking Number | 00078615 |
| Reporting Cycle | Budget Period Start Date | Reporting Period | 12/01/2010 |
| Online Submission | Yes (Preferred) | Submission Status | Change Requested |
| Started by | Carla Pellerin on 6/9/2010 2:13:31 PM | Submitted by | Carla Pellerin on 6/30/2010 8:24:42 AM |

[Submit Submission](#) | [Edit Submission](#) | [View Submission](#)

Page 1

[Return Home](#)
[View Portfolio](#)
[Home](#)

[Logout](#)

[Acceptable Use Policy](#)

Once you click the [Edit Submission](#) link, and you return to this page, the Schedule Status will change to **In Progress**.

- Click the [Edit Submission](#) link for the Progress report that corresponds to the tracking number noted in the *Change-Request Email*.
- The **Status Page (for Progress Report)** (Figure 7) will be displayed.

Note that the screen contains a different left side menu than it did before. Use this left menu to navigate through the progress report.

- Click the [Update](#) link for the section you need to revise, as per the HRSA reviewer's comments in the Change Request Email (Figure 120).
 - The corresponding page will be displayed.

Refer to section [3.2 Standard Forms \(SF-PPR\)](#) (on page 17) for details on entering the information.

- Click the [Update](#) link next to Program Specific Information, to enter or revise any of the program specific forms,
 - The **Status Page (for Program Specific Information)** will be displayed (Figure 31).

Refer to section [3.3 Entering Program Specific Information](#) (on page 36) for the details of re-submitting the Progress Report.

- Submit the revised Progress Report.

Refer to section [3.5 Submit Progress Report](#) (on page 104) for the details of re-submitting the Progress Report.

3.6.2 Handling Cancelled (Overridden) Change Requests

Sometimes a HRSA reviewer may review a Progress Report and decide to cancel (i.e., 'override') a Change Request. This can occur after you have resubmitted a change-requested Progress Report, or if you have not yet responded to a previous change-request in a timely manner.

Overriding Change Request action from HRSA reviewer will result in the grantee not being able to make revisions in the progress report. Further, the last submitted progress report will be considered for review by HRSA.

If your Progress Report is *Change-Requested (Overridden)*, you will receive a *Change-Request Cancellation Email*, similar to the one displayed below:

Figure 123: Sample Change-Request Cancellation Email

From: reitester1@hotmail.com [mailto:reitester1@hotmail.com]
Sent: Tuesday, June 15, 2010 12:29 PM
To: Vaibhavi Patel
Subject: Noncompeting Continuation for Grant # :H80CS00134) - Change Requested cancelled by HRSA.

A Change Request for Noncompeting Continuation has been **cancelled** by HRSA. You will no longer be able to update this request. Following are the details:

Grant Number **H80CS00104**
 Grantee Name: KINSTON COMMUNITY HEALTH CENTER, INC.

Tracking Number: **78615**
 Budget Period: 12/01/2009 - 11/30/2010

Submitted on: 06/30/2010

Following Comments were added by the HRSA Reviewer for your information:

This Request will also be available in EHBs from the "Noncompeting Continuations" under Submissions sections of the Grant Hand Book. If you have any questions, please contact your Project Officer (PO).

For any questions regarding online submission, please contact the call center at 877-Go4-HRSA/877-464-4772/301-998-7373 or Email at CallCenter@HRSA.GOV.

NOTE: This is a system generated message. Please do not respond to this message.

The mail was generated in the Development environment The mail was generated in the Development environment

After you receive this email, you will not be able to make revisions in the Progress Report. You will still be able to view the Progress Report. Since the Progress Report is in a submitted status you will have to first search for it before you can view it.

1. Follow [steps 1 – 5](#) in section [3.6.1 Edit and Submit Change-Requested Progress Reports](#) (on page 106).
2. The **Noncompeting Continuations Page** (Figure 124) will be displayed.
 The page will probably state that “there are no records matching the search criteria listed above”

Figure 124: Noncompeting Continuations Page

The screenshot displays the HRSA Electronic Handbooks for Applicants/Grantee interface. At the top, it identifies the user as Carla Pellerin and the organization as Kinston Community Health Center, Inc. in Kinston, NC. A navigation menu on the left includes sections like Grant Handbook, Grant Menu, View Awards, Approved Scope, Administer, Change Grant, Submissions, and Prior Approval Requests. The main content area shows a search interface for Noncompeting Continuations. A search button is present, and the results section states: "No records were found matching the search criteria listed above. Click on the 'Search' button to refine the criteria." A link for "Acceptable Use Policy" is also visible.

3. Click the **Search** button.
4. The **Search Parameters Page** (Figure 125) will be displayed.

Figure 125: Search Parameters Page

U.S. Department of Health and Human Services
HRSA
 Health Resources and Services Administration
 E-HANDBOOK HOME

HRSA Electronic Handbooks for Applicants/Grantee
 KINSTON COMMUNITY HEALTH CENTER, INC., Kinston, NC

Welcome Carla Pellerin to HRSA EHB ut15 environment (Last login date and time 6/30/2010 12:41:00 PM)

Noncompeting Continuations
[home](#) | [logout](#) | [contact us](#) | [glossary](#) | [help](#) | [questions/comments](#)

Enter the criteria to be used to search for noncompeting continuation applications and their corresponding statuses. Once done, click on the "Search" button.

NONCOMPETING CONTINUATION

| Search Parameters | |
|--|--|
| Schedule Status (To select multiple, hold the Ctrl key and then select from the list.) | All Not Started In Progress Submitted |
| Submission Due Date | From (mm/dd/yyyy): MM/DD/YYYY To (mm/dd/yyyy): MM/DD/YYYY |
| Submission Coming up within (days) | All |
| Reporting Cycle (To select multiple, hold the Ctrl key and then select from the list.) | All Budget Period Project Period Fiscal Year |
| Results per Page | 10 |

Search

Grant Handbook H80CS00104

Grant Menu

- Overview
- View Awards**
 - Last NGA
 - Award History
- Approved Scope**
 - Services
 - Sites
 - Other Activities and Locations
- Administer**
 - New/Existing Users
- Change Grant**
 - New/Existing CIS
 - Legacy CIS
- Submissions**
 - Monitor Schedules**
 - Noncompeting Continuations
 - Performance Reports
 - Progress Reports
 - Other Submissions
 - Prior Approval Requests**
 - New/Existing

Return Home

- View Portfolio
- Home

Logout

5. Select *All* for **Schedule Status**, and click the **Search** button.
6. The **Noncompeting Continuations Page** (Figure 126) will be displayed, listing all your Progress Reports, *including* the submitted reports.

Figure 126: Noncompeting Continuations Page

U.S. Department of Health and Human Services
HRSA
 Health Resources and Services Administration
 E-HANDBOOK HOME

HRSA Electronic Handbooks for Applicants/Grantee
 KINSTON COMMUNITY HEALTH CENTER, INC., Kinston, NC

Welcome Carla Pellerin to HRSA EHB ut15 environment (Last login date and time 6/30/2010 12:41:00 PM)

Noncompeting Continuations
[home](#) | [logout](#) | [contact us](#) | [glossary](#) | [help](#) | [questions/comments](#)

Following is the list of noncompeting continuation applications. To search through noncompeting continuation applications, click on the "Search" button.

Displaying 1-3 of 3

NONCOMPETING CONTINUATION

Input Parameters: (Show Parameters)

| Noncompeting Continuation Progress Report | | | Schedule Status: Submitted |
|---|---------------------------------------|----------------------------|--|
| Type | Noncompeting Continuations | Due Date | 7/1/2010 |
| Available Date | 6/3/2010 7:01:46 PM | Submission Tracking Number | 00078615 |
| Reporting Cycle | Budget Period Start Date | Reporting Period | 12/01/2010 |
| Online Submission | Yes (Preferred) | Submission Status | Change Requested(Overridden) |
| Started by | Carla Pellerin on 6/9/2010 2:13:31 PM | Submitted by | Carla Pellerin on 6/30/2010 2:05:21 PM |
| View Submission | | | |

| Noncompeting Continuation Application | | | Schedule Status: Submitted |
|---------------------------------------|--|----------------------------|--|
| Type | Noncompeting Continuations | Due Date | 8/1/2008 8:00:00 PM |
| Available Date | 7/16/2008 1:41:50 PM | Submission Tracking Number | 00054803 |
| Reporting Cycle | Budget Period Start Date | Reporting Period | 12/01/2008 |
| Online Submission | Yes (Required) | Submission Status | Submitted to HRSA |
| Started by | Carla Pellerin on 7/24/2008 9:04:30 AM | Submitted by | Carla Pellerin on 7/31/2008 5:39:27 PM |
| View Submission | | | |

| Noncompeting Continuation Application | | | Schedule Status: Submitted |
|---------------------------------------|---------------------------------------|----------------------------|---------------------------------------|
| Type | Noncompeting Continuations | Due Date | 8/3/2007 8:00:00 PM |
| Available Date | 7/27/2007 10:50:57 AM | Submission Tracking Number | 00045821 |
| Reporting Cycle | Budget Period Start Date | Reporting Period | 12/01/2007 |
| Online Submission | Yes (Required) | Submission Status | Submitted to HRSA |
| Started by | Temesheia Wade on 8/1/2007 4:35:40 PM | Submitted by | Temesheia Wade on 8/3/2007 1:10:42 PM |
| View Submission | | | |

Page 1

- Click the [View Submission](#) link for the Progress Report that corresponds to the tracking number noted in the *Change-Request Cancellation Email*.
- The **Review Page for Entire Progress Report** will open in a Table of Content format (Figure 114).

NOTE: This page will NOT contain a **Proceed to Submit** button.

- You can now perform the following actions:
 - Use the [View](#) links in the Action column to view any section.
 - Click **Print** to get a printable version of the Table of Contents.
 - Click **Print All HTML Forms** to print all forms that are HTML i.e. which were not filled using attachments. Attachments can be printed by clicking on individual [View](#) link for DOCUMENT (attachment) type forms and then printing the document.

4. Customer Support Information

 Use your Progress Report Tracking Number for all correspondence.

4.1. HRSA Call Center

For assistance with or using HRSA EHBs, call 877-GO4-HRSA (877-464-4772) or 301-998-7373 between 9:00 am to 5:30 pm ET or email callcenter@hrsa.gov.

Please visit HRSA EHBs for online help. Go to:

<https://grants.hrsa.gov/webexternal/home.asp> and click on 'Help'

4.2. HRSA Program Support

For assistance with PIN related questions, please contact your project officer.

 Do not call the project officer for technical questions related to HRSA EHBs.

5. FAQs

5.1. Software

5.1.1 What are the software requirements for HRSA EHBs?

HRSA EHBs can be accessed over the Internet using Internet Explorer (IE) v5.0 and above and Netscape 4.72 and above. HRSA EHBs are 508 compliant.

IE 6.0 and above is the recommended browser.

HRSA EHBs use pop-up screens to allow users to view or work on multiple screens. Ensure that your browser settings allow for pop-ups.

In addition, to view attachments such as Word and PDF, you will need appropriate viewers.

5.1.2 What are the system requirements for using HRSA EHBs on a Macintosh computer?

Mac users are requested to download the latest version of Netscape for their OS version. It is recommended that Safari v1.2.4 and above or Netscape v7.2 and above be used.

Note that Internet Explorer (IE) for Mac has known issues with SSL and Microsoft is no longer supporting IE for Mac. HRSA EHBs do not work on IE for Mac.

In addition, to view attachments such as Word and PDF, you will need appropriate viewers.

5.1.3 What are the software requirements for GAAM?

Refer to the software requirements for HRSA EHBs. In addition, you will need Microsoft Word to complete GAAM unstructured forms.

5.1.4 What document types can I upload?

The following document types are supported in HRSA EHBs:

.DOC - Microsoft Word

.RTF - Rich Text Format

.TXT - Text

.WPD - Word Perfect Document

.PDF - Adobe Portable Document Format

.XLS - Microsoft Excel



HRSA EHBs currently do not support MS Office 2007 formats (.docx, .xlsx, etc).