

HRSA Electronic Handbooks

# NCC FY 2013 Progress Report User Guide

## User Guide for Grantees

Last updated on: June 20, 2012



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## 1. Introduction

### 1.1. Document Purpose and Scope

The purpose of this document is to provide applicants with detailed instructions for using the HRSA Electronic Handbook (EHB) to complete a Non-competing Progress Report for their grant.

### 1.2. Document Organization and Version Control

This document contains the following sections:

Section	Description
Register with the HRSA Electronic Handbooks	Describes how to register with the HRSA Electronic Handbooks, log into HRSA Electronic Handbooks, and navigate the Progress Report.
Get Started with the HRSA Electronic Handbooks	Describes how to log into HRSA Electronic Handbooks and access the Progress Report.
Complete the Standard Forms (SF-PPR)	Describes the steps necessary to complete the Standard Form sections of the Progress Report in the Electronic Handbooks.
Complete the Program Specific Information Forms	Describes the steps necessary to complete the Program Specific Information sections of the Progress Report in the Electronic Handbooks.
Appendices	Describes how to attach standard documents that your grant program requires.
Review a Progress Report	Describes how to review a Progress Report to ensure that all information is accurate before submitting the Progress Report to HRSA.
Submit a Progress Report	Describes the steps necessary to submit the Progress Report to HRSA.
Customer Support	Provides contact information to address technical and programmatic questions.
Frequently Asked Questions	Provides answers to frequently asked questions by various categories.

## 2. Register with the HRSA Electronic Handbooks

Before you begin your Progress Report, you need to register with the HRSA Electronic Handbooks (EHBs) to complete the Non-competing Progress Report. Registration allows HRSA to collect consistent information from all users, avoid collection of redundant information, and identify each system user uniquely.

You are required to register with HRSA EHBs **once** for each organization you represent.

For detailed 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) between 9:00 am and 5:30 pm ET or email [callcenter@hrsa.gov](mailto:callcenter@hrsa.gov).

If you are a new user in a grantee organization, you need to:

1. Create an individual account in the system to get appropriate access.  
Go to <https://grants.hrsa.gov/webexternal/home.asp> and click **Registration** in the left side menu for registration guidance.
2. Associate your account with your grantee organization.  
Use your 10-digit grant number from Box 4b of the Notice of Award to search for your organization.

To work on and submit the Progress Report within the EHBs, request that your Project Director assign the following access rights as permitted by your role:

- Edit Non-competing Continuation
- Submit Non-competing Continuation

## 3. Get Started with the HRSA Electronic Handbooks

### 3.1. Session Time Limit

Your session will remain active for 30 minutes after your last activity. Save your work every five minutes to avoid losing information.

### 3.2. Log Into the HRSA Electronic Handbooks

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

Figure 1: Login Fields

Fields marked with an asterisk(\*) are required.

**LOGIN**

Already Registered?

\*Username

\*Password

[Forgot your password?](#)

3. Click Login.
4. The Grants Home Page (Figure 2) opens.

Figure 2: Grants Home Page

HRSA Electronic Handbooks for Applicants/Grantee  
 Yakima Neighborhood Health Services, Yakima, WA

Welcome Anita Monoran to HRSA EHB v11.0 environment (Last login date and time 5/10/2011 2:14:00 PM)

**Grants Home**  
[home](#) | [logout](#) | [contact us](#) | [glossary](#) | [help](#) | [questions/comments](#) | [knowledge base](#)

Knowledge Base has been launched! You can review articles, frequently asked questions, and other resources to help you. Please click [here](#) to access the site.

**Contact Us:**  
 Phone: 877-Go4-HRSA/877-464-4772; 301-998-7373  
 Time: 9:00 a.m. to 5:30 p.m. Eastern Time (E.T.), Monday through Friday  
 Email: [CallCenter@HRSA.GOV](mailto:CallCenter@HRSA.GOV)

Applicant/Grantee Electronic Handbook (EHB) provides all potential and existing grantees a means to conduct various activities electronically.

**WHAT WOULD YOU LIKE TO DO TODAY?**

- Manage Competing Applications**
  - [Read Electronic Submission Guide](#)
  - [Verify Grants.gov Application \(if required per Guidance\)](#)
  - [Work on My Application](#)
  - [Allow Other Members of My Organization to Work on My Application](#)
  - [Search Funding Opportunities](#)
- Manage Grants Portfolio**
  - [Read About Grant Registration](#)
  - [Add a Grant to My Portfolio](#)
  - [View Grants in My Portfolio](#)
  - [Work on a Grant](#)
  - [Work on My Noncompeting Progress Report](#)
  - [Work on Other Post Award Submissions](#)
- Manage My Profile**
  - [Update My Contact and Address Detail](#)
  - [Verify My Email Address](#)
  - [Change My Password/Security Question](#)
  - [Read About Multiple Organization Registrations](#)
  - [Associate My Account with Another Organization](#)
  - [Set My Default Organization](#)
- Manage Organization Profile**
  - [Read About Organization Profile Management](#)
  - [Update Organization Information on File](#)
  - [Change Communication Contact for Organization](#)
  - [Manage Users of My Organization](#)

### 3.3. How to Access the Progress Report

To access the Progress Report:

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

Figure 3: View Portfolio Link on the Left Side Menu



- The Grants List Page (Figure 4) will be displayed.
2. Choose the appropriate grant record and click the [Open Grant Handbook](#) link.

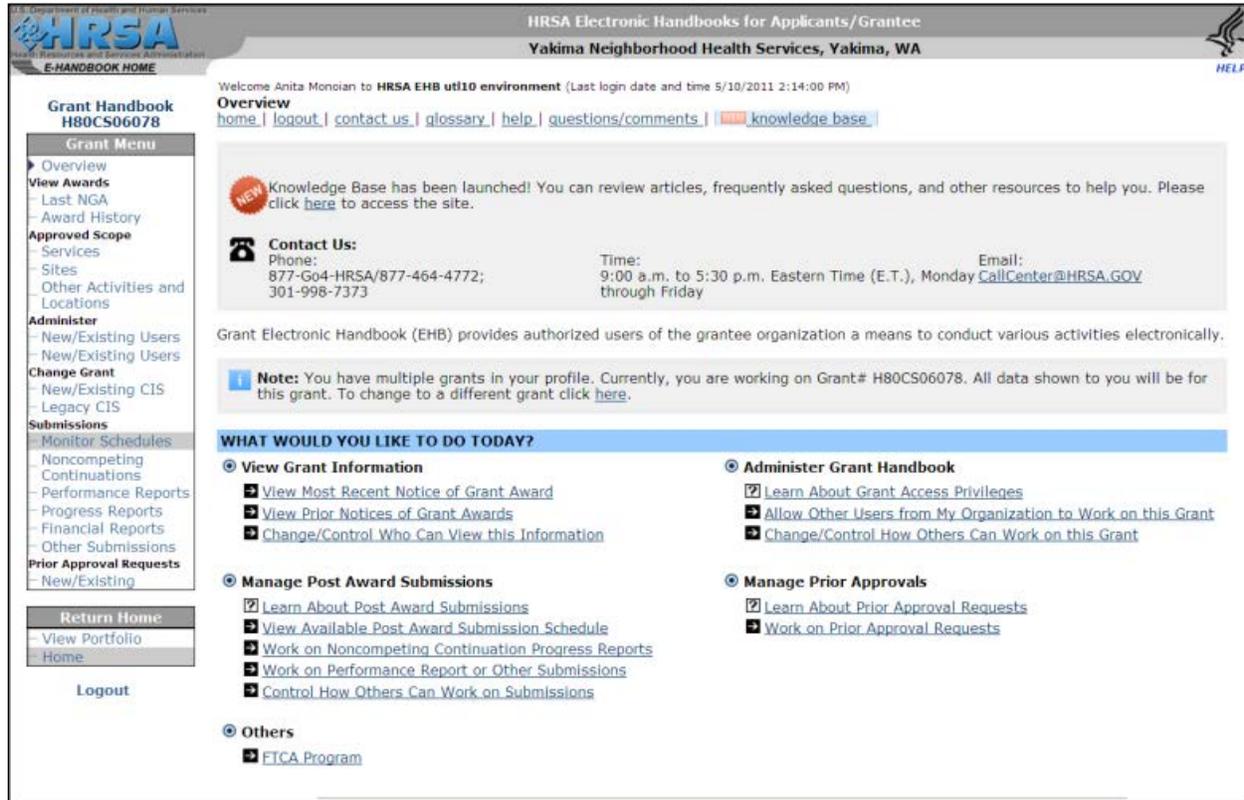
Figure 4: Grants List Page

GRANTS LIST			
<b>H80CS06078:Health Center Cluster</b>			<b>Last Award Issued on: 04/03/2011</b>
Project Period	9/1/2005-4/30/2016	Budget Period	5/1/2011-4/30/2012
CRS EIN	1910928817A1	Number of Support Years	7
Project Director	Anita Monoian, Email: reitester1@hotmail.com, Phone: (509) 574-5550		<a href="#">Open Grant Handbook</a>
Grant Contact	Shelia Burks, Email: reitester1@hotmail.com, Phone: (301) 443-6452		
Program Contact	Kathy Shafer, Email: reitester1@hotmail.com, Phone: (301) 594-0823		
<b>H8BCS11674:ARRA - Increased Demand for Services</b>			<b>Last Award Issued on: 09/18/2009</b>
Project Period	3/27/2009-3/26/2011	Budget Period	3/27/2009-3/26/2011
CRS EIN	1910928817A1	Number of Support Years	1
Project Director	Anita Monoian, Email: reitester1@hotmail.com, Phone: (509) 574-5550		<a href="#">Open Grant Handbook</a>
Grant Contact	Shelia Burks, Email: reitester1@hotmail.com, Phone: (301) 443-6452		
Program Contact	Karen Cook, Email: reitester1@hotmail.com, Phone: (301) 301-3628		

- The Overview Page for the Grant Handbook (Figure 5) will be displayed.

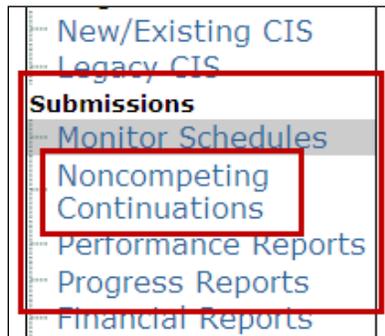
The Grant Number appears in the upper left hand corner.

Figure 5: Grant Overview Page



3. Click the [Non-competing Continuations](#) link under the Submissions heading on the left side menu (Figure 6).

Figure 6: Non-competing Continuations Link



- The Non-competing Continuations Page will be displayed (Figure 7).
- 4. Click the [Start Submission](#) (or [Edit Submission](#)) link corresponding to the progress report that you want to enter.

**Figure 7: Non-competing Continuation Page**

NONCOMPETING CONTINUATION			
Input Parameters: ( <a href="#">Show Parameters</a> )			
Noncompeting Continuation Progress Report			Schedule Status: <b>Not Started</b>
Type	Noncompeting Continuations	Due Date	1/1/2013 5:00:00 PM Due In: 246 days
Available Date	4/25/2012 12:07:20 PM	Submission Tracking Number	00099101
Reporting Cycle	Budget Period Start Date	Reporting Period	04/01/2013
Online Submission	Yes (Preferred)	Submission Status	Not Started
Started by			
<a href="#">Start Submission</a>			

Page 1

After you start a Progress Report, you will see an [Edit Submission](#) link instead of the [Start Submission](#) link.

- The NCC Progress Report Process Status Page (Figure 8) will be displayed.

**Figure 8: NCC Progress Report Process Status Page**

STATUS OVERVIEW		
<b>NCC PROGRESS REPORT PROCESS STATUS</b>		
Deadline	6/4/2012 5:00 PM ET (You have 26 days to complete and submit the application.)	
Assigned AO	N/A (One or more AO's currently registered. <a href="#">Assign AO</a> )	
Created On	2/2/2012 10:23:00 AM	
Last Updated By	N/A	
Peer Information	No peers associated with this NCC Progress Report.	
View: <a href="#">NCC Progress Report</a>   <a href="#">Progress Report Instructions</a>   <a href="#">NCC User Guide</a>		
<b>Users with Permissions on NCC Progress Request</b> ( <a href="#">View Details</a> )		
<b>NCC PROGRESS REPORT FORM STATUS</b>		
Section	Action	Status
Basic Information		
SF-PPR	<a href="#">Update</a>	NOT COMPLETE
SF-PPR-2 (Cover Page Continuation)	<a href="#">Update</a>	NOT COMPLETE
Budget Information		
Budget Details		
Support Year 1	<a href="#">Update</a>	NOT COMPLETE
Support Year 2	<a href="#">Update</a>	NOT COMPLETE
Support Year 3	<a href="#">Update</a>	NOT COMPLETE
Budget Narrative	<a href="#">Update</a>	NOT COMPLETE
Other Information		
Program Specific Information	<a href="#">Update</a>	NOT COMPLETE
Appendices	<a href="#">Update</a>	NOT COMPLETE

- 5. Click the [Update](#) link or click the form's name under Basic Information or Program Specific Information in the left side menu (Figure 9).
- The form you selected opens.

Figure 9: Click the Update Link or the Form Name

<ul style="list-style-type: none"> <li>Status</li> <li><b>Basic Information</b></li> <li>SF-PPR</li> <li>SF-PPR-2</li> <li>Budget Information</li> <li>Budget Details</li> <li>Budget Narrative</li> <li>Program Specific Information</li> <li>Program Specific Information</li> <li>Other Information</li> <li>Appendices</li> <li>Review and Submit</li> <li>Review</li> <li>Submit</li> </ul> <p style="text-align: center;">Logout</p>	<table border="1"> <thead> <tr> <th colspan="2">STATUS OVERVIEW</th> </tr> </thead> <tbody> <tr> <td colspan="2"><b>NCC PROGRESS REPORT PROCESS STATUS</b></td> </tr> <tr> <td>Deadline</td> <td>6/4/2012 5:00 PM ET <small>(You have 26 days to complete and submit the application.)</small></td> </tr> <tr> <td>Assigned AO</td> <td>N/A <small>(One or more AO's currently registered. <a href="#">Assign AO</a> )</small></td> </tr> <tr> <td>Created On</td> <td>2/2/2012 10:23:00 AM</td> </tr> <tr> <td>Last Updated By</td> <td>N/A</td> </tr> <tr> <td>Peer Information</td> <td>No peers associated with this NCC Progress Report.</td> </tr> <tr> <td colspan="2">View: <a href="#">NCC Progress Report</a>   <a href="#">Progress Report Instructions</a>   <a href="#">NCC User Guide</a></td> </tr> <tr> <td colspan="2"><b>Users with Permissions on NCC Progress Request</b> (<a href="#">View Details</a>)</td> </tr> <tr> <td colspan="2"><b>NCC PROGRESS REPORT FORM STATUS</b></td> </tr> <tr> <th>Section</th> <th>Action</th> <th>Status</th> </tr> <tr> <td>Basic Information</td> <td></td> <td></td> </tr> <tr> <td>SF-PPR</td> <td><a href="#">Update</a></td> <td>NOT COMPLETE</td> </tr> <tr> <td>SF-PPR-2 (Cover Page Continuation)</td> <td><a href="#">Update</a></td> <td>NOT COMPLETE</td> </tr> </tbody> </table>	STATUS OVERVIEW		<b>NCC PROGRESS REPORT PROCESS STATUS</b>		Deadline	6/4/2012 5:00 PM ET <small>(You have 26 days to complete and submit the application.)</small>	Assigned AO	N/A <small>(One or more AO's currently registered. <a href="#">Assign AO</a> )</small>	Created On	2/2/2012 10:23:00 AM	Last Updated By	N/A	Peer Information	No peers associated with this NCC Progress Report.	View: <a href="#">NCC Progress Report</a>   <a href="#">Progress Report Instructions</a>   <a href="#">NCC User Guide</a>		<b>Users with Permissions on NCC Progress Request</b> ( <a href="#">View Details</a> )		<b>NCC PROGRESS REPORT FORM STATUS</b>		Section	Action	Status	Basic Information			SF-PPR	<a href="#">Update</a>	NOT COMPLETE	SF-PPR-2 (Cover Page Continuation)	<a href="#">Update</a>	NOT COMPLETE
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<b>NCC PROGRESS REPORT FORM STATUS</b>																																	
Section	Action	Status																															
Basic Information																																	
SF-PPR	<a href="#">Update</a>	NOT COMPLETE																															
SF-PPR-2 (Cover Page Continuation)	<a href="#">Update</a>	NOT COMPLETE																															

### 3.4. Navigation

Use the navigation menu (Figure 10) on the left side of the screen to access the Standard Forms and Program Specific Information Forms.

Figure 10: Left Side Menu

**Progress Report Tracking# 00090993**

**Progress Report Process**

**Overview**

- [-] Status
- Basic Information**
- ▶ SF-PPR
- [-] SF-PPR-2
- Budget Information**
- [-] Budget Details
- [-] Budget Narrative
- Program Specific Information**
- [-] Program Specific Information
- Other Information**
- [-] Appendices
- Review and Submit**
- [-] Review
- [-] Submit

**Return Home**

- [-] View Portfolio
- [-] Home

**Logout**

## 4. Complete the Standard Forms (SF-PPR)

When you open your Progress Report, the first screen that appears is the NCC Progress Report Process Status Page, which shows the sections of the SF-PPR (Figure 11).

Figure 11: NCC Progress Report Process Status

STATUS OVERVIEW		
<b>NCC PROGRESS REPORT PROCESS STATUS</b>		
Deadline	6/4/2012 5:00 PM ET (You have 26 days to complete and submit the application.)	
Assigned AO	N/A (One or more AO's currently registered. <a href="#">Assign AO</a> )	
Created On	2/2/2012 10:23:00 AM	
Last Updated By	N/A	
Peer Information	No peers associated with this NCC Progress Report.	
<a href="#">View: NCC Progress Report</a>   <a href="#">Progress Report Instructions</a>   <a href="#">NCC User Guide</a>		
<b>Users with Permissions on NCC Progress Request</b> ( <a href="#">View Details</a> )		
<b>NCC PROGRESS REPORT FORM STATUS</b>		
Section	Action	Status
<b>Basic Information</b>		
SF-PPR	<a href="#">Update</a>	NOT COMPLETE
SF-PPR-2 (Cover Page Continuation)	<a href="#">Update</a>	NOT COMPLETE
<b>Budget Information</b>		
<b>Budget Details</b>		
Support Year 1	<a href="#">Update</a>	NOT COMPLETE
Support Year 2	<a href="#">Update</a>	NOT COMPLETE
Support Year 3	<a href="#">Update</a>	NOT COMPLETE
Budget Narrative	<a href="#">Update</a>	NOT COMPLETE
<b>Other Information</b>		
Program Specific Information	<a href="#">Update</a>	NOT COMPLETE
Appendices	<a href="#">Update</a>	NOT COMPLETE

The NCC Progress Report Process Status Page shows the status of:

- Each SF-PPR form
- The budget forms
- The Program Specific Information forms

You cannot submit your Progress Report until you complete all forms in all sections.

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.

### 4.1. 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 that started the last budget period, including the Authorizing Official(s) designated for the grant.

1. Click [SF-PPR](#) on the Progress Report left side menu to access the SF-PPR Form (Figure 12).

Figure 12: SF-PPR Form

Fields marked with an asterisk (\*) are required.

SF-PPR				
<b>Status: Not Started</b>				
Grantee Organization Information				
Federal Grant or Other Identifying Number Assigned by Federal Agency	H80CS06078			
DUNS Number	060048550			
Employer Identification Number (EIN)	910928817			
Recipient Organization Name	Yakima Neighborhood Health Services			
Recipient Organization Address	12 S 8th St , Yakima Washington 98901-3020			
CRS Entity Identification Number				
Recipient Identifying Number or Account Number	90993			
Reporting Period End Date	04/30/2016			
Final Report	<input type="radio"/> Yes <input checked="" type="radio"/> No			
Authorizing Official(AO) Contact Information				
*Authorizing Official (AO)				
Select	Title of Position	Name	Phone	Email
<input checked="" type="radio"/>	Authorizing Official	Anita D Monoian	(509)574-5550	reitester1@hotmail.com
<input type="button" value="Add/Change AO"/> <input type="button" value="Update Information"/> <input type="button" value="Delete AO"/>				

You can perform the following functions on the screen:

- Change/Add an Authorizing Official (AO)
- Update AO information
- Delete an AO

### Change the Selected Authorizing Official

To change the selected Authorizing Official,

1. Select an AO and click  in the Authorizing Official (AO) Contact Information area of the SF-PPR form (Figure 13).

**Figure 13: Authorizing Official Contact Information Area**

*Authorizing Official (AO)				
Select	Title of Position	Name	Phone	Email
<input type="radio"/>	Authorizing Official	Anita D Monoian	(509)574-5550	reitester1@hotmail.com
<input type="button" value="Add/Change AO"/>		<input type="button" value="Update Information"/>		<input type="button" value="Delete AO"/>

2. Select the user to be designated as the AO, if more than one user is listed.
3. Click **Add Selected Person as AO** on the Choose AO to Add Screen.

**Figure 14: Choose AO to Add Screen**

CHOOSE AO TO ADD				
Select	Name	UserName	Email	Last Login Date
<input type="radio"/>	Ms. Anita D Monoian	anitamonoian	reitester1@hotmail.com	5/10/2011 2:14:00 PM
<input type="button" value="Add Selected Person as AO"/>				
<input type="button" value="Go Back"/>			<input type="button" value="Request a New AO"/>	

- The SF-PPR Contact Information Page (Figure 15) will be displayed for the selected user, listing the current contact information.

**Figure 15: SF-PPR Contact Information Page (for existing HRSA user)**

Fields marked with an asterisk(\*) are required.

CONTACT INFORMATION	
Title	<input type="text"/>
Prefix	<input type="text"/>
*Last Name	<input type="text"/>
*First Name	<input type="text"/>
Middle Initial	<input type="text"/>
Suffix	<input type="text"/>
Organization Affiliation	<input type="text"/>
<b>*Mailing Address (Required) More Information</b>	
Mailstop Code (Internal Routing)	<input type="text"/>
Division / Department Name	<input type="text"/>
Select an option (Street Address or PO Box Only or Rural Route)	
<input type="text"/>	Number <input type="text"/> *Name <input type="text"/>
*Street Address	<input type="text"/>

4. Revise the contact information, if necessary. Fields marked with an asterisk (\*) are required.
5. Click **Save and Continue** to save your information and return to the SF-PPR Form.

The user that you added will be listed as the Authorizing Official.

## Add an Authorizing Official

To add an Authorizing Official,

1. Click **Add/Change AO** on the SF-PPR Form.
2. Click **Request a New AO** on the Choose AO to Add Screen

**Figure 16: Choose AO to Add Screen**

CHOOSE AO TO ADD				
Select	Name	UserName	Email	Last Login Date
<input type="radio"/>	Ms. Anita D Monoian	anitamonoian	reitester1@hotmail.com	5/10/2011 2:14:00 PM
<input type="button" value="Add Selected Person as AO"/>				
<input type="button" value="Go Back"/>		<input type="button" value="Request a New AO"/>		

- The Notify AO Page (Figure 17) will be displayed, allowing you to enter name and email address information into a pre-formatted email, requesting the HRSA employee to register in the HRSA EHB.

**Figure 17: Notify AO Page**

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 Anita Monoian has indicated that you are the Authorizing Official (AO) for the following organization.</p> <p>Name: Yakima Neighborhood Health Services            Address:            12 S 8th St            Yakima, WA, 98901-3020            Registered AOs: Anita Monoian</p> <p>Anita Monoian 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"> <li>1. Log on to the HRSA EHBs website <a href="https://hrsaut10.relsys.com/webExternal/">https://hrsaut10.relsys.com/webExternal/</a></li> <li>2. Click on the registration link on the left hand side menu.</li> <li>3. 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.</li> <li>4. 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.</li> </ol> <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 <a href="mailto:CallCenter@HRSA.GOV">CallCenter@HRSA.GOV</a>.</p>
Additional Comments:	<input type="text"/>
<input type="button" value="Cancel"/> <span style="float: right;"><input type="button" value="Continue"/></span>	

3. Complete the form and click **Continue**.
- The Notify AO Confirmation Page will be displayed (Figure 18).

Figure 18: Notify AO Confirmation Page

**This is a confirmation page! To notify the prospective AO via an email, you MUST click on the "Continue" button. To cancel the action, click on the "Cancel" button.**

Notify AO Confirmation	
First Name:	Miranda
Last Name:	Portman
Email Address:	mp@yakima.com
Subject:	Registration Request
Message:	<p>This email has been sent to you because Anita Monoian has indicated that you are the Authorizing Official (AO) for the following organization.</p> <p>Name: Yakima Neighborhood Health Services            Address:            12 S 8th St            Yakima, WA, 98901-3020            Registered AOs: Anita Monoian</p> <p>Anita Monoian 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"> <li>1. Log on to the HRSA EHBs website <a href="https://hrsautl10.reisys.com/webExternal/">https://hrsautl10.reisys.com/webExternal/</a></li> <li>2. Click on the registration link on the left hand side menu.</li> <li>3. 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.</li> <li>4. 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.</li> </ol> <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 <a href="mailto:CallCenter@HRSA.GOV">CallCenter@HRSA.GOV</a>.</p>
Additional Comments:	

4. Click **Continue**.
  - You will be returned to the SF-PPR Form (Figure 12).
5. The email displayed in the Notify AO Confirmation Page (Figure 18) will be sent, requesting the employee to register in the HRSA EHB.

After the HRSA employee registers within the EHB, you must return to the SF-PPR Form (Figure 12) and click **Add/Change AO** to display the SF-PPR Add Authorizing Official Form (Figure 13). The HRSA employee will now be listed on the screen to allow you to [select him/her as an AO](#).

### Update the Authorizing Official Information

To update the AO information,

1. Select an AO and click **Update Information** (Figure 19).

**Figure 19: Update Authorizing Official (AO) Information**

Select	Title of Position	Name	Phone	Email
<input checked="" type="radio"/>	Authorizing Official	Anita D Monoian	(509)574-5550	reitester1@hotmail.com

- The SF-PPR Contact Information Page (Figure 15) 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.

### Delete an Authorizing Official

To delete an AO,

1. Select an Authorizing Official and click **Delete AO** (Figure 20).

**Figure 20: Delete Authorizing Official (AO)**

Select	Title of Position	Name	Phone	Email
<input checked="" type="radio"/>	Authorizing Official	Anita D Monoian	(509)574-5550	reitester1@hotmail.com

- You will be returned to the SF-PPR Form. The AO that you deleted will not be listed under the Name column.
- 2. If you are satisfied with the information on the screen, click **Save and Continue** to save your work and proceed to the next form.

## 4.2. Basic Information: SF-PPR-2

The SF-PPR-2 Form is a continuation of the SF-PPR Form. It contains information about the grant for which you are creating or updating. By default, the information will be pre-populated from the information in the application that started the last budget period. This includes the Department Name, Division Name, and the Point of Contact (POC) registered for the grant.

If a Point of Contact (POC) was not added in the application that 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.

Click [SF-PPR-2](#) on the Progress Report left side menu to access the SF-PPR-2 (Cover Page Continuation) Form (Figure 21).

**Figure 21: SF-PPR-2 (Cover Page Continuation) Form**

**SF-PPR-2**  
 home, | logout, | contact us, | help, | questions/comments

Please review the preloaded Grantee Information and provide required information requested in this form. When you are done, click on the "Save" button or use the "Save and Continue" button to go to the next section. To save the information entered in this page, you are required to click on this button. To return to the previous section, click on the "Go Back" button.

Fields marked with an asterisk (\*) are required.

**SF-PPR-2 (COVER PAGE CONTINUATION)** STATUS: IN PROGRESS

Supplemental Continuation of SF-PPR Cover Page

\*Department Name  Department Name will be displayed here.

\*Division Name  Division Name will be displayed here.

Name of Federal Agency Health Resources and Service Administration.

Funding Opportunity Number 5-H80-13-045

Funding Opportunity Title Budget Period Renewal

\*Areas Affected by Project (Cities, County, State, etc.)

Area Type	Affected Area(s)
State	Texas
City	Reston
State	Texas
City	Baltimore

Point of Contact (POC) Information

Select	Title of Position	Name	Phone	Email
<input type="radio"/>	Point of Contact			

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

You can perform the following functions on the screen:

- Modify Department Name or Division Name
- Add/Change Point of Contact (POC)
- Update POC Information
- Delete POC

### Modify the Department Name or Division Name

To modify the Department Name or Division Name, enter a new Department Name or Division Name in the appropriate fields.

### Add or Change the Point of Contact

To add or change the Point of Contact,

1. Select a Point of Contact and click **Add/Change POC** (Figure 22) in the Point of Contact Information area.

**Figure 22: Add/Change POC**

**Point of Contact (POC) Information**

\*Point of Contact (POC)

Select	Title of Position	Name	Phone	Email
<input checked="" type="radio"/>	Point of Contact	Anita D Monoian	(509)574-5550	retester1@hotmail.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** (Figure 23).

**Figure 23: SF-PPR-2 Add Point of Contact Form**

These are the current POC(s) with submit applications privilege. Please choose the person that you want to Add as POC for this application and click on the "Add Selected Person as POC". If you do not find the name of the person you wish to Add, click on the "Request A New POC" Button. To return to the previous section, click on the "Go Back" Button.

CHOOSE POC TO ADD		
Select	Name	Email
<input type="radio"/>	Anita D Monoian	reitester1@hotmail.com
<input type="radio"/>	Anita D Monoian	reitester1@hotmail.com
<input type="radio"/>	Anita D Monoian	reitester1@hotmail.com
<input type="radio"/>	Anita D Monoian	reitester1@hotmail.com

- The SF-PPR Contact Information Page (Figure 15) will be displayed, listing the current contact information for the selected POC.

If you click  , the SF-PPR Contact Information Page (Figure 15) will also be displayed. However, all the fields will be blank as you will need to provide the information for the new POC.

- Verify and revise the contact information as necessary.
- Click  to save your information and return to the SF-PPR-2 (Cover Page Continuation) Form (Figure 21).  
The user that you added will be listed as a Point of Contact.

**Update the Point of Contact Information**

To update the Point of Contact information,

- Select a POC and click  .
- The SF-PPR Contact Information Page (Figure 15) will be displayed.
- Verify and revise the contact information as necessary.
- Click  to save your information and return to the SF-PPR-2 (Cover Page Continuation) Form (Figure 21).

**Delete the Point of Contact**

To delete the point of contact,

- Select a Point of Contact, and click  .
- You will be returned to the SF-PPR-2 (Cover Page Continuation) Form (Figure 21).

The POC you deleted will not be listed under the Name column.

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

**4.3. Budget Information: Budget Details**

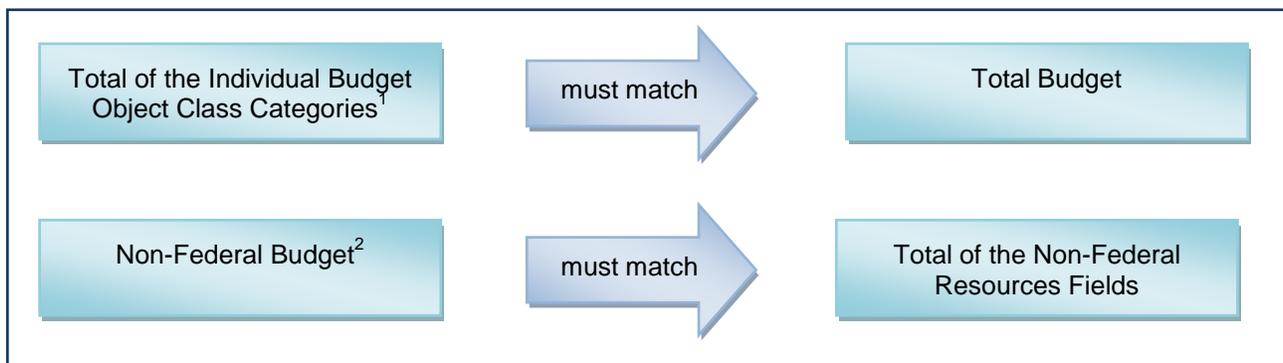
The Budget Details Form allows you to specify the budget information for the upcoming budget period (future Support Year) of the grant. The Budget Details Form consists of the following sections:

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

The Recommended Federal Budget portion of the total budget for the future Support Year of the grant is pre-populated from Section 13 of the last Notice of Award, which lists the recommended future Federal funding support amounts. The Federal portion of the budget for the future Support Year cannot be updated to an amount that is different from the recommended amount in the last Notice of Award.

Observe the following business rules (Figure 24) to complete the Budget Details Form for the future Support Year:

**Figure 24: Business Rules for the Budget Details Form**



<sup>1</sup>The total of the individual Budget Object Class Categories in Section B (Budget Categories) must match the Total Budget specified in Section A (Budget Summary).

<sup>2</sup>Non-Federal Budget must match Total of the Non-Federal Resources Fields.

Complete Section A first in case you need to make any changes to the types of funding (CHC, MHC, HCH, PHPC).

To complete the Budget Details Form,

1. Click [Budget Details](#) on the Progress Report left side menu to access the Budget Details Form for future Support Year 1 (Figure 25).

Figure 25: Budget Details Form

Support Year 1						
Not Started						
Recommended Federal Budget (from Last NGA): <b>\$1,100,922.00</b>						
BUDGET INFORMATION - Support Year 1						Support Year 1 <input type="button" value="Go"/>
Status: Not Started						
Section A - Budget Summary						
Grant Program Function or Activity	CFDA Number	New or Revised Budget				
		Federal	Non-Federal	Total		
Community Health Centers	93.224	\$0.00	\$0.00	\$0.00		
Health Care for the Homeless	93.224	\$0.00	\$0.00	\$0.00		
Migrant Health Centers	93.224	\$0.00	\$0.00	\$0.00		
<b>Total:</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>		
Section B - Budget Categories						
Object Class Categories	Grant Program Function or Activity			Total		
	Community Health Centers	Health Care for the Homeless	Migrant Health Centers			
Personnel	\$0.00	\$0.00	\$0.00	\$0.00		
Fringe Benefits	\$0.00	\$0.00	\$0.00	\$0.00		
Travel	\$0.00	\$0.00	\$0.00	\$0.00		
Equipment	\$0.00	\$0.00	\$0.00	\$0.00		
Supplies	\$0.00	\$0.00	\$0.00	\$0.00		
Contractual	\$0.00	\$0.00	\$0.00	\$0.00		
Construction	\$0.00	\$0.00	\$0.00	\$0.00		
Other	\$0.00	\$0.00	\$0.00	\$0.00		
Total Direct Charges	\$0.00	\$0.00	\$0.00	\$0.00		
Indirect Charges	\$0.00	\$0.00	\$0.00	\$0.00		
<b>Total:</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>		
Section C - Non Federal Resources						
Grant Program Function or Activity	Applicant	State	Local	Other	Program Income	Total
Community Health Centers	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Health Care for the Homeless	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Migrant Health Centers	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Total:</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<input type="button" value="Go to Previous Page"/>		<input type="button" value="Save"/> <input type="button" value="Save and Continue"/>				

Use this form to update:

- Sub Programs
- Budget Summary
- Budget Categories
- Non-Federal Resources

### 4.3.1 Update Sub Programs

To update Sub Programs,

1. Click Update Sub Program in the Budget Summary (Section A) area of the Budget Details Form (Figure 26).

**Figure 26: Budget Details Form, Section A**

Section A - Budget Summary				
Grant Program Function or Activity	CFDA Number	New or Revised Budget		
		Federal	Non-Federal	Total
Community Health Centers	93.224	\$0.00	\$0.00	\$0.00
Health Care for the Homeless	93.224	\$0.00	\$0.00	\$0.00
Migrant Health Centers	93.224	\$0.00	\$0.00	\$0.00
<input type="button" value="Update Sub Program"/>		<b>Total:</b>	<b>\$0.00</b>	<b>\$0.00</b>
		<input type="button" value="Update"/>		

- The Update Sub Program(s) Form (Figure 27) will be displayed.

**Figure 27: Update Sub Program(s) Form**

Select Sub Program(s)		
Select	Program	CFDA
<input checked="" type="checkbox"/>	Community Health Centers	93.224
<input checked="" 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="button" value="Go Back"/>		<input type="button" value="Continue"/>

- Select or deselect the checkboxes for the sub programs, as necessary.  
 In the progress report, grantees should not seek funding for any sub program for which they are not receiving federal funds.
- Click .
- You will be returned to the Budget Details Form for the selected Support Year. The sub-programs listed in Section A, Section B, and Section C will reflect your changes.

### 4.3.2 Update Budget Summary

To update the Budget Summary:

- Click  at the bottom of Section A on the Budget Details Form (Figure 28).

**Figure 28: Budget Details Form, Section A**

Section A - Budget Summary				
Grant Program Function or Activity	CFDA Number	New or Revised Budget		
		Federal	Non-Federal	Total
Community Health Centers	93.224	\$100.00	\$100.00	\$200.00
Health Care for the Homeless	93.224	\$200.00	\$200.00	\$400.00
Migrant Health Centers	93.224	\$300.00	\$300.00	\$600.00
Public Housing	93.224	\$400.00	\$400.00	\$800.00
<input type="button" value="Update Sub Program"/>		<b>Total:</b>	<b>\$1,000.00</b>	<b>\$1,000.00</b>
		<input type="button" value="Update"/>		

- The Update Budget Summary Form (Figure 29) will be displayed for the selected Support Year.

**Figure 29: Update Budget Summary Form**

Fields marked with an asterisk(\*) are required.

**UPDATE BUDGET INFORMATION - Support Year 1**

**\*Section A - Budget Summary**

Grant Program Function or Activity	CFDA Number	New or Revised Budget		
		Federal	Non-Federal	Total
Community Health Centers	93.224	\$ 100.00	\$ 100.00	\$ 200.00
Health Care for the Homeless	93.224	\$ 200.00	\$ 200.00	\$ 400.00
Migrant Health Centers	93.224	\$ 300.00	\$ 300.00	\$ 600.00
Public Housing	93.224	\$ 400.00	\$ 400.00	\$ 800.00
<b>Total:</b>		<b>\$1,000.00</b>	<b>\$1,000.00</b>	<b>\$2,000.00</b>

Go Back Save and Continue

2. Update the Federal or the Non-Federal information, as allowed.
3. Click **Save and Continue**.
  - You will be returned to the Budget Details Form. The Budget Summary information will reflect your changes.

### 4.3.3 Update the Budget Categories

To update the budget categories,

1. Click **Update** at the bottom of Section B (Figure 30).

**Figure 30: Budget Details Form, Section B**

**Section B - Budget Categories**

Object Class Categories	Grant Program Function or Activity			Total
	Community Health Centers	Health Care for the Homeless	Migrant Health Centers	
Personnel	\$0.00	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00	\$0.00
Total Direct Charges	\$0.00	\$0.00	\$0.00	\$0.00
Indirect Charges	\$0.00	\$0.00	\$0.00	\$0.00
<b>Total:</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

**Update**

- The Update Budget Information Form (Figure 31) will be displayed for the selected Support Year.

**Figure 31: Update Budget Information Form**

UPDATE BUDGET INFORMATION - Support Year 1			
*Section B - Budget Categories			
Object Class Categories	Grant Program Function or Activity		
	Community Health Centers	Health Care for the Homeless	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
Indirect Charges	\$ 0.00	\$ 0.00	\$ 0.00
Total <input type="button" value="Calculate Total"/>	\$ 0.00	\$ 0.00	\$ 0.00
Total Budget specified in Budget Summary	\$0.00	\$0.00	\$0.00

You *must* enter information in the Budget Object Class Categories so the total of all the categories equals the amount in the Total Budget specified in Budget Summary.

2. Click .
  - You will be returned to the Budget Details Form for the selected Support Year (Figure 25).

The Budget Categories information will reflect your changes.

#### 4.3.4 Update Non-Federal Resources

To update Non-Federal Resources,

1. Click  at the bottom of Section C on the Budget Details Form.

**Figure 32: Budget Details Form, Section C**

Section C - Non Federal Resources						
Grant Program Function or Activity	Applicant	State	Local	Other	Program Income	Total
Community Health Centers	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Health Care for the Homeless	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Migrant Health Centers	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Public Housing	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Total:</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<input type="button" value="Update"/>						

- The Update Non-Federal Resources Form (Figure 33) will be displayed for the selected Support Year.

Figure 33: Update Non-Federal Resources Form

UPDATE BUDGET INFORMATION - Support Year 1						
*Section C - Non Federal Resources						
Grant Program Function or Activity	Total(Budget Summary)	Applicant	State	Local	Other	Program Income
Community Health Centers	\$100.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Health Care for the Homeless	\$200.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Migrant Health Centers	\$300.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Public Housing	\$400.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Total:</b>	<b>\$1,800.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

Go Back Save and Continue

2. Update the Non-Federal fields, as appropriate.
3. Click **Save and Continue**.
  - You will be returned to the Budget Details Form. The Non-Federal Resources information will reflect your changes.

When you are finished updating the Budget Details Form for the selected Support Year, click **Save and Continue** to save your work and proceed to the next form.

#### 4.4. Budget Information: Budget Narrative

The Budget Narrative Form allows you to upload attachments (maximum of two) that provide a justification for your budget. (For more information regarding the budget narrative description, refer to the Instructions for Preparing and Submitting the FY 2013 Health Center Program Budget Period Progress Report.)

1. Click the **Budget Narrative** link on the Progress Report Process left side menu (Figure 34) to access the Budget Narrative Form (Figure 35).
2. To attach a budget narrative document, click **Attach**.
3. When you are finished attaching the document(s), click **Save and Continue** to save your work and proceed to the next form.

Figure 34: Budget Narrative Link on the Progress Report Process Menu

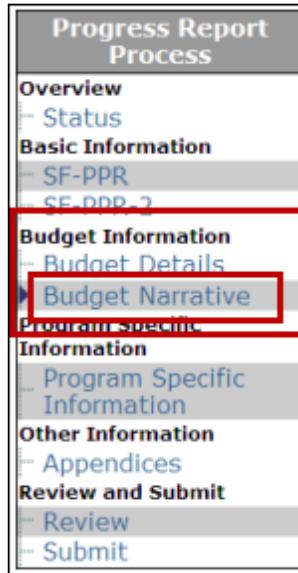


Figure 35: Budget Narrative Form

Fields marked with an asterisk (\*) are required.

**BUDGET NARRATIVE** Status: **Not Started**

**\*Attachment(s) (Maximum two (2) attachments)**

Select	Purpose	Document Name	Size	Uploaded By	Description
No attached document exists.					
<input type="button" value="Attach"/>					

## 5. Complete the Program Specific Information Forms

To enter or revise Program Specific Information,

1. Click the [Program Specific Information](#) link on the left side menu (Figure 36) or click the Program Specific Information [Update](#) link, under Other Information, on the NCC Progress Report Process Status page (Figure 37).

Figure 36: Program Specific Information Link on the Left Side Menu

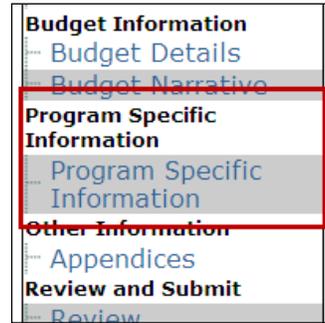


Figure 37: Update Link on the NCC Progress Report Process Status Page

STATUS OVERVIEW			
<b>NCC PROGRESS REPORT PROCESS STATUS</b>			
Deadline	6/4/2012 5:00 PM ET (You have <b>26</b> days to complete and submit the application.)		
Assigned AO	N/A (One or more AO's currently registered. <a href="#">Assign AO</a> )		
Created On	2/2/2012 10:23:00 AM		
Last Updated By	N/A		
Peer Information	No peers associated with this NCC Progress Report.		
View: <a href="#">NCC Progress Report</a>   <a href="#">Progress Report Instructions</a>   <a href="#">NCC User Guide</a>			
<b>Users with Permissions on NCC Progress Request</b> ( <a href="#">View Details</a> )			
<b>NCC PROGRESS REPORT FORM STATUS</b>			
	Section	Action	Status
<b>Basic Information</b>			
	SF-PPR	<a href="#">Update</a>	NOT COMPLETE
	SF-PPR-2 (Cover Page Continuation)	<a href="#">Update</a>	NOT COMPLETE
<b>Budget Information</b>			
	Budget Details		NOT COMPLETE
	Support Year 1	<a href="#">Update</a>	NOT COMPLETE
	Support Year 2	<a href="#">Update</a>	NOT COMPLETE
	Support Year 3	<a href="#">Update</a>	NOT COMPLETE
	Budget Narrative	<a href="#">Update</a>	NOT COMPLETE
<b>Other Information</b>			
	Program Specific Information	<a href="#">Update</a>	NOT COMPLETE
	Appendices	<a href="#">Update</a>	NOT COMPLETE

- The Program Specific Information Status (Figure 38) will be displayed.

Figure 38: Program Specific Information Status Page

STATUS OVERVIEW			
<b>View Resources</b>			
<a href="#">NCC FY 2013 User Guide</a>			
PROGRAM SPECIFIC APPLICATION PROCESS STATUS			
Section	Action	Status	
General Information			
Form 1A: General Information Worksheet	<a href="#">Update</a>	NOT COMPLETE	
Budget Information			
Form 1C: Documents On File	<a href="#">Update</a>	NOT COMPLETE	
Form 2: Staffing Profile	<a href="#">Update</a>	NOT COMPLETE	
Form 3: Income Analysis	<a href="#">Update</a>	COMPLETE	
Sites and Services			
Form 5A: Services Provided			
Required Services	<a href="#">Update</a>	COMPLETE	
Additional Services	<a href="#">Update</a>	COMPLETE	
Form 5B: Service Sites	<a href="#">Update</a>	COMPLETE	

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

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

For the balance of this document, when you are instructed to “Open Form...,” use the left side menu or click [Update](#) on the Program Specific Information Form.

## 5.1. Form 1A: General Information Worksheet

Form 1A: 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.

1. Open [Form 1A](#) (Figure 39). Fields marked with an asterisk (\*) are required.

Figure 39: Form 1A, General Information Worksheet

Fields marked with an asterisk (\*) are required.

GENERAL INFORMATION			
<b>Form 1A: General Information Worksheet</b>			Status: <b>NOT COMPLETE</b>
<b>1. Applicant Information</b>			
Applicant Name	East Orange General Hospital, East Orange, New Jersey		
*Fiscal Year End Date	January 31		
Application Type	Noncompeting Continuation	Existing Grantee	Yes
Grant Number	H80CS02585	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 (Select all that apply)	<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 - Specify:		
<b>2. Proposed Service Area</b>			
Applicants applying for Community Health funding must provide at least one designated service area ID under an MUA or MUP.			
	Population types: <input checked="" type="checkbox"/> Serving Section 330(e) - Community Health Centers <input type="checkbox"/> Serving Section 330(g) - Migrant Health Centers <input type="checkbox"/> Serving Section 330(h) - Homeless Health Centers <input type="checkbox"/> Serving Section 330(i) - Public Housing Health Centers		

2. Under Applicant Information (Figure 40), select your business entity and the organization type that best describe your organization. (Multiple selections are allowed for the organization type but not for the business entity.)

**Figure 40: Form 1A, Applicant Information Section**

1. Applicant Information			
Applicant Name	East Orange General Hospital, East Orange, New Jersey		
*Fiscal Year End Date	January 31		
Application Type	Noncompeting Continuation	Existing Grantee	Yes
Grant Number	H80CSO2585	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 (Select all that apply)	<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 - Specify: _____		

3. Under Proposed Service Area (Figure 41), select the option(s) which best describes the designated service area you propose to serve. (Multiple selections are allowed.)

**Figure 41: Form 1A, Proposed Service Area**

2. Proposed Service Area	
Applicants applying for Community Health funding must provide at least one designated service area ID under an MUA or MUP.	
*2a. Target Population and Service Area Designation (Use commas to separate multiple IDs)  <a href="#">Find an MUA/MUP</a>	Population types: <input checked="" type="checkbox"/> Serving Section 330(e) - Community Health Centers <input type="checkbox"/> Serving Section 330(g) - Migrant Health Centers <input type="checkbox"/> Serving Section 330(h) - Homeless Health Centers <input type="checkbox"/> Serving Section 330(i) - Public Housing Health Centers  Select one or more MUA/MUP options, as applicable: <input type="checkbox"/> Medically Underserved Area (MUA): ID# _____ <input type="checkbox"/> Medically Underserved Population (MUP): ID# _____ <input type="checkbox"/> MUA Application Pending: ID# _____ <input type="checkbox"/> MUP Application Pending: ID# _____
*2b. Service Area Type	<input type="radio"/> Urban <input type="radio"/> Rural <input type="radio"/> Sparsely Populated - Specify population density by providing the number of people per square mile: _____
*2c. Target Population and Provider Information	

You must provide Service Area ID(s) for the selected option(s) if you are applying for Community Health Centers funding. Also select whether the target population type is urban, rural, or sparsely populated. If your proposed service area is sparsely populated, specify the population density by providing the number of people per square mile.

The Population types field-related information in the Proposed Service Area section of Form 1A (Figure 39) is not editable. If you must update the Population types information shown here, you will first have to select the relevant subprogram(s) in Section A - Budget Summary (Figure 24), of the Budget Details Form, of the NCC FY 2013 Progress Report (Figure 23). Refer to [Section 4.3.1](#) for instructions to do this.

A Sparsely Populated Area is defined as a geographical area with seven people or less per square mile for the entire service area.

4. Under Target Population and Provider Information (Figure 42), report the aggregate data for all of the sites included in the proposed project. Report the number of provider FTEs by staff type.

**Figure 42: Form 1A, Target Population and Provider Information**

*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"/>

5. Under Patients and Visits By Service Type (Figure 43), report the current number of patients and visits. Please note that these numbers may be different than what was reported in the most recent submission to the Uniform Data System due to additional funding and/or change in scope. Similarly, provide the corresponding number expected at the end of the project period.

Several tables request both current and projected information. "Current" refers to the number of patients or visits at the time of Progress Report. "Number at End of Year 1" refers to the number of patients or visits anticipated by the end of the upcoming budget period. "Projected at End of Project Period" refers to the number of patients or visits anticipated by the end of the project period at the current level of funding.

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 43: Patients and Visits By Service Type**

* 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"/>

This form does not allow you to leave any field blank. Zero is acceptable if there is no information.

- Under Patients and Visits By Population Type (Figure 44), report the current number of patients and visits. Please note that these numbers may be different than what was reported in the most recent submission to the Uniform Data System due to additional funding and/or change in scope. Similarly, provide the corresponding number expected at the end of Year 1 and the end of the Project Period.

**Figure 44: Patients and Visits By Population Type**

* Patients and Visits by Population Type								
Population Type	Current Number		Number at End of Year 1		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"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	N/A	N/A	<input type="text" value="0"/>	<input type="text" value="0"/>
Migrant/Seasonal Farm Workers	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	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"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	N/A	N/A	<input type="text" value="0"/>	<input type="text" value="0"/>
Homeless Persons	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	N/A	N/A	<input type="text" value="0"/>	<input type="text" value="0"/>
Total (Click 'Save' to calculate)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	N/A	N/A	<input type="text" value="0"/>	<input type="text" value="0"/>

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

## 5.2. Form 1C: Documents on File

Form 1C: 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.

- Open [Form 1C](#) (Figure 45).

**Figure 45: Form 1C, Documents on File**

Fields marked with an asterisk (\*) are required.

**DOCUMENTS ON FILE**

Form 1C: Documents on File Status: **IN PROGRESS**

MANAGEMENT AND FINANCE	DATE OF LATEST REVIEW/REVISION
*Personnel Policies and Procedures, including related Conflict of Interest Policies and Procedures (Program Requirements 3, 9, 17, and 19)	09/2009 <input type="text"/>
*Data Collection and Management Information Systems (Clinical and Financial) Policies and Procedures (Program Requirements 8 and 15)	04/29/2009 <input type="text"/>
*Billing, Credit, and Collection Policies and Procedures (Program Requirement 13)	10/03/08 through 10/02/1 <input type="text"/>
*Procurement Policies and Procedures, including related Conflict of Interest Policies and Procedures (Program Requirements 10, 12, and 19)	On-going as Needed <input type="text"/>
*Emergency Preparedness and Management Plan (Policy Information Notice 2007-15)	N/A <input type="text"/>
*Fee Schedule/Schedule of Charges (Program Requirements 7 and 13)	<input type="text"/>
*Sliding Fee Discount Schedule (Program Requirement 7)	<input type="text"/>
*Sliding Fee Discount Program Policies and Procedures (Program Requirement 7)	<input type="text"/>
*Financial Management/Accounting and Internal Control Policies and Procedures (Program Requirements 10 and 12)	<input type="text"/>

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

SERVICES	DATE OF LATEST REVIEW/REVISION
*HIPPA-Compliant Patient Confidentiality Policies and Procedures (Program Requirement 8)	<input type="text"/>

- Enter the requested document review/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.

### 5.3. Form 2: Staffing Profile

Form 2: Staffing Profile reports personnel salaries supported by the total budget for the upcoming budget period. Refer to the Instructions for Preparing and Submitting the FY 2013 Health Center Program Budget Period Progress Report for more information on filling out Form 2 (Figure 44).

Figure 46: Form 2, Staffing Profile

Fields marked with an asterisk (\*) are required.

STAFFING PROFILE			
Form 2: Staffing Profile			Status: NOT COMPLETE
ADMINISTRATION	TOTAL FTEs (a)	AVERAGE 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
MEDICAL STAFF	TOTAL FTEs (a)	AVERAGE ANNUAL SALARY OF POSITION (b)	TOTAL SALARY (a * b)
*Medical/Clinical Director	0.00	\$0.00	\$0.00
*Family Physicians	0.00	\$0.00	\$0.00
*General Practitioners	0.00	\$0.00	\$0.00
*Internists	0.00	\$0.00	\$0.00

This form does not allow you to leave any field blank. Zero is acceptable if there is no information.

1. Enter the information into the form. Fields marked with an asterisk (\*) are required.
2. Under Administration (Figure 47), 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 47: Form 2, Administration Section

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 48), 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 48: Form 2, Medical Staff Section

MEDICAL STAFF	TOTAL FTEs (a)	AVERAGE ANNUAL SALARY OF POSITION (b)	TOTAL SALARY (a*b)
*Medical/Clinical Director	0	\$0	\$0
*Family Physicians	0	\$0	\$0
*General Practitioners	0	\$0	\$0
*Internists	0	\$0	\$0
*OB/GYNs	0	\$0	\$0
*Pediatricians	0	\$0	\$0
*Other Specialty Physicians Please Specify: _____	0	\$0	\$0
*Physician Assistants/Nurse Practitioners	0	\$0	\$0
*Certified Nurse Midwives	0	\$0	\$0
*Nurses (RNs, LVNs, LPNs)	0	\$0	\$0
*Pharmacist, Pharmacy Support, Technicians	0	\$0	\$0
*Other Medical Personnel Please Specify: _____	0	\$0	\$0
*Laboratory Personnel (Lab Technicians)	0	\$0	\$0
*X-Ray Personnel	0	\$0	\$0
*Clinical Support Staff (Medical Assistants, etc.)	0	\$0	\$0
*Volunteer Clinical Providers (Medical and Dental)	0	N/A	N/A

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

- Under Dental, Behavioral Health, and Enabling Staff (Figure 49), 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 49: Form 2, Dental, Behavioral Health, and Enabling Staff Section

DENTAL, BEHAVIORAL HEALTH AND ENABLING STAFF	TOTAL FTEs (a)	AVERAGE ANNUAL SALARY OF POSITION (b)	TOTAL SALARY (a * b)
<b>DENTAL STAFF</b>			
*Dentists	0.00	\$0.00	\$0.00
*Dental Hygienists	0.00	\$0.00	\$0.00
*Dental Assistants, Aides, Technicians	0.00	\$0.00	\$0.00
<b>BEHAVIORAL HEALTH STAFF</b>			
*Behavioral Health Specialists (BH Provider)	0.00	\$0.00	\$0.00
*Alcohol and Substance Abuse Specialists	0.00	\$0.00	\$0.00
*Psychiatrists	0.00	\$0.00	\$0.00
*Psychologists	0.00	\$0.00	\$0.00
<b>ENABLING STAFF</b>			
*Patient Education Specialists (Health Educators)	0.00	\$0.00	\$0.00
*Case Managers	0.00	\$0.00	\$0.00
*Outreach (Outreach Staff)	0.00	\$0.00	\$0.00
*Other Enabling Personnel Please Specify: _____	0.00	\$0.00	\$0.00

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

- Under Other Staff (Figure 50), 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 calculate automatically when you press the tab key or click the **Save** button. The Total Salary field displays the sum of 'Total Salary' for Administration, Medical, Dental, Behavioral Health, Enabling, and Other Staff categories.

Figure 50: Form 2, Other Staff Section

OTHER STAFF	TOTAL FTEs (a)	AVERAGE ANNUAL SALARY OF POSITION (b)	TOTAL SALARY (a * b)
*Other Professional Staff (Please list the staff below and discuss details in program narrative) (maximum 200 characters)	0.00	\$0.00	\$0.00
*Other Staff (Please list the staff below and discuss details in program narrative) (maximum 200 characters)	0.00	\$0.00	\$0.00
SALARY	TOTAL FTEs	AVERAGE ANNUAL SALARY OF POSITION	TOTAL SALARY
Salary Total  (This field displays the sum of 'Total Salary' for Administration, Medical, Dental, Behavioral Health, Enabling, and Other Staff categories)	N/A	N/A	\$0.00

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

## 5.4. Form 3: Income Analysis

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

- Click [Form 3](#) (Figure 50).

Figure 51: Form 3, Income Analysis

**INCOME ANALYSIS**

Form 3: Income Analysis Status: COMPLETE

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

Download Template		
Template Name	Template Description	Action
Form 3: Income Analysis	Template for Income Analysis	<a href="#">Download</a>

Income Analysis (Maximum One (1) Attachment)				
Select	Purpose	Document Name	Size	Uploaded By
<input checked="" type="radio"/>	Income Analysis	<a href="#">2007_IT_Security_Certificate.pdf</a>	42.62 KB	Vincent A. Keane on 3/12/2008 7:25:39 PM

- Click the [Download](#) link in the Download Template section (Figure 52) to download the Income Analysis.

**Figure 52: Form 3, Document Download and Upload Sections**

Fields marked with an asterisk (\*) are required.

**INCOME ANALYSIS**

**Form 3: Income Analysis** 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 MS Word template.

Fields marked with an asterisk(\*) are required.

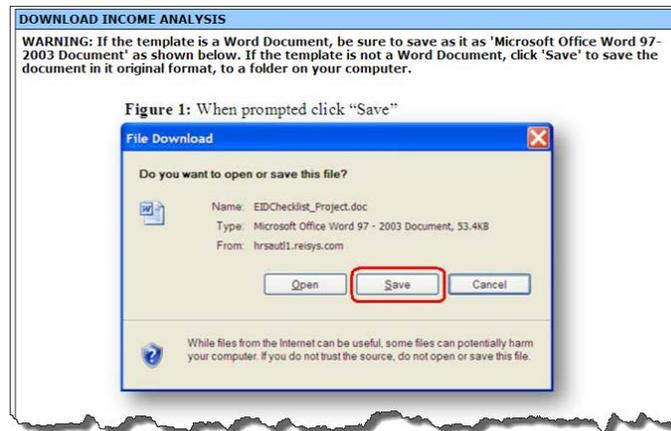
Download Template		
Template Name	Template Description	Action
Income Analysis	Template for Income Analysis	<a href="#">Download</a>

**Income Analysis (Maximum One (1) Attachment)**

Select	Purpose	Document Name	Size	Uploaded By
No attached document exists.				
<input type="button" value="Attach"/>				

- The next page provides guidance for downloading the Income Analysis (Figure 53).

**Figure 53: Instructions for Downloading the Income Analysis**



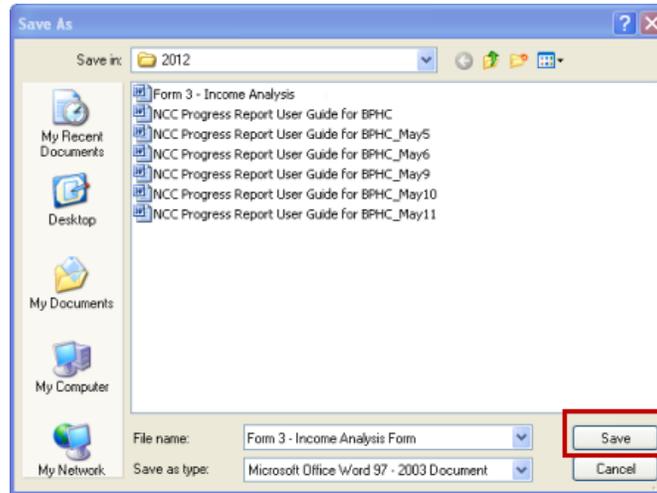
3. Click  at the bottom of this page.
4. Click  on the File Download Dialog Box (Figure 54) to save the document to a folder on your computer.

**Figure 54: File Download Dialog Box**

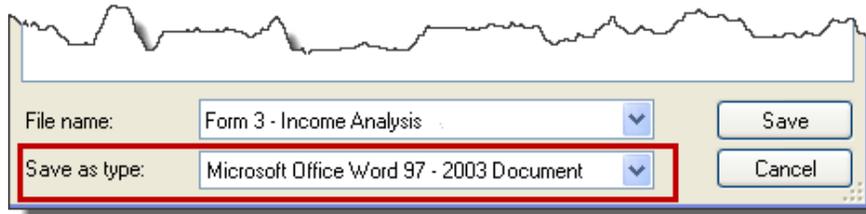


- The 'Save As' dialog box (Figure 55) will be displayed.

**Figure 55: 'Save As' Dialog Box**



5. Save the document in Microsoft Word 97-2003 (.doc) format.



6. Click **Close** on the Download Warning Screen.
7. Complete the Income Analysis document (Figure 56).

Instead of using the Microsoft Word template, you can export the Income Analysis to Microsoft Excel, as long as you provide all the information that the template asks for.

**Figure 56: Income Analysis**

DMB No.: 0915-0285. Expiration Date: 10/31/2013

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration		FOR HRSA USE ONLY						
<b>FORM 3: INCOME ANALYSIS</b>		Applicant Name						
		Grant Number		Application Tracking Number				
PART 1: NON FEDERAL SHARE, PROGRAM INCOME								
Payor Category	Number Of Visits	Average Charge Per Visit	Gross Charges (a * b)=(c)	Adjustment Rate (%)	Net Charges (Amount Billed) [c*(100-d)]	Collection Rate (%)	Projected Income (e * f)	Actual Accrued Income Past 12 Months**
	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
PROJECTED FEE FOR SERVICE INCOME								
1a. Medicaid: Medical								
1b. Medicaid: EPSDT (if different from medical rate)								
1c. Medicaid: Dental								
1d. Medicaid: BH/SA								
1e. Medicaid: Other Fee for Service								
<b>1. Subtotal: Medicaid</b>								
2a. Medicare: All Inclusive FQHC								
2b. Medicare: Other								

After you complete the document, be sure to save it in Microsoft Word 97 – 2003 format.

8. Click **Attach** in the Income Analysis section of Form 3 (Figure 57) to upload the Income Analysis Form as an attachment.

**Figure 57: Form 3, Document Upload Area**

Fields marked with an asterisk (\*) are required.

INCOME ANALYSIS		Status:		
Form 3: Income Analysis				
<p><b>Note:</b> 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 MS Word template.</p> <p>Fields marked with an asterisk(*) are required.</p>				
Download Template				
Template Name	Template Description	Action		
Income Analysis	Template for Income Analysis	<a href="#">Download</a>		
Income Analysis (Maximum One (1) Attachment)				
Select	Purpose	Document Name	Size	Uploaded By
No attached document exists.				
<input type="button" value="Attach"/>				
<input type="button" value="Go to Previous Page"/>		<input type="button" value="Save"/> <input type="button" value="Save and Continue"/>		

- The Attach Document Screen will be displayed.

**Figure 58: Attach Document Screen**

Fields marked with an asterisk(\*) are required.

ATTACH DOCUMENT			
*Purpose	Income Analysis (Max 1)		
*Document	<input type="text"/> <input type="button" value="Browse..."/> <small>(Allowable Document Types: doc,rtf,txt,wpd,pdf,xls,jpg,peg,xfd)            (Allowable Document Size: 20 MB)</small>		
<input type="button" value="Go Back"/> <span style="float: right;"><input type="button" value="Attach Document"/></span>			
<input type="button" value="Finished Attaching"/>			
Attached Document(s)			
Purpose	Document Name	Size	Uploaded By
No attached document exists.			

9. Click the **Browse** button.
  - The Choose File to Upload dialog box will be displayed.
10. Browse to the file and select it.
11. Click **Open**.
  - The file name will now appear in the Document field of the Attach Document Screen.
12. On the Attach Document Screen, click **Attach Document** (Figure

Fields marked with an asterisk(\*) are required.

ATTACH DOCUMENT			
*Purpose	Income Analysis (Max 1)		
*Document	<input type="text"/> <input type="button" value="Browse..."/> <small>(Allowable Document Types: doc,rtf,txt,wpd,pdf,xls,jpg,jpeg,xfd)            (Allowable Document Size: 20 MB)</small>		
<input type="button" value="Go Back"/> <input type="button" value="Attach Document"/> <input type="button" value="Finished Attaching"/>			
Attached Document(s)			
Purpose	Document Name	Size	Uploaded By
No attached document exists.			

- The attached document will appear in the Attached Document(s) list (Figure 59).

**Figure 59: Attached Document(s) Area of the Attach Document Page**

Attached Document(s)			
Purpose	Document Name	Size	Uploaded By
Income Analysis	<a href="#">Form 3 - Income Analysis.doc</a>	42.76 KB	Anita Monoian on 5/11/2011 11:57:02 AM

[Acceptable Use Policy](#)

13. Click  (Figure 60).

**Figure 60: Attached Document(s) Area Showing Finished Attaching Button**

Attached Document(s)			
Purpose	Document Name	Size	Uploaded By
Income Analysis Form	<a href="#">Form 3 - Income Analysis.doc</a>	84 KB	Anita Monoian on 5/12/2011 8:21:32 AM

[Acceptable Use Policy](#)

- You will be returned to Form 3: Income Analysis. The attached document will be listed under the Income Analysis Form heading.

14. Click  on Form 3: Income Analysis to save your work and proceed to the next form.

## 5.5. Form 5A: Services Provided – Required Services

Forms 5A, 5B, and 5C will be pre-populated from your current scope on file. Information will be *read only*.

1. Click [Form 5A](#) (Figure 59).

**Figure 61: Form 5A, Services Provided – Required Services**

Fields marked with an asterisk (\*) are required.

**SERVICES PROVIDED - REQUIRED SERVICES** Form 5A: Required Services

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

Please review the list of services retrieved from your scope on file as of **4/21/2012 2:41:17 PM**. If there was a recent change approved for your scope (e.g. through a Change In Scope application), please click the "Refresh" button below to get your most recent scope on file.

SERVICE TYPE	MODE OF SERVICE PROVISION		
	DIRECT BY APPLICANT	FORMAL WRITTEN CONTRACT/AGREEMENT (Applicant pays for service)	FORMAL WRITTEN REFERRAL ARRANGEMENT/AGREEMENT (Applicant DOES NOT pay)
<b>Clinical Services</b>			
General Primary Medical Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Diagnostic Laboratory	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Diagnostic X-Ray	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Screenings</b>			
• Cancer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• Communicable Diseases	<input checked="" type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>
Voluntary Family Planning	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

- Click  (Figure 62) if Form 5A does not reflect the latest scope that BPHC has on file.
  - You will see a list of services that are part of your current scope. The date and time when the scope was last refreshed will be displayed when you click .

**Figure 62: Refresh Scope for Required Services**

Please review the list of services retrieved from your scope on file as of **4/21/2012 2:41:17 PM**. If there was a recent change approved for your scope (e.g. through a Change In Scope application), please click the "Refresh" button below to get your most recent scope on file.

- Click the  button to proceed to the Additional Services page.

## 5.6. Form 5A: Services Provided – Additional Services

The Additional Services page (Figure 59) is pre-populated with the additional services and their existing delivery mechanism(s) from the latest scope that BPHC has on file.

**Figure 63: Form 5A, Services Provided – Additional Services**

Fields marked with an asterisk (\*) are required.

**SERVICES PROVIDED - ADDITIONAL SERVICES** Form 5A: Additional Services

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

Please review the list of services retrieved from your scope on file as of **4/21/2011 2:41:17 PM**. If there was a recent change approved for your scope (e.g. through a Change In Scope application), please click the "Refresh" button below to get your most recent scope on file.

SERVICE TYPE	MODE OF SERVICE PROVISION		
	DIRECT BY APPLICANT	FORMAL WRITTEN CONTRACT/AGREEMENT (Applicant pays for service)	FORMAL WRITTEN REFERRAL ARRANGEMENT/AGREEMENT (Applicant DOES NOT pay)
<b>Clinical Services</b>			
Behavioral Health - Development Screening	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Substance Abuse Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
HIV Testing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Non-Clinical Services</b>			
Employment and Education Counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other Non-Clinical Services - Assistance w/misc. Expenses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other Non-Clinical Services - Furniture and Clothing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other Non-Clinical Services - Child rearing classes for young mothers to be and fathers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If Form 5A does not reflect the latest scope that BPHC has on file, click the **Refresh Scope** button to update the list of services. The date and time when the scope was last refreshed will be displayed when you click **Refresh Scope**.

**Figure 64: Refresh Scope for Additional Services**

Please review the list of services retrieved from your scope on file as of **4/21/2011 2:41:17 PM**. If there was a recent change approved for your scope (e.g. through a Change In Scope application), please click the "Refresh" button below to get your most recent scope on file.

Use the Additional Services dropdown menu to toggle between the Additional Services and Required Services forms.

**Figure 65: Additional Services Drop-down Menu**



Click the **Continue** button to proceed to Form 5B.

## 5.7. Form 5B: Service Sites

Form 5B is pre-populated with the list of service site(s) from the latest scope that BPHC has on file.

1. Open [Form 5B](#) (Figure 66).

Figure 66: Form 5B, Service Sites

Fields marked with an asterisk (\*) are required.

**\*SERVICE SITES**

Form 5B: Service Sites Status: COMPLETE

Please review the list of sites retrieved from your scope on file as of **4/21/2012 2:41:17 PM**. If there was a recent change approved for your scope (e.g. through a Change In Scope application), please click the "Refresh" button below to get your most recent scope on file.

[Refresh Scope](#)

**Existing Sites in Scope**

<b>Plank Plaza Medical Center (BPS-H80-008798)<sup>1</sup></b> <span style="float: right;">COMPLETE</span>			
Physical Address	8150 Plank Rd , Baton Rouge, LA 70811-3917	Mailing Address	8150 Plank Rd Baton Rouge LA 70811-3917
Action: <a href="#">View</a>			
<b>Crestworth Academy Healthy Students (BPS-H80-009121)</b> <span style="float: right;">COMPLETE</span>			
Physical Address	10650 Avenue F , Baton Rouge, LA 70807-2501	Mailing Address	10650 Avenue F Baton Rouge LA 70807-2501
Action: <a href="#">View</a>			
<b>Dalton Elementary Healthy Students (BPS-H80-009122)</b> <span style="float: right;">COMPLETE</span>			

If Form 5B does not reflect the latest scope that BPHC has on file, click the [Refresh Scope](#) button to update the list of sites. The date and time when the scope was last refreshed will be displayed when you click [Refresh Scope](#).

### View Service Sites

1. Click the [View](#) link on Form 5B: Service Sites (Figure 64) to view information for a site.

Figure 67: View Link for a Site on Form 5B

<b>Crestworth Academy Healthy Students (BPS-H80-009121)</b> <span style="float: right;">COMPLETE</span>			
Physical Address	10650 Avenue F , Baton Rouge, LA 70807-2501	Mailing Address	10650 Avenue F Baton Rouge LA 70807-2501
Action:	<a href="#">View</a>		

- A read-only version of the Service Site Information (Figure 68) will be displayed in a pop-up window.
2. Click [Close Window](#) to close the pop-up window and return to Form 5B: Service Sites.
  3. Click [Continue](#) at the bottom of Form 5B to proceed to Form 5C.

Figure 68: Read-Only Version of Service Site Information for Form 5B Page

FORM 5B - SERVICE SITES															
DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration  FORM 5B: SERVICE SITES (In BPHC Records As of 4/21/2012 2:41:17 PM)		FOR HRSA USE ONLY													
		Application Tracking Number <b>00087679</b>	Grant Number <b>H80CS02585</b>												
Plank Plaza Medical Center (BPS-H80-008798)			Action Status: Picked from Scope (Pending Verification as of 4/21/2012)												
Name of Service Site	Plank Plaza Medical Center	Service Site Type	Administrative/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	NA														
Site Operated by	<input checked="" type="checkbox"/> Grantee <input type="checkbox"/> Sub-Recipient <input type="checkbox"/> Contractor														
If site is operated by sub-recipient or contractor, please provide the organization information below:															
<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	11/2/2009	Date Site was Added to Scope	6/29/2009												
Site Operational By	11/2/2009	Medicare Billing Number	19843												
Medicaid Billing Number	1447439	Medicaid Pharmacy Billing Number	1447439												
Site Phone Number	225-774-1120	Administration Phone Number	225-774-1120 Ext. 202												
Site Fax Number	225-774-1160														
Site Physical Address	8150 Plank Rd , Baton Rouge, LA 70808	Site Mailing Address (Including Hierarchy Code, Region/Department)	8150 Plank Rd Baton Rouge LA												

## 5.8. Form 5C: Other Activities/Locations

Form 5C is pre-populated with the list of other activities and locations from the latest scope that BPHC has on file.

1. Open [Form 5C](#) (Figure 69).

Figure 69: Form 5C, Other Activities/Locations

Fields marked with an asterisk (\*) are required.

**\*OTHER ACTIVITIES/LOCATIONS**

Form 5C: Other Activities/Locations Status: COMPLETE

Please review the list of other activities/locations retrieved from your scope on file as of **4/21/2012 2:41:17 PM**. If there was a recent change approved for your scope (e.g. through a Change In Scope application), please click the "Refresh" button below to get your most recent scope on file.

**List of Activities/Locations**

Hospital Admitting			
Description of Activity	Admitting patients to hospitals	Frequency of Activity	Daily
Action: <a href="#">View</a>			

Medical Rounds			
Description of Activity	Medical Rounds	Frequency of Activity	Daily
Action: <a href="#">View</a>			

Home Visits			
Description of Activity	Visiting Patients at home	Frequency of Activity	Daily
Action: <a href="#">View</a>			

If Form 5C does not reflect the latest scope that BPHC has on file, click **Refresh Scope** to update the list of activities and locations. The date and time when the scope was last refreshed will be displayed when you click **Refresh Scope**.

2. Click the **View** link (Figure 70) on Form 5C: Other Activities/Locations to view information about an activity or location.

**Figure 70: List of Activities/Locations View Link**

List of Activities/Locations			
<b>Hospital Admitting</b>			
Description of Activity	Admitting patients to hospitals	Frequency of Activity	Daily
Action:	<a href="#">View</a>		

- A read-only view of the Activity/Location (Figure 71) will be displayed.

**Figure 71: Read-Only View of the Activity/Location**

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration  FORM 5C: OTHER ACTIVITIES/LOCATIONS		<small>As of 4/21/2012 5:16:49 PM          OMB No.: 0915-0285 Expiration Date: 10/31/2013</small>	
		<b>FOR HRSA USE ONLY</b>	
		Application Tracking Number	Grant Number
		<b>00025772</b>	<b>H37CS00049</b>
<b>ACTIVITY/LOCATION #1</b>		<b>ACTIVITY STATUS - ADDED</b>	
Type of Activity	Nursing Homes		
Frequency of Activity	Monthly		
Description of Activity	Instances where health center providers follow the health center's patients.		
Type of Location(s) where Activity is Conducted	These activities take place on-site at medical facility.		
<b>ACTIVITY/LOCATION #2</b>		<b>ACTIVITY STATUS - UNCHANGED</b>	
Type of Activity	Homeless Shelters.		
Frequency of Activity	Semi-Annually		
Description of Activity	Special food-bank program setup to ensure all area shelters are capable of handling service efforts.		
Type of Location(s) where Activity is Conducted	These activities take place on-site at homeless center.		
<b>ACTIVITY/LOCATION #3</b>		<b>ACTIVITY STATUS - UPDATED</b>	
Type of Activity	Patient's Homes		
Frequency of Activity	Quarterly		
Description of Activity	If it is the policy of the health center that providers will occasionally make home visits to enrolled health center patients.		
Type of Location(s) where Activity is Conducted	These activities take place on-site at patient health center.		
<small>Close Window</small>			

3. Click **Close Window** to close the pop-up window and return to Form 5C: Other Activities/Locations.
4. Click **Continue** at the bottom of Form 5C to proceed to the next form.

## 5.9. Form 6A: Current Board Member Characteristics

Use Form 6A to supply information about your organization's board of directors. You need to list all current members of the board of directors and provide information about each member, including the office held and area of expertise.

1. Open **Form 6A** (Figure 72).

Figure 72: Form 6A, Current Board Member Characteristics

Fields marked with an asterisk (\*) are required.

**CURRENT BOARD MEMBER CHARACTERISTICS**  
 Form 6A: Current Board Member Characteristics Status: **NOT COMPLETE**

Since you selected 'Tribal' or 'Urban Indian' as the Business Entity in Form 1A of this application, you are exempt from completing this form.

**List of Board Member(s)**

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
No Board Members Added.						
<input type="button" value="Add"/>						

Gender	Number of Board Members
Male	0 <input type="text"/>
Female	0 <input type="text"/>
Unreported/Refused to Report	0 <input type="text"/>
Ethnicity	Number of Board Members
Hispanic Origin	0 <input type="text"/>
Non-Hispanic or Latino	0 <input type="text"/>
Unreported/Refused to Report	0 <input type="text"/>
Race	Number of Board Members
Native Hawaiian	0 <input type="text"/>
Other Pacific Islander	0 <input type="text"/>
Asian	0 <input type="text"/>
Black/African American	0 <input type="text"/>
American Indian/Alaskan Native	0 <input type="text"/>
White	0 <input type="text"/>
More Than One Race	0 <input type="text"/>
Unreported/Refused to Report	0 <input type="text"/>

If you selected **Tribal** or **Urban Indian** as your **Business Entity** on Form 1A, completing Form 6A is optional; for all others, completing Form 6A is required.

It is strongly recommended that you save your work frequently while completing this form.

- Click  to enter each individual board member (Figure 69).
  - An important Note regarding Board Members appears on Form 6A (Figure 70) and must be heeded.

Figure 73: Board Members Area of Form 6A

**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"/>								

**Figure 74: Important Note Regarding Board Members**

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

- The Add Board Member Information Page (Figure 75) will be displayed.

**Figure 75: Add Board Member Information Page**

Fields marked with an asterisk (\*) are required.

ADD BOARD MEMBER INFORMATION	
<b>Add Board Member Information</b>	
*First Name	<input type="text"/>
*Last Name	<input type="text"/>
Middle Initial	<input type="text"/>
*Board Office Held	<input type="text"/>
*Area of Expertise	<input type="text"/>
*Does member derive more than 10% of income from health industry	<input type="radio"/> Yes <input type="radio"/> No
*Is member a health center patient	<input type="radio"/> Yes <input type="radio"/> No
Live or work in service area	<input type="checkbox"/> Live <input type="checkbox"/> Work
*Years of continuous board service	<input type="text"/>
	<input type="radio"/> Yes <input type="radio"/> No
*Is member a special population representative (MHC, HCH, PHPC)	If Yes, please specify Special Population: <input type="checkbox"/> MHC <input type="checkbox"/> HCH <input type="checkbox"/> PHPC

- Enter the required information and click **Save and Continue**. Fields marked with an asterisk (\*) are required.
- You will be returned to Current Board Member Characteristics of Form 6A. The board member you added will be listed under the List of Board Member(s).
- Repeat the 'Add Board Member' process to add additional board members.
- After you finish adding the board members, enter the Board Member counts found on the bottom half of the form.

The total number of board members for each category (Gender, Ethnicity, and Race) must be equal to the number of board members that were previously added.

Figure 76: Board Member Counts on Form 6A

Gender	Number of Board Members
Male	<input type="text" value="0"/>
Female	<input type="text" value="0"/>
Unreported/Refused to Report	<input type="text" value="0"/>
Ethnicity	Number of Board Members
Hispanic Origin	<input type="text" value="0"/>
Non-Hispanic or Latino	<input type="text" value="0"/>
Unreported/Refused to Report	<input type="text" value="0"/>
Race	Number of Board Members
Native Hawaiian	<input type="text" value="0"/>
Other Pacific Islander	<input type="text" value="0"/>
Asian	<input type="text" value="0"/>
Black/African American	<input type="text" value="0"/>
American Indian/Alaskan Native	<input type="text" value="0"/>
White	<input type="text" value="0"/>
More Than One Race	<input type="text" value="0"/>
Unreported/Refused to Report	<input type="text" value="0"/>

- Click **Save and Continue** to save your work and proceed to Form 10.

## 5.10. Form 10: Annual Emergency Preparedness Report

The Annual Emergency Preparedness Report assesses your organization's Emergency Preparedness and Management Plan and its overall emergency readiness. It also helps HRSA determine your organization's technical assistance, training, and resource needs.

- Click [Form 10](#) (Figure 77).

Figure 77: Form 10, Annual Emergency Preparedness Report

Fields marked with an asterisk (\*) are required.

ANNUAL EMERGENCY PREPAREDNESS REPORT	
Form 10: Annual Emergency Preparedness Report	Status: <b>NOT COMPLETE</b>
<b>SECTION I - EMERGENCY PREPAREDNESS AND MANAGEMENT PLAN</b>	
*1. Has your organization conducted a thorough Hazards Vulnerability Assessment? If Yes, date completed: <input type="text"/> (Format: mm/dd/yyyy)	<input type="radio"/> Yes <input type="radio"/> No
*2. Does your organization have an approved EPM plan? If Yes, date most recent EPM plan was approved by your Board. Date: <input type="text"/> (Format: mm/dd/yyyy) If No, skip to Readiness section below.	<input type="radio"/> Yes <input type="radio"/> No
* 3. Does the EPM plan specifically address the four disaster phases? (This question is mandatory if you answered Yes to Question 2.)	
3a. Mitigation	<input type="radio"/> Yes <input type="radio"/> No
3b. Preparedness	<input type="radio"/> Yes <input type="radio"/> No
3c. Response	<input type="radio"/> Yes <input type="radio"/> No
3d. Recovery	<input type="radio"/> Yes <input type="radio"/> No
*4. Is your EPM plan integrated into your local/regional emergency plan? (This question is mandatory if you answered Yes to Question 2.)	<input type="radio"/> Yes <input type="radio"/> No
*5. If no, has your organization attempted to participate with local/regional emergency planners? (This question is mandatory if you answered Yes to Question 2 and No to Question 4.)	<input type="radio"/> Yes <input type="radio"/> No
*6. Does the EPM plan address your capacity to render mass immunization/prophylaxis? (This question is mandatory if you answered Yes to Question 2.)	<input type="radio"/> Yes <input type="radio"/> No

2. Select Yes or No for each question in each section of the form (Figure 78 and Figure 79). Fields marked with an asterisk (\*) are required.
3. Click **Save and Continue** to proceed to Form 12.

**Figure 78: Form 10, Emergency Preparedness and Management Plan**

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

**Figure 79: Form 10, Readiness**

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

## 5.11. Form 12: Organization Contacts

Use Form 12: Organization Contacts to list contact information for your current project scope.

1. Open [Form 12](#) (Figure 80).

**Figure 80: Form 12, Organization Contacts**

Fields marked with an asterisk (\*) are required.

**ORGANIZATION CONTACTS**

**Form 12: Organization Contacts** **Status: NOT COMPLETE**

*Chief Executive Officer					
Select	Position Title	Name	Highest Degree	Phone	Email
<input checked="" type="radio"/>	Chief Executive Officer	Mr. Jonathan K. Miller		(111) 123-2345	jmiller@aol.com
<input type="button" value="Add/Change Chief Executive Officer"/> <input type="button" value="Update Information"/> <input type="button" value="Delete Chief Executive Officer"/>					

*Contact Person					
Select	Position Title	Name	Highest Degree	Phone	Email
<input checked="" type="radio"/>	Director	Brian Michaels		(301) 945-9665	bmichaels@yahoo.com
<input type="button" value="Add/Change Contact Person"/> <input type="button" value="Update Information"/> <input type="button" value="Delete Contact Person"/>					

*Medical Director					
Select	Position Title	Name	Highest Degree	Phone	Email
<input checked="" type="radio"/>	Medical Director	Mr. John Bruster Sr.	MPH	(301) 936-4411	jbruster@yahoo.com
<input type="button" value="Add/Change Medical Director"/> <input type="button" value="Update Information"/> <input type="button" value="Delete Medical Director"/>					

Dental Director					
Select	Position Title	Name	Highest Degree	Phone	Email
<input checked="" type="radio"/>	Dental Director	Karen Robbins		(301) 937-2455	krobblins@yahoo.com
<input type="button" value="Add/Change Dental Director"/> <input type="button" value="Update Information"/> <input type="button" value="Delete Dental Director"/>					

Enter a Chief Executive Officer, Contact Person, Medical Director, or Dental Director (optional). The Contact Person must 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.

- Click the Add/Change... button (Figure 77) to add or update information for each type of contact. For example, click the first button **Add/Change Chief Executive Officer** to add that contact.

**Figure 81: Click Add... Button to Add a Contact**

*Chief Executive Officer					
Select	Position Title	Name	Highest Degree	Phone	Email
<input checked="" type="radio"/>	Chief Executive Officer	Mr. Jonathan K. Miller		(111) 123-2345	jmiller@aol.com
<input type="button" value="Add/Change Chief Executive Officer"/> <input type="button" value="Update Information"/> <input type="button" value="Delete Chief Executive Officer"/>					

- The Contact Information Page (Figure 82) will be displayed for the contact you are adding.
- Enter the information on the page. Fields marked with an asterisk (\*) are required.
  - Click **Save and Continue** to save your work for each type of contact and return to Form 12: Organization Contacts.
  - Click **Save and Continue** for Form 12 to save your work and go to the Clinical Performance Measures form.

**Figure 82: Contact Information Page for Form 12**

Fields marked with an asterisk(\*) are required.

CONTACT INFORMATION	
Position Title	Chief Executive Officer
Prefix	Select One ▼
*First Name	<input type="text"/>
*Last 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 Information	
*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

## 5.12. Clinical Performance Measures

Use this form to provide information about your Clinical Performance Measures. Refer to the Instructions for Preparing and Submitting the FY 2013 Health Center Program Budget Period Progress Report for more information on completing Clinical Performance Measures.

1. Open the [Clinical Performance Measures](#) (Figure 83)

**Figure 83: Clinical Performance Measures Form**

Fields marked with an asterisk (\*) are required.

CLINICAL PERFORMANCE MEASURES	
Clinical Performance Measures <span style="float: right;">Status: <b>NOT COMPLETE</b></span>	
<b>Project Period</b>	
*Start Date (mm/dd/yyyy)	<input type="text"/>
*End Date (mm/dd/yyyy)	<input type="text"/>
<a href="#">Save</a>	
<b>Standard Measures</b>	
<b>Performance Measure:</b> Percentage diabetic patients whose HbA1c levels are less than 7 percent, less than 8 percent, less than or equal to 9 percent, or greater than 9 percent. <span style="float: right;">Status: <b>NOT COMPLETE</b></span>	
Focus Area	Diabetes
Goal Description	By End of Project Period, increase the % of adult patients age 18 to 75 years with type 1 or 2 diabetes whose most recent hemoglobin A1c (HbA1c) is <=9%. (under control).
Baseline Data	32% (Baseline Year: 2011)
Projected Data	53%
<a href="#">View</a>   <a href="#">Update</a>	

2. Enter the Project Period (Figure 84). Please refer to your latest Notice of Award to determine your project period.

**Figure 84: Project Period Fields**

Fields marked with an asterisk (\*) are required.

CLINICAL PERFORMANCE MEASURES			
Clinical Performance Measures			Status: <b>NOT COMPLETE</b>
<b>Project Period</b>			
*Start Date (mm/dd/yyyy)	05/03/2012	*End Date (mm/dd/yyyy)	05/02/2015

Save

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 two forms. Changes made to dates in one form will be reflected in the other form.

The data (except Progress Towards Goal) for all standard performance measures will be pre-populated from the application awarded in the last project or budget period where the measure was first proposed. The data for Progress Towards Goal will be pre-populated from the latest Uniform Data System (UDS) submission.

Oral Health and Behavioral Health Measures will be pre-populated from all awarded applications where they were proposed. These measures will be listed under Standard Measures or Other Measures, as per their corresponding applications.

You may enter or modify the performance measures as follows:

- [Update a Performance Measure](#)
- [View a Performance Measure](#)
- [Add a Performance Measure](#)
- [Delete a Performance Measure](#)
- [Mark a Performance Measure as a Duplicate](#)
- [Undo a Duplicated Performance Measure](#)
- [Update a Duplicated Performance Measure](#)

### Update a Performance Measure

Report the Diabetes Clinical Performance Measure as follows:

- Report adult patients with HbA1c levels  $\leq$  9 percent in the Baseline Data (numerator and denominator subfields) and Projected Data fields.
- If desired, report the additional measurement thresholds (i.e.,  $< 7$  percent,  $< 8$  percent,  $> 9$  percent) in the Comments field.

The Child Health Performance Measure includes the following:

- 4 DTP/DTaP, 3 IPV, 1 MMR, 2 Hib, 3 HepB, 1VZV (Varicella), 4 Pneumococcal conjugate, 2 HepA, 2 or 3 RV, and 2 influenza vaccines.
- While 2 Hib shots are required, HRSA recommends that 3 Hib shots be given per the CDC recommendation.

1. Click the [Update](#) link to enter or update the information for a performance measure.

**Figure 85: Update a Performance Measure**

Standard Measures			
<b>Performance Measure:</b> Percentage diabetic patients whose HbA1c levels are less than 7 percent, less than 8 percent, less than or equal to 9 percent, or greater than 9 percent.			<b>Status:</b> <b>NOT COMPLETE</b>
Focus Area	Diabetes	Goal Description	By End of Project Period, increase the % of adult patients age 18 to 75 years with type 1 or 2 diabetes whose most recent hemoglobin A1c (HbA1c) is <=9%. (under control).
Baseline Data	32% (Baseline Year: 2011)	Projected Data	53%
<b>Action:</b> <a href="#">View</a> <a href="#">Update</a>			
<b>Note:</b> The performance measure details are pre-populated from SAC FY 2012 <a href="#">application</a> submitted by grantee.			

- The Update Clinical Performance Measure Information Page (Figure 86) will be displayed for the performance measure.

**Figure 86: Update Clinical Performance Measure Information**

Fields marked with an asterisk (\*) are required.

UPDATE CLINICAL PERFORMANCE MEASURES INFORMATION		Status: <b>NOT COMPLETE</b>
<b>Update Clinical Performance Measures Information</b>		
Focus Area	Diabetes	
*Is this Performance Measure applicable to your Organization?	Yes ▾ <small>(If No, provide explanation in 'Comments' area at bottom of this form)</small>	
Performance Measure	Percentage diabetic patients whose HbA1c levels are less than 7 percent, less than 8 percent, less than or equal to 9 percent, or greater than 9 percent.	
* Target Goal Description <small>(Sample Goals)</small>	By End of Project Period, increase the % of adult patients age 18 to 75 years with type 1 or 2 diabetes whose most recent hemoglobin A1c (HbA1c) is <=9%. (under control).	
Click "Save" button to save all information within this page. <span style="float: right;"><a href="#">Save</a></span>		
Numerator Description <small>(Examples)</small>	Number of adult patients age 18 to 75 years with a diagnosis of Type 1 or Type 2 diabetes whose most recent HbA1c level during the measurement year is <7%, <8%, <=9%, or >9%, among those patients in the denominator.	

- Complete the Update Clinical Performance Measure details for the performance measure. Fields marked with an asterisk (\*) are required.
  - Review the Performance Measure Description. This field is not editable.
  - Review the Target Goal Description. You can update this text if necessary.
  - Review the Numerator Description. This field is not editable.
  - Review the Denominator Description. This field is not editable.

The fields for Performance Measure, Numerator Description, and Denominator Description are pre-populated and cannot be edited by you, EXCEPT for the Behavioral Health and Oral Health related standard measures and any Other Measures proposed by you.

- Review the Baseline Data.

**Figure 87: Baseline Data**

*Baseline Data	Baseline Year	<input type="text" value="2011"/> (yyyy)	*Projected Data (by End of Project Period) <small>(Sample Calculation)</small>	<input type="text" value="60%"/>
	Measure Type	<input type="text" value="Percentage"/> ▾		
	Numerator	<input type="text" value="32"/>		
	Denominator	<input type="text" value="100"/>		
	Baseline Data	32%		

- Baseline Data field values—i.e., Baseline Year, Measure Type, Numerator, and Denominator field values—for standard measures will be pre-populated and disabled. Scenarios can exist where no Baseline Data is available to pre-populate certain standard measures. In these cases, Baseline Data fields will be disabled, and the grantee will not be required to provide any information.
- Baseline Data fields will be enabled for the following standard measures:
  - Coronary Artery Disease (CAD): Lipid Therapy
  - Ischemic Vascular Disease (IVD): Aspirin Therapy
  - Colorectal Cancer Screening
  - Any Oral Health and Behavioral Health related standard measures.
  - Any pre-populated Other Measures.

f. Review the Projected Data. This field is not editable.

g. Review the Data Source and Methodology. You can update this text if necessary.

Starting in FY2013, you are required to select at least one of the following data sources in the Data Source and Methodology field: EHR, Chart Audit, or Other. You must also provide an appropriate accompanying comment.

**Figure 88: Data Source and Methodology**

*Data Source & Methodology	<input type="checkbox"/> EHR <input type="checkbox"/> Chart Audit <input type="checkbox"/> Other: If 'Other', Please specify <input style="width: 200px;" type="text"/>  You have 500 characters remaining out of maximum limit of 500 Electronic health records or Diabetes Registry or Representative sample of patient records. Data run on 12/10/2008.
----------------------------	---

h. Review the Contributing and Restricting Key Factors and Major Planned Actions for the measure in context.

Key Factors and Major Planned Actions fields are pre-populated and will be displayed in *read-only format* for reference purposes while you are completing the Progress Towards Goal section of this form.

**Figure 89: Key Factor and Major Planned Action**

Key Factor and Major Planned Action #1	<b>Key Factor Type:</b> <input checked="" type="radio"/> Contributing <input type="radio"/> Restricting <input type="radio"/> N/A  <b>Key Factor Description</b> Key Factor Description will be displayed here.
	<b>Major Planned Action Description</b> Major Planned Action Description will be displayed here.

i. Review and complete the Progress Towards Goal section.

- Quantitative: Review the value in the Quantitative field. This field is not editable.

- Qualitative: Enter the progress description in the Qualitative field.

- Quantitative field value under Progress Towards Goal for standard measures will be pre-populated and disabled. Scenarios can exist where no Quantitative value is available to pre-populate the field. In these cases, the Quantitative field will be disabled, and the grantee will not be required to provide any information.
- Quantitative field will be editable only for the following standard measures:
  - Coronary Artery Disease (CAD): Lipid Therapy
  - Ischemic Vascular Disease (IVD): Aspirin Therapy
  - Colorectal Cancer Screening
  - Any Oral Health and Behavioral Health related standard measures
  - Any pre-populated Other Measures

**Figure 90: Progress Towards Goal**

- j. When you update the performance measure for either the Oral Health or Behavioral Health focus areas, you must select a Performance Measure Category from the dropdown list displayed at the top of the screen. Figure 91 shows you the Performance Measure Category options for the Oral Health Focus Area.

**Figure 91: Performance Measure Category for the Oral Health Focus Area**

- k. Provide justification comments in the Comments field if you update any pre-populated information for the measure.
3. 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.

The performance measure you entered will be completed (Figure 92).

**Figure 92: Clinical Performance Measures (Completed Performance Measure Section)**

<b>Performance Measure:</b> Percentage diabetic patients whose HbA1c levels are less than 7 percent, less than 8 percent, less than or equal to 9 percent, or greater than 9 percent.		<b>Status:</b> COMPLETE	
Focus Area	Diabetes	Goal Description	By End of Project Period, increase the % of adult patients age 18 to 75 years with type 1 or 2 diabetes whose most recent hemoglobin Alc (HbAlc) is <=9%. (under control).
Baseline Data	40% (Baseline Year: 2009)	Projected Data	53%
<b>Action:</b> <a href="#">View</a>   <a href="#">Update</a>			
<b>Note:</b> The performance measure details are pre-populated from SAC FY 2012 <a href="#">application</a> submitted by grantee.			

**View a Performance Measure**

1. Click the [View](#) link (Figure 85) to see a pop-up screen displaying the details of the performance measure.

**Figure 93: View Performance Measure Information**

<b>Performance Measure:</b> Percentage diabetic patients whose HbA1c levels are less than 7 percent, less than 8 percent, less than or equal to 9 percent, or greater than 9 percent.		<b>Status:</b> COMPLETE	
Focus Area	Diabetes	Goal Description	By End of Project Period, increase the % of adult patients age 18 to 75 years with type 1 or 2 diabetes whose most recent hemoglobin Alc (HbAlc) is <=9%. (under control).
Baseline Data	40% (Baseline Year: 2009)	Projected Data	53%
<b>Action:</b> <a href="#">View</a>   <a href="#">Update</a>			
<b>Note:</b> The performance measure details are pre-populated from SAC FY 2012 <a href="#">application</a> submitted by grantee.			

- A read-only version of the performance measure will be displayed (Figure 94).

**Figure 94: View of Clinical Performance Measure**

OMB No.: 0915-0285      As of 4/21/2012 5:16:49 PM  
 Expiration Date: 10/31/2013

<b>DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration</b>		<b>FOR HRSA USE ONLY</b>	
		Application Tracking Number	Grant Number
		<b>00025772</b>	<b>H80CS00175</b>
		Project Period Date	<b>01/01/2012 -12/31/2015</b>
<b>CLINICAL PERFORMANCE MEASURE</b>			
<b>Focus Area: Diabetes</b>			
<b>Performance Measure Description:</b> Percentage diabetic patients whose HbA1c levels are less than 7 percent, less than 8 percent, less than or equal to 9 percent, or greater than 9 percent.			
Is this Performance Measure Applicable to your Organization?	Yes		
Target Goal Description	By End of Project Period, increase the % of adult patients age 18 to 75 years with type 1 or 2 diabetes whose most recent hemoglobin Alc (HbAlc) is <=9%. (under control).		
Numerator Description	Number of adult patients age 18 to 75 years with a diagnosis of Type 1 or Type 2 diabetes whose most recent HbA1c level during the measurement year is <7%, <8%, <=9%, or >9%, among those patients in the denominator.		
Denominator Description	Number of adult patients age 18 to 75 years as of December 31 of the measurement year with a diagnosis of Type 1 or Type 2 diabetes, who have had a visit at least twice during the reporting year and do not meet any of the exclusion criteria.		
Baseline Data	<b>Baseline Year:</b> 2011 <b>Measure Type:</b> Percentage <b>Numerator:</b> 32 <b>Denominator:</b> 100 <b>Baseline Data:</b> 32%	Projected Data (by End of Project Period)	50%
	<input checked="" type="checkbox"/> EHR <input type="checkbox"/> Chart Audit <input type="checkbox"/> Other		

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

## Add a Performance Measure

You are required to provide information in all performance measure fields. If any performance measure listed is not applicable, you must provide an explanation in the comment field for that measure.

1. Click **Add Performance Measure**, in the Other Measures section, at the bottom of the Clinical Performance Measures Form (Figure 95) to add a performance measure and enter its details.

**Figure 95: Clinical Performance Measures Form (Bottom of Screen)**

- The Add Clinical Performance Measure Information Page (Figure 96) will be displayed.

**Figure 96: Add Clinical Performance Measure Information Page**

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

The Add Clinical Performance Measure Information Page always contains a drop down for performance measure categories. However, you must only select categories if your Focus Area is Oral Health or Behavioral Health.

3. Click **Save and Continue** at the bottom of the screen after you have completed all fields.
- You will be returned to the Clinical Performance Measures Form.

- A summary of the Clinical Performance Measure information you entered will be listed as a new performance measure, in the Other Measures section (Figure 97), at the bottom of the form.

**Figure 97: Other Measures Section of Clinical Performance Measures Form**

Other Measures			
Performance Measure: Test			Status: Complete
Focus Area	Cancer	Goal Description	Test
Baseline Data	26.97% (Baseline Year: 2010)	Projected Data	75.00%
Action: <a href="#">View</a>   <a href="#">Update</a>   <a href="#">Delete</a>			

[Add Performance Measure](#)

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

### Delete a Performance Measure

1. To delete a new **Other Measure** added in the Progress Report for FY 2013, click the [Delete](#) link (Figure 98) under the Other performance measure that you added.

**Figure 98: Performance Measure with Delete Link**

Other Measures			
Performance Measure: Test			Status: Complete
Focus Area	Cancer	Goal Description	Test
Baseline Data	26.97% (Baseline Year: 2010)	Projected Data	75.00%
Action: <a href="#">View</a>   <a href="#">Update</a>   <a href="#">Delete</a>			

[Add Performance Measure](#)

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

- A Delete Confirmation Page will be displayed (Figure 99) to enable you to confirm deletion of the performance measure.

**Figure 99: Delete Confirmation Page for Clinical Performance Measure Page**

Fields marked with an asterisk (\*) are required.

DELETE CLINICAL PERFORMANCE MEASURES INFORMATION			
<b>Performance Measure:</b> Test			
Focus Area	Cancer	Goal Description	Test
Baseline Data	26.97 % (Baseline Year: 2010)	Projected Data	75.00 %
View: <a href="#">Performance Measure Details</a>			

Cancel Confirm Delete

- Click **Confirm Delete** to confirm the deletion.
  - You will be returned to the Clinical Performance Measures Form.

The performance measure you deleted will no longer be listed.

### Mark a Performance Measure as a Duplicate

- Click the [Mark as Duplicate](#) link (Figure 100) if it appears under a performance measure to resolve any Clinical Performance Measure duplications.

**Figure 100: Clinical Performance Measures Duplications**

Other Measures			
<b>Performance Measure:</b> Percentage of adult patients with a Body Mass Index of greater than or equal to 30 who receive weight counseling/treatment.			<b>Status:</b> 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: <a href="#">View</a>   <a href="#">Update</a>   <a href="#">Mark as Duplicate</a>			
Note: The performance measure details are pre-populated from BPR FY 2010 <a href="#">application</a> submitted by grantee.			
<b>Performance Measure:</b> Percentage of diabetic patients whose HbA1c levels are less than or equal to 7 percent.			<b>Status:</b> 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: <a href="#">View</a>   <a href="#">Update</a>   <a href="#">Mark as Duplicate</a>			
Note: The performance measure details are pre-populated from BPR FY 2010 <a href="#">application</a> submitted by grantee.			
<b>Performance Measure:</b> Percentage of children and adolescent patients with a Body Mass Index of greater than or equal to 30 who receive weight counseling/treatment.			<b>Status:</b> 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: <a href="#">View</a>   <a href="#">Update</a>   <a href="#">Mark as Duplicate</a>			
Note: The performance measure details are pre-populated from BPR FY 2010 <a href="#">application</a> submitted by grantee.			

- The Mark Performance Measure as Duplicate Page (Figure 101) will be displayed.
- Review the duplicated performance measures options vs. the performance measure listed at the top of the screen and select the one that is a duplicate.

3. Enter a justification in the Comments box and click **Save and Continue**.
- You will be returned to the Clinical Performance Measures Form.

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](#). The [Update](#) link will be removed for any performance measure marked as a duplicate.

**Figure 101: Mark Performance Measure as Duplicate Page**

**Progress Report**  
 Tracking#  
 00082004

**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

**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**

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

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#: <a href="#">69460</a> )
Numerator Description	Number of adult patients age 18 to 75 years of age with a BMI > 30 who received... ( <a href="#">Show Details</a> )
Denominator Description	Number of adult patients age 18 to 75 years as of December 31 of the measurement y... ( <a href="#">Show Details</a> )

**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#: <a href="#">69460</a> )
Numerator Description	Number of children and adolescents 17 years of age and under with a BMI > 30 wh... ( <a href="#">Show Details</a> )
Denominator Description	Number of children and adolescents 17 years of age and under as of December 31 of ... ( <a href="#">Show Details</a> )

**\*Justification**

Comments

Go to Previous Page Save and Continue

### Undo a Duplicated Performance Measure

1. Click an [Undo Duplicate](#) link (Figure 102) if it appears under a performance measure that you marked as a duplicate to unmark the performance measure as a duplicate.

This link will only appear on performance measures that have been marked as a duplicate.

**Figure 102: Performance Measure with Duplicate Information - Related Links**

<b>Performance Measure:</b> Percentage of diabetic patients whose HbA1c levels are less than or equal to 7 percent.			<b>Status:</b> <b>Marked as Duplicate</b>
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: <a href="#">View</a>   <a href="#">Undo Duplicate</a>   <a href="#">Update Duplicate Information</a>			

- The Clinical Performance Measures Form will be redisplayed.

The performance measure will no longer have an [Undo Duplicate](#) link or an [Undo Duplicate Information](#) link but will have an [Update](#) link and a [Mark as Duplicate](#) link.

### Update a Duplicated Performance Measure

- Click an [Update Duplicate Information](#) link if it appears under a performance measure that you marked as a duplicate (Figure 102) to change the duplicated performance measure.

This link will only appear on performance measures that have been marked as a duplicate.

- The Update Duplicate Information Page (Figure 103) will be displayed.

**Figure 103: Update Duplicate Information Page**

**Progress Report:**  
Tracking#  
00082004

**Program Specific Information**

- Overview
- Status
- General Information**
- Form 1 - Part A
- Form 1 - Part C
- Budget Information**
- 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**

**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.

**UPDATE DUPLICATE INFORMATION**

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

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#: <a href="#">69460</a> )
Numerator Description	Number of adult patients age 18 to 75 years of age with a BMI > 30 who received... ( <a href="#">Show Details</a> )
Denominator Description	Number of adult patients age 18 to 75 years as of December 31 of the measurement y... ( <a href="#">Show Details</a> )

**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#: <a href="#">69460</a> )
Numerator Description	Number of children and adolescents 17 years of age and under with a BMI > 30 wh... ( <a href="#">Show Details</a> )
Denominator Description	Number of children and adolescents 17 years of age and under as of December 31 of ... ( <a href="#">Show Details</a> )

**\*Justification**

(maximum 500 characters)

Comments:

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

At this point you can:

- Select another performance measure as the duplicate.
  - Modify the justification comments.
2. Click the **Save and Continue** button when you are finished.
    - You will be returned to the Clinical Performance Measures Form.
  3. After you have completed working with all the Clinical Performance Measures, click **Save and Continue** to save your work and proceed to the next form.

## 5.13. Financial Performance Measures

Use this form to provide information about your Financial Performance Measures. Refer to the Instructions for Preparing and Submitting the FY 2013 Health Center Program Budget Period Progress Report for more information on completing Financial Performance Measures.

1. Click the [Financial Performance Measures](#) link on the Program Specific Information side menu to access this form (Figure 104).  
 The data for all standard performance measures will be pre-populated from the application awarded in the last project or budget period where the measure was first proposed.
2. Enter the Project Period.

**Figure 104: Financial Performance Measures**

Fields marked with an asterisk (\*) are required.

**FINANCIAL PERFORMANCE MEASURES** Status: **NOT COMPLETE**

Financial Performance Measures

<b>Project Period</b>			
*Start Date (mm/dd/yyyy)	05/03/2012	*End Date (mm/dd/yyyy)	05/02/2015
<a href="#">Save</a>			
<b>Standard Measures</b>			
<b>Performance Measure: Total cost per patient.</b> <span style="float: right;">Status: <b>NOT COMPLETE</b></span>			
Focus Area	Costs	Goal Description	By End of Project Period, maintain rate of increase in total cost per patient
Baseline Data	1.3 (Ratio) (Baseline Year: 2011)	Projected Data	2.1 Ratio
Action: <a href="#">View</a>   <a href="#">Update</a>			
<b>Performance Measure: Medical cost per medical encounter.</b> <span style="float: right;">Status: <b>NOT COMPLETE</b></span>			
Focus Area	Costs	Goal Description	By End of Project Period, maintain rate of increase in cost per encounter
Baseline Data	2.6 (Ratio) (Baseline Year: 2011)	Projected Data	2.8 Ratio
Action: <a href="#">View</a>   <a href="#">Update</a>			
<b>Performance Measure: Change in Net Assets to Expense Ratio (Note: Net Assets = Total Assets – Total Liabilities).</b> <span style="float: right;">Status: <b>NOT COMPLETE</b></span>			
Focus Area	Financial Viability	Goal Description	Through End of Project Period, maintain a ratio that will be >= 0
Baseline Data	2.6 (Ratio) (Baseline Year: 2012)	Projected Data	2.8 Ratio

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 two forms. Changes made to dates in one form will be reflected in the other form.

You may enter or modify the performance measure information as follows:

- [Update a Performance Measure](#)
- [View a Performance Measure](#)
- [Add a Performance Measure](#)
- [Delete a Performance Measure](#)

- Mark a Performance Measure as a Duplicate
- Undo a Duplicated Performance Measure
- Update a Duplicated Performance Measure

### Update a Performance Measure

1. Click the [Update](#) (Figure 105) link to enter or update the information for each performance measure.

**Figure 105: Financial Performance Measures**

Performance Measure: Change in Net Assets to Expense Ratio (Note: Net Assets = Total Assets - Total Liabilities).			Status: <b>NOT COMPLETE</b>
Focus Area	Financial Viability	Goal Description	Through End of Project Period, maintain a ratio that will be $\geq 0$
Baseline Data	2.6 (Ratio) (Baseline Year: 2012)	Projected Data	2.8 Ratio
Action: <a href="#">View</a> <a href="#">Update</a>			

- The Update Financial Performance Measure Information Page (Figure 106) will be displayed for the performance measure.

**Figure 106: Update Financial Performance Measure Information Page**

Fields marked with an asterisk (\*) are required.

**UPDATE FINANCIAL PERFORMANCE MEASURES INFORMATION** Status: **NOT COMPLETE**

---

**Update Financial Performance Measures Information**

Focus Area: Financial Viability

\*Is this Performance Measure Applicable to your Organization? Yes  No  (If No, provide explanation in 'Comments' area at bottom of this form)

Performance Measure: Change in Net Assets to Expense Ratio (Note: Net Assets = Total Assets - Total Liabilities).

Target Goal Description (Sample Goals): You have 500 characters remaining out of maximum limit of 500. Through End of Project Period, maintain a ratio that will be  $\geq 0$

Numerator Description (Examples): Ending Net Assets - Beginning Net Assets.

Denominator Description (Examples): Total Expense.

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

*Baseline Data	Baseline Year: 2012 (yyyy) Measure Type: Ratio Numerator: 52 Denominator: 15 Baseline Data: 2.6 (Ratio)	*Projected Data (by End of Project Period) (Sample Calculation)	(Ratio)
----------------	---	---	---------

\*Data Source & Methodology: You have 500 characters remaining out of maximum limit of 500. Data Source & Methodology will be displayed here

2. Complete the Update Financial Performance Measure Information details for the performance measure. All of the fields marked with an asterisk (\*) are required.
  - a. Review the Performance Measure Description. This field is not editable.
  - b. Review the Target Goal Description. You can update this text if necessary.
  - c. Review the Numerator Description. This field is not editable.
  - d. Review the Denominator Description. This field is not editable.

The fields for Performance Measure, Numerator Description and Denominator Description are pre-populated and cannot be edited, EXCEPT for any Other Measures proposed by you.

- e. Baseline Data: Review the Baseline Data.

- Baseline Data field values, i.e. Baseline Year, Measure Type, Numerator and Denominator field values, for standard measures related to “Costs” focus area will be pre-populated and disabled.
- Baseline Data fields will be enabled for any standard measures related to “Financial Viability” focus area and any Other Measures proposed by you.

- Review the Projected Data. This field is not editable.
- Review the Data Source and Methodology. You can update this text if necessary.
- Review the Contributing and Restricting Key Factors and Major Planned Actions for the measure in context.

Key Factors and Major Planned Actions are pre-populated and will be displayed in *read-only format* for reference purposes while you are completing the Progress Towards Goal section of this form.

- Review and complete the Progress Towards Goal section.
  - Quantitative: Review the value in the Quantitative field. This field is not editable.
  - Qualitative: Enter the progress description in the Qualitative field.

- Quantitative field value under Progress Towards Goal for standard measures related to “Costs” focus area will be pre-populated and disabled. Scenarios can exist where no Quantitative value is available to pre-populate the field. In these cases, the Quantitative field will be disabled, and you will not be required to provide any information.
- Quantitative field value under Progress Towards Goal will be pre-populated and editable for any standard measures related to “Financial Viability” focus area and any Other measures proposed by you.

- Provide justification comments in the Comments field if you update any pre-populated information for the measure.

- 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 104). The performance measure you updated will be completed (Figure 107).

**Figure 107: Financial Performance Measures (Completed Performance Measure Section)**

Performance Measure: Total cost per patient.			Status: <b>Complete</b>
Focus Area	Costs	Goal Description	Our Target Goal Description
Baseline Data	0.55 (Ratio) (Baseline Year: 2010)	Projected Data	65.00 (Ratio)
Action: <a href="#">View</a>   <a href="#">Update</a>			

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

### View a Performance Measure

1. Click the [View](#) link to see a pop-up screen displaying the details of the performance measure.
  - A read-only version of the performance measure will be displayed (Figure 108).

**Figure 108: View of Financial Performance Measure**

As of 4/21/2012 5:16:49 PM  
 OMB No.: 0915-0285 Expiration Date: 10/31/2013

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration  BUSINESS PLAN	<b>FOR HRSA USE ONLY</b>	
	Application Tracking Number	Grant Number
	<b>00025772</b>	<b>H80CS00175</b>
	Project Period Date	<b>01/01/2012 - 12/31/2015</b>

**Focus Area: Costs**

<b>Performance Measure Description:</b> Total cost per patient.	
Is this Performance Measure Applicable to your Organization?	Yes
Target Goal Description	By End of Project Period, maintain rate of increase in total cost per patient
Numerator Description	Total accrued cost before donations and after allocation of overhead.
Denominator Description	Total number of patients.
Baseline Data	<b>Baseline Year:</b> 2011 <b>Measure Type:</b> Ratio <b>Numerator:</b> 350 <b>Denominator:</b> 135 <b>Baseline Data:</b> 2.6 (Ratio)
Projected Data (by End of Project Period)	5 (Ratio)
Data Source & Methodology	Data Source & Methodology will be displayed here.
Key Factor and Major Planned Action #1	<b>Key Factor Type:</b> <input checked="" type="checkbox"/> Contributing <input type="checkbox"/> Restricting <input type="checkbox"/> N/A  <b>Key Factor Description:</b> Key Factor Description will be displayed here.  <b>Major Planned Action Description:</b> Major Planned Action Description will be displayed here.
Comments	Comments will be displayed here.

[Close Window](#)

2. Click [Close Window](#) to close the pop-up screen and return to the main Financial Performance Measures Form (Figure 104).

### Add a Performance Measure

1. Click [Add Performance Measure](#), in the Other Measures section (Figure 109), to add a performance measure.

**Figure 109: Financial Performance Measures**

<b>Other Measures</b>	
No Other Performance Measure(s) Specified	
<div style="border: 2px solid red; padding: 5px; display: inline-block;"> <a href="#">Add Performance Measure</a> </div>	
<a href="#">Go to Previous Page</a>	<a href="#">Save</a> <a href="#">Save and Continue</a>

2. The Add Financial Performance Measure Information Page (Figure 110) will be displayed. Fields marked with an asterisk (\*) are required.

**Figure 110: Add Financial Performance Measure Information Page**

Fields marked with an asterisk (\*) are required.

**ADD FINANCIAL PERFORMANCE MEASURES INFORMATION** Status: **IN PROGRESS**

---

**Add Financial Performance Measures Information**

Costs:

\*Focus Area:  If "Other", Please specify

\*Performance Measure:  You have 200 characters remaining out of maximum limit of 200. Performance Measure will be entered here.

\*Target Goal Description (Sample Goals):  You have 500 characters remaining out of maximum limit of 500. Target Goal Description will be entered here.

\*Supervisor Description:  You have 500 characters remaining out of maximum limit of 500. Supervisor Description will be entered here.

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

3. Enter the requested information on the Add Financial Performance Measure Information Page. Fields marked with an asterisk (\*) are required.
4. Click **Save and Continue** at the bottom of the screen after you have completed all fields.
  - You will be returned to the Financial Performance Measures Form (Figure 104).

A summary of the Financial Performance Measures information you entered will be listed as a new performance measure in the Other Measures section (Figure 111) at the bottom of the form.

**Figure 111: Other Measures Section of Financial Measures Form**

**Other Measures**

<b>Performance Measure: Rate of Increase in Cost per Encounter</b>			<b>Status: Complete</b>
Focus Area	Financial Viability	Goal Description	By End of Project Period, maintain rate of increase in cost per encounter To: 2%
Baseline Data	60.00% (Baseline Year: 2010)	Projected Data	65.00%
Action: <a href="#">View</a>   <a href="#">Update</a>   <a href="#">Delete</a>			

**Delete a Performance Measure**

1. To delete a new **Other Measure** added in the Progress Report for FY 2013, click the [Delete](#) link (Figure 112) under the Other performance measure that you added.

**Figure 112: Performance Measure with Delete Link**

Other Measures			
<b>Performance Measure:</b> Rate of Increase in Cost per Encounter			<b>Status:</b> Complete
Focus Area	Financial Viability	Goal Description	By End of Project Period, maintain rate of increase in cost per encounter To: 2%
Baseline Data	60.00% (Baseline Year: 2010)	Projected Data	65.00%
Action: <a href="#">View</a>   <a href="#">Update</a>   <a href="#">Delete</a>			

- A Delete Confirmation Page will be displayed (Figure 113) to enable you to confirm deletion of the performance measure.

**Figure 113: Delete Confirmation Page for Financial Performance Measure**

Fields marked with an asterisk (\*) are required.

DELETE FINANCIAL PERFORMANCE MEASURES INFORMATION			
<b>Performance Measure:</b> Rate of Increase in Cost per Encounter			
Focus Area	Financial Viability	Goal Description	By End of Project Period, maintain rate of increase in cost per encounter To: 2%
Baseline Data	60.00 % (Baseline Year: 2010)	Projected Data	65.00 %
View: <a href="#">Performance Measure Details</a>			

2. Click [Confirm Delete](#) to confirm the deletion.
- You will be returned to the Financial Performance Measures Form (Figure 104).

The performance measure you deleted will no longer be listed.

### Mark a Performance Measure as a Duplicate

1. Click the [Mark as Duplicate](#) link if it appears under a performance measure to resolve any Financial Performance Measure duplications (Figure 114).

**Figure 114: Financial Performance Measures Duplications**

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

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

- The Mark Performance Measure as Duplicate Page (Figure 115) will be displayed.

**Figure 115: Mark Performance Measure as Duplicate Page**

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.

**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

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

- Compare the duplicated performance measures to the performance measure listed at the top of the screen and select the duplicate.
- Enter a justification in the Comments box and click **Save and Continue**.
- You will be returned to the Financial Performance Measures Form (Figure 104).

The performance measure that you selected as a duplicate will no longer contain a [Mark as Duplicate](#) link. Instead, you will see two other links: [Undo Duplicate](#) and [Update Duplicate Information](#). The [Update](#) link will be removed for any performance measure marked as a duplicate.

### Undo a Duplicated Performance Measure

1. Click the [Undo Duplicate](#) link if it appears under a performance measure that you marked as a duplicate (Figure 116), to unmark the performance measure as a duplicate.

This link will only appear on performance measures that have been marked as a duplicate.

**Figure 116: Performance Measure with Duplicate Information - Related Links**

Performance Measure: turnover rate		Status: <b>Marked as Duplicate</b>	
Focus Area	Human Resources	Goal Description	reduce turnover rate of new hires
Baseline Data	15.10% (Baseline Year: 2008)	Projected Data	15.00%
Action: <a href="#">View</a>   <a href="#">Undo Duplicate</a>   <a href="#">Update Duplicate Information</a>			

2. The Financial Performance Measures Form (Figure 104) will be re-displayed.

The performance measure will no longer have an [Undo Duplicate](#) link or an [Undo Duplicate Information](#) link but will have an [Update](#) link and a [Mark as Duplicate](#) link.

### Update a Duplicated Performance Measure

1. Click the [Update Duplicate Information](#) link if it appears under a performance measure that you marked as a duplicate (Figure 116), to change the duplicated performance measure.

This link will only appear on performance measures that have been marked as a duplicate.

- The Update Duplicate Information Page (Figure 117) will be displayed.

Figure 117: Update Duplicate Information Page

E-HANDBOOK HOME

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

**Progress Report**  
 Tracking#  
 00082004

**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.

**UPDATE DUPLICATE INFORMATION**

<b>Performance Measure:</b> turnover rate	
Measure Proposed In	BPR FY 2010 (Application Tracking#: <a href="#">69460</a> )
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#: <a href="#">69460</a> )
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#: <a href="#">69460</a> )
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) This duplicate is justified.
----------	--

Go to Previous Page
Save and Continue

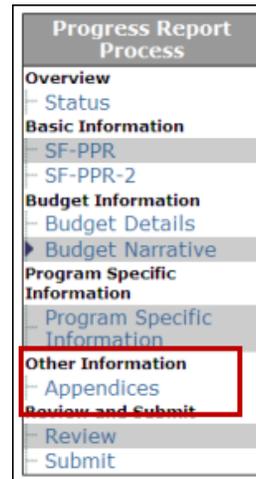
2. At this point you can:
  - Select another performance measure as the duplicate.
  - Modify the justification comments.
3. Click the **Save and Continue** button when you are finished.
  - You will be returned to the Financial Performance Measures Form (Figure 104).
4. After you have completed working with all the Financial Performance Measures, click **Save and Continue** on the Financial Performance Measures Form (Figure 104) to save your work and proceed to the next form.

## 6. Appendices

The Appendices section allows you to attach standard documents that your grant program requires when you submit your Progress Report.

1. Click the [Appendices](#) link on the Progress Report Process side menu (Figure 118) to access the Appendices Form (Figure 119).

**Figure 118: Appendices Link on the Progress Report Process Menu**



**Figure 119: Appendices Form**

**APPENDICES** Status: **Not Started**

Select	Purpose	Document Name	Size	Uploaded By	Description
No attached document exists.					
<input type="button" value="Attach"/>					

2. Click .
  - The Attach Document (for Appendices) Page (Figure 120) will be displayed.

**Figure 120: Attach Document (for Appendices) Page**

Fields marked with an asterisk(\*) are required.

**ATTACH DOCUMENT**

*Purpose	Select Purpose <input type="button" value="v"/>
*Document	<input type="text"/> <input type="button" value="Browse..."/> <small>(Allowable Document Type(s): 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
No attached document exists.				

3. Select a purpose from the Select Purpose dropdown menu.

**Figure 121: Purpose Dropdown Menu on the Attach Document Screen**

The screenshot shows a form titled "ATTACH DOCUMENT" with several fields and a dropdown menu. The fields include:
 

- \*Purpose (highlighted with a red box)
- \*Document
- Description (Maximum 500 characters)
- Go Back button
- Attached Document (highlighted with a blue box)

 The dropdown menu for "Purpose" is open, showing the following options:
 

- Select Purpose
- Program Narrative Update (Max 1)
- Sliding Fee Discount Schedule(s) (Max 1)
- Service Area Map (as applicable) (Max 1)
- Organizational Chart (as applicable) (Max 1)
- Position Descriptions for Key Management Staff (as applicable) (Max 1)
- Biographical Sketches for Key Management Staff (as applicable) (Max 1)
- Summary of Contracts and Agreements (as applicable) (Max 2)
- Other Relevant Documents (as applicable) (Max 2)
- Attachment 9 (Max 1)
- Attachment 10 (Max 1)
- Attachment 11 (Max 1)
- Attachment 12 (Max 1)
- Attachment 13 (Max 1)
- Attachment 14 (Max 1)
- Attachment 15 (Max 1)

**You are required to provide attachments related to Program Narrative Update and Sliding Fee Discount Schedule(s).**

*You can attach only one document for the following:*

1. Program Narrative Update
2. Sliding Fee Discount Schedule(s)
3. Service Area Map
4. Organizational Chart
5. Position Descriptions for Key Management Staff
6. Biographical Sketches for Key Management Staff

*You can attach a maximum of two documents for the following:*

1. Summary of Contracts and Agreements
2. Other Relevant Documents

4. Click **Browse**.
  5. Enter a description of the document you are attaching.
  6. Click **Attach Document** to attach the document.
- The Attach Document (for Appendices) Page will be re-displayed, listing the document you attached under the heading Attached Document(s) (Figure 122).

**Figure 122: Attached Document(s) Area of the Appendices Form**

The screenshot shows a table titled "Attached Document(s)" with a "Finished Attaching" button in the top right corner. The table has the following data:

Purpose	Document Name	Size	Uploaded By	Description
Program Narrative Update	<a href="#">NCC Progress Report User Guide for BPHC.doc</a>	13.12 MB	Anita Monolian on 5/11/2011 9:16:56 AM	

7. Repeat [Steps 2 through 5](#) to attach any other documents.
8. When you have completed attaching all documents, click **Finished Attaching**.
  - The Appendices Form will be re-displayed (Figure 123), listing the documents you just attached.

**Figure 123: Appendices Form Showing Attached Documents**

[NCC User Guide](#)

**APPENDICES** **Status: Not Started**

Attached Documents					
Select	Purpose	Document Name	Size	Uploaded By	Description
<input checked="" type="radio"/>	Program Narrative Update	<a href="#">NCC Progress Report User Guide for BPHC.doc</a>	13.12 MB	Anita Monoian on 5/11/2011 9:16:56 AM	
<input type="button" value="Attach"/> <input type="button" value="Update Description"/> <input type="button" value="Delete"/>					

At this point, you can:

- Click a document name to view it.
  - Click **Attach** to attach additional documents.
  - Select a document and click **Update Description** to change the document's description on the Update Description Page (Figure 124).
  - Select a document and click **Delete** to delete the selected attachment.
9. When you are finished with your attachments, click **Save and Continue** to save the information and return to the Status Page (for Progress Report).

**Figure 124: Update Description Page**

**UPDATE DESCRIPTION**

New Description (Maximum 500 characters)

Attached Document				
Purpose	Document Name	Size	Uploaded By	Description
Program Narrative Update	<a href="#">NCC Progress Report User Guide for BPHC.doc</a>	13.12 MB	Anita Monoian on 5/11/2011 9:16:56 AM	

## 7. Review a Progress Report

### 7.1. Review Standard Forms (SF-PPR)

The NCC Progress Report Process Status shows the completion status for the Standard Forms (SF-PPR and SF-PPR-2), Program Specific Information forms, Appendices, and Budget Information. Click [Status](#) under the Overview heading to go to the NCC Progress Report Process Status page (Figure 126).

Figure 125: Status Link

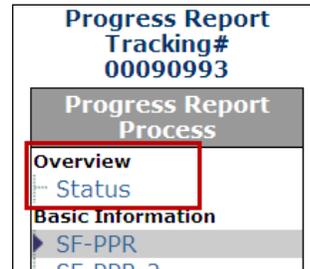
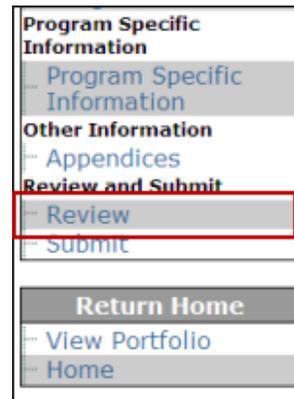


Figure 126: Status Overview Page for the Entire Progress Report

STATUS OVERVIEW		
<b>NCC PROGRESS REPORT PROCESS STATUS</b>		
Deadline	Jan 1 2013 5:00PM (You have <b>246</b> days to complete and submit the application.)	
Created On	4/26/2012 12:10:34 PM	
Last Updated By	Charles Hunt on 4/30/2012 2:58:38 PM	
HRSA Project Officer Contact Info	Name(Email) - Katie Ballengee (reitester1@hotmail.com)   Contact Number - 3014434256	
View: <a href="#">NCC Progress Report</a>   <a href="#">Program Instructions</a>   <a href="#">NCC User Guide</a>		
<b>Users with Permissions on NCC Request ( <a href="#">Show Details</a> )</b>		
Section	Action	Status
Basic Information		
SF-PPR	<a href="#">Update</a>	COMPLETE
SF-PPR-2 (Cover Page Continuation)	<a href="#">Update</a>	COMPLETE
Budget Information		
Budget Details		COMPLETE
Support Year 12	<a href="#">Update</a>	COMPLETE
Budget Narrative	<a href="#">Update</a>	COMPLETE
Other Information		
Program Specific Information	<a href="#">Update</a>	COMPLETE
Appendices	<a href="#">Update</a>	COMPLETE

To view or print any Progress Report form, click [Review](#) in the Review and Submit section in the left side menu (Figure 21).

Figure 127: Review Link



- The Review Page for Entire Progress Report (Figure 128) will open.

This page lists all sections in the Progress Report. Use the links and buttons on this page to perform the following actions:

- Click a [View](#) link in the Action column to open a 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.
- Click a [View](#) link for a document to view and print an attachment.
- Click [Proceed to Submit](#) to go to the Submit Page.

**Figure 128: Review Page for Entire Progress Report**

**The application has not been submitted to HRSA as yet.**

The following is the table of contents of the application. 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. You must print each attachment individually.

To print the entire application (HTML forms and attachments), you must download the application to your machine. Please read associated important instructions BEFORE you use this feature.

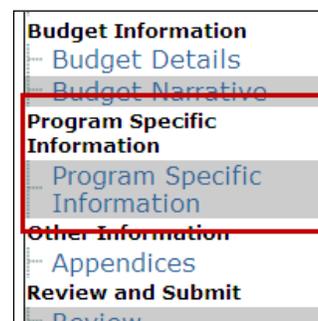
TABLE OF CONTENTS		
Section	Type	Action
<b>Basic Information</b>		
SF-PPR	HTML	<a href="#">View</a>
SF-PPR-2 (Cover Page Continuation)	HTML	<a href="#">View</a>
<b>Budget Information</b>		
SF-424A Budget Information (Standard Form)	HTML	<a href="#">View</a>
SF-424A Community Health Centers	HTML	<a href="#">View</a>
SF-424A Health Care for the Homeless	HTML	<a href="#">View</a>
SF-424A Migrant Health Centers	HTML	<a href="#">View</a>
Narrative Budget Justification	Document	<a href="#">View</a>
<b>Appendices</b>		
Attachment 1 - Program Narrative Update	Document	<a href="#">View</a>
Attachment 2 - Sliding Fee Discount Schedule(s)	Document	<a href="#">View</a>
Attachment 3 - Service Area Map (as applicable)	Document	<a href="#">View</a>
Attachment 4 - Organizational Chart (as applicable)	Document	<a href="#">View</a>
Attachment 5 - Position Descriptions for Key Management Staff (as applicable)	Document	<a href="#">View</a>
Attachment 6 - Biographical Sketches for Key Management Staff (as applicable)	Document	<a href="#">View</a>
Attachment 7 - Summary of Contracts and Agreements (as applicable)	Document	<a href="#">View</a>
Attachment 8 - Other Relevant Documents (as applicable)	Document	<a href="#">View</a>
Attachment 9	Document	<a href="#">View</a>
Attachment 10	Document	<a href="#">View</a>
Attachment 11	Document	<a href="#">View</a>
Attachment 12	Document	<a href="#">View</a>
Attachment 13	Document	<a href="#">View</a>
Attachment 14	Document	<a href="#">View</a>
Attachment 15	Document	<a href="#">View</a>

## 7.2. Review Program Specific Information

The status and review pages are provided as a convenient place from which you can check the completion status, 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 129: Program Specific Information Link**



- The Status Overview Page for Program Specific Information (Figure 130) will open.

Figure 130: Status Overview Page for Program Specific Information

Fields marked with an asterisk (\*) are required.

PROGRAM SPECIFIC INFORMATION STATUS		
Section	Action	Status
<b>General Information</b>		
Form 1A: General Information Worksheet	<a href="#">Update</a>	COMPLETE
<b>Budget Information</b>		
Form 1C: Documents On File	<a href="#">Update</a>	COMPLETE
Form 2: Proposed Staff Profile	<a href="#">Update</a>	COMPLETE
Form 3: Income Analysis Form	<a href="#">Update</a>	COMPLETE
<b>Sites and Services</b>		
Form 5A: Services Provided		
Required Services	<a href="#">Update</a>	COMPLETE
Additional Services	<a href="#">Update</a>	COMPLETE
Form 5B: Service Sites	<a href="#">Update</a>	COMPLETE
Form 5C: Other Activities/Locations	<a href="#">Update</a>	COMPLETE
<b>Other Forms</b>		
Form 6A: Current Board Member Characteristics	<a href="#">Update</a>	COMPLETE
Form 10: Annual Emergency Preparedness Report	<a href="#">Update</a>	COMPLETE
Form 12: Organization contacts	<a href="#">Update</a>	COMPLETE
<b>Performance Measures</b>		
Clinical Performance Measures	<a href="#">Update</a>	COMPLETE
Financial Performance Measures	<a href="#">Update</a>	COMPLETE

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

Figure 131: Program Specific Forms Link



- The Program Specific Information Review Page will open (Figure 132).

This page lists all Program Specific Information forms in the Progress Report. Use the links and buttons on this page to perform the following actions:

- Click the [View](#) links in the Action column to view any form.
- Click [Print](#) to get a printable version of the Table of Contents.
- Click [Print All HTML Forms](#) to print all Program Specific Information forms.
- Click a [View](#) link for a document to view and print an attachment.

**Figure 132: Program Specific Information Review Page**

The following is the table of contents for the program specific forms within the current application. Click "Print" button for a printable version of this page. For a printa... ([Show Full Instruction](#))

[Print](#)

[Print All HTML Forms](#)

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

TABLE OF CONTENTS		Table of Contents	
Section	Type	Action	
<b>Program Specific Information</b>			
Form 1A: General Information Worksheet	HTML	<a href="#">View</a>	
Form 1C: Documents On File	HTML	<a href="#">View</a>	
Form 2: Staffing Profile	HTML	<a href="#">View</a>	
Form 3: Income Analysis (Form 3 - Income Analysis.doc)	DOCUMENT	<a href="#">View</a>	
Form 5A: Required Services Provided	HTML	<a href="#">View</a>	
Form 5A: Additional Services Provided	HTML	<a href="#">View</a>	
Form 5B: Sites	HTML	<a href="#">View</a>	
Form 5C: Other Activities/Locations	HTML	<a href="#">View</a>	
Form 6A: Board Member Characteristics	HTML	<a href="#">View</a>	
Form 10: Annual Emergency Preparedness Report	HTML	<a href="#">View</a>	
Form 12: Organization Contacts	HTML	<a href="#">View</a>	
Clinical Performance Measures	HTML	<a href="#">View</a>	
Financial Performance Measures	HTML	<a href="#">View</a>	

## 8. Submit a Progress Report

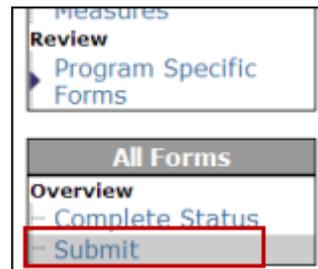
When the status of all Standard Forms and Program Specific Forms is complete, you are ready to submit your Progress Report to HRSA.

To submit the Progress Report, you must have the **Submit Non-competing Continuation** access rights.

To submit your Progress Report:

1. Click [Submit](#) under Review and Submit on the left side menu to start the Submit Progress Report process.

**Figure 133: Submit Link**



- The Submit Page (Figure 134) will be displayed.

**Figure 134: Submit Page**

SUBMIT REQUEST		
<b>NCC PROGRESS REPORT PROCESS STATUS</b>		
Deadline	Jan 1 2013 5:00PM (You have <b>246</b> days to complete and submit the application.)	
Created On	4/26/2012 12:10:34 PM	
Last Updated By	Charles Hunt on 4/30/2012 2:58:38 PM	
HRSA Project Officer Contact Info	Name(Email) - Katie Ballengee (reitester1@hotmail.com)   Contact Number - 3014434256	
View: <a href="#">NCC Progress Report</a>   <a href="#">Program Instructions</a>   <a href="#">NCC User Guide</a>		
Section	Action	Status
Basic Information		
SF-PPR	<a href="#">Update</a>	COMPLETE
SF-PPR-2 (Cover Page Continuation)	<a href="#">Update</a>	COMPLETE
Budget Information		
Budget Details		COMPLETE
Support Year 12	<a href="#">Update</a>	COMPLETE
Budget Narrative	<a href="#">Update</a>	COMPLETE
Other Information		
Program Specific Information	<a href="#">Update</a>	COMPLETE
Appendices	<a href="#">Update</a>	COMPLETE

2. Click the [Submit to HRSA](#) button.

- The Submit – NCC Progress Report Certification Page (Figure 135) will be displayed.

**Figure 135: Submit – NCC Progress Report Certification Page**

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

H80: (93.224)  
 SF-PPR for FY 2013

Welcome Charles Hunt to HRSA EHB utl10 environment (Last login date and time 4/30/2012 2:38:00 PM)

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

**Progress Report Tracking#**  
 00099032

**Progress Report Process**

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

**Return Home**

- View Portfolio
- Home

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](#)

[Acceptable Use Policy](#)

3. Check the box to electronically sign the Progress Report.
4. Click the **Submit Report** button to submit your Progress Report to HRSA.
  - The NCC Progress Report Confirmation Page (Figure 136) will be displayed.

**Figure 136: NCC Progress Report Confirmation Page**

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

H80: (93.224)  
 SF-PPR for FY 2013

Welcome Charles Hunt to HRSA EHB utl10 environment (Last login date and time 4/30/2012 2:38:00 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 HRSA helpline at 877-Go4-HRSA/877-464-4772 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	4/30/2012 3:29:56 PM
Submitted By	Charles Hunt
Tracking Number	99032

[Go To Noncompeting Continuation List Page](#)

5. Take note of the Tracking Number.

Click the **Print** button to print the Confirmation page.

- Click the **Go to Non-competing Continuation List Page** to go to the Non-competing Continuations Page to view additional grants for which you can begin or edit Progress Reports.

## 8.1. Submit a Change-Requested Progress Report

HRSA sends you a Change Request Email (Figure 137) if your Progress Report needs to be revised.

**Figure 137: Change-Request Email**

**From:** reitester1@hotmail.com [mailto:reitester1@hotmail.com]  
**Sent:** Tuesday, June 15, 2012 1:23 PM  
**To:** Vaibhavi Patel  
**Subject:** Noncompeting Continuation for Grant # H80CS00289- Change Requested by HRSA

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

Grant Number : H80CS00289  
Grantee Name: COLUMBIA ROAD HEALTH SERVICES, DC

Tracking Number: 00082004  
Budget Period: 12/1/2012-11/30/2012

Submitted on: 06/30/2012

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://hrsaut15.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

To revise your Progress Report:

- On the HRSA EHB Home (Welcome) Page, click the **View Portfolio** link under the Grants Portfolio heading on the left side menu.
- The View Portfolio Page (Figure 138) will be displayed.

Figure 138: View Portfolio Page

GRANTS LIST			
<b>H80CS06078:Health Center Cluster</b>			<b>Last Award Issued on: 04/03/2011</b>
Project Period	9/1/2005-4/30/2016	Budget Period	5/1/2011-4/30/2012
CRS EIN	1910928817A1	Number of Support Years	7
Project Director	Anita Monoian, Email: reitester1@hotmail.com, Phone: (509) 574-5550		<a href="#">Click Open Grant</a> <a href="#">Open Grant Handbook</a>
Grant Contact	Shelia Burks, Email: reitester1@hotmail.com, Phone: (301) 443-6452		
Program Contact	Kathy Shafer, Email: reitester1@hotmail.com, Phone: (301) 594-0823		
<b>H8BCS11674:ARRA - Increased Demand for Services</b>			<b>Last Award Issued on: 09/18/2009</b>
Project Period	3/27/2009-3/26/2011	Budget Period	3/27/2009-3/26/2011
CRS EIN	1910928817A1	Number of Support Years	1
Project Director	Anita Monoian, Email: reitester1@hotmail.com, Phone: (509) 574-5550		<a href="#">Open Grant Handbook</a>
Grant Contact	Shelia Burks, Email: reitester1@hotmail.com, Phone: (301) 443-6452		
Program Contact	Karen Cook, Email: reitester1@hotmail.com, Phone: (301) 301-3628		

- Click the [Open Grant Handbook](#) link for the grant number that was noted in the *Change-Request Email* (Figure 137).
  - The Grant Handbook Welcome page opens.
- Click the [Non-competing Continuations](#) link under the Submissions heading on the left side menu.
- The Non-competing Continuations Page (Figure 139) will be displayed.

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

Figure 139: Non-competing 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  
 COLUMBIA ROAD HEALTH SERVICES, WASHINGTON, DC

Welcome Carla Pellerin to HRSA EHB utIS 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: ( <a href="#">Show Parameters</a> )			
<b>Noncompeting Continuation Progress Report</b>			<b>Schedule Status: Change requested</b>
Type	Noncompeting Continuations	Due Date	7/1/2012 Due In: 1 days
Available Date	6/3/2012 7:01:46 PM	Submission Tracking Number	00082004
Reporting Cycle	Budget Period Start Date	Reporting Period	12/01/2012
Online Submission	Yes (Preferred)	Submission Status	Change Requested
Started by	Carla Pellerin on 6/9/2012 2:13:31 PM	Submitted by	Carla Pellerin on 6/30/2012 8:24:42 AM
<a href="#">Submit Submission</a>   <a href="#">Edit Submission</a>   <a href="#">View Submission</a>			

Page 1

[Acceptable Use Policy](#)

Grant Handbook: H80CS00289

**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

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

6. Click the [Edit Submission](#) link for the Progress report that corresponds to the tracking number noted in the *Change-Request Email* (Figure 137).
7. The Status Page (for Progress Report) (Figure 8) will be displayed.
8. Click the [Update](#) link for the section you need to revise, as per the HRSA reviewer's comments in the Change Request Email (Figure 137).
- The corresponding page will be displayed.

Refer to [Standard Forms \(SF-PPR\)](#) (on page 15) for instructions on entering the information.

9. 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 38).

Refer to [Program Specific Information](#) for instructions on re-submitting the Progress Report.

10. Submit the revised Progress Report.

## 8.2. Cancelled Change Requests

A HRSA reviewer may cancel (or override) a change request after you have re-submitted a change-requested Progress Report or if you have not responded to a previous change request in a timely manner.

If a HRSA reviewer cancels your Change Request, you will not be able to revise it. HRSA will review the last Progress Report that you submitted.

HRSA sends you a Change Request Cancellation Email if your change request is cancelled (Figure 140).

### Figure 140: Sample Change-Request Cancellation Email

**From:** reitester1@hotmail.com [mailto:reitester1@hotmail.com]  
**Sent:** Tuesday, June 15, 2012 1:23 PM  
**To:** Vaibhavi Patel  
**Subject:** Noncompeting Continuation for Grant #H80CS00289- Change Requested 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 : H80CS00289  
Grantee Name: COLUMBIA ROAD HEALTH SERVICES, DC

Tracking Number: 00082004  
Budget Period: 12/1/2012-11/30/2012

Submitted on: 06/30/2012

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

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

1. Follow [Steps 1-5](#) in [Submit a Change-Requested Progress Reports](#).
2. The Non-competing Continuations Page (Figure 141) will be displayed.

A message indicates that records matching your search criteria were not found, but you may continue to the next step.

3. Click the  button.
  - The Search Parameters Page (Figure 142) will be displayed.

Figure 141: Non-competing Continuations Page

Figure 142: Search Parameters Page

4. Select *All* for Schedule Status and click the **Search** button.
  - The Non-competing Continuations Page (Figure 143) will be displayed, listing all your Progress Reports, *including* the submitted reports.

Figure 143: Non-competing Continuations Page

The screenshot shows the HRSA Electronic Handbooks for Applicants/Grantee interface. The header includes the HRSA logo and the text "U.S. Department of Health and Human Services HRSA Health Resources and Services Administration". The main title is "HRSA Electronic Handbooks for Applicants/Grantee" and the subtitle is "COLUMBIA ROAD HEALTH SERVICES, WASHINGTON, DC".

The left sidebar contains a "Grant Menu" with the following items: Overview, View Awards, Last NGA, Award History, Approved Scope, Services, Sites, Other Activities and Locations, Administrator, New/Existing Users, Change Grant, New/Existing CIS, Legacy CIS, Submissions, Monitor Schedules, Noncompeting Continuations, Performance Reports, Progress Reports, Other Submissions, Prior Approval Requests, and New/Existing. Below the menu are "Return Home" (View Portfolio, Home) and "Logout" buttons.

The main content area displays the following information:

Welcome Carla Pellerin to HRSA EHB uttl5 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
<a href="#">View Submission</a>			

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
<a href="#">View Submission</a>			

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
<a href="#">View Submission</a>			

Page 1

5. Click the [View Submission](#) link for the Progress Report that corresponds to the tracking number noted in the *Change-Request Cancellation Email* (Figure 140).
6. The Review Page for Entire Progress Report will open in a Table of Contents format (Figure 128).

This page will NOT contain a **Proceed to Submit** button.

7. 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., forms not completed using attachments). Attachments can be printed by clicking on individual [View](#) link and then printing the document.

## 9. Customer Support

Use your Progress Report Tracking Number for all correspondence.

### 9.1. BPHC Help Desk

For assistance with completing Standard and Program Specific forms within the application, contact the BPHC Help Desk:

- By Email: [BPHCHelpline@hrsa.gov](mailto:BPHCHelpline@hrsa.gov)
- OR
- By Phone: 1-877-974-BPHC (2742) (8:30 am to 5:30 pm ET)

DO NOT call the BPHC Help Desk for any questions on the Instructions for Preparing and Submitting the FY 2013 Health Center Program Budget Period Progress Report or programmatic questions that you might have when completing your application.

### 9.2. HRSA Call Center

For assistance with registering in HRSA EHBs or access/password related issues, call the HRSA Call Center:

- By Phone: 877-GO4-HRSA (877-464-4772) (between 9:00 am to 5:30 pm ET)
- OR
- By Email: [callcenter@hrsa.gov](mailto:callcenter@hrsa.gov)

Visit HRSA EHBs for additional online help.

- Go to: <https://grants.hrsa.gov/webexternal/home.asp>
- Click on 'Help'

DO NOT call the Call Center for any questions on the Instructions for Preparing and Submitting the FY 2013 Health Center Program Budget Period Progress Report or programmatic questions that you might have when completing your application.

### 9.3. HRSA Program Support

For any questions on the Instructions for Preparing and Submitting the FY 2013 Health Center Program Budget Period Progress Report or programmatic questions that you might have when completing your application, contact the Program Point of Contact within the Bureau of Primary Health Care (BPHC) Office of Policy and Program Development (OPPD) as noted within the Instructions for Preparing and Submitting the FY 2013 Health Center Program Budget Period Progress Report.

- By Phone: 301-594-4300
- OR
- By Email: [BPHCBPR@hrsa.gov](mailto:BPHCBPR@hrsa.gov)

## 10. Frequently Asked Questions (FAQ)

### Software-Related FAQs

#### 10.1. What are the software requirements for HRSA EHBs?

System Requirements

- Internet Explorer 6 and later or Netscape 4.72 and later
- Internet browser settings that permit pop-ups
- Viewers for Microsoft Word and Adobe PDF

#### 10.2. Are HRSA EHBs compliant with Section 508?

HRSA EHBs are compliant with Section 508 requirements for the visually impaired.

#### 10.3. 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 operating system version. It is recommended that Safari 1.2.4 and later 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.

#### 10.4. 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.

#### 10.5. What document types can I upload?

The following document types are supported in HRSA EHBs:

- .DOC - Microsoft Word
- .DOCX – Microsoft Word
- .RTF - Rich Text Format
- .TXT - Text
- .WPD - Word Perfect Document
- .PDF - Adobe Portable Document Format
- .XLS - Microsoft Excel
- .XLSX – Microsoft Excel