

**HRSA Electronic Handbooks (EHB)**

# **FY 2016 Delivery System Health Information Investment (DSHII) Supplemental Funding Opportunity**

**HRSA-16-191**

**User Guide for Applicants**

Last updated on June 9, 2016



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This user guide describes the steps you need to follow to submit an application for Fiscal Year (FY) 2016 Delivery System Health Information Investment (DSHII) supplemental funding in HRSA's Electronic Handbook (EHB) (announcement number HRSA-16-191).

## 1. Creating the FY 2016 DSHII Supplemental Funding Application

To create the DSHII supplemental funding application in EHB, you will need a web link and eligibility code. The link and the eligibility code will be emailed to your organization's Authorizing Officials (AOs), Business Officials (BOs), and the Project Directors (PDs) registered to the Health Center Program operational grant (H80 grant funding) account in EHB.

1. Click the web link provided to you in the email notification sent by HRSA.
  - The system directs you to EHB.
2. To login to EHB, enter your username and password, and click the **[Login]** button.

**Note:** If you do not have a username, then you must register in EHB. Do not create duplicate accounts. If you experience login issues or forgot your password, contact the Bureau of Primary Health Care (BPHC) Helpline at <http://www.hrsa.gov/about/contact/bphc.aspx> or (877) 974-2742.

  - Once you are logged into EHB, the system navigates to **Funding Opportunities – Choose Organization** page, displaying all organizations with which you are registered.
3. Click the **Begin New Application** link for the appropriate organization (**Figure 1**).

**Figure 1: Funding Opportunities – Choose Organization page**



4. On the resulting **Grant Application – Create** page, enter the 4-digit Eligibility Code provided in the email notification sent by HRSA (**Figure 2, 1**).

**Figure 2: Grant Application – Create page**

5. Select “Revision (Supplemental)” as the Application Type (**Figure 2, 2**).
6. Select “Increase” as the Revision Type (**Figure 2, 3**).
7. Provide the H80 Grant Number under which you are submitting the DSHII supplemental funding application (**Figure 2, 4**).
8. Click the **[Continue]** button (**Figure 2, 5**).
  - The system navigates to the **Select Sub Program(s)** page where the sub-programs applicable to your H80 grant will be pre-selected. Sub-program funding streams include: Community Health Centers (CHC), Migrant Health Centers (MHC), Health Care for the Homeless (HCH), and/or Public Housing Primary Care (PHPC).
9. Ensure that the sub-program selection on this page is aligned with the sub-programs provided in the email notification. You should not need to make any changes on this page; however, if the sub-programs do not align, make adjustments to the sub-program selections as needed.
 

**Note:** DSHII supplemental funding must be requested in the same sub-program funding proportion(s) as the existing H80 grant funding.

**Figure 3: Select Sub Program(s) page**

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

10. Click the **[Save and Continue]** button on this page.
  - The system creates the DSHII supplemental funding application and displays the EHB Application Tracking Number.
11. Note the EHB Application Tracking Number and click the **[Continue]** button to start the application.

➤ The system navigates to the **Application – Status Overview** page.

## 2. Completing the Standard section of the application

For all Standard section forms, most required fields will be pre-populated with your organization's information. Review the information and update as needed; however, you should not need to make any significant changes to the forms in the Standard section.

1. On the **Application – Status Overview** page, click the **Update** link and complete **Parts 1** and **2** of the **SF-424** (**Figure 4, 1**).

**Figure 4: Application – Status Overview page**

List of forms that are part of the application package		
Section	Status	Options
Basic Information		
SF-424	Not Started	
Part-1	Not Started	 Update <sup>1</sup>
Part-2	Not Started	 Update
Budget Information		
Section A-C	Not Started	 Update <sup>2</sup>
Other Information		
Assurances	Not Started	 Update
Appendices	Not Started	 Update
Program Specific Information		
Program Specific Information	Not Started	 Update

### Note the following:

- For Parts 1 and 2 of the SF-424, applicants are only required to complete the sections indicated as \*required for completion.
  - Enter 09/01/2016 to 08/31/2017 for the 'Proposed Project Period' when prompted.
  - If you need to include additional congressional districts when completing the 'Congressional Districts' fields, you may upload an attachment with the relevant information by clicking on the 'Attach File' button on the 'Additional Program/Project Congressional Districts' line.
  - For the Project Description/Abstract attachment, briefly summarize the proposed health IT enhancements, specifically referencing the selected Activity Categories and proposed outcomes, in a single-spaced document limited to one page in length.
2. Once you have completed the **SF-424** Parts 1 and 2, proceed to the **Budget Information - Section A-C** form by clicking on the **[Save and Continue]** button on the **SF-424 – Part 2** form, or return to the **Application – Status Overview** page and click on the **Update** link for the **Section A-C** under the **Budget Information** section (**Figure 4, 2**).

**Figure 5: Budget Information – Section A-C**

* Section A - Budget Summary <span style="float: right;">2 </span>						
Grant Program Function or Activity	CFDA Number	Estimated Unobligated Funds		New or Revised Budget		
		Federal	Non-Federal	Federal	Non-Federal	Total
Health Care for the Homeless	93.224	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Update Sub Program</b> <span style="border: 1px solid red; padding: 2px;">1</span>	Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

  

* Section C - Non Federal Resources <span style="float: right;"></span>						
Grant Program Function or Activity	Applicant	State	Local	Other	Program Income	Total
Health Care for the Homeless	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00 <span style="border: 1px solid red; padding: 2px;">3</span>

Go to Previous Page
Save Save and Continue

3. On the **Budget Information Section A-C** form, click on the **[Update Sub Program]** button under the **Section A – Budget Summary** section to add or remove sub-program(s) (Figure 5, 1).
4. Click on the **[Update]** button on the **Section A – Budget Summary** section to add the New or Revised Federal budget amounts for the selected sub-program(s), based on the percentages provided in the email notification (Figure 5, 2). The annual amount of DSHII funding for which each health center grantee is eligible has been determined by a formula and is indicated in the email notification that you received from HRSA. The total Federal request across all sub-programs cannot exceed the maximum annual amount of funding for which your organization is eligible. You may request less than the maximum amount.
5. Click the **[Save and Continue]** button (Figure 5, 3) of the **Budget Information - Section A – C** form to proceed to the **Assurances** page.
6. Complete the **Assurances** page and click on the **[Save and Continue]** button to navigate to the **Appendices** form.

- Complete the **Appendices** form by uploading the Budget Justification Narrative.

**Note:**

- The allowable types of files for upload are doc, rtf, txt, wpd, pdf, xls, msg, jpg, jpeg, tif, xfd, xlsx, docx, ppt, and vsd. The maximum allowable size for each attachment is 100 MB.
- Use an easily readable font (no less than a 10-point font) with 1.0 line spacing. When the application is printed by HRSA, documents will print as they are formatted by the applicant. **Applicants are encouraged to limit Excel documents to one worksheet only (i.e., one tab in the spreadsheet) and to make sure that the print area is set to the information that must appear in the submission.**
- Refer to Appendix B of the FY 2016 DSHII supplemental funding instructions for detailed information on the Budget Justification Narrative requirements.

7. Click on the **[Save and Continue]** button to navigate to the program specific section of the application.

### 3. Completing the Program Specific Information section of the application

The FY 2016 DSHII supplemental funding application includes the following program specific forms:

- **Federal Object Class Categories**
- **Equipment List**

– Project Overview Form

Figure 6: Program Specific Information section

**Status Overview**

SHS/HS/PS: ST ANTHONY MEDICAL CENTERS Due Date: 10/15/2016 (Due In: 88 Days) | Program Specific Status: Not Complete

Announcement Number: HRSA-16-191      Announcement Name: Delivery System Health Information Investment Supplemental Funding      Application Type: Revision (Supplemental)

Grant Number: HRSA-16-191-0001      Total Federal Requested Amount: \$1,000,000      Maximum Eligible Amount: \$1,000,000

Resources

Program Specific Information Status		
Section	Status	Options
Budget Information		
Federal Object Class Categories	Not Started	Update 1
Other Information		
Equipment List	Not Started	Update
Project Overview Form	Not Started	Update

Return to Complete Status

### 3.1 Completing the Federal Object Class Categories form

1. In the **Program Specific Information Status** section, access the **Federal Object Class Categories** form by clicking on the **Update** link (Figure 6, 1).
2. The system pre-populates the **Total Proposed Budget** section with the New or Revised Federal and Non-Federal (if applicable) Budget that you provided in the standard **Budget Information Section A – C** form (Figure 7, 1).

**Note:** The total Federal funding amount requested must be equal to or less than the maximum allowable amount for your organization. To change the amount populated in this section, navigate to the **Budget Information Section A–C** form in the standard section of the application.

3. In the **Budget Categories** section, update the Federal and Non-Federal amounts for each object class category (e.g., Equipment, Contractual) (Figure 7, 2) so that the totals in line ‘k’ are equal to the respective amounts displayed under the Total Proposed Budget section of the form (Figure 7, 4).

**Note the following:**

- Personnel, Fringe Benefits, and Construction costs are unallowable uses of DSHII funding, therefore costs may not be included in those line items.
- Enter zero (0) if you do not wish to request funds for a category. No categories may be left blank.
- If Federal funding is requested for Equipment costs in the Equipment line item of this form (Figure 7, 3), you must also complete the Equipment List form. If DSHII supplemental funding will not be used on Equipment costs, the Equipment List form is not applicable for your application and you will not be able to edit it.
- Federal Equipment is defined as tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost which equals or exceeds the lesser of the capitalization level established by the non-federal entity for financial statement purposes, or \$5,000.

- Equipment that does not meet the \$5,000 threshold listed above should be listed in the Supplies line item.

**Figure 7: Federal Object Class Categories form**

Fields with \* are required

Total Proposed Budget		Amount
Section 330 Federal funding (from Total Federal - New or Revised Budget on Section A – Budget Summary)		\$0.00
Non-Federal funding (from Total Non-Federal - New or Revised Budget on Section A – Budget Summary)		\$0.00
Total		\$0.00

**Note(s):**  
Federal and Non-Federal breakdown is only required for Year 1.

Object Class Category	Federal	Non-Federal	Total
a. Personnel	N/A	N/A	N/A
b. Fringe Benefits	N/A	N/A	N/A
c. Travel	<input type="text"/>	<input type="text"/>	\$0
d. Equipment	<input type="text"/>	<input type="text"/>	\$0
e. Supplies	<input type="text"/>	<input type="text"/>	\$0
f. Contractual	<input type="text"/>	<input type="text"/>	\$0
g. Construction	N/A	N/A	N/A
h. Other	<input type="text"/>	<input type="text"/>	\$0
i. Total Direct Charges (sum of a - h)	<input type="text"/>	<input type="text"/>	\$0
<input type="button" value="Calculate Total And Save"/>	\$0	\$0	\$0
j. Indirect Charges	<input type="text"/>	<input type="text"/>	\$0
k. Total Budget Specified in this application (sum of i - j)	<input type="text"/>	<input type="text"/>	\$0
<input type="button" value="Calculate Total And Save"/>	\$0	\$0	\$0

4. Click on the [Save and Continue] button (Figure 7, 5) to proceed to the Equipment List form.

### 3.2 Completing the Equipment List form

The **Equipment List** form provides a line-item list of proposed equipment to be purchased with grant funds. If you did not propose any Federal Equipment related costs in the **Federal Object Class Categories** form line 'd', then this form is not applicable to you.

To complete the Equipment List form, follow the steps below:

1. Click the **[Add]** button to add items of equipment (**Figure 8**).

**Figure 8: Equipment List Page**

Type	Description	Unit Price	Quantity	Total Price	Options
No equipment added.					

2. The system navigates to the **Equipment Information - Add** page (**Figure 9**).

**Figure 9: Equipment Information - Add Page**

Fields with \* are required

Add Equipment Information

\* Type: Select One  
Clinical  
Non-Clinical

\* Description: (Maximum 50 Characters)

\* Unit Price (\$):

\* Quantity:

Cancel Save and Continue

3. Select an equipment Type (either clinical or non-clinical) and enter the Description, Unit Price (\$), and Quantity.
4. The Unit Price for each equipment item added must be at least \$5,000. Equipment items that are less than \$5,000 per unit should be considered Supplies, not Equipment.
5. Click the **[Save and Continue]** button at the bottom of the screen. You will be returned to the **Equipment List** page (**Figure 10**).

Figure 10: Equipment List Page with Equipment Added

Type	Description	Unit Price	Quantity	Total Price	Options
Clinical	Testing Equipment	\$20,000.00	1	\$20,000.00	Update
Non-Clinical	Metal Detector	\$1,000.00	2	\$2,000.00	Update
<b>Total</b>			<b>3</b>	<b>\$49,000.00</b>	Delete

Go to Previous Page

Save Save and Continue

6. To edit an equipment list item, click on the **Update** link under the Options menu (Figure 10, 1). To delete an equipment item, click on the **Delete** link under the Options menu (Figure 10, 2).

**Note:** The total price of equipment requested in this form must be equal to the Federal costs proposed in the Equipment line item of the **Federal Object Class Categories** form line 'd'.

7. Click the **[Save and Continue]** button to navigate to the **Project Overview** form.

### 3.3 Completing the Project Overview form

1. Assess the most effective uses of DSHII funding to enhance the health center's health information technology (health IT) by consulting, as appropriate, with the State Primary Care Association (PCA), consulting with a Health Center Controlled Network (HCCN), and/or reviewing the Network Guide and Health IT Resources and Tools List available on the DSHII technical assistance website. The results of the assessment should guide decision-making when developing the proposed activities and determining an appropriate budget.
2. For **Step 1**, select at least one Activity Category to be addressed by the DSHII proposal (Figure 11, 1). Indicate if the proposed activities will enhance telehealth services (Figure 11, 2).
3. For **Step 2**, in the Project Narrative section, provide a detailed narrative response to each question (maximum 1,500 characters each) (Figure 11, 3).
4. Click the **[Save and Continue]** button to navigate to the **Program Specific – Review** page.
5. Review the information displayed on this form.

Figure 11: Project Overview form

**Project Overview Form**

Due Date: [ ] (Due In: [ ] Days) | Section Status: Not Started

Resources [ ]

Fields with \* are required

\* Proposal Development: Assess the most effective uses of Delivery System Health Information Investment (DSHII) funding to enhance the health center's health information technology (health IT) by consulting, as appropriate, with the State Primary Care Association (PCA), consulting with a Health Center Controlled Network (HCCN), and/or reviewing the Network Guide and Health IT Resources and Tools List available on the DSHII technical assistance website. The results of the assessment should guide decision-making when developing the proposed activities and determining an appropriate budget.

Completing the Application - Step 1: Select the Activity Categories to be addressed by the DSHII proposal from the list below (minimum 1). Indicate if the proposed activities will enhance telehealth services.

Activity Categories	Select One or More	Indicate if Funds will Enhance Telehealth Services
1. Equipment and Supplies Purchases (Required if the health center does not have a certified electronic health record in use at any site)	<input type="checkbox"/>	<input type="checkbox"/>
2. Health Information System Enhancements	<input type="checkbox"/>	<input type="checkbox"/>
3. Training	<input type="checkbox"/>	<input type="checkbox"/>
4. Data Aggregation, Analytics, and Data Quality Improvement Activities	<input type="checkbox"/>	<input type="checkbox"/>

Step 2: Respond to the three required Project Narrative questions below.

**Need** [3]

\* 1. Describe the health center's need for health IT enhancements to support the transition to value-based models of care, improve efforts to share and use information to support better decisions, and/or increase engagement in delivery system transformation.

Approximately 3/4 page (Max 1500 Characters without spaces): 1500 Characters left.

**Response**

\* 1. Describe the proposed health IT enhancements and how they will respond to described needs. Include details about how these enhancements will build the health center's capacity while leveraging resources available from partner organizations (including but not limited to PCAs, HCCNs, Regional Extension Centers, and state or local health information exchanges) to maximize impact.

Approximately 3/4 page (Max 1500 Characters without spaces): 1500 Characters left.

\* 2. Provide a realistic timeline that lists implementation steps to ensure that all supplemental funding will be expended within 12 months of award.

Approximately 3/4 page (Max 1500 Characters without spaces): 1500 Characters left.

Design Preview

Go to Previous Page Save Save and Continue

## 4. Reviewing and submitting the FY 2016 DSHII Supplemental Funding application

1. Review the application by accessing the **Review** link at the bottom of the left navigation menu.
  2. Click the **Submit** link in the "All Tasks" left navigation menu.
- The system navigates to the standard **Application – Submit** page and displays a **[Submit to HRSA]** button at the bottom of the page if both the standard and program specific forms are complete.

**Note:** Only the Authorizing Official (AO) can submit the application to HRSA. If you are not the AO, the system will display a **[Submit to AO]** button instead of the **[Submit to HRSA]** button on the **Application – Submit** page. Click on this button to submit the application to the AO. The application can then be

submitted by the AO using the **[Submit to HRSA]** button. **Applicants are strongly encouraged to notify the AO directly and ensure that they leave adequate time for the AO to complete the submission process prior to the deadline.**

3. To submit the application, click the **[Submit to HRSA]** button.
4. On the resulting **Certification and Acceptances** form, click the **[Submit Application]** button in the lower right corner of the form in order to confirm the submission of the DSHII Supplemental application to HRSA.
5. If you experience any problems with submitting the application in EHB, contact the **BPHC Helpline** at 1-877-974-2742 (Monday – Friday, 8:30 AM - 5:30 PM ET) or send an email through the Web Request Form (<http://www.hrsa.gov/about/contact/bphc.aspx>).