

**HRSA Electronic Handbooks (EHB)**

# **FY 2015 Health Center Expanded Services (ES) Supplemental Funding Opportunity**

**HRSA-15-153**

**A User Guide for Applicants**

Last updated on June 29, 2015



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This User Guide describes the steps you need to follow to submit an FY 2015 Expanded Services (ES) application to the Health Resources and Services Administration (HRSA).

## 1. Starting the FY 2015 ES Application

Create your FY 2015 ES application in Electronic Handbooks (EHB) by following the steps below:

1. HRSA will send an email notification to each eligible Health Center Program grantee that includes important information about the ES application process.
2. To create the EHB application, click the web link provided to you in the email.
  - The system directs you to the EHB login page.
3. Enter your username and password and click the **Login** button to log in to EHB.

**IMPORTANT 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 BPHC Helpline for assistance at <http://www.hrsa.gov/about/contact/bphc.aspx> or 1-877-974-2742 (Monday – Friday, 8:30 AM - 5:30 PM ET).

4. Once you are logged in to EHB, enter the 4-digit ‘Eligibility Code’ included in the ES email notification on the **Grant Application – Create** page (**Figure 1, 1**).

**Figure 1: Creating the ES Application in EHB**

5. Select ‘Revision (Supplemental)’ as the Application Type (**Figure 1, 2**).
6. Select ‘Increase’ award as the Revision Type (**Figure 1, 3**).
7. Provide the active H80 Grant Number under which you are submitting the ES Application (**Figure 1, 4**).
8. Click the **Continue** button.
  - The system navigates to the **Select Sub Program(s)** page where the sub-programs applicable to your H80 grant will be pre-selected (**Figure 2**).

- Ensure that the sub-program selection on this page (**Figure 2**) is aligned with the sub-programs provided in the email notification sent to you. 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.

**Figure 2: Select Sub Program(s) page**

Sub Programs		
<input type="checkbox"/>	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

- Click the **Save and Continue** button on this page.
  - The system creates the ES Supplemental application and displays the EHB Application Tracking Number.
- Note the EHB Application Tracking Number for future reference and click the **Continue** button to start working on the application.

Once the application is created, you can access it at any time by clicking the ‘Tasks’ tab on the **EHB Home** page and navigating to the **Pending Tasks – List** page. To access the application in EHB, follow the steps below:

- Locate the ES application using the EHB Application Tracking number that you noted above, and click the **Edit** link to work on the application in EHB.
  - The system opens the **Application Status Overview** page of the ES application (**Figure 3**).

**Figure 3: Accessing the 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	<a href="#">Update</a>
Part-2	Not Started	<a href="#">Update</a>
Budget Information		
Section A-C	Not Started	<a href="#">Update</a>
Other Information		
Assurances	Not Started	<a href="#">Update</a>
Appendices	Not Started	<a href="#">Update</a>
Program Specific Information		
Program Specific Information	Not Started	<a href="#">Update</a>

The FY 2015 ES application consists of a Standard and a Program-Specific Section. You must complete the forms displayed in both of these sections in order to submit your application to HRSA.

## 2. Completing the standard SF-424 section of the application

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

- Basic Information
- Budget Information

- Other Information

The Basic Information This section consists of the following forms:

- The **SF-424-Part 1** form displays basic information about the application and applicant organization.
- The **SF-424-Part 2** form displays the project information such as the project title, project periods, cities, counties, and Congressional districts affected by the project.

**IMPORTANT NOTE:** For Parts 1 and 2 of the SF-424, applicants are only required to complete the sections indicated as **\*required** for completion.

Enter 09/01/2015 to 12/31/2017 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.

In the Budget Information section, applicants must provide information about the funding request for the proposed ES project. Refer to the [Completing the Budget Information](#) section of this document for details regarding updating this section.

In the Other Information section, verify that you are aware of and agree to comply with all of the requirements when funds are awarded. These include non-discrimination laws and the rights of the awarding agency to examine records associated with the award and compliance with statutes, such as the Hatch Act.

**Completing the Budget Information Form**

1. Click the **Update** link for the **Budget Section A-C** form on the **Application Status Overview** page.
  - The system navigates to the **Budget Information - Section A-C** form displaying Section A – Budget Summary (**Figure 4, 1**) and Section C – Non Federal Resources (**Figure 4, 3**).

**Figure 4: Budget Information for Support Year 1**

* Section A - Budget Summary		Estimated Unobligated Funds		New or Revised Budget		
Grant Program Function or Activity	CFDA Number	Federal	Non-Federal	Federal	Non-Federal	Total
Community Health Centers	93.224	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Update Sub Program</b>	Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

* Section C - Non Federal Resources		Applicant	State	Local	Other	Program Income	Total
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	\$0.00
Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

**IMPORTANT NOTE:** If the sub-program selection on **Section A – Budget Summary** form does not align with the sub-programs included in the email notification from HRSA, follow steps 2 and 3 below to correct the sub-programs. **Otherwise, skip to Step 4.**

2. Click the **Update Sub Program** button (**Figure 4, 2**).
  - The **Sub Programs - Update** page opens (**Figure 5**).

Figure 5: Sub Programs - Update Page

Sub Programs		
<input type="checkbox"/>	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

- Select or deselect sub-programs as necessary. Only select the sub-programs for which you are requesting funding. You **must** request funding for all of the sub-programs for which you currently receive funding as outlined in the email from HRSA. You may not add new sub-programs or delete current sub-programs through the ES application.
- Click the **Save and Continue** button.
  - The **Budget Summary** page re-opens showing the selected sub-program(s) (Figure 6).

Figure 6: Budget Information Page Showing Sub-Program Addition

* Section A - Budget Summary							
Grant Program Function or Activity	CFDA Number	Estimated Unobligated Funds		New or Revised Budget			Total
		Federal	Non-Federal	Federal	Non-Federal		
Community Health Centers	93.224	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Migrant Health Centers	93.224	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Update Sub Program</b>		<b>Total</b>	<b>\$0.00</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	\$0.00
Migrant Health Centers	\$0.00	\$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>	<b>\$0.00</b>

- To enter or update the budget information for each sub-program, click the **Update** button in the **Section A - Budget Summary** section (Figure 6, 1).
  - The **Section A – Update** page opens.

Figure 7: Section A – Update Page

Section A - Update

Due Date: 12/31/2014 11:59:59 PM (Due in: 99 days) | Section Status: Not Complete

Resources

Fields with \* are required

Grant Program Function or Activity	CFDA Number	Estimated Unobligated Funds		New or Revised Budget		Total
		Federal	Non-Federal	Federal	Non-Federal	
Community Health Centers	93.224	\$ 0.00	\$ 0.00	\$ 52000	\$ 5000	\$ 57,000.00
Migrant Health Centers	93.224	\$ 0.00	\$ 0.00	\$ 60000	\$ 3000	\$ 63,000.00
<b>Total</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$112,000.00</b>	<b>\$8,000.00</b>	<b>\$120,000.00</b>

- Under the New or Revised Budget section, enter the amount of Federal funds requested, in whole dollar amounts, for the first 12-month period for each requested sub-program separately (Community Health Centers (CHC), Migrant Health Centers (MHC), Health Care for the Homeless (HCH), and/or Public Housing Primary Care (PHPC)) (**Figure 7, 1**).
- Under the Non-Federal Resources section, enter the amount of Non-Federal funds that will be used to support your ES project(s) in the budget, in whole dollar amounts, for the first 12-month period for each requested sub-program (**Figure 7, 2**).

**IMPORTANT NOTES:**

- The Federal amount refers to only the Federal Section 330 Health Center Program grant funding requested for the ES opportunity, not all Federal grants funding that an applicant receives.
- The annual amount of ES 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.
- ES funding should be requested in each sub-program at the same proportion as the current Health Center Program grant. The email notification that you received includes the funding breakout for your organization based on the maximum annual ES funding amount for which your organization is eligible. Please refer to that email notification when completing this portion of the application.

- Click the **Save and Continue** button. The **Budget Information** page re-opens (**Figure 8**).

**Figure 8: Section A – Budget Information Page after Update**

* Section A - Budget Summary		Estimated Unobligated Funds		New or Revised Budget		
Grant Program Function or Activity	CFDA Number	Federal	Non-Federal	Federal	Non-Federal	Total
Community Health Centers	93.224	\$0.00	\$0.00	\$52,000.00	\$5,000.00	\$57,000.00
Migrant Health Centers	93.224	\$0.00	\$0.00	\$60,000.00	\$3,000.00	\$63,000.00
<b>Total</b>		\$0.00	\$0.00	\$112,000.00	\$8,000.00	\$120,000.00

* Section C - Non Federal Resources		Applicant	State	Local	Other	Program Income	Total
Community Health Centers		\$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>		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

- In Section C – Non Federal Resources, distribute the New or Revised Non-Federal Budget amount specified in Section A – Budget Summary across the listed non-federal resources. Click the **Update** button provided in the right corner of Section C header to do so (**Figure 8, 1**).

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

- Click the **Save and Continue** button to proceed to the next form.

### 3. Completing the Appendices form

- Attach a Budget Justification that covers the first two years of ES funding by clicking the **Attach File** button next to the following required attachment:

- Attachment 1 - Budget Justification (Required)
2. The Budget Justification is the only attachment required for the ES opportunity, and is therefore the only document to be uploaded in the Appendices section of the application. Applicants will complete one Budget Justification that details all costs outlined in the application. Please refer to Appendix C of the ES Instructions (<http://bphc.hrsa.gov/programopportunities/fundingopportunities/ExpandedServices/esinstructions.pdf>) for detailed information on the Budget Justification requirements.

**IMPORTANT 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.

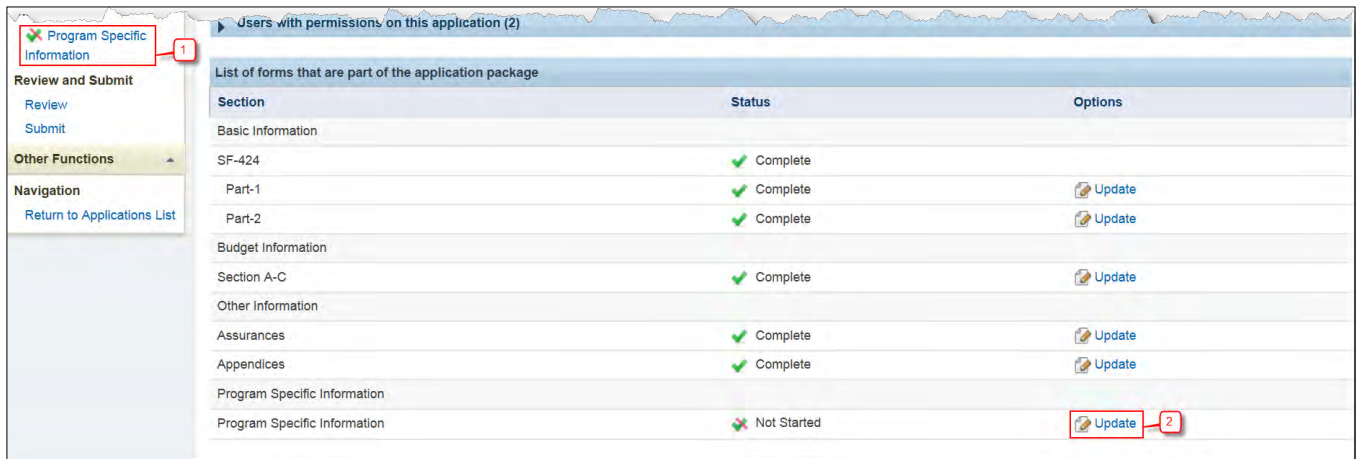
3. After completing the **Appendices** form, click the **Save and Continue** button to navigate to the **Program Specific Status Overview** page.

## 4. Completing the Program Specific Section

If you are not already on the **Program Specific Status Overview** page, you can access that section of the application by following one of the options below:

- Click the **Program Specific Information** link on the left menu (**Figure 9, 1**), OR
- Click the **Update** link for the Program Specific Information section on the **Application Status Overview** page (**Figure 9, 2**)

**Figure 9: Accessing the Program Specific Section**



- After choosing one of those two links, the system navigates to the **Program Specific Status Overview** page (**Figure 10**).

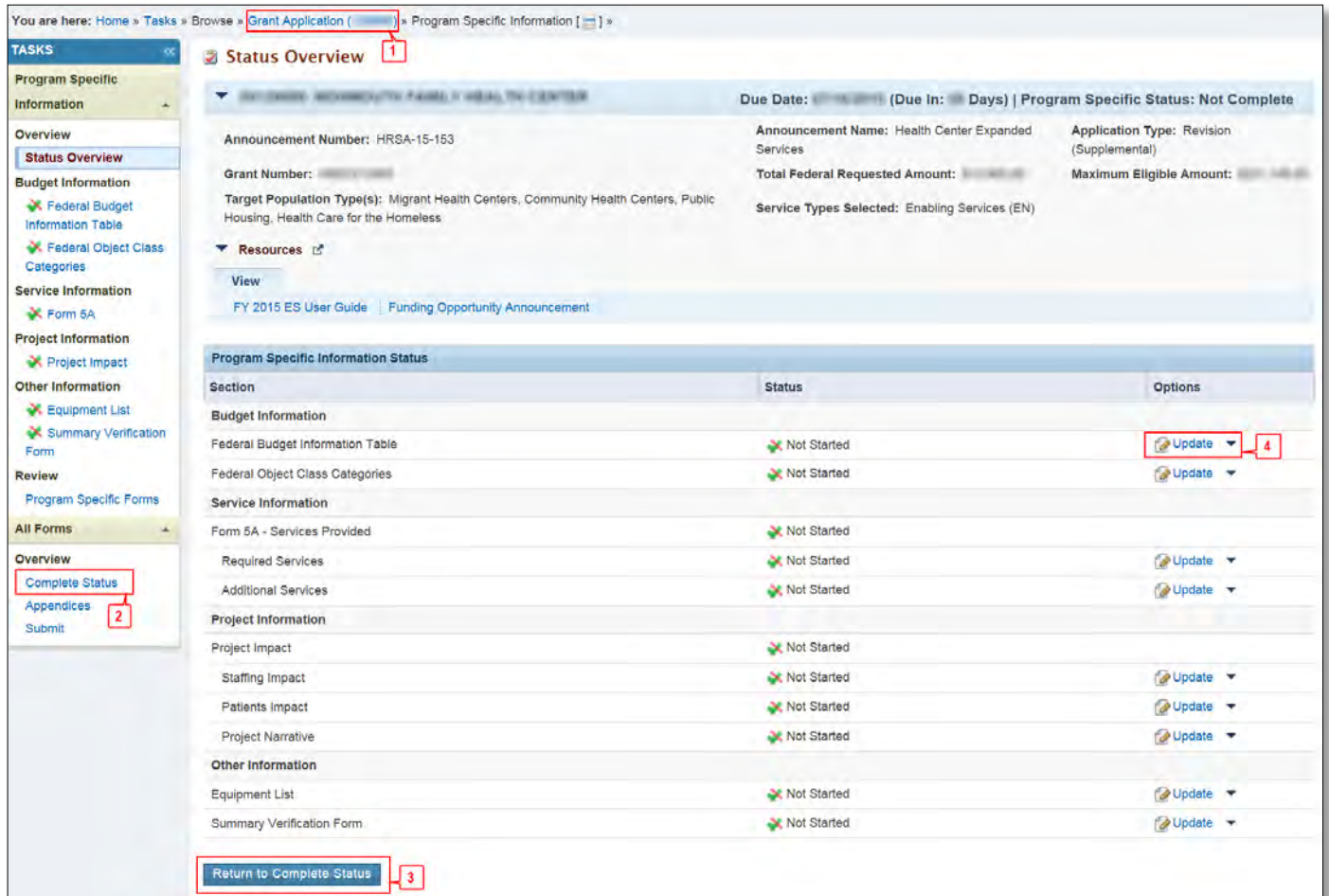
The program specific section of the FY 2015 ES application consists of the following sections and forms:

- **Budget Information**
  - Federal Budget Information Table
  - Federal Object Class Categories
- **Service Information**
  - Form 5A - Services Provided
    - Required Services
    - Additional Services
- **Project Information**
  - Project Impact



- Staffing Impact
- Patients Impact
- Project Narrative
- **Other Information**
  - Equipment List
  - Summary Verification Form

**Figure 10: Program Specific Status Overview page**



**IMPORTANT NOTES:** If you want to access the standard forms of the application again (e.g., the Appendices, the Budget Information) while working on the program specific forms, please follow one of the options below:

- Click the **Grant Application** link in the navigation links displayed at the top of the page above the page name (Figure 10, 1).
- Expand the left menu if not already expanded and click the **Complete Status** link provided under the **All Forms** menu (Figure 10, 2).
- Click on the **Return to Complete Status** button on the **Program Specific Status Overview** page (Figure 10, 3).

Please note that your session remains active for 30 minutes after your last activity. Save your work every five minutes to avoid losing data.

## 4.1. Completing the Federal Budget Information Table form

The ES funding opportunity supports increased access to the following comprehensive primary health care services for underserved communities and vulnerable populations:

- Enabling Services (EN)
- Medical Services (MS)
- Oral Health Services (OH)
- Behavioral Health Services (BH)
- Pharmacy Services (PS)
- Vision Services (VS)

The **Federal Budget Information Table (FBIT)** form allows applicants to distribute their total ES funds across the service categories selected for expansion. To complete the **FBIT** form, follow the steps below:

1. Click on the [Update](#) link for the **FBIT** form on the **Program Specific Status Overview** page ([Figure 10, 4](#)).

Figure 11: FBIT Form

**Federal Budget Information Table**

Due Date: 8/17/2015 (Due In: 33 Days) | Section Status: Not Complete

**Note(s):**  
From the list below, select the service categories that are proposed for expansion through the Expanded Services funding opportunity. If the expansion of Enabling Services is selected, the total amount requested for this service category cannot be greater than 20% of the total requested budget. Applicants are required to demonstrate throughout the Expanded Services application an increase in staff/providers as well as new and/or existing patients for each service category selected for expansion.

Areas of Expansion	Service Category	Federal Funds Requested	Percentage % of Total ES Funds	Federal Funds Requested for Equipment	If you requested to use federal funds for Equipment in Year 1, describe how you will use those funds in future years for non-equipment purposes
<input checked="" type="checkbox"/> 1	Enabling Services (EN)				
	Case Management	\$0	N/A	\$0	Approximately 1/2 page (Max 1000 Characters): 1000 Characters left.
	Eligibility Assistance	\$0	N/A	\$0	Approximately 1/2 page (Max 1000 Characters): 1000 Characters left.
	Health Education	\$0	N/A	\$0	Approximately 1/2 page (Max 1000 Characters): 1000 Characters left.
	Outreach	\$0	N/A	\$0	Approximately 1/2 page (Max 1000 Characters): 1000 Characters left.
	Transportation	\$0	N/A	\$0	Approximately 1/2 page (Max 1000 Characters): 1000 Characters left.
	Translation	\$0	N/A	\$0	Approximately 1/2 page (Max 1000 Characters): 1000 Characters left.
	Additional Enabling/Supportive Services (e.g., support access to legal services/legal aid)	\$0	N/A	\$0	Approximately 1/2 page (Max 1000 Characters): 1000 Characters left.
Calculate and Save	<b>(Total) Enabling Services</b>	\$0	N/A	\$0	N/A
<input checked="" type="checkbox"/> 1	Medical Services (MS)	\$0	N/A	\$0	Approximately 1/2 page (Max 1000 Characters): 1000 Characters left.
<input type="checkbox"/>	Oral Health Services (OH)	\$0	N/A	\$0	Approximately 1/2 page (Max 1000 Characters): 1000 Characters left.
<input type="checkbox"/>	Behavioral Health Services (BH)	\$0	N/A	\$0	Approximately 1/2 page (Max 1000 Characters): 1000 Characters left.
<input checked="" type="checkbox"/>	Pharmacy Services (PS)	\$0	N/A	\$0	Approximately 1/2 page (Max 1000 Characters): 1000 Characters left.
<input type="checkbox"/>	Vision Services (VS)	\$0	N/A	\$0	Approximately 1/2 page (Max 1000 Characters): 1000 Characters left.
Calculate and Save	<b>Total</b>	0.00	0.00	0.00	N/A

- Select the service types that you are proposing to expand through ES funding (Figure 11, 1) and allocate the amount of ES funds for each selected service category (Figure 11, 2).

- If you select **Enabling Services (EN)** as one of your service categories, distribute the funds among the applicable EN sub-categories (**Figure 11, 3**). In this case, you must propose at least one EN sub category in order to meet ES funding requirements.

**IMPORTANT NOTES:**

- The **FBIT** form will not be accessible until you enter a Total (New or Revised) Federal funding amount in the **Section A - Budget Summary** section of this application.
- If applicants are proposing **Enabling Services (EN)** as one of their service categories, then they are allowed to use up to a maximum of 20 percent of their total ES funding towards increasing the availability of new and/or existing **Enabling Services** (**Figure 11, 4**). The remainder of their ES funding can go towards providing one or more of the remaining eligible service categories.

- If you wish to allocate federal funds towards equipment, enter the equipment amounts for each applicable service category in the **Federal Funds Requested for Equipment** column (**Figure 11, 5**) and provide a description for each reported amount of how you will use the funds for non-Equipment ES-eligible purposes in future years of this project (**Figure 11, 6**).

**IMPORTANT NOTES:**

- Applicants may only request one-time federal funding for moveable equipment in Year 1 of the ES project. Moveable equipment includes non-expendable items with a useful life of more than one year that are not permanently affixed and can be easily moved, such as x-ray equipment, freezers, autoclaves, medical exam tables, dental chairs, computers, and modular workstations.
- Applicants may propose to spend UP TO \$100,000 of their total ES funding on equipment.
- Any reported equipment cost(s) in the **FBIT** form must be explained in detail in the **Equipment List** form.

- In the **Form 5A Changes** section, review the currently approved Form 5A for your organization by clicking the link to a read only copy of your Form 5A. Indicate below whether modifications are necessary to ensure that the services proposed for expansion through the ES application are recorded accurately on your **Form 5A** (**Figure 12, 1**). If 'Yes,' provide a description of these changes (**Figure 12, 2**).

**Figure 12: FBIT - Form 5A Changes Section**

**IMPORTANT NOTES:**

- Changes to **Form 5A** are NOT REQUIRED. Applicants may propose to use ES funding to support the expansion of existing services in scope (i.e., to do more of what you are currently approved to do).
- If you answer 'Yes' to the **Form 5A Changes** question, then the **Form 5A** in the ES application will be editable based on the service categories selected in the **FBIT** form. If you answer 'No,' the **Form 5A** will be completely read-only. Please note that if you had previously saved the **FBIT** form by answering 'Yes' to this question, and

then came back and changed your response to 'No,' all services in **Form 5A** will be reset to their original Scope values and any changes made to the editable services will be lost.

- Applicants should NOT propose changes to **Form 5A** that are not relevant to the ES proposal. All **Form 5A** changes must be detailed in the [Project Narrative](#) form.

6. Click the **Save and Continue** button and proceed to the next form.

## 4.2. Completing the Federal Object Class Categories form

The **Federal Object Class Categories (FOCC)** form collects the Federal and Non-Federal funding distribution across budget categories for the first 12-month period only.

The **Total Proposed Budget** section in the **FOCC** form is populated from the values entered in the **Budget Summary** section of the standard SF424 section. The **Section 330 Federal funding** amount is synonymous with the **Total Federal Funds Requested** amount reported in the **FBIT** form.

**IMPORTANT NOTE:** The total Federal budget proposed ([Figure 13, 1](#)) must be less than or equal to the maximum allowable annual amount of ES funding for your organization as indicated in the email notification that you received from HRSA.

**Figure 13: Federal Object Class Categories form – Total Proposed Budget Section**

Total Proposed Budget	Amount
Section 330 Federal funding (from Total Federal - New or Revised Budget on Section A – Budget Summary) ⓘ	\$112,000.00
Non-Federal funding (from Total Non-Federal - New or Revised Budget on Section A – Budget Summary)	\$5,000.00
Total	\$117,000.00

To update the amounts displayed in this section, you must navigate back to the standard [Budget Summary](#) form and update the total Federal funds requested in the application. Consequently, you must also re-visit the [FBIT](#) form to ensure that the requested Federal funding amounts are aligned.

In the **Budget Categories** section of this form, you will distribute the Federal and Non-Federal amounts for the selected project across the Object Class Categories (e.g., Personnel, Fringe Benefits) ([Figure 14, 1](#)).

1. Enter the Federal dollar amount for each Object Class Category under the Federal column ([Figure 14, 2](#)). Enter zero (0) if you do not wish to request Federal funds for a category. No categories may be left blank.
2. Enter the Non-Federal dollar amount for each Object Class Category under the Non-Federal column ([Figure 14, 3](#)). Enter zero (0) if you do not wish to report Non-Federal funds for a category. No categories may be left blank.
3. Click the **Calculate and Save** buttons for lines 'i' and 'k' at any time to calculate the respective totals.

Figure 14: Federal Object Class Categories form

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

**IMPORTANT NOTES:**

- Construction costs are not an eligible use of ES funding.
- If Federal funds for the **Equipment** Object Class Category in row d are requested (Figure 14, 6), you must describe how you will use the equivalent amount for non-Equipment ES-eligible purposes in future years of this project in the [FBIT](#) form. You must also provide equipment cost details in the [Equipment List](#) form of this application.
- The total Federal funds requested for **Equipment** in row d (Figure 14, 6) must be less than or equal to \$100,000 and less than the **Section 330 Federal funding** displayed in **Total Proposed Budget** section of this form. The value must also match the **TOTAL Federal Funds Requested for Equipment** amount in the [FBIT](#) form.
- The total Federal amount displayed in row k (Figure 14, 4) should be equal to the amount displayed in the **Section 330 Federal funding** field of the **Total Proposed Budget** section on this form.
- The total Non-Federal amount displayed in row k (Figure 14, 5) should be equal to the amount displayed in the **Non-Federal funding** field of the **Total Proposed Budget** section on this form.

4. Provide complete information on this form and click  to proceed to the next form.

**4.3. Completing Form 5A – Services Provided**

**Form 5A – Services Provided** identifies the services to be provided, and how they will be provided, for the proposed project. This section is pre-populated with the services and their modes of provision from your current approved Health Center Program scope of project (**Form 5A**). There are limited changes to scope that you may propose based on the service categories selected in the **FBIT** form.

Figure 15: Form 5A – Services Provided – Required Services

Service Type	Direct (Health Center Pays)	Formal Written Contract/Agreement (Health Center Pays)	Formal Written Referral Arrangement (Health Center DOES NOT pay)
General Primary Medical Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diagnostic Laboratory	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Diagnostic Radiology	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Screenings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coverage for Emergencies During and After Hours	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Voluntary Family Planning	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immunizations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Well Child Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gynecological Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Obstetrical Care</b>			
Prenatal Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Intrapartum Care (Labor & Delivery)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Postpartum Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Preventive Dental	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pharmaceutical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
HCH Required Substance Abuse Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
★ Case Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
★ Eligibility Assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
★ Health Education	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
★ Outreach	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
★ Transportation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
★ Translation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**IMPORTANT NOTES:**

- **Form 5A** is pre-populated with the list of services and their modes of provision from your current H80 scope. Changes to **Form 5A** are **OPTIONAL**. You may propose to use ES funding to support the expansion of existing services in scope (i.e., to do more of what you are currently approved to do, requiring no changes to Form 5A).
- However, if you need to make changes to your **Form 5A**, keep in mind that you will only be able to propose changes to the services that are displayed as editable on this form. The editable services are based on the service categories selected on the **FBIT** form. Applicants may only propose modifications to the services that fall under the service categories selected for expansion (e.g., if you propose to use ES funds to expand access to enabling and medical services, you will only be able to edit the enabling and medical services on your **Form 5A**) (Figure 15, 1). Services that fall under service categories not proposed for expansion through ES are not editable (Figure 15, 2). If you need to make any updates to the list of services editable for this ES application, visit the **FBIT** form.
- If **Form 5A** is ENTIRELY not editable, and you need to propose changes to accurately reflect the services proposed in the ES application, you must update your response to the **Form 5A Changes** question on the **FBIT** form (a 'No' response to that question renders the Form 5A completely read-only and not editable).
- If you need to update your **Form 5A** with the list of services and their modes of provision from your most recent H80 scope on file, click the **Refresh from Scope** button (Figure 15, 3). This step is necessary in cases where a scope change occurs after you have already begun the ES application (e.g., a service-related Change in Scope is approved and verified).

To complete this form, follow the steps below:

1. If your current approved **Form 5A** reflects the services and their respective modes of provision that are appropriate for your proposed ES project, you do not have to make any changes to the Form 5A section of the ES application. Click the **Save and Continue** button at the bottom of the page to proceed to the next form. Skip to [Section 4.1.3 Project Impact](#) for instructions on completing the next section of the application.
2. If you wish to propose changes to the mode(s) of provision for any editable services, select or unselect the applicable modes. Refer to **Table 1** for the available modes of provision.

**Table 1: Modes of Service Provision**

Mode of Service Provision	Your Organization Provides the Service	Your Organization Pays for the Service
1. Column I - Direct ( <b>Figure 15, 4</b> )	Yes	Yes
2. Column II - Formal Written Contract/Agreement ( <b>Figure 15, 5</b> )	No	Yes
3. Column III - Formal Written Referral Arrangement ( <b>Figure 15, 6</b> )	No	No

**IMPORTANT NOTES:**

- You **MAY NOT** add the following services to scope or modify the service delivery method if currently in-scope
  - Additional Medical Services (i.e., recuperative care, environmental health services, occupational therapy, physical therapy, speech language pathology/therapy, nutrition, and complementary alternative medicine) (**Figure 16, 1**); or
  - Other Additional and/or Specialty Services.
- Please refer to Appendix A of the ES Instructions (<http://bphc.hrsa.gov/programopportunities/fundingopportunities/ExpandedServices/esinstructions.pdf>) for detailed guidelines on the eligible services and modes of provision for each service category.

**List of Allowable Changes to Form 5A:**

You are **ALLOWED** to propose the following types of changes to the services in your approved Form 5A via the ES application:

- Select ‘Column I. Direct’ and/or ‘Column II. Formal Written Contract/Agreement’ as mode(s) of provision for a service currently in your approved Form 5A.
- Add ‘Column I. Direct’ and/or ‘Column II. Formal Written Contract/Agreement’ mode(s) of provision for a service that is not currently in your approved Form 5A (i.e., a new service).

**List of Unallowable Changes to Form 5A:**

You are **NOT ALLOWED** to propose the following types of changes to the services in your approved Form 5A via the ES application:

- Remove ‘Column I. Direct’ as a mode of provision for a service.
- Delete a service by removing ‘Column I. Direct’ **and** ‘Column II. Formal Written Contract/Agreement’ as modes of provision.
- Select ‘Column III. Formal Written Referral Arrangement’ as a mode of provision for any service.



- Click the **Save and Continue** button to navigate to the **Additional Services** section OR click the **Save** button on the **Required Services** section and select the **Additional Services** tab. (Figure 16, 2).
- If needed, propose changes to the modes of provision for the editable Additional Services from your approved Form 5A (Figure 16, 3).

**Figure 16: Form 5A – Services Provided – Additional Services**

Service Type	Direct (Health Center Pays)	Formal Written Contract/Agreement (Health Center Pays)	Formal Written Referral Arrangement (Health Center DOES NOT pay)
Additional Dental Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Behavioral Health Services</b>			
Mental Health Services	<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"/>
Optometry	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Recuperative Care Program Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environmental Health Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occupational Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Physical Therapy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech-Language Pathology/Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutrition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Complementary and Alternative Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional Enabling/Supportive Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

After completing both the Required and Additional Services sections of **Form 5A**, click the **Save and Continue** button to save your work and proceed to the next form.

**IMPORTANT NOTE:** Form 5A will be complete when the statuses of the Required Services and Additional Services sections are complete.

#### 4.4. Completing the Project Impact form

The Project Impact form consists of the following three sections. Click on each of the links below to access the details for the respective sections.

- [Staffing Impact](#)
- [Patients Impact](#)
- [Project Narrative](#)

##### 4.4.1. Staffing Impact

In this section of the application, applicants are required to provide information on proposed new staff that will be supported with ES funding. Do not include FTEs for staff that will contribute to the ES-funded activities but are supported through other funding sources in this form; you may discuss those FTEs in the Project Narrative instead. To complete this section, follow the steps below:

- Enter the total number of new FTEs proposed for each Service Category selected for expansion in the **FBIT** form (Figure 17, 1). Include Direct Hire and Contracted Staff.

Figure 17: Project Impact – Staffing Impact

Staffing Categories	Total New FTEs Proposed (Direct Hire and/or Contracted Staff)
<b>Enabling Services (EN)</b>	
Case Managers	14.5
Patient/Community Education Specialists	0
Outreach Workers	0
Transportation Staff	12.67
Eligibility Assistance Workers	0
Interpretation Staff	0
Other Enabling Services Staff	5
<b>Total Enabling Services (EN)</b>	<b>32.17</b>
<b>Medical Services (MS)</b>	
Oral Health Services (OH)	N/A
Behavioral Health Services (BH)	N/A
Pharmacy Services (PS)	12
<b>Vision Services (VS)</b>	
Facility (Administrative) and Non-Clinical Support Staff	12.24

**IMPORTANT NOTES:**

- If you selected a service category in the [FBIT](#) form, the total number of new FTEs proposed for that line item must be greater than zero. If you selected the Enabling Services category, report the total number of new FTEs for each individual Enabling sub-category ([Figure 17, 2](#)). Zeroes are acceptable as long as the total number of new FTEs for the ENTIRE Enabling Services category is greater than zero ([Figure 17, 3](#)).
- If you did not select a particular service category in the FBIT form, then the respective line item will be marked as ‘N/A’ in the **Staffing Impact** section ([Figure 17, 4](#)).
- You may also propose additional **Facility (Administrative) and Non-Clinical Support Staff** ([Figure 17, 5](#)). This is an optional field and includes administrative and non-clinical support staff (e.g., front desk staff).
- Staff that support service delivery improvement in the areas of quality improvement, practice transformation, health informatics, clinical data analytics, or workforce development/training (optional) must be included in the line item for the relevant service category to be supported by those positions (e.g., Enabling Services, Medical Services).

2. Click the **Save and Continue** button to navigate to the **Patients Impact** section OR click the **Save** button on the **Staffing Impact** section and select the **Patients Impact** tab ([Figure 18, 1](#)).

**4.4.2. Patients Impact**

The **Patients Impact** section allows you to report new and/or existing patient impact projections for all service categories supported by ES funding. Follow the steps below to complete this section of the application:

1. Under the **Patients Impact Questions** section, enter the number of **NEW** patients that your health center will serve as a direct result of ES funding ([Figure 18, 2](#)) in response to Question #1. Enter the number of **EXISTING** ([Figure 18, 3](#)) patients that your health center will serve as a direct result of ES funding in response to Question #2.

- In each of the **Patients by Service Category** sections (NEW & EXISTING), enter the projected number of patients for each of the service categories proposed for expansion in the **FBIT** form (Figure 18, 4). Click the **Calculate and Save** buttons to ensure that the totals match the values entered in **Step 1** (Figure 18, 5).

**Figure 18: Project Impact – Patients Impact**

**IMPORTANT NOTES:**

- For each service targeted for expansion (e.g., Enabling Services, Medical Services), applicants must enter projections for new patients, existing patients, or a combination of both new and existing patients to be impacted by ES funding.
- You will only be able to enter patient projections for the service categories proposed for expansion in the **FBIT** form (Figure 18, 6). Service categories not selected for expansion through the ES application will be marked as 'N/A' (Figure 18, 7).
- You **MUST** demonstrate an overall increase in **NEW** patients in the ES application. If funded, grantees will be expected to achieve the **NEW** patient projection by December 31, 2017.
- Applicants may not include any **EXISTING** patient projections for the Medical Services (MS) service category as this column does not appear in the **EXISTING** Patients by Service Category table.

- In the **Patients by Population Type** section, enter the number of **NEW** patients projected by Population Type (Figure 18, 8). Note that the sum of **NEW** Patients by Population Type must be equal to the value entered for Question 1 (Figure 18, 2). Applicants must demonstrate that the overall ES proposal will result in the expansion of services for all special populations currently in scope.
- Click the **Save and Continue** button to navigate to the **Project Narrative** section OR click the **Save** button on the **Patients Impact** section and select the **Project Narrative** tab (Figure 19, 1).

### 4.4.3. Project Narrative

In the Project Narrative section, applicants must respond to the required questions in the Need, Response, and Impact sections with detailed information regarding the entire ES proposal (Figure 19, 2, 3 and 4). Once complete, click the **Save and Continue** button to proceed to the next form.

Figure 19: Project Impact – Project Narrative

**Project Impact (Project Narrative)**

Due Date: 07/14/2015 (Due In: 00 Days) | Section Status: Not Started

**Resources**

Staffing Impact Patients Impact **Project Narrative**

**Need**

Describe the need to expand or begin providing the proposed service(s), and how this proposal will respond to the health care needs of the target population (with reference to relevant special populations, demographic characteristics, and/or access to care/health status indicators).

Approximately 1 page (Max 2000 Characters): 2000 Characters left.

**Response**

Describe the following:

1. An appropriate timeline for project implementation that demonstrates operational readiness within 120 days of award for the provision of new and expanded existing services.

Approximately 1/2 page (Max 1000 Characters): 1000 Characters left.

2. How the health center will ensure that all proposed services are or will be integrated into the existing service delivery model.

Approximately 1/2 page (Max 1000 Characters): 1000 Characters left.

3. How the health center will ensure that all proposed services are accessible without regard to ability to pay through a sliding fee discount program.

Approximately 1/2 page (Max 1000 Characters): 1000 Characters left.

4. How the health center plans to ensure that all patients will have reasonable access to any proposed new services, as appropriate. Include details about any services or staff proposed under the Other Enabling Services category on Form 5A and/or the Staffing Impact Form.

Approximately 1/2 page (Max 1000 Characters): 1000 Characters left.

5. If any services will be provided by a Formal Written Agreement (via Column II on Form 5A), describe how the health center maintains oversight over all services provided via contracts/agreements or sub-recipient arrangements in accordance with Health Center Program requirements. If services are not provided via Formal Written Agreement, indicate that this question is not applicable.

Approximately 1/2 page (Max 1000 Characters): 1000 Characters left.

**Impact**

Describe the following:

The Impact of the proposed project, including the number of 1) proposed new patients, 2) existing patients with increased access to services (as applicable), and 3) new providers. Include a detailed explanation for how the projections were calculated (including data sources).

Approximately 1 page (Max 2000 Characters): 2000 Characters left.

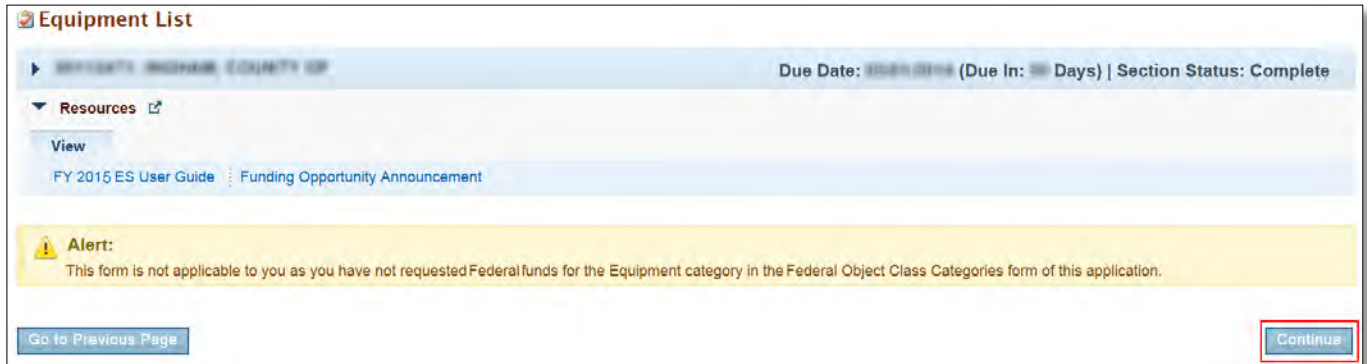
Go to Previous Page Save Save and Continue

**IMPORTANT NOTE:** The **Project Impact** form will be complete when the status of the **Staffing Impact, Patients Impact** and **Project Narrative** sections are 'Complete.'

### 4.5. Completing the Equipment List form

You are only required to complete this form if you requested Federal funds for the **Equipment** category (row d) on the **FOCC** form. Otherwise, the **Equipment List** form is not applicable to you. In this case, click the **Continue** button to proceed to the next form (**Figure 20**).

**Figure 20: Equipment List Page – Not Applicable**



If the **Equipment List** form is applicable to you, follow the steps below:

1. Click the **Add** button to add a piece of equipment (**Figure 21**).

**Figure 21: Equipment List Page**



- The system navigates to the **Equipment Information - Add Page** (**Figure 22**). Fields marked with an asterisk (\*) are required.

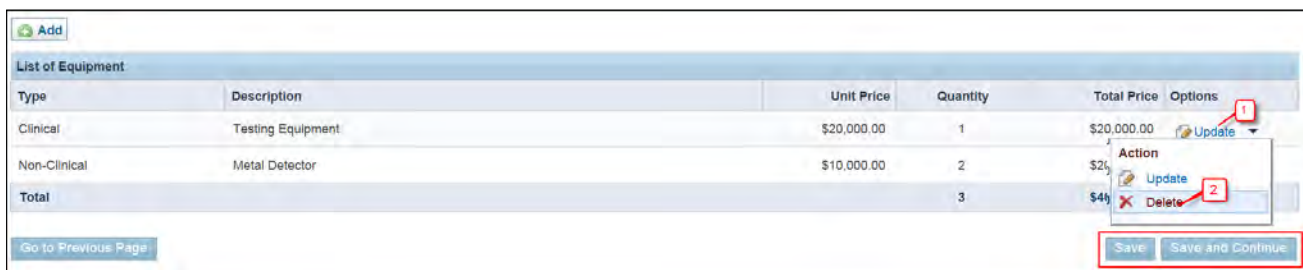
**Figure 22: Equipment Information - Add Page**



2. Select an equipment **Type** and enter the **Description**, **Unit Price (\$)**, and **Quantity**.
3. Click the **Save and Continue** button at the bottom of the screen. You will be returned to the **Equipment List Page** (**Figure 23**).

- The system lists the equipment you entered and calculates the **Total Price**.

**Figure 23: Equipment List Page (With Equipment Added)**



4. If you wish to update an equipment item, click on the [Update](#) link under the Options menu ([Figure 23, 1](#)). If you wish to delete an equipment item, click on the [Delete](#) link under the Options menu ([Figure 23, 2](#)).
5. When you have finished entering the equipment, click the **Save and Continue** button at the bottom of the screen to save your work and proceed to the next form.

**IMPORTANT NOTE:** The **Total Price** of equipment added on this form must be equal to the Federal funds requested for the **Equipment** category on the [FOCC](#) form for this application.

## 4.6. Completing the Summary Verification form

Select key elements of the ES application are displayed in a read-only format on the **Summary Verification** form. Applicants must review the information populated on this form and verify that it is correct before submitting the ES application. To complete this form, follow the steps below:

1. In the **Application Summary** section, review the total number of New Patients projected to access care as a result of ES funding by the end of the project period ([Figure 24, 1](#)). If you need to revise this value, revisit the [Patients Impact](#) form.
2. Note the maximum amount of Federal funding eligible to be requested per year for your organization ([Figure 24, 2](#)). This amount is based on the ES funding formula and may not be adjusted by the applicant.
3. Review the total Federal funding requested per year in the current ES application ([Figure 24, 3](#)). To make revisions to this amount, visit the [FBIT](#) and [Budget Information - Section A-C](#) forms, as needed.

Figure 24: Summary Verification Form

**Application Summary**

Total number of New Patients projected to access care as a result of Expanded Services funding by December 31, 2017: **1**

To make changes, visit the [Patient Impact Form](#).

**Note:** Calendar Year 2017 Uniform Data System (UDS) Reports are expected to reflect the patient projection increase included in this application. Future funding may be reduced if UDS data demonstrate that projections are not met.

Maximum amount of Federal funding eligible to be requested per year: **2**

Total Federal funding requested per year for the Expanded Services proposal: **3** \$0.00

To make changes, visit the [Federal Budget Information Table](#) and the [SF-424 Budget Form](#), as needed.

**Form 5A Summary**

**Summary of changes to Form 5A: Services proposed in the Expanded Services application**

The table below indicates the services on Form 5A that were added or modified in this ES application. Services that are currently in-scope and that do not require modification as part of the ES proposal are not listed here. Click here to view the full list of ALL services included in your organization's approved scope of project (also available in the Resources section above).

Changes to Form 5A are NOT REQUIRED. Applicants may propose to use Expanded Services funding to support the expansion of existing services in scope.

Note: Within 120 days of award, health centers will be required to verify that the Form 5A changes summarized below have been implemented. Health centers should NOT propose new services if they will not meet the 120-day implementation deadline. Applications proposing to expand services through an equipment purchase in Year 1 that will not begin provision of a new service until Year 2 of the project must submit a Change in Scope request to add the service to scope closer to the time that provision of the new service will begin.

If the proposed updates listed below are not correct, visit Form 5A and make changes as needed.

Required Services	Currently Approved Form 5A			Updated Form 5A		
	Column I (Direct – Health Center Pays)	Column II (Formal Written Contract – Health Center Pays)	Column III (Formal Referral – Health Center DOES NOT pay)	Column I (Direct – Health Center Pays)	Column II (Formal Written Contract – Health Center Pays)	Column III (Formal Referral – Health Center DOES NOT pay)
HCH Required Substance Abuse Services	[..]	[..]	[..]	[..]	[X]	[..]

Additional Services	Currently Approved Form 5A			Updated Form 5A		
	Column I (Direct – Health Center Pays)	Column II (Formal Written Contract – Health Center Pays)	Column III (Formal Referral – Health Center DOES NOT pay)	Column I (Direct – Health Center Pays)	Column II (Formal Written Contract – Health Center Pays)	Column III (Formal Referral – Health Center DOES NOT pay)
There were no changes made to the Form 5A list of Additional Services in this application.						

Fields with \* are required

Have all necessary changes to Form 5A been captured in the Expanded Services application?  Yes  No

\* Will the Expanded Services project be implemented at one or more health center sites included in the applicant organization's currently approved scope on Form 5B?  Yes  No

Go to Previous Page Save Save and Continue

- The **Form 5A Summary** section indicates only the services on **Form 5A** that were added or modified in the ES application (Figure 24, 4). Services that are in-scope and did not require modifications as part of the ES proposal are not listed here. The **Currently Approved Form 5A** columns on the left display the current H80 Scope values for the services listed (Figure 24, 5). The **Updated Form 5A** columns on the right demonstrate the changes that were proposed to these services in the ES application (Figure 24, 6). If services were added or modified in error, revisit [Form 5A](#).

**IMPORTANT NOTE:** If no changes were made to any of the services in the ES application, the system will not display any details in this section (Figure 24, 7).

- Answer the remaining certification questions on this form (Figure 24, 8) and click the **Save and Continue** button at the bottom of the screen to save your work and proceed.

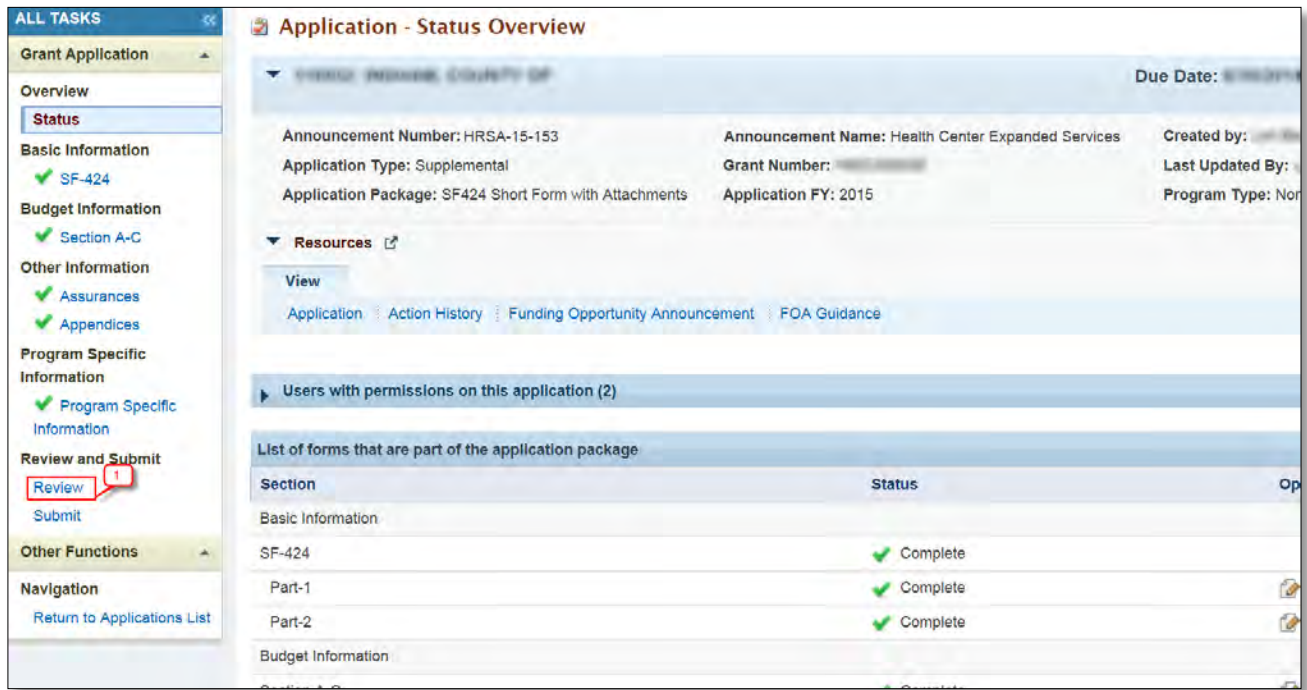


## 5. Reviewing and Submitting the ES Application to HRSA

To review your application, follow the steps below:

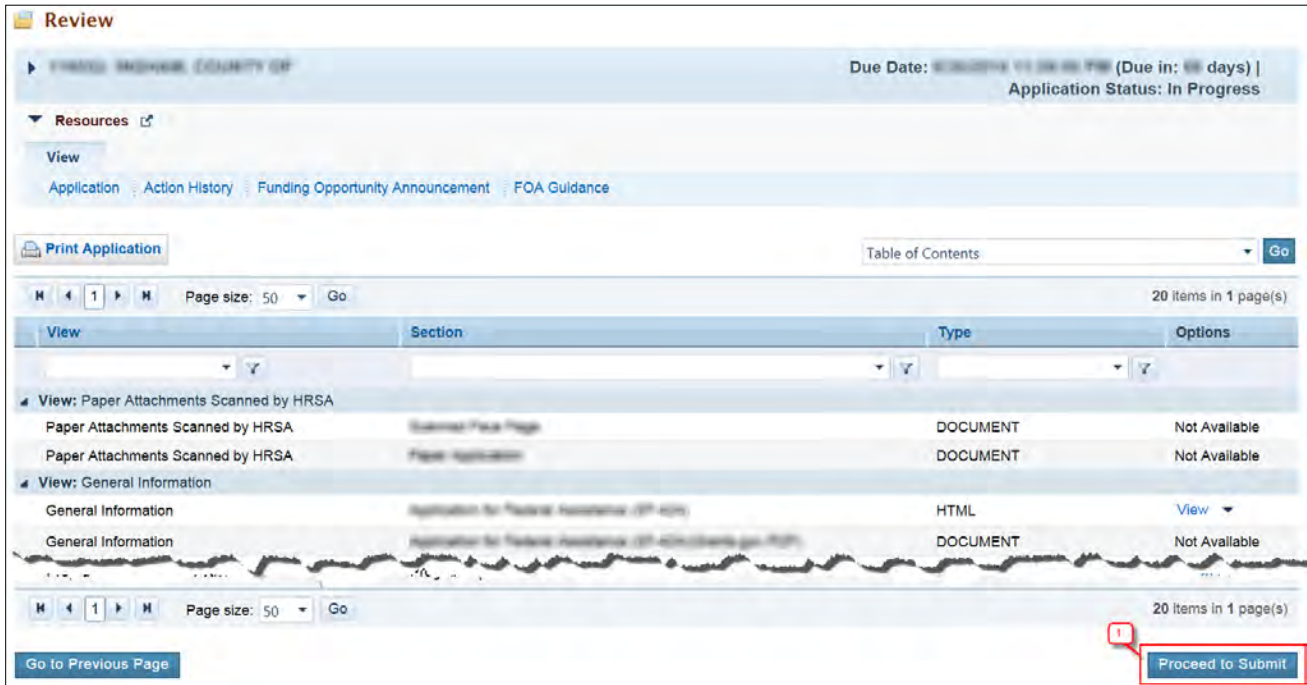
1. Navigate to the standard section of the application using the **Grant Application** link in the navigation links displayed at the top of the **Project(s)** form or the **Complete Status** link in the All Forms left menu.
2. On the **Application Status Overview** page, click the **Review** link in the Review and Submit section of the left menu (**Figure 25, 1**).

Figure 25: Review link



- The system navigates to the **Review** page.
3. Verify the information displayed on the **Review** page.
  4. If you are ready to submit the application to HRSA, click the **Proceed to Submit** button at the bottom of the **Review** page (**Figure 26, 1**).

Figure 26: Review Page – Proceed to Submit



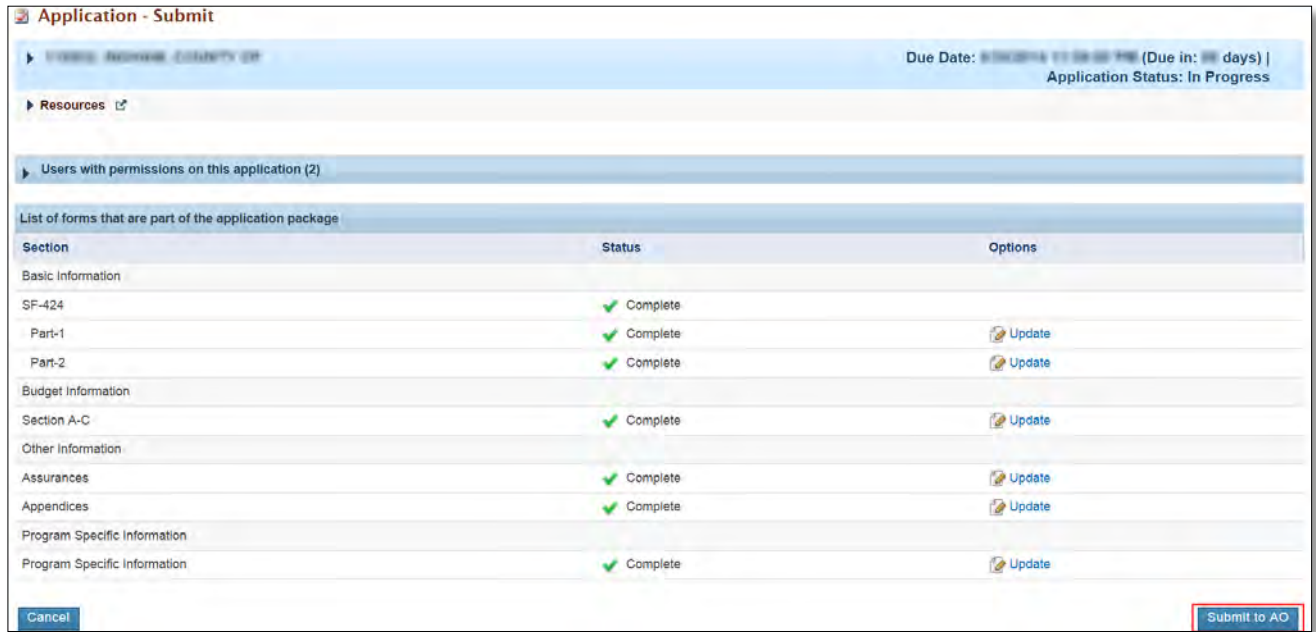
- The system navigates to the **Submit** page.
5. Click the **Submit to HRSA** button at the bottom of the **Submit** page.
- The system navigates to a confirmation page.

**IMPORTANT NOTE:** To submit an application, you must have the 'Submit' privilege. This privilege must be given by the Project Director (PD) to the Authorizing Official (AO) or designee.

If you are not the AO, a **Submit to AO** button will be displayed at the bottom of the **Submit** page. Click the button to notify the AO that the application can be submitted to HRSA (Figure 27).

**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.**

Figure 27: Submit to AO



6. Answer the questions displayed under the Certifications and Acceptance section of the confirmation page and click the **Submit Application** button to submit the application to HRSA.
7. If you experience any problems with submitting the application in EHB, contact the **BPHC Helpline** at 1-877-974-2742 (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>).