HRSA Electronic Handbooks (EHB)

FY 2019 Health Center Controlled Networks (HCCN)

HRSA-19-011

User Guide for Grant Applicants

Last updated on October 29, 2018

U.S. Department of Health and Human Services
HRSA
Health Resources and Services Administration

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This user guide describes the steps you need to follow to submit a FY 2019 Health Center Controlled Networks (HCCN) application to the Health Resources and Services Administration (HRSA).

1. Starting the FY 2019 HCCN Application

You can complete and submit the FY 2019 HCCN application by following a two-step process:

1. In the first step, you must find the funding opportunity in Grants.gov, download the application package, and submit the completed application in Grants.gov.

2. In the second step, you must validate information entered from Grants.gov, complete information required in the HRSA Electronic Handbooks (EHBs) and submit the application in the EHBs.

> **IMPORTANT NOTE: Refer to the HRSA SF-424 Two Tier Application Guide (https://www.hrsa.gov/sites/default/files/hrsa/grants/apply/applicationguide/sf-424-program-specific-app-guide.pdf) for more details related to submitting the application in Grants.gov and validating it in EHB.**

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

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

> **IMPORTANT NOTE: If you do not have a username, you must register in EHB. Do not create duplicate accounts. If you experience login issues or forget your password, contact Health Center Program Support (http://www.hrsa.gov/about/contact/bphc.aspx) at 1-877-464-4772.**

2. Locate the HCCN application using the EHB application tracking number (e-mailed after successful Grants.gov submission) and click the **Edit** link to begin working on the application in EHB.

   ➢ The system opens the **Application - Status Overview** page of the application (**Figure 1**).

Figure 1: Accessing the Application - Status Overview Page

List of forms that are part of the application package		
Section	**Status**	**Options**
Basic Information [1]		
SF-424	Not Started	
Part 1	Not Started	Update
Part 2	Not Started	Update
Project/Performance Site Location(s)	Not Started	Update
Project Narrative	Not Started	Update
Budget Information [2]		
Section A-C	Not Started	
Budget Period 1	Not Started	Update
Budget Period 2	Not Started	Update
Budget Period 3	Not Started	Update
Budget Period 4	Not Started	Update
Budget Period 5	Not Started	Update
Section D-F	Not Started	Update
Budget Narrative	Not Started	Update
Other Information [3]		
Assurances	Not Started	Update
Disclosure of Lobbying Activities	Not Started	Update
Appendices	Not Started	Update
Program Specific Information		
Program Specific Information	Not Complete	Update

The application consists of a standard section and a program-specific section. You must complete the forms displayed in both of these sections to submit your application to HRSA.

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

The standard SF-424 section of the application consists of the following main sections:

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

2.1 Completing the Basic Information Section

The Basic Information has been imported from Grants.gov and has undergone a data validation check. You may edit this information if necessary. This section consists of the following forms:

- The **SF-424 Part 1** form displays the basic application and applicant organization information.

- The **SF-424 Part 2** form displays project information including the project title, project period, cities, counties, and Congressional districts affected by the project. The Project Abstract has been imported from Grants.gov and placed under the Project Description section (**Figure 2**, **1**). You may re-attach an updated version by selecting the **Update Description** link (**Figure 2**, **2**).

Figure 2: Project Description on SF-424 Part 2

- The **Project/Performance Site Location(s)** form, provided in Grants.gov, displays the administrative site location and any site locations where you propose to provide services, if listed in Grants.gov.
- In the **Project Narrative** form, attach the project narrative by clicking on the Attach file button (**Figure 3**, **1**).

Figure 3: Project Narrative

2.2 Completing the Budget Information (SF-424A)

To complete this section, please complete applicable **Budget Information Section A-B** and **D-F** forms and provide a **Budget Justification Narrative**.

2.2.1 Budget Information – Section A-C

> **IMPORTANT NOTE: FY 2019 HCCN has a total project period of 3 years. Therefore, you are only required to enter the budget information for budget periods 1, 2, and 3. Budget periods 4 and 5 are defaulted to $0.00. Click on the Save and Continue button without entering additional information to complete the budget forms (Figure Figure 11, 2).**

The **Budget Information – Section A-C** form collects information for every budget period in this funding opportunity. Each budget period consists of the following three sections:

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

To complete this form, follow the steps below:

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

Figure 4: Budget Information Section A-C Update Link

List of forms that are part of the application package		
Section	**Status**	**Options**
Basic Information		
SF-424	✖ Not Started	
Part 1	✖ Not Started	📝 Update
Part 2	✖ Not Started	📝 Update
Project/Performance Site Location(s)	✖ Not Started	📝 Update
Project Narrative	✖ Not Started	📝 Update
Budget Information		
Section A-C	✖ Not Started	
Budget Period 1	✖ Not Started	📝 Update
Budget Period 2	✖ Not Started	📝 Update
Budget Period 3	✖ Not Started	📝 Update
Budget Period 4	✖ Not Started	📝 Update
Budget Period 5	✖ Not Started	📝 Update
Section D-F	✖ Not Started	📝 Update
Budget Narrative	✖ Not Started	📝 Update
Other Information		
Assurances	✖ Not Started	📝 Update
Disclosure of Lobbying Activities	✖ Not Started	📝 Update
Appendices	✖ Not Started	📝 Update
Program Specific Information		
Program Specific Information	✖ Not Complete	📝 Update

➢ The system navigates to the **Budget Information – Section A-C** form for the first budget period of this funding opportunity (**Figure 5**).

Figure 5: Budget Information – Section A-C Page

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

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

Figure 6: Section A – Update Page

3. You will not need to update the **Estimated Unobligated Funds** columns for the first year, since this would be a new award. Under the **New or Revised Budget** section, enter the amount of federal funds requested for the first 12-month period of the HCCN program (**Figure 6**, **1**). Do not enter non-federal funds in the budget. Only the federal funds request should be provided. (**Figure 6**, **2**).

> **IMPORTANT NOTE: The federal amount refers only to HCCN funding requested, not all federal grant funding that an applicant receives. Refer to** Error! Reference source not found. **for the maximum allowable awards for each annual budget period.**

Table 1: Maximum Annual Awards

Number of PHCs	Maximum Annual Award
<10	Not eligible for funding
10-14	$500,000
15-19	$625,000
20-24	$750,000
25-29	$875,000
30-34	$1,000,000
35-39	$1,125,000
40-44	$1,250,000
45-49	$1,375,000
50-54	$1,500,000
55-59	$1,625,000

Number of PHCs	Maximum Annual Award
60-64	$1,750,000
65-69	$1,875,000
70-74	$2,000,000
75-79	$2,125,000
80-84	$2,250,000
85-89	$2,375,000
90-94	$2,500,000
95-99*	$2,625,000

*HCCNs may apply for an additional $125,000 for each 5 additional PHCs after 99.

4. Click the Save and Continue button.
   - The **Budget Information – Section A-C** page re-opens displaying the updated New or Revised Budget under Section A – Budget Summary (**Figure 7**).

Figure 7: Section A – Budget Summary Page after Update

5. In Section B – Budget Categories, you must provide the federal funding distribution across object class categories for the selected 12-month period. Click the Update button provided at the top right corner of the Section B header (**Figure 8**).

Figure 8: Section B – Budget Categories

Object Class Categories	Grant Program Function or Activity	Total
	Health Center Controlled Networks	
Personnel	$0.00	$0.00
Fringe Benefits	$0.00	$0.00
Travel	$0.00	$0.00
Equipment	$0.00	$0.00
Supplies	$0.00	$0.00
Contractual	$0.00	$0.00
Construction	$0.00	$0.00
Other	$0.00	$0.00
Total Direct Charges	$0.00	$0.00
Indirect Charges	$0.00	$0.00
Total	$0.00	$0.00

- The system navigates to the **Section B – Update** page (**Figure 9**).

6. Enter the federal dollar amount for each applicable object class category under the Health Center Controlled Networks column (**Figure 9**, **1**). Click the Calculate Total button to compute the sum of amounts provided (**Figure 9**, **2**). The total HCCN amount in Section B – Budget Categories must be equal to the total new or revised federal budget amount specified in Section A – Budget Summary of the **Budget Information – Section A-C** form.

Figure 9: Section B – Update Page

7. Click the Save and Continue button (**Figure 9**, **3**) to navigate to the **Budget Information – Section A-C** page (**Figure 10**).

Figure 10: Budget Information – Section A-C Page after Updates

8. Once you have entered all of the necessary budget information for the specified budget period, you can move on to the **Budget Information - Section A-C** form for the next budget period by selecting the desired tab (**Figure 10**, **1**) or by clicking on the Save and Continue button at the bottom of the form (**Figure 10**, **2**).

9. The system navigates to the **Budget Information - Section A-C** form for the selected budget period (**Figure 11**).

Figure 11: Budget Information – Section A-C Page for Subsequent Budget Periods

10. If the budget information is identical to the previous budget period, you may click on the Copy from Previous Budget Period button (**Figure 11**, **1**) to copy over the information from the previous tab or repeat steps 1 – 10 to enter the desired budget information and move on to the next budget period.

> **IMPORTANT NOTE: FY 2019 HCCN has a total project period of 3 years. Therefore, you are only required to enter the budget information for budget periods 1, 2, and 3. For budget periods 4 and 5, simply click on the Save and Continue button without entering any additional information to proceed to the next form (Figure 11, 2).**

2.2.2 Budget Information – Section D-F

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

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

Figure 12: Budget Information – Section D-F

To complete this form, follow the steps below:

1. Section D – Forecasted Cash Needs is optional and **may be left blank**. However, you may enter the amount of cash needed by quarter during the first budget period for the federal requested amount. Click the Update button provided in the top right corner of Section D to do so (**Figure 12**, **1**).

2. In Section F – Other Budget Information, you may provide information regarding direct and indirect charges. You can also document any relevant comments or remarks in this section. Click the Update button provided in the top right corner of Section F to do so (**Figure 12**, **2**).

3. Finally, click the Save and Continue button on the **Budget Information – Section D-F** to proceed to the next form (**Figure 12**, **3**).

2.2.3 Budget Narrative

Attach a budget narrative by clicking on the Attach File button (**Figure 13**, **1**).

Figure 13: Budget Narrative

Once completed, click on the Save and Continue button to proceed to the next form.

2.3   Completing the Other Information section

The Other Information section consists of the Assurances, Disclosure of Lobbying Activities, and Appendices forms. You must ensure all three forms are included in the application to complete this section. You may make changes to any information completed in Grants.gov for the final submission in EHBs.

2.3.1   Completing the Assurances Form

The **Assurances** form verifies that you are aware of and agree to comply with all of the federal requirements should HCCN funds be awarded. To complete this form, you must select 'Agree' on the certification question at the bottom of the form (**Figure 14**, **1**) and click on the **Save and Continue button** to proceed to the **Disclosure of Lobbying Activities** form.

Figure 14: Assurances

2.3.2   Completing the Disclosure of Lobbying Activities Form

Complete all sections of the **Disclosure of Lobbying Activities** form and click on the **Save and Continue button** to proceed to the **Appendices** form.

> **IMPORTANT NOTE: If you certify that you do NOT receive more than $100,000 in federal funds *and* you do engage in lobbying activities, then you are not required to complete the Disclosure of Lobbying Activities form.**

2.3.3 Completing the Appendices Form

Complete the **Appendices** form using the following steps:

1. Expand the left navigation menu if not already expanded by clicking the double arrows displayed near the form name at the top of the page (**Figure 15**, **1**). Click on the **Appendices** link (**Figure 15**, **2**) to navigate to the **Appendices** form.

Figure 15: Left Navigation Menu
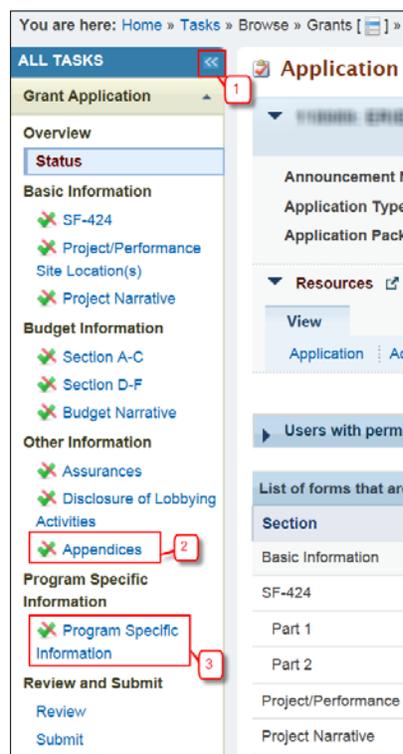
2. Upload the following attachments by clicking the associated Attach File buttons:
    *   Attachment 1: Proof of Public or Non-Profit Status
    *   Attachment 2: Participating Health Center Memorandum of Agreement
    *   Attachment 3: Project Organizational Chart
    *   Attachment 4: Position Descriptions for Key Project Staff
    *   Attachment 5: Biographical Sketches for Key Project Staff
    *   Attachment 6: Staffing Plan
    *   Attachment 7: Summary of Contracts and Agreements
    *   Attachment 8: Letters of Support

- Attachment 9: Network Bylaws
- Attachment 10: Indirect Cost Rate Agreement
- Attachment 11: Other Documents

Attachments 1, 2, and 9 are required for completeness. After completing the **Appendices** form, click the **Save and Continue button** to proceed to the **Program Specific Information – Status Overview** page.

3. Completing the Program Specific Forms

1. Expand the left navigation menu if not already expanded by clicking the double arrows displayed near the form name at the top of the page (**Figure 15**, **1**). Click the **Program Specific Information** link (**Figure 15**, **3**) under the Program Specific Information section in the left menu to open the **Status Overview** page for the Program Specific Information forms (**Figure 16**). Click the **Update** link to edit a form (**Figure 16**, **1**).

> **IMPORTANT NOTE: Click on the** Update **link for any form to start updating it. Once completed, click on the Save and Continue button to proceed to the next listed form.**

Figure 16: Status Overview Page for Program Specific Forms

3.1 Participating Health Centers

> **IMPORTANT NOTE: You must add a minimum of 10 Participating Health Centers to your HCCN application. The number of Health Center Program award recipients (those with a grant number beginning H80…) must comprise at least 51 percent of the total number of Participating Health Centers.**

On the **Participating Health Centers (PHC) List** form, you will select the Health Center Program (H80) award recipients (grantees) and health centers with look-alike designation (LAL) that are committed to supporting

the proposed HCCN project throughout the project period. The selected health centers should match those presented in Attachment 2: Participating Health Center Memorandum of Agreement.

> **NOTE: New HCCN applicants complete the PHC list by adding award recipients and LALs, as needed. Competing continuation, or returning, HCCN applicants will see their most recently approved PHC list pre-loaded in the application. Competing continuation applicants may delete any pre-loaded health centers that are not part of the FY 2019 network. Both application types may add health centers.**

You can add PHCs to the **Participating Health Centers List** form, through the two following steps:

1. Add Award Recipient(s) (**Figure 17**, **1**) button
2. Add Look-Alike(s) (**Figure 17**, **2**) button

Figure 17: Participating Health Centers - List Page

Complete each of the steps in the **Participating Health Centers List** form by following the instructions below:

3.1.1 Adding Award Recipients

1. Click on the Add Award Recipient(s) button (**Figure 17**, **1**) on the **Participating Health Centers – List** page. The system navigates to the **Participating Health Centers - Grantee Search** page (**Figure 18**).

2. By default, the system displays the entire list of all current award recipients in the Search Results panel (**Figure 18**, **1**). The page size is set to 15 records per page, but this can be changed (**Figure 18**, **2**). You can narrow your search results by using the column filters at the top of the section (**Figure 18**, **3**).

3. If you would like to search for a specific award recipient, enter at least one of the Basic Search Parameters (Grant Number, Organization Name, DUNS Number etc.) in the Search panel (**Figure 18**, **4**) and click on the Search button (**Figure 18**, **5**). Your results will be displayed in the Search Results panel. You can further filter your results by following the previous step.

Figure 18: Participating Health Centers - Grantee Search Page

4. Select the award recipients that you would like to include in your HCCN application (**Figure 18**, **6**) and click the Add to Application button (**Figure 18**, **7**). You can also add all of the award recipients listed in your Search Results panel at once by clicking on the Select All button (**Figure 18**, **8**).

> **IMPORTANT NOTE: After an award recipient has been added to your HCCN application, you will not be able to re-select that award recipient again from your Search Results panel (Figure 19, 1). If you delete that award recipient from your PHC list, then the same award recipient can be searched for again and re-added.**

Figure 19: Search Results Panel Showing Previously Added Award Recipients

5. The system navigates back to the **Participating Health Centers – List** page displaying the newly added award recipients (**Figure 20**).

Figure 20: Participating Health Centers – List Page Showing Added Award Recipients

3.1.2 Adding Look-Alikes (LAL)

1. Click on the Add Look-Alike(s) button (**Figure 20**, **1**) on the **Participating Health Centers – List** page. The system navigates to the **Participating Health Centers - Look-Alike Search** page (**Figure 21**).

Figure 21: Participating Health Centers - Look-Alike Search Page

2. Repeat steps 2 – 4 from the Adding Award Recipients section and add the desired number of LAL health centers to your HCCN application.

3. The system navigates back to the **Participating Health Centers – List** page displaying the newly added LAL health centers (**Figure 22**, **1**).

Figure 22: Participating Health Centers – List Page Showing Added LAL Health Centers

4. Click the Save and Continue button to proceed to the next section of the application (**Figure 22**, **2**).

3.1.3 Deleting a Health Center

You may delete a previously added health center from your **Participating Health Centers – List** page by following the steps below:

1. Select the **Delete** link for the record that you wish to delete (**Figure 22**, **3**).

2. The system navigates to the Delete – Confirmation page for that health center (**Figure 23**). Verify the details of the health center and click the Confirm button if you wish to proceed. The system will delete the Health Center from your application and return to the **Participating Health Centers – List** page.

Figure 23: Delete – Confirmation Page for Selected Health Center
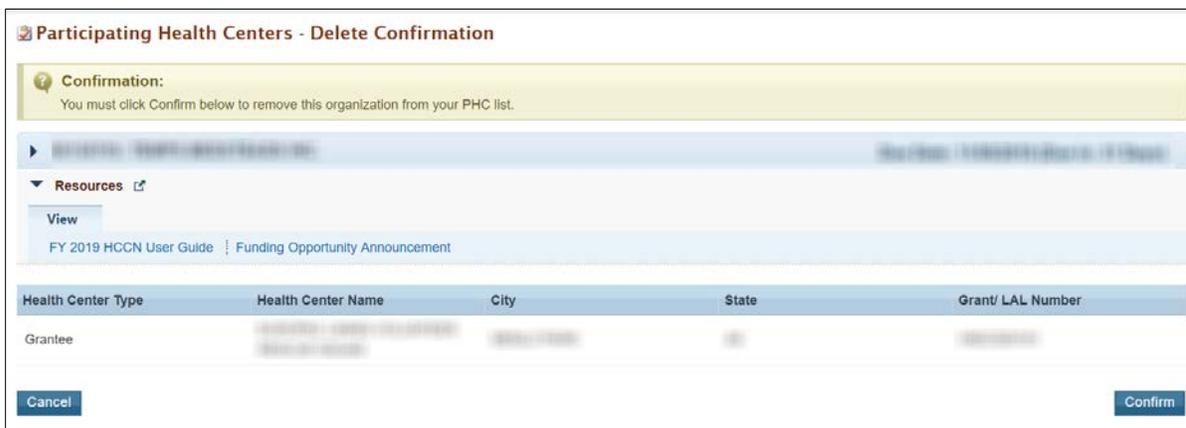
3.2 Project Work Plan

The **Project Work Plan** provides the goals that will be attained by the end of the 3-year project period (by July 31, 2022), and details the proposed activities to be conducted in the first 12 months of the project period, from August 1, 2019 to July 31, 2020. The **Project Work Plan** page consists of 3 required Goals (tabs):

Goal A - Enhance the patient and provider experience (**Figure 24**, **1**)
Goal B - Advance interoperability (**Figure 24**, **2**)
Goal C - Use data to enhance value (**Figure 24**, **3**)

Each of the 3 Goals has 3 corresponding Objectives. You must enter required information, including Key Factors and Activities, for each of the 9 objectives.

Figure 24: Project Work Plan Page
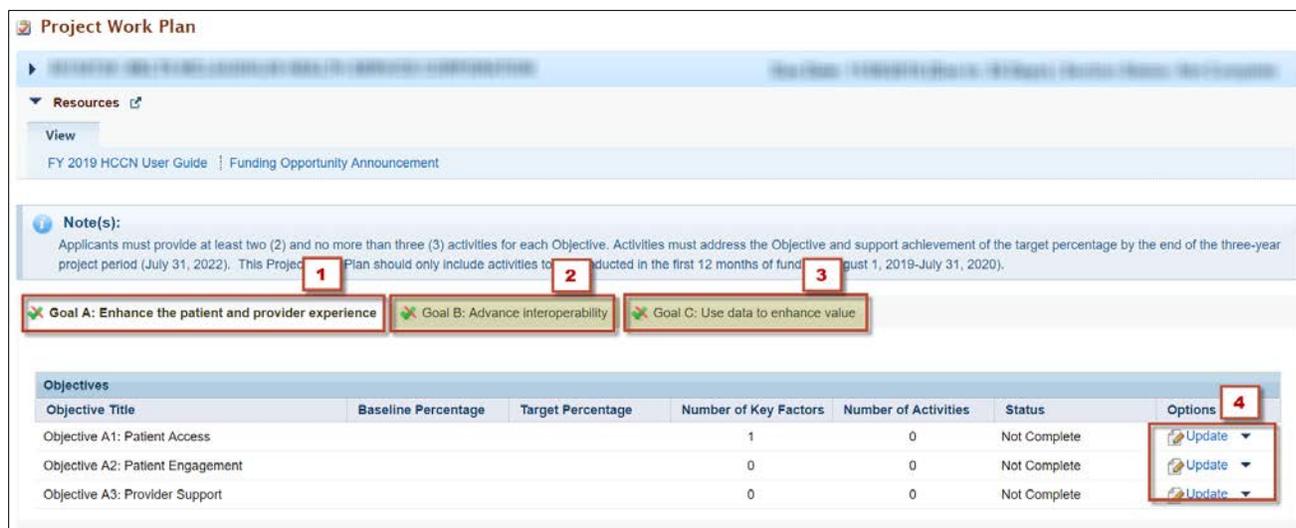
Complete each of the sections in the **Project Work Plan** by following the steps below:

3.2.1 Completing the Objective Section

1. Click on the **Update** link for each of the required objective tabs (**Figure 24**, **1, 2, 3**). The requested information must be provided for each required objective and goal for the application to be submitted.

2. The system will navigate to the **Objective Information – Update** page for that goal (**Figure 25**).

Figure 25: Objective Information – Update Page

3. In the Objective Details section, provide the Baseline Numerator (**Figure 25**, **1**) and Denominator (**Figure 25**, **2**) values. The system will automatically calculate the baseline percentage (**Figure 25**, **3**).

> **IMPORTANT NOTES:**
>
> **The baseline numerator value must be less than or equal to the baseline denominator value and be a whole number of 0 or greater.**
>
> - **The baseline denominator value must be greater than or equal to 10.**

4. Provide the Target Percentage value (**Figure 25**, **4**) (collected in %).

5. Provide the Baseline Data Source comments (**Figure 25**, **5**).

6. The Objective Information page also includes sections to add Key Factors and Activities. In the Key Factors section, add key factors using the Add Key Factors button (**Figure 25**, **6**). The system navigates to the **Add New Key Factor** overlay (**Figure 26**, **1**). When adding a key factor, identify the Key Factor Type (**Figure 26**, **2**) and provide the Key Factor Description (**Figure 26**, **3**). Click the Save and Continue button to return to the **Objective Information – Update** page.

> **IMPORTANT NOTE: Identify a minimum of 2 and a maximum of 3 key factors. At least 1 contributing factor and 1 restricting factor must be provided.**

Figure 26: Add Key Factor Overlay

7. Click the Save and Continue button in the overlay to return to the **Objective Information - Update** page (**Figure 25**).

8. In the Activity section, add activities using the Add Activity button (**Figure 25**, **7**). The system navigates to the **Add New Activity** overlay (**Figure 267**). When adding an activity, enter information for Activity Name (a text field with a 100-character limit), Activity Description, Person/Position

Responsible, Targeted Start Date (no earlier than August 1, 2019), and Targeted End Date (no later than July 31, 2020). Click the Save and Continue button to return to the **Objective Information – Update** page.

Figure 27: Add New Activity Overlay

9. As described in the NOFO, applicants must create their own Objective C3 under Goal C: Use data to enhance value. Click on the Goal C tab and the Update link for Objective C3 to navigate to the **Objective Information – Update** page (**Figure 268**).

Figure 28: Objective C3 – Applicant Choice

10. The Objective C3 update page has some unique components, as compared to the other objective pages. You will see a Note (**Figure 258**, **1**) that describes information that must be completed that is specific to Objective C3, specifically, the Objective Title (**Figure 258**, **2**) and Description (**Figure 258**, **3**) that you create for your own HCCN. The Title must be entered to save the page and both fields must be updated to submit the final application.

Figure 29: Objective C3 Information

11. When you finish updating all information for every objective, click the Save and Continue button to return to the **Project Work Plan** page. The system displays the baseline and target percentages and the number of key factors and activities (**Figure**) for each objective on the goal tabs.

Figure 30: Project Work Plan Page with Completed Core Objectives

12. Repeat the above steps for each Objective and click on the Save and Continue button to proceed with the HCCN application. When you complete every field for every **Objective Information** page then the **Project Work Plan** page will show a Status of "Complete" for each objective on each Goal tab and green check marks will appear in each Goal tab and in the left navigation menu for the Project Work Plan page.

4. Reviewing and Submitting the FY 2019 HCCN 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 **Program Specific** forms or from the left navigation menu under All Forms > Overview > **Complete Status**.

2. On the **Application** - **Status Overview** page, click the **Review** link in the Review and Submit section of the left menu (**Figure 30**, **1**).

Figure 30: 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 31, 1**).

Figure 31: Review Page – Proceed to Submit
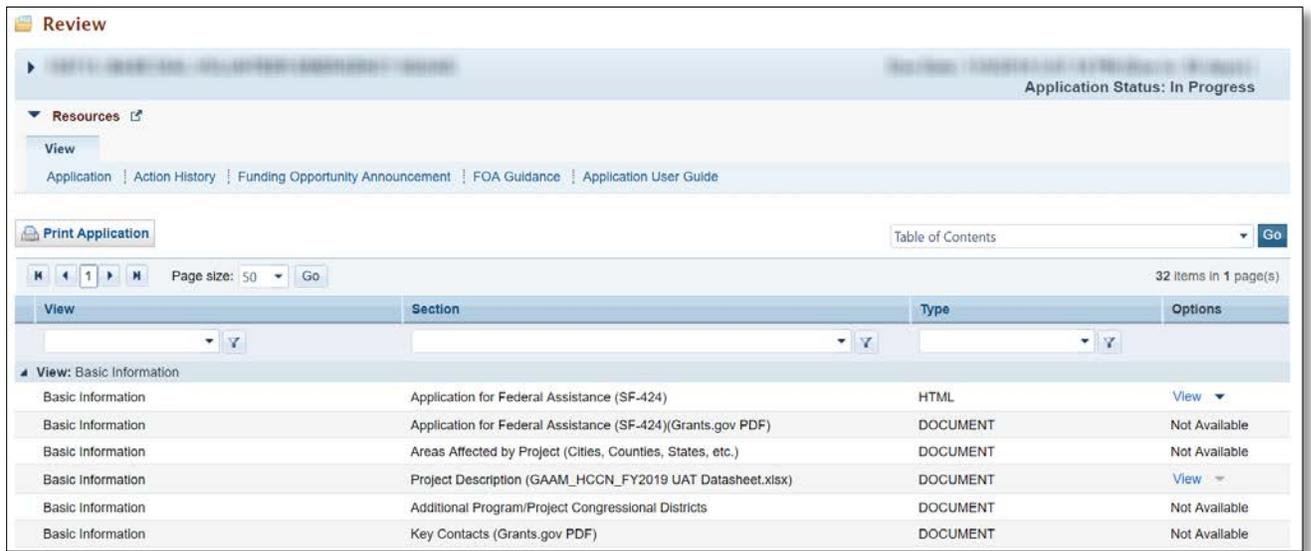
➢ The system navigates to the **Submit** page.

5. Click the Submit to HRSA button at the bottom of the **Submit** page.

➢ The system navigates to a confirmation page.

IMPORTANT NOTES:

To submit an application, you must have the 'Submit' privilege. The Project Director (PD) must give this privilege 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 their action is required to submit the application to HRSA (Figure 32).

Figure 32: 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 **Health Center Program Support** at 1-877-464-4772 (Monday – Friday, 8:30 AM - 5:30 PM ET) or online at (http://www.hrsa.gov/about/contact/bphc.aspx).