

**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



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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 <span style="border: 1px solid red; padding: 2px;">1</span>		
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 <span style="border: 1px solid red; padding: 2px;">2</span>		
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 <span style="border: 1px solid red; padding: 2px;">3</span>		
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

**Budget Information - Section A-C**

COMMUNITY HEALTH ASSOCIATION OF SPokane Due Date: 11/13/2019 11:30:00 PM (Due in: 0 days) | Section Status: Not Complete

Resources

Fields with \* are required

Budget Period 1 Budget Period 2 Budget Period 3 Budget Period 4 Budget Period 5

**\* Section A - Budget Summary** Update

Grant Program Function or Activity	CFDA Number	Estimated Unobligated Funds		New or Revised Budget		Total
		Federal	Non-Federal	Federal	Non-Federal	
Health Center Controlled Networks	93.527	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Total</b>		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

**\* Section B - Budget Categories** Update

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
<b>Total Direct Charges</b>		\$0.00	\$0.00
Indirect Charges		\$0.00	\$0.00
<b>Total</b>		\$0.00	\$0.00

**\* Section C - Non Federal Resources** Update

Grant Program Function or Activity	Applicant	State	Local	Other	Program Income	Total
Health Center Controlled Networks	\$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

Go to Previous Page Save Save and Continue

- 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

Section A - Update

Due Date: 11/15/2019 11:59:59 PM (Due in: 30 days) | Section Status: Not Complete

Resources

Fields with \* are required

\* 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	
Health Center Controlled Networks	93.527	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Total</b>		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Cancel Save and Continue

- 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**

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
Health Center Controlled Networks	93.527	\$0.00	\$0.00	\$500,000.00	\$0.00	\$500,000.00
<b>Total</b>		\$0.00	\$0.00	\$500,000.00	\$0.00	\$500,000.00

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**

* Section B - Budget Categories <span style="float: right;">Update</span>		
Object Class Categories	Grant Program Function or Activity	
	Health Center Controlled Networks	Total
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
<b>Total Direct Charges</b>	<b>\$0.00</b>	<b>\$0.00</b>
Indirect Charges	\$0.00	\$0.00
<b>Total</b>	<b>\$0.00</b>	<b>\$0.00</b>

- 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

**Section B - Update**

**Note(s):**  
Total of all budget categories in Section B must be equal to total federal new or revised budget in Section A - \$500,000.00.

**Due Date:** 11/15/2019 11:59:59 PM (Due in: 10 days) | **Section Status:** Not Complete

**Resources**

Fields with \* are required

**\* 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
Indirect Charges	\$	0.00	\$0.00
<b>Total</b>	<b>Calculate Total</b>	\$0.00	\$0.00
<b>Total Budget specified in Budget Summary (Section A)</b>		\$500,000.00	\$500,000.00

**Cancel** **Save and Continue**

- 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

**Budget Information - Section A-C**

Success: Information saved successfully.

COMMUNITY HEALTH ASSOCIATION OF SPokane Due Date: 11/30/2018 11:00:00 PM (Due in: 0 days) | Section Status: Not Complete

Resources

Fields with \* are required

Budget Period 1 Budget Period 2 Budget Period 3 Budget Period 4 Budget Period 5

**Section A - Budget Summary**

Grant Program Function or Activity	CFDA Number	Estimated Unobligated Funds		New or Revised Budget		
		Federal	Non-Federal	Federal	Non-Federal	Total
Health Center Controlled Networks	93.527	\$0.00	\$0.00	\$500,000.00	\$25,000.00	\$525,000.00
<b>Total</b>		\$0.00	\$0.00	\$500,000.00	\$25,000.00	\$525,000.00

**Section B - Budget Categories**

Object Class Categories	Grant Program Function or Activity		Total
	Health Center Controlled Networks		
Personnel		\$100,000.00	\$100,000.00
Fringe Benefits		\$10,000.00	\$10,000.00
Travel		\$10,000.00	\$10,000.00
Equipment		\$10,000.00	\$10,000.00
Supplies		\$10,000.00	\$10,000.00
Contractual		\$10,000.00	\$10,000.00
Construction		\$50,000.00	\$50,000.00
Other		\$200,000.00	\$200,000.00
<b>Total Direct Charges</b>		\$400,000.00	\$400,000.00
Indirect Charges		\$100,000.00	\$100,000.00
<b>Total</b>		\$500,000.00	\$500,000.00

**Section C - Non Federal Resources**

Grant Program Function or Activity	Applicant	State	Local	Other	Program Income	Total
Health Center Controlled Networks	\$10,000.00	\$5,000.00	\$5,000.00	\$2,500.00	\$2,500.00	\$25,000.00
<b>Total</b>	\$10,000.00	\$5,000.00	\$5,000.00	\$2,500.00	\$2,500.00	\$25,000.00

Go to Previous Page Save Save and Continue

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**

**Budget Information - Section A-C**

**Success:**  
Information entered on the 'Budget Period 1' page was saved successfully. The Section status is Complete.

FLORIDA COMMUNITY HEALTH ASSOCIATION OF SPANISH  
Due Date: 9/15/2019 11:59:00 PM (Due in: 0 days) | Section Status: Not Complete

Resources

Budget Period 1 Budget Period 2 Budget Period 3 Budget Period 4 Budget Period 5

**Copy from Previous Year** 1

**Section A - Budget Summary** Update

Grant Program Function or Activity	CFDA Number	Estimated Unobligated Funds		New or Revised Budget		
		Federal	Non-Federal	Federal	Non-Federal	Total
Health Center Controlled Networks	93.527	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Total</b>		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

**Section B - Budget Categories** Update

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

**Section C - Non Federal Resources** Update

Grant Program Function or Activity	Applicant	State	Local	Other	Program Income	Total
Health Center Controlled Networks	\$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

Go to Previous Page Save Save and Continue 2

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

**Assurances**

Due Date: 11/15/2015 10:40:32 AM EDT | Section Status: Not Complete

**Resources**

View

Application | Action History | Funding Opportunity Announcement | FOA Guidance | Application User Guide

**SF-424B: Assurances, Non-Construction**

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award, and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made, and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §327-333), regarding labor standards for federally-assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4601 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. 45 CFR 75, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.
19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

**Certification**

Name of the authorized certifying official

Title

Applicant organization

I certify that I have read and agree to comply with the requirements of form SF 424B upon award of funds.

Agree  Do not agree

Go to Previous Page Save Save and Continue

### 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.

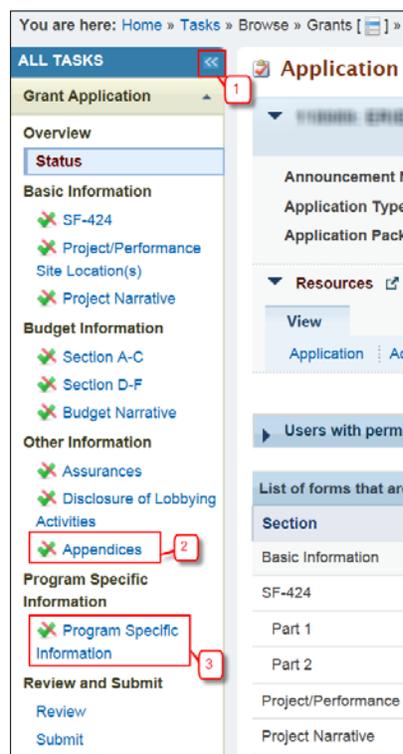
**IMPORTANT NOTE: If you certify that you do NOT receive more than \$100,000 in federal funds and you do engage in lobbying activities, then you are not required to complete the Disclosure of Lobbying Activities form.**

### 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

The screenshot shows the 'Status Overview' page for a program. At the top, it displays the announcement details: 'HRSA-16-010', 'Health Center Controlled Networks', and 'New' application type. Below this is a 'Resources' section with links to 'FY 2016 HCCN User Guide' and 'Funding Opportunity Announcement'. The main part of the page is a table titled 'Program Specific Information Status' with columns for 'Section', 'Status', and 'Options'. The 'Status' column shows 'Not Started' for all sections. The 'Options' column contains 'Update' links for each section. A red box highlights the 'Update' link for 'Participating Health Centers', with a red '1' in a box next to it.

Section	Status	Options
Participating Health Centers	Not Started	Update
Project Work Plan Information		
Project Work Plan	Not Started	
Core A - Health IT Implementation and Meaningful Use	Not Started	Update
Core B - Data Quality and Reporting	Not Started	Update
Core C - Health Information Exchange (HIE) and Population Health Management	Not Started	Update
Core D - Quality Improvement	Not Started	Update

#### 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**

Serial Number	Health Center Type	Health Center Name	City	State	Grant/ LAL Number	Options

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

**Participating Health Centers - Grantee Search**

BRIDGES COMMUNITY HEALTH ASSOCIATION OF SPokane Due Date: 11/15/2019 (Due In: 31 Days)

Resources

**Search Filters:**

**Basic Search Parameters**

Grant Number (comma separated list) Organization Name Like  
 DUNS Number (comma separated list)  
 City Like State

Search Name: Save Parameters Search

Search | Saved Searches

This page: Select all Unselect all 4 Grantees Selected (View) Across pages: Select all Unselect all Group Action Menu

Page size: 15 Go 1505 items in 101 page(s)

Select / Unselect	Grantee Name	City	State	GrantNumber
<input checked="" type="checkbox"/>	SOUTHCENTRAL FOUNDATION	Anchorage	AK	FH0012011208
<input type="checkbox"/>	ANCHORAGE NEIGHBORHOOD HEALTH CENTER	ANCHORAGE	AK	FH0012001740
<input type="checkbox"/>	GIRDWOOD HEALTH CLINIC	Girdwood	AK	FH0012000987
<input checked="" type="checkbox"/>	ALEUTIAN PRIBILOF ISLAND ASSOCIATIONS	ANCHORAGE	AK	FH0012011120
<input checked="" type="checkbox"/>	Kodiak Island Health Care Foundation	Kodiak	AK	FH0012017440
<input type="checkbox"/>	BRISTOL BAY BOROUGH	Naknek	AK	FH0012017104
<input type="checkbox"/>	TANANA CHIEFS CONFERENCE	FAIRBANKS	AK	FH0012000223
<input checked="" type="checkbox"/>	Alaska Island Community Services	Wrangell	AK	FH0012004200
<input type="checkbox"/>	Yakutat Tlingit Tribe	Yakutat	AK	FH0012004200
<input type="checkbox"/>	BETHEL FAMILY CLINIC	Bethel	AK	FH0012017100
<input type="checkbox"/>	CITY OF GALENA	Galena	AK	FH0012017100
<input type="checkbox"/>	Native Village of Eyak	Cordova	AK	FH0012004204
<input type="checkbox"/>	INTERIOR COMMUNITY HEALTH CENTER	Fairbanks	AK	FH0012007740
<input type="checkbox"/>	Cross Road Medical Center	Glennallen	AK	FH0012017440
<input type="checkbox"/>	SELDOVIA VILLAGE TRIBE	Seldovia	AK	FH0012017100

This page: Select all Unselect all 4 Grantees Selected (View) Across pages: Select all Unselect all Group Action Menu

Go to Previous Page Add to Application

- 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**

Select / Unselect	Grantee Name	City	State	GrantNumber
<input type="checkbox"/>	SOUTHCENTRAL FOUNDATION	Anchorage	AK	H80CS001128
<input type="checkbox"/>	ANCHORAGE NEIGHBORHOOD HEALTH CENTER	ANCHORAGE	AK	H80CS001146
<input type="checkbox"/>	GIRDWOOD HEALTH CLINIC	Girdwood	AK	H80CS000807
<input type="checkbox"/>	ALEUTIAN PRIBILOF ISLAND ASSOCIATIONS	ANCHORAGE	AK	H80CS001128
<input type="checkbox"/>	Kodiak Island Health Care Foundation	Kodiak	AK	H80CS001146
<input type="checkbox"/>	BRISTOL BAY BOROUGH	Naknek	AK	H80CS001128
<input type="checkbox"/>	TANANA CHIEFS CONFERENCE	FAIRBANKS	AK	H80CS000823
<input type="checkbox"/>	Alaska Island Community Services	Wrangell	AK	H80CS000823
<input type="checkbox"/>	Yakutat Tlingit Tribe	Yakutat	AK	H80CS000823
<input type="checkbox"/>	BETHEL FAMILY CLINIC	Bethel	AK	H80CS001128

- 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**

**Participating Health Centers - List**

**Note(s):**  
Provide the total number of Participating Health Centers (Health Center Program award recipients and health centers with look-alike designation) that are committed to the proposed HCCN project. Note that the number of Health Center Program award recipients (those with a grant number beginning H80CS...) must comprise at least 51% of the total number of Participating Health Centers.

► **BEYONDSIDE COMMUNITY HEALTH ASSOCIATION OF SPOKANE** Due Date: 11/15/2018 (Due In: 0 Days) | Section Status: Not Started

► **Resources**

Serial Number	Health Center Type	Health Center Name	City	State	Grant/ LAL Number	Options
1	Grantee	Alaska Island Community Services	Wrangell	AK	H80CS000823	Delete
2	Grantee	ALEUTIAN PRIBILOF ISLAND ASSOCIATIONS	ANCHORAGE	AK	H80CS001128	Delete
3	Grantee	Kodiak Island Health Care Foundation	Kodiak	AK	H80CS001146	Delete
4	Grantee	SOUTHCENTRAL FOUNDATION	Anchorage	AK	H80CS001128	Delete

Go to Previous Page Save Save and Continue

### 3.1.2 Adding Look-Alikes (LAL)

- 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

**Participating Health Centers - Look-Alike Search**

Due Date: 11/15/2018 (Due In: 30 Days)

Resources

**Search Filters:**

**Basic Search Parameters**

Look-Alike Number:  (e.g. A11HP00024, A10HP00152)

Organization Name Like:  (e.g. CLAYTON COUNTY)

City Like:

State:  All  
 AL  
 AZ  
 CA  
 CO

Search Name:  [Save Parameters](#) [Search](#)

Search | Saved Searches

This page: [Select all](#) [Unselect all](#) 0 LookAlikes Selected (View) Across pages: [Select all](#) [Unselect all](#) [Group Action Menu](#)

Page size: 15 Go 166 items in 12 page(s)

Select / Unselect	Organization Name	City	State	LAL Number
<input type="checkbox"/>	BAYOULINIC, INC.	BAYOU LA BATRE	AL	LAL00108
<input type="checkbox"/>	TERROS INC	PHOENIX	AZ	LAL00108
<input type="checkbox"/>	RIVER CITIES COMMUNITY CLINIC, INC	BULLHEAD CITY	AZ	LAL00108
<input type="checkbox"/>	NEIGHBORHOOD OUTREACH ACCESS TO HEALTH	SCOTTSDALE	AZ	LAL00118
<input type="checkbox"/>	VALLE DEL SOL, INC.	PHOENIX	AZ	LAL00108
<input type="checkbox"/>	MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT	PHOENIX	AZ	LAL00107
<input type="checkbox"/>	CENTER FOR A.I.D.S. RESEARCH, EDUCATION AND SERVICES - SACRAMENTO, THE	SACRAMENTO	CA	LAL00107
<input type="checkbox"/>	NORTH ORANGE COUNTY REGIONAL HEALTH FOUNDATION	FULLERTON	CA	LAL00108
<input type="checkbox"/>	HEALTH FOR ALL, INC.	SACRAMENTO	CA	LAL00104
<input type="checkbox"/>	CASTLE FAMILY HEALTH CENTERS, INC.	ATWATER	CA	LAL00112
<input type="checkbox"/>	CENTRAL NEIGHBORHOOD HEALTH FOUNDATION	LOS ANGELES	CA	LAL00108
<input type="checkbox"/>	UNIVERSAL HEALTH FOUNDATION	LOS ANGELES	CA	LAL00118
<input type="checkbox"/>	HARBOR COMMUNITY CLINIC	SAN PEDRO	CA	LAL00104
<input type="checkbox"/>	ALL-INCLUSIVE COMMUNITY HEALTH CENTER	BURBANK	CA	LAL00118
<input type="checkbox"/>	SAMUEL DIXON FAMILY HEALTH CEN	VALENCIA	CA	LAL00112

Page size: 15 Go 166 items in 12 page(s)

This page: [Select all](#) [Unselect all](#) 0 LookAlikes Selected (View) Across pages: [Select all](#) [Unselect all](#) [Group Action Menu](#)

[Go to Previous Page](#) [Add to Application](#)

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

**Participating Health Centers - List**

**Note(s):**  
Provide the total number of Participating Health Centers (Health Center Program award recipients and health centers with look-alike designation) that are committed to the proposed HCCN project. Note that the number of Health Center Program award recipients (those with a grant number beginning H80CS...) must comprise at least 51% of the total number of Participating Health Centers.

SECTION: COMMUNITY HEALTH ASSOCIATION OF SPokane Due Date: 10/13/2015 (Due In: 30 Days) | Section Status: Complete

Resources

[Add Grantee Health Center](#) [Add Look-Alike Health Center](#)

Serial Number	Health Center Type	Health Center Name	City	State	Grant/ LAL Number	Options
1	Grantee	BRISTOL BAY BOROUGH	Naknek	AK	H80C-2015-1134	Delete
2	Grantee	Yakutat Tingit Tribe	Yakutat	AK	H80C-2015-1135	Delete
3	Grantee	Alaska Island Community Services	Wrangell	AK	H80C-2015-1136	Delete
4	Grantee	ALEUTIAN PRIBILOF ISLAND ASSOCIATIONS	ANCHORAGE	AK	H80C-2015-1137	Delete
5	Grantee	BETHEL FAMILY CLINIC	Bethel	AK	H80C-2015-1138	Delete
6	Grantee	Kodiak Island Health Care Foundation	Kodiak	AK	H80C-2015-1139	Delete
7	Grantee	INTERIOR COMMUNITY HEALTH CENTER	Fairbanks	AK	H80C-2015-1140	Delete
8	Grantee	Cross Road Medical Center	Glennallen	AK	H80C-2015-1141	Delete
9	Grantee	SOUTHCENTRAL FOUNDATION	Anchorage	AK	H80C-2015-1142	Delete
10	Grantee	CITY OF GALENA	Galena	AK	H80C-2015-1143	Delete
11	Grantee	Native Village of Eyak	Cordova	AK	H80C-2015-1144	Delete
12	Look-Alike	BAYOCLINIC, INC.	BAYOU LA BATRE	AL	LAL-2015-1145	Delete
13	Look-Alike	MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT	PHOENIX	AZ	LAL-2015-1146	Delete
14	Look-Alike	NEIGHBORHOOD OUTREACH ACCESS TO HEALTH	SCOTTSDALE	AZ	LAL-2015-1147	Delete
15	Look-Alike	VALLE DEL SOL, INC.	PHOENIX	AZ	LAL-2015-1148	Delete
16	Look-Alike	CENTER FOR A I D S. RESEARCH, EDUCATION AND SERVICES - SACRAMENTO, THE	SACRAMENTO	CA	LAL-2015-1149	Delete

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

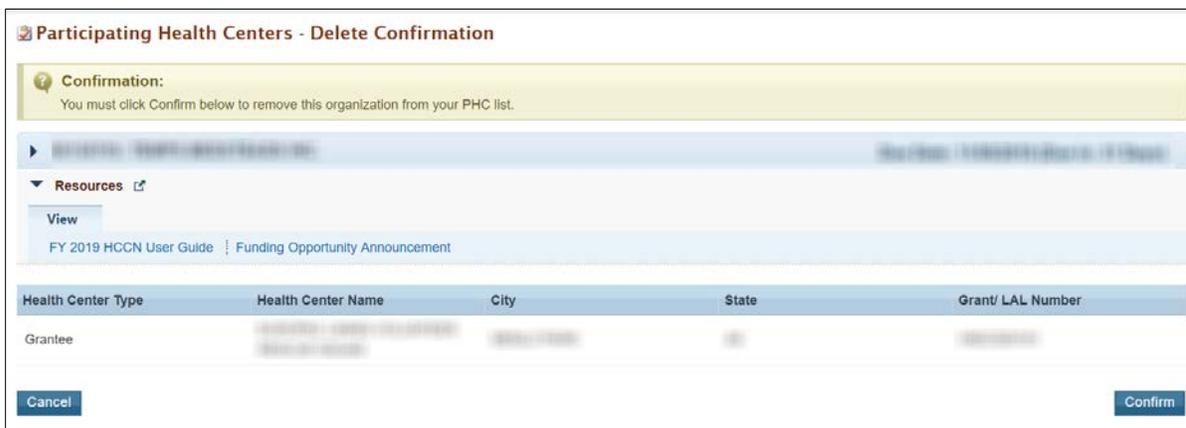
4. Click the Save and Continue button to proceed to the next section of the application (Figure 22, 2).

### 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):

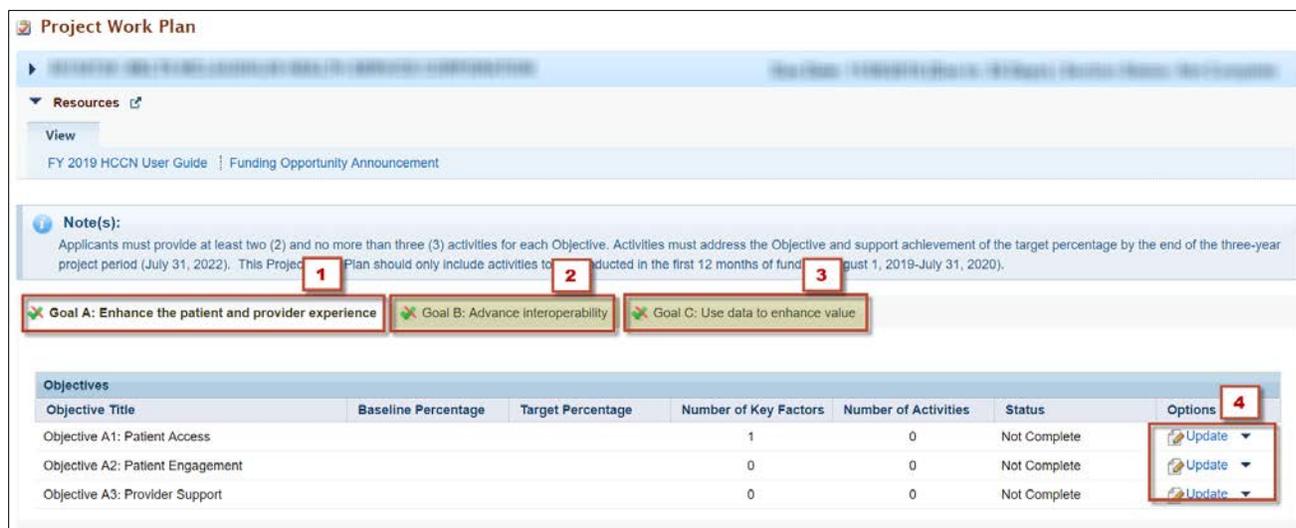
Goal A - Enhance the patient and provider experience (Figure 24, 1)

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

**Objective Information - Update**

Resources

Fields with \* are required.

**Objective Details**

Objective Title: Objective A1: Patient Access

Objective Description: Increase the percentage of PHCs using health IT to facilitate patients' access to their personal health information (e.g., patient history, test results, shared electronic care plans, self-management tools).

\* Numerator (1)

\* Denominator (2)

Baseline Percentage (3)

\* Target Percentage (4)

Approximately 1/4 page (Max 500 Characters without spaces): 500 Characters left (5)

\* Baseline Data Source (5)

**Note(s):**  
Identify a minimum of two and a maximum of three key factors for this objective including at least one contributing and one restricting factor.

Add Key Factor (6)

**Key Factors (Minimum 2) (Maximum 3)**  
No Key Factors Added

**Note(s):**  
Identify a minimum of two and a maximum of three activities for this objective.

Add Activity (7)

**Activities (Minimum 2) (Maximum 3)**  
No Activities Added

Go to Previous Page Save Save and Continue

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**

The screenshot shows the 'Add New Key Factor' overlay. At the top, there's a title bar with the text 'Add New Key Factor' and a close button. Below the title bar, it says 'Fields with \* are required'. There are two main sections: 'Key Factor Type' with radio buttons for 'Contributing' and 'Restricting', and 'Key Factor Description' with a text area. A character limit of '500 characters with spaces (Approximately 1/4 page)' is shown above the text area. At the bottom, there are 'Cancel' and 'Save and Continue' buttons. Red boxes with numbers 1 and 2 highlight the 'Key Factor Type' section and the 'Key Factor Description' text area, respectively.

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**

**Add New Activity**

Fields with \* are required

\* Activity Name ⓘ 100 characters with spaces (Approximately 1/8 page)

\* Activity Description ⓘ 500 characters with spaces (Approximately 1/4 page)

\* Person or Group Responsible ⓘ 500 characters with spaces (Approximately 1/4 page)

\* Targeted Start Date ⓘ (e.g. mm/dd/yyyy)

\* Targeted End Date ⓘ (e.g. mm/dd/yyyy)

Cancel Save and Continue

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**

Objective Title	Baseline Percentage	Target Percentage	Number of Key Factors	Number of Activities	Status	Options
Objective C1: Data Analysis			0	0	Not Complete	Update
Objective C2: Social Risk Factor Intervention			0	0	Not Complete	Update
Objective C3: Applicant Choice			0	0	Not Complete	Update

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**

Fields with \* are required.

**Objective Details**

- \* Objective Title  2
- \* Objective Description  3

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**

The screenshot shows the 'Project Work Plan' page. At the top, there is a breadcrumb trail: 'You are here: Home » Tasks » Browse » Grant Application » Program Specific Information'. The left navigation menu includes 'TASKS', 'Program Specific Information', 'Overview', 'Performance Data', 'Review', and 'All Forms'. The main content area shows 'Project Work Plan' with a 'Resources' section containing 'FY 2019 HCCN User Guide' and 'Funding Opportunity Announcement'. Below that is a 'Note(s)' section with instructions for applicants. Three goal tabs are visible: 'Goal A: Enhance the patient and provider experience', 'Goal B: Advance interoperability', and 'Goal C: Use data to enhance value', all with green checkmarks. The 'Objectives' table is as follows:

Objective Title	Baseline Percentage	Target Percentage	Number of Key Factors	Number of Activities	Status	Options
Objective A1: Patient Access	40.0 %	65.0 %	2	2	Complete	Update
Objective A2: Patient Engagement	50.0 %	66.0 %	2	2	Complete	Update
Objective A3: Provider Support	60.0 %	67.0 %	2	2	Complete	Update

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

**Application - Status Overview**

**HSAFHS: COMMUNITY HEALTH CONNECTIONS, INC.** Due Date: 8/13/2016 11:58:58 PM (Due in: 81 days) | Application Status: Complete

Announcement Number: HRSA-15-212      Announcement Name: Service Area Competition      Created by: John Daniels on 08/09/2016 3:51:58 PM  
 Application Type: *Competing Continuation*      Grant Number: HR15-00007P      Last Updated By: John Daniels on 08/09/2016 3:51:58 PM  
 Application Package: SF424      Application FY: 2016      Program Type: *Non-Construction*

**Resources**

View

Application | Action History | Funding Opportunity Announcement | FOA Guidance | Application User Guide

**Users with permissions on this application (1)**

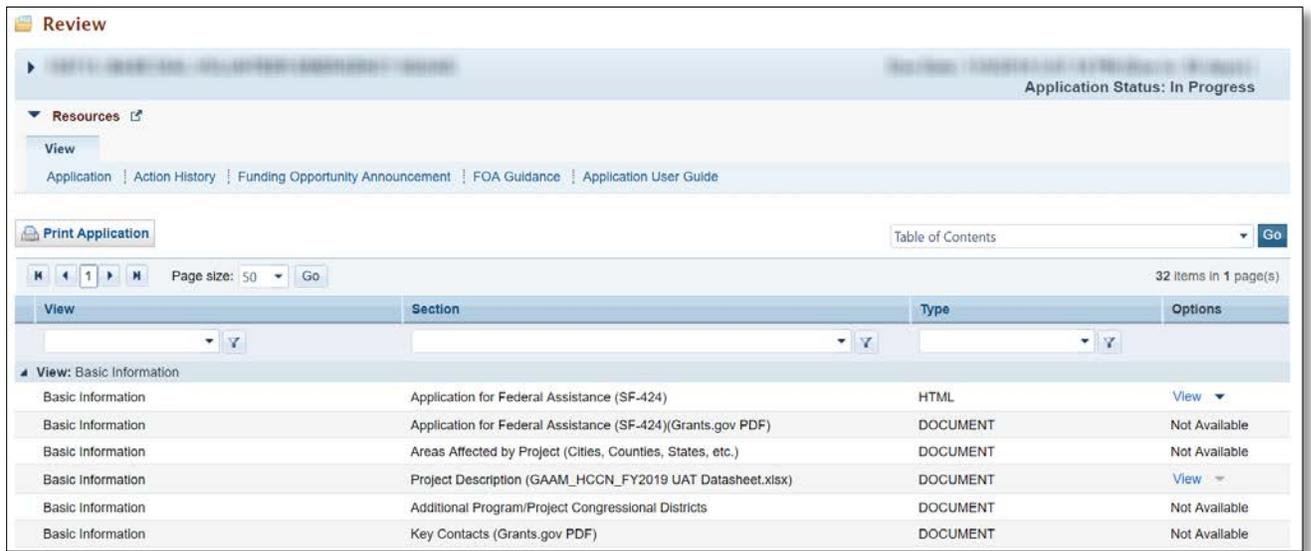
**List of forms that are part of the application package**

Section	Status	Options
Basic Information		
SF-424	Complete	
Part 1	Complete	Update
Part 2	Complete	Update
Project/Performance Site Location(s)	Complete	Update
Project Narrative	Complete	Update
Budget Information		
Section A-C	Complete	Update
Section D-F	Complete	Update
Budget Narrative	Complete	Update
Other Information		
Assurances	Complete	Update
Disclosure of Lobbying Activities	Complete	Update
Appendices	Complete	Update
Program Specific Information		
Program Specific Information	Complete	Update

➤ 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

The screenshot displays the 'Application - Submit' page for 'HEALTH COMMUNITY HEALTH CONNECTIONS, INC.'. The interface includes a sidebar with navigation options like 'Overview', 'Basic Information', 'Budget Information', and 'Review and Submit'. The main content area shows application details such as 'Announcement Number: HRSA-15-215' and 'Application Type: Competing Continuation'. A table lists the status of various forms, all marked as 'Complete'. At the bottom right, a 'Submit to AO' button is highlighted with a red box.

Section	Status	Options
Basic Information		
SF-424	Complete	
Part 1	Complete	Update
Part 2	Complete	Update
Project/Performance Site Location(s)	Complete	Update
Project Narrative	Complete	Update
Budget Information		
Section A-C	Complete	Update
Section D-F	Complete	Update
Budget Narrative	Complete	Update
Other Information		
Assurances	Complete	Update
Disclosure of Lobbying Activities	Complete	Update
Appendices	Complete	Update
Program Specific Information		
Program Specific Information	Complete	Update

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>).