# FY 2016 Health Center Controlled Networks
## Responses to Frequently Asked Questions
## HRSA-16-010
## Updated January 22, 2016

This document provides responses to frequently asked questions (FAQs) about the fiscal year (FY) 2016 Health Center Controlled Networks funding opportunity (HRSA-16-010).  This document will be updated as necessary, so please check frequently for new versions on the Health Center Controlled Networks (HCCN) technical assistance web page available at http://bphc.hrsa.gov/programopportunities/fundingopportunities/HCCN/index.html.

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## General Information (includes new and updated items)

1.  **NEW: What is a Health Center Controlled Network?**

Health Center Controlled Networks (HCCNs) bring health centers together for the purpose of strengthening quality of care and improving patient health outcomes by achieving meaningful use of Office of the National Coordinator (ONC)-certified electronic health records (EHRs), adopting technology and quality improvement strategies, and engaging in health information exchange (HIE).  For more information about Health Information Technology and ONC-certified EHRs please visit the National Association of Community Health Centers Health Information Technology website.  This webpage also provides a link to *The Network Guide*, which describes current HCCNs and their activities.

2. **What is the purpose of the FY 16 HCCN funding opportunity?**

The purpose of the FY 16 HCCN funding opportunity is to support health centers in achieving meaningful use of ONC-certified EHRs, adopting technology-enabled quality improvement strategies, and engaging in HIE to strengthen the quality of care and improve patient health outcomes.

3. **How does this funding opportunity (HRSA-16-010) differ from the preceding HCCN funding opportunities HRSA-13-237 and HRSA-13-267?**

The current funding opportunity (HRSA-16-010) differs from past funding opportunities in the following ways:
   - Requires that application materials be submitted in both Grants.gov and HRSA Electronic Handbooks (EHB);
   - Allows health centers with look-alike designation to be Participating Health Centers;
   - Has new Core Objectives, Focus Areas, and Goals;
   - Requires that Project Work Plan content be entered into a Program-Specific Form in EHB; and
   - Requires that Participating Health Centers' commitment to the project must be demonstrated by a signed memorandum of agreement that is submitted with the application as Attachment 2.

4. **What is the length of the project period?**

The project period will be up to 3 years. Funding beyond the first year is dependent on the availability of appropriated funds in subsequent fiscal years, satisfactory performance, and a decision that continued funding is in the best interest of the federal government.

5. **What is the deadline for submitting the HCCN application?**

Applications will be submitted in two phases.  See section IV of the funding opportunity announcement (FOA) for additional information.
   - Phase 1 – Grants.gov:  February 1, 2016 (11:59 P.M. ET)
   - Phase 2 – HRSA Electronic Handbooks (HRSA EHB):  March 1, 2016 (5:00 P.M. ET)

6. **UPDATED: How many HCCN awards will be made and when will HCCN funds be awarded?**

Approximately 45 HCCN awards will be issued on or around August 1, 2016.

# Eligibility (includes new items)

7. **What organizations are eligible for the HCCN funding opportunity?**

To be eligible, an applicant must fulfill both of the following:
   - Be a public or private non-profit organization, including tribal and community-based organizations.

- Be either:
    - A practice management network (also referred to as a Health Center Controlled Network or HCCN) that is majority controlled[1] by Health Center Program award recipients; OR
    - A health center funded for at least the two consecutive preceding years as a Health Center Program award recipient applying on behalf of an HCCN. The HCCN must: (1) be majority controlled and, as applicable, at least majority owned by Health Center Program award recipients, and (2) have its own governing board, independent of the boards of its health center members.

Health Center Program award recipients receive funding under Section 330 of the Public Health Service Act. See section III of the FOA for complete eligibility information.

8. **NEW: Do applicants have to be existing HCCN award recipients?**
Applicants to the HCCN funding opportunity HRSA-16-010 need not have been funded under prior HCCN funding opportunities (e.g., HRSA-13-237, HRSA-13-267). New HCCNs, previously unfunded HCCNs, and current HCCN award receeipients are all eligible applicants.

9. **Is there guidance to help applicants assess readiness to apply to the FY16 HCCN funding opportunity?**
An applicant must meet all eligibility requirements and demonstrate that it has the expertise and infrastructure in place to address each required Focus Area. In addition, each applicant, including those that are current HCCN award recipients or Health Center Program award recipients applying on behalf of an HCCN, must provide current network bylaws and document that it operates in alignment with the guidelines presented in *The Network Guide*.

10. **Is a health center with multiple sites an HCCN?**
No. An HCCN is an organization that is majority controlled and, as appropriate, majority owned by unique health centers that are Health Center Program award recipients. The Participating Health Centers affiliated with the HCCN must be at least 10 unique health centers, not sites.

11. **Are current Primary Care Association (PCA) or National Cooperative Agreement (NCA) award recipients eligible to apply to the HCCN funding opportunity?**
A PCA or an NCA is eligible if it:
- Meets all eligibility requirements as stated in Section III of the FOA;
- Is controlled by and acting on behalf of health centers funded under Section 330 of the PHS Act (as documented by the organization's bylaws); and
- Provides the following services:
    - Reduces costs associated with the provision of health care services;
    - Improves access to and availability of health care services provided to individuals

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[1] For the purposes of this funding opportunity, the term "controlled" means that the organization's governing board contains a majority of health center representatives and health centers have the collective authority to appoint or elect a minimum of 51 percent of the HCCN's board members.

> served by the health centers;
> o   Enhances the quality and coordination of health care services; and
> o   Improves the health status of communities.

If the PCA or NCA is a for-profit organization, it is not eligible for the HCCN funding opportunity.

12. **NEW: Does an applicant organization that is applying as a practice management network/HCCN (e.g., a PCA) have to establish HCCN-specific bylaws?**
The HCCN's bylaws must be submitted. If the applicant is a health center award recipient applying on behalf of an HCCN, the HCCN's bylways must be submitted. If the applicant is an HCCN, the applicant's bylaws must be submitted. If a PCA is applying as a practice management network/HCCN, the PCA's bylaws must demonstrate compliance with HCCN eligibility requirements as stated in section III of the FOA.

13. **Are limited liability corporations (LLCs) eligible to apply to the HCCN funding opportunity?**
The LLC must be a public or private non-profit organization.  Evidence of public or non-profit status must be submitted with the application materials as Attachment 1, as instructed in the FOA.

14. **Is an HCCN that is waiting for funding under this announcement (HRSA-16-010) to finalize its bylaws eligible?**
Applicants must submit final bylaws as evidenced by being signed and dated by the appropriate parties.

15. **NEW: Are there HCCN governance requirements, such as leadership positions?**
See the Project Narrative: Governance Section and Attachment 9: Corporate Bylaws for guidance on documenting HCCN governance.  No specific executive positions are required.

16. **Is an HCCN eligible to apply for this funding opportunity if all of the Participating Health Centers have already adopted an ONC-certified EHR?**
Yes, though applicants are encouraged to consider how they can leverage grant funding to support the adoption of ONC-certified EHRs at all health centers.  Applicants should propose Project Work Plans that respond to the Participating Health Centers' needs and will advance the required goals for all four Core Objectives throughout the three-year project period.

## Participating Health Centers (includes new and updated items)

17. **What is a Participating Health Center?**
Participating Health Centers are organizations funded under Section 330(e), (g), (h), and/or (i) of the Public Health Service Act (Health Center Program award recipients) or organizations with look-alike designation, meaning they meet all Health Center Program statutory, regulatory, and policy requirements but do not receive funding under Section 330 of the Public Health Service Act (look-alikes).  Participating Health Centers commit to working with the applicant throughout

the three-year project period to accomplish the HCCN project goals, as evidenced by executed memoranda of agreement provided as Attachment 2.

Applicants are required to maintain a minimum of 10 Participating Health Centers throughout the three-year project period.  A single health center with multiple sites counts as one Participating Health Center.  If the applicant is a health center, the applicant organization may elect to also be a Participating Health Center.  Participation in the HCCN project does not require dues-paying membership in the HCCN and the HCCN cannot charge Participating Health Centers for the services provided under this grant.

18. **Can a Health Center Program award recipient or look-alike be a Participating Health Center for two different applicants?**
No. A Health Center Program award recipient or look-alike can only serve as a Participating Health Center for one FY 2016 HCCN grant application or awarded grant.

19. **NEW: Can a Participating Health Center receive services from more than one HCCN?**
While a health center can be a Participating Health Center for only one HCCN, it may receive services from any HCCN or other technical assistance provider.

20. **What are the consequences of having fewer than the number of committed Participating Health Centers presented in the application during the project period?**
HCCNs are expected to maintain their proposed number of Participating Health Centers throughout the project period. HCCNs that experience a decrease in the number of Participating Health Centers during the project period below the lowest number required for the amount of funds received are at risk for a decrease in funding and will have a condition placed on their award.  (See the minimum value in the ranges provided in the Number of Participating Health Centers field, below.)  The Notice of Award will include a term that provides additional details.

| Number of Participating Health Centers | Maximum Annual Award |
| --- | --- |
| 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 or more | $1,500,000 |

21. **NEW: When during the application process must Participating Health Centers be identified?**

Applicants will identify their Participating Health Centers in the HRSA Electronic Handbooks (EHB) application phase (phase 2) via the Participating Health Centers form and Attachment 2: Participating Health Center Memorandum of Agreement. The Participating Health Centers must be the same in both of these application components.

Applicants must use the number of Participating Health Centers to establish their maximum allowed budget request, which is needed to complete the SF-424A form in the EHB application phase (phase 2). If the yearly budget request exceeds that maximum, the application will deemed ineligible and not sent for review.

Applicants must enter a budget request for year 1 in the Grants.gov application phase (phase 1). However, this budget request can be subsequently updated in the EHB application phase (phase 2).

22. **UPDATED: How many of the Participating Health Centers' sites must be involved in the HCCN activities?**

HCCNs must engage each Participating Health Center as a whole: all sites in scope, including mobile sites and sites in scope operated by contractor or sub-recipient. Sites can be identified through the HRSA Health Center and Look Alike Site Directory, available at http://datawarehouse.hrsa.gov/HGDWReports/OneClickRptFilter.aspx?rptName=FAHCSiteList&rptFormat=PDF.

23. **How will Participating Health Centers' commitment to the HCCN project be documented in the application?**

Applicants should submit, as Attachment 2, one Participating Health Center Memorandum of Agreement with one or more pages of compiled signatures, as needed. For example:

| 1: Participating Health Center name | 2: Participating Health Center name |
|---|---|
| Grant/LAL number | Grant/LAL number |
| Number of sites | Number of sites |
| CEO name | CEO name |
| CEO signature | CEO signature |

Should the agreement with a Participating Health Center have unique elements, those details can be included in a clearly identified addendum to the template memorandum of agreement provided in Attachment 2.

24. **What other contracts or formal written agreements should be provided in the application?**

No other contracts or agreements should be submitted. However, as applicable, applicants should submit as Attachment 7 a summary of contracts and agreements that will substantially

contribute to the success of the HCCN project beyond the activities included in the Participating Health Center Memorandum of Agreement.  The contracts and agreements should be referenced in the budget documents, Project Work Plan, and Project Narrative, as appropriate. The Participating Health Center Memorandum of Agreement submitted as Attachment 2 should not be summarized in Attachment 7.

# Project Work Plan (includes new and updated items)

**25. How should the Project Work Plan be submitted?**
The Project Work Plan will be completed in the EHB application phase as instructed in Appendix A of the FOA.  A sample work plan is available at
http://bphc.hrsa.gov/programopportunities/fundingopportunities/HCCN/index.html.

**26. UPDATED: Should the Project Work Plan cover one year or all three years of the proposed project?**
The Project Work Plan provides the Goal Targets that will be attained by the end of the three year project period (July 31, 2019) and details the proposed Activities to achieve those Goals that will be conducted in the first 12 months of the project period (from August 1, 2016 to July 31, 2017).  Additional details regarding planned Activities in years 2 and 3 of the project period may be included in reply to the Project Narrative: Response item 2: Provide a timeline for the entire three-year project period, accompanied by narrative as appropriate, that outlines how subsequent year activities will build off of those detailed in the Project Work Plan to achieve the three-year goals and outcomes for each Focus Area.  HCCN award recipients will provide updated project work plans annually through the Non-Competing Continuation Progress Report.

**27. Can an application address only one Core Objective or only one Focus Area in a Core Objective?**
No. The application must propose Activities that will address all four Core Objectives and all of the Focus Areas within each Core Objective.

**28. Can an application propose additional Focus Areas and/or Goals?**
No. The application may only respond to the stated Focus Areas and Goals.  Additions or modifications are not allowed.

**29. What are the required Goals?**

| Core Objective A: Health IT Implementation and Meaningful Use |
| --- |
| Goal A1: Increase the percentage of Participating Health Centers with an ONC-certified EHR system in use. |
| Goal A2: Increase the percentage of Meaningful Use eligible providers at Participating Health Centers receiving incentive payments from CMS for meeting Meaningful Use requirements. |

| **Core Objective B: Data Quality and Reporting** |
|---|
| Goal B1: Increase the percentage of Participating Health Centers that electronically extract data from an EHR to report all UDS Clinical Quality Measure data on all of their patients. |
| Goal B2: Increase the percentage of Participating Health Centers generating quality improvement reports at the site and clinical team levels. |
| Goal B3: Increase the percentage of Participating Health Centers that integrate data from different service types and/or providers (e.g., behavioral health, oral health). |
| **Core Objective C: Health Information Exchange (HIE) and Population Health Management** |
| Goal C1: Increase the percentage of Participating Health Centers that improve care coordination through health information exchange with unaffiliated providers or entities. |
| Goal C2: Increase the percentage of Participating Health Centers using health information exchange to support population health management. |
| **Core Objective D: Quality Improvement** |
| Goal D1: Increase the percentage of Participating Health Centers that meet or exceed Healthy People 2020 goals on at least five selected UDS Clinical Quality Measures. |
| Goal D2: Increase the percentage of Participating Health Centers that improved the value, efficiency, and/or effectiveness of health center services. |
| Goal D3: Increase the percentage of Participating Health Center sites that have current PCMH recognition. |

30. **How many Activities does an applicant need to propose under each Focus Area?**
For each Focus Area, applicants must propose at least two and no more than five Activities that will be performed during the first 12 months of the project period that will advance progress toward achieving the Goal Target at the end of the project period, July 31, 2019.  Activities will vary based on identified Participating Health Centers' needs.  Appendix B in the FOA provides example activities for each Focus Area.

31. **NEW: Do all Participating Health Centers need to receive the same services from the HCCN?**
An HCCN should provide services that are based on the unique needs of its Participating Health Centers.  Some Activities, therefore, may be relevant to some Participating Health Centers and not to others.  As such, there can be unique aspects for each Participating Health Center MOA (see question 23), and HCCNs may choose different clinical quality improvement metrics, including Uniform Data System (UDS) Clinical Quality Measures, for different Participating Health Centers.  To ensure and document appropriate need-based services, HCCNs will develop individualized work plans for each Participating Health Center within the first 90 days after award.

32. **NEW: How should an HCCN address a Focus Area(s) for which all sites for all of the Participating Health Centers have already achieved the related Goal(s)?**

The HCCN should offer services to strengthen and maintain the Participating Health Centers' performance in the Focus Areas. For example, this may include designing activities to increase laboratory and pharmacy interfaces and advance the coordination of quality care. For Participating Health Centers that have an ONC-certified EHR, HCCNs could: maintain upgrade and service schedules, complete security risk assessments, create content workgroups, identify needed enhancements, improve process issues, and provide ongoing training. The activities do not just increase the use of ONC-certified EHRs, but advance Meaningful Use.

33. **NEW: What constitutes electronically extracting data from an EHR to report UDS data?**

Electronically extracting data uses an EHR to collect, calculate, and report UDS data instead of chart audits or sampling. The generated reports include information for the universe of the health center's patients.

34. **UPDATED: Which UDS Clinical Quality Measures have related Healthy People 2020 goals and therefore can be used to address Goal D1?**

Appendix C in the FOA defines all of the 2015 UDS Clinical Quality Measures. An updated chart depicting the UDS Clinical Quality Measures and the related Healthy People 2020 goals is available on the HCCN Technical Assistance webpage located at http://bphc.hrsa.gov/programopportunities/fundingopportunities/HCCN/index.html. HCCNs must select 5 of the 8 UDS Clinical Quality Measures with related Healthy People 2020 goals to address Goal D1. The UDS Clinical Quality Measures without related Healthy People 2020 goals can be used to address other FY16 HCCN Goals.

35. **NEW: How is performance measured for Goal D2?**

HRSA does not require a specific metric to measure Goal D2 baseline or achievement. The applicant will describe how all goals, including Goal D2, will be measured and how the proposed strategy is appropriate for the Participating Health Centers and the HCCN's activities in the Project Work Plan and the Project Narrative: Evaluative Measures section.

36. **NEW: For each Goal, how should applicants determine the numerators and denominators?**

The numerators and denominators are defined in the Project Work Plan form in the EHB application phase. Most of the denominators are the number of Participating Health Centers. The numerators will correspond to the denominators and will be determined by current Participating Health Center data, some of which may be available through UDS. Refer to the Sample Project Work Plan on the Technical Assistance webpage.

37. **UPDATED: Are there resources available to help develop the Project Work Plan?**

There are a number of resources available to help applicants develop the HCCN Project Work Plan and application:

- Certified Health IT Product List  http://onc-chpl.force.com/ehrcert

- Centers for Medicare and Medicaid Electronic Health Records Incentive Programs https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html
- ONC Health Information Exchange http://www.healthit.gov/HIE
- Federal Health IT Strategic Plan 2015-2020 https://www.healthit.gov/sites/default/files/9-5-federalhealthitstratplanfinal_0.pdf
- HRSA Patient-Centered Medical/Health Home (PCMHH) Initiative http://bphc.hrsa.gov/qualityimprovement/clinicalquality/accreditation-pcmh/index.html
- National Association of Community Health Centers Health Information Technologies http://www.nachc.com/Health%20Information%20Technologies%20(HIT).cfm

# Budget Presentation (includes new and updated items)

38. **What is the maximum federal funds request allowed for the HCCN funding opportunity?**
The yearly maximum is dependent upon the number of Participating Health Centers committed to working with the applicant throughout the three-year project period toward accomplishing the project goals.

| Number of Participating Health Centers | Maximum Annual Award |
|---|---|
| 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 or more | $1,500,000 |

39. **UPDATED: Should the budget presentation include non-federal funding (i.e., program income)?**
No.  HCCN application budgets should include only federal funding and budget information related to the activities to be supported under the proposed HCCN project.  Do not identify program income in the Standard Form 424A or detailed line-item budget section of the Budget Justification Narrative.  If desired, applicants can provide information on other program income and resources in the narrative section of the Budget Justification Narrative.  The proposed HCCN Activities, however, should align with the requested federal award amount.  If additional non-HCCN funds will be used to achieve the stated HCCN Goals, the HCCN may not charge the Participating Health Centers for these funds.

40. **Are there activities that are ineligible for HCCN funding?**
Yes.  See the HHS Grants Policy Statement available at
http://www.hrsa.gov/grants/hhsgrantspolicy.pdf for details on allowable and unallowable
costs.  Examples of unallowable uses of HCCN funds include incentives, fundraising, lobbying,
construction/renovation costs, facility or land purchases, or vehicle purchases.

41. **NEW: Does the funding need to be evenly distributed over 3 years?**
Budget requests are typically even across the three years based on the maximum annual
funding available.  However, the budget request can vary from year to year as long as it does
not exceed the maximum annual federal funding available based on the number of proposed
Participating Health Centers.

42. **Can HCCN grant funds be used to purchase equipment?**
Funds awarded under this program may not be used to purchase equipment or supplies for use
at the health center level or for individual center staffing (e.g., stipends for Participating Health
Centers are not allowable).  Funds may be used to support purchases that the HCCN will use to
perform the proposed activities and may include training and technical assistance related to the
provision of health IT and health IT-enabled care services.  Funds may also be used for the one-
time purchase of software for use by the HCCN.  All EHR software purchased must be certified
by an Office of the National Coordinator-Authorized Testing and Certification Body (ONC-ATCB).

43. **If applicants already provide HCCN-type services for a charge, must they stop charging for**
    **those services despite the grant not covering all the expenses for providing the services?**
Funds awarded under the HCCN funding opportunity must support activities specific to the
project requirements as outlined in the FOA.  The HCCN grant activities must be kept separate
and distinct from any of the applicant organization's other activities, services, and membership
requirements.  Applicants are advised to propose new activities and services rather than
duplicate those already offered.  Applicants may not require Participating Health Centers to
become members or pay to receive the services provided through this award program.

44. **Does HRSA require applicant organizations to have an Indirect Cost Rate Agreement?**
No.  Applicants are only required to have an Indirect Cost Rate Agreement if they are budgeting
for indirect costs.  If an organization does not have an Indirect Cost Rate Agreement, costs that
would fall into such a rate (e.g., administrative salaries) may be charged as direct line-item
costs.  If an organization wishes to apply for an Indirect Cost Rate Agreement, more information
is available at the HHS Division of Cost Allocation (DCA) webpage at http://rates.psc.gov.

45. **If an applicant organization has an indirect cost rate, what needs to be included in the**
    **application?**
If indirect costs are requested, the Indirect Cost Rate Agreement must be provided as
Attachment 10.

**46. What should be included in the Budget Justification Narrative?**
A detailed budget justification in line-item format must be completed for each requested budget period of federal funding in the 3-year project period (i.e., Year 1, Year 2, and Year 3). The budget justification must detail the costs of each line item within each object class category from the SF-424A: Budget Information – Non-Construction Programs form.  It is important to ensure that the budget justification contains detailed calculations explaining how each line-item expense was derived. For subsequent budget years, the narrative explanation should highlight the changes from the preceding year or clearly indicate that there are no substantive changes.

**47. Is there a required format for the Budget Justification Narrative?**
The Budget Justification Narrative is one MS Word or Excel file that will be uploaded in the Budget Narrative Form section in HRSA EHB.  Both the line item information and narrative justification should be provided in the same file/document.  A sample Budget Justification Narrative is available on the HCCN technical assistance webpage, located at [http://bphc.hrsa.gov/programopportunities/fundingopportunities/HCCN/index.html](http://bphc.hrsa.gov/programopportunities/fundingopportunities/HCCN/index.html), but you may provide the Budget Justification Narrative in another format as long as all required information is included.

## Application Development (includes new items)

**48. Where can I access the HCCN application instructions?**
The HCCN funding opportunity announcement and application package are available at [Grants.gov](Grants.gov).  Search using the announcement number HRSA-16-010.

**49. How should applicants respond to questions 1 and 2 on the SF-424?**
For question 1: Type of Submission, select "Application".  For question 2: Type of Application, select "New".  Note that all applicants, including currently funded HCCNs, should select "New" for question 2.

**50. NEW: How should applicants respond to SF-424 item 14 (areas affected by project)?**
Provide only the applicant's administrative site in item 14.

**51. Where is the abstract submitted?**
Upload the abstract to item 15 "Project Description" of the SF-424.  Should subsequent revisions be necessary, you may replace this abstract with a new version in the EHB application phase.

**52. NEW: How can an applicant find out if its application is subject to review under Executive Order 12372 so they can properly respond to SF-424 item 19?**
The [Executive Order 12372 website](Executive Order 12372 website) provides a table of states that require review of federal funding applications prior to submission.

**53. When can applicants begin the EHB submission process?**

Only applicants that successfully submit an application in Grants.gov (Phase 1) by the due date may submit the additional required information in EHB (Phase 2). The Authorizing Official Representative(s) registered in Grants.gov will be notified by email after successful submission in Grants.gov that the applicant may access the EHB to submit the additional required application components.

**54. What is the page limit for HCCN applications?**

There is an 80-page limit on the length of the total application when printed by HRSA. For information on what is included in the page limit, see section IV of the FOA. Please note that applications that exceed this page limit will be deemed non-responsive and not sent for review.

**55. Does HRSA have formatting guidelines (e.g., font type, font size) or upload requirements for attachments such as the Project Narrative and Budget Justification Narrative?**

Yes. Attachments should be single-spaced narrative documents with 12-point, easily readable font (e.g., Times New Roman, Arial, Courier) and 1-inch margins. Smaller font (no less than 10-point) may be used for tables, charts, and footnotes.

**56. How will applicants be notified if their application was not successfully submitted in Grants.gov and/or EHB?**

Grants.gov recently added a new feature called Grants.gov Workspace. This new feature checks for errors before submission in Grants.gov. More information on Grant.gov Workspace is available at http://www.grants.gov/web/grants/applicants/workspace-overview.html.

If not using Workspace, monitor your e-mail accounts, including spam folders, for e-mail notifications and/or error messages from Grants.gov. Errors in the Grants.gov application materials must be corrected and the application must be successfully resubmitted prior to the due date/time, so early initial submission is encouraged.

In EHB, all validation errors must be resolved before the application can be submitted to HRSA by the Authorized Official (AO) registered in EHB. For more information see HRSA's SF-424 Two-Tier Application Guide, available online at http://www.hrsa.gov/grants/apply/applicationguide/sf424programspecificappguide.pdf.

## Technical Assistance and Contact Information

**57. Who should I contact with programmatic questions concerning the HCCN submission requirements and process?**

Refer to the HCCN technical assistance page available at http://bphc.hrsa.gov/programopportunities/fundingopportunities/HCCN/index.html for technical assistance webinar presentation slides and recording, sample application materials, and other resources. Applicants may also contact the HCCN team in the Bureau of Primary Health Care's Office of Policy and Program Development at bphchccn@hrsa.gov or 301-594-4300.

58. **Who should I contact with budget-related questions, including eligible costs?**
Contact Christie Walker in HRSA's Division of Grants Management Operations at 301-443-7742 or cwalker@hrsa.gov.

59. **If I encounter technical difficulties when trying to submit my application in Grants.gov, who should I contact?**
For assistance with submitting the application in Grants.gov, contact Grants.gov 24 hours a day, seven days a week (excluding federal holidays) at 1-800-518-4726 or support@grants.gov. Register or update your SAM account as early as possible as registration may take up to one month and lack of registration will impact Grants.gov registration/access.

60. **If I encounter technical difficulties when trying to submit my application in HRSA EHB who should I contact?**
Contact the BPHC Helpline Monday through Friday, 8:30 AM to 5:30 P.M. ET (excluding federal holidays) at 1-877-974-2742 or BPHCHelpline@hrsa.gov.