HRSA Electronic Handbooks (EHB)

# FY 2016 Health Center Controlled Networks (HCCN)

HRSA-16-010

# **User Guide for Grant Applicants**

Last updated on October 20, 2015



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This user guide describes the steps you need to follow in order to submit a FY 2016 Health Center Controlled Networks (HCCN) application to the Health Resources and Services Administration (HRSA).

# 1. Starting the FY 2016 HCCN Application

You can complete and submit the FY 2016 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, complete, and submit this application in the HRSA Electronic Handbooks (EHB).

**IMPORTANT NOTE:** Refer to the HRSA SF-424 Two Tier Application Guide (http://www.hrsa.gov/grants/apply/applicationguide/sf424programspecificappguide.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 log in issues or forget your password, contact the Bureau of Primary Health Care (BPHC) Helpline (http://www.hrsa.gov/about/contact/bphc.aspx) at (877) 974-2742.

- 2. Locate the HCCN application using the EHB application tracking number (e-mailed after successful Grants.gov submission) and click the **Start** link to begin working on the application in EHB.
  - > The system opens the **Application Status Overview** page of the application (Figure 1).

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 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

### Figure 1: Accessing the Application - Status Overview Page

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:

- <u>Basic Information</u> (Figure 1, 1)
- <u>Budget Information</u> (Figure 1, 2)
- <u>Other Information</u> (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, as necessary by selecting the Update Description link (Figure 2, 2).

K SF-424 - Part 1 🕺 SF-424 - Pa	art 2				
Fields with * are required					
▼ Areas Affected by Project (Ci	ties, Counties, States, et	c.) (Minimum 0) (Maxi	mum 1)		Attach File
			No documents attached		
Descriptive Title of Applicant's P	roject Health	h Center Cluster			
· Project Description (Minime	um 1) (Maximum 1) 1				Max 1 Allowed
Document Name	Size	Date Attached	Description	Options	2
Project Abstract.docx	11 KB	410-009	Project Abstract from Grant.gov	M Updat	e Description 💌

### 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. Since this is a supplemental funding application, only the address for the administrative site location is required.
- In the **Project Narrative** form, attach the project narrative by clicking on the Attach file button (Figure 3, 1).

### Figure 3: Project Narrative

Go to Previous Page	Save Save and Continue
No documents attached	
Project Narrative (Minimum 1) (Maximum 2)	Attach File
Fields with • are required	Q
Application Action History - Funding Opportunity Announcement FOA Guidance - Application User Guide	
View	
▼ Resources 12	
<ul> <li>HIGH HEALTH HERE TIME</li> </ul>	Due Date: PM (Due in: days)   Section Status: Not Complete
Project Narrative	

# 2.2 Completing the Budget Information (SF-424A)

To complete this section, you must complete the **Budget Information** <u>Section A-C</u> and <u>D-F</u> forms and provide a <u>Budget Justification Narrative</u>.

# 2.2.1 Budget Information – Section A-C

**IMPORTANT NOTE:** FY 2016 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.

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:

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

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

### Figure 4: Budget Information Section A-C Update Link

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

VALUE COMMUNITY HEALTH AD	HOOK TON OF BRI	(MUNHE			Due Date:	PM (Do Section Status	ue in: days)   : Not Complete
Resources 🖻							. not complete
ields with * are required							
Budget Period 1 😽 Budget Period 2	K Budget Period 3	Rudget Period 4	Rudget Period 5				1
Section A - Budget Summary							Update
			Estimated Unobliga	ted Funds	Nev	v or Revised Budget	L
Grant Program Function or Activity		CFDA Number	Federal	Non-Federal	Federal	Non-Federal	Tota
Health Center Controlled Networks		93.527	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Section B - Budget Categories							🔗 Update
Object Class Octoorden			Grant Program Function or	Activity			Tota
Object Class Categories				Health C	enter Controlled Networ	ks	TOLA
Personnel					\$0.	00	\$0.00
Fringe Benefits					\$0.	DO	\$0.0
Travel					\$0.	00	\$0.0
Equipment					\$0.	00	\$0.0
Supplies					\$0.	00	\$0.0
Contractual					\$0.	00	\$0.0
Construction					\$0.	00	\$0.0
Other					\$0.	00	\$0.0
Total Direct Charges					\$0.	00	\$0.0
Indirect Charges					\$0.	00	\$0.0
Total					\$0.	00	\$0.00
Section C - Non Federal Resources							Dpdate
Grant Program Function or Activity		Applicant	State	Local	Other	Program Income	Tota
Health Center Controlled Networks		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

# 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.



· TURNA COMMUNITY HEALTH AN	INCOMPOSION OF SPOKE	UNE		Due Date: days)	PM (De Section Status: Not C	
Resources 🛃						
Fields with * are required						
* Section A - Budget Summary						
	CEDA Number	Estimated Unobl	ligated Funds	1 New or	Revised Budget 2	
	CFDA Number	Estimated Unobl	ligated Funds Non-Federal	1 New or Federal	Revised Budget 2 Non-Federal	Total
Grant Program Function or Activity		Federal	Non-Federal	Federal \$	Revised Budget	
Grant Program Function or Activity Health Center Controlled Networks	93.527			Federal	Revised Budget	<b>Total</b> \$0.00
Grant Program Function or Activity	93.527	Federal	Non-Federal	Federal \$	Non-Federal \$	

3. Do not update the Estimated Unobligated Funds columns. Under the New or Revised Budget section, enter the amount of federal funds requested for the first 12-month period of the HCCN project (Figure 6, 1). Do not enter non-federal funds in the budget. Only the federal fund 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 Table 1 for the maximum allowable awards for each annual budget period.

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

#### \_ . . . .

- 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

Rudget Period 1	Rudget Period 2	K Budget Period 3	Rudget Period 4	Rudget Period 5				
* Section A - Bud	get Summary							Dpdate
				Estimated Unobliga	ted Funds	New	or Revised Budget	
Grant Program Fun	iction or Activity	Ci	DA Number	Federal	Non-Federal	Federal	Non-Federal	Tota
Health Center Contr	olled Networks		93.527	\$0.00	\$0.00	\$500,000.00	\$0.00	\$500,000.00
Total				\$0.00	\$0.00	\$500,000.00	\$0.00	\$500,000.0

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).

* Section B - Budget Categories		🔗 Update		
Object Olars Octoories	Grant Program Function or Activity			
Object Class Categories	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		
Total Direct Charges	\$0.00	\$0.00		
Indirect Charges	\$0.00	\$0.00		
Total	\$0.00	\$0.00		

#### Figure 8: Section B – Budget Categories

- 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.

Note(s): Total of all budget categories in Section B must be equal to total federal new or revised budget in Sec	ion A - \$500,000.00.	
NUMBER COMMUNITY VEALTS ASSOCIATION OF SPORASE	Due Date: days)   Section Statu	
▶ Resources L <sup>a</sup>		
ields with * are required		
Section B - Budget Categories		
Object Class Categories Grant Program	Function or Activity	Total
Not once antigenes	Health Center Controlled Networ	
Personnel	\$ 0.0	\$0.00
ringe Benefits	s 0.0	\$0.00
Travel	s 0.0	00 1 S0.00
Equipment	\$ 0.0	\$0.00
Supplies	\$ 0.0	\$0.00
Contractual	\$ 0.0	\$0.00
Construction	\$ 0.0	\$0.00
Dther	\$ 0.0	\$0.00
ndirect Charges	s 0.0	50.00
Total Calculate Total 2	\$0.	\$0.00
Total Budget specified in Budget Summary (Section A)	\$500,000.	\$500,000.00

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

Success:						
Information saved successfully.						
NUMBER COMMUNITY HEALTS ADDIDDAY	TON OF MPOKANE			Due Date:	PM (D Section Status	ue in: days)   :: Not Complete
Resources 🕑						
elds with * are required	udget Period 3 🔗 💥 Budget Period 4	💥 Budget Period 5				
Section A - Budget Summary						🗇 Update
Sec. a long a long		Estimated Unobligat	ted Funds	Ne	w or Revised Budget	
Grant Program Function or Activity	CFDA Number	Federal	Non-Federal	Federal	Non-Federal	Tota
Health Center Controlled Networks	93.527	\$0.00	\$0.00	\$500,000.00	\$25,000.00	\$525,000.00
Total		\$0.00	\$0.00	\$500,000.00	\$25,000.00	\$525,000.00
Section B - Budget Categories						Dpdate
		Grant Program Function or	Activity			
Object Class Categories			Health C	enter Controlled Netwo	rks	Total
Personnel				\$100,000	.00	\$100,000.00
ringe Benefits				\$10,000	.00	\$10,000.0
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
Total Direct Charges				\$400,000	.00	\$400,000.00
Indirect Charges				\$100,000	.00	\$100,000.00
Total				\$500,000	.00	\$500,000.00
Section C - Non Federal Resources						Dpdate
Grant Program Function or Activity	Applicant	State	Local	Other	Program Income	Tota
	\$10,000.00	\$5,000.00	\$5,000.00	\$2,500.00	\$2,500.00	\$25,000.00
Health Center Controlled Networks						

### 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).

Success: Information entered on the 'Budget Period	1' page was saved suc	cessfully. The Section s	status is Complete				
rightal Commission addition of the solid					Due Date:		l (Due in: days)   atus: Not Complete
Resources 🕑							
Budget Period 1 🐳 Budget Period 2	Rudget Period 3	Rudget Period 4	Rudget Period 5				1
						C	opy from Previous Yea
Section A - Budget Summary							🕼 Update
			Estimated Unobligat	ed Funds	New	or Revised Budget	
Grant Program Function or Activity	c	FDA Number	Federal	Non-Federal	Federal	Non-Federal	Total
Health Center Controlled Networks		93.527	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Section B - Budget Categories							C Update
			Grant Program Function or	Activity			
Object Class Categories				Health C	enter Controlled Network	s	Total
Personnel					\$0.0	0	\$0.00
Fringe Benefits					\$0.0	0	\$0.00
Travel					\$0.0	0	\$0.00
Equipment					\$0.0	0	\$0.00
Supplies					\$0.0	0	\$0.00
Contractual					\$0.0	0	\$0.00
Construction					\$0.0	0	\$0.00
Other					\$0.0	0	\$0.00
Total Direct Charges					\$0.0	0	\$0.00
Indirect Charges					\$0.0	0	\$0.00
Total					\$0.0	10	\$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
Total		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

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

 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 2016 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

Budget Information	h - Section D-F					
· HING LAPINE COM	NUMITY HEALTH CONTER			Due Date:	PM (Due in: M da Status: M	ays)   Section Not Complete
▼ Resources I						
Application Action Histo	Funding Opportunity Announcemer	t FOA Guidance Appli	cation User Guide			
Section D - Forecasted Cash	Needs				1	Update
		1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Tota
Federal		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Non-Federal		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Section F - Other Budget Info	rmation				2	Update
Direct Charges	No information added.					
Indirect Charges	No information added.					
Remarks	No information added.				3	
Go to Previous Page					Save	ave and Continue

Figure 12: Budget Information – Section D-F

To complete this form, follow the steps below:

- 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).
- 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 Justification Narrative

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

THEORE LAPPINE COMMUNITY WERE, THE GENTER	Due Date: PM (Due in: days)   Section Status: Not Complete
▼ Resources L <sup>*</sup>	
Application Action History Funding Opportunity Announcement FOA Guidance Application User Guide	
Ids with • are required	(
* Budget Narrative (Minimum 1) (Maximum 2)	Attach F
No documents attached	

### Figure 13: Budget Justification 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 complete all three forms in order to complete this section.

# 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.

3 Assurances		
A DESCRIPTION OF STREET, STREET, ST.		Due Date: Section Status:
Resources to     View     Application Action History Funding Opportunity Announcement FC	A Guidance Application User Guide	
3F-424B: Assurances, Non-Construction		
As the duly authorized representative of the applicant. I certify that the applicant		
<ul> <li>described in this application.</li> <li>Will give the awarding agency, the Comptroles General of the United Statients and proper accounting system in accordance with generally accept 3 Wit establish safeguards to probibit employees from using their positions.</li> <li>Wit establish safeguards to probibit employees from using their positions.</li> <li>Wit establish safeguards to probibit employees from using their positions.</li> <li>Wit establish safeguards to probibit employees from using their positions.</li> <li>Wit comptly with the infegovernmental Presconel Act of 1910 (42 U S C 4 System of Personnel Administration (5 C FK 900, Subpart F).</li> <li>Wit comptly with all Federal studies relating to nondiscrimination. These is Amendments of 1072 as amended (20 U S C §§7681, 1683, and 1865, nundicaps, (d) like App Oscimizery Kachol Abaces and Alcoh the Public Health Service Act of 1912 (42 U S C §§20 dd-5 and 290 de nondiscrimination These is a study of the applicable.</li> <li>Wit comptly, as applicable, with the requirements of Titles I and properity accurate data setual of Federal (Federal) assisted programs and properity accurate data estual of Federal (Federal) assisted programs and properity accurate data estudi federal (Federal) assisted programs 10 Wit compty, if applicable, with the provisions of the March Act (5 U S C §§19 d) Statiant (6 federal) assisted construction subagreennets</li> <li>Wit compty, if applicable, with fibe tomsions of the Dans Bacon Act (4 D) S mission of the federal assisted construction subagreennets</li> <li>Wit comptly, if applicable, with fibe tomsions of the Dans Bacon Act (4 D) S mission of He federal assisted constructions subagreennets</li> <li>Wit comptly, if applicable, with fibe tomsions of the Dans Bacon Act (4 D) S mission of the federal assisted construction and acquisition is 510.</li> <li>Wit comptly with the intervention and acquisition is 510.</li> <li>Wit comptly with the March Science Rivers Act of 1986 (10 U S C §§12 S) was assistence.</li> <li>Wit</li></ul>	s and, if appropriate, the State, through any authenzed tre ed accounting standards or agency directives for a purpose that constitutes or presents the appearance recept of approval of the awarding agency. §4/28.4-763) instants to prescribed standards for ment sy exclude but are not limited to (a) Title VI of the Civil Rights / §6/28.4-763) instants to prescribed standards for ment sy exclude but are not limited to (a) Title VI of the Civil Rights / §6/28.4-763) instants to prescribed standards for ment sy exclude but are not limited to (a) Title VI of the Civil Rights / §6/29.4-763) instants to prescribed standards for ment sy exclude but are not limited to (a) Title VI of the Civil Rights / §6/20.4-763) instants to prescribed standards for ment sy and science instantent and Rehabilitation Act of 19/7 (b), as amended, relating to confidentiality of Acorbit and indiscrimination provisions in the specific statute(s) under these requirements apply to al interests in real properly. 20.1-568 and 7324-7328) which institle political activities U.S.C. §9276a to 276a-7), the Coolating Act (40 U.S.C. § extens 102(a) of the Filodo Disaster Protection Act of 19/7 00 or mpre. Safe Dimeing Water Act of 19/74 as amended (PL 93-5 1 at 5-49) (relation Provisions and roll of the tauton Safe Dimeing Water Act of 19/74, as amended (PL 93-5 1 at 5-49) (relation Provisions Act of 1960, as a men- wolved in research, development, and related activities as as amended, 7 U.S.C. § 292131 et seq ) pertaining to the co C. §§4001 et seq ) which prohibits the use of lead-based, in accerdance with the Single Audit Act Amendments of 19 une orders, regulations, and policies governmon To 5 program protection Act ((YPA) of 2000) as amended (22 U.S.	Instants for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Staudards for a Ment Act of 1964 (PL, 86-352) which prohibits discrimination on the basis of race, celor ar national engit: (b) Title IX of the Education (c) Exercise 504 or the Renabilitation Act of 973, as amended (20 U.S. C. §749), which prohibits discrimination on the basis of sea of age. (c) the Drug Abusis Office and Treatment Act of 1972 (PL, 92-255), as amended, relating to nondiscrimination on (PL, 91-318), as amended, relating to nondiscrimination on the basis of action abusis or abcolotion; (a) §522 and 527 of ding abuse patient records, (h) Title IX of the Stippish 2nd of 1968 (42 U.S. C. §500) of te sixo, 1 as amended, relating to which application for Federal assistance is being made, and, (i) the requirements of any other nondiscrimination statute(s) y Acquisition Prances Act of 1970 (PL, 91-540) which provide for flair and equitable treatment of persons displaced or where acquired for project purposes regardless of Federal participation in purchases. Is demolyces whose principal entopyment activities are traded in whole or in part with Federal funds. §276c and 18 U.S.C. §374), and the Contract Work Hours and Safely Standards Act (40 U.S.C. §§327-333), regardling labor ontrol measures under the National Environmental Policy Act of 1969 (PL, 91-190) and Executive Order (EO) 115(4, (b) rds inflox/plains in accordance with EO 11986, (e) assurance of project consistency with the approved State management to State (Cean Ari) Implementation Plais under Section 176(c) of the Cean Act of 1950, as anneoded (42 U.S.C. §§37401 23) and ((b) protocion of entangement species and the Endangemed Species Act of 1973, as amended (42 U.S.C. §§37401 23) and (b) protocion of endangemet species and the Endangemed Species Act of 1973, as amended (42 U.S.C. §§37401 23) and (b) protocion of endangemet species and the Endangemed Species Act of 1973, as amended (42 U.S.C. §§37401 23) and (b) protocion of endangemet spe
Certification		
Name of the authorized certifying official		
Title		
Applicant organization		
I certify that I have read and agree to comply with the requirements of for	n SF 424B upon award of funds.	
P Agree		
Go to Previous Page		Save Save and Ciminate

#### 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 are currently NOT receiving more than \$100,000 in federal funds, and you engage in lobbying activities, 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:

 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: Corporate Bylaws
- Attachments 10: Indirect Cost Rate Agreement
- Attachments 11 15: Other Relevant Documents

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

 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.

<ul> <li>an lotter combinery station is associate</li> </ul>	IOK OF EFORING	Due Date:	(Due In: Days)   Program S	pecific Status: Not Com
Announcement Number: HRSA-16-010 Grant Number: Not Available		e: Health Center Controlled Networks lealth Center Controlled Networks	Application Type: New Target Audience: Not Available	
Resources D     View     FY 2016 HCCN User Guide Funding Opportunity Annoi	uncement			
Program Specific Information Status				
Section		Status		Options
Participating Health Centers				
Participating Health Centers		💸 Not Started		Dpdate -
Project Work Plan Information				
Project Work Plan		Not Started		
Core A - Health IT Implementation and Meaningful Use		X Not Started		🕝 Update 🥣
Core B - Data Quality and Reporting		Not Started		Update -
Core C - Health Information Exchange (HIE) and Population	n Health Management	X Not Started		Update -
		Not Started		Dpdate -

# Figure 16: Status Overview Page for Program Specific Forms

# 3.1 Participating Health Centers

The **Participating Health Centers** form allows you to add 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. The **Participating Health Centers** form consists of the two following steps:

- 1. Add Grantee Health Centers (Figure 17, 1)
- 2. Add Look-Alike Health Centers (Figure 17, 2)

### Figure 17: Participating Health Centers - List Page

Note(s):						
		Health Center Program award recipients and ant number beginning H80CS) must compr			a second s	te that the number
rieaun center Frog	an award recipients (mose with a gra	nit number beginning noods) must compr	as at least 51 % of the lotal number of	Participating Health Center	5.	
annumber Comm	LINETY HEAL TH ADDOCUS THE	e or shokke	Due	Date: Due (Due	In: Days)   Section Sta	tus: Not Starte
Resources 🖻	2					
Add Grantee Health	Center Add Look-Alike Healt	h Center				
Serial Number	Health Center Type	Health Center Name	City	State	Grant/ LAL Number	Options
		No other L	lealth Centers added.			

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

# 3.1.1 Adding Health Center Program Award Recipients

- Click on the Add Grantee Health Center button (Figure 17, 1) on the Participating Health Centers List page. The system navigates to the Participating Health Centers - Grantee Search page (Figure 18).
- By default, the system displays the entire list of all available 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).
- 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.

services, con	MUNITY MAY TO ABODOWING UP 340	NARE .			Due Date:	(Due In: Days)
Resources ピ						
earch Filters:	4					
Basic Search Paran						
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DUNS Number (comma separated list)	(e.g. 014413456,80	99376155)				
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				AR	~	5
				Search Name:	Save P	arameters Search
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#### Figure 18: Participating Health Centers - Grantee Search Page

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:** You will only be able to select an award recipient to add to your application once. After an award recipient has been added to your HCCN application, you will not be able to select that award recipient again from your Search Results panel (Figure 19, 1).

Select / Unselect	Grantee Name	City	State	GrantNumber
	Y	7	Y	Y
	SOUTHCENTRAL FOUNDATION	Anchorage	AK	remaining the second
	ANCHORAGE NEIGHBORHOOD HEALTH CENTER	ANCHORAGE	AK	100000-00
D IT	GIRDWOOD HEALTH CLINIC	Girdwood	AK	AMOUNT DOCUMENT
T	ALEUTIAN PRIBILOF ISLAND ASSOCIATIONS	ANCHORAGE	AK	
	Kodiak Island Health Care Foundation	Kodiak	AK	100.0144
	BRISTOL BAY BOROUGH	Naknek	AK	100000
D/	TANANA CHIEFS CONFERENCE	FAIRBANKS	AK	-001208-00
4	Alaska Island Community Services	Wrangell	AK	1000000
3	Yakutat Tlingit Tribe	Yakutat	AK	1000000
1	BETHEL FAMILY CLINIC	Bethel	AK	VALUE OF A

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: Particinating Health Centers -	List Page Showing Added Award Recipients
rigure 20. Participating realth Centers –	List Fage Showing Added Award Recipients

		Center Program award recipients and health centers with look- comprise at least 51% of the total number of Participating Healt		ed to the proposed HCCN pr	oject. Note that the number of Hea	th Center Program awar
· Inclusion Column	ALT'S MEAL TH ADDOLE THE OF	EPOKANE .		Due Date:	(Due In: Days)   Section	Status: Not Started
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		Y	7	1	7	
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1		Alaska Island Community Services ALEUTIAN PRIBILOF ISLAND ASSOCIATIONS	Wrangell ANCHORAGE	AK AK	MICH CO	Delete -
1 2 3	Grantee					- tank

# 3.1.2 Adding Health Centers with Look-Alike (LAL) Designation

 Click on the Add Look-Alike Health Center 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).

	USER COMPLETY HEAL TO ADDUCATE	E OF BROKANE			Due Date: Due In: De	
Resou	inces 🗗					
earch	Filters:					
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	like Number separated list)	(e.g. A11HP00024, A10HP00152)	Organization Name Like	1	(e.g. CLAYTON COUNTY)	
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lect / sele	Organization Name	City		State	LAL Number	
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1	TERROS INC	PHOENIX		AZ	LAUREN	
	RIVER CITIES COMMUNITY CLINIC, INC	BULLHEAD CITY		AZ	14.0000	
	NEIGHBORHOOD OUTREACH ACCESS TO HEALTH	SCOTTSDALE		AZ	CALIFORNIA	
	VALLE DEL SOL, INC.	PHOENIX		AZ	Laurente	
	MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT	PHOENIX		AZ	LALINE .	
	CENTER FOR A.I.D.S. RESEARCH, EDUCATION AND SERVICES - SACRAMENTO, THE	SACRAMENTO		CA	The Table of L	
	NORTH ORANGE COUNTY REGIONAL HEALTH FOUNDATION	FULLERTON		CA	CALIFORNIA	
	HEALTH FOR ALL, INC.	SACRAMENTO		CA	LAUREN	
		ATWATER		CA	14.00010	
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#### Figure 21: Participating Health Centers - Look-Alike Search Page

- 2. Repeat steps 2 4 from the Adding Health Center Program 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).

	and the state of the	Center Program award recipients and health centers with look-alik ) must comprise at least 51% of the total number of Participating F	State and an	ed to the proposed HCCN	project. Note that the number of F	lealth Center Program
· mounte committe	TY NEW, TH ADDRESS THOSE OF	ar-Orana		Due Date:	(Due In: Days)   Sectio	n Status: Complete
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Add Grantee Health Cent	er Add Look-Alike Health Cen	ter				
Serial Number	Health Center Type	Health Center Name	City	State	Grant/ LAL Number	Options
	X.	Y	Y	X	Y	3
1	Grantee	BRISTOL BAY BOROUGH	Naknek	AK	10000000	Delete
2	Grantee	Yakutat Tiingit Tribe	Yakutat	AK	NOTION IN COLUMN	Delete
3	Grantee	Alaska Island Community Services	Wrangell	AK	- Second	Dolote
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5	Grantee	BETHEL FAMILY CLINIC	Bethel	AK	Margine M.	Delete
6	Grantee	Kodiak Island Health Care Foundation	Kodiak	AK	second and	Delote
7	Grantee	INTERIOR COMMUNITY HEALTH CENTER	Fairbanks	AK	MICCORE .	Delete
3	Grantee	Cross Road Medical Center	Glennalien	AK	10000	Delete
9	Grantee	SOUTHCENTRAL FOUNDATION	Anchorage	AK	10010110	Delete
10	Grantee	CITY OF GALENA	Galena	AK	And a second	Delete
11 1	Grantee	Native Village of Eyak	Cordova	AK	MICTING 1	Detete
12	Look-Alike	BAYOUCLINIC, INC.	BAYOU LA BATRE	AL	10.000	Delete
13	Look-Alike	MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT	PHOENIX	AZ	10,000	Doloto
4	Look-Alike	NEIGHBORHOOD OUTREACH ACCESS TO HEALTH	SCOTTSDALE	AZ	14.0010	Doloto
5	Look-Alike	VALLE DEL SOL, INC.	PHOENIX	AZ	10.000	Delete
16	Look-Alike	CENTER FOR A LD.S. RESEARCH, EDUCATION AND SERVICES - SACRAMENTO, THE	SACRAMENTO	CA	100.0001	Delete

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

### **IMPORTANT NOTES:**

- 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 H80CS...) must comprise at least 51 percent of the total number of Participating 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).
- 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.

Confirmation: Delete Confirmation: Yo	u must click the appropriate button to confin	m that this item will be deleted.		
· service contents	TY HER, TH ABBOOK TON OF SP	(INCARNE .		Due Date: Due In: Days
Resources				
Health Center Type	Health Center Name	City	State	Grant/ LAL Number
Grantee	BRISTOL BAY BOROUGH	Naknek	AK	100021001-100

### Figure 23: Delete – Confirmation Page for Selected Health Center

# 3.2 Project Work Plan

The **Project Work Plan** describes the project goals and how they will be attained by the end of the 3-year project and details the proposed activities to be conducted in the first 12 months of the project period. The **Project Work Plan** list page consists of 4 required Core Objectives (tabs):

Core A - Health IT Implementation and Meaningful Use (Figure 24, 1)

Core B - Data Quality and Reporting (Figure 24, 2)

Core C - Health Information Exchange (HIE) and Population Health Management (Figure 24, 3)

Core D - Quality Improvement (Figure 24, 4)

Each Core Area consists of the following 2 sections. These sections must be completed in every Core Objective tab in order to complete this HCCN application.

- 1. <u>Goals</u> (Figure 24, 5)
- 2. Focus Areas (Figure 24, 6)

### Figure 24: Project Work Plan List Page

	ega, reasoning how	the second		Due Date:	(Due In: Days	s)   Section Status: Not Sta
Resources 🖻	1	2	[	3		4
Core A - Health IT Implemen	tation and Meaningful Use	💸 Core B - Data Quality and Reporting	🐳 Core C - Health Information	Exchange (HIE) and P	opulation Health Management	🐳 Core D - Quality Improvem
		nprove the quality of care in health centers an nust propose at least two activities each for F		oon nearan. Activities wi	il promote enective use of healtr	I I solutions at all health centers
Goal	Goal Description			Goal Percentage	Status	Options 7
Goal A1	Increase the percentage o	Participating Health Centers with an ONC-certified EHR system in use.		96	Not Complete	😥 Update 📼
Goal A2		f Meaningful Use eligible providers at Particip CMS for meeting Meaningful Use requirement		96	Not Complete	🕞 Update 💌
Focus Areas						
Focus Area	Description			Number of Related Activities	Status	Options
A1 - Certified EHR Adoption and Implementation	Support the adoption, use,	and optimization of certified EHRs.		0	Not Complete	🚱 Update 🔻
A2 - Advance Meaningful Use	Assist with meeting Stage:	s 1, 2, and 3 Meaningful Use requirements.		0	Not Complete	Dpdate *

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

# 3.2.1 Completing the Goals Section

- 1. Click on the **Update** link for each of the required goals (Figure 24, 7). The requested information must be provided for each required goal for the application to be eligible for review.
- 2. The system will navigate to the Goal Information Update page for that goal (Figure 25).

sectored, considering allow the	ADDIDOUTOR OF STORAGE	Due Date: (Due	In: Days)   Section Status: Not Complete
Resources			
Goal Details			
oal	Description	Baseline Data	Goal Target
Boal A1	Increase the percentage of Participating Health Centers with an ONC-certified EHR system in use.		
Numerator (A1)	Number of Participating Health Centers with an ONC- certified EHR system in use		
Denominator (A1)	Number of Participating Health Centers	2	
Goal Percentage	3	Save & Calculate Baseline	4
Baseline Data Source () maximum 500 characlers)	Approximately 1/4 page 3 (Max 500 Characters): 500 Characte	rs left.	~ ~
Note(s): Identify a minimum of 2 and a maximu	m of 3 key factors for this goal including at least 1 contributing and 1 restricting	factor	
dd Key Factors			
ey Factors (Minimum 2) (Maximum 3)			
	No items added		

Figure 25: Goal Information – Update Page

In the Goal Details section, provide the Baseline Numerator (Figure 25, 1) and Denominator (Figure 25, 2) values and click on the Save & Calculate Baseline button (Figure 25, 3) to calculate the baseline goal percentage.

<u>II</u>	MPORTANT NOTES:				
•	The baseline numerator value must be less than or equal to the baseline denominator value.				
•	The baseline denominator value must be greater than or equal to 10.				
4	. Provide the Goal Target Percentage value (Figure 25, 4) (collected in %).				

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

6. In the Key Factors section, add key factors using the Add Key Factors button (Figure 25, 6). The system navigates to the Key Factor Information – Add page (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 Goal 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.

Key Factor Information	and and		
<ul> <li>which the communities of</li> </ul>	CARRAGAD TY RELACTIVE ELEMANCES		Due Date: (Due In: Days)
Resources			
Fields with * are required	_		
Key Factor Information	1		
* Key Factor Type		2	
	Approximately 1/4 page 🚯 (Max 500 Characters): 5	00 Characters left.	
* Key Factor Description			~
			0
			-
Cancel			Save Save and Continue

#### Figure 26: Key Factor Information - Add Page

Click the Save and Continue button to return to the Project Work Plan – List page (Figure 27). The system displays the Goal Target Percentage for each goal under the Goal Percentage Column (Figure 27, 1). You can view the goal information in a new read-only window by clicking on the Goal Information link (Figure 27, 2).

	ease the use of health IT to improve the quality of care in health centers and improve individual and popular requirements. Applications must propose at least two activities each for Focus Areas A1 and A2.	Controlation Protections with	Provincial chroning age of th	Contrast Constraints on the Health Control Sec
Goals		1		
Goal	Goal Description	Goal Percentage	Status	Options
Goal A1	Increase the percentage of Participating Health Centers with an ONC-certified EHR system in use.	33.33%	Complete	Action
Goal A2	Increase the percentage of Meaningful Use eligible providers at Participating Health Centers receiving incentive payments from CMS for meeting Meaningful Use requirements.	44,44%	Complete	Update View
Focus Areas				Goal Information 13
Focus Area	Description	Number of Related Activities	Status	Options
A1 - Certified EHR Adoption and Implementation	Support the adoption, use, and optimization of certified EHRs.	0	Not Complete	@Update •
A2 - Advance Meaningful Use	Assist with meeting Stages 1, 2, and 3 Meaningful Use requirements.	0	Not Complete	🖉 Update 🔻

### Figure 27: Project Work Plan – List Page with Completed Goals

# 3.2.2 Completing the Focus Areas section

- 1. Click on the **Update** link for each of the required focus areas (Figure 27, 3). The requested information must be provided for each required focus area for the application to be eligible for review.
- 2. The system navigates to the Focus Area Information Update page for that focus area (Figure 28).

Focus Area Inform	nation - Update	
· BRIDDIA COMMAN	ITY HER, TH ADDOCIATION OF BY DRAME	Due Date: (Due In: Days)   Section Status: Not Complete
▶ Resources 🗳		
Fields with * are required		
Focus Area Information		
Focus Area	A1 - Certified EHR Adoption and Implementation	
Description	Support the adoption, use, and optimization of certified EHRs.	
Note(s): Identify a minimum of 2	and a maximum of 5 activities planned under this focus area.	
Activities (Minimum 2) (Ma:	ximum 5)	
	No Activities Propo	sed.
Cancel		Save Save and Continue

### Figure 28: Focus Area Information – Update Page

 Add activities using the Add Activity button (Figure 28, 1). For each activity, provide the Activity Description (Figure 29, 1), Person/Area Responsible (Figure 29, 2), Time Frame (Figure 29, 3) and Expected Outcome (Figure 29, 4).

**IMPORTANT NOTE:** Identify a minimum of 2 and a maximum of 5 planned activities to address each focus area.

Activity 1	Delete Activity
Activity Description ①	
oproximately 1/2 page 🛞 (Max 1000 Characters): 1000 Characters left.	
	0
	2
2	
Person Area/Responsible ()	
pproximately 1/8 page 📵 (Max 200 Characters): 200 Characters left.	
	-0
	9
3	
Time Frame 🖲	
oproximately 1/4 page 🙂 (Max 500 Characters): 500 Characters left.	
	0
	2
Expected Outcome (3)	
oproximately 1/4 page 🕕 (Max 500 Characters): 500 Characters left.	
	4
	0

### Figure 29: Focus Area Information Update Page - Add Activity

When you are finished updating the focus area information, click the Save and Continue button to return to the Project Work Plan - List page. The system displays the number of related activities (Figure 30, 1) for each focus area. You can view the focus area information in a new read-only window by clicking on the Focus Area Information link (Figure 30, 2).

Success:     Focus Area Information save	d successfully					
arcone consum	HERL TH ABBLICH TON	OF SPOKARE		Due Date:	(Due In: Days)	Section Status: Not Complet
Resources ピ						
Core A - Health IT Implement	tation and Meaningful Use	Core B - Data Quality and Reporting	Core C - Health Information	Exchange (HIE) and P	opulation Health Management	Core D - Quality Improvement
		nprove the quality of care in health centers an nust propose at least two activities each for Fo		tion health. Activities wi	Il promote effective use of health	IT solutions at all health center sites
Goal	Goal Description			Goal Percentage	Status	Options
Goal A1	Increase the percentage o	Increase the percentage of Participating Health Centers with an ONC-certified EHR system in use.		33.33%	Complete	😥 Update 🔻
Goal A2	Increase the percentage of Meaningful Use eligible providers at Participating Health Centers receiving incentive payments from CMS for meeting Meaningful Use requirements.		44.44%	Complete	没 Update 🔻	
Focus Areas				1		
Focus Area	Description			Number of Related Activities	Status	Options
A1 - Certified EHR Adoption and Implementation	Support the adoption, use,	and optimization of certified EHRs.		2	Complete	tion
A2 - Advance Meaningful Use	Assist with meeting Stages	s 1, 2, and 3 Meaningful Use requirements.		3	Complete 2	Update

5. Repeat the above steps for both <u>Goals</u> and <u>Focus Areas</u> for each Core Objective and click on the Save and Continue button to proceed with the HCCN application.

# 4. Reviewing and Submitting the FY 2016 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.
- 2. On the **Application Status Overview** page, click the **Review** link in the Review and Submit section of the left menu (Figure 31, 1).

ALL TASKS	Application - Status Overview			
Grant Application	a strate and a part of the strate of the			
Overview	· International Stream (Community on an the Community of	COG. MC.	Due Date: PM (Due in: days)   Application Status: Complete	
Status	Announcement Number:	Announcement Name: Service Area Competition	Created by:	
lasic Information	Application Type:	Grant Number:	Last Updated By:	
¥ SF-424	Application Package: SF424	Application FY: 2016	Program Type:	
Project/Performance Site Location(s)				
Project Narrative	▼ Resources Ľ			
udget Information	View			
Section A-C	Application Action History Funding Opportunity	Announcement FOA Guidance Application User Guide		
Section D-F				
Sudget Narrative	Users with permissions on this application (1)			
Assurances				
Assurances     Disclosure of Lobbying	List of forms that are part of the application package			
Activities	Section	Status	Options	
Y Appendices	Basic Information			
rogram Specific	SF-424	Complete		
Program Specific	Part 1	Complete	🕜 Update	
Information	Part 2	Complete	1 Update	
Review and Submit	Project/Performance Site Location(s)	🖌 Complete	😥 Update	
Submit	Project Narrative	🖌 Complete	😥 Update	
Other Functions	Budget Information			
Vavigation	Section A-C	🖌 Complete	Dpdate (	
Return to Applications List	Section D-F	V 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	

Figure 31: 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 32, 1).

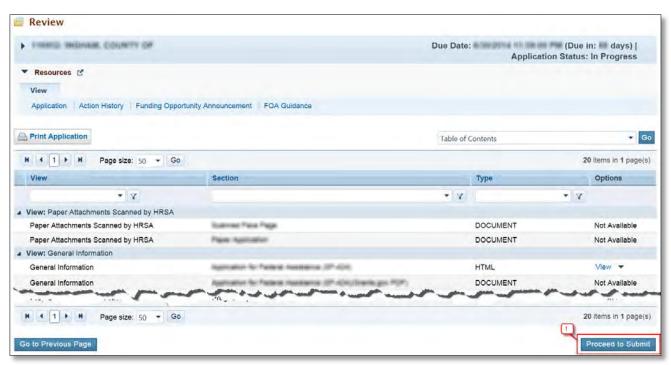


Figure 32: Review Page – Proceed to Submit

- > 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. This privilege must be given by the Project Director (PD) to the Authorizing Official (AO) or designee.
- If you are not the AO, a Submit to AO button will be displayed at the bottom of the Submit page. Click the button to notify the AO that their action is required to submit the application to HRSA (Figure 33).

ALL TASKS 🦟	Application - Submit				
Grant Application + Overview	· HINE COMMUNITY HEALTH COMMON	Due Date: PM (Due in: days)   Application Status: Complete			
Status Basic Information SF-424 Project/Performance Site Location(s) Project Narrative Budget Information Section A-C Section D-F	Announcement Number: Application Type: Application Package: SF424 Resources of View Application Action History Funding Opportunity	Announcement Name: Service Area Competition Grant Number: Application FY: 2016 Announcement FOA Guidance Application User Guide	Created by: Last Updated By: Program Type:		
Budget Narrative	Users with permissions on this application (1)				
<ul> <li>Assurances</li> <li>Disclosure of Lobbying</li> </ul>	List of forms that are part of the application package				
Activities	Section	Status	Options		
Appendices	Basic Information				
Program Specific	SF-424	Complete			
Y Program Specific	Part 1	V Complete	🚱 Update		
Information	Part 2	Complete	(2) Update		
Review and Submit	Project/Performance Site Location(s)	Complete	(@ Update		
Submit	Project Narrative	Complete	2 Update		
Other Functions	Budget Information				
lavigation	Section A-C	Complete	Dpdate		
Return to Applications List	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	V Complete	🕼 Update		

Figure 33: 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.
- If you experience any problems with submitting the application in EHB, contact the BPHC Helpline at 1-877-974-2742 (Monday – Friday, 8:30 AM - 5:30 PM ET) or send an email through the Web Request Form (<u>http://www.hrsa.gov/about/contact/bphc.aspx</u>).