

HRSA Electronic Handbooks (EHB)

FY 2017 National Training and Technical Assistance Cooperative Agreements (NCA)

HRSA-17-058

User Guide for Grant Applicants

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This user guide describes the steps you need to follow in order to submit an FY 2017 National Training and Technical Assistance Cooperative Agreements (NCA) application to the Health Resources and Services Administration (HRSA). This user guide does not replace the Funding Opportunity Announcement (FOA), which details the NCA program requirements and the instructions for application development. See the NCA technical assistance website for additional resources:

<http://bphc.hrsa.gov/programopportunities/fundingopportunities/NCA/index.html>.

1. Starting the FY 2017 NCA Application

You can complete and submit the FY 2017 NCA 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. To find the application package, search by the announcement number HRSA-17-058 in Grants.gov.
2. You must validate, complete, and submit this application in the HRSA Electronic Handbooks (EHB). To validate the Grants.gov application, log into EHB and click on the **Grant Applications** link under the Tasks tab (**Figure 1, 1**) and then click on the *Grants.Gov Application Pending Validation: Validate* link (**Figure 1, 2**). You will need your Grants.gov and EHB tracking numbers (emailed after successful Grants.gov submission) (**Figure 2**).

Figure 1: Grant Applications Link

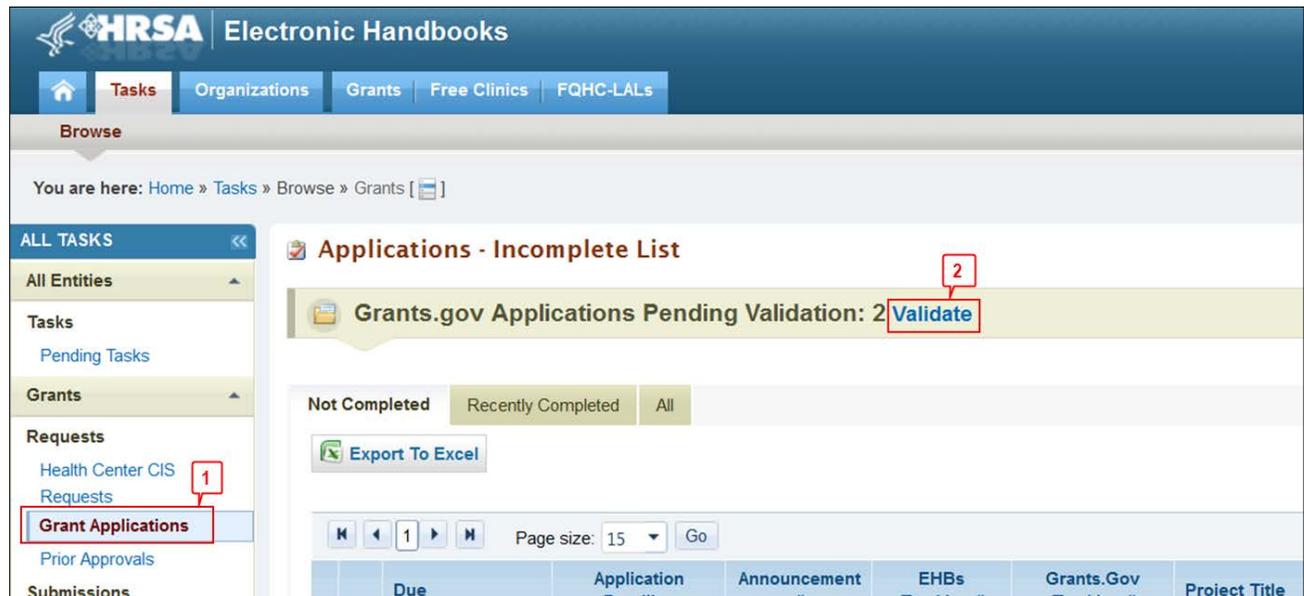


Figure 2: Validating your Grant.gov Application

Grants.Gov Application - Validate

Note(s):
In order to ensure that the correct persons are given permissions to work on this Grants.gov application, you must enter the following validation information from the submitted Grants.gov application

Fields with * are required

Announcement Information

* Announcement Number
(From submitted Grants.gov application) (e.g. HRSA-04-061 or 04-061)

Grants.gov Application Information

* Grants.gov Tracking Number
(From submitted Grants.gov application) (e.g. GRANT00059900)

EHBs Application Information

* EHBs Application Tracking Number
(From email notification) (e.g. 00025328)

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:

3. 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.

4. Locate the NCA 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 3**).

Figure 3: Accessing the Application - Status Overview Page

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

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

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

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

- [Basic Information](#) (Figure 3, 1)
- [Budget Information](#) (Figure 3, 2)
- [Other Information](#) (Figure 3, 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.

IMPORTANT NOTE: When completing the Mailing Address section of this form, ensure that you select “Domestic Address” as the address type. Do not select the “International Address” option.

- 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 4, 1**). You may update the abstract description, as necessary, by selecting the **Update Description** link (**Figure 4, 2**) or delete the Grants.gov version and re-upload an updated abstract by clicking the Attach File button.

IMPORTANT NOTES:

- **In the Congressional Districts fields**, select the congressional district where the organization’s administrative office is located in both the ‘Applicant’ row and the ‘Program/Project’ row. If you need to include additional congressional districts, you may upload an attachment with the relevant information by clicking the Attach File button on the ‘Additional Program/Project Congressional Districts’ line.
- **For the Proposed Project Period**, enter 07/01/2017 to 6/30/2020.
- **The Estimated Funding section** will update automatically when edits are made to the Budget Information section.
- **For the State Executive Order 12372 Process section**, refer to the HRSA SF-424 Two Tier Application Guide (<http://www.hrsa.gov/grants/apply/applicationguide/sf424programspecificappguide.pdf>) for details related to the Executive Order 12372 process.

Figure 4: Project Description on SF-424 Part 2

The screenshot shows the SF-424 Part 2 form interface. At the top, there are tabs for 'SF-424 - Part 1' and 'SF-424 - Part 2'. Below the tabs, there is a section for 'Areas Affected by Project (Cities, Counties, States, etc.) (Minimum 0) (Maximum 1)' with an 'Attach File' button. The main section is titled 'Descriptive Title of Applicant's Project' and 'Health Center Cluster'. Below this, there is a dropdown menu for 'Project Description (Minimum 1) (Maximum 1)' with a red box labeled '1' around it. To the right of this dropdown is a 'Max 1 Allowed' label. Below the dropdown is a table with the following columns: Document Name, Size, Date Attached, Description, and Options. The table contains one row with the following data: Document Name: Project Abstract.docx, Size: 11 KB, Date Attached: 07/15/2016, Description: Project Abstract from Grant.gov, and Options: Update Description (with a red box labeled '2' around the link). The 'Update Description' link is a blue text link with a small icon to its left.

- The **Project/Performance Site Location(s)** form, provided in Grants.gov, displays the administrative site location and any other office locations, if listed in Grants.gov. For this funding opportunity, Project/Performance Site Location(s) refers to the physical mailing address of the applicant organization. You may update the information provided from Grants.gov.
- In the **Project Narrative** form, attach the project narrative by clicking on the Attach file button (**Figure 5, 1**). Refer to the NCA FOA for detailed instructions on completing the project narrative attachment.

Figure 5: Project Narrative

Project Narrative

Due Date: 8/7/2014 3:45:00 PM (Due in: 88 days) | Section Status: Not Complete

Resources

View

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

Fields with * are required

Project Narrative (Minimum 1) (Maximum 2)

Attach File

No documents attached

Go to Previous Page | Save | Save and Continue

2.2 Completing the Budget Information (SF-424A)

To complete this section, you must complete the **Budget Information Section A-C** and **D-F** forms and provide a [Budget Narrative](#).

2.2.1 Budget Information – Section A-C

IMPORTANT NOTE: The project period associated with the FY 2017 NCA awards will be a period of up to three years (July 1, 2017 – June 30, 2020). 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 (***Leave Section C blank; do not enter non-federal funding***)

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 6](#)).

Figure 6: 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 (Year 1: July 1, 2017 – June 30, 2018) (**Figure 7**).

Figure 7: Budget Information – Section A-C Page

Budget Information - Section A-C

► **FOIA: COMMUNITY HEALTH ASSOCIATION OF SPokane** Due Date: 11/03/2016 03:00 PM (Due in: 30 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
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
Training and Technical Assistance National Cooperative Agreements (NCAs)	93.129	\$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 Categories	Grant Program Function or Activity		Total
	Training and Technical Assistance National Cooperative Agreements (NCAs)		
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

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

Grant Program Function or Activity	Applicant	State	Local	Other	Program Income	Total
Training and Technical Assistance National Cooperative Agreements (NCAs)	\$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

Go to Previous Page Save Save and Continue

2. To enter or update the budget information for the NCA project, click the Update button displayed in the top right corner of the Section A – Budget Summary header (Figure 7, 2).

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

Figure 8: Section A – Update Page

Section A - Update

Due Date: 10/15/2016 11:59:59 PM (Due in: 10 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	
Training and Technical Assistance National Cooperative Agreements (NCAs)	93.527	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Cancel Save and Continue

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 (Year 1) (Figure 8, 1). **Do not** enter any non-federal funds in the budget (Figure 8, 2). Only the federal funding request should be provided.

IMPORTANT NOTE: The federal amount refers only to the NCA funding requested, not all federal grant funding that an applicant organization receives. Refer to the Funding Opportunity Announcement (FOA) details for the maximum annual allowable awards by NCA application type (see the Summary of Funding section in the NCA FOA). Contact bphcnca@hrsa.gov for guidance on the maximum allowable funding request amount for your proposed NCA type as needed.

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 9).

Figure 9: Section A – Budget Summary Page after Update

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	
Training and Technical Assistance National Cooperative Agreements (NCAs)	93.129	\$0.00	\$0.00	\$500,000.00	\$0.00	\$500,000.00
Total		\$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 budget period. Click the Update button provided at the top right corner of the Section B header (Figure 10).

Figure 10: Section B – Budget Categories

* Section B - Budget Categories			Update
Object Class Categories	Grant Program Function or Activity		Total
	Training and Technical Assistance National Cooperative Agreements (NCAs)		
Personnel		\$0.00	\$0.00
Fringe Benefits		\$0.00	\$0.00
Travel		\$0.00	\$0.00
Equipment		\$0.00	\$0.00
Supplies		\$0.00	\$0.00
Contractual		\$0.00	\$0.00
Construction		\$0.00	\$0.00
Other		\$0.00	\$0.00
Total Direct Charges		\$0.00	\$0.00
Indirect Charges		\$0.00	\$0.00
Total		\$0.00	\$0.00

- The system navigates to the **Section B – Update** page (Figure 11).
6. Enter the federal dollar amount for each applicable object class category under the Training and Technical Assistance National Cooperative Agreements (NCAs) column (Figure 11, 1). ‘Construction’ is not an allowable use of NCA funding – do not enter a federal request in that row. Click the Calculate Total button to compute the sum of amounts provided (Figure 11, 2). The total NCA 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 11: 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.

► **ESOMIA: COMMUNITY HEALTH ASSOCIATION OF SPokane** Due Date: 11/13/2015 11:59:00 PM (Due in: 00 days) | Section Status: Not Complete

► Resources

Fields with * are required

* Section B - Budget Categories		
Object Class Categories	Grant Program Function or Activity	
	Training and Technical Assistance National Cooperative Agreements (NCAs)	
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
Indirect Charges	\$	0.00
Total		\$0.00
Total Budget specified in Budget Summary (Section A)		\$500,000.00

Calculate Total

Cancel Save and Continue

- Click the Save and Continue button (Figure 11, 3) to navigate to the **Budget Information – Section A-C** page (Figure 12).
- Since you are required to only include the federal request in the budget, do not enter any information for **Section C – Non Federal Resources** (Figure 12, 2). Leave Section C blank.

Figure 12: Budget Information – Section A-C Page after Updates

Budget Information - Section A-C

Success:
Information saved successfully.

Due Date: [] AM (Due in: [] 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	
Training and Technical Assistance National Cooperative Agreements (NCAs)	93.129	\$0.00	\$0.00	\$500,000.00	\$0.00	\$500,000.00
Total		\$0.00	\$0.00	\$500,000.00	\$0.00	\$500,000.00

*** Section B - Budget Categories** Update

Object Class Categories	Grant Program Function or Activity		Total
	Training and Technical Assistance National Cooperative Agreements (NCAs)		
Personnel		\$100,000.00	\$100,000.00
Fringe Benefits		\$110,000.00	\$110,000.00
Travel		\$110,000.00	\$110,000.00
Equipment		\$20,000.00	\$20,000.00
Supplies		\$50,000.00	\$50,000.00
Contractual		\$100,000.00	\$100,000.00
Construction		\$0.00	\$0.00
Other		\$0.00	\$0.00
Total Direct Charges		\$490,000.00	\$490,000.00
Indirect Charges		\$10,000.00	\$10,000.00
Total		\$500,000.00	\$500,000.00

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

Grant Program Function or Activity	Applicant	State	Local	Other	Program Income	Total
Training and Technical Assistance National Cooperative Agreements (NCAs)	\$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

Go to Previous Page Save Save and Continue

- Once you have completed Section A and Section B for the first 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 12, 1) or by clicking on the Save and Continue button at the bottom of the form (Figure 12, 2). Only complete the first three tabs in this form (i.e., Budget Periods 1-3). Leave Budget Periods 4 and 5 blank.
- The system navigates to the **Budget Information - Section A-C** form for the next budget period (Figure 13).

Figure 13: 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.

Due Date: [] AM (Due in: [] 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		Total
		Federal	Non-Federal	Federal	Non-Federal	
Training and Technical Assistance National Cooperative Agreements (NCAs)	93.129	\$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 Categories	Grant Program Function or Activity		Total
	Training and Technical Assistance National Cooperative Agreements (NCAs)		
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

Section C - Non Federal Resources Update

Grant Program Function or Activity	Applicant	State	Local	Other	Program Income	Total
Training and Technical Assistance National Cooperative Agreements (NCAs)	\$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

Go to Previous Page Save **Save and Continue** 2

11. If the budget information is identical to the previous budget period, you may click on the **Copy from Previous Budget Period** button (Figure 13, 1) to copy over the information from the previous tab. Or, you may repeat steps 1 – 10 above to enter the desired budget information and move on to the next budget period.

IMPORTANT NOTE: There is a three-year project period associated with FY 2017 NCA funding (July 1, 2017 – June 30, 2020). **Only enter 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 13, 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 14: Budget Information – Section D-F

Budget Information - Section D-F

Due Date: 8/30/2016 10:00:00 PM (Due in: 0 days) | Section Status: Not Complete

Resources

View

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

Section D - Forecasted Cash Needs 1 Update

	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total
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 Information 2 Update

Direct Charges: No information added.

Indirect Charges: No information added.

Remarks: No information added. 3

Go to Previous Page Save Save and Continue

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 14, 1](#)).
2. Section F – Other Budget Information is optional and **may be left blank**. You may provide information regarding direct and indirect charges in this section. 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 14, 2](#)).
3. Finally, click the Save and Continue button on the **Budget Information – Section D-F** to proceed to the next form ([Figure 14, 3](#)).

2.2.3 Budget Narrative

Attach a budget narrative by clicking on the Attach File button ([Figure 15, 1](#)). If using Excel or other spreadsheet documents, do not use multiple pages (sheets). Make sure that the information that needs to be viewed is set in the “Print Area” of the document if the Budget Narrative is presented as a spreadsheet.

Figure 15: Budget Narrative

The screenshot shows a web application interface for a 'Budget Narrative' form. At the top, the title 'Budget Narrative' is displayed. Below it, the organization name 'THINK: LUPINE COMMUNITY HEALTH CENTER' is shown on the left, and the 'Due Date: 8/30/2014 11:59:59 PM (Due in: 0 days) | Section Status: Not Complete' is on the right. A 'Resources' section is expanded, showing a 'View' dropdown menu with options: 'Application', 'Action History', 'Funding Opportunity Announcement', 'FOA Guidance', and 'Application User Guide'. Below this, a note states 'Fields with * are required'. The main form area contains a dropdown menu for 'Budget Narrative (Minimum 1) (Maximum 2)' and a text area with the message 'No documents attached'. An 'Attach File' button is located to the right of the text area, with a red callout box containing the number '1' pointing to it. At the bottom of the form, there are three buttons: 'Go to Previous Page', 'Save', and 'Save and Continue'.

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 NCA funds be awarded. To complete this form, you must select 'Agree' on the certification question at the bottom of the form ([Figure 16, 1](#)) and click on the Save and Continue button to proceed to the **Disclosure of Lobbying Activities** form.

Figure 16: Assurances

Assurances

Due Date: 11/13/2015 10:40:32 AM (Due in: 37 days) | 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:

- 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.
- 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.
- 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.
- Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
- 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).
- 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.
- 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.
- 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.
- Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§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.
- 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.
- 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).
- 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.
- 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.).
- 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.
- 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.
- Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4901 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
- 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."
- Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.
- 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 NOTES:

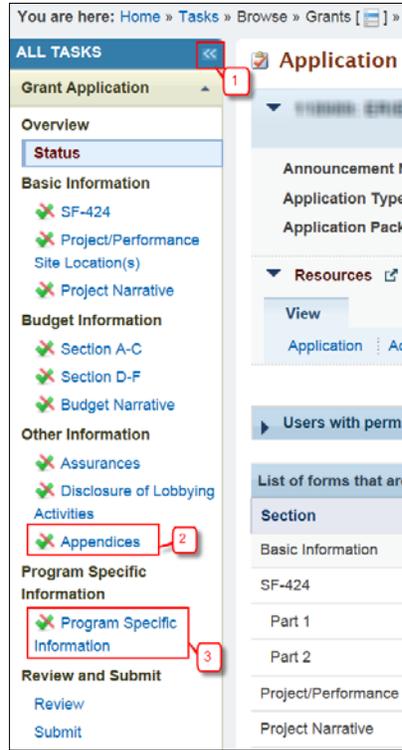
- If you certify that you are currently NOT receiving more than \$100,000 in federal funds, and you engage in lobbying activities, you are not required to complete the Disclosure of Lobbying Activities form.
- You can access all of the forms in this application through the left navigation menu. Expand 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 17, 1).

2.3.3 Completing the Appendices Form

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

1. Click on the **Appendices** link (Figure 17, 2) to navigate to the **Appendices** form.

Figure 17: Left Navigation Menu



2. Upload the following attachments by clicking the associated Attach File buttons:

- Attachment 1: Staffing Plan (required)
- Attachment 2: Organizational Chart (required)
- Attachment 3: Position Descriptions for Key Personnel (required)
- Attachment 4: Biographical Sketches for Key Personnel (required)
- Attachment 5: Letters of Support (required)
- Attachment 6: Summary of Contracts and Agreements (as applicable)
- Attachment 7: Summary Progress Report (required for current NCA award recipients only)
- Attachment 8: Other Relevant Documents and Indirect Cost Rate Agreement (as applicable)

IMPORTANT NOTES:

- **Attachment 7: Summary Progress Report** is only required for Competing Continuation NCA applications (i.e., current NCA award recipients applying to continue to provide national T/TA).
- If you have multiple documents for the same category and only one file may be uploaded, scan and consolidate your documents and upload them as a single attachment.

- See Section 5.2 of HRSA’s SF-424 Two-Tier Application Guide at <http://www.hrsa.gov/grants/apply/applicationguide/sf424programspecificappguide.pdf> for attachment formatting Guidelines.

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 17, 1). Click the **Program Specific Information** link (Figure 17, 3) under the Program Specific Information section in the left menu to open the **Status Overview** page for the Program Specific Information forms (Figure 18). Click the **Update** link to edit a form (Figure 18, 1).

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

Figure 18: Status Overview Page for Program Specific Forms

The screenshot shows the 'Status Overview' page for a grant application. At the top, it displays the announcement number (HRSA-17-058), name (National Training and Technical Assistance Cooperative Agreements (NCAs)), and activity code (U30). Below this, there are sections for 'Resources' and 'Program Specific Information Status'. The 'Program Specific Information Status' section contains a table with columns for 'Section', 'Status', and 'Options'. Two rows are visible: 'Form 1A - General Information Worksheet' and 'FY 2017 Project Work Plan', both with a status of 'Not Started'. The 'Options' column for both rows contains an 'Update' button, which is highlighted with a red box and a '1' in a red circle.

Section	Status	Options
Form 1A - General Information Worksheet	Not Started	Update
FY 2017 Project Work Plan	Not Started	Update

The **Program Specific Information** section consists of the following forms:

- [Form 1A: General Information Worksheet](#)
- [Project Work Plan](#)

3.1 Form 1A: General Information Worksheet

Form 1A: General Information Worksheet allows you to provide a summary of information related to the applicant organization, indicate the NCA Type you plan to serve with this application, and review the budget information. This form is comprised of the following three sections:

1. [Applicant Information](#) (Figure 19, 1)
2. [NCA Type](#) (Figure 19, 2)

3. [Budget Information](#) (Figure 19, 3)

Figure 19: Form 1A

Form 1A - General Information Worksheet

Due Date: (Due In: Days) | Section Status: Not Started

Resources

Fields with * are required. 1

1. Applicant Information

Applicant Name

* Fiscal Year End Date Select Option 4

Application Type

Grant Number N/A

* Business Entity Select Option

* Organization Type (Select all that apply)

- All
- Faith based
- Hospital
- State government
- City/County/Local Government or Municipality
- University
- Community based organization
- Other

If 'Other' please specify: 5 (maximum 100 characters)

2. NCA Type 2

* Select the Type of NCA you plan to serve Select an NCA Type Select

3. Budget Information 3

Maximum Annual Federal Amount that can be requested based on the NCA Type selected in this application	
Total Annual Federal Budget requested in this application (from SF-424 Section A -- Budget Summary)	\$0.00

Go to Previous Page Save Save and Continue

3.1.1 Applicant Information

For currently funded NCAs, the **Applicant Information** section is pre-populated with application and grant-related information, and may be updated if needed. Complete this section by providing or updating information in the following required fields:

1. In the 'Fiscal Year End Date' field (Figure 19, 4), select the month and day of the applicant organization's fiscal year end date (e.g., December 31) to inform HRSA of the expected audit submission timeline in the Federal Audit Clearinghouse (<https://harvester.census.gov/facweb/default.aspx>).
2. Select one category in the 'Business Entity' field. An applicant that is a Tribal or Urban Indian entity and also meets the definition for a public or private entity should select the Tribal or Urban Indian category.

3. Select one or more categories for the 'Organization Type.' If you choose to select 'Other' as one of the Organization Type values, you must specify the organization type (Figure 19, 5).

3.1.2 NCA Type

This section allows you to select the **NCA Type** that you wish to apply under in your NCA application. Choose your NCA Type selection from the dropdown list (Figure 20, 1) and click on the Select button (Figure 20, 2).

Figure 20: NCA Type Information

The screenshot displays a web form with two main sections: '2. NCA Type' and '3. Budget Information'. In the '2. NCA Type' section, there is a dropdown menu with the instruction 'Select the Type of NCA you plan to serve'. The dropdown is open, showing a list of NCA types. A red box labeled '1' highlights the 'Vulnerable Populations NCA' option. A red box labeled '2' highlights the 'Select' button. The '3. Budget Information' section contains two text input fields: 'Maximum Annual Federal Amount that can be requested based on the NCA Type selected in this application (Oral Health NCA)' and 'Total Annual Federal Budget requested in this application (from SF-424 Section A - Budget Summary)'. A 'Go to Previous Page' button is located at the bottom left of the form.

IMPORTANT NOTE: If you change your NCA Type selection, your Project Work Plan along with all of its information will be deleted. You will then need to revisit the Project Work Plan to re-enter all of the information for the newly selected NCA Type.

3.1.3 Budget Information

Once you have selected your NCA Type (Figure 21, 1), the **Budget Information** section allows you to validate the maximum allowable annual funding amount (Figure 21, 2) against the total Federal funding requested for Budget Period 1 in the **Budget Information Section – A-C** form of this application (Figure 21, 3). Refer to the NCA FOA for details on the maximum allowable award amounts for each NCA Type.

The maximum annual allowable amount for the selected NCA Type must be less than or equal to the total Federal funding requested for Budget Period 1.

Figure 21: Budget Information

2. NCA Type

Select the Type of NCA you plan to serve (Oral Health NCA) [Select]

3. Budget Information

Maximum Annual Federal Amount that can be requested based on the NCA Type selected in this application (Oral Health NCA). [1] [2]

Total Annual Federal Budget requested in this application (from SF-424 Section A – Budget Summary) [3]

Go to Previous Page

IMPORTANT NOTE: If you need to edit the amount requested for the selected NCA Type, revisit the total Federal funding requested for Budget Period 1 in the [Budget Information Section – A-C](#) form of this application.

After completing all sections of **Form 1A**, click the Save and Continue button to save your work and proceed to the next form.

3.2 Project Work Plan

The **Project Work Plan** describes the project goals and how they will be attained by the end of the three-year project and details the proposed activities to be conducted in the first 12 months of the project period. You must select an NCA Type in Form 1A before accessing the Project Work Plan. If you try to access the Project Work Plan before selecting an NCA Type in [Form 1A](#), you will be presented with the following page ([Figure 22](#)).

Figure 22: Invalid Project Work Plan

FY 2017 Project Work Plan

Warning:
You must select a valid NCA Type in Form 1A before accessing the Project Work Plan.

Due Date: (Due In: Days) | Section Status: Not Complete

Go to Previous Page [Continue]

IMPORTANT NOTE: Each Project Work Plan is specifically tailored to the NCA Type selected in [Form 1A](#). Therefore, if you change your NCA Type selection in Form 1A, your Project Work Plan along with any previously entered information will be deleted. You will then need to re-enter all of the information for the selected NCA Type.

Figure 23: Project Work Plan List Page

FY 2017 Project Work Plan

Due Date: (Due In: Days) | Section Status: Not Complete

Resources

Oral Health NCA

Note(s):
Applicants must address each required Goal and propose activities to be conducted in the first 12 months of the project period that support Goal Target attainment by the end of the three year project period (June 30, 2020). For each Goal, four to ten activities are required, with at least two activities for each pre-defined Activity Audience (Learning Collaborative and National Audience). This Project Work Plan should only include activities to be conducted in the first 12 months of funding.

Goal	Metric	Baseline Data	Goal Target	Number of Key Factors	Number of Activities	Number of Activity Areas	Status	Options
Goal 1: Expand and integrate high-quality oral health services	Increase the percentage of health center patients who receive oral health services at health centers.	21.4 %		0	0	0	Not Complete	Update
Goal 2: Improve oral health outcomes	Increase the percentage of health center patients age 6-9 years at elevated risk for cavities who received a dental sealant on a permanent first molar tooth in the calendar year.	42.5 %		0	0	0	Not Complete	Update

Go to Previous Page Continue

Complete all required Goals in the **Project Work Plan** by following the steps below:

3.2.1 Completing the Goals

Click on the **Update** link for each of the required goals (**Figure 23, 4**). The requested information must be provided for each required goal for the application to be eligible for review.

The system will navigate to the **Goal Information – Update** page for that goal (**Figure 24**).

For each goal, you are required to complete the following sections:

- [Goal Details](#) (**Figure 24, 1**)
- [Key Factors](#) (**Figure 24, 2**)
- [Activities](#) (**Figure 24, 3**)

Figure 24: Goal Information – Update Page

Goal Information - Update

Due Date: (Due In: Days) | Section Status: Not Complete

Note(s):
Applicants must propose activities to be conducted in the first 12 months of the project period that will address this Goal and support Goal Target attainment by the end of the three-year project period, with at least two activities for each pre-defined Activity Audience (Learning Collaborative and National Audience).

See the following example activities to address this Goal:
Provide training and technical assistance on evidence-based or promising practices for:

- Engagement of current health center patients in oral health care services.
- Establishing or expanding on-site oral health care services.

Fields with * are required.

Goal Details

Goal Description Goal 1: Expand and integrate high-quality oral health services

Metric Increase the percentage of health center patients who receive oral health services at health centers.

Baseline Data 2018

Approximately 2 pages (Max 2500 Characters): 2500 Characters left.

Baseline Narrative

Goal Target

Approximately 2 pages (Max 2500 Characters): 2500 Characters left.

Impact Narrative

Approximately 2 pages (Max 2500 Characters): 2500 Characters left.

Collaborative Partners

Formal TITA Session Target

Participation Target

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

Add Key Factor

Key Factors (Minimum 2) (Maximum 5)

No Key Factors Added

Note(s):
Applicants must propose two to five Activities for each Activity Audience.

Add Activity

Activities (Minimum 4) (Maximum 10)

No Activities Added

Go to Previous Page Save Save and Continue

3.2.1.1 Goal Details Section

1. For all required goals, the Goal Description (Figure 24, 4) and Metric (Figure 24, 5) are pre-populated and displayed in a read-only format.
2. The Baseline Data value is pre-populated for some goals (Figure 24, 6). For other goals, you must provide the Baseline Data. The measure unit (percentage, whole number, etc.) is pre-defined.

3. The Goal Target ([Figure 24, 7](#)) must be reported in the same measure unit as the Baseline Data value (e.g., percentage, whole number).
4. Provide the remaining information in the Goal Details section as required. Refer to the information icons next to each of the fields for more information regarding each required field ([Figure 24, 8](#)).

IMPORTANT NOTES:

- For the **National Resource Center for Health Center Training and Technical Assistance NCA Type** only:
 - The **‘Formal T/TA Session Target’** and **‘Participation Target’** fields are not applicable for **Goals 5, 6A, 6B** and **6C** ([Figure 24, 9](#)).
 - For **Goal 5** only, applicants must provide a **‘Website Activity Target’** and **‘Technical Assistance User Target’** ([Figure 25](#)).

Figure 25: Website Activity and Technical Assistance User Target fields



The screenshot shows two rows of form fields. The first row is labeled 'Website Activity Target' with a red star icon and an information icon (i). The second row is labeled 'Technical Assistance User Target' with a red star icon and an information icon (i). Both rows have a text input field to the right of the label.

5. Save your work ([Figure 24, 10](#)) and proceed to the next section of the form.

3.2.1.2 Key Factors

1. In the Key Factors section, add key factors using the Add Key Factors button ([Figure 24, 9](#)).
2. The system displays an **Add New Key Factor** overlay ([Figure 26](#)). When adding a Key Factor, identify the Key Factor Type (i.e., contributing or restricting) ([Figure 26, 2](#)) and provide the Key Factor Description ([Figure 26, 3](#)).
3. Click the Save and Continue button to return to the **Goal Information – Update** page ([Figure 26, 3](#)).

Figure 26: Add New Key Factor Overlay

IMPORTANT NOTE: Identify a minimum of 2 and a maximum of 5 key factors. At least 1 contributing factor and 1 restricting factor must be provided.

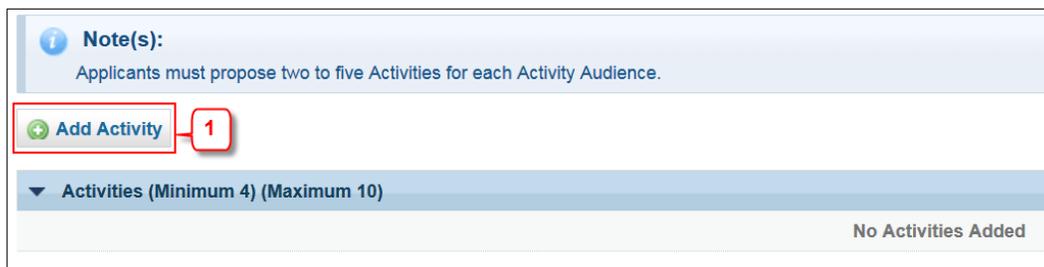
4. Upon returning to the **Goal Information – Update** page, the system will display your newly entered Key Factor under the **Key Factors** grid (Figure 27, 1). Click the **View More** link to view portions of the Key Factor descriptions that are hidden by default (Figure 27, 2). You can also update and delete previously entered Key Factor information (Figure 27, 3).

Figure 27: Key Factors Grid

3.2.1.3 Activities

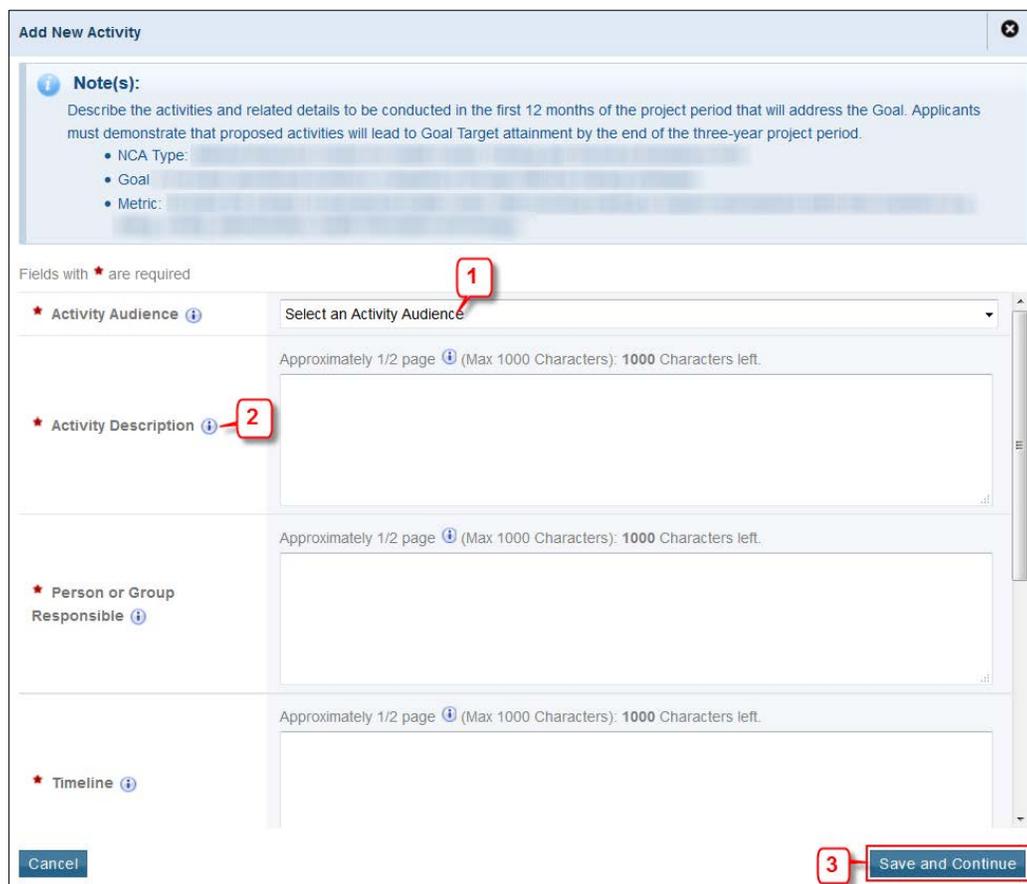
1. In the Activities section, add activities using the Add Activity button (Figure 28, 1).

Figure 28: Add Activity Button



2. The system displays an **Add New Activity** overlay (Figure 29). When adding an Activity, first select the Activity Audience (Figure 29, 1) (i.e., Learning Collaborative or National Audience).
3. Provide information for the remaining Activity fields as required. Refer to the information icons next to each of the fields for more information about each required field (Figure 29, 2). The 'Comments' field is optional.

Figure 29: Add Activity Overlay



IMPORTANT NOTE: You must propose at least two Activities for each Activity Audience.

The only exception is **Goals 6A, 6B and 6C** of the **National Resource Center for Health Center Training and Technical Assistance NCA Type**, which require at least one Activity for each Activity Audience.

5. Click the Save and Continue button to return to the **Goal Information – Update** page (**Figure 29, 3**).
6. Upon returning to the **Goal Information – Update** page, the system will display your newly entered Activity under the **Activities** grid (**Figure 27, 1**). Click the **View More** link to view portions of the Activity field descriptions that are hidden by default (**Figure 27, 2**). You can also update and delete previously entered Activities (**Figure 27, 3**).

Figure 30: Activities Grid



7. Click on the Save or Save and Continue button on the **Goal Information – Update** page to save your information and proceed to the next Goal (**Figure 27, 4**).

3.2.2 Adding an Optional Goal

For the Special and Vulnerable Population NCA Types, you may propose one additional optional goal to improve health outcomes for one of the following: hypertension control, colorectal cancer screening, or cervical cancer screening (**Figure 31**). This goal is not required.

- Special Population: People Experiencing Homelessness NCA
- Special Population: Residents of Public Housing NCA
- Special Population: Migratory and Seasonal Agricultural Workers NCA
- Vulnerable Populations NCA

Figure 31: Adding an Optional Goal

Special Population: Residents of Public Housing NCA

Add Optional Goal to Improve Health Outcomes 1

Note(s):
 Applicants must address each required Goal and propose activities to be conducted in the first 12 months of the project period that support Goal Target attainment by the end of the three year project period (June 30, 2020). For each Goal, four to ten activities are required, with at least two activities for each pre-defined Activity Audience (Learning Collaborative and National Audience). This Project Work Plan should only include activities to be conducted in the first 12 months of funding.

In addition to the three required Goals, Special and Vulnerable Population NCA applicants have the option to propose an additional goal to improve health outcomes specific to the needs of the special or vulnerable population of focus from the following options: hypertension control, colorectal cancer screening, or cervical cancer screening. This additional goal is optional.

Goal	Metric	Baseline Data	Goal Target	Number of Key Factors	Number of Activities	Number of Activity Areas	Status	Options
Goal 1: Increase access to care	Increase the number of special and vulnerable population patients served by health centers.	1,510,842		0	0	0	Not Complete	Update
Goal 2: Improve health outcomes	Decrease the percentage of patients with A1c greater than 9 percent.	29.8 %		0	0	0	Not Complete	Update
Goal 3: Promote health equity	Increase the number of health centers providing services or engaged in partnerships that address social determinants of health (SDOH), such as housing, education, employment, transportation, and food security.			0	0	0	Not Complete	Update

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

To add this additional goal, follow the steps below:

1. Click on the Add Optional Goal to Improve Health Outcomes button (**Figure 31, 1**).
2. The system will navigate to the **Goal Information – Update** page for that goal (**Figure 32**).

Figure 32: Optional Goal Information – Update page

3. In the Goal Details section, select a Goal Description (Figure 32, 1).
4. The system will populate the Metric and the Baseline Data value based on your Goal Description selection (Figure 33).

Figure 33: Optional Goal Description

Fields with * are required.

Goal Details

Goal Description: Improve health outcomes and disparities for hypertension control 1

* Metric: Percentage of patients 18 to 85 years of age with diagnosed hypertension (HTN) whose blood pressure (BP) was less than 140/90 at the time of the last reading

* Baseline Data:

Approximately 2 pages (Max 2500 Characters): 2500 Characters left.

5. Provide the remaining [Goal Details](#) information.
6. Provide the [Key Factors](#) (Figure 32, 2) and [Activities](#) (Figure 32, 3).
7. Click on the Save or Save and Continue button on the **Goal Information – Update** page to save your information and return to the Project Work Plan list page (Figure 32, 4).
8. The optional goal is listed as the last goal in your Project Work Plan (Figure 34, 1). Once again, this goal is not required. However, if you start entering information for the optional goal, you must complete it entirely, or delete it if you no longer wish to report the goal in your application (Figure 34, 2).

Figure 34: Project Work Plan List page with Additional Goal

FY 2017 Project Work Plan

Due Date: (Due In: Days) | Section Status: Not Complete

Resources

Special Population: Residents of Public Housing NCA

Note(s):
 Applicants must address each required Goal and propose activities to be conducted in the first 12 months of the project period that support Goal Target attainment by the end of the three year project period (June 30, 2020). For each Goal, four to ten activities are required, with at least two activities for each pre-defined Activity Audience (Learning Collaborative and National Audience). This Project Work Plan should only include activities to be conducted in the first 12 months of funding.
 In addition to the three required Goals, Special and Vulnerable Population NCA applicants have the option to propose an additional goal to improve health outcomes specific to the needs of the special or vulnerable population of focus from the following options: hypertension control, colorectal cancer screening, or cervical cancer screening. This additional goal is optional.

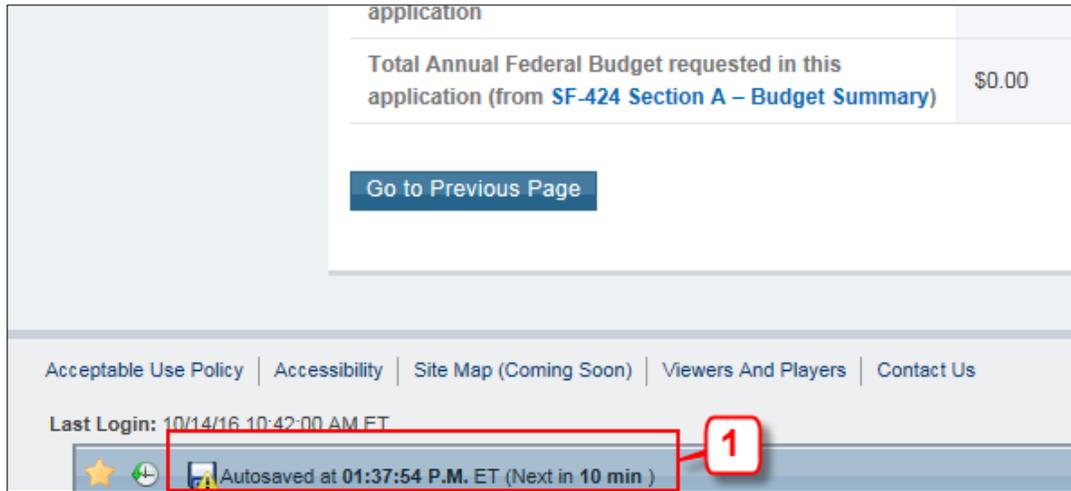
Goal	Metric	Baseline Data	Goal Target	Number of Key Factors	Number of Activities	Number of Activity Areas	Status	Options
Goal 1: Increase access to care	Increase the number of special and vulnerable population patients served by health centers.			0	0	0	Not Complete	Update
Goal 2: Improve health outcomes	Decrease the percentage of patients with A1c greater than 9 percent.			0	0	0	Not Complete	Update
Goal 3: Promote health equity	Increase the number of health centers providing services or engaged in partnerships that address social determinants of health (SDOH), such as housing, education, employment, transportation, and food security.			0	0	0	Not Complete	Update
Optional Goal: Improve health outcomes and disparities for hypertension control 1	Percentage of patients 18 to 85 years of age with diagnosed hypertension (HTN) whose blood pressure (BP) was less than 140/90 at the time of the last reading			2	4	2	Comple	<div style="border: 1px solid gray; padding: 5px;"> Action Update Delete 2 View Goal Information </div>

[Go to Previous Page](#)

3.3 Autosave Functionality

The system automatically saves your work in certain areas of the Program Specific Checklist every 10 minutes (Figure 35, 1). The Autosave functionality excludes the [Standard Side Checklist](#) and any of the Overlays ([Key Factors](#), [Activities](#) etc.). Any information entered within these forms & Overlays will **NOT** be automatically saved and you will need to manually save your work.

Figure 35: Autosave



4. Reviewing and Submitting the FY 2017 NCA 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 36, 1).

Figure 36: Review Link

Application - Status Overview

ENTRUS: COMMUNITY HEALTH CONNECTIONS, INC. Due Date: 8/13/2016 11:59:59 PM (Due in: 81 days) | Application Status: Complete

Announcement Number: HRSA-15-212 Announcement Name: 2015-2016 HRSA-2015-212
 Application Type: *Competing Continuation* Grant Number: HRSA-15-2027
 Application Package: SF424 Application FY: 2015 Program Type: *Non-Construction*

Resources

View

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

Users with permissions on this application (1)

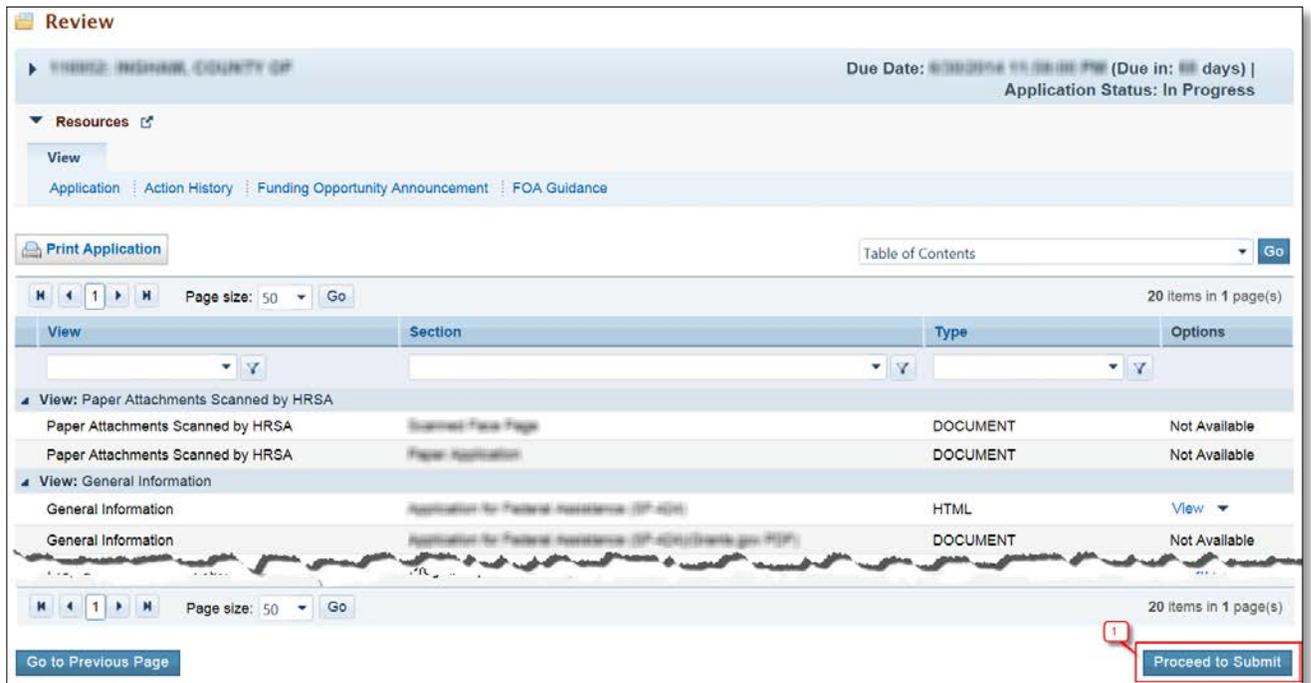
List of forms that are part of the application package

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 37, 1).

Figure 37: 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 38, 1).
- Applicants are strongly encouraged to notify the AO directly and ensure that they leave adequate time for the AO to complete the submission process prior to the deadline.

Figure 38: Submit to AO

Application - Submit

HHSUS COMMUNITY HEALTH CONNECTIONS, INC. Due Date: 8/30/16 11:59:59 PM (Due in: 81 days) | Application Status: Complete

Announcement Number: HRSA-15-215 Announcement Name: [REDACTED] Created by: John.Centaine on 08/09/2016 at 3:01:08 PM
 Application Type: Competing Continuation Grant Number: HRSA-15-215P Last Updated By: John.Centaine on 08/09/2016 at 3:01:08 PM
 Application Package: SF424 Application FY: 2016 Program Type: SF424-Continuation

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

Go to Previous Page

1 Submit to AO

- 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** (<http://www.hrsa.gov/about/contact/bphc.aspx>).