HRSA Electronic Handbooks (EHBs)

FY 2019 Oral Health Infrastructure (OHI)

HRSA-19-079

User Guide for Applicants

Last updated on March 18, 2019



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This User Guide describes the steps you need to follow to submit a Fiscal Year (FY) 2019 Oral Health Infrastructure (OHI) application to the Health Resources and Services Administration (HRSA). For additional resources, see the OHI technical assistance webpage at http://bphc.hrsa.gov/programopportunities/fundingopportunities/fundingopportunities/oralhealth.

1. Starting the FY 2019 OHI Application

Complete and submit the FY 2019 OHI application by following a 2-step process:

- 1. Locate the funding opportunity in Grants.gov (HRSA-19-079) and submit the required application forms in Grants.gov.
- 2. You must then validate, complete, and submit this application in the HRSA Electronic Handbooks (EHBs).

IMPORTANT NOTE:

 Refer to the HRSA SF-424 Two-Tier Application Guide available at <u>http://www.hrsa.gov/grants/apply/applicationguide/sf424programspecificappguide.pdf</u> for details related to submitting an application in Grants.gov and validating it in EHBs.

Once the application is validated in EHBs, you can access it in your Pending Tasks. To access the application in EHBs, follow the steps below:

- After logging into EHBs, click the Tasks tab on the EHBs Home page to navigate to the Pending Tasks – List page.
- 2. Locate the OHI application using the EHBs tracking number (e-mailed after successful Grants.gov submission) and click the **Start** link to begin working on the application in EHBs.
 - > 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-1							
SF-424	💸 Not Started						
Part 1	💸 Not Started	Dpdate 0					
Part 2	💸 Not Started	🚱 Update					
Project/Performance Site Location(s)	💸 Not Started	🚱 Update					
Project Narrative	💸 Not Started	🚱 Update					
Budget Information 2							
Section A-C	X Not Started	C Update					
Section D-F	💸 Not Started	🚱 Update					
Budget Narrative	💸 Not Started	🚱 Update					
Other Information -3							
Assurances	X Not Started	C Update					
Disclosure of Lobbying Activities	X Not Started	🚱 Update					
Appendices	💸 Not Started	🚱 Update					
Program Specific Information							
Program Specific Information	X Not Started	🚱 Update					

Figure 1: Accessing the Application Status Overview Page

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

2. Completing the SF-424 section of the application

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

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

2.1. Completing the Basic Information Section

The **Basic Information** has been imported from Grants.gov and has undergone a data validation check. You may edit this information if necessary. Only the fields marked with a star * are required for completion. This section consists of the following forms:

- The **SF-424 Part 1** form displays basic information about the application and applicant organization.
- The **SF-424 Part 2** form displays information about the proposed project, 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 update the abstract as necessary, by clicking the arrow next to the Update Description link and selecting Delete to remove the Grants.gov version (Figure 2, 2). Then upload an updated abstract by clicking Attach File.
- For the Proposed Project Period, enter 9/01/2019 to the end of your FY 2021 budget period.
- Refer to the HRSA SF-424 Two Tier Application Guide at <u>http://www.hrsa.gov/grants/apply/applicationguide/sf424programspecificappguide.pdf</u> for details related to the Executive Order 12372 process.

K SF-424 - Part 1 💸 SF-424 - Pa	rt 2			
Fields with * are required				
 Areas Affected by Project (Citil 	es, Counties, States, etc.)	(Minimum 0) (Maxim	um 1)	Attach File
			No documents attached	
Descriptive Title of Applicant's Pr	oject Health C	Center Cluster		
· Project Description (Minimu	ım 1) (Maximum 1)			Max 1 Allowe
Document Name	Size	Date Attached	Description	Options
Project Abstract.docx	11 kB	00102010-0	Project Abstract from Grant.gov	Action
				C. Santa and Sa
Congressional Districts				Update Description

Figure 2: Project Description on SF-424 Part 2

- Project/Performance Site Location(s) form displays the locations where you provide services.
- On the **Project Narrative** page, attach the project narrative by clicking on the **Attach File** button (Figure 3, 1).

Project Narrative	
	Due Date: PM (Due in: days) Section Status:
▼ Resources L [*]	
View	
Application Action History Funding Opportunity Announcement FOA Guidance Application User Guide	2
Fields with * are required	[1]
▼ ★ Project Narrative (Minimum 1) (Maximum 2)	Attach File
No documents attached	
Go to Previous Page	Save Save and Continue

Figure 3: Attach Project Narrative

2.2. Completing the SF-424A Budget Information

For 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

The Budget Information – Section A-C form 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 on the Application Status - Overview page (Figure 4,

1).

Figure 4: Budget Information Section A-C Update Link

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

> The system navigates to the **Budget Information – Section A-C** form (Figure 5).

 Includes: Crowdeeline Provide Automatics 	ETTOPHEN, INNE,			Due Date: Emiliante m	PM (Due in: M da Status: N	iys) Section
TResources of						
View						
Application Action History Funding Opport	unity Announcement FOA Guidence	Application User Guide				
ields with * are required						
Section A - Budget Summary						🗇 Update
		Estimated Unobilda	ted Funds	N	lew or Revised Budget	
Grant Program Function or Activity	CFDA Number	Enderal	Non-Federal	Faderal	Non-Federal	Tota
Community Linealth Centers	83,224	50.00	50.00	50.00	50.00	50.00
Health Care for the Homeless	93.224	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Migrant Health Centers	93.224	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Public Housing	93.224	50.00	\$0.00	\$0.00	\$0.00	50.00
Update Sub Frogram	Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Section B - Budget Categories						(@ Update
	Grant Program Function or Activity					Total.
object class categories		Federal		Non-Fee	leral	
Personnel		\$0.00		8	0.00	\$0.00
Fringe Benefits		\$0.00		1	:0.00	\$0.00
Travel		\$0.00		3	0.00	\$0.00
Equipment		\$0.00		a	0.00	\$0.00
Supplies		\$0.00		a	60.00	\$0.00
Contractual		\$0.00		1	i0.00	\$0.00
Construction		\$0.00		1	0.00	\$0.00
Other		\$0.00		3	0.00	\$0.00
Total Direct Charges		\$0.00			60.00	\$0.00
Indirect Charges		\$0.00			0.00	\$0.00
Totul		\$0.00			0.00	\$0.00
Section C - Non Federal Resources						🔗 Update
Grant Program Function or Activity	Applicant	State	Local	Other	Program Income	Tota
Community Health Centers	80.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Health Care for the Homeless	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Migrant Lealth Centers	\$0 00	<u>ş0 00</u>	şn nn	\$0 00	ş0.00	\$0.00
Public Housing	\$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 S	ave and Continue

Figure 5: Budget Information – Section A-C Page

- Under Section A Budget Summary, click on the Update Sub Program button (Figure 5, 1).
 - > The **Sub Programs Update** page opens (Figure 6).



Sub	Programs - Update	
F 258	DRU: LAPINE COMMUNITY HEAL TH CENTER	Due Date: PM (Due in: days) Section Status: Not Complete
 Res View App 	sources C [*]	
Sub Pro	grams	
	Sub-Program	CFDA
	Community Health Centers	93.224
	Health Care for the Homeless	93.224
	Migrant Health Centers	93.224
	Public Housing	93.224
Cancel		Save and Continue

- 2. Select or unselect the sub programs. Only select the programs for which you currently receive funding.
- 3. Click the **Save and Continue** button.
 - a. The **Budget Information Section A-C** page re-opens showing the selected sub program(s) under the **Section A Budget Summary** (Figure 7, 1).
- To enter or update the budget information for each sub program, click the Update button displayed in the right corner of the Section A Budget Summary header (Figure 7, 2)

* Section A - Budget Summary						/ Update	
Grant Program Eurotion or Activity	CEDA Number	Estimated Unobligated Funds		New or Revised Budget		Q	
Grant Program Function of Activity	CFDA Number	Federal	Non-Federal	Federal	Non-Federal	Total	
Community Health Centers	93.224	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Migrant Health Centers	93.224	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Update Sub Program	Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	

> The Section A – Update page opens

Figure 8: Section A – Update Page

Section A - Budget Summary								🕜 Update
Crant Brogram Equation or Astivity	CFDA Number	Estimated Unobligated Funds		New or Revised Budget				
Grant Program Punction of Activity		Federal	Non-Federal	Federal	51	Non-Federal	2	Total
Community Health Centers	93.224	\$0.00	\$0.00	\$0.00		\$0.00	P	\$0.00
Migrant Health Centers	93.224	\$0.00	\$0.00	\$0.00		\$0.00		\$0.00
Update Sub Program	Total	\$0.00	\$0.00	\$0.00		\$0.00		\$0.00

 Under the New or Revised Budget section, in the Federal column, enter the amount of federal funds requested for the entire two-year budget period for each requested sub program (CHC, MHC, HCH, and/or PHPC) (Figure 8, 1). In the Non-Federal column, enter the non-federal funds in the budget for the entire two-year budget period for each requested sub program (Figure 8, 2).

IMPORTANT NOTE:

- The federal amount refers only to the Oral Health Infrastructure funding request, not all federal grant funding that an applicant receives. The total federal amount cannot exceed \$300,000.
- 6. 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).

* Section A - Budget Summary							
Grant Decemen Function or Activity	OFDA Number	Estimated Unobligated Funds		New or Revised Budget			
Grant Program Function of Activity	CFDA Number	Federal	Non-Federal	Federal	Non-Federal	Total	
Health Care for the Homeless	93.224	\$0.00	\$0.00	\$30,000.00	\$0.00	\$30,000.00	
Migrant Health Centers	93.224	\$0.00	\$0.00	\$20,000.00	\$0.00	\$20,000.00	
Update Sub Program	Total	\$0.00	\$0.00	\$50,000.00	\$0.00	\$50,000.00	

Figure 9: Section A – Budget Summary Page after Update

 In Section B – Budget Categories, you must provide the federal and non-federal funding distribution across object class categories for the entire two-year budget period. Click the Update button provided at the right corner of the Section B header (Figure 10).

Section B - Budget Categories			🕼 Update
Object Class Categories	Grant Program Function or Activity	Total	
Object class Categories	Federal	Non-Federal	Total
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total Direct Charges	\$0.00	\$0.00	\$0.00
Indirect Charges	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

Figure 10: Section B – Budget Categories

- The system navigates to the Section B Update page (Figure 11)
- 8. Enter the federal dollar amount for each applicable object class category under the Federal column (Figure 11, 1).
- 9. Similarly, enter the non-federal dollar amount for each applicable object class category under the Non-Federal column (Figure 11, 2).
- 10. If you are requesting funding for minor alteration/renovation, enter the amount on the Construction row.
- 11. Click **Save and Continue** (Figure 11, 3) to navigate back to the **Budget Information Section A-C** form (Figure 5).

Note(s):			
Total federal amount in Section B must be equal to	o the total new or revised budget, federal amount specified in budget summa	ry (section A) \$50,000.00.	
Total non-federal amount in Section B must be eq	ual to the total new or revised budget, non-federal amount specified in budge	tt summary (section A) \$0.00.	
 THERE LEPTINE CONSIGNITY HEALTH CO 	CHINER .	Due Date: • The state of the BM (Due in Si	n: Mays) Section tatus: Not Complete
▼ Resources 🗳			
View			
Application Action History Funding Opportunit	ty Announcement FOA Guidance		
initia with the are considered			
eids with • are required			
* Section B - Budget Categories			
Object Class Categories	Grant Program Function or Activity	·	Tota
object class categories	1 Federal	Non-Federal	1018
	S 0.00	S 0.00	\$0.0
Personnel			
Personnel Fringe Benefits	\$ 0.00	\$ 0.00	\$0.0
Personnel Fringe Benefits Travel	S 0.00 S 0.00	\$ 0.00 \$ 0.00	\$0.0 \$0.0
Personnel Fringe Benefits Travel Equipment	\$ 0.00 \$ 0.00 \$ 0.00	\$ 0.00 \$ 0.00 \$ 0.00	\$0.0 \$0.0 \$0.0
Personnel Fringe Benefits Travel Equipment Supplies	S 0.00 S 0.00 S 0.00 S 0.00 S 0.00	\$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00	\$0.0 \$0.0 \$0.0 \$0.0
Personnel Fringe Benefits Travel Equipment Supplies Contractual	S 0.00	\$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00	\$0.0 \$0.0 \$0.0 \$0.0 \$0.0
Personnel Fringe Benefits Travel Equipment Supplies Contractual Construction	S 0.00	\$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00	\$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0
Personnel Fringe Benefits Travel Equipment Supplies Contractual Construction Other	S 0.00	\$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00	\$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0
Personnel Fringe Benefits Travel Equipment Supplies Contractual Construction Dther Indirect Charges	S 0.00	\$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00	\$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0
Personnel Fringe Benefits Fravel Equipment Supplies Contractual Construction Other ndirect Charges Total	S 0.00 S 0.00	\$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00	\$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0

Figure 11: Section B – Update Page

IMPORTANT NOTES:

- The total federal amount in Section B Budget Categories must be equal to the total new or revised federal budget amount specified in Section A – Budget Summary.
- The total non-federal amount in Section B Budget Categories must be equal to the total new or revised non-federal budget amount specified in Section A – Budget Summary.
- Adding/updating values in the Equipment and/or Construction categories will lead to specific selection options on Form 1B: Funding Request Summary.
 - In Section C Non-Federal Resources, click the Update button in the right corner of Section C header to distribute the non-federal budget amount specified in Section A – Budget Summary across the applicable non-federal resources (Figure 12, 1).

Figure 12: Section C - Non-Federal Resources

Section C - Non Federal Resources					(1 / Update
Grant Program Function or Activity	Applicant	State	Local	Other	Program Income	Total
Health Care for the Homeless	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Migrant Health Centers	\$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					2 ave	Save and Continue

IMPORTANT NOTE:

- The total non-federal amount in Section C Non-Federal Resources must be equal to the total new or revised non-federal budget amount specified in Section A – Budget summary.
- 13. Click the Save and Continue button to proceed to the next form (Figure 12, 2).

2.2.2 Budget Information – Section D-F

The Budget Information – Section D-F form 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 13: Budget Information – Section D-F

Budget Information	- Section D-F					
• T140402 LAPTER COM	ALMOTY HELAL THE CLEWITER			Due Date:	PM (Due in: 25 c Status:	lays) Section Not Complete
▼ Resources ピ						
View						
Application Action History	Funding Opportunity Announcement	OA Guidance Application	User Guide			
Section D - Forecasted Cash N	Veeds					Update
	1	st 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 E - Federal Funds Nee	eded for Balance of the Project					2 / Update
Grant Brogram		6	Futu	re Funding Periods (Years)		
Grant Program		First		Second	Third	Fourth
Health Care for the Homeless		\$0.00		\$0.00	\$0.00	\$0.00
Migrant Health Centers		\$0.00		\$0.00	\$0.00	\$0.00
Total		\$0.00		\$0.00	\$0.00	\$0.00
Section F - Other Budget Infor	mation					3 Update
Direct Charges	No information added.					
Indirect Charges	No information added.					
Remarks	No information added.				4	
Go to Previous Page					Save	Save and Continue

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 for both the federal and non-federal request by clicking the Update button in the right corner of Section D (Figure 13, 1).
- 2. Section E Federal Funds Needed for Balance of the Project should be left blank.
- In Section F Other Budget Information, you may provide information regarding direct and indirect charges by clicking the Update button in the right corner of Section F (Figure 13, 3).
- Click the Save and Continue button on the Budget Information Section D-F to proceed (Figure 13, 4).

2.2.3 Budget Narrative

Attach a budget narrative by clicking on the **Attach File** button (**Figure 14**). Once completed, click on the **Save and Continue** button to proceed to the next form.

Figure 14: Budget Narrative

Budget Narrative	
 Investige Laurenez Commentation interaction constraints 	Due Date: The section PM (Due in: The days) Section Status: Not Complete
View	
Application Action History Funding Opportunity Announcement FOA Guidance Application User Guide	
Fields with required	
 Budget Narrative (Minimum 1) (Maximum 2) 	Attach File
No documents attached	
Go to Previous Page	Save Save and Continue

2.3 Completing the Other Information Section

The Other Information section consists of the Assurances, Disclosure of Lobbying Activities, and Appendices forms.

2.3.1 Completing the Assurances Form

The **Assurances** form verifies that you are aware of and agree to comply with all federal requirements should funds be awarded. To complete this form, you must select 'Agree' on the certification question at the bottom of the form. The name of the Authorizing Official will prepopulate when the application is submitted. Click on the Save and Continue button to proceed to the **Disclosure of Lobbying Activities** form.

2.3.2 Completing the Disclosure of Lobbying Activities Form

Answer the question regarding lobbying activities. If yes, complete all sections of the **Disclosure of Lobbying Activities** form. If you certify that you do NOT currently receive more than \$100,000 in federal funds and engage in lobbying activities, you may skip the **Disclosure of Lobbying Activities** form. Click the Save and Continue button to proceed to the **Appendices** form.

2.3.3 Completing the Appendices Form

To complete the **Appendices** form, upload the following attachments by clicking the associated Attach File buttons:

- Attachment 1: Collaboration Documentation (Minimum 1) (Maximum 2)
- Attachment 2: Lease Documentation (Maximum 2)
- Attachment 3: Indirect Cost Rate Agreement (Maximum 2)
- Attachment 4: Other Relevant Documents (Maximum 2)

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).

You are here: Home » Tasks » E	Browse » Grants [📄] » '
ALL TASKS 🥂	Application
Grant Application	
Overview	110000-0700
Status	Announcement N
Basic Information	Announcement N
🔆 SF-424	Application Type
K Project/Performance	Application Pack
Site Location(s)	Resources R
X Project Narrative	
Budget Information	View
💸 Section A-C	Application Ac
🔆 Section D-F	
💸 Budget Narrative	
Other Information	Users with permi
💸 Assurances	
💸 Disclosure of Lobbying	List of forms that are
Activities	Section
🔆 Appendices	Basic Information
Program Specific	SE-424
Information	51-424
X Program Specific	Part 1
Information 2	Part 2
Review and Submit	Project/Performance \$
Review	
Submit	Project Narrative

Figure 15: Left Navigation Menu

Click the **Program Specific Information** link (**Figure 15, 2**) in the left menu to open the **Status Overview** page for the Program Specific forms (**Figure 16**). Click the **Update** link to edit a form.

Figure 16: Status Overview Page for Program Specific Forms

Program Specific Information Status		
Section	Status	Options
Budget Information		
Form 1B - Funding Request Summary	Not Started	🕜 Update 🔫
Sites and Services		
Form 5B - Service Sites	Not Started	🚱 Update 👘
Alteration/Renovation (A/R) Information	X Not Started	🚱 Update 🛛 👻
Other Information		
Equipment List	Not Started	🚱 Update 🗢
Supplemental Information	X Not Started	🕑 Update 📼

3.1. Form 1B – Funding Request Summary

Form 1B confirms the funding request and is used to make the minor A/R and equipment list forms accessible.

 The OHI Funding Request (Figure 17, 1) will be pre-populated from the Budget Information Form, Section A – Budget Summary. The maximum amount that may be requested is \$300,000. To change this amount on Form 1B, update the federal funding requested in **Section A – Budget Summary**.

Figure 17: Form 1B: Funding Request Summary: OHI Funding Request

Form 1B - Funding Request Summary	
	Due Date: (Due In: Days) Section Status: Complete
Resources C	
FY 2019 OH User Guide [Funding Opportunity Announcement	
Fields with * are required	
 Note the following when completing this form: Before completing Form 1B, the SF-424A: Budget Information form must be cor Go to Section A – Budget Summary in Budget Information form to edit the Total Go to Section B – Budget Categories in Budget Information form to edit the Fed 	npleted. Federal Funds requested, not to exceed \$300,000. leral Funds requested for Equipment and Construction (minor A/R).
OHI Funding Request	<u>s</u>

2. In the **OHI Funding Activities** section (**Figure 18**), make your selection to enable the correct minor A/R and/or equipment forms to be available for completion, according to the table below.

If you plan to use OHI fu		unding for:	
Equipment	Minor	Other Activities	Selection on Form 1B
	A/R		
х			Equipment only
х		x	Equipment only
х	x	х	Minor A/R with Equipment
	x	х	Minor A/R without Equipment
			Activities other than minor A/R and
		X	equipment
х	x		Minor A/R with Equipment
	x		Minor A/R without Equipment

Figure 18: Form 1B: Funding Request Summary: OHI Funding Activities



IMPORTANT NOTES:

- Based on the Budget Information Form, Section B Budget Categories, the system only allows certain selections to enable the minor A/R and/or equipment forms to be available for completion.
- In the Federal column of Section B Budget Categories, if you enter a dollar value for the Equipment field and \$0 for the Construction field, then the only option that will be allowed to be selected would be "Equipment Only" (Figure 18, 1).
- In the Federal column of Section B Budget Categories, if the Equipment and Construction fields have a dollar value, then the only option that will be allowed to be selected would be "Minor alteration/renovation with equipment" (Figure 18, 2).
- In the Federal column of Section B Budget Categories, if you enter \$0 for the Equipment field and a dollar value for the Construction field, then the only option that will be allowed to be selected would be "Minor alteration/renovation without equipment" (Figure 18, 3).
- In the Federal column of Section B Budget Categories, if you enter \$0 for both the Equipment and Construction fields, then the only option that will be allowed to be selected would be "Activities other than minor A/R and equipment" (Figure 18, 4).
 - Indicate whether you are proposing to add a new service delivery site to scope in this application for the purpose of expanding access to integrated oral health services (Figure 19, 1). Proposed new sites must be located within your current service area.
 - 4. Click on Save and Continue to proceed to Form 5B (Figure 19, 2).

Figure 19: Form 1B: Add New Service Delivery Site

* Are you proposing to add a new service delivery site within your current service area through this application?	
Yes No	
WOTE: If you select "Yes" above to indicate that you are proposing a new site, the system will require you to complete Form 5B: Service Sites. If you change your selected option from "Yes" to "No" after completing Form 5B. Service Sites, the system visite information from Form 5B.	vill delete all new
	2
Go to Previous Page	ave and Continue

3.2. Form 5B - Service Sites

If you are proposing a new service site in this application, you must complete **Form 5B: Service Sites**. The **Form 5B: Service Sites** list page is also used to designate the site at which minor alteration/renovation will occur, if requested (see <u>section 3.2.2</u>).

3.2.1 **Proposing a New Site**

To propose a new site, follow the steps below:

1. Click the **Add New Site** button (**Figure 20**). Note that this button will only appear if you selected Yes to adding a new service delivery site on Form 1B (**Figure 19, 1**).

2 Form SB - Service Sites				
Note(s): To add a new site or to propose the one-time use of funds for minor alteration/resourcise, you	must first indicate it on Form 1B			
to not a new one or to propose the one-sine use of torics for minor metallicity relations, you to				
•	Due	Date: (D	Due In:	Days) Section Status:
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FY 2019 OH User Guide Funding Opportunity Announcement				
Note(s): If you are proposing to add a new site, click on 'Add New Site' The site address zip code and the this OHSE Funding Opportunity. The allowable service area zip codes are (- View Loss) Add New Site	e service area zip code(s) for the newly proposed site must be	included in your list of s	ervice are	a zip code(s) in scope as of the release date of
Proposed Sites				
• Note(s): If you are proposing the one-time use of funds for minor alteration/renovation at a site in your of	current scope of the project, click on 'Pick Site from Scope'.			
Dick Site from Scope				
← Existing Sites in Scope				
	No sites added			
Go to Previous Page				Save Save and Continue

Figure 20: Form 5B: Service Sites List Page

- 2. The system navigates to the Service Site Checklist page (Figure 21).
 - a. The answer to question 1 must be 'No' if you are proposing to add a new service delivery site (Figure 21, 1).
 - b. To qualify as a service site, you must select 'Yes' for questions 'a' through 'd'.
 - c. Indicate if the site being added is a domestic violence site by answering 'Yes' or 'No' to question 2 (Figure 21, 2). A domestic violence site is a confidential site serving

victims of domestic violence and the site address cannot be published due to the necessity to protect the location of the domestic violence shelter.

d. Click the Verify Qualification button (Figure 21, 3). The system will navigate to the List of Pre-Registered Performance Sites at HRSA Level page.

③ Service Site Checklist			
•	Due Date	: (Due In	: Days)
▼ Resources ௴			
View			
FY 2019 OH User Guide Funding Opportunity Announcement			
Fields with * are required			
Site Qualification Criteria			
• 1. Is the site an "admin-only" site? If Yes, the site is an 'admin-only' site, select Not Applicable' for questions 'a' to 'd' below. If No, the site is a Service Delivery site, arewer questions 'a' to 'd' Yes or No.	© Yes ⊙ No		
a. Are/will health center visits be generated by documenting in the patients records face-to-face contacts between patients and providers?	⊚ Yes ⊚ No	Not Applicable	
b. Dolwill providers exercise independent judgment in the provision of services to the patient?	⊚ _{Yes} ⊚ _{No}	Not Applicable	
c. Are/will services be provided directly by or on behalf of the grantee, whose governing board retains control and authority over the provision of the services at the location?	🖗 Yes 🖉 Na	Not Applicable	
d. Are/will services be provided on a regularly scheduled basis (e.g., daily, weekly, first Thursday of every month)?	⊜ Yes ⊜ No	Not Applicable	
• 2. Is the site a Domestic Violence (Confidential) shelter? ()	🛛 Yes 🔍 No	Not Applicable	13
Go to Previous Page		Verify	Qualification

Figure 21: Service Site Checklist

- 3. To add a new site, click the **Register Performance Site** button (Figure 22, 1) and register your site using the Enterprise Site Repository (ESR) system by following the steps below:
 - a. On the Basic Information Enter page, provide a site name and select a site type from the following options: Fixed, Mobile. Click the Next Step button.
 - b. On the Address Enter page, enter the physical address of the site and click the Next Step button.
 - c. On the Register Confirm page, the system displays the physical address you entered on the Address – Enter page along with the standardized format of the address. Select the option you want and click the Confirm button.
 - d. On the Register Result page, click the Finish button to register the site to your organization.

IMPORTANT NOTE:

• The zip code of a new service delivery site address must be limited to your service area zip codes as listed on Form 5B for all current sites in your scope of project as of the date of the OHI NOFO release.

Note(s): Please click on 'Register Per Location' button to complete	formance Site' to register a new Performance Site at HRSA leve adding the site	el. Select a site and click on 'Update the Registered Perfo	ormance Site' button to update the site information. Sel	ect a site and click on 'Se	ect S
			Due Date:	(Due In:	Day
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FY 2019 OH User Guide Fu	inding Opportunity Announcement				
Register Performance Site					
st of Pre-registered Performan	ce Sites				
e Name	Performance Site Type ()	Performance Site Address	Perfomance Site Address Category	Options	
				Select Site Location	*
				Select Site Location	•
				Select Site Location	•
				Select Site Location	•
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				Select Site Location	•
				Select Site Location	•
				Select Site Location	*
				Select Site Location	•
				Select Site Location	*
			2	Select Site Location	•
			Accurate	Select Site Location	•
				Select Site Location	+

Figure 22: List of Pre-Registered Performance Sites at HRSA Level page

 Once the site is registered, select the site from the list of pre-registered sites by clicking on Select Site Location (Figure 22, 2). The system navigates to the Form 5B – Edit page where you must provide all the required information for the new site (Figure 23).

IMPORTANT NOTES:

- Site Physical Address The zip code of the Site Physical Address (where the fixed site is located or where the mobile unit is parked) must be included in your current service area (based on the service area zip codes listed across all current sites in scope on Form 5B).
- Service Area Zip Codes All service area zip codes listed for proposed site(s) must be included in your current service area (based on the service area zip codes listed across all current sites in scope on Form 5B).

Form-5B : Edit				-	
Note(s): Site information has been migrated to the u are described in the SAV Allowable Update	pdated Form 58. Per the guidan s & Please Save before moving	ce provided in PAL 2014.#2 and using th on to the next section.	ne Form SB Instructions of, you should fill out the two n	ew fields on the form and update other fields if nee	ded. Allowable updates
It is recommended that you save your work	often (e.g. every 5 minutes) to a	woid a loss of data due to unforeseeable	technical issues.		
ields with * are required for all site types.					
Site Information					Status:
* Site Name	Change Site Name		Physical Site Address		
Site Type	Service Delivery Site	•	Site Phone Number	() . Ext	
• Web URL					
The following fields are required for "Service	Delivery" and "Administrative	Service Delivery" site types, other th	an where exceptions are noted:		
Location Type	Select Location Type	•	Site Setting	Select Site Setting	
Date Site was Added to Scope	N/A		Site Operational Date	NA	
FQHC Site Medicare Billing Number Status	Select Medicare Billing Numb	er Stat.*	FOHC Site Medicare Billing Number (Required if "This site has a Medicare Billing number" is selected in "FOHC Site Medicare Billing Number Status' field.) e.g. 12345 OR 123450		
FQHC Site National Provider Identification (NPI) Number (Optional field.) e.g. 1234567890			Total Hours of Operation (when Patients will be Served per Week)		
Months of Operation					
Saved Months of Operation					
Number of Contract Service Delivery Locations (Required only for 'Alignant Voucher Screening' Site Type)			Number of Intermittent Sites (Required only for "Intermittent" Site Type)		
Site Operated by	Select Site Operated By				
Add Subrecipient/Contractor	equired only if 'Subrecipient o	r Contractor' is selected in "Site Oper	ated Bu ^{1 (1)} (4 View More)		
Subrecipient/Contractor Organization Name	Subrecipient o	brecipient/Contractor Organization P	hysical Site Address	Subrecipient/Contractor EIN	Options
		No Subrecipient or Contr	actor information to be displayed		
Service Area 7in Code (Include only those fro	m which the majority of the or	tient population will come)			
service mea zip code (include only mose inc	an which the majority of the po	neers population will come?			
 Service Area Zip Codes 					
	Save Zip Code(s)				
Saved Service Area Zip Code(s)					
Go to Previous Page				Save	Save and Continue

Figure 23: Form 5B – Edit page

 After providing the complete information on Form 5B – Edit page, click 'Save and Continue' to go back to the Form 5B – Service Sites list page, which will display the newly added site in the Proposed Sites section.

3.2.2 Pick a Site from Scope for Minor Alteration/Renovation (A/R)

If you are requesting funds for minor A/R, you must indicate at which site minor A/R will take place. To propose minor A/R at a site in scope, follow the steps below:

 On the Form 5B – Service Sites list page, click the Pick Site from Scope button above the Existing Sites from Scope section (Figure 24). Note that this button will only appear if you selected minor A/R on Form 1B (Figure 18, 2 or 3).

Figure 24:	Form	5B –	Service	Sites	List Page
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To add a new site or to propose the one-time use of funds for minor alteration/renovation, you must first indicate it on Form 1B.	Due Date:	(Due In:	Days) Section Status:
	Due Date:	(Due In:	Days) Section Status:
Resources of View FY 2019 OH User Guide Funding Opportunity Announcement Note(s): If you are proposing to add a new site, click on 'Add New Site'. The site address zip code and the service area zip code(s) for the newly proposed site this OHSE Funding Opportunity. The allowable service area zip codes are	e must be included in yo	ur list of service are	
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			ea zip code(s) in scope as of the release dat
	- View	Less	
3 Add New Site			
≠ Proposed Sites			
No sites added			
() Note(s):			
If you are proposing the one-time use of funds for minor alteration/renovation at a site in your current scope of the project, click on 'Pick Site from S	Scope'.		
Pick Site from Scope			
▼ Existing Sites in Scope			
No sites added			

2. The system navigates to the **Select Site from Scope** page populated with the sites in your H80 scope (Figure 25).

Figure	25:	Select	Site	from	Scope
--------	-----	--------	------	------	-------

•				Due Date:	(Due In:	Days
Resources						
View						
FY 2019 OH User Guide Fund	ling Opportunity Announcement					
Existing Sites from Scope						
Existing Sites from Scope Site Name	Site Address	Service Site Type	Location Type	Option	5	
Existing Sites from Scope Site Name	Site Address	Service Site Type	Location Type	Option: Select t	s his Site 💌	
Existing Sites from Scope Site Name	Site Address	Service Site Type	Location Type	Option: Select I Select I	s his Site 💌 his Site 👻	
Existing Sites from Scope Site Name	Site Address	Service Site Type	Location Type	Option: Select t Select t Select t	s his Site 💌 his Site 🐨	
Existing Sites from Scope Site Name	Site Address	Service Site Type	Location Type	Option: Select t Select t Select t Select t	s his Site 👻 his Site 👻 his Site 👻	
Existing Sites from Scope	Site Address	Service Site Type	Location Type	Option: Select I Select T Select I Select I Select I Select I	shis Site * his Site * his Site * his Site * his Site *	

- 3. Click the Select this Site link for the site you want to include for minor A/R (Figure 25).
- 4. The system will return you to Form 5B Service Sites list page, which will display the site in the Existing Sites from Scope section. The site is now available to select as a site where minor A/R will take place.

3.3. Alteration/Renovation (A/R) Information

If you are requesting funding for minor A/R, you must complete the **Alteration/Renovation (A/R) Project Cover Page** and **Other Requirements for Sites** forms for each site where minor A/R is proposed. The **Alteration/Renovation (A/R) Information** page will display any new sites and existing sites selected on the **Form 5B – Service Sites** list page.

- 1. Answer whether you are requesting funding for minor alteration/renovation at each site by clicking 'Yes' or 'No' (Figure 26, 1).
- 2. For each site for which you clicked 'Yes', click the Update link (Figure 26, 2) to access the two tabs for the following forms:
 - Alteration/Renovation (A/R) Project Cover Page (Figure 27).
 - Other Requirements for Sites (Figure 28)

Alteration/Renova	ation (A/R) Information		,	
•			Due Date:	(Due In: Days) Section Status:
▼ Resources 🗳				
View				
FY 2019 OH User Guide	Funding Opportunity Announcement			
Select site(s) for which y	ou are requesting one-time Funding for alteration/renov	ration. Click the "Update" link to provide the required AVR (project information.	
Site Name	Physical Address	Are you requesting federal one-time funding for minor alteration/renovation at this site?	Status	Options 2
		🖲 Yes 🔘 No	Not Started	😭 Update 🔻
Go to Previous Page		U		Save Save and Continu

Figure 26: Alteration/Renovation (A/R) Information page

3.3.1 Completing Alteration/Renovation (A/R) Project Cover Page

On the **Alteration/Renovation (A/R) Project Cover** page, enter the information for sections 1 to 4 and provide required attachments (Figure 27).

1. Click on Save and Continue to move to Other Requirements for Sites page (Figure 28).



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Figure 27: Alteration/Renovation (A/R) Project Cover page

3.3.2 Completing Other Requirements for Sites

On the Other Requirements for Sites form:

- 1. Identify whether the site is owned or leased (Figure 28, 1).
- Answer the questions (2a, 2b, 2c, 2d and 2e) under Cultural Resource Assessment and Historic Preservation Considerations (Figure 28, 2).
- 3. If the site is a leased property, you must attach a Landlord Letter of Consent. (Figure 28, 3).

2 Other Requirements for Sites		
 Note(s): Please provide project cover page details for the site below. To save the information entered in this page, click on the "Save" button or use the "Save and Continue" button to go to the next s marked as COMPLETE if any information required below is missing or is incorrect. 	ection. To return to the previous section	, click on the "Go to Previous Page" button. The form will not be
F	Due Date:	(Due In: Days) Section Status:
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FY 2019 OH User Guide Funding Opportunity Announcement		
Fields with * are required		
KAlteration/Renovation (A/R) Project Cover Page Vother Requirements for Sites		
Site Information		
Name of Service Site		
Site Address		
* 1. Site Control and Federal Interest		
1a. Identify current status of property site (If 'Leased', please answer Question 1b)		
Owned Leased		
1b. If Leased, please check the following:		
The applicant certifies the following:		
The existing lease will provide you reasonable control of the project site for at least a period of 5 years after the renovation is The existing lease is consistent with the proposed scope of project. You understand and accept the terms and conditions regarding federal interest in the property.	completed.	
* 2. Cultural Resource Assessment and Historic Preservation Considerations		
2a. Was the project facility constructed prior to 1975?		
® Yes ⊚ No		
2b. Is the project facility 50 years or older?		
● Yes ◎ No		
2c. Does any element of the overall work at the project site include:		
Any renovation/modifications to the exterior of the facility (e.g., roof, HVAC, windows, siding, signage, exterior pair Ground disturbance activity (e.g., expansion of building footprint, parking lot, sidewalks, utilities)?	ting, generators) or	
® Yes ◎ No		
2d. Does the project involve renovation to a facility that is, or near a facility that is, architecturally, historically, or culturally	/ significant?	
● Yes ◎ No		
2e. Is the site located on or near Native American, Alaskan Native, Native Hawalian, or equivalent culturally significant lan	is?	
⊛ Yes ⊜ No 3		
Attachments		
If property status is 'Leased', applicant must provide Landlord Letter of Consent.		
Landlord Letter of Consent (Maximum 1) No documents attached		Attach File
то исслега воясте		
Go to Previous Page		Save Save and Continue

Figure 28: Other Requirements for Sites

- 4. Click on Save and Continue to go back to Alteration/Renovation (A/R) Information Page.
- 5. After you have completed the A/R Information, click the **Save and Continue** button to move to the next form.

3.4. Equipment List

If you are requesting funding for equipment purchases, you must complete the **Equipment List** form. Note that this form will only appear if you selected equipment on Form 1B (Figure 18, 1 or 2).

1. Click the Add button (Figure 29) to open the Equipment Information - Add Page.

j Equipinent El.	st			
F			Due Date:	(Due In: Days) Section Status:
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NOTE: Equipment costs enter a per-unit acquisition of Supplies and would no information required be	ed here should be consistent with those provided in the Bic out which equals or exceeds the lesser of the capitalization to be entered on this form. Click on the 'Save and Continu elow is missing	idget Narrative attachment. Equipment means to level established by the non-federal entity for to e' button to go to the next section. To return to the	angible personal property (including information to financial statement purposes, or \$5,000. Equipme the previous section, click on the 'Go to Previous	technology systems) having a useful life of more than one ent that does not meet the \$5,000 threshold should be cor Page' button. The form will not be marked as COMPLET
NOTE: Equipment costs enter a per-unit acquisition c Supplies and would no information required be Add	ed here should be consistent with those provided in the Bu out which equals or exceeds the lesser of the capitalization to be entered on this form. Click on the 'Save and Continu elow is missing	idget Narrative attachment. Equipment means to level established by the non-federal entity for to e ¹ button to go to the next section. To return to th	angible personal property (including information to financial statement purposes, or \$5,000 . Equipme he previous section, click on the ' Go to Previous	technology systems) having a useful life of more than one ent that does not meet the \$5,000 threshold should be cor Page' button. The form will not be marked as COMPLET
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Figure 29: Equipment List Page

- Select an Equipment Type (Clinical or Non-Clinical) and enter the Description, Unit Price (\$), and Quantity (Figure 30).
- Click the Save and Continue button at the bottom of the screen. You will be returned to the Equipment List Page which displays the equipment you entered and the Total Price.
- 4. Click the **Save and Continue** button at the bottom of the **Equipment List Page** to proceed to the next form.

Figure 30: Equipment Information - Add Page

Equipment Informat	tion - Add					
•				Due Date:	(Due In:	Days)
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View						
FY 2019 OH User Guide	Funding Opportunity Announcement					
For each item on the equipmen	t list, the following fields must be comp	vieted.				
type - Select callcat or tem Description - Prov Unit Price - Enter the p Quantity - Enter the nu Total Price - EHB will c Fields with are required	non-camical vide a description of each item. rice of each item. mber of each item to be purchased. alculate the total price by multiplying th	e unit price by the quantity	entered.			
Add Equipment Information						
* Туре	Select Option					
 Description 			(Maximum 50 Characters)			
• Unit Price (\$)						
Quantity						
Cancel				Save	e Save and	I Continue

3.5. Supplemental Information

The Supplemental Information contains two parts:

- The Scope of Services (Figure 31, 1) section displays your currently approved scope of project for Preventive Dental and Additional Dental services (Form 5A: Services Provided), populated from your scope of project as of the date that you first accessed your application in EHBs.
 - Review the <u>Scope of Project website</u> for guidance in determining whether a Scope Adjustment or Change in Scope will be necessary. Click on the "Services" header in the Resources section and <u>Updating Form 5A</u> to determine which changes require a Scope Adjustment or Change in Scope request.
 - If a Scope Adjustment (e.g., moving Preventive Dental services from Column III to Column I or II) or Change in Scope (e.g., adding Additional Dental services for the first time) is needed, you must request it outside of this application.
 - Note that you do not need to submit a Scope Adjustment or Change in Scope request if OHI funding will be used for infrastructure investments that enhance access to services that you are already providing using the same modes of provision (i.e., Form 5A Column I, Column II).
 - Answer the question 'Yes' or 'No'.
- 2. Answer the question 'Yes' or 'No' whether you are proposing to use OHI funds to purchase telehealth equipment or to increase access to virtual dentistry (Figure 31, 2).

Figure 31:	Supplemental	Information	Page
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Supplemental Information			
00161140: Wayne Enterprises		Due	Date: 03/24/2019 (Due In: 26 Days) Section Status: Not Started
▼ Resources I			
View			
FY 2019 OH User Guide Funding Opportunity Announcement			
1. Scope of Services			
The table below displays your currently approved scope of project for P	reventive Dental and Additional Dental services (Form 5A: Services Provided).	populated from your scope of project as of the date that you first accessed your ap	plication in EHB.
		Currently Approved Form 5A	
Service Type	Column I (Direct – Health Center Pays)	Column II (Formal Contract/ Agreement - Health Center Pays)	Column III (Formal Referral Arrangement – Health Center DOES NOT pay)
Preventive Dental	*		
Additional Dental Services	2	. U.	19
to imaximize one straining, was near a care musice provides breacy or reasons. Access the technical assistance materials on the Scope of Project web Change in Scope request. If a Scope Adjustment or Change in Scope is required (e.g., ad Net Batty ou do not need to submit a Scope Adjustment or Ch.	Introduct contract agreement. It you are not entered to providing revenue userial statility additional Dental services for the first time), you must request it outside off anyo in Scope request if OHI funding will be used for infrastructure investments	services via courner to in, you must request a score regulatement once you comple pe will be necessary. Click on the "Services" header in the Resources section and t this application. This enhance access to services that you are already providing using the same mo	per your unit project(s), rou may also need to aquat your scope for other jotating Form SA to determine which changes require a Scope Adjustment or des of provision (i.e., Form SA Column I, Column II).
* After completing your OHI project(s), will a Scope Adjustment or	r Change in Scope request be necessary to ensure that all planned change	es to oral health services are on your Form SA?	
O Yes, I reviewed my Form 5A and determined that my health center	s proposed OHI activities will require a Scope Adjustment or Change in Scope r	request to modify Form 5A.	
No, I reviewed my Form 5A and determined that my health center's	proposed CHI activities will not require a Scope Adjustment or Change in Scop	be request to madify Form 5A.	
* 2. Are you proposing to use OHI funding to purchase telehealth	equipment or to increase access to virtual dentistry?		
Yes, I am proposing to use OHI funding to initiate or enhance telebric	ealth and/or virtual dentistry/		
No, I am not proposing to use OHI funding for telehealth and/or virtual of the second seco	ual dentistry		
Go to Previous Page			Save Save and Continue

4. Submitting the FY 2019 OHI Application to HRSA

 Review the information displayed in the Table of Contents by clicking the Review link under the Review and Submit section in the left menu. If you are ready to submit the application to HRSA, click the Proceed to Submit button at the bottom of the Table of Contents.

IMPORTANT NOTE:

- To apply, 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 able to submit the application or you do not have the appropriate permissions, contact Health Center Program Support for assistance at 1-877-464-4772 or <u>http://www.hrsa.gov/about/contact/bphc.aspx</u> (Monday Friday, 7:00 AM 8:00 PM ET).
- 2. The system navigates to the Application Submit Certify page. Click the Submit to HRSA button at the bottom of the Application Submit Certify page to submit the application to HRSA. If you are not the AO, the system displays a Submit to AO button at the bottom of the Application Submit Certify page. Click the button to notify the AO that the application can be submitted to HRSA. Only the AO can submit the application to HRSA.
- 3. To troubleshoot problems submitting the application in EHBs, contact Health Center Program Support at 1-877-464-4722 or http://www.hrsa.gov/about/contact/bphc.aspx.