

HRSA Electronic Handbooks (EHBs)

FY 2019 Oral Health Infrastructure (OHI)

HRSA-19-079

User Guide for Applicants

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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/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 <http://www.hrsa.gov/grants/apply/applicationguide/sf424programspecificappguide.pdf> 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:

1. 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**).

Figure 1: 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	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 Started	Update

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](#))

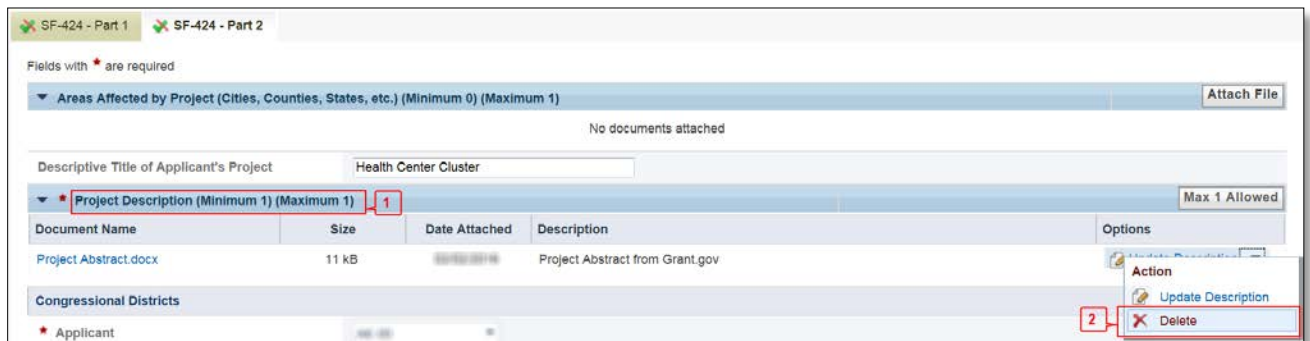
2.1. Completing the Basic Information Section

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.

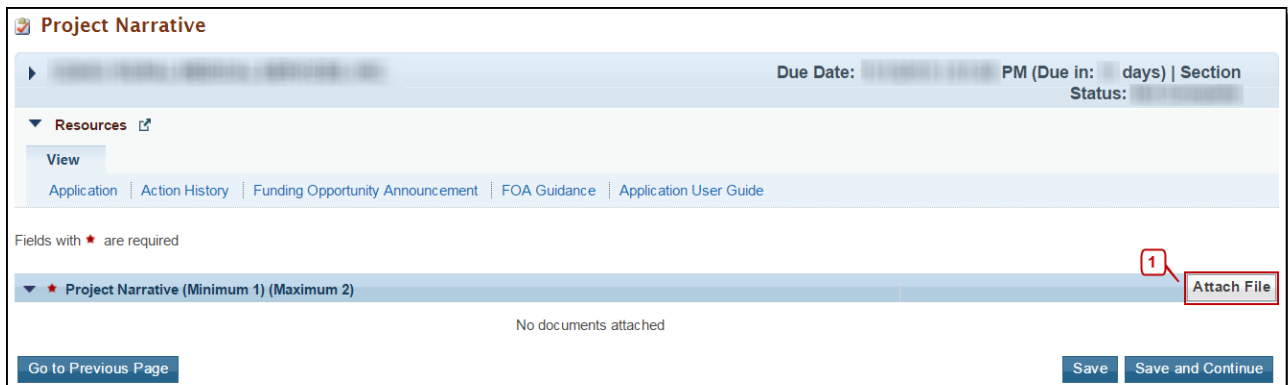
- The Project Abstract has been imported from Grants.gov and placed under the Project Description section (**Figure 2, 1**). You may update the abstract as necessary, by clicking the arrow next to the **Update Description** link and selecting Delete to remove the Grants.gov version (**Figure 2, 2**). 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 <http://www.hrsa.gov/grants/apply/applicationguide/sf424programspecificappguide.pdf> for details related to the Executive Order 12372 process.

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**).

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		
Section A-C	✘ Not Complete	🔄 Update 1
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 Started	🔄 Update

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

Figure 5: Budget Information – Section A-C Page

Budget Information - Section A-C

▼ FUTURE COMMUNITY HEALTH CONNECTIONS, INC. Due Date: 8/28/2018 11:58:00 PM (Due in: 0 days) | Section Status: Not Complete

▼ Resources (1)

View

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

Fields with * are required

*** 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
Community Health Centers	83.224	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
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	83.224	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Update Sub Program 1	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
	Federal	Non-Federal	
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

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

Grant Program Function or Activity	Applicant	State	Local	Other	Program Income	Total
Community Health Centers	\$0.00	\$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 Health Centers	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$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 Save and Continue

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

Figure 6: Sub Programs – Update Page

Sub Programs - Update

FUNDING LAPINE COMMUNITY HEALTH CENTER Due Date: 8/30/2018 11:59:59 PM (Due in: 0 days) | Section Status: Not Complete

Resources

View

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

Sub Programs

<input type="checkbox"/>	Sub-Program	CFDA
<input type="checkbox"/>	Community Health Centers	93.224
<input checked="" type="checkbox"/>	Health Care for the Homeless	93.224
<input type="checkbox"/>	Migrant Health Centers	93.224
<input type="checkbox"/>	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)**.
4. 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**)

Figure 7: Section A – Budget Summary

Grant Program Function or Activity	CFDA Number	Estimated Unobligated Funds		New or Revised Budget			Update
		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

Grant Program Function or Activity	CFDA Number	Estimated Unobligated Funds		New or Revised Budget			Update
		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	

- 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.

- 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

* Section A - Budget Summary Update						
Grant Program Function or Activity	CFDA Number	Estimated Unobligated Funds		New or Revised Budget		
		Federal	Non-Federal	Federal	Non-Federal	Total
Health 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
<input type="button" value="Update Sub Program"/>	Total	\$0.00	\$0.00	\$50,000.00	\$0.00	\$50,000.00

- 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).

Figure 10: Section B – Budget Categories

Section B - Budget Categories Update			
Object Class Categories	Grant Program Function or Activity		Total
	Federal	Non-Federal	
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

- 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](#)).

Figure 11: Section B – Update Page

Section B - Update

Note(s):
 Total federal amount in Section B must be equal to the total new or revised budget, federal amount specified in budget summary (section A) \$50,000.00.
 Total non-federal amount in Section B must be equal to the total new or revised budget, non-federal amount specified in budget summary (section A) \$0.00.

▶ **THIRD LARINE COMMUNITY HEALTH CENTER** Due Date: 8/30/2016 11:58:00 PM (Due in: 00 days) | Section Status: Not Complete

▼ **Resources** [View](#)

[Application](#) | [Action History](#) | [Funding Opportunity Announcement](#) | [FOA Guidance](#)

Fields with * are required

*** Section B - Budget Categories**

Object Class Categories	Grant Program Function or Activity		Total
	Federal	Non-Federal	
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
Indirect Charges	\$ 0.00	\$ 0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00
Total Budget specified in Budget Summary (Section A)	\$50,000.00	\$0.00	\$50,000.00

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**.

12. 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 Save 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

THANE LARINE COMMUNITY HEALTH CENTER Due Date: 8/10/2018 11:00:00 PM (Due in: 28 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 E - Federal Funds Needed for Balance of the Project 2 Update

Grant Program	Future Funding Periods (Years)			
	5 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 Information 3 Update

Direct Charges: No information added.

Indirect Charges: No information added.

Remarks: No information added.

Go to Previous Page 4 Save Save and Continue

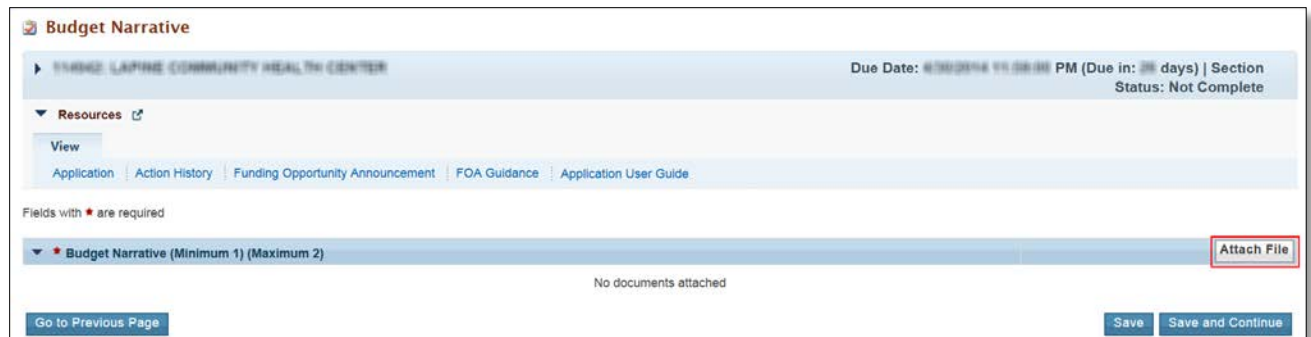
To complete this form, follow the steps below:

1. **Section D – Forecasted Cash Needs** is optional and may be left blank. However, you may enter the amount of cash needed by quarter 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.
3. 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**).
4. 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



The screenshot shows a web form titled "Budget Narrative" for the "FINANCIAL LITERACY COMMUNITY HEALTH CENTER". The form includes a "Resources" section with links for "View", "Application", "Action History", "Funding Opportunity Announcement", "FOA Guidance", and "Application User Guide". Below this, a section for "Budget Narrative (Minimum 1) (Maximum 2)" is shown with a red asterisk indicating a required field. An "Attach File" button is highlighted with a red box. At the bottom, there are "Go to Previous Page", "Save", and "Save and Continue" buttons. The status bar at the top right indicates "Due Date: 10/30/2018 11:59:00 PM (Due in: 30 days) | Section Status: Not Complete".

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:

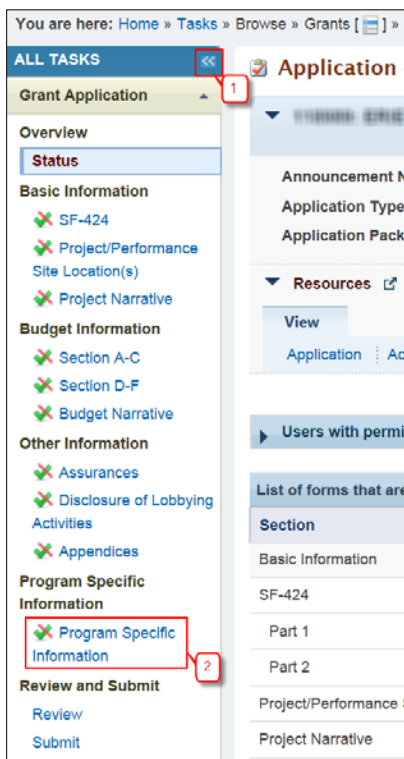
- Attachment 1: Collaboration Documentation (Minimum 1) (Maximum 2)
- Attachment 2: Lease Documentation (Maximum 2)
- Attachment 3: Indirect Cost Rate Agreement (Maximum 2)
- Attachment 4: Other Relevant Documents (Maximum 2)

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](#)).

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	Not Started	Update
Other Information		
Equipment List	Not Started	Update
Supplemental Information	Not Started	Update

[Return to Complete Status](#)

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.

1. 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

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 funding for:			Selection on Form 1B
Equipment	Minor A/R	Other Activities	
X			Equipment only
X		X	Equipment only
X	X	X	Minor A/R with Equipment
	X	X	Minor A/R without Equipment
		X	Activities other than minor A/R and equipment
X	X		Minor A/R with Equipment
	X		Minor A/R without Equipment

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

NOTE:

- If you select 'Equipment only' below, you must include the equipment amount in the equipment line item in Section B – Budget Categories on the [Budget Information](#) form and complete the Equipment List form.
- If you select 'Minor alteration/renovation with equipment' below, you must include the minor A/R amount in the construction line item and the equipment amount in the equipment line item in Section B – Budget Categories on the [Budget Information](#) form and complete the Equipment List form, A/R Project Cover Page, and Other Requirements for Sites form.
- If you select 'Minor alteration/renovation without equipment' below, you must include the minor A/R amount in the construction line item in Section B – Budget Categories on the [Budget Information](#) form and complete the A/R Project Cover Page and Other Requirements for Sites form.
- If you select 'Activities other than minor A/R and equipment' below, the following forms will not be available in your application: Equipment List, A/R Project Cover Page, and Other Requirements for Sites. Select 'Activities other than minor A/R and equipment' only if you are not also proposing equipment and/or minor A/R.

OHI Funding Activities

Indicate below if you are requesting funding for equipment and/or minor alteration/renovation (A/R).

Funds will be used for:

- Equipment only **1**
- Minor alteration/renovation with equipment **2**
- Minor alteration/renovation without equipment **3**
- Activities other than minor A/R and equipment **4**

NOTE: Based on your selection, the system will require you to complete the applicable equipment and/or minor A/R forms. After providing required information in the relevant forms, if you change the selected option above, the system will delete information from all forms that are no longer applicable.

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**).

3. 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

NOTE: 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 will delete all new site information from Form 5B.

Go to Previous Page Save Save 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 [section 3.2.2](#)).

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](#)).

Figure 20: Form 5B: Service Sites List Page

Form 5B - Service Sites

Note(s):
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:

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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 must be included in your list of service area zip code(s) in scope as of the release date of this OHSE Funding Opportunity. The allowable service area zip codes are (- View Less)

Add New Site

Proposed Sites

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 Scope".

Pick Site from Scope

Existing Sites in Scope
No sites added

Go to Previous Page Save Save and Continue

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.

Figure 21: Service Site Checklist

Service Site Checklist

Due Date: (Due In: Days)

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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, answer questions "a" to "d" Yes or 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. Do/will 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 No 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

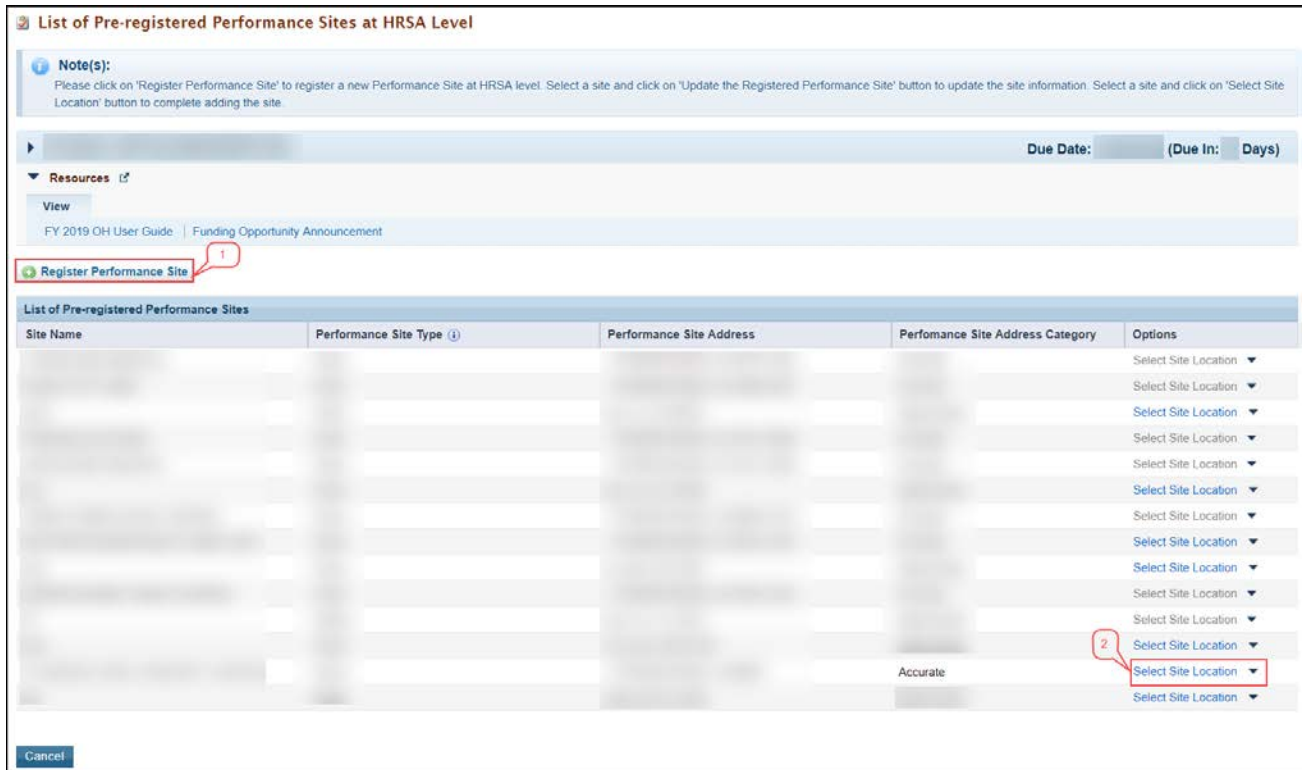
Go to Previous Page Verify Qualification

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.

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).

Figure 23: Form 5B – Edit page

5. 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:

1. 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

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

Site Name	Site Address	Service Site Type	Location Type	Options
				Select this Site
				Select this Site
				Select this Site
				Select this Site
				Select this Site
				Select this 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**)

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

The screenshot shows the 'Alteration/Renovation (A/R) Information' page. At the top, there are fields for 'Due Date', '(Due In: Days)', and 'Section Status'. Below this is a 'Resources' section with a 'View' button and links to 'FY 2019 OH User Guide' and 'Funding Opportunity Announcement'. A 'Note(s)' section contains a message: 'Select site(s) for which you are requesting one-time Funding for alteration/renovation. Click the 'Update' link to provide the required A/R project information.' Below the note is a table with the following columns: 'Site Name', 'Physical Address', 'Are you requesting federal one-time funding for minor alteration/renovation at this site?', 'Status', and 'Options'. The table has one row with a red box labeled '1' around the 'Yes' radio button in the third column and a red box labeled '2' around the 'Update' link in the fifth column. At the bottom of the page, there are buttons for 'Go to Previous Page', 'Save', and 'Save and Continue'.

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**).

IMPORTANT NOTE:

- For the Environmental Information Documentation (EID) checklist, download the template to your computer, complete the form, and attach it to your application in the form.

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

Alteration/Renovation (A/R) Project Cover Page

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 section. To return to the previous section, click on the "Go to Previous Page" button. The form will not be marked as COMPLETE if any information required below is missing or is incorrect.

Due Date: (Due In: Days) | Section Status:

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Fields with * are required

Alteration/Renovation (A/R) Project Cover Page **Other Requirements for Sites**

*** 1. Site Information**

Name of Service Site

Site Address

Improved Project Square Footage

*** 2. Project Description**

- Provide a detailed description of the scope of work of the minor A/R project. Identify the major clinical and non-clinical spaces that will result from or be improved by the project.
- List key improvements, such as permanently affixed equipment to be installed; modifications and repairs to the building exterior (including windows); HVAC modifications (including the installation of climate control and dust work); electrical upgrades; and plumbing work.
- Describe how potential adverse impacts on the environment will be minimized. Indicate whether, and if so, how the project will implement green/sustainable design practices/principles (e.g., using project materials, design/renovation strategies).

Approximately 2 pages left (Max 4000 Characters without spaces): 4000 Characters left

*** 3. Project Management/Resources/Capabilities**

- Explain the oversight for the minor A/R project, including the Project Manager and the Project Team, if applicable, responsible for managing the project.
- Describe how the Project Team has the expertise and experience necessary to successfully manage and complete the project within the time frame and achieve the goals and objectives established for this project.

Approximately 2 pages left (Max 4000 Characters without spaces): 4000 Characters left

*** 4. Is the proposed minor alteration/renovation project part of a larger scale renovation, construction, or expansion project?**

Provide a response below.

Yes No

*** Attachments**

Provide following documents related to this site:

*** A/R Project Budget Justification (Minimum 1) (Maximum 1)** **Attach File**

No documents attached

Environmental Information Documentation (EID) Checklist

Download Template		
Name	Description	Options
EID Checklist	Template for EID Checklist	Download

*** EID Checklist (Minimum 1) (Maximum 1)** **Attach File**

No documents attached

*** Floor Plans/Schematic Drawings (Minimum 1) (Maximum 2)** **Attach File**

No documents attached

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

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**).
2. 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**).

Figure 28: Other Requirements for Sites

The screenshot shows the 'Other Requirements for Sites' form. At the top, there is a 'Note(s)' section with instructions. Below that is a 'Resources' section with links to 'FY 2019 OH User Guide' and 'Funding Opportunity Announcement'. The main form area is titled 'Alteration/Renovation (A/R) Project Cover Page' and 'Other Requirements for Sites'. It is divided into several sections: 'Site Information' with fields for 'Name of Service Site' and 'Site Address'; '1. Site Control and Federal Interest' with radio buttons for 'Owned' and 'Leased', and a list of conditions for leased properties; '2. Cultural Resource Assessment and Historic Preservation Considerations' with questions 2a through 2e, each with radio buttons for 'Yes' and 'No'; and 'Attachments' with a section for 'Landlord Letter of Consent (Maximum 1)' and an 'Attach File' button. Three red callout boxes with numbers 1, 2, and 3 point to the 'Leased' radio button, the 'Cultural Resource Assessment' section, and the 'Landlord Letter of Consent' section, respectively. At the bottom, there are buttons for 'Go to Previous Page', 'Save', and 'Save and Continue'.

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**.

Figure 29: Equipment List Page

Equipment List

Due Date: (Due In: Days) | Section Status:

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NOTE:

Equipment costs entered here should be consistent with those provided in the Budget Narrative attachment. Equipment means tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost which equals or exceeds the lesser of the capitalization level established by the non-federal entity for financial statement purposes, or \$5,000. Equipment that does not meet the \$5,000 threshold should be considered Supplies and would not be entered on this form. Click on the 'Save and Continue' button to go to the next section. To return to the previous section, click on the 'Go to Previous Page' button. The form will not be marked as COMPLETE if any information required below is missing.

Add

List of Equipment

Type	Description	Unit Price	Quantity	Total Price	Options
No equipment added.					

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

2. Select an Equipment Type (Clinical or Non-Clinical) and enter the Description, Unit Price (\$), and Quantity (**Figure 30**).
3. 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

3.5. Supplemental Information

The **Supplemental Information** contains two parts:

1. 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 [Scope of Project website](#) 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 [Updating Form 5A](#) 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

Supplemental Information

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1. Scope of Services **13**

The table below 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 EHB.

Service Type	Currently Approved Form 5A		
	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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional Dental Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

To maximize OHI funding, oral health care must be provided directly or through contract/agreement. If you are not already providing Preventive Dental services via Column I or II, you must request a Scope Adjustment once you complete your OHI project(s). You may also need to adjust your scope for other reasons.

Access the technical assistance materials on the [Scope of Project website](#) 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 Updating Form 5A to determine which changes require a Scope Adjustment or Change in Scope request.

- If a Scope Adjustment or Change in Scope is required (e.g., adding Additional Dental services for the first time), 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).

After completing your OHI project(s), will a Scope Adjustment or Change in Scope request be necessary to ensure that all planned changes to oral health services are on your Form 5A?

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 request to modify Form 5A.

No, I reviewed my Form 5A and determined that my health center's proposed OHI activities will not require a Scope Adjustment or Change in Scope request to modify Form 5A.

2. Are you proposing to use OHI funding to purchase telehealth equipment or to increase access to virtual dentistry? **23**

Yes, I am proposing to use OHI funding to initiate or enhance telehealth and/or virtual dentistry.

No, I am not proposing to use OHI funding for telehealth and/or virtual dentistry.

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

4. Submitting the FY 2019 OHI Application to HRSA

1. 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 <http://www.hrsa.gov/about/contact/bphc.aspx> (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>.