

FY 2016 Outreach and Enrollment Supplemental Application

EHB User Guide for Applicants

This user guide describes the steps you need to follow for submitting the FY 2016 Outreach and Enrollment (O/E) Supplemental Application under the Health Center Cluster program (activity code: H80) through HRSA's Electronic Handbook (EHB).

Creating the FY 2016 Outreach and Enrollment (O/E) Supplemental Application

To create the O/E Supplemental application in EHB, you will need a web link and eligibility code. The link and the eligibility code will be emailed to your organization's Authorizing Officials (AOs), Business Officials (BOs), and the H80 grant Project Directors (PDs) registered within the HRSA EHB.

Creating the Application

1. Click the web link provided to you in the email notification sent by HRSA.

➤ The system directs you to EHB.

2. To login to EHB, enter your username and password, and click the **[Login]** button.

Note: If you do not have a username, then you must register. (Do not create duplicate accounts.) If you experience log in issues or forgot your password, contact the HRSA Contact Center at callcenter@hrsa.gov or 877-464-4772.

➤ Once you are logged into EHB, the system navigates to **Funding Opportunities – Choose Organization** page, displaying all organizations with which you are registered.

3. Click the [Begin New Application](#) link for the organization included in the email notification sent by HRSA (**Figure 1**).

Figure 1: Funding Opportunities – Choose Organization page



4. On the resulting **Grant Application – Create** page, enter the 4-digit Eligibility Code provided in the email notification sent by HRSA (**Figure 2, 1**).

Figure 2: Grant Application – Create page

The screenshot shows the 'Grant Application - Create' form. It includes the following sections and fields:

- Funding Cycle Information:**
 - Announcement Number: HRSA-16-1047
 - Announcement name: H80-CCC-Program
 - Program Name: Health Center Cluster
 - Program Type: Non-Construction
 - Application Deadline: 2016-07-15 00:00:00
- Select Application Type:**
 - Eligibility Code: [Red box with callout 1]
 - Application Type: Competing Continuation, Revision (Supplemental)
 - Revision Type: Increase, Decrease, N/A (Required for 'Revision(Supplemental)' applications)
 - Grant Number: [Red box with callout 4] (Required for 'Competing Continuation' and 'Revision(Supplemental)' applications)

Buttons for 'Cancel' and 'Continue' are visible at the bottom.

5. Select “Revision (Supplemental)” as the Application Type (Figure 2, 2).
6. Select “Increase” as the Revision Type (Figure 2, 3).
7. Provide the H80 Grant Number under which you are submitting the O/E supplemental application (Figure 2, 4).
8. Click the [Continue] button (Figure 2, 5).
 - The system navigates to the **Select Sub Program(s)** page where the sub-programs applicable to your H80 grant will be pre-selected.
9. Ensure that the sub-program selection on this page is aligned with the sub-programs provided in the email notification. You should not need to make any changes on this page; however, if the sub-programs do not align, make adjustments to the sub-program selections as needed.

Figure 3: Select Sub Program(s) page

<input type="checkbox"/>	Sub-Program	CFDA
<input checked="" type="checkbox"/>	Community Health Centers	93.224
<input type="checkbox"/>	Health Care for the Homeless	93.224
<input type="checkbox"/>	Migrant Health Centers	93.224
<input type="checkbox"/>	Public Housing	93.224

10. Click the [Save and Continue] button on this page.
 - The system creates the O/E supplemental application and displays the EHB Application Tracking Number.
11. Note the EHB Application Tracking Number and click the [Continue] button to start the application.
 - The system navigates to the **Application – Status Overview** page.

Completing the standard section of the FY 2016 O/E supplemental application

Note: For all standard section forms – most required fields will be pre-populated with your organization’s information. You should check the information and update as needed, but you should not need to make any significant changes to these forms.

1. On the **Application – Status Overview** page, click the [Update](#) link and complete the forms for **Parts 1 and 2** of the **SF-424** section (Figure 4, 1).

Figure 4: Application – Status Overview page

Section	Status	Options
Basic Information		
SF-424	Not Started	
Part-1	Not Started	Update
Part-2	Not Started	Update
Budget Information		
Section A-C	Not Started	Update
Other Information		
Assurances	Not Started	Update
Appendices	Not Started	Update
Program Specific Information	Not Started	Update
Program Specific Information	Not Started	Update

2. Once you have completed the **SF-424** section, proceed to the **Budget Information - Section A-C** form by clicking on the [Save and Continue] button on the **SF-424 – Part 2** form, or return to the **Application – Status Overview** page and click on the [Update](#) link for the **Section A-C** under the **Budget Information** section (Figure 4, 2).

Figure 5: Budget Information – Section A-C

* Section A - Budget Summary						
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	\$0.00	\$0.00	\$0.00
Update Sub Program	Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

* Section C - Non Federal Resources						
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
Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

3. On the **Budget Information Section A-C** form, click on the **[Update Sub Program]** button under the **Section A – Budget Summary** section to add or remove sub-program(s) (Figure 5, 1).
4. Click on the **[Update]** button on the **Section A – Budget Summary** section to add the New or Revised Federal budget amounts for the selected sub-program(s), based on the percentages provided in the e-mail notification (Figure 5, 2). Ensure that the Federal funds you enter in this section are equal to or less than the maximum eligible federal amount provided in the email notification for applicable sub-program(s).
Note: You do not need to provide Non-Federal fund information for the sub-program(s).
5. Click the **[Save and Continue]** button (Figure 5, 3) of the **Budget Information - Section A – C** form to proceed to the **Assurances** page.
6. Complete the **Assurances** page and click on the **[Save and Continue]** button to navigate to the **Appendices** form.
7. Complete the **Appendices** form by providing the following attachments:
 - Budget Justification
 - Implementation Plan
8. Click on the **[Save and Continue]** button to navigate to the program specific section of the application.

Completing the Program Specific Information section of O/E supplemental application

The FY 2016 O/E supplemental application includes the following program specific forms:

- **Federal Object Class Categories**
- **Supplemental Information**

Figure 6: Program Specific Information section

Program Specific Information Status		
Section	Status	Options
Budget Information		
Federal Object Class Categories	Not Started	Update
Other Information		
Supplemental Information	Not Started	Update

Completing the Federal Object Class Categories form

1. In the **Program Specific Information Status** section, access the **Federal Object Class Categories** form by clicking on the **Update** link (Figure 6, 1).
2. The system pre-populates the **Total Proposed Budget** section with the New or Revised Federal and Non-Federal (if applicable) Budget that you provided in the standard **Budget Information Section A – C** form (Figure 7, 1).

Note: The total Federal funding amount requested must be equal to or less than the maximum eligible Federal amount for that grantee. To change this amount, navigate to the **Budget Information Section A–C** form in the standard section of the application.

- In the **Budget Categories** section, update the Federal and Non-Federal amounts for each object class category (**Figure 7, 2**) so that the totals in line 'k' are equal to the respective amounts displayed under the Total Proposed Budget section of the form (**Figure 7, 3**).

Note: The 'Equipment' and 'Construction' line items are not applicable for this O/E Supplemental funding opportunity.

Figure 7: Federal Object Class Categories form

Fields with * are required

Total Proposed Budget		Amount
Section 330 Federal funding (from Total Federal - New or Revised Budget on Section A – Budget Summary) ⓘ		\$0.00
Non-Federal funding (from Total Non-Federal - New or Revised Budget on Section A – Budget Summary)		\$0.00
Total		\$0.00

Note(s):
For the Federal Object Class Categories Form, Federal and Non-Federal breakdown is only required for 1 Year.

Object Class Category	Federal	Non Federal	Total
a. Personnel	<input type="text"/>	<input type="text"/>	\$0
b. Fringe Benefits	<input type="text"/>	<input type="text"/>	\$0
c. Travel	<input type="text"/>	<input type="text"/>	\$0
d. Equipment	N/A	N/A	N/A
e. Supplies	<input type="text"/>	<input type="text"/>	\$0
f. Contractual	<input type="text"/>	<input type="text"/>	\$0
g. Construction	N/A	N/A	N/A
h. Other	<input type="text"/>	<input type="text"/>	\$0
i. Total Direct Charges (sum of a - h) <input type="button" value="Calculate Total And Save"/>	\$0	\$0	\$0
j. Indirect Charges	<input type="text"/>	<input type="text"/>	\$0
k. Total Budget Specified in Section A - Budget Summary (sum of i - j) <input type="button" value="Calculate Total And Save"/>	\$0	\$0	\$0

- Click on the **[Save and Continue]** button (**Figure 7, 4**) to proceed to the **Supplemental Information** form.

Completing the Supplemental Information form

- Provide responses for sections 1 and 2 (maximum 1,500 characters each) (**Figure 8, 1**).
- Provide projections in section 3 that you plan to achieve by the end of the project period (**Figure 8, 2**).

Figure 8: Supplemental Information form

Fields with * are required

1. Outreach and Enrollment (O/E) Strategy Summary 1

* How will you use O/E funding and leverage current resources to meet the eligibility assistance and enrollment needs for both patients served by your health center and individuals in your approved service area?

Approximately 3/4 page (i) (Max 1500 Characters): 1500 Characters left.

2. Coordination and Collaboration 1

* How will you coordinate O/E efforts with other health centers (grantees and look-alikes), primary care associations, and other state, local, and regional O/E efforts?

Approximately 3/4 page (i) (Max 1500 Characters): 1500 Characters left.

3. Projected Impact - Within 12 Months of Award 2

NEW FTEs	Impact
* Projected number of additional funded health center assister FTEs. "Additional funded FTEs" refer only to those FTEs supported by this supplement.	<input type="text"/>
Trained * Projected number of health center assisters who have successfully completed all required federal and/or state training to assist individuals with enrollment through federal, state-based, or state partnership marketplaces. This includes additional funded health center assister FTEs and current health center assisters, including volunteers and contractors.	<input type="text"/>
Assists Provided * Projected number of <u>assists provided</u> by trained health center assisters to support actual or potential enrollment in health insurance provided through Marketplace qualified health plans and/or enrollment in Medicaid or CHIP. Assists include activities such as: <ul style="list-style-type: none"> • One-on-one or otherwise customizable education about affordable insurance coverage options • Creating an account • Updating an account profile • Explaining eligibility determinations • Selecting a plan • Filing an exemption • Submitting an application to/through the Marketplace or directly to the state Medicaid agency (also include in 1c) • Filing an appeal • Assisting with re-enrollment/renewals 	<input type="text"/>
Estimated Enrollments * Projected the estimated number of individuals <u>enrolled</u> through the Marketplace, Medicaid, and CHIP by trained health center assisters. Include in this category those who have selected a plan through the Marketplace and/or who have submitted a complete application to the state Medicaid agency. The number to be enrolled is a subset of the number to be assisted.	<input type="text"/>

3

Go to Previous Page Save Save and Continue

3. Click the **[Save and Continue]** button (Figure 8, 3) to navigate to the **Program Specific – Review** page.
4. Review the information displayed on this form.

Reviewing and submitting the FY 2016 O/E supplemental application

1. Review the application by accessing the [Review](#) link at the bottom of the left navigation menu.
2. Click the [Submit](#) link in the “All Tasks” left navigation menu.
- The system navigates to the standard **Application – Submit** page and displays a **[Submit to HRSA]** button at the bottom of the page if both the standard and program specific forms are complete.

Note: Only the Authorizing Official (AO) can submit the application to HRSA. If you are not the AO, the system will display a **[Submit to AO]** button instead of the **[Submit to HRSA]** button on the **Application – Submit** page. Click on this button to submit the application to the AO. The application can then be submitted by the AO using the **[Submit to HRSA]** button.

3. To submit the application, click the **[Submit to HRSA]** button.
4. On the resulting **Certification and Acceptances** form, click the **[Submit Application]** button in the lower right corner of the form in order to confirm the submission of the O/E supplemental application to HRSA.