

HRSA Electronic Handbooks (EHB)

FY 2017 State and Regional Primary Care Association (PCA) Cooperative Agreements

HRSA-17-057

User Guide for Grant Applicants

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

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

1. Starting the FY 2017 PCA Application

You can complete and submit the FY 2017 PCA application by following a two-step process:

1. In the first step, you must find the funding opportunity in Grants.gov, download the application package, and submit the completed application in Grants.gov. To find the application package, search by the announcement number HRSA-17-057 in Grants.gov.
2. You must validate, complete, and submit this application in the HRSA Electronic Handbooks (EHB). To validate the Grants.gov application, log into EHB and click on the **Grant Applications** link under the Tasks tab (**Figure 1, 1**) and then click on the *Grants.Gov Application Pending Validation: Validate* link (**Figure 1, 2**). You will need your Grants.gov and EHB tracking numbers (emailed after successful Grants.gov submission) (**Figure 2**).

Figure 1: Grant Applications Link



Figure 2: Validating your Grant.gov Application

Grants.Gov Application - Validate

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

Fields with * are required

Announcement Information

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

Grants.gov Application Information

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

EHBs Application Information

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

IMPORTANT NOTE: Refer to the HRSA SF-424 Two Tier Application Guide (<http://www.hrsa.gov/grants/apply/applicationguide/sf424programspecificappguide.pdf>) for more details related to submitting the application in Grants.gov and validating it in EHB.

Once the application is validated in EHB, you can access it in your pending tasks. To access the application in EHB, follow the steps below:

3. After logging into EHB, click the Tasks tab on the EHB **Home** page to navigate to the **Pending Tasks – List** page.

IMPORTANT NOTE: If you do not have a username, you must register in EHB. Do not create duplicate accounts. If you experience log in issues or forget your password, contact the Bureau of Primary Health Care (BPHC) Helpline (<http://www.hrsa.gov/about/contact/bphc.aspx>) at (877) 974-2742.

4. Locate the PCA application using the EHB application tracking number (e-mailed after successful Grants.gov submission) and click the **Start** link to begin working on the application in EHB.
 - The system opens the **Application - Status Overview** page of the application (**Figure 3**).

Figure 3: Accessing the Application - Status Overview Page

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

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

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

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

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

2.1 Completing the Basic Information Section

The Basic Information has been imported from Grants.gov and has undergone a data validation check. You may edit this information if necessary. This section consists of the following forms:

- The **SF-424 Part 1** form displays the basic application and applicant organization information.

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

- The **SF-424 Part 2** form displays project information including the project title, project period, cities, counties, and Congressional districts affected by the project. The Project Abstract has been imported from Grants.gov and placed under the Project Description section (**Figure 4, 1**). You may update the abstract description, as necessary, by selecting the **Update Description** link (**Figure 4, 2**) or delete the Grants.gov version and re-upload an updated abstract by clicking the Attach File button.

IMPORTANT NOTES:

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

Figure 4: Project Description on SF-424 Part 2

The screenshot shows the SF-424 Part 2 Project Description section. At the top, there is a section for 'Areas Affected by Project (Cities, Counties, States, etc.) (Minimum 0) (Maximum 1)' with an 'Attach File' button. Below this is a table for project descriptions. The table has columns for 'Document Name', 'Size', 'Date Attached', 'Description', and 'Options'. A red box labeled '1' highlights the 'Project Description (Minimum 1) (Maximum 1)' header. Another red box labeled '2' highlights the 'Update Description' link in the 'Options' column of the table row.

Document Name	Size	Date Attached	Description	Options
Project Abstract.docx	11 KB	07/06/2016	Project Abstract from Grant.gov	Update Description

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

Figure 5: Project Narrative

Project Narrative

Due Date: 07/20/16 3:45:00 PM (Due in: 0 days) | Section Status: Not Complete

Resources

View

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

Fields with * are required

Project Narrative (Minimum 1) (Maximum 2)

No documents attached

Attach File

Go to Previous Page | Save | Save and Continue

2.2 Completing the Budget Information (SF-424A)

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

2.2.1 Budget Information – Section A-C

IMPORTANT NOTE: The project period associated with the FY 2017 PCA awards will be a period of up to three years (July 1, 2017 – June 30, 2020). Therefore, you are only required to enter the budget information for budget periods 1, 2, and 3.

The **Budget Information – Section A-C** form collects information for every budget period in this funding opportunity. Each budget period consists of the following three sections:

- Section A – Budget Summary
- Section B – Budget Categories
- Section C – Non-Federal Resources (***Leave Section C blank; do not enter non-federal funding***)

To complete this form, follow the steps below:

1. Click the [Update](#) link for Section A-C ‘Budget Period 1’ on the **Application - Status Overview** page ([Figure 6](#)).

Figure 6: Budget Information Section A-C Update Link

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

- The system navigates to the **Budget Information – Section A-C** form for the first budget period of this funding opportunity (Year 1: July 1, 2017 – June 30, 2018) (**Figure 7**).

Figure 7: Budget Information – Section A-C Page

Budget Information - Section A-C

Due Date: 11/02/2016 11:00:00 PM (Due in: 0 days) | Section Status: Not Complete

Resources

Fields with * are required

Budget Period 1 Budget Period 2 Budget Period 3 Budget Period 4 Budget Period 5

*** Section A - Budget Summary** Update

Grant Program Function or Activity	CFDA Number	Estimated Unobligated Funds		New or Revised Budget		Total
		Federal	Non-Federal	Federal	Non-Federal	
State and Regional Primary Care Associations	93.527	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

*** Section B - Budget Categories** Update

Object Class Categories	Grant Program Function or Activity		Total
	State and Regional Primary Care Associations		
Personnel		\$0.00	\$0.00
Fringe Benefits		\$0.00	\$0.00
Travel		\$0.00	\$0.00
Equipment		\$0.00	\$0.00
Supplies		\$0.00	\$0.00
Contractual		\$0.00	\$0.00
Construction		\$0.00	\$0.00
Other		\$0.00	\$0.00
Total Direct Charges		\$0.00	\$0.00
Indirect Charges		\$0.00	\$0.00
Total		\$0.00	\$0.00

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

Grant Program Function or Activity	Applicant	State	Local	Other	Program Income	Total
Health Center Controlled Networks	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Go to Previous Page Save Save and Continue

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

Figure 8: Section A – Update Page

Section A - Update

Due Date: 11/15/2016 11:59:59 PM (Due in: 10 days) | Section Status: Not Complete

Resources

Fields with * are required

*** Section A - Budget Summary**

Grant Program Function or Activity	CFDA Number	Estimated Unobligated Funds		New or Revised Budget		Total
		Federal	Non-Federal	Federal	Non-Federal	
State and Regional Primary Care Associations	93.527	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Cancel Save and Continue

- Do not** update the **Estimated Unobligated Funds** columns. Under the **New or Revised Budget** section, enter the amount of federal funds requested for the first 12-month period (Year 1) (Figure 8, 1). **Do not** enter any non-federal funds in the budget (Figure 8, 2). Only the federal funding request should be provided.

IMPORTANT NOTE: The federal amount refers only to the PCA funding requested, not all federal grant funding that an applicant organization receives. You may apply for a funding amount that is equal to or less than the current annual PCA award for the proposed state or region. Applicants can obtain information on the annual level of PCA funding for the proposed state or region (see **Appendix C** of the PCA FOA for the list of states and regions) by contacting bphcpca@hrsa.gov.

- 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

Budget Period 1 Budget Period 2 Budget Period 3 Budget Period 4 Budget Period 5

Grant Program Function or Activity	CFDA Number	Estimated Unobligated Funds		New or Revised Budget		Total
		Federal	Non-Federal	Federal	Non-Federal	
State and Regional Primary Care Associations	93.527	\$0.00	\$0.00	\$500,000.00	\$0.00	\$500,000.00
Total		\$0.00	\$0.00	\$500,000.00	\$0.00	\$500,000.00

Update

- In Section B – Budget Categories, you must provide the federal funding distribution across object class categories for the selected 12-month budget period. Click the Update button provided at the top right corner of the Section B header (Figure 10).

Figure 10: Section B – Budget Categories

* Section B - Budget Categories			Update
Object Class Categories	Grant Program Function or Activity		Total
	State and Regional Primary Care Associations		
Personnel		\$0.00	\$0.00
Fringe Benefits		\$0.00	\$0.00
Travel		\$0.00	\$0.00
Equipment		\$0.00	\$0.00
Supplies		\$0.00	\$0.00
Contractual		\$0.00	\$0.00
Construction		\$0.00	\$0.00
Other		\$0.00	\$0.00
Total Direct Charges		\$0.00	\$0.00
Indirect Charges		\$0.00	\$0.00
Total		\$0.00	\$0.00

- The system navigates to the **Section B – Update** page (Figure 11).
6. Enter the federal dollar amount for each applicable object class category under the State and Regional Primary Care Associations column (Figure 11, 1). ‘Construction’ is not an allowable use of PCA funding – do not enter a federal request in that row. Click the Calculate Total button to compute the sum of amounts provided (Figure 11, 2). The total PCA amount in Section B – Budget Categories must be equal to the total new or revised federal budget amount specified in Section A – Budget Summary of the **Budget Information – Section A-C** form.

Figure 11: Section B – Update Page

Section B - Update

Note(s):
Total of all budget categories in Section B must be equal to total federal new or revised budget in Section A - \$500,000.00.

SPURR: COMMUNITY HEALTH ASSOCIATION OF SPOKANE Due Date: 11/15/2016 11:59:59 PM (Due in: 98 days) | Section Status: Not Complete

Resources

Fields with * are required

* Section B - Budget Categories			
Object Class Categories	Grant Program Function or Activity		Total
	State and Regional Primary Care Associations		
Personnel	\$	0.00	\$0.00
Fringe Benefits	\$	0.00	\$0.00
Travel	\$	0.00	\$0.00
Equipment	\$	0.00	\$0.00
Supplies	\$	0.00	\$0.00
Contractual	\$	0.00	\$0.00
Construction	\$	0.00	\$0.00
Other	\$	0.00	\$0.00
Indirect Charges	\$	0.00	\$0.00
Total		\$0.00	\$0.00
Total Budget specified in Budget Summary (Section A)		\$500,000.00	\$500,000.00

Calculate Total

Cancel Save and Continue

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

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

Budget Information - Section A-C

Success:
Information saved successfully.

Due Date: (Due in: days) | Section Status: Not Complete

Resources

Fields with * are required

Budget Period 1 **Budget Period 2** Budget Period 3 Budget Period 4 Budget Period 5

*** Section A - Budget Summary** Update

Grant Program Function or Activity	CFDA Number	Estimated Unobligated Funds		New or Revised Budget		Total
		Federal	Non-Federal	Federal	Non-Federal	
State and Regional Primary Care Associations	93.129	\$0.00	\$0.00	\$500,000.00	\$0.00	\$500,000.00
Total		\$0.00	\$0.00	\$500,000.00	\$0.00	\$500,000.00

*** Section B - Budget Categories** Update

Object Class Categories	Grant Program Function or Activity		Total
	State and Regional Primary Care Associations		
Personnel		\$100,000.00	\$100,000.00
Fringe Benefits		\$10,000.00	\$10,000.00
Travel		\$10,000.00	\$10,000.00
Equipment		\$10,000.00	\$10,000.00
Supplies		\$10,000.00	\$10,000.00
Contractual		\$10,000.00	\$10,000.00
Construction		\$0.00	\$0.00
Other		\$50,000.00	\$50,000.00
Total Direct Charges		\$200,000.00	\$200,000.00
Indirect Charges		\$300,000.00	\$300,000.00
Total		\$500,000.00	\$500,000.00

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

Grant Program Function or Activity	Applicant	State	Local	Other	Program Income	Total
State and Regional Primary Care Associations	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Go to Previous Page Save Save and Continue

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

Figure 13: Budget Information – Section A-C Page for Subsequent Budget Periods

Budget Information - Section A-C

Success:
Information entered on the 'Budget Period 1' page was saved successfully. The Section status is Complete.

FLORIDA COMMUNITY HEALTH ASSOCIATION OF SPANISH
Due Date: 9/15/2016 11:58:00 PM (Due in: 0 days) | Section Status: Not Complete

Resources

Budget Period 1 Budget Period 2 Budget Period 3 Budget Period 4 Budget Period 5

Copy from Previous Year 1

Section A - Budget Summary Update

Grant Program Function or Activity	CFDA Number	Estimated Unobligated Funds		New or Revised Budget		
		Federal	Non-Federal	Federal	Non-Federal	Total
State and Regional Primary Care Associations	93.527	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Section B - Budget Categories Update

Object Class Categories	Grant Program Function or Activity		Total
	State and Regional Primary Care Associations		
Personnel		\$0.00	\$0.00
Fringe Benefits		\$0.00	\$0.00
Travel		\$0.00	\$0.00
Equipment		\$0.00	\$0.00
Supplies		\$0.00	\$0.00
Contractual		\$0.00	\$0.00
Construction		\$0.00	\$0.00
Other		\$0.00	\$0.00
Total Direct Charges		\$0.00	\$0.00
Indirect Charges		\$0.00	\$0.00
Total		\$0.00	\$0.00

Section C - Non Federal Resources Update

Grant Program Function or Activity	Applicant	State	Local	Other	Program Income	Total
State and Regional Primary Care Associations	\$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 2 Save and Continue

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

IMPORTANT NOTE: There is a three-year project period associated with FY 2017 PCA funding. Only enter budget information for budget periods 1, 2, and 3. For budget periods 4 and 5, simply click on the Save and Continue button without entering any additional information to proceed to the next form (Figure 13, 2).

2.2.2 Budget Information – Section D-F

The **Budget Information – Section D-F** page consists of the following three sections:

- Section D – Forecasted Cash Needs
- Section E – Federal Funds Needed for Balance of the Project
- Section F – Other Budget Information

Figure 14: Budget Information – Section D-F

Budget Information - Section D-F

Due Date: 6/30/2016 11:59:59 PM (Due in: 30 days) | Section Status: Not Complete

Resources

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Section D - Forecasted Cash Needs							1 Update
	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total		
Federal	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Non-Federal	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		

Section F - Other Budget Information

2 Update

Direct Charges: No information added.

Indirect Charges: No information added.

Remarks: No information added.

3

Go to Previous Page Save Save and Continue

To complete this form, follow the steps below:

1. Section D – Forecasted Cash Needs is optional and **may be left blank**. However, you may enter the amount of cash needed by quarter during the first budget period for the federal requested amount. Click the Update button provided in the top right corner of Section D to do so (Figure 14, 1).
2. Section F – Other Budget Information is optional and **may be left blank**. You may provide information regarding direct and indirect charges in this section. You can also document any relevant comments or remarks in this section. Click the Update button provided in the top right corner of Section F to do so (Figure 14, 2).
3. Finally, click the Save and Continue button on the **Budget Information – Section D-F** to proceed to the next form (Figure 14, 3).

2.2.3 Budget Narrative

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

Figure 15: Budget Narrative

Budget Narrative

Due Date: 6/30/2016 11:59:59 PM (Due in: 30 days) | Section Status: Not Complete

Resources

View

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

Fields with * are required

* Budget Narrative (Minimum 1) (Maximum 2)

No documents attached

1 Attach File

Go to Previous Page Save Save and Continue

Once completed, click on the Save and Continue button to proceed to the next form.

2.3 Completing the Other Information section

The Other Information section consists of the Assurances, Disclosure of Lobbying Activities, and Appendices forms. You must complete all three forms in order to complete this section.

2.3.1 Completing the Assurances Form

The **Assurances** form verifies that you are aware of and agree to comply with all of the federal requirements should PCA funds be awarded. To complete this form, you must select 'Agree' on the certification question at the bottom of the form (**Figure 16, 1**) and click on the Save and Continue button to proceed to the **Disclosure of Lobbying Activities** form.

Figure 16: Assurances

Assurances

Due Date: 11/15/2015 10:40:32 AM (Due in: 37 days) | Section Status: Not Complete

Resources

View

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SF-424B: Assurances, Non-Construction

As the duly authorized representative of the applicant, I certify that the applicant:

- Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.
- Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
- Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
- Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
- Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
- Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
- Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
- Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7326) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
- Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a-276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.
- Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
- Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
- Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
- Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
- Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
- Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
- Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §4601 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
- Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. 45 CFR 75, "Audits of States, Local Governments, and Non-Profit Organizations."
- Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.
- Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

Certification

Name of the authorized certifying official

Title

Applicant organization

I certify that I have read and agree to comply with the requirements of form SF 424B upon award of funds.

Agree Do not agree

Go to Previous Page Save Save and Continue

2.3.2 Completing the Disclosure of Lobbying Activities Form

Complete all sections of the **Disclosure of Lobbying Activities** form and click on the Save and Continue button to proceed to the **Appendices** form.

IMPORTANT NOTES:

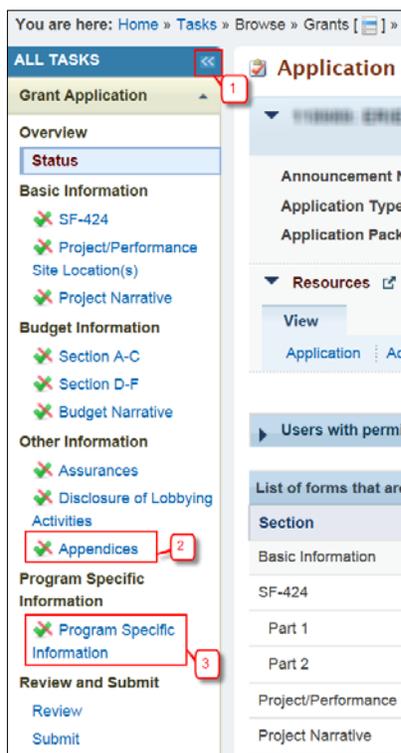
- If you certify that you are currently NOT receiving more than \$100,000 in federal funds, and you engage in lobbying activities, you are not required to complete the Disclosure of Lobbying Activities form.
- You can access all of the forms in this application through the left navigation menu. Expand the left navigation menu if not already expanded by clicking the double arrows displayed near the form name at the top of the page (Figure 17, 1).

2.3.3 Completing the Appendices Form

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

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

Figure 17: Left Navigation Menu



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

- Attachment 1: Staffing Plan (required)
- Attachment 2: Organizational Chart (required)
- Attachment 3: Position Descriptions for Key Personnel (required)
- Attachment 4: Biographical Sketches for Key Personnel (required)
- Attachment 5: Letters of Support (required)
- Attachment 6: Regional Memorandum of Agreement (required for Regional PCA applicants only)

- Attachment 7: Summary of Contracts and Agreements (as applicable)
- Attachment 8: Summary Progress Report (required for current PCA award recipients only)
- Attachment 9: Other Relevant Documents and Indirect Cost Rate Agreement (as applicable)

IMPORTANT NOTES:

- **Attachment 6: Regional Memorandum of Agreement** is only required for applicants proposing to serve one of the regions listed in Appendix C of the PCA FOA and on Form 1A of the PCA application.
- **Attachment 8: Summary Progress Report** is only required for Competing Continuation PCA applications (i.e., current PCA award recipients applying to continue serving their current state/region).
- If you have multiple documents for the same category and only one file may be uploaded, scan and consolidate your documents and upload them as a single attachment.
- See Section 5.2 of HRSA's SF-424 Two-Tier Application Guide at <http://www.hrsa.gov/grants/apply/applicationguide/sf424programspecificappguide.pdf> for attachment formatting Guidelines.

After completing the **Appendices** form, click the Save and Continue button to proceed to the **Program Specific Information – Status Overview** page.

3. Completing the Program Specific Forms

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

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

Figure 18: Status Overview Page for Program Specific Forms

Status Overview

Due Date: (Due In: Days) | Program Specific Status: Not Complete

Announcement Number: HRSA-17-057 Announcement Name: State and Regional Primary Care Associations Activity Code: U58

Application Type: Grant Number: Maximum Allowable Annual Federal Amount:

Total Annual Federal Funding Requested (from SF-424 Section A – Budget Summary):

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Program Specific Information Status

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

Return to Complete Status

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

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

3.1 Form 1A: General Information Worksheet

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

1. [Applicant Information](#) (Figure 19, 1)
2. [State/Region Information](#) (Figure 19, 2)
3. [Budget Information](#) (Figure 19, 3)

Figure 19: Form 1A

3.1.1 Applicant Information

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

1. In the 'Fiscal Year End Date' field (Figure 19, 4), select month and day of the applicant organization's fiscal year end date (e.g., December 31) to inform HRSA of the expected audit submission timeline in the Federal Audit Clearinghouse (<https://harvester.census.gov/facweb/default.aspx>).
2. Select one category in the 'Business Entity' field. An applicant that is a Tribal or Urban Indian entity and also meets the definition for a public or private entity should select the Tribal or Urban Indian category.
3. Select one or more categories for the 'Organization Type.' If you choose to select 'Other' as one of the Organization Type values, you must specify the organization type (Figure 19, 5).

3.1.2 State/Region Information

This section allows you to select the **State or Region** that you wish to service with your PCA application. Choose your State/Region selection from the dropdown list (**Figure 20, 1**) and click on the Select button (**Figure 20, 2**).

Figure 20: State/Region Information

* Organization Type (Select all that apply)	
▼ 2. State/Regional Information	
* Indicate the State/Region you plan to serve ⓘ	
▼ 3. Budget Information	
Maximum Annual Federal Amount that can be requested based on the State/Region selected above	
Total Annual Federal funding requested in this application (to modify the funding request amount, access the SF-424 Section A - Budget Summary)	\$500,000.00

IMPORTANT NOTE: If you change your State/Region selection, certain parts of the Project Work Plan, including the Baseline Data values, will be reset. You will then need to revisit the Project Work Plan to ensure all of the information is correct.

3.1.3 Budget Information

Once you have selected the State/Region (**Figure 21, 1**), the **Budget Information** section allows you to validate maximum allowable annual funding amount (**Figure 21, 2**) against the total Federal funding requested for Budget Period 1 in the **Budget Information Section – A-C** form of this application (**Figure 21, 3**). The maximum annual allowable amount for the selected State/Region must be less than or equal to the total Federal funding requested for Budget Period 1.

You may apply for a funding amount that is equal to or less than the current annual PCA award for the proposed state or region. Applicants can obtain information on the annual level of PCA funding for the proposed state or region by contacting bphcpca@hrsa.gov.

Figure 21: Budget Information

The screenshot shows a web form with two main sections. The first section, '2. State/Regional Information', contains a dropdown menu for selecting a state/region and a 'Select' button. The second section, '3. Budget Information', contains two rows of data. The first row shows 'Maximum Annual Federal Amount that can be requested based on the State/Region selected above' with a callout '1' pointing to the text and a callout '2' pointing to the amount field. The second row shows 'Total Annual Federal funding requested in this application' with a callout '3' pointing to the amount field. A 'Go to Previous Page' button is located at the bottom left of the form.

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

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

3.2 Project Work Plan

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

- Focus Area 1: Access to Care ([Figure 22, 1](#))
- Focus Area 2: Operational Excellence ([Figure 22, 2](#))
- Focus Area 3: Health Outcomes and Health Equity ([Figure 22, 3](#))

Figure 22: Project Work Plan List Page

FY 2017 Project Work Plan

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

Resources

Focus Area 1: Access to Care Focus Area 2: Operational Excellence Focus Area 3: Health Outcomes and Health Equity

Note(s):
Applicants must address at least two pre-defined Activity Areas under each required Goal listed below. At least two activities must be proposed for each selected Activity Area. Activities must address the Focus Area and support achievement of the proposed Goal Target by the end of the three-year project period (June 30, 2020). This Project Work Plan should only include activities to be conducted in the first 12 months of funding.

Goal	Baseline Data	Goal Target	Number of Key Factors	Number of Activities	Number of Activity Areas	Status	Options
Goal 1: Increase the number of patients receiving care in health centers, including special and vulnerable populations			0	0	0	Not Complete	Update
Goal 2: Increase the number of health centers providing comprehensive services, including medical, oral health, behavioral health, vision, and enabling services			0	0	0	Not Complete	Update

Go to Previous Page Continue

Complete all Goals for each Focus Area in the **Project Work Plan** by following the steps below:

3.2.1 Completing the Goals

Click on the **Update** link for each of the required Goals (Figure 22, 4). The requested information must be provided for each required Goal for the application to be eligible for review.

The system will navigate to the **Goal Information – Update** page for that goal (Figure 23).

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

- [Goal Details](#) (Figure 23, 1)
- [Key Factors](#) (Figure 23, 2)
- [Activities](#) (Figure 23, 3)

Figure 23: Goal Information – Update Page

3.2.1.1 Goal Details Section

1. The Goal Description (Figure 23, 4) and Baseline Data (Figure 23, 5) are pre-populated and displayed in a read-only format based on the **State/Region** selection made on [Form 1A](#).

IMPORTANT NOTE: For **Focus Area 3: Health Outcomes and Health Equity, Goal 2**, you must select the Goal from a list of three dropdown options: to improve health outcomes and disparities in the state or region for **hypertension control, colorectal cancer screening, or cervical cancer screening**. The Baseline Data value will then be displayed based on your Goal selection.

2. The Goal Target (Figure 23, 6) must be reported in the same measure unit as the Baseline Data value (e.g., percentage, whole number).

3. Provide the remaining information in the Goal Details section as required. Refer to the information icons next to each of the fields for more information regarding each required field (Figure 23, 7).
4. Save your work (Figure 23, 8) and proceed to the next section of the form.

3.2.1.2 Key Factors

1. In the Key Factors section, add key factors using the Add Key Factors button (Figure 23, 9).
2. The system displays an **Add New Key Factor** overlay (Figure 24). When adding a Key Factor, identify the Key Factor Type (i.e., contributing or restricting) (Figure 24, 2) and provide the Key Factor Description (Figure 24, 3).
3. Click the Save and Continue button to return to the **Goal Information – Update** page (Figure 24, 3).

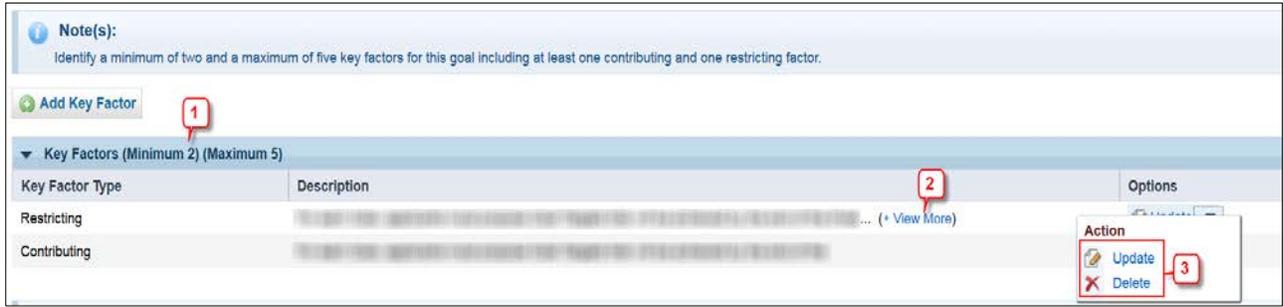
Figure 24: Add New Key Factor Overlay

The screenshot shows a modal window titled "Add New Key Factor". At the top right is a close button. Below the title, it states "Fields with * are required". The first field is "Key Factor Type" with an information icon and two radio buttons: "Contributing" (selected) and "Restricting". The second field is "Key Factor Description" with an information icon and a large text input area. Above the text area, it says "Approximately 1/4 page (Max 500 Characters): 500 Characters left." At the bottom left is a "Cancel" button, and at the bottom right is a "Save and Continue" button. Red callout boxes with numbers 1, 2, and 3 point to the radio buttons, the text area, and the "Save and Continue" button respectively.

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

4. Upon returning to the **Goal Information – Update** page, the system will display your newly entered Key Factor under the **Key Factors** grid (Figure 25, 1). Click the **View More** link to view portions of the Key Factor descriptions that are hidden by default (Figure 25, 2). You can also update and delete previously entered Key Factor information (Figure 25, 3).

Figure 25: Key Factors Grid



3.2.1.3 Activities

1. In the Activities section, add activities using the Add Activity button (Figure 26, 1).

Figure 26: Add Activity Button



2. The system displays an **Add New Activity** overlay (Figure 27). When adding an Activity, select the Activity Area first (Figure 27, 1).
3. Provide information for the remaining Activity fields as required. Refer to the information icons next to each of the fields to gather more information regarding the respective areas (Figure 27, 2). The 'Comments' field is optional.

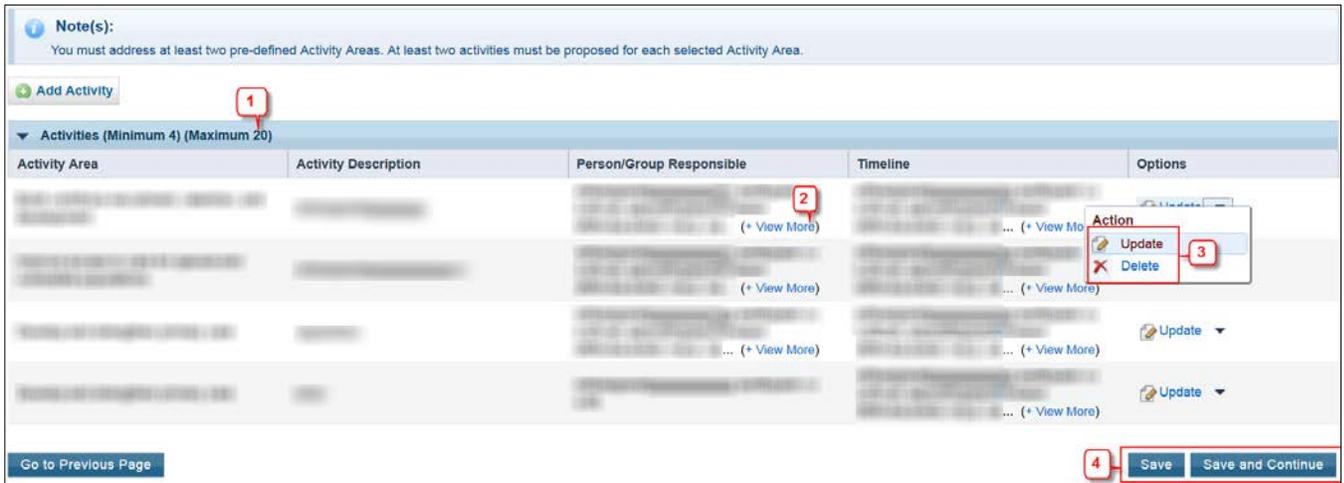
Figure 27: Add Activity Overlay

The screenshot shows the 'Add New Activity' form. At the top, there is a 'Note(s)' section with a blue information icon and text: 'Describe activities and related details to be conducted in the first 12 months of the project period that will address the Focus Area and the Goal. Applicants must demonstrate that proposed activities will lead to Goal attainment by the end of the three year project period.' Below this are two bullet points: 'Focus Area' and 'Goal'. A note below the bullets says 'Fields with * are required'. The form has four main sections, each with a red asterisk and a blue information icon: 'Activity Area' (a dropdown menu with 'Select an Activity Area' and callout 1), 'Activity Description' (a text area with 'Approximately 1/2 page (Max 1000 Characters): 1000 Characters left.' and callout 2), 'Person or Group Responsible' (a text area with 'Approximately 1/2 page (Max 1000 Characters): 1000 Characters left.'), and 'Timeline' (a text area with 'Approximately 1/2 page (Max 1000 Characters): 1000 Characters left.'). At the bottom left is a 'Cancel' button, and at the bottom right is a 'Save and Continue' button with callout 3.

IMPORTANT NOTE: You must address at least two pre-defined Activity Areas under each Goal, and provide a minimum of two Activities for each selected Activity Area.

5. Click the Save and Continue button to return to the **Goal Information – Update** page (Figure 27, 3).
6. Upon returning to the **Goal Information – Update** page, the system will display your newly entered Activity under the **Activities** grid (Figure 28, 1). Click the **View More** link to view portions of the Activity field descriptions that are hidden by default (Figure 28, 2). You can also update and delete previously entered Activities (Figure 28, 3).

Figure 28: Activities Grid

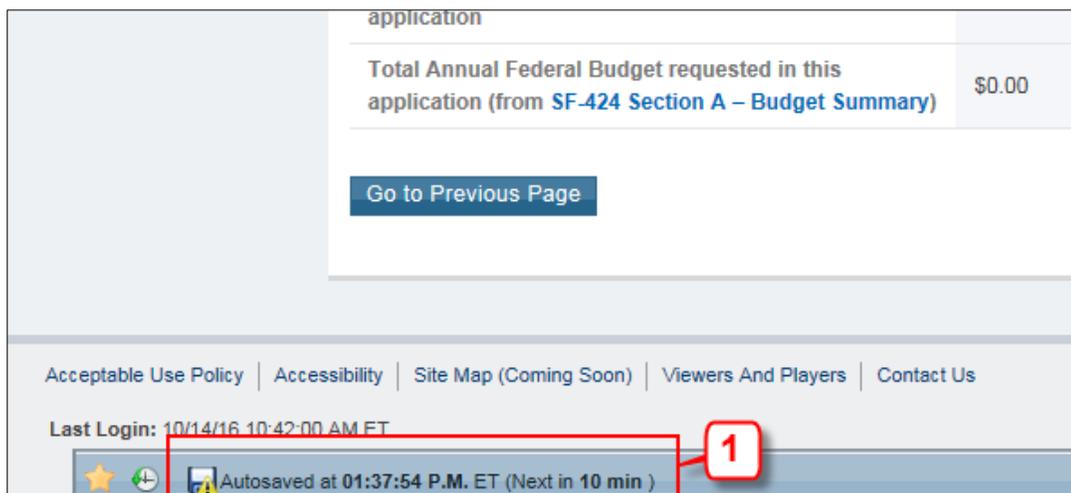


7. Click on the Save or Save and Continue button on the **Goal Information – Update** page to save your information and proceed to the next Goal (Figure 28, 4).

3.3 Autosave Functionality

The system automatically saves your work in certain areas of the Program Specific Checklist every 10 minutes (Figure 29, 1). The Autosave functionality excludes the [Standard Side Checklist](#) and any of the Overlays ([Key Factors](#), [Activities](#) etc.). Any information entered within these forms & Overlays will **NOT** be automatically saved and you will need to manually save your work.

Figure 29: Autosave



4. Reviewing and Submitting the FY 2017 PCA Application to HRSA

To review your application, follow the steps below:

1. Navigate to the standard section of the application using the **Grant Application** link in the navigation links displayed at the top of the **Program Specific** forms.
2. On the **Application - Status Overview** page, click the **Review** link in the Review and Submit section of the left menu (**Figure 30, 1**).

Figure 30: Review Link

Application - Status Overview

ENTRUS: COMMUNITY HEALTH CONNECTIONS, INC. Due Date: 8/13/2016 11:59:59 PM (Due in: 89 days) | Application Status: Complete

Announcement Number: HRSA-15-010 Announcement Name: COMMUNITY HEALTH CONNECTIONS
 Application Type: Competing Continuation Grant Number: HR15100007
 Application Package: SF424 Application FY: 2015 Program Type: Non-Construction

Resources

View

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

Users with permissions on this application (1)

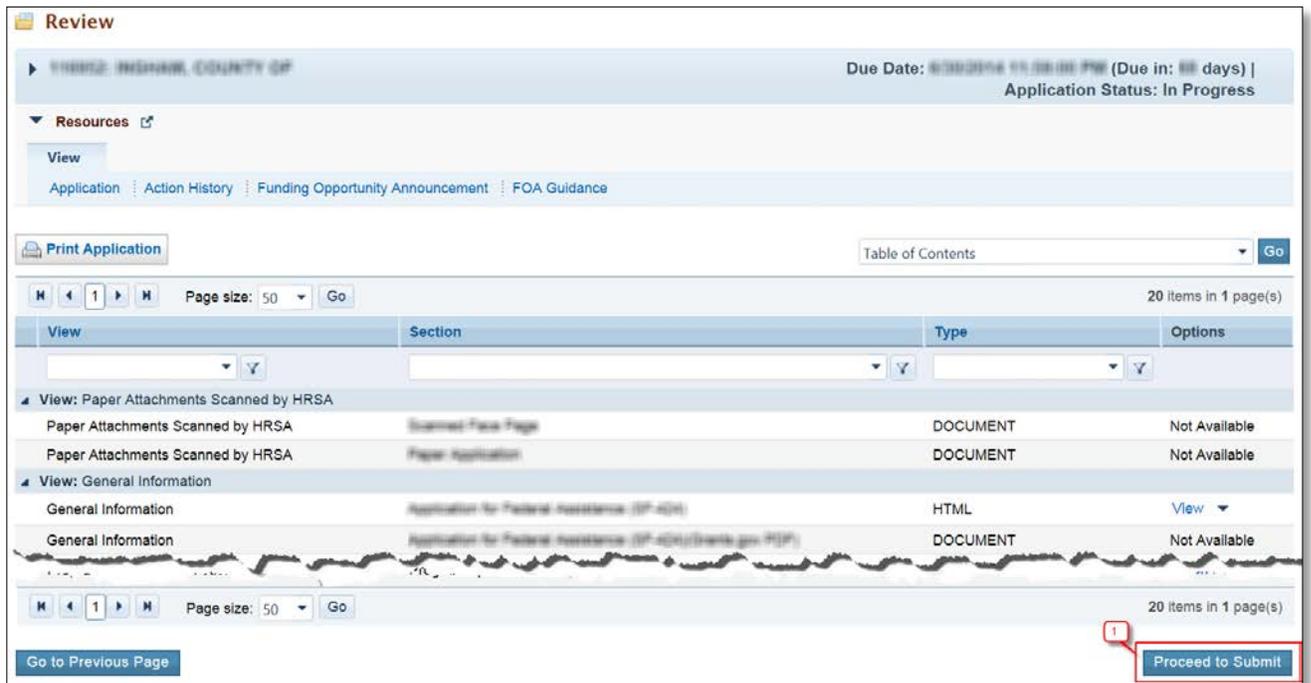
List of forms that are part of the application package

Section	Status	Options
Basic Information		
SF-424	Complete	
Part 1	Complete	Update
Part 2	Complete	Update
Project/Performance Site Location(s)		
Project Narrative	Complete	Update
Budget Information		
Section A-C	Complete	Update
Section D-F	Complete	Update
Budget Narrative	Complete	Update
Other Information		
Assurances	Complete	Update
Disclosure of Lobbying Activities	Complete	Update
Appendices	Complete	Update
Program Specific Information		
Program Specific Information	Complete	Update

➤ The system navigates to the **Review** page.

3. Verify the information displayed on the **Review** page.
4. If you are ready to submit the application to HRSA, click the Proceed to Submit button at the bottom of the **Review** page (**Figure 31, 1**).

Figure 31: Review Page – Proceed to Submit



- The system navigates to the **Submit** page.
5. Click the Submit to HRSA button at the bottom of the **Submit** page.
 - The system navigates to a confirmation page.

IMPORTANT NOTES:

- To submit an application, you must have the ‘Submit’ privilege. This privilege must be given by the Project Director (PD) to the Authorizing Official (AO) or designee.
- If you are not the AO, a Submit to AO button will be displayed at the bottom of the Submit page. Click the button to notify the AO that their action is required to submit the application to HRSA (**Figure 32, 1**).
- Applicants are strongly encouraged to notify the AO directly and ensure that they leave adequate time for the AO to complete the submission process prior to the deadline.

Figure 32: Submit to AO

Application - Submit

HAROLD COMMUNITY HEALTH CONNECTIONS, INC. Due Date: 8/30/2016 11:59:59 PM (Due in: 87 days) | Application Status: Complete

Announcement Number: HRSA-15-215 Announcement Name: (2015-15215-15222222) Created by: John.C... on 08/09/2016 at 3:01:08 PM
 Application Type: Competing Continuation Grant Number: HRSA-1522227 Last Updated By: John.C... on 08/09/2016 at 3:01:08 PM
 Application Package: SF424 Application FY: 2016 Program Type: SF424-Continuation

Resources

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

Users with permissions on this application (1)

List of forms that are part of the application package

Section	Status	Options
Basic Information		
SF-424	Complete	
Part 1	Complete	Update
Part 2	Complete	Update
Project/Performance Site Location(s)	Complete	Update
Project Narrative	Complete	Update
Budget Information		
Section A-C	Complete	Update
Section D-F	Complete	Update
Budget Narrative	Complete	Update
Other Information		
Assurances	Complete	Update
Disclosure of Lobbying Activities	Complete	Update
Appendices	Complete	Update
Program Specific Information		
Program Specific Information	Complete	Update

Go to Previous Page

1 Submit to AO

- Answer the questions displayed under the Certifications and Acceptance section of the confirmation page and click the Submit Application button to submit the application to HRSA.
- If you experience any problems with submitting the application in EHB, contact the **BPHC Helpline** at 1-877-974-2742 (Monday – Friday, 8:30 AM - 5:30 PM ET) or send an email through the **Web Request Form** (<http://www.hrsa.gov/about/contact/bphc.aspx>).