



FY 2016 Patient Centered Medical Home  
Supplemental Funding Opportunity  
EHB User Guide for Applicants

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This user guide describes the steps you need to follow to submit an application for Fiscal Year (FY) 2016 Patient-Centered Medical Home (PCMH) supplemental funding in HRSA’s Electronic Handbook (EHB) (announcement number HRSA-16-183).

## 1. Creating the FY 2016 PCMH Supplemental Funding Application

To create the PCMH supplemental funding 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 Project Directors (PDs) registered to the Health Center Program operational grant (H80 grant funding) account in EHB.

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 in EHB. Do not create duplicate accounts. If you experience login issues or forgot your password, contact the Bureau of Primary Health Care (BPHC) Helpline at <http://www.hrsa.gov/about/contact/bphc.aspx> or (877) 974-2742.

  - 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 appropriate organization (**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**

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 PCMH supplemental funding 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. Sub-program funding streams include: Community Health Centers (CHC), Migrant Health Centers (MHC), Health Care for the Homeless (HCH), and/or Public Housing Primary Care (PHPC).
9. Ensure that the sub-program selections on this page align 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.
 

**Note:** PCMH supplemental funding must be requested in the same sub-program funding proportion(s) as the existing H80 grant funding.

**Figure 3: Select Sub Program(s) page**

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 PCMH supplemental funding 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.

## 2. Completing the Standard section of the FY 2016 PCMH supplemental funding application

For all Standard section forms, most required fields will be pre-populated with your organization’s information. Review the information and update as needed; however, you should not need to make any significant changes to the forms in the Standard section.

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

**Figure 4: Application – Status Overview page**

List of forms that are part of the application package		
Section	Status	Options
Basic Information		
SF-424	Not Started	
Part-1	Not Started	Update <sup>1</sup>
Part-2	Not Started	Update
Budget Information		
Section A-C	Not Started	Update <sup>2</sup>
Other Information		
Assurances	Not Started	Update
Appendices	Not Started	Update
Program Specific Information		
Program Specific Information	Not Started	Update

**Note the following:**

- For Parts 1 and 2 of the SF-424, applicants are only required to complete the sections indicated as **\*required for completion**.
  - Enter 08/01/2016 to 7/31/2017 for the ‘Proposed Project Period’ when prompted.
  - If you need to include additional congressional districts when completing the ‘Congressional Districts’ fields, you may upload an attachment with the relevant information by clicking on the ‘Attach File’ button on the ‘Additional Program/Project Congressional Districts’ line.
  - For the Project Description attachment, briefly summarize the proposed PCMH development activities, timeline, and outcomes in a single-spaced document limited to one page in length.
2. Once you have completed the **SF-424** Parts 1 and 2, 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

- 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).
- 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 email notification (Figure 5, 2). Ensure that the Federal funds you enter in this section are equal to or less than \$35,000 (the maximum amount of Federal funding applicants may request).
- Click the **[Save and Continue]** button (Figure 5, 3) of the **Budget Information - Section A – C** form to proceed to the **Assurances** page.
- Complete the **Assurances** page and click on the **[Save and Continue]** button to navigate to the **Appendices** form.
- Complete the **Appendices** form by uploading the Budget Justification Narrative as an attachment.

**Note the following:**

- The allowable types of files for upload are doc, rtf, txt, wpd, pdf, xls, msg, jpg, jpeg, tif, xfd, xlsx, docx, ppt, and vsd. The maximum allowable size for each attachment is 100 MB.
- Use an easily readable font (no less than a 10-point font) with 1.0 line spacing. When the application is printed by HRSA, documents will print as they are formatted by the applicant. **Applicants are encouraged to limit Excel documents to one worksheet only (i.e., one tab in the spreadsheet) and to make sure that the print area is set to the information that must appear in the submission.**
- Refer to Appendix B of the FY 2016 PCMH supplemental funding instructions for detailed information on the Budget Justification Narrative requirements:  
<http://bphc.hrsa.gov/programopportunities/fundingopportunities/pcmh/index.html>.

- Click on the **[Save and Continue]** button to navigate to the program specific section of the application.

### 3. Completing the Program Specific Information section of the FY 2016 PCMH supplemental funding application

The FY 2016 PCMH supplemental funding application includes the following program specific forms:

- **Federal Object Class Categories**
- **Equipment List (as applicable)**
- **Project Overview Form**

**Figure 6: Program Specific Information section**

**Status Overview**

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

Announcement Number: [REDACTED]      Announcement Name: Patient Centered Medical Home Supplemental Funding      Application Type: Revision (Supplemental)

Grant Number: [REDACTED]      Total Federal Requested Amount: [REDACTED]      Maximum Eligible Amount: \$35,000.00

Resources [REDACTED]

Program Specific Information Status		
Section	Status	Options
<b>Budget Information</b>		
Federal Object Class Categories	Not Started	<a href="#">Update</a> <span style="border: 1px solid red; padding: 2px;">1</span>
<b>Other Information</b>		
Equipment List	Not Started	<a href="#">Update</a>
Project Overview Form	Not Started	<a href="#">Update</a>

[Return to Complete Status](#)

### 3.1 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 \$35,000. To change the amount populated in this section, navigate to the **Budget Information Section A–C** form in the standard section of the application.
3. In the **Budget Categories** section, update the Federal and Non-Federal amounts for each object class category (e.g., Personnel, Fringe Benefits) (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, 4).

**Note the following:**

- Enter zero (0) if you do not wish to request funds for a category. No categories may be left blank.
- If Federal funding is requested for Equipment costs in the Equipment line item of this form (Figure 7, 3), you must also complete the Equipment List form. If PCMH supplemental funding will not be used on Equipment costs, the Equipment List form is not applicable for your application and you will not be able to edit it.
- Federal Equipment is defined as 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 noted above should be listed in the Supplies line item.
- The ‘Construction’ line item is not applicable for this 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):  
Federal and Non-Federal breakdown is only required for Year 1.

Object Class Category	Budget Categories		Total
	Federal	Non-Federal	
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	<input type="text"/>	<input type="text"/>	\$0
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="text"/>	<input type="text"/>	<input type="text"/>
<input type="button" value="Calculate Total And Save"/>			
j. Indirect Charges	<input type="text"/>	<input type="text"/>	\$0
k. Total Budget Specified in this application (sum of i - j)	<input type="text"/>	<input type="text"/>	\$0
<input type="button" value="Calculate Total And Save"/>			

Go to Previous Page

4. Click on the [Save and Continue] button (Figure 7, 5) to proceed to the Equipment List form.

### 3.2 Completing the Equipment List form

The Equipment List form provides a line-item list of proposed equipment to be purchased with grant funds. If you did not propose any Federal Equipment related costs in the Federal Object Class Categories form line 'd', then this form is not applicable to you.

To complete the Equipment List form, follow the steps below:

1. Click the [Add] button to add items of equipment (Figure 8).

Figure 8: Equipment List Page

**Equipment List**

BERKSHIRE UNITED COMMUNITY HEALTH CENTER INC Due Date: 09/30/2015 (Due In: 54 Days) | Section Status: Not Started

Resources

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

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- The system navigates to the **Equipment Information - Add** page (Figure 9).

Figure 9: Equipment Information - Add Page

- Select an equipment Type (either clinical or non-clinical) and enter the Description, Unit Price (\$), and Quantity.
- Click the **[Save and Continue]** button at the bottom of the screen. You will be returned to the **Equipment List** page (Figure 10).

Figure 10: Equipment List Page with Equipment Added

Type	Description	Unit Price	Quantity	Total Price	Options
Clinical	Testing Equipment	\$20,000.00	1	\$20,000.00	Update
Non-Clinical	Metal Detector	\$1,000.00	2	\$2,000.00	Action
<b>Total</b>			<b>3</b>	<b>\$46,000.00</b>	Update, Delete

- To edit an equipment list item, click on the **Update** link under the Options menu (Figure 10, 1). To delete an equipment item, click on the **Delete** link under the Options menu (Figure 10, 2).
- Note:** The total price of equipment requested in this form must be equal to the Federal costs proposed in the Equipment line item of the **Federal Object Class Categories** form line 'd'.
- Click the **[Save and Continue]** button to navigate to the **Project Overview** form.

### 3.3 Completing the Project Overview form

- In the Expected Impact section, indicate the proposed use(s) of PCMH supplemental funding and the number of sites to be impacted (Figure 11, 1).
- In the PCMH Core Functions and Attributes section, select the PCMH Core Functions and Attributes that will be enhanced via this funding, as defined by the Agency for Healthcare Research and Quality (AHRQ) (Figure 11, 2). For additional information, visit: <https://pcmh.ahrq.gov/page/defining-pcmh>.
- In the Project Narrative section, provide a detailed narrative response to each question (maximum 1,500 characters each) (Figure 11, 3).
- Click the **[Save and Continue]** button to navigate to the **Program Specific – Review** page.
- Review the information displayed on this form.

Figure 11: Project Overview form

Fields with \* are required

**Expected Impact** 1

Select one or more of the following uses of FY 2016 PCMH supplemental funding and note the number of sites projected to be impacted (minimum 1):	Number of Sites
To achieve PCMH recognition for one or more sites in scope that are not currently PCMH recognized	1
To increase the level of PCMH recognition and/or further optimize the use of the PCMH model for one or more sites in scope that are currently PCMH recognized	

**PCMH Core Functions and Attributes** 2

Select one or more of the following PCMH Core Functions and Attributes that will be enhanced with this supplemental funding (minimum 1):	Select All that Apply
Comprehensive Care	<input checked="" type="checkbox"/>
Patient-Centered	<input checked="" type="checkbox"/>
Coordinated Care	<input checked="" type="checkbox"/>
Accessible Services	<input checked="" type="checkbox"/>
Quality and Safety	<input checked="" type="checkbox"/>

**Project Narrative** 3

\* 1. Describe the planned activities and how they will achieve the proposed outcome(s) noted above in the Expected Impact section.

Approximately 3/4 page (Max 1500 Characters without spaces): 1489 Characters left.

Test comment

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Design Preview

\* 2. Describe a realistic timeline that details the implementation steps for the activities outlined in response to Question 1 above. The timeline must show that all FY 2016 PCMH supplemental funds will be expended within 12 months of award.

Approximately 3/4 page (Max 1500 Characters without spaces): 1489 Characters left.

Test Comment

< \_\_\_\_\_ >

Design Preview

Go to Previous Page

Save Save and Continue

### 3.4 Reviewing and submitting the FY 2016 PCMH 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. **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.**

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 PCMH Supplemental application to HRSA.
5. 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>).