HRSA Electronic Handbooks

Service Area Competition

User Guide for Grant Applicants

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U.S. Department of Health and Human Services
HRSA
Health Resources and Services Administration

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1. Introduction

1.1 Document Purpose and Scope

The purpose of this document is to provide detailed instructions to help applicants and grantees complete their Service Area Competition (SAC) applications in the HRSA Electronic Handbooks (EHB). It is intended as a supplement to the *HRSA Electronic Submission User Guide*, available at http://www.hrsa.gov/grants/apply.

This document is not meant to replace the SAC Funding Opportunity Announcement (FOA); applicants and grantees are directed to follow the FOA for all programmatic questions.

1.2 Document Organization

This document contains the following sections:

Section	Description
Before You Begin	Provides information grantees/applicants need to know before they submit an application.
Submit an Application in Grants.gov	Describes the steps necessary to complete and submit an application through Grants.gov.
Get Started with the HRSA Electronic Handbooks	Describes how to log in to the HRSA Electronic Handbooks and access the Service Area Competition (SAC) application.
Complete the Standard Form (SF-424)	Describes the steps necessary to complete the Standard Form sections of the SAC application in the Electronic Handbooks.
Complete the Program Specific Information Forms	Describes the steps necessary to complete the Program Specific Information Sections of the SAC application in the Electronic Handbooks.
Appendices	Describes the steps to complete the Appendics form.
Review the Application	Describes how to review a SAC application to ensure that all information is accurate before submitting the application to HRSA.
Submit the Application	Describes the steps necessary to submit the SAC application to HRSA.
Customer Support	Provides contact information to address technical and programmatic questions.
Frequently Asked Questions	Provides answers to frequently asked questions by various categories.

2. Before You Begin

2.1 Register with Grants.gov

Note: An applicant organization may skip this section if the organization has already registered with Grants.gov for HRSA or another Federal agency.

You or your organization must complete the Grants.gov registration process to apply for grants. The registration process will require between three business days to four weeks to complete, so register as soon as possible.

Visit http://www.grants.gov/applicants/get_registered.jsp for registration information.

Contact the Grants.gov Contact Center for questions regarding Grants.gov registration. Visit http://www.grants.gov/contactus/contactus.jsp.

2.2 Register with the HRSA Electronic Handbooks

Registration with HRSA EHB is independent of registration with Grants.gov. Registration with HRSA EHB is required only once for each user for each organization they represent.

The Project Director and Authorizing Official must register with the HRSA Electronic Handbooks (EHB) to complete the grant application in the HRSA EHB. Registration allows HRSA to collect consistent information from all users, avoid collection of redundant information, and identify each system user uniquely.

For registration information, see the *HRSA Electronic Submission User Guide,* available at http://www.hrsa.gov/grants/apply.

For assistance in registering with HRSA EHB, call 877-GO4-HRSA (877-464-4772) or 301-998-7373 between 9:00 am to 5:30 pm ET or email callcenter@hrsa.gov.

3. Begin Your Application

Use the Grants.gov site to complete the first step in applying for a Service Area Competition funding opportunity. The following sections describe the Grants.gov application process.

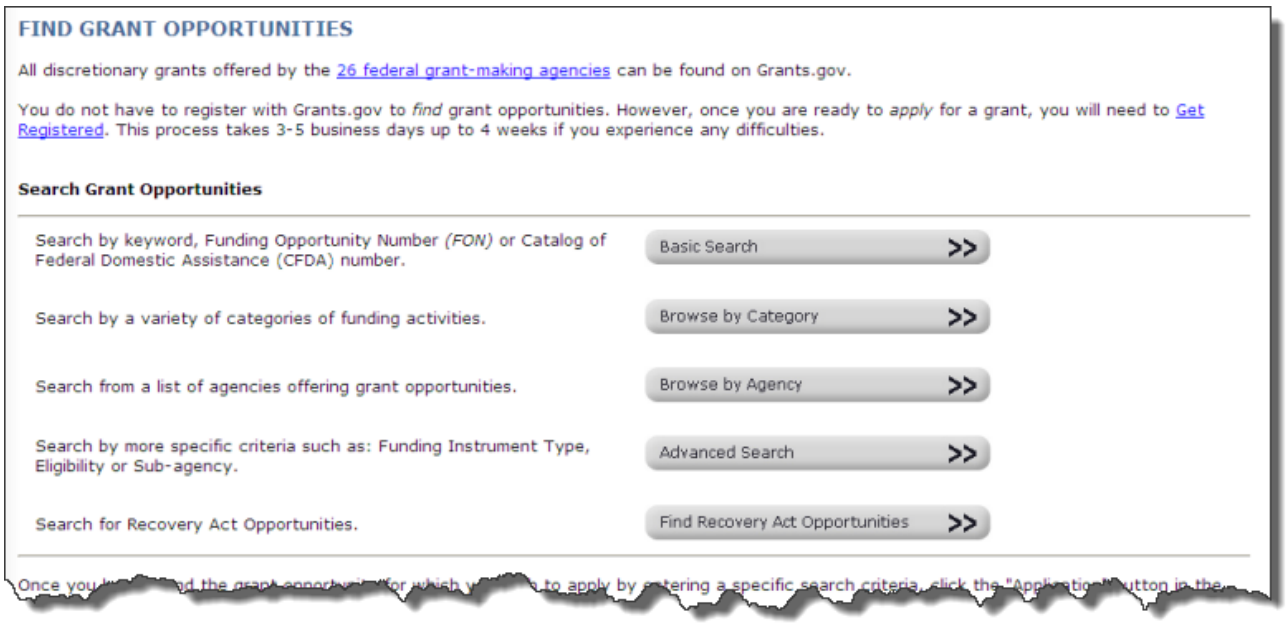
3.1 Locate the Funding Opportunity

1. Go to http://www.grants.gov.
2. Click Find Grant Opportunities under For Applicants in the left navigation panel (**Figure 1**).

Figure 1: Find Grant Opportunities Link

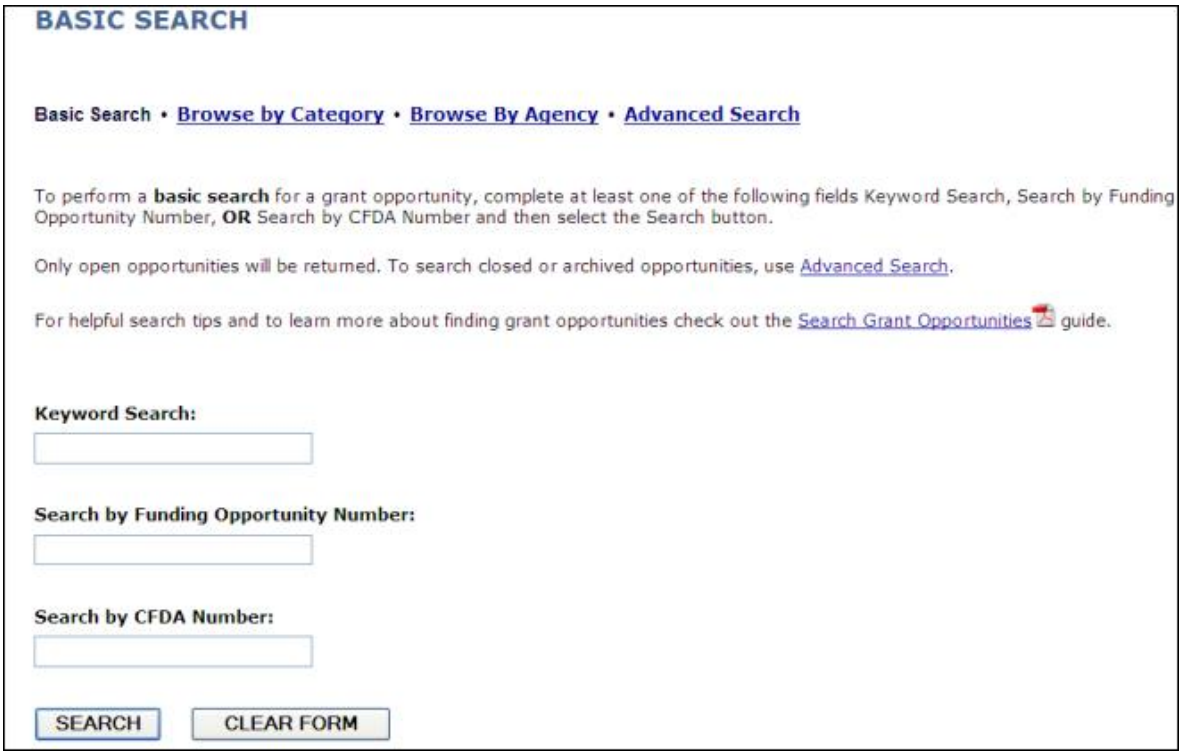
➢ The **Find Grant Opportunities** page opens.

Figure 2: Find Grant Opportunities



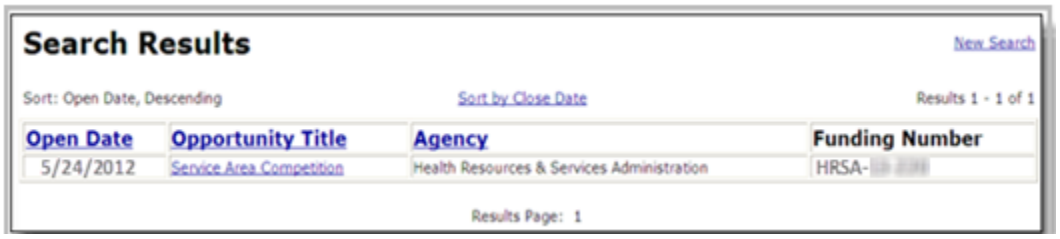
3. Click a button under Search Grant Opportunities to perform a search. For example, if you click **Basic Search**, the following page opens:

Figure 3: Basic Search Page



4. Enter your search criteria.
5. Click the **Search** button.
   - The **Search Results** page opens (**Figure 4**).

Figure 4: Search Results



6. Click the link under Opportunity Title.
   - The next page displays a synopsis of the opportunity.

Figure 5: Synopsis of the Opportunity

Service Area Competition

Synopsis | Full Announcement | Application

The synopsis for this grant opportunity is detailed below, following this paragraph. This synopsis contains all of the updates to this document that have been posted as of 5/24/2012 If updates have been made to the opportunity synopsis, update information is provided below the synopsis.

If you would like to receive notifications of changes to the grant opportunity click send me change notification emails . The only thing you need to provide for this service is your email address. No other information is requested.

Any inconsistency between the original printed document and the disk or electronic document shall be resolved by giving precedence to the printed document.

Document Type:	Modification to Previous Grants Notice
Funding Opportunity Number:	[illegible]
Opportunity Category:	Discretionary
Posted Date:	May 24, 2012
Creation Date:	Apr 4, 2012
Original Closing Date for Applications:	Aug 25, 2012
Current Closing Date for Applications:	Aug 08, 2011
Archive Date:	Oct 07, 2011

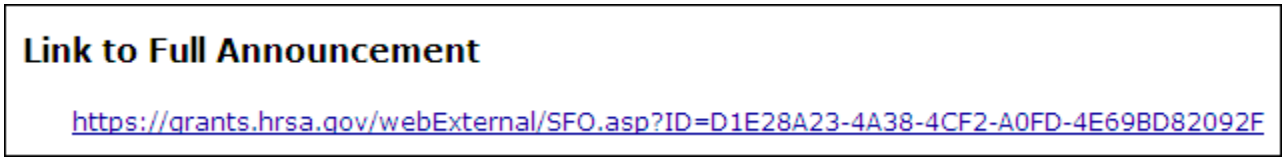
The synopsis provides an overview of the opportunity and presents all the updates to the announcement document that have been posted as of a particular date (**Figure 6**).

Figure 6: Introductory Paragraph Showing Date of the Latest Synopsis Update

The synopsis for this grant opportunity is detailed below, following this paragraph. This synopsis contains all of the updates to this document that have been posted as of 5/24/[illegible] . If updates have been made to the opportunity synopsis, update information is provided below the synopsis.

7. Click the link under the Link to Full Announcement heading to see the complete announcement in the HRSA Electronic Handbooks.

Figure 7: Hyperlink to the Complete Announcement in the HRSA Electronic Handbooks



Link to Full Announcement

https://grants.hrsa.gov/webExternal/SFO.asp?ID=D1E28A23-4A38-4CF2-A0FD-4E69BD82092F

3.2 Download the Application Package and Instructions

You must have the PureEdge Viewer or compatible Adobe Reader installed to view and complete an application package.

Applicants must download and apply to the funding opportunity announcement that corresponds with the service area for which they are applying. Selection of the incorrect funding opportunity announcement will result in an ineligible application which will not be considered via either HRSA

internal review or objective review. Refer to the Service Area Announcement Table, the cover sheet of the Funding Opportunity Announcement, and your current Notice of Award (applicable for current grantees applying to continue serving the current service area) for assistance in determining the correct HRSA announcement number for your application.

You can use the synopsis page or the funding opportunity number to access the grant application package and instructions.

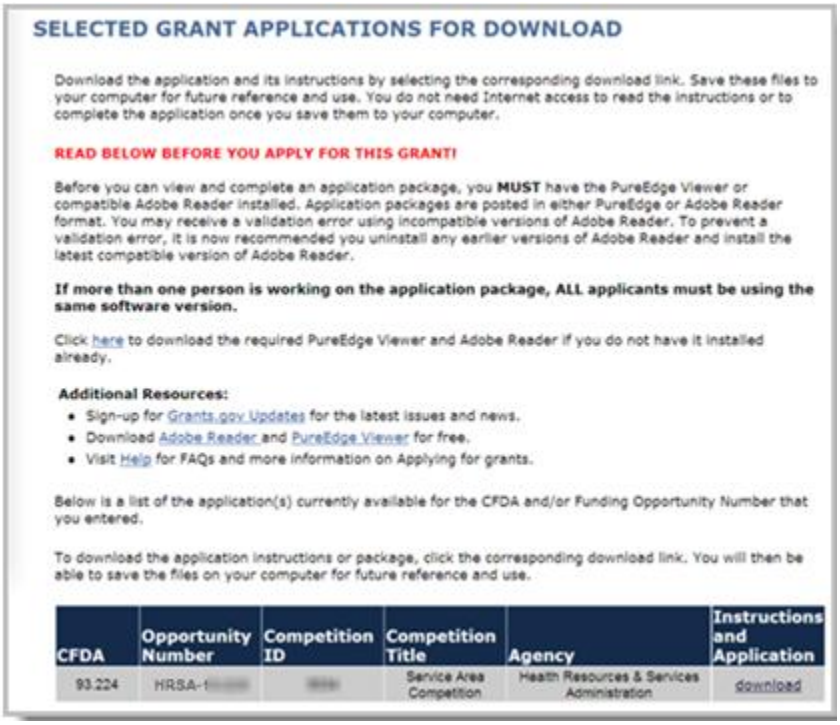
3.2.1 Use the Synopsis Page

You can access the grant application and instructions from the **Synopsis** page for the grant opportunity. To download the grant application and instructions from this page,

1. Click the Application link at the top of the **Synopsis** page.
   - The **Selected Grant Applications for Download** page opens.

Figure 8: Application Link on the Synopsis Page to Access the Grant Application

Figure 9: Selected Grant Applications for Download



SELECTED GRANT APPLICATIONS FOR DOWNLOAD

Download the application and its instructions by selecting the corresponding download link. Save these files to your computer for future reference and use. You do not need Internet access to read the instructions or to complete the application once you save them to your computer.

READ BELOW BEFORE YOU APPLY FOR THIS GRANT!

Before you can view and complete an application package, you **MUST** have the PureEdge Viewer or compatible Adobe Reader installed. Application packages are posted in either PureEdge or Adobe Reader format. You may receive a validation error using incompatible versions of Adobe Reader. To prevent a validation error, it is now recommended you uninstall any earlier versions of Adobe Reader and install the latest compatible version of Adobe Reader.

If more than one person is working on the application package, ALL applicants must be using the same software version.

Click here to download the required PureEdge Viewer and Adobe Reader if you do not have it installed already.

Additional Resources:

- Sign-up for Grants.gov Updates for the latest issues and news.
- Download Adobe Reader and PureEdge Viewer for free.
- Visit Help for FAQs and more information on Applying for grants.

Below is a list of the application(s) currently available for the CFDA and/or Funding Opportunity Number that you entered.

To download the application instructions or package, click the corresponding download link. You will then be able to save the files on your computer for future reference and use.

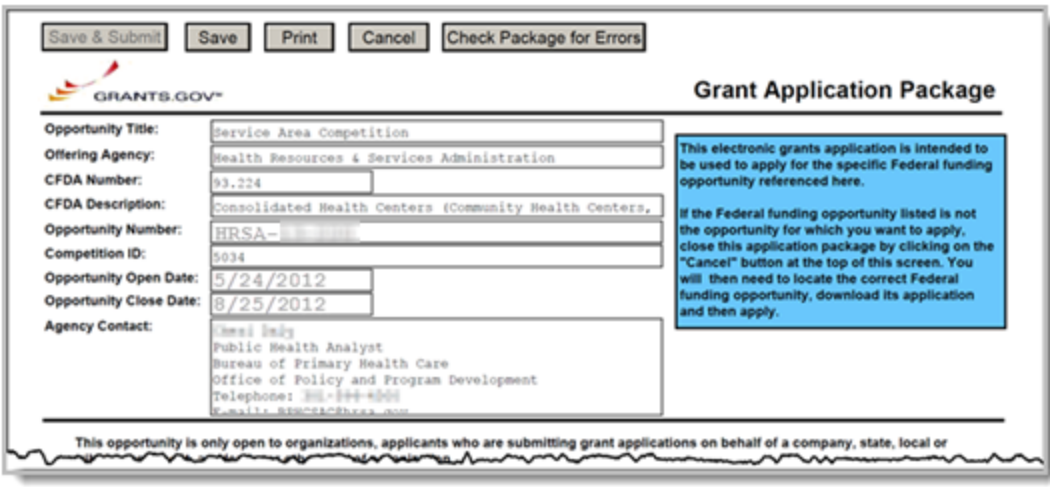
CFDA	Opportunity Number	Competition ID	Competition Title	Agency	Instructions and Application
93.224	HRSA-		Service Area Competition	Health Resources & Services Administration	download

2. Click the **download** link under Instructions and Application.
   - The **Download Opportunity** page opens (**Figure 10**).

Figure 10: Download Opportunity Page

3. Click the **Download Application Instructions** link.
   - Follow prompts to complete the download.
4. Click the **Download Application Package** link.
   - The **Grant Application Package** page opens in Adobe Acrobat (**Figure 11**).

Figure 11: Grant Application Package

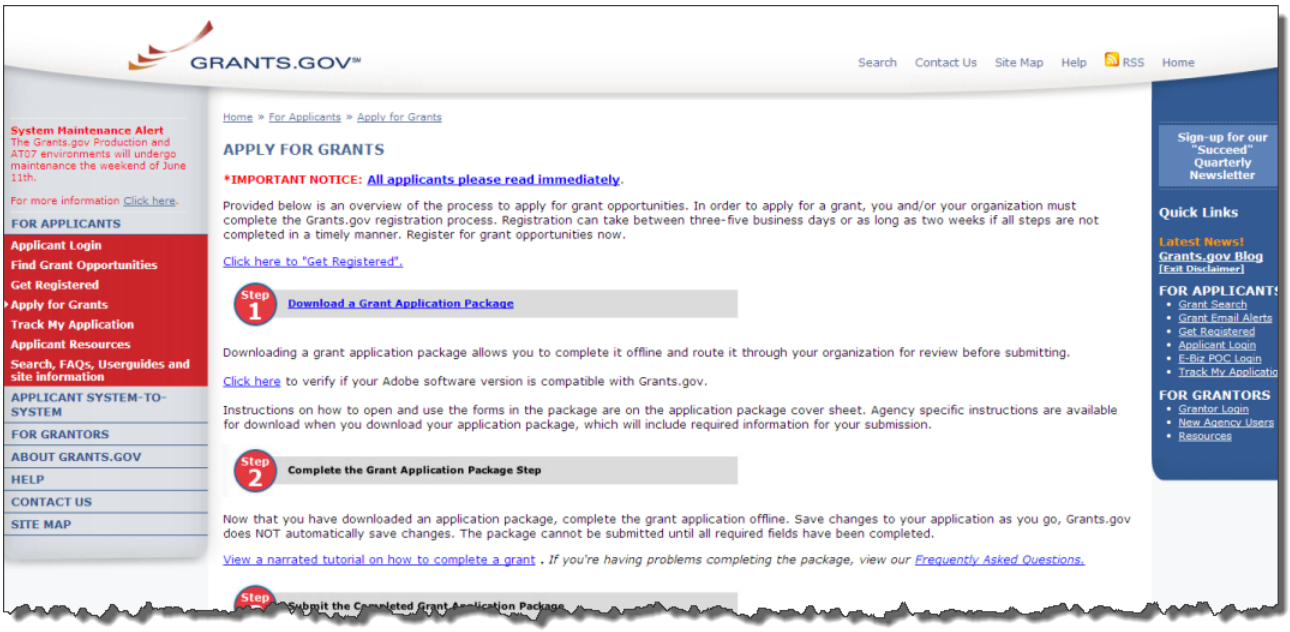


3.2.2 Use the Funding Opportunity Number or Catalog of Federal Domestic Assistance Number

If you know the Funding Opportunity Number (FON) or Catalog of Federal Domestic Assistance (CFDA) number for the grant, you can download the grant application and instructions as follows:

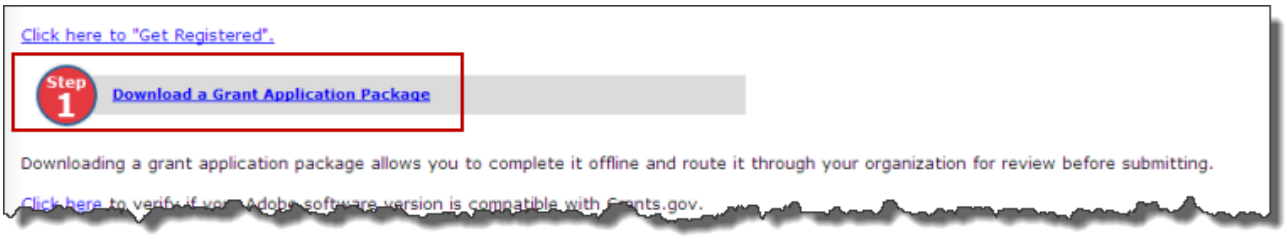
1. Go to http://www.grants.gov/applicants/apply_for_grants.jsp to see an overview of the grant application process (**Figure 12**).

Figure 12: Grants.gov Apply for Grants Page



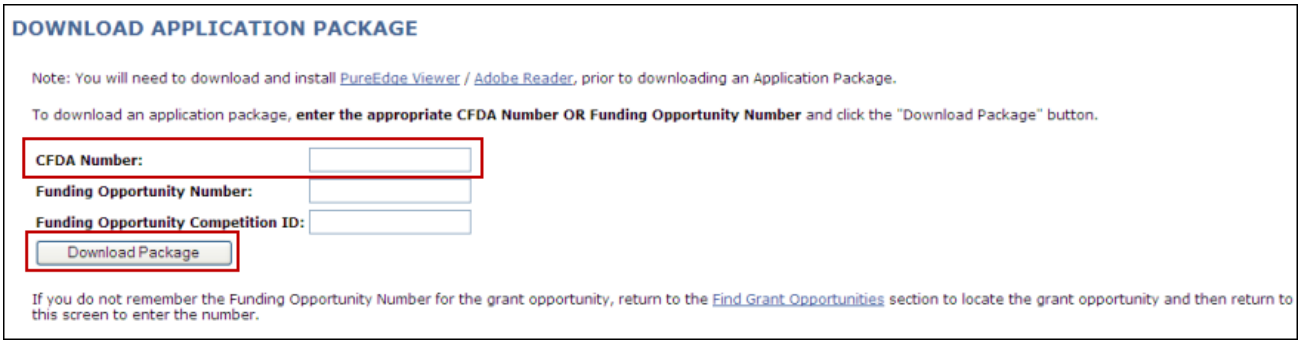
2. Click the Download a Grant Application Package link (**Figure 13**).

Figure 13: Download a Grant Application Package Link at Grants.gov



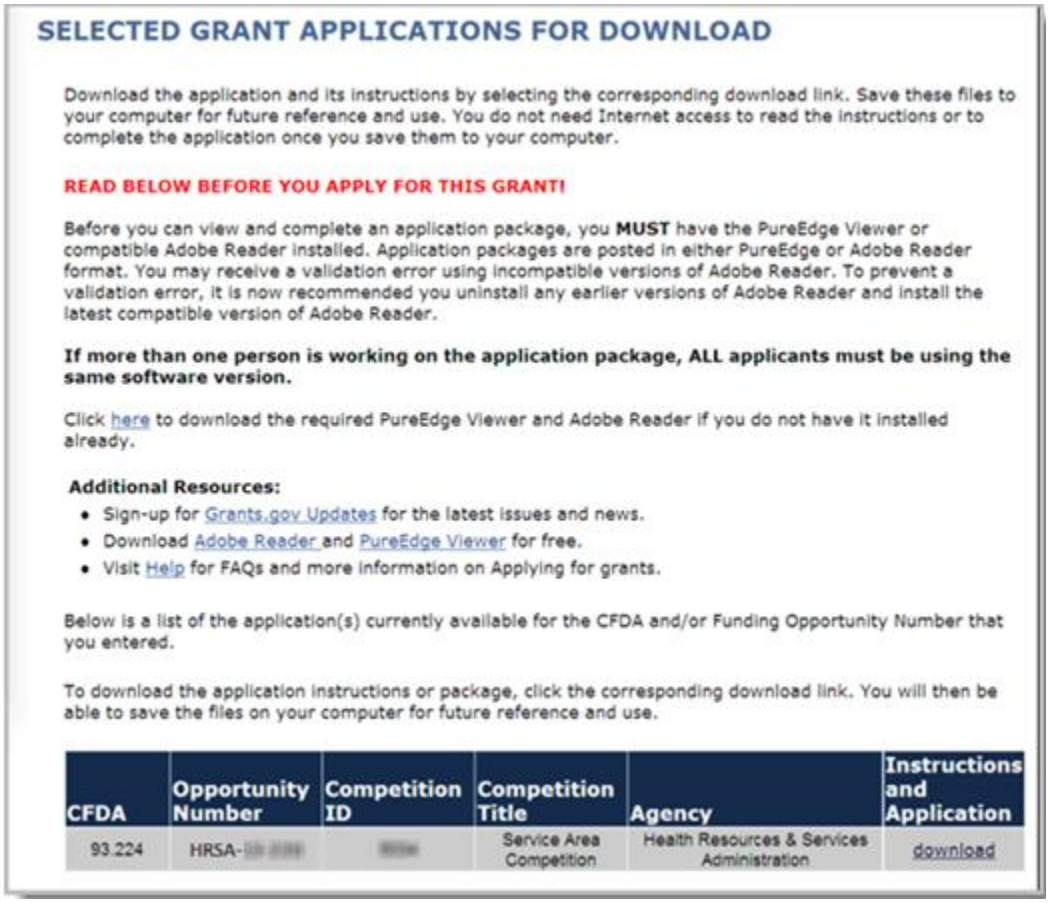
➢ The **Download Application Package** page opens (**Figure 14**).

Figure 14: Download Application Package Page at Grants.gov



3. Enter the CFDA number in the *CFDA Number* field, OR the announcement number in the *Funding Opportunity Number* field. (For example: HRSA-14-087)
4. Click the **Download Package** button.
   - The Selected Grants for Download page opens (**Figure 15**).

Figure 15: Selected Grant Applications for Download



5. Select a funding opportunity from the list and click the download link under Instructions and Application.

- The **Download Opportunity** page opens (**Figure 16**).

Figure 16: Download Opportunity Page

GRANTS.GOV™

DOWNLOAD OPPORTUNITY INSTRUCTIONS AND APPLICATION

You have chosen to download the instructions and application for the following opportunity:

CFDA Number: 93.224: Consolidated Health Centers (Community Health Centers, Migrant Health Centers, Health Care for the Homeless, Public Hous
Opportunity Number: HRSA- Service Area Competition
Competition ID:
Competition Title: Service Area Competition
Agency: Health Resources & Services Administration
Opening Date: 5/24/2012
Closing Date: 8/25/2012

If you would like to be notified of any changes to this opportunity please enter your e-mail address below, and you will be e-mailed in the event this opportunity is changed and republished on Grants.gov before its closing date.

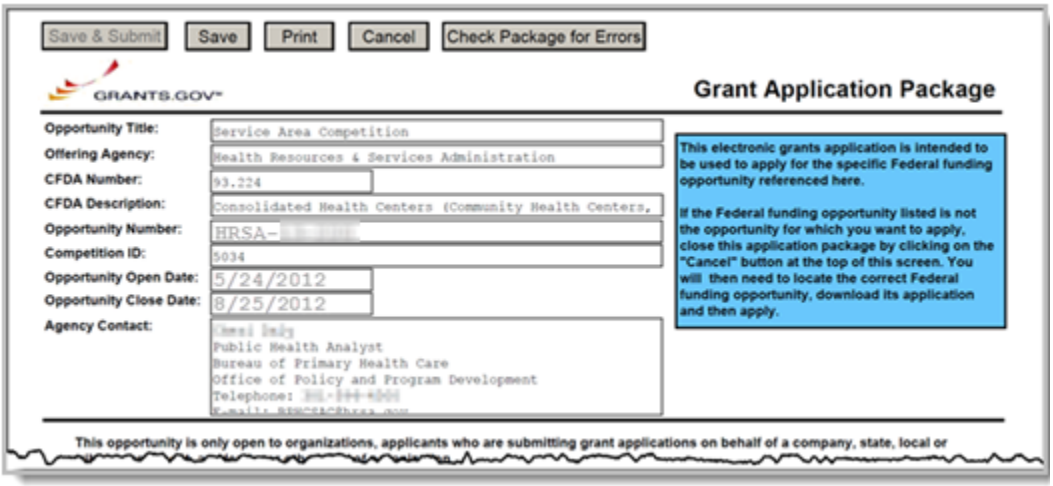
Submit

Download the instructions and application by selecting the download links below. While the instructions or application files may open directly, you may save the files to your computer for future reference and use. You do not need Internet access to read the instructions or the application once you save them to your computer.

1. Download Application Instructions
2. Download Application Package

6. Click the Download Application Instructions link.
   - Follow prompts to complete the download.
7. Click the Download Application Package link.
   - The **Grant Application Package** page opens in Adobe Acrobat (**Figure 17**).

Figure 17: Grant Application Package



Save & Submit | Save | Print | Cancel | Check Package for Errors

GRANTS.GOV™

Grant Application Package

Opportunity Title:	Service Area Competition
Offering Agency:	Health Resources & Services Administration
CFDA Number:	93.224
CFDA Description:	Consolidated Health Centers (Community Health Centers,
Opportunity Number:	HRSA-
Competition ID:	5034
Opportunity Open Date:	5/24/2012
Opportunity Close Date:	8/25/2012
Agency Contact:	Public Health Analyst Bureau of Primary Health Care Office of Policy and Program Development Telephone:

This electronic grants application is intended to be used to apply for the specific Federal funding opportunity referenced here.

If the Federal funding opportunity listed is not the opportunity for which you want to apply, close this application package by clicking on the "Cancel" button at the top of this screen. You will then need to locate the correct Federal funding opportunity, download its application and then apply.

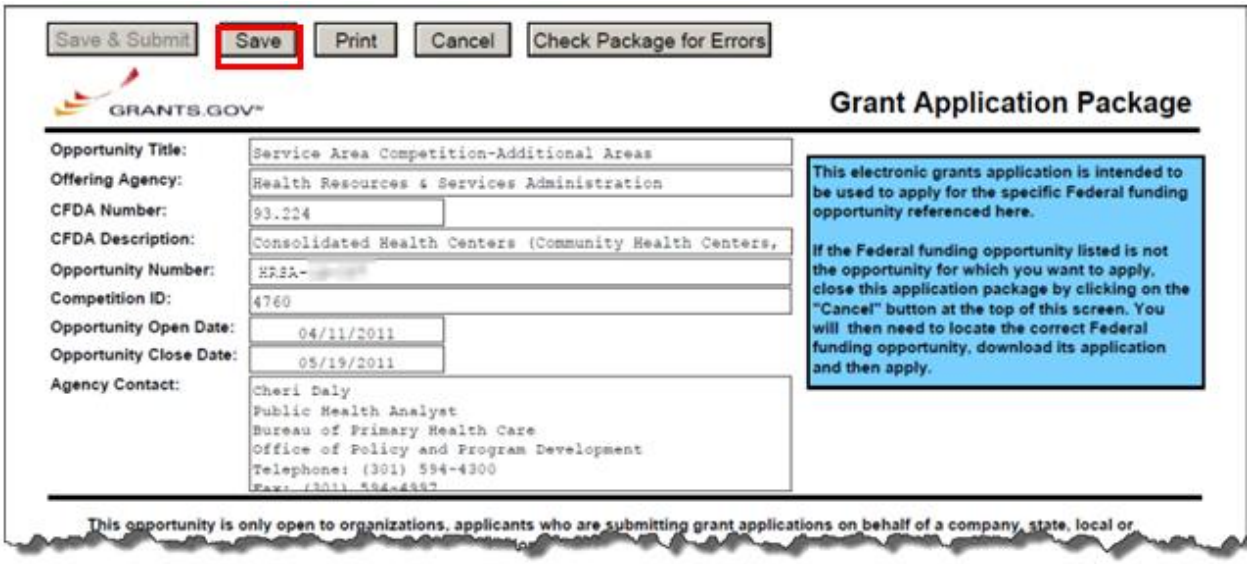
This opportunity is only open to organizations, applicants who are submitting grant applications on behalf of a company, state, local or

3.3 Complete the Application

You will complete the application offline.

1. Click the **Save** button to save a copy of the application package on your computer.

Figure 18: Save the Grant Application Package



2. Use the instructions provided at the bottom of the grant application (**Figure 19**) and the Funding Opportunity Announcement (FOA) (**Figure 20**) you downloaded (**Section 3.2**, Download the Application Package and Instructions) to complete the grant application.

Figure 19: Instructions for Completing the Grant Application

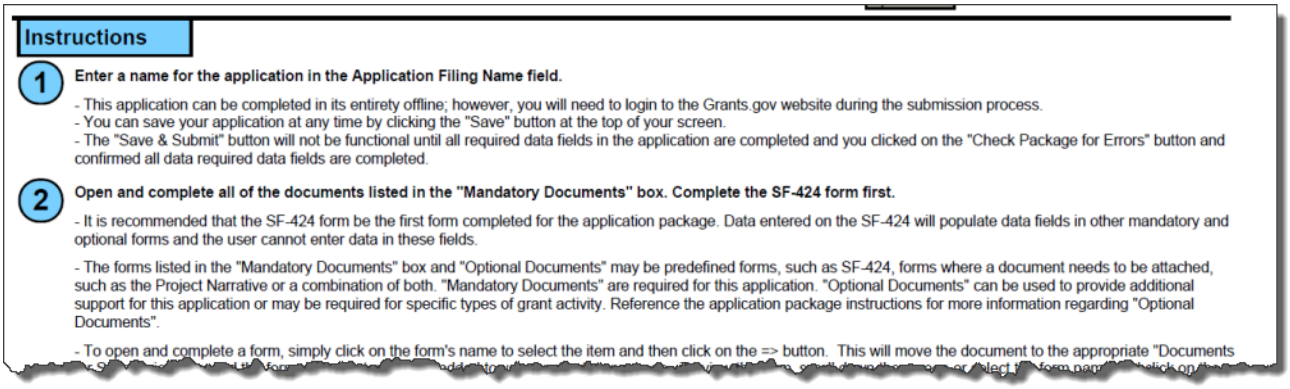


Figure 20: Program Guidance for Completing the Grant Application

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Health Resources and Services Administration

Bureau of Primary Health Care
Health Center Program

Service Area Competition

Announcement Type: New, Competing Continuation, and Supplemental
Announcement Numbers: HRSA-14-021, HRSA-14-022, HRSA-14-023, HRSA-14-024, HRSA-14-025, HRSA-14-026, HRSA-14-027, HRSA-14-028
(see Table 6)
Catalog of Federal Domestic Assistance (CFDA) No. 93.224

Current Grantees Applying to Continue Serving Their Current Service Area

If your project period ends:	Apply to:	If your project period ends:	Apply to:
10/31/13	HRSA-14-021	02/28/14	HRSA-14-025
11/30/13	HRSA-14-022	03/31/14	HRSA-14-026
12/31/13	HRSA-14-023	04/30/14	HRSA-14-027
01/31/14	HRSA-14-024	05/31/14	HRSA-14-028

FUNDING OPPORTUNITY ANNOUNCEMENT
Fiscal Year 2014

If you need assistance with the FOA, contact the program contact listed in the document.

3.4 Submit the Application Package

You must be connected to the Internet and have a Grants.gov username and password to submit the application package.

Please direct questions regarding application submission to the Grants.gov Contact Center at 1-800-518-4726, 24 hours a day, 7 days a week, excluding Federal holidays.

The **Submit** button on the application package cover page will become active once you have downloaded the application package, completed all required forms, attached all required documents, and saved your application package.

To submit your completed application in Grants.gov:

1. Click the **Check Package for Errors** button on the application package cover page.
2. Correct any errors.

3. Click the **Save and Submit** button on the **Application Package Cover** page.

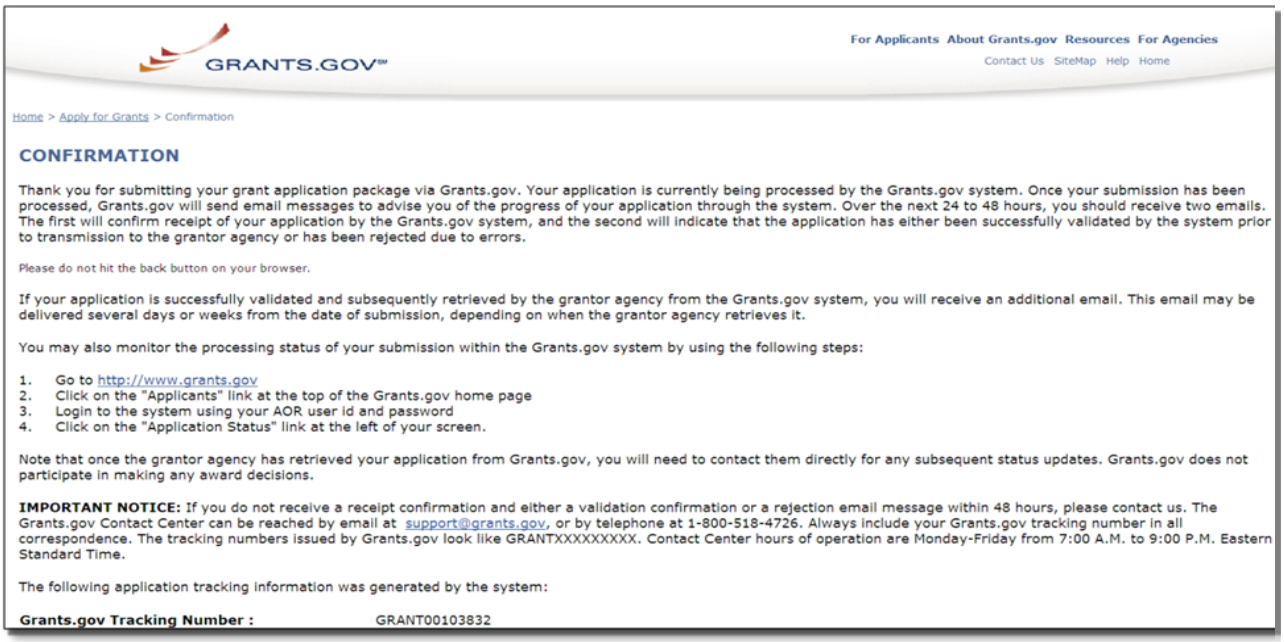
Figure 21: Command Buttons in the Grant Application Package

4. When prompted, log into Grants.gov.

Figure 22: Grants.gov Login Prompt

Your application package is uploaded to Grants.gov and a confirmation screen opens (Figure 23).

Figure 23: Application Submission Confirmation Page at Grants.gov



GRANTS.GOV

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Home > Apply for Grants > Confirmation

CONFIRMATION

Thank you for submitting your grant application package via Grants.gov. Your application is currently being processed by the Grants.gov system. Once your submission has been processed, Grants.gov will send email messages to advise you of the progress of your application through the system. Over the next 24 to 48 hours, you should receive two emails. The first will confirm receipt of your application by the Grants.gov system, and the second will indicate that the application has either been successfully validated by the system prior to transmission to the grantor agency or has been rejected due to errors.

Please do not hit the back button on your browser.

If your application is successfully validated and subsequently retrieved by the grantor agency from the Grants.gov system, you will receive an additional email. This email may be delivered several days or weeks from the date of submission, depending on when the grantor agency retrieves it.

You may also monitor the processing status of your submission within the Grants.gov system by using the following steps:

1. Go to http://www.grants.gov
2. Click on the "Applicants" link at the top of the Grants.gov home page
3. Login to the system using your AOR user id and password
4. Click on the "Application Status" link at the left of your screen.

Note that once the grantor agency has retrieved your application from Grants.gov, you will need to contact them directly for any subsequent status updates. Grants.gov does not participate in making any award decisions.

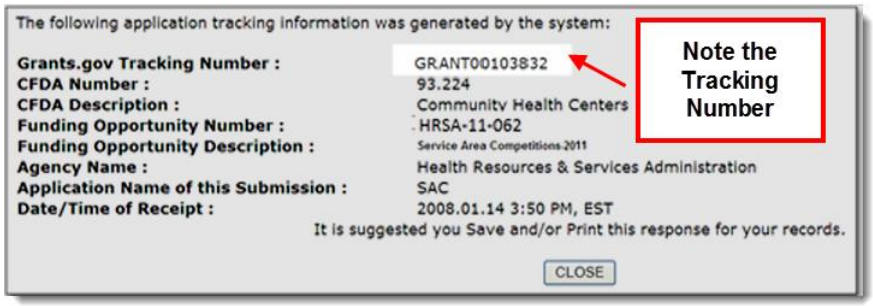
IMPORTANT NOTICE: If you do not receive a receipt confirmation and either a validation confirmation or a rejection email message within 48 hours, please contact us. The Grants.gov Contact Center can be reached by email at support@grants.gov, or by telephone at 1-800-518-4726. Always include your Grants.gov tracking number in all correspondence. The tracking numbers issued by Grants.gov look like GRANTXXXXXXXXX. Contact Center hours of operation are Monday-Friday from 7:00 A.M. to 9:00 P.M. Eastern Standard Time.

The following application tracking information was generated by the system:

Grants.gov Tracking Number : GRANT00103832

A Grants.gov Tracking Number is provided on this screen. Record this number for future reference.

Figure 24: Application Submission Confirmation Page at Grants.gov Showing Tracking Number



The following application tracking information was generated by the system:

Grants.gov Tracking Number :	GRANT00103832
CFDA Number :	93.224
CFDA Description :	Community Health Centers
Funding Opportunity Number :	HRSA-11-062
Funding Opportunity Description :	Service Area Competitions 2011
Agency Name :	Health Resources & Services Administration
Application Name of this Submission :	SAC
Date/Time of Receipt :	2008.01.14 3:50 PM, EST

It is suggested you Save and/or Print this response for your records.

CLOSE

3.5 Track Status of the Application

It is recommended that you monitor the status of your application in Grants.gov until the status changes to “Agency Tracking Number Assigned”.

Visit Grants.gov (http://www.grants.gov/applicants/track_your_application.jsp) to check the status of your application any time after submission. If your application does not contain errors, HRSA will download the application automatically. When HRSA downloads your application successfully, the status of the application will change to “Received by Agency” and you will receive an email from Grants.gov. Within two to three business days, the status will change to “Agency Tracking Number Assigned” and you can submit the second part of your application in the HRSA EHB.

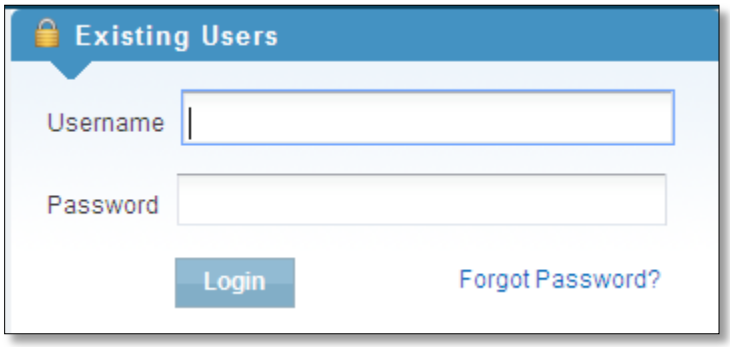
4. Get Started with the HRSA Electronic Handbooks

4.1 Log In

To log into HRSA Electronic Handbooks (EHB),

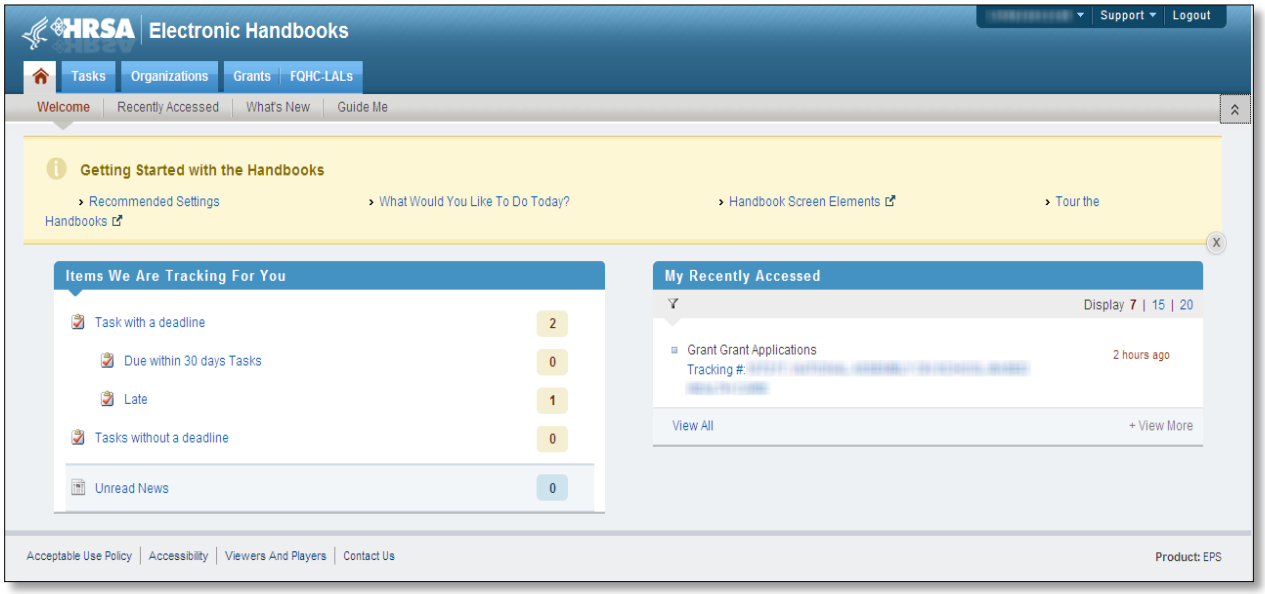
1. Point your browser to https://grants.hrsa.gov/webexternal/login.asp.
2. Enter your username and password.

Figure 25: HRSA EHB Login Screen



3. Click **Login**.
4. **The HRSA EHB Home** page (**Figure 26**) opens.

Figure 26: HRSA EHB Home Page



4.2 Session Time Limit

In the HRSA EHB, your session will remain active for 30 minutes after your last activity. Save your work every five minutes to avoid losing information.

4.3 Access the Application

4.3.1 Access the Application for the First Time

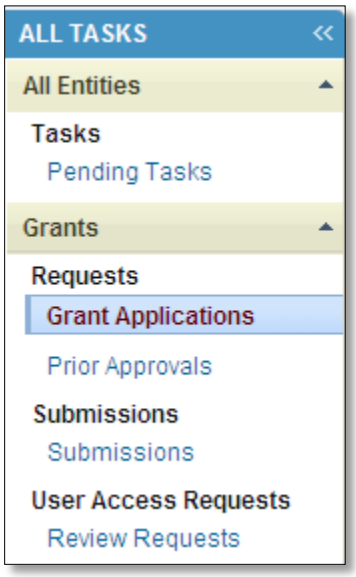
If you are accessing your application for the first time, follow these steps to add it to the list of pending applications.

1. On the **HRSA EHB Home** page, click the **Tasks** tab to navigate to the **Pending Tasks – List** page.

Figure 27: Tasks tab on EHB Home page

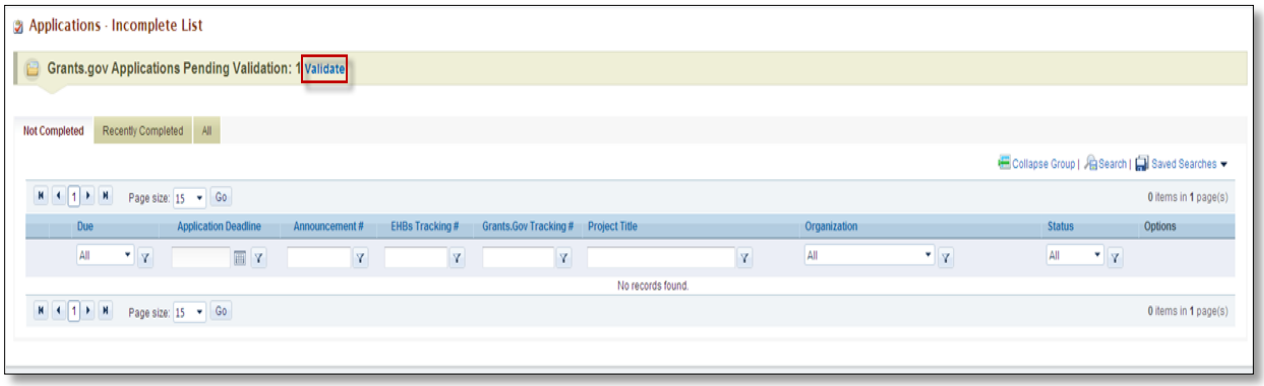
2. Click on the Grant Applications link in the left menu (**Figure 28**).

Figure 28: Grant Applications link



- The **Applications – Incomplete List** page (**Figure 29**) opens. If you are accessing your application for the first time, you will find a Validate link in a Grants.gov Application Pending Verification heading.

Figure 29: Grants.gov Application Validate link

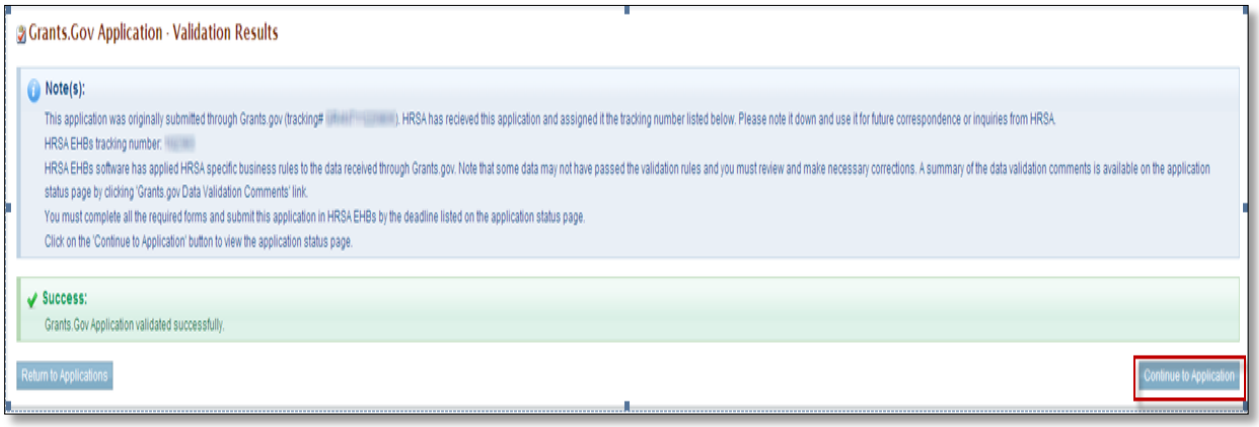


3. Click the Validate link to add your application to the list of pending applications.
4. The **Grants.Gov Application - Validate** page (**Figure 30**) opens. Enter the required validation information:
   - Announcement Number (from the **Grants.Gov Submission Confirmation** page).
   - Grants.gov Tracking Number (from the **Grants.gov Submission Confirmation** page).
   - HRSA EHB Application Number (from the email notification).
5. Click the **Validate** button.

Figure 30: Grants.Gov Application - Validate Page

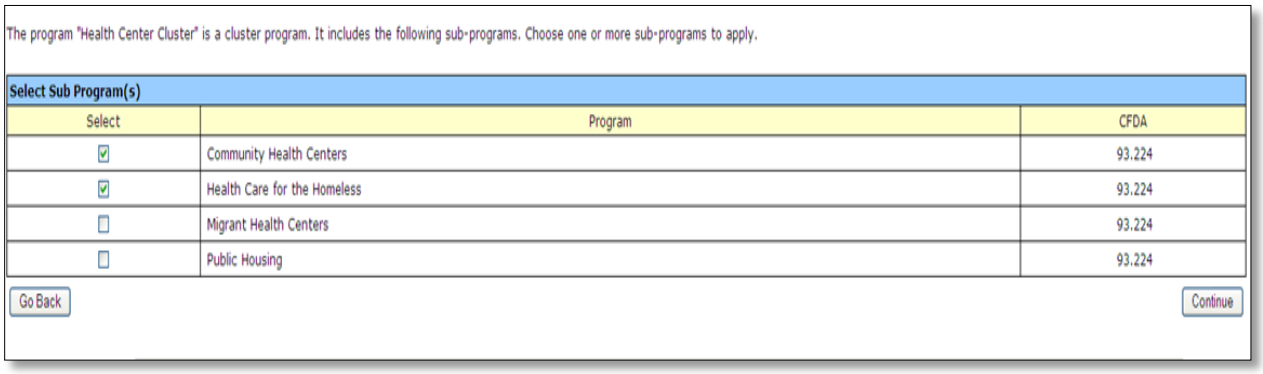
6. The **Grants.gov Application – Validation Results** page (**Figure 31**) opens.
7. Read the advisory.
8. Click the **Continue to Application** button.

Figure 31: Grants.gov Application Validated Successfully Page



9. System will navigate to the **Select Sub-Programs** page where you can start working on the application (**Figure 32**).

Figure 32: Select Sub Programs Page

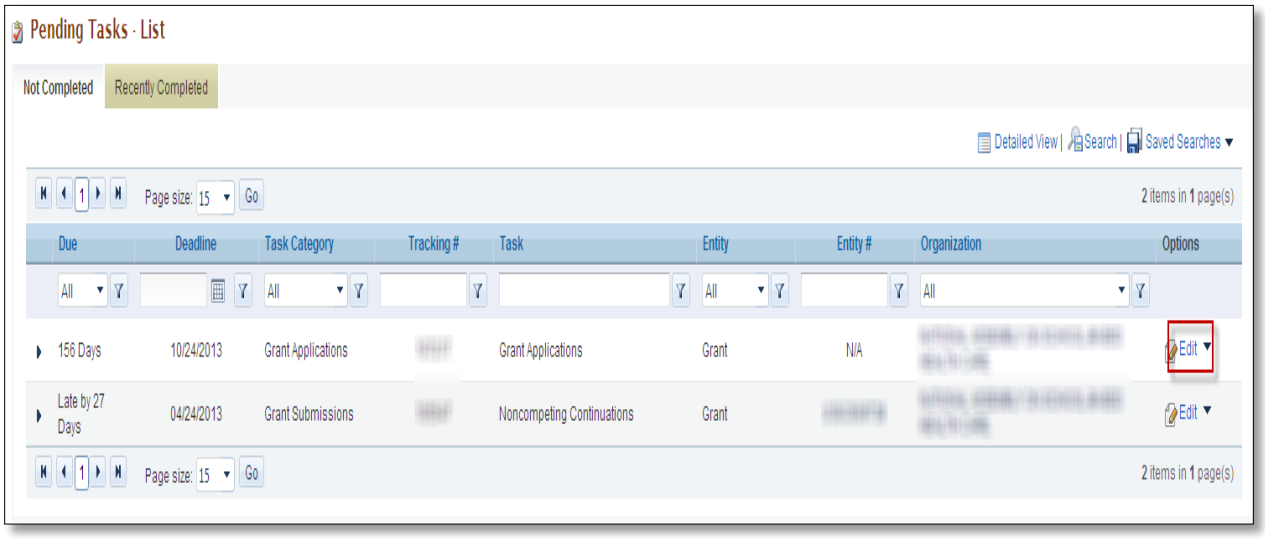


4.3.2 Access the Application from the Pending Tasks – List page

If you have already added your application to the list of pending applications in EHB, follow these steps to access it.

1. On the **HRSA EHB Home** page, click the **Tasks** tab to navigate to the **Pending Tasks – List** page
2. On the Pending Tasks – List page, locate the application and click the Edit link (**Figure 33**).

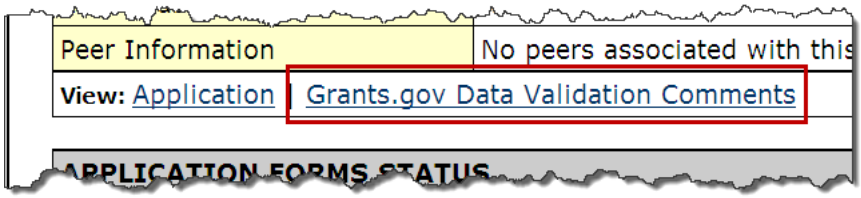
Figure 33: Pending Tasks - List Page



4.3.3 Correct Errors in the Application

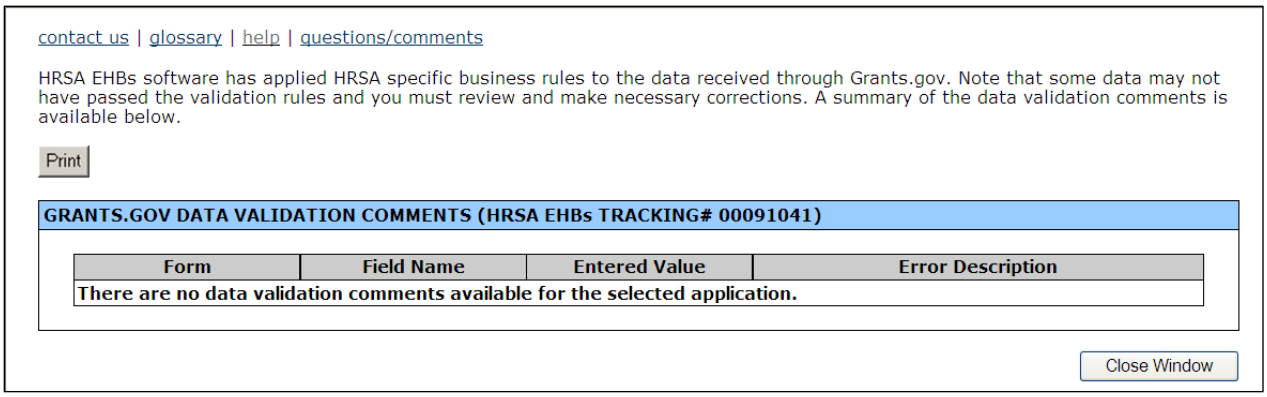
HRSA EHB applies HRSA-specific business rules to the data you submitted on Grants.gov and displays a summary of validation errors.

1. To review and correct these errors, click the Grants.gov Data Validation Comments link on the Application Status page in HRSA EHB.



➢ A summary of validation errors opens in a new window (**Figure 34**).

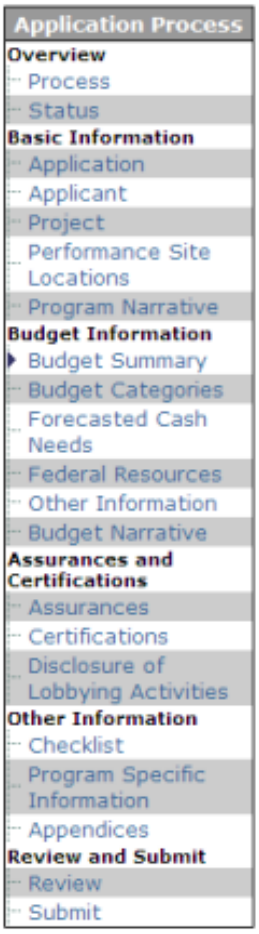
Figure 34: Grants.gov Data Validation Comments



4.4 Navigation

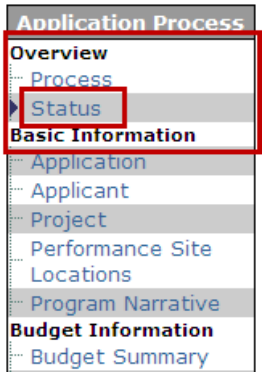
Use the navigation menu (**Figure 35**) on the left side of the screen to access the different sections of your SAC application.

Figure 35: Left Navigation Panel



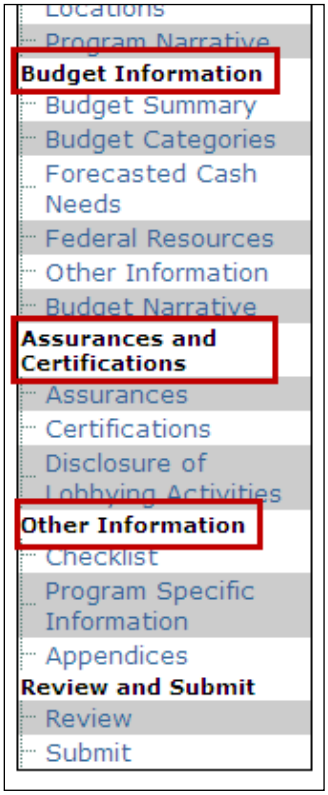
1. Click Status under the Overview heading (**Figure 36**) to go to the **Status Overview** page.

Figure 36: Status Link



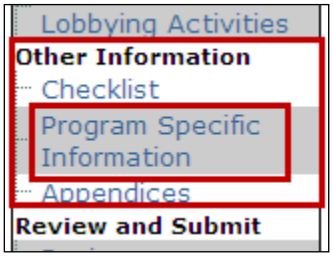
2. Click the appropriate link under Basic Information, Budget Information, Assurances and Certifications, or Other Information to access the information that was imported from Grants.gov.

Figure 37: Budget Information, Assurances and Certifications, and Other Information Links



3. Click the **Program Specific Information** link under Other Information to access the Program Specific Information forms.

Figure 38: Program Specific Information Link



➢ The **Status Overview for Program Specific Information** will be displayed.

5. Complete the Standard Forms (SF-424)

The Standard Forms (SF-424) consist of three sections:

- Basic Information (**Figure 40,1**)
- Budget Information (**Figure 40, 2**)
- Assurances and Certifications (**Figure 40,3**)

This information was imported from Grants.gov and has undergone a data validation check.

Figure 39: Status Link

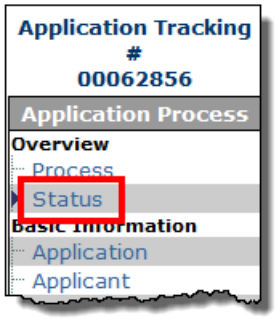
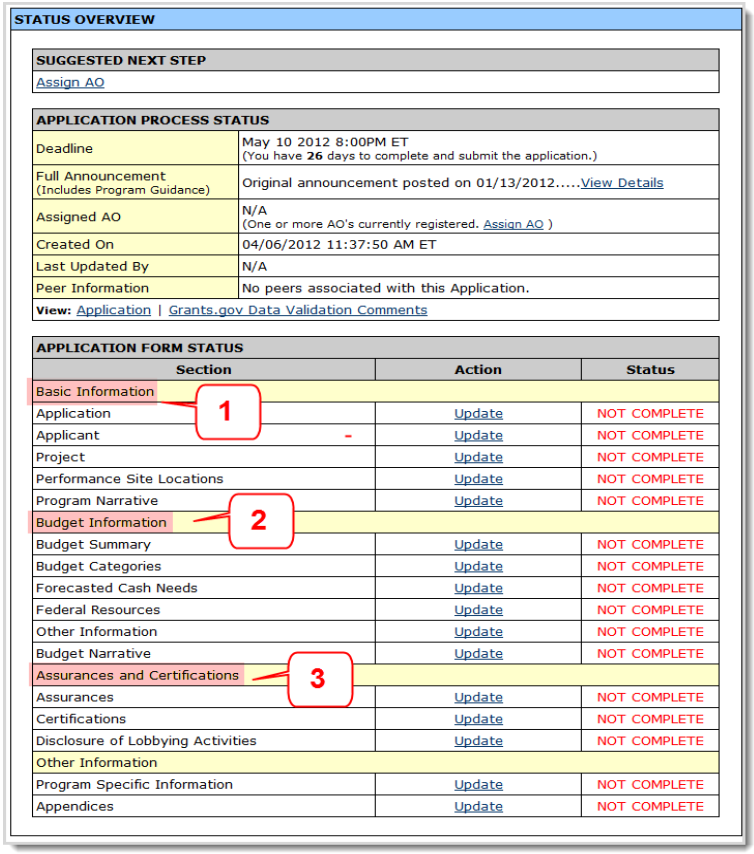


Figure 40: Application Status Page



STATUS OVERVIEW

SUGGESTED NEXT STEP
Assign AO

APPLICATION PROCESS STATUS	
Deadline	May 10 2012 8:00PM ET (You have **26** days to complete and submit the application.)
Full Announcement (Includes Program Guidance)	Original announcement posted on 01/13/2012.....View Details
Assigned AO	N/A (One or more AO's currently registered. Assign AO)
Created On	04/06/2012 11:37:50 AM ET
Last Updated By	N/A
Peer Information	No peers associated with this Application.
View: Application | Grants.gov Data Validation Comments	

APPLICATION FORM STATUS		
Section	**Action**	**Status**
Basic Information		
Application	Update	NOT COMPLETE
Applicant	Update	NOT COMPLETE
Project	Update	NOT COMPLETE
Performance Site Locations	Update	NOT COMPLETE
Program Narrative	Update	NOT COMPLETE
Budget Information		
Budget Summary	Update	NOT COMPLETE
Budget Categories	Update	NOT COMPLETE
Forecasted Cash Needs	Update	NOT COMPLETE
Federal Resources	Update	NOT COMPLETE
Other Information	Update	NOT COMPLETE
Budget Narrative	Update	NOT COMPLETE
Assurances and Certifications		
Assurances	Update	NOT COMPLETE
Certifications	Update	NOT COMPLETE
Disclosure of Lobbying Activities	Update	NOT COMPLETE
Other Information		
Program Specific Information	Update	NOT COMPLETE
Appendices	Update	NOT COMPLETE

Basic Information concerns the application, applicant organization, project, and performance sites. You may edit this information if necessary. The project information includes the project title, project periods, cities, counties, and Congressional districts affected by the project. Performance sites are the locations where you provide services.

In the Budget Information section, provide HRSA with information about funding needs for the proposed project.

In the Assurances and Certifications section, verify that you are aware of and agree to comply with a number of requirements when funds are awarded. These include non-discrimination, the right for the awarding agency to examine records associated with the award, and compliance with statutes, such as the Hatch Act.

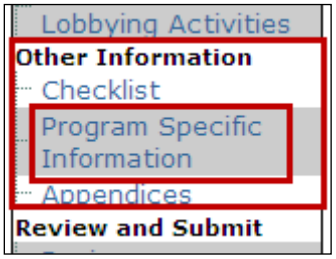
The Standard Forms must be complete before the application can be submitted.

1. Click **Status** under the Overview heading to access the **Standard Forms** (**Figure 39**).

6. Complete the Program Specific Forms

1. Click the **Program Specific Information** link (**Figure 41**) under Other Information to open the **Status Overview** page for the Program Specific Information forms (**Figure 42**).

Figure 41: Program Specific Information Link



2. Click the **Update** link to edit a form.

Figure 42: Status Overview Page for Program Specific Forms

Program Specific Information Status		
Section	Status	Options
General Information		
Form 1A - General Information Worksheet	Not Started	Update
Form 1C - Documents On File	Not Started	Update
Form 4 - Community Characteristics	Not Started	Update
Budget Information		
Federal Object Class Categories	Not Started	Update
Form 2 - Staffing Profile	Not Started	Update
Form 3 - Income Analysis	Not Started	Update
Sites and Services		
Form 5A - Services Provided	Not Started	
Required Services	Not Started	Update
Additional Services	Not Started	Update
Form 5B - Service Sites	Not Started	Update
Form 5C - Other Activities/Locations	Not Started	Update
Other Forms		
Form 6A - Current Board Member Characteristics	Not Started	Update
Form 6B - Request for Waiver of Governance Requirements	Not Started	Update
Form 8 - Health Center Agreements	Not Started	Update
Form 9 - Need for Assistance Worksheet	Not Started	
Section I - Core Barriers	Not Started	Update
Section II - Core Health Indicators	Not Started	Update
Section III - Other Health and Access Indicators	Not Started	Update
Form 10 - Annual Emergency Preparedness Report	Not Started	Update
Form 12 - Organization Contacts	Not Started	Update
Performance Measures		
Clinical Performance Measures	Not Started	Update
Financial Performance Measures	Not Started	Update

Note: Your session remains active for 30 minutes after your last activity. Save your work every five minutes to avoid losing data.

6.1 Important Definitions

1. **New application** – A health center not currently funded through the Health Center Program that seeks to serve an announced service area.
2. **Competing Continuation** – A current Health Center Program grantee whose project period ends in FY 2014 and that seeks to continue serving its current service area.
3. **Supplemental** – A current Health Center Program grantee that seeks to serve an announced service area in addition to its current service area.

6.2 Form 1A - General Information Worksheet

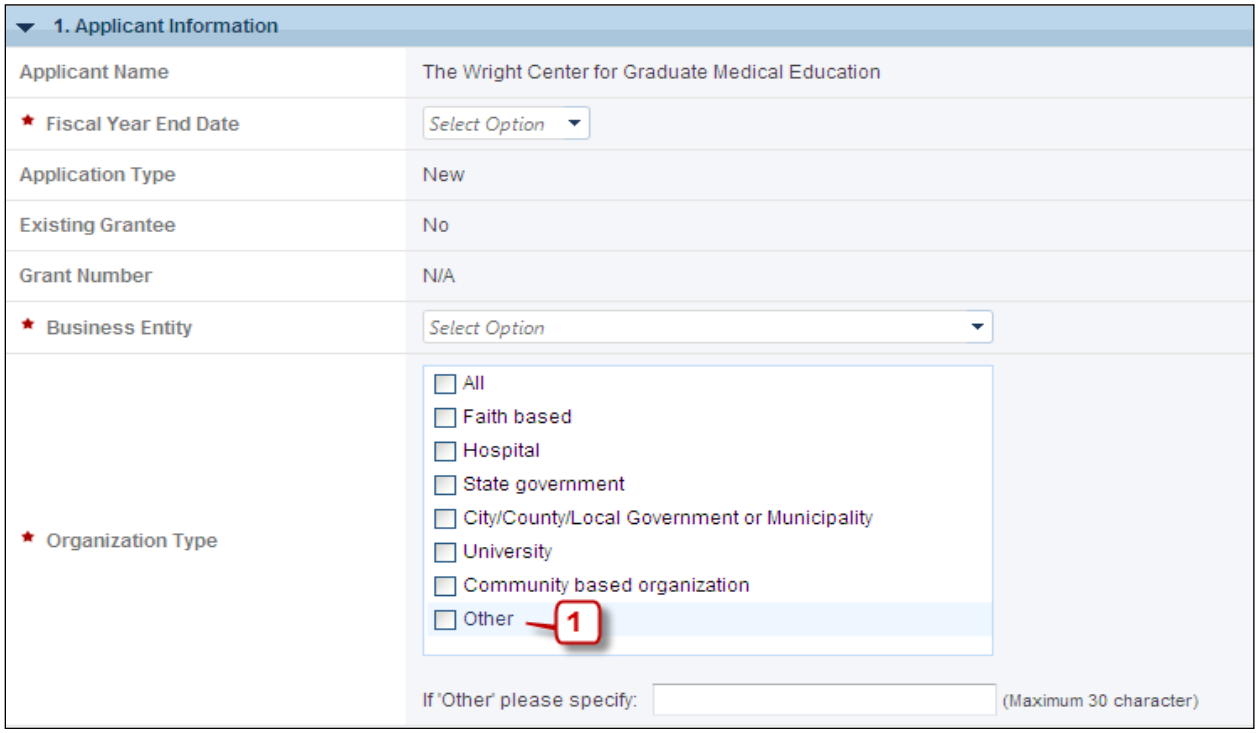
Form 1A - General Information Worksheet provides a summary of information related to the applicant, proposed service area, population, and patient and visit projections.

6.2.1 Applicant Information section

The **Applicant Information** section is pre-populated with application and grant-related information as applicable. Complete this section by providing information in the required fields (**Figure 43**).

Note: If you choose to select 'Other' as one of the Organization Type values (**Figure 43**, **1**), you must provide the organization type definition.

Figure 43: Applicant Information section



6.2.2 Proposed Service Area section

The Proposed Service Area section is further divided into the following sub-sections:

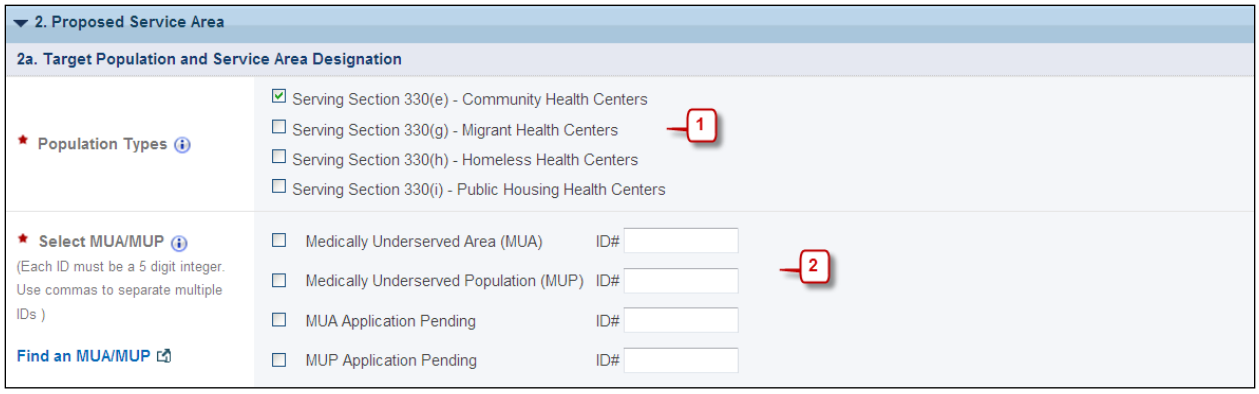
- 2a. Target Population and Service Area Designation
- 2b. Service Area Type
- 2c. Target Population and Provider Information

6.2.2.1 Completing 2a. Target Population and Service Area Designation section

1. In the **Population Types** field (**Figure 44**, **1**), the population types for which you are requesting funding in this SAC application will be populated from the Section A – Budget Summary form in the standard section of the application. In order to update the population types indicated, follow the steps explained in **Changing Population Types** section below.

2. In the **Select MUA/MUP** field (**Figure 44**, **2**), select the options that best describe the designated service area you propose to serve. (Multiple selections are allowed.) If you are applying for Community Health Centers funding, you must provide Service Area IDs for at least one of the options listed in this field. Otherwise, providing Service Area IDs is optional.

Figure 44: Proposed Service Area section

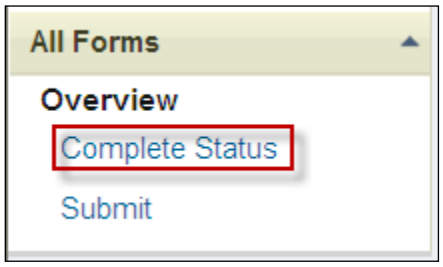


6.2.2.2 Changing Population Types

Use the following steps to change the Population Type information:

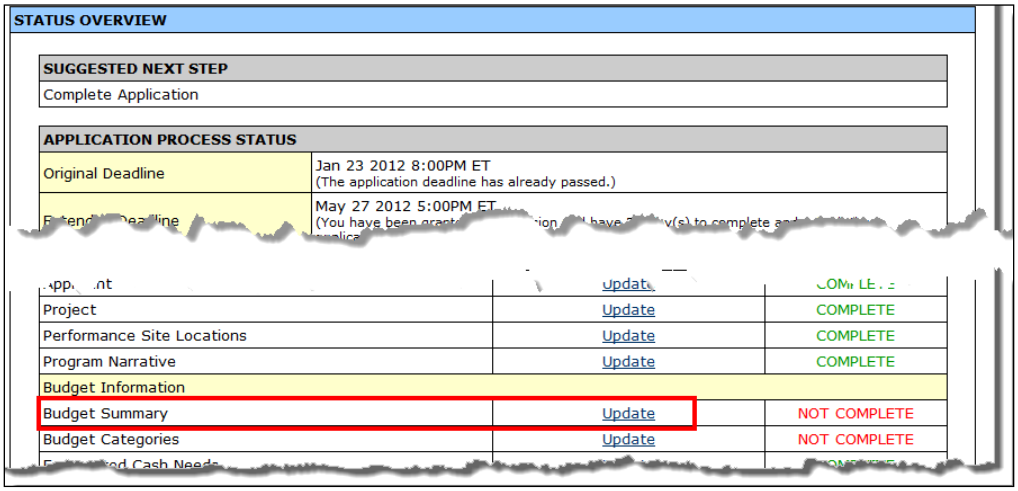
a. Go to the **Status Overview** page for the entire application by clicking on the **Complete Status** link in the **All Forms** section of the left navigation panel.

Figure 45: Complete Status Link



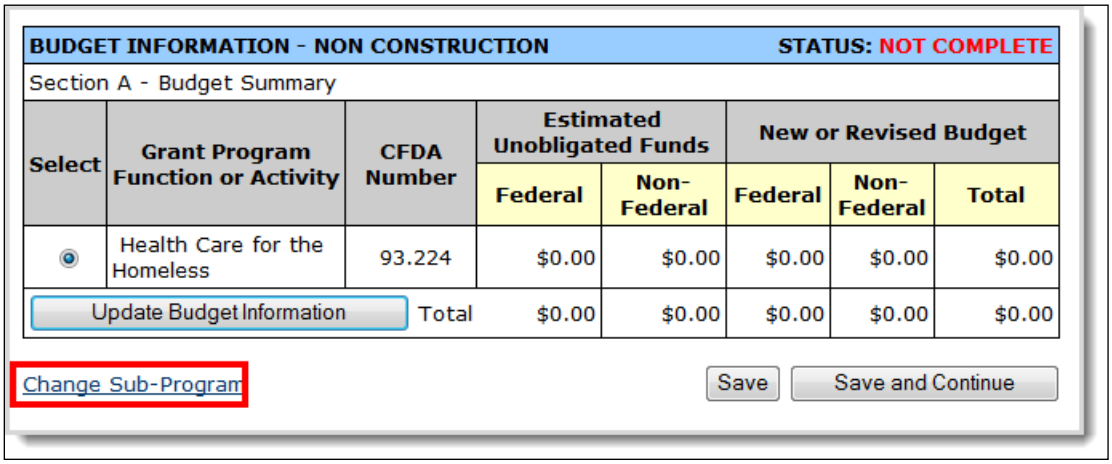
b. Click the Budget Summary **Update** link.

Figure 46: Budget Summary Update Link



➢ The **Budget Summary** page opens (**Figure 47**).

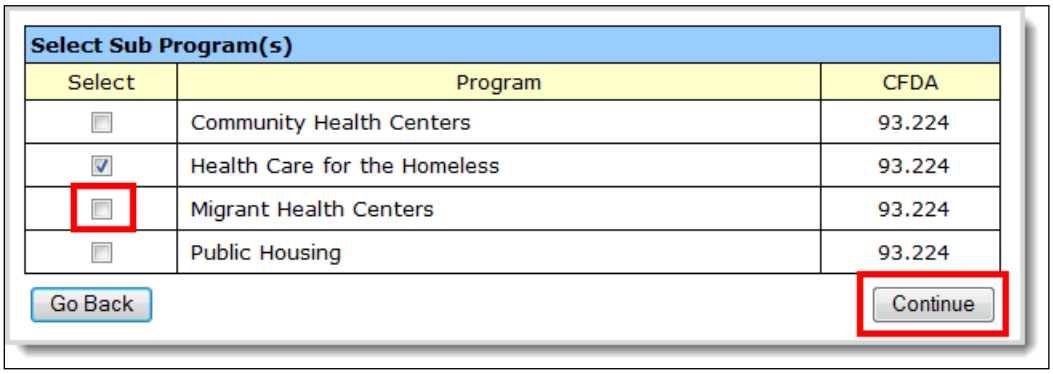
Figure 47: Budget Summary Page



c. Click the **Change Sub-Program** link.

➢ The **Select Sub Program(s)** page opens

Figure 48: Select Sub Program(s) Page

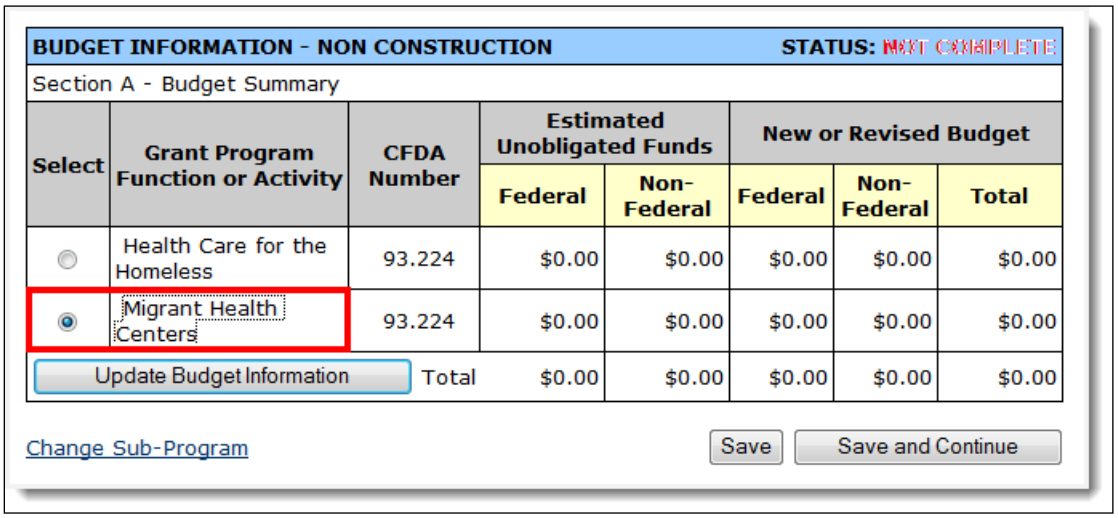


d. Select or de-select the subprograms.

e. Click the **Continue** button.

➢ The **Budget Summary** page re-opens showing the sub-program you just selected or deleted (**Figure 49**).

Figure 49: Budget Summary Page Showing Addition



BUDGET INFORMATION - NON CONSTRUCTION STATUS: NOT COMPLETE

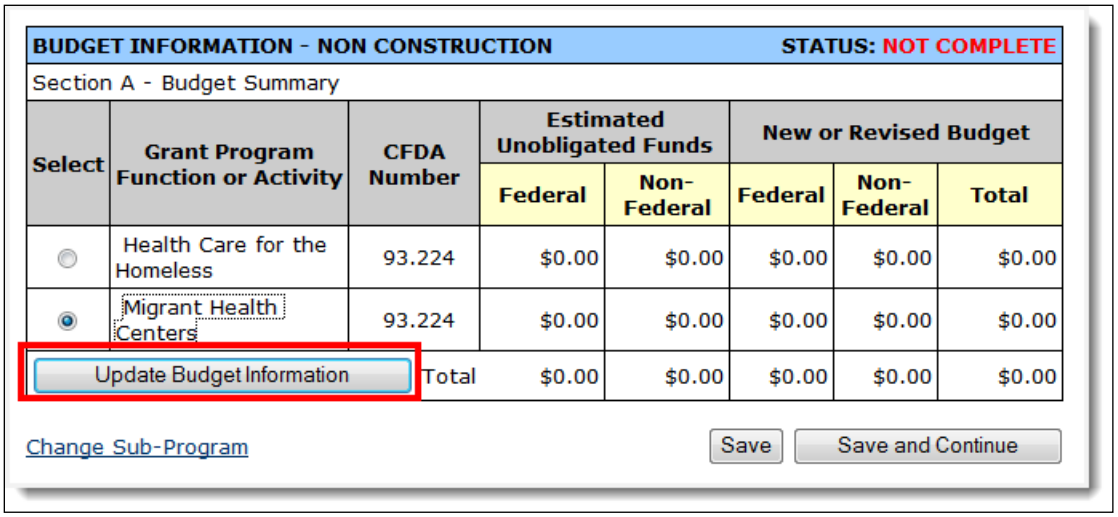
Section A - Budget Summary

Select	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
◉	Migrant Health Centers	93.224	$0.00	$0.00	$0.00	$0.00	$0.00
Update Budget Information		Total	$0.00	$0.00	$0.00	$0.00	$0.00

Change Sub-Program Save Save and Continue

f. To update the budget information for any sub-program that has changed, select the sub-programs and click the **Update Budget Information** button.

Figure 50: Update Budget Information Button



BUDGET INFORMATION - NON CONSTRUCTION STATUS: NOT COMPLETE

Section A - Budget Summary

Select	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
◉	Migrant Health Centers	93.224	$0.00	$0.00	$0.00	$0.00	$0.00
Update Budget Information		Total	$0.00	$0.00	$0.00	$0.00	$0.00

Change Sub-Program Save Save and Continue

➢ The **Section A – Budget Summary** page opens.

Figure 51: Section A – Budget Summary Update Page

Fields marked with an asterisk(*) are required.

SECTION A - BUDGET SUMMARY	
Grant Program Function or Activity	Migrant Health Centers
CFDA Number	93.224
Estimated Unobligated Funds	
Federal	$ 50000
Non-Federal	$ 0
New or Revised Budget	
* Federal	$ 20000
Non-Federal Resources	
Applicant	$ 0
State	$ 5000
Local	$ 0
Other	$ 0
Program Income	$ 1200
Non-Federal Sub Total	**6200.00**

Cancel | Save and Continue

g. Enter the information; click the **Save and Continue** button. Data entry is required in fields marked with an asterisk (*). The **Budget Summary** page re-opens.

Figure 52: Section A – Budget Summary Page after Update

BUDGET INFORMATION - NON CONSTRUCTION **STATUS: NOT COMPLETE**

Section A - Budget Summary

Select	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
○	Migrant Health Centers	93.224	$50,000.00	$0.00	$20,000.00	$6,200.00	$26,200.00
Update Budget Information		Total	$50,000.00	$0.00	$20,000.00	$6,200.00	$26,200.00

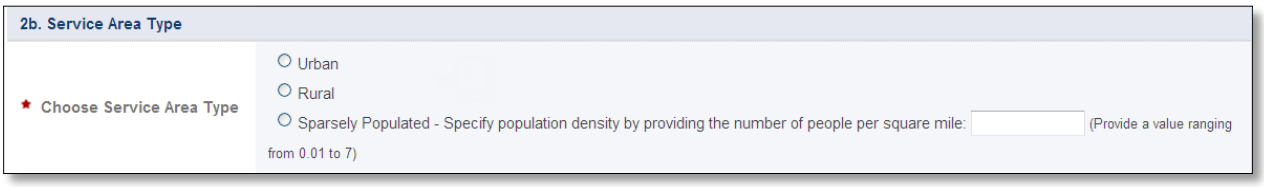
Change Sub-Program | Save | Save and Continue

6.2.2.3 Completing 2b. Service Area Type section

1. In the **Service Area Type** field (**Figure 53**, 3), indicate whether the service area is urban, rural, or sparsely populated. If your proposed service area is sparsely populated, specify the population density by providing the number of people per square mile.

> **Note**: A Sparsely Populated Area is defined as a geographical area with seven or fewer people per square mile for the entire service area.

Figure 53: Service Area Type section



6.2.2.4 Completing 2c. Target Population and Provider Information section

1. For **Target Population** information (**Figure 54**, **1**), report the Current Numbers for Total Service Area Population and Total Target Population.

> **Notes**:
>
> - The Current Number provided for Total Service Area Population should be equal to the total Service Area Number provided for 'Race / Hispanic or Latino Identity / Income as a Percent of Poverty Level / Primary Third Party Payment Source' categories on **Form 4: Community Characteristics** of this application.
>
> - The Current Number provided for Total Target Population should be equal to the total Target Population Number provided for 'Race / Hispanic or Latino Identity / Income as a Percent of Poverty Level / Primary Third Party Payment Source' categories on **Form 4: Community Characteristics** of this application.

2. For **Provider Information** (**Figure 54**, **2**), report the Current Numbers and the numbers Projected at End of Project Period for the Full-Time Employees (FTEs) by staff type.

> **Note**: Providing the numbers for all the staff types is required. Zeros are acceptable.

Figure 54: Target Population and Provider Information section

2c. Target Population and Provider Information		
Target Population (1)	Current Number	Projected at End of Project Period
* Total Service Area Population		N/A
* Total Target Population		N/A
Provider Information (2)	Current Number	Projected at End of Project Period
* Total FTE Medical Providers		
* Total FTE Dental Providers		
* Total FTE Behavioral Health Providers		
* Total FTE Sustance Abuse Service Providers		
* Total FTE Enabling Service Providers		

6.2.3 Patients and Visits by Service Type

To complete this section, follow these steps:

1. Report the Current Numbers of patients and visits for each listed Service Type (**Figure 55**, **1**).

Note: Current grantees applying to continue serving their current service area should note that these numbers may be different from what was reported in the most recent submission to the Uniform Data System due to additional funding and/or change in scope.

2. Also, provide the numbers you project at the end of the project period (**Figure 55**, **2**).

Figure 55: Patients and Visits by Service Type

Patients and Visits by Service Type				
Service Type	Current Number (1)		Projected at End of Project Period (2)	
	Patients	Visits	Patients	Visits
* Total Medical				
* Total Dental				
* Total Behavioral Health				
* Total Substance Abuse				
* Total Enabling Services				

Notes:

- "Current" refers to the number of patients and visits for the proposed service area at the time of application.
- "Projected at End of Project" refers to the number of patients and visits anticipated by the end of the project period at the current level of funding.

- "Visits" are defined to include a documented, face-to-face contact between a patient and a provider who exercises independent judgment in the provision of services to the individual. To be included as a visit, services rendered must be documented. Since patients must have at least one documented visit, it is not possible for the number of patients to exceed the number of visits.

- Providing numbers for all the service types is required. Zeros are acceptable.

6.2.4 Unduplicated Patients and Visits by Population Type

To complete this section, follow these steps:

1. Report the current numbers of patients and visits for each listed Population Type (**Figure 56**, **1**).

2. Report the numbers you project at the end of the project period (**Figure 56**, **2**).

Notes:

- If your organization is submitting a New application or a Supplemental application:
  - For the population types corresponding to the sub-programs selected in Section A – Budget Summary form of this application, the numbers of patients and visits in the Projected at End of Project Period column should be greater than zero. For the remaining population types, you may provide zeros if there are no projected numbers.
  - Current number of patients and visits can be zero even for the population types corresponding to the sub-programs selected in Section A – Budget Summary form of this application.
- If your organization is submitting a Competing Continuation application:
  - For the population types corresponding to the sub-programs selected in Section A – Budget Summary form of this application, the numbers of patients and visits in the Current Number and the Projected at End of Project Period columns should be greater than zero. For the remaining population types, you may provide zeros.

3. After providing the number of patients and visits in this section, click on the **Calculate** button to automatically calculate the total number of patients and visits under the **Current Number** and the **Projected at End of Project Period** columns.

Figure 56: Unduplicated Patients and Visits by Population Type

Unduplicated Patients and Visits by Population Type

Population Type	Current Number (1)		Number at End of Year 1		Number at End of Year 2		Number at End of Project Period (2)	
	Patients	Visits	Patients	Visits	Patients	Visits	Patients	Visits
* General Underserved Community			N/A	N/A	N/A	N/A		
* Migratory and Seasonal Agricultural Workers			N/A	N/A	N/A	N/A		
* Public Housing Residents			N/A	N/A	N/A	N/A		
* People Experiencing Homelessness			N/A	N/A	N/A	N/A		
Total Calculate (3)			N/A	N/A	N/A	N/A		

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

6.3 Form 1C - Documents on File

Form 1C - Documents on File displays a list of documents to be maintained by your organization. You are required to provide the date on which each document was last reviewed or revised.

To complete **Form 1C**, enter the requested review/revision dates for each document listed on this form.

Note: Examples of formats that you can use to provide dates on this form are: 01/15/2013, First Monday of every April, bi-monthly (last rev 01/13), etc.

Figure 57: Form 1C - Documents on File

Management and Finance	Date of Latest Review/Revision
* Personnel Policies and Procedures, including related Conflict of Interest Policies and Procedures (Program Requirements 3, 9, 17, and 19)	
* Data Collection and Management Information Systems (Clinical and Financial) Policies and Procedures (Program Requirements 8 and 15)	
* Billing, Credit, and Collection Policies and Procedures (Program Requirement 13)	
* Procurement Policies and Procedures, including related Conflict of Interest Policies and Procedures (Program Requirements 10, 12, and 19)	
* Emergency Preparedness and Management Plan (Policy Information Notice 2007-15)	
* Fee Schedule/Schedule of Charges (Program Requirements 7 and 13)	
* Sliding Fee Discount Program Policies and Procedures (Program Requirement 7)	
* Financial Management/Accounting and Internal Control Policies and Procedures (Program Requirements 10 and 12)	
Services	**Date of Latest Review/Revision**
* HIPAA-Compliant Patient Confidentiality Policies and Procedures (Program	

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

6.4 Form 4 - Community Characteristics

Form 4: Community Characteristics reports current service area and target population data for the entire scope of the project (i.e. all sites).

To complete Form 4, follow these steps:

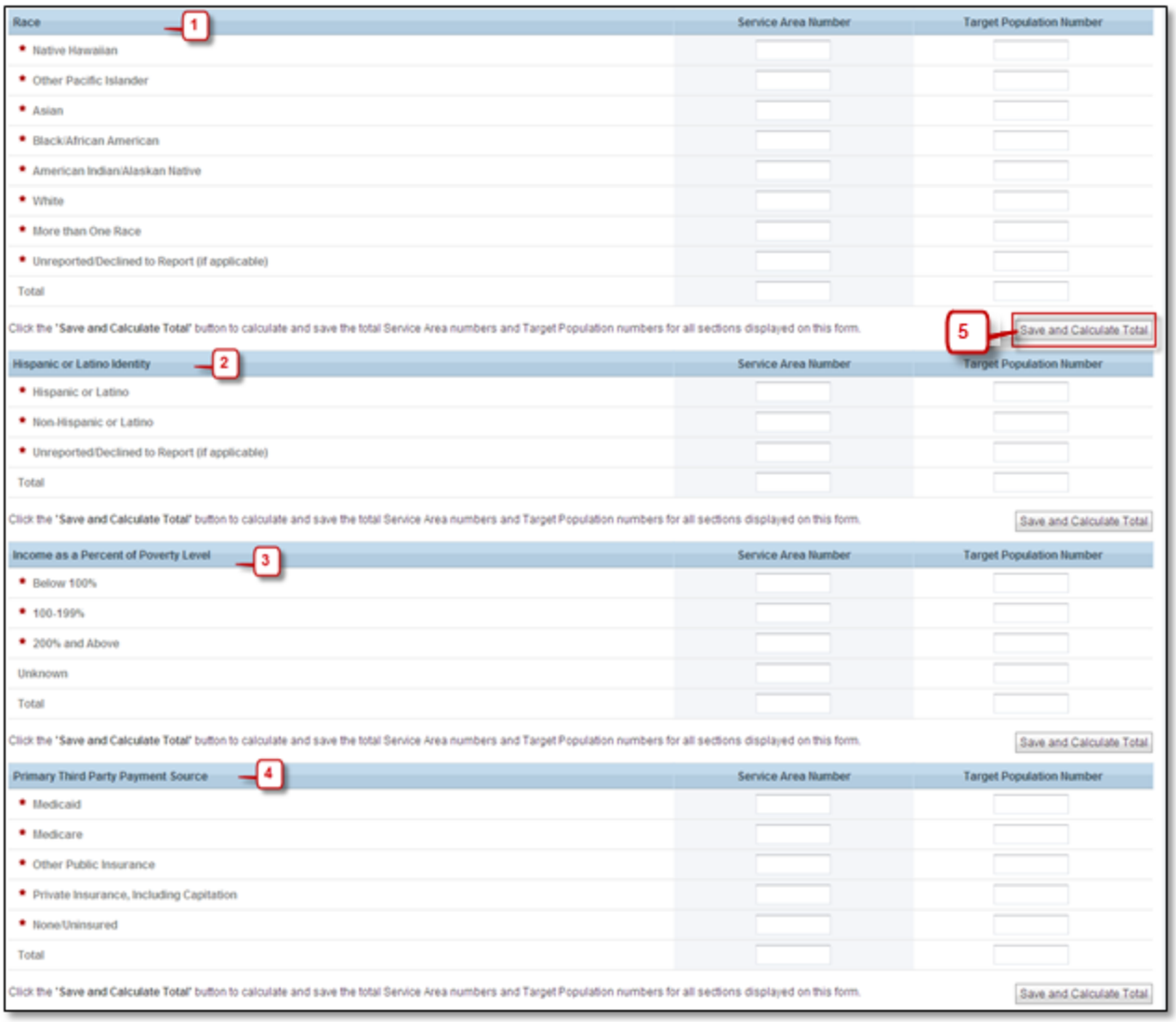
1. Enter the Service Area Number and corresponding Target Population Number for each of the following categories.
   a. **Race (Figure 58, 1)**
   b. **Hispanic or Latino Identity** (Figure 58, 2)
   c. **Income as a Percent of Poverty Level** (Figure 58, 3)
   d. **Primary Third Party Payment Source** (Figure 58, 4)

Notes:

- Information provided regarding race and/or ethnicity will be used only to ensure compliance with statutory and regulatory Governing Board requirements. Data on race and/or ethnicity collected on this form will not be used as an awarding factor.
- When entering data, the total Service Area Numbers and the total Target Population Numbers of the Race, Hispanic or Latino Identity, Income as a Percent of Poverty Level, and Primary Third Party Payment Source sections should be equal.

2. In order to automatically calculate the Total Service Area Numbers and Total Target Population Numbers for all these four sections, click on the **Save and Calculate Total** button (Figure 58, 5) under any of the sections.

Figure 58: Race, Hispanic or Latino Identity, Income as a Percent of Poverty Level, and Primary Third Party Payment Source sections



Race	Service Area Number	Target Population Number
Native Hawaiian		
Other Pacific Islander		
Asian		
Black/African American		
American Indian/Alaskan Native		
White		
More than One Race		
Unreported/Declined to Report (if applicable)		
Total		

Click the '**Save and Calculate Total**' button to calculate and save the total Service Area numbers and Target Population numbers for all sections displayed on this form. Save and Calculate Total

Hispanic or Latino Identity	Service Area Number	Target Population Number
Hispanic or Latino		
Non-Hispanic or Latino		
Unreported/Declined to Report (if applicable)		
Total		

Click the '**Save and Calculate Total**' button to calculate and save the total Service Area numbers and Target Population numbers for all sections displayed on this form. Save and Calculate Total

Income as a Percent of Poverty Level	Service Area Number	Target Population Number
Below 100%		
100-199%		
200% and Above		
Unknown		
Total		

Click the '**Save and Calculate Total**' button to calculate and save the total Service Area numbers and Target Population numbers for all sections displayed on this form. Save and Calculate Total

Primary Third Party Payment Source	Service Area Number	Target Population Number
Medicaid		
Medicare		
Other Public Insurance		
Private Insurance, Including Capitation		
None/Uninsured		
Total		

Click the '**Save and Calculate Total**' button to calculate and save the total Service Area numbers and Target Population numbers for all sections displayed on this form. Save and Calculate Total

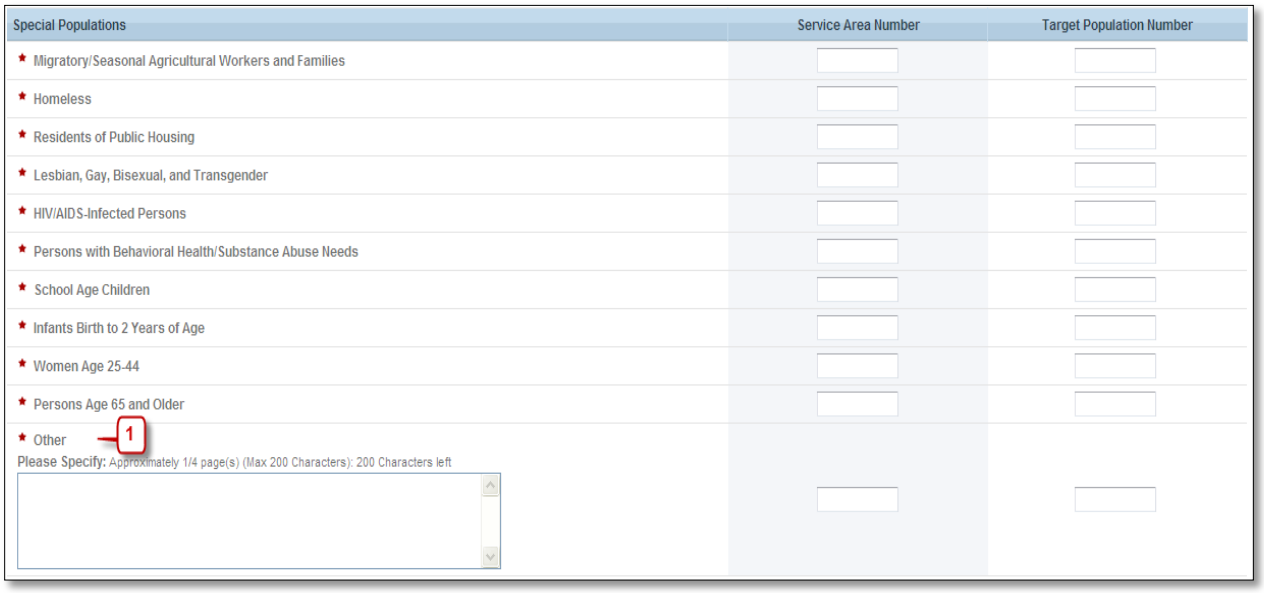
3. Under **Special Populations** section (**Figure 59**), enter the Service Area Number and the corresponding Target Population Number for each special population group listed.

Notes:

- In the 'Other' row (**Figure 59**, **1**), specify a special population group that is not listed (if desired), and then enter the Service Area Number and the corresponding Target Population Number for the specified special population group.

- Individuals may be counted in multiple special population groups, so the numbers in this section do not have to match those in the other sections of this form.

Figure 59: Special Populations section



Special Populations	Service Area Number	Target Population Number
* Migratory/Seasonal Agricultural Workers and Families		
* Homeless		
* Residents of Public Housing		
* Lesbian, Gay, Bisexual, and Transgender		
* HIV/AIDS-Infected Persons		
* Persons with Behavioral Health/Substance Abuse Needs		
* School Age Children		
* Infants Birth to 2 Years of Age		
* Women Age 25-44		
* Persons Age 65 and Older		
* Other (1) Please Specify: Approximately 1/4 page(s) (Max 200 Characters): 200 Characters left		

4. After completing all the sections on **Form 4**, click the **Save and Continue** button to save your work and proceed to the next form.

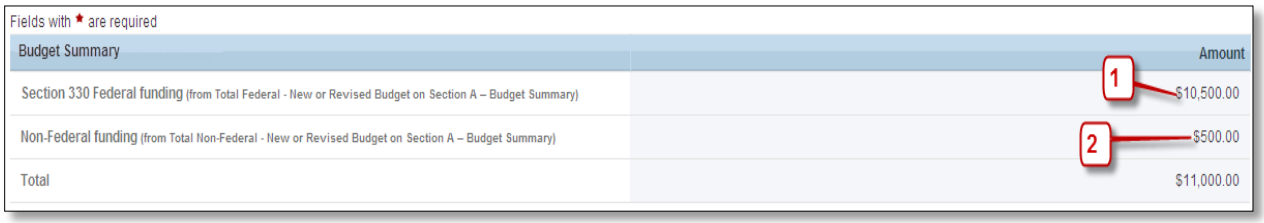
6.5 Federal Object Class Categories

Federal Object Class Categories collects Federal and Non-Federal funding distribution across budget categories for the first 12-month budget period.

Under the **Budget Summary** section of the form, the system will pre-populate the total federal funds (**Figure 60**, **1**) and total non-federal funds (**Figure 60**, **2**) requested across all the sub-programs in the standard **Section A – Budget Summary** form.

Note: The federal and non-federal amounts displayed in this section are non-editable. In order to update these amounts, you will have to update these amounts in the standard Se**ction A – Budget Summary** form of this SAC application. Follow the steps in the Changing Population Types section of this user guide to update these amounts on the standard **Section A – Budget Summary** form.

Figure 60: Budget Summary section



Fields with * are required

Budget Summary	Amount
Section 330 Federal funding (from Total Federal - New or Revised Budget on Section A – Budget Summary)	(1) $10,500.00
Non-Federal funding (from Total Non-Federal - New or Revised Budget on Section A – Budget Summary)	(2) $500.00
Total	$11,000.00

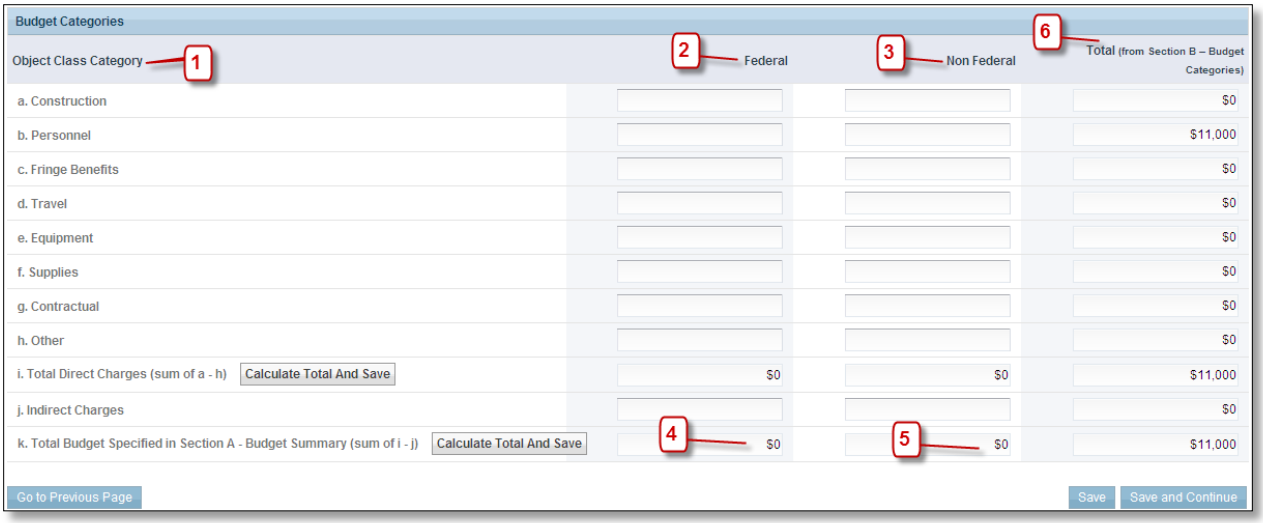
In the **Budget Categories** section of this form, you will be required to distribute the federal and non-federal amounts listed in **Budget Summary** section of the form across the listed object class categories (**Figure 61**, **1**).

1. Enter the federal dollar amount for each listed object class category under the Federal column (**Figure 61**, **2**).
2. Enter the non-federal dollar amount for each listed object class category under the Non-Federal column (**Figure 61**, **3**).
3. Click the **Calculate Total and Save** buttons for line items 'i' and 'k' at any time to calculate the respective totals.

Notes:

- The total of Federal funds and total of Non-Federal funds for budget categories should match the total Federal and total Non-Federal funds requested in the standard **Section A - Budget Summary** form of this SAC application (**Figure 61**, **4, 5**).
- The total of Federal and Non-Federal funds for each object class category should match the total funds provided at sub-program level (CHC, MHC, HCH, and/or PHPC) in the standard **Section B - Budget Categories** form of this SAC application column (**Figure 61**, **6**). To update the **Totals** for each object class category, you will have to update the standard **Section B - Budget Categories** form. Refer to steps in section **6.5.1, Updating the Total Dollar Amounts for Object Class Categories,** to do so.

Figure 61: Budget Categories section



6.5.1 Updating the Total Dollar Amounts for Object Class Categories

Use the following steps to update the **Total** amounts displayed for each object class category **Figure 61**, **6**):

a. Go to the **Status Overview** page for the entire application by clicking on the **Complete Status** link in the **All Forms** section of the left navigation panel.

b. Click the **Update** link for Budget Categories.

Figure 62: Budget Categories Update Link

Budget Information		
Budget Summary	Update	COMPLETE
Budget Categories	Update	COMPLETE
Forecasted Cash Needs	Update	NOT COMPLETE
Federal Resources	Update	NOT COMPLETE
Other Information	Update	NOT COMPLETE
Budget Narrative	Update	NOT COMPLETE

- The **Budget Categories** page opens.

Figure 63: Standard Budget Categories Page

* BUDGET INFORMATION - NON-CONSTRUCTION PROGRAMS			STATUS: COMPLETE
Section B- Budget Categories			
Object Class Categories	Grant Program Function or Activity		Totals
	Health Care for the Homeless	Migrant Health Centers	
Personnel	$1,000.00	$10,000.00	$11,000.00
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	$1,000.00	$10,000.00	$11,000.00
Indirect Charges	$0.00	$0.00	$0.00
Total	**$1,000.00**	**$10,000.00**	**$11,000.00**
	Update	Update	

c. Click the **Update** button for a sub-program.

d. On the resulting page, update the dollar amounts for the Object Class Categories.

Figure 64: Update Object Class Categories for a Sub Program

BUDGET INFORMATION - NON- CONSTRUCTION PROGRAMS	
Section B- Budget Categories	
Object Class Categories	Grant Program Function or Activity ($)
	Health Care for the Homeless
*Grant Program, Function or Activity	Health Care for the Homeless
* Personnel	$ 1000
*Fringe Benefits	$ 0
* Travel	$ 0
* Equipment	$ 0
* Supplies	$ 0
* Contractual	$ 0
*Construction	$ 0
*Other	$ 0
* Indirect Charges	$ 0
Total Budget specified in Budget Summary	**$1,000.00**

Go Back | Save and Continue

e. Click the **Save and Continue** button to navigate to the Budget Categories list page.

f. Repeat the above steps for all the applicable sub-programs, if needed.

6.6 Form 2 – Staffing Profile

Form 2: Staffing Profile reports personnel salaries supported by the total budget for the first budget year of the proposed project.

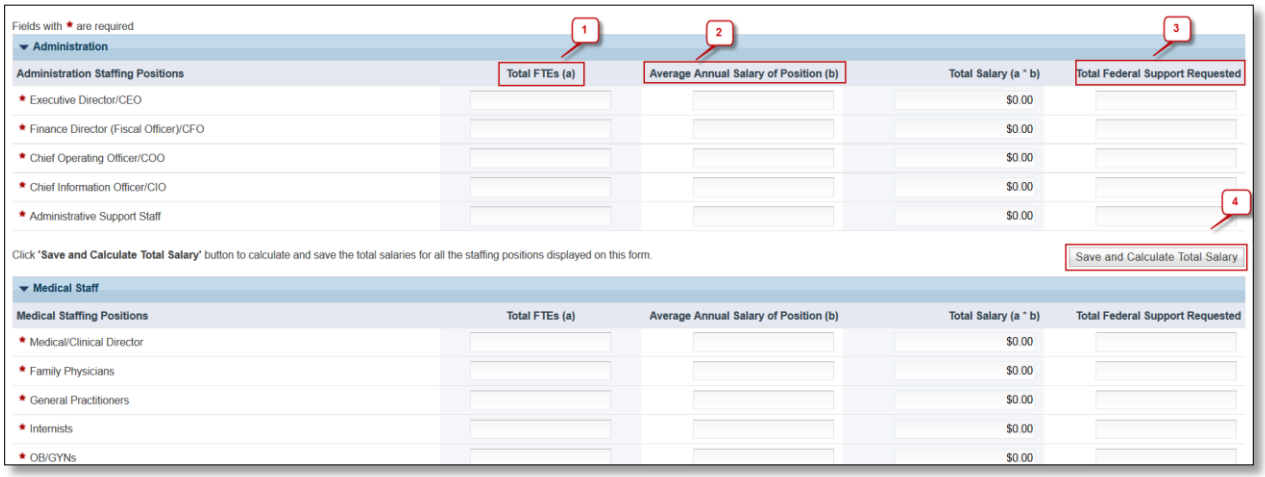
1. The **Staffing Profile** form requires you to provide information for Total FTE(s), Average Annual Salary of Position, and Total Federal Support Requested columns. (**Figure 65**, **1**, **2** and **3**)

Notes:

- Total FTEs (a) – Report the total number of full time employees under respective staffing positions.
- Average Annual Salary of Position (b) – Provide the average annual salary for each staffing position.
- Total Federal Support Requested – You should provide the total federal support amount for each staffing position listed. This amount should not be greater than the Total salary amount calculated by the system.

2. Click on **Save and Calculate Total Salary** button to calculate and save the total salary for each section. (**Figure 65**, **4**)
3. Click the **Save and Continue** button to save your work and proceed to the next form.

Figure 65: Form 2- Staffing Profile

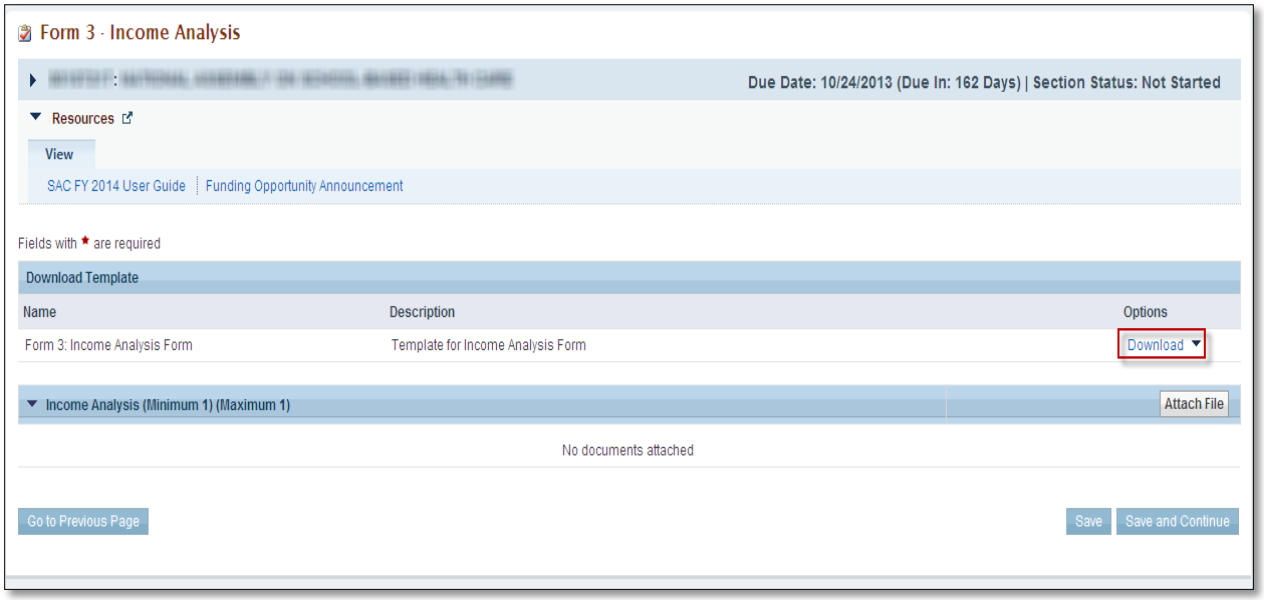


6.7 Form 3 - Income Analysis

Form 3: Income Analysis projects program income, by source, for Year 1 of the proposed project period.

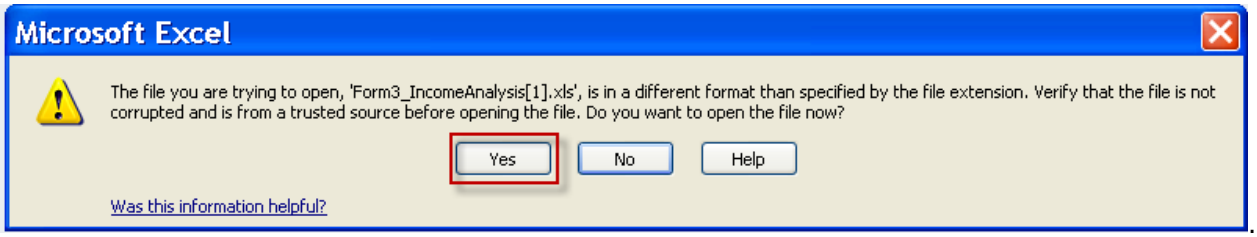
1. Click the Download link (**Figure 66**) in the **Document Template** section to download the form.

Figure 66: Form 3 - Income Analysis Form



2. A **Template – Download** page will open, providing instructions about saving the document on your computer. Click the **Continue** button at the bottom of this page to continue with the download.
3. When prompted, select the 'Save' option to save the template on your computer.
4. When you try to open the saved template, the system will display a warning, indicating that the file that you are downloading is in a different format than specified by the file extension. Select '**Yes**' to continue with opening the template (**Figure 67**).

Figure 67: Warning displayed when Form 3 template is opened



5. The **Income Analysis** template opens in an **EXCEL** format (**Figure 68**). Complete the template and save it to your computer.

Figure 68: Form 3 Income Analysis EXCEL Template

OMB No.: 0915-0285. Expiration Date: 10/31/2013

Department of Health and Human Services Health Services and Resources Administration	For HRSA Use Only	
	Applicant Name:	
Form 3: Income Analysis	Grant Number:	
☐ Year 1 ☐ Year 2	Application Tracking Number:	

Line #	Payer Category	Patients	Billable Visits	Income Per Visit	Projected Income	Prior FY Income Mo/Yr:____
		(a)	(b)	(c)	(d)	(e)
Part 1: Patient Service Revenue - Program Income						
1	Medicaid					
2	Medicare					
3	Other Public					
4	Private					
5	Self Pay					
6	Total (lines 1-5)					
Part 2: Other Income - Other Federal, State, Local and Other Income						
7	Other Federal					
8	State Government					
9	Local Government					
10	Private Grants/Contracts					
11	Contributions					
12	Other					
13	Applicant (Retained Earnings)					
14	Total Other (lines 7-13)					
Total Non-Federal (Non-section 330) Income (Program Income Plus Other)						
15	Total Non-Federal (lines 6 + 14)					
Comments/Explanatory Notes (if applicable)						

Note: An adjustment rate that has the effect of increasing charges is expressed as a negative.

6. To upload the completed template, click the **Attach File** button provided in the **Income Analysis** section on **Form 3** (Figure 69).

Figure 69: Attach Document Page

Download Template

Name	Description	Options
Form 3: Income Analysis Form	Template for Income Analysis Form	Download

Income Analysis (Minimum 1) (Maximum 1) — Attach File

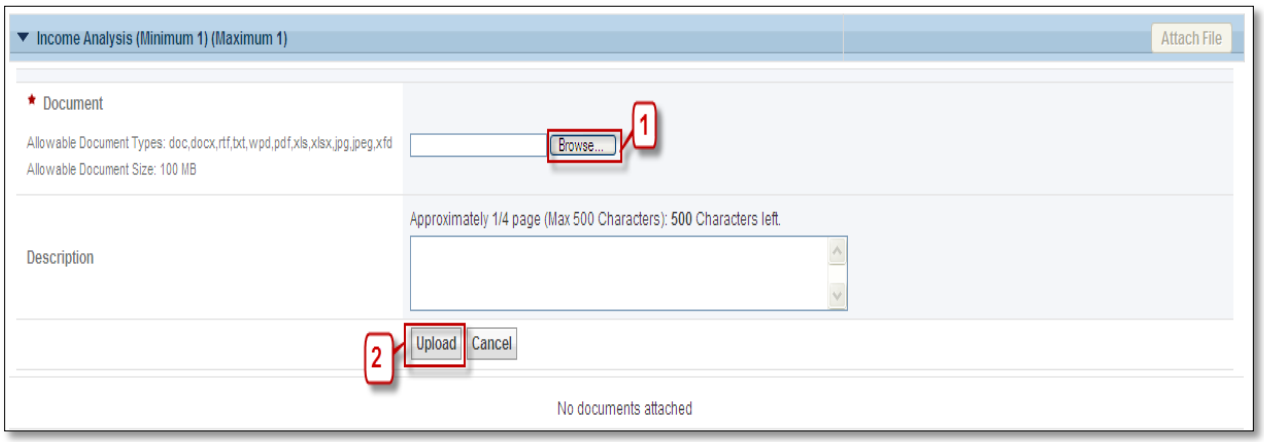
No documents attached

Go to Previous Page — Save — Save and Continue

- The **Income Analysis** section will display an attachment panel with the **Browse** and **Upload** buttons.

7. Click the **Browse** button to navigate to the location where the completed Income Analysis template is saved, and select the template (**Figure 70**, **1**).
8. Click the **Upload** button (**Figure 70**, **2**) to attach the document to the form.

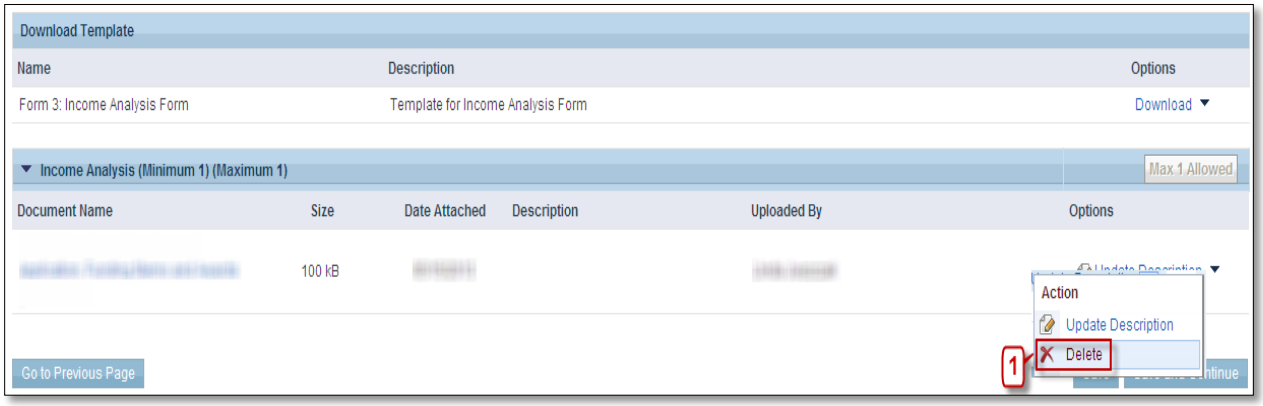
Figure 70: Upload Attachment panel



➢ The attached document will appear in the **Income Analysis** section (**Figure 71**).

Note: You can delete the uploaded document to replace it with another document by expanding the **Options** and selecting the Delete link (**Figure 71**, **1**).

Figure 71: Document uploaded to the form



4. After completing **Form 3**, click the **Save and Continue** button to save your work and proceed to the next form.

6.8 Form 5A – Services Provided

Form 5A – Services Provided identifies how the required and additional services will be provided by the applicant organization.

6.8.1 Form 5A in a New or a Supplemental Application

If your organization is submitting either a New or Supplemental 2014 SAC application, you may propose modes of provision for the services listed on this form:

6.8.1.1 Completing Form 5A: Required Services Section

Use this form to specify how your organization provides required services. HRSA permits organizations to provide required services directly, by contracting with another provider, or by referral to another provider. These modes of service provision differ according to the service provider and the payment source (**Table 1**).

Table 1: Modes of Service Provision

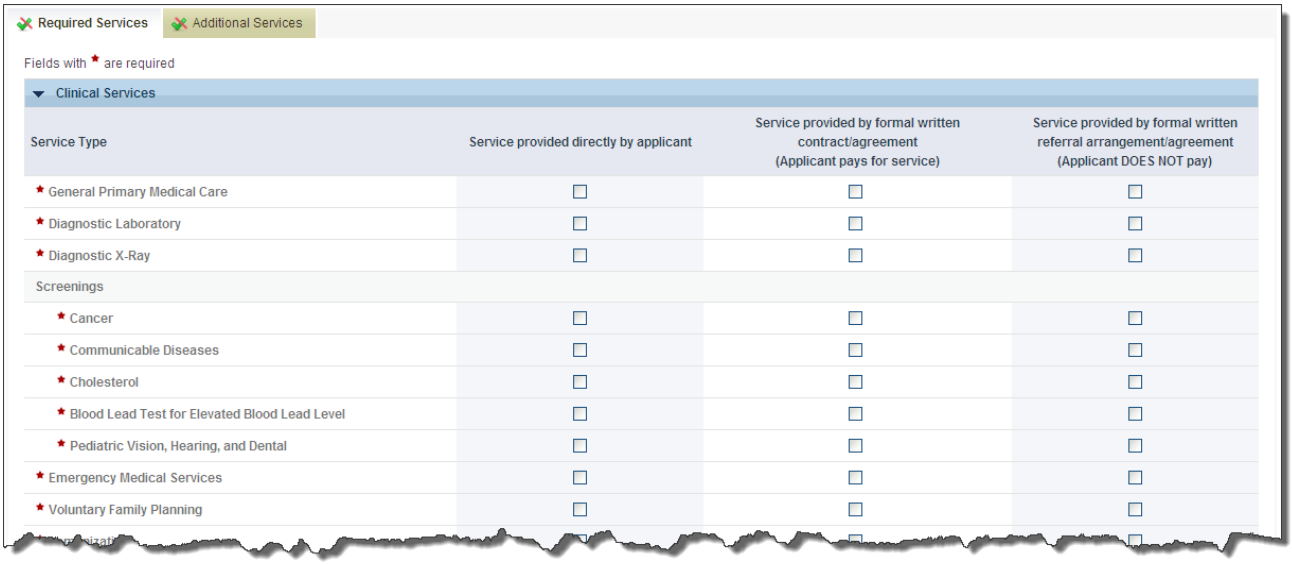
Mode of Service Provision	Your Organization Provides the Service	Your Organization Pays for the Service
Service provided directly by applicant	Yes	Yes
Service provided by formal written contract/agreement	No	Yes
Service provided by formal written referral arrangement/agreement	No	No

To specify service delivery modes:

1. Check one or more boxes to indicate the service delivery mode(s) for each service type.
2. Click the **Save and Continue** button to navigate to the **Additional Services** Section OR click the **Save** button on the **Required Services** Section and select the **Additional Services** tab below the **Resources** section.

Note: Your organization is required to provide behavioral health and substance abuse services by referral to another provider. However, if your organization also directly provides these services or contracts with another provider to offer them, list them on the **Form 5A: Additional Services** Section.

Figure 72: Form 5A, Services Provided – Required Services



Required Services | Additional Services

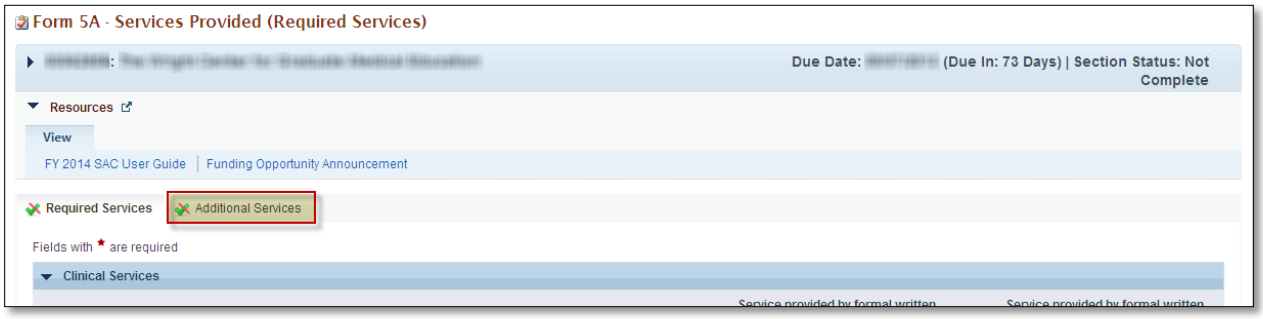
Fields with * are required

Clinical Services

Service Type	Service provided directly by applicant	Service provided by formal written contract/agreement (Applicant pays for service)	Service provided by formal written referral arrangement/agreement (Applicant DOES NOT pay)
* General Primary Medical Care	☐	☐	☐
* Diagnostic Laboratory	☐	☐	☐
* Diagnostic X-Ray	☐	☐	☐
Screenings			
* Cancer	☐	☐	☐
* Communicable Diseases	☐	☐	☐
* Cholesterol	☐	☐	☐
* Blood Lead Test for Elevated Blood Lead Level	☐	☐	☐
* Pediatric Vision, Hearing, and Dental	☐	☐	☐
* Emergency Medical Services	☐	☐	☐
* Voluntary Family Planning	☐	☐	☐

6.8.1.2 Completing Form 5A: Additional Services Section

Figure 73: Additional Services tab



Form 5A - Services Provided (Required Services)

Due Date: (Due In: 73 Days) | Section Status: Not Complete

Resources

View

FY 2014 SAC User Guide | Funding Opportunity Announcement

Required Services | Additional Services

Fields with * are required

Clinical Services

Use this form to identify additional services that your organization provides.

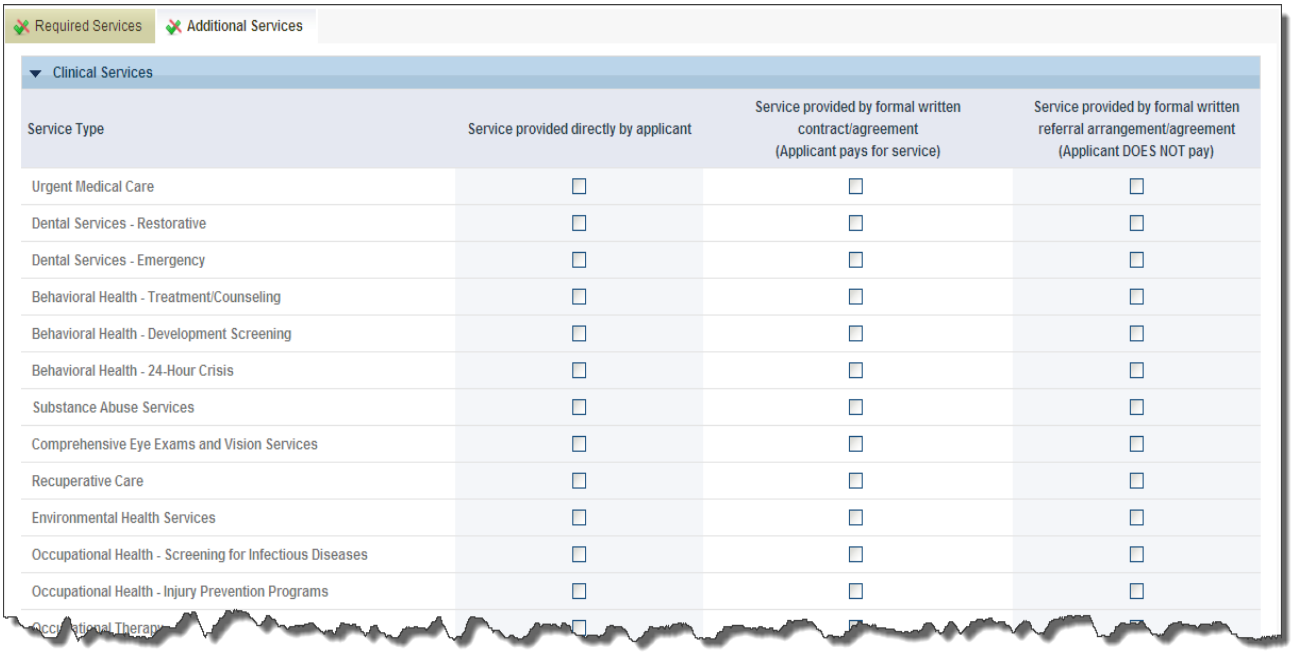
Notes:

- This is an optional section. You are not required to identify modes of provision for any additional services listed in this section.
- You can complete this section by clicking the **Save** or **Save and Continue** button located at the bottom of the form.

If you wish to propose an additional service,

1. Indicate the service delivery mode(s) for the desired additional service.

Figure 74: Form 5A - Additional Services



2. Click the **Save** or **Save and Continue** button to save your work.

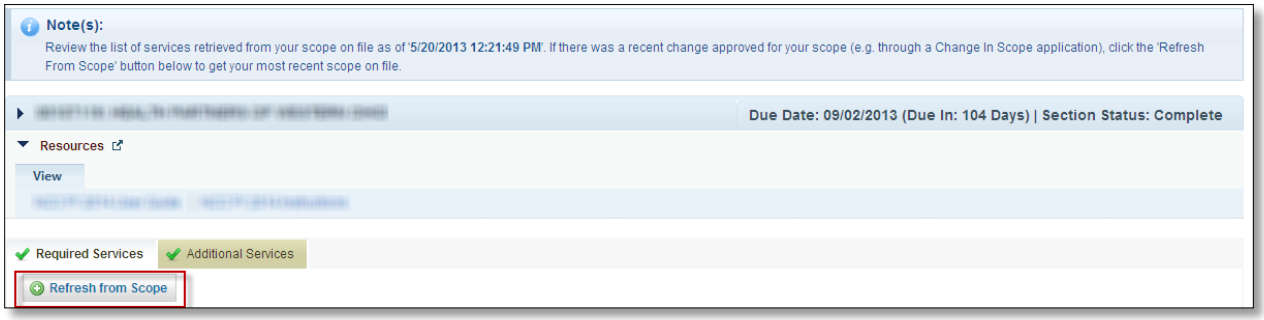
6.8.2 Form 5A in a Competing Continuation Application

If your organization is submitting a Competing Continuation (Type 2) SAC application, **Form 5A** is pre-populated with the services in the current H80 scope that HRSA has on file for your organization.

Form 5A will be non-editable. You will be required to visit both the Required Services and the Additional Services sections at least once in order to change the status of the form to Complete.

If the pre-populated data on **Form 5A** does not reflect any recent approved scope changes, click the **Refresh from Scope** button to refresh the data and display the latest scope of project.

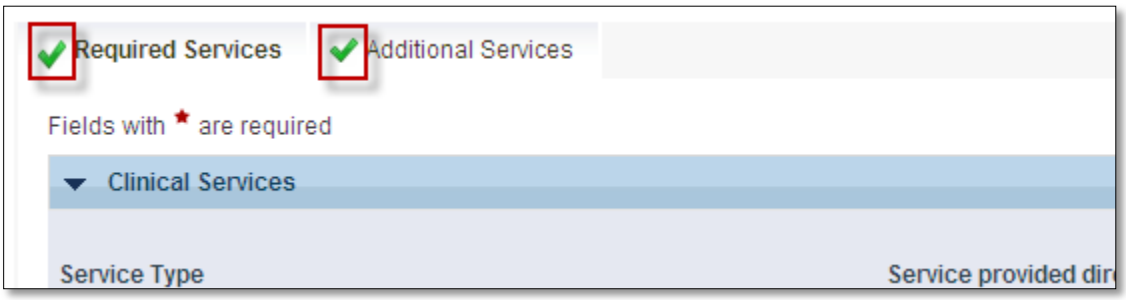
Figure 75: Refresh from Scope button



6.8.3 Saving and Proceeding to next form

Form 5A: Services Provided will be complete when the status of the **Required Services** and **Additional Services** sections is complete. The completed status of both these sections is indicated with a green tick mark (icon) in the section tabs (**Figure 76**).

Figure 76: Completed Required and Additional Services sections



After completing both the sections on **Form 5A**, click the **Save and Continue** button (or **Continue** button in Competing Continuation applications) to save your work and proceed to the next form.

6.9 Form 5B - Service Sites

Form 5B: Service Sites identifies the sites in your scope of project.

If your organization is submitting either a New or Supplemental application, you will be able to propose the following types of sites in this form:

- Service Delivery Site
- Administrative/Service Delivery Site
- Admin-only Site

If your organization is submitting a Competing Continuation application, you will not be able to propose new sites in this form. Please refer the section 6.9.2, **Form 5B in a Completing Continuation** application for additional details.

6.9.1 Form 5B in a New Application

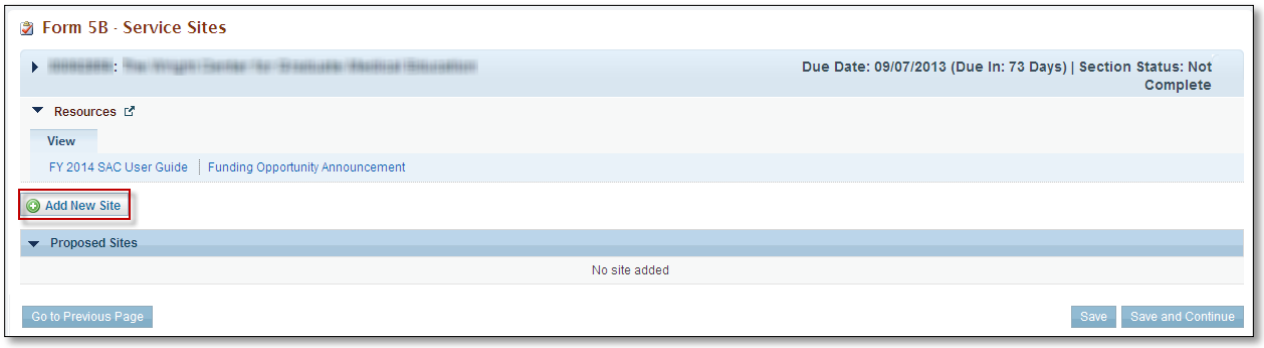
If your organization is submitting a New application, you are required to propose at least one Service Delivery or an Administrative/Service Delivery site.

6.9.1.1 Proposing a New Site

To propose a new site, follow these steps:

1. Click the **Add New Site** button (**Figure 77**) provided above the **Proposed Sites** section.

Figure 77: Form 5B – Proposing New Sites



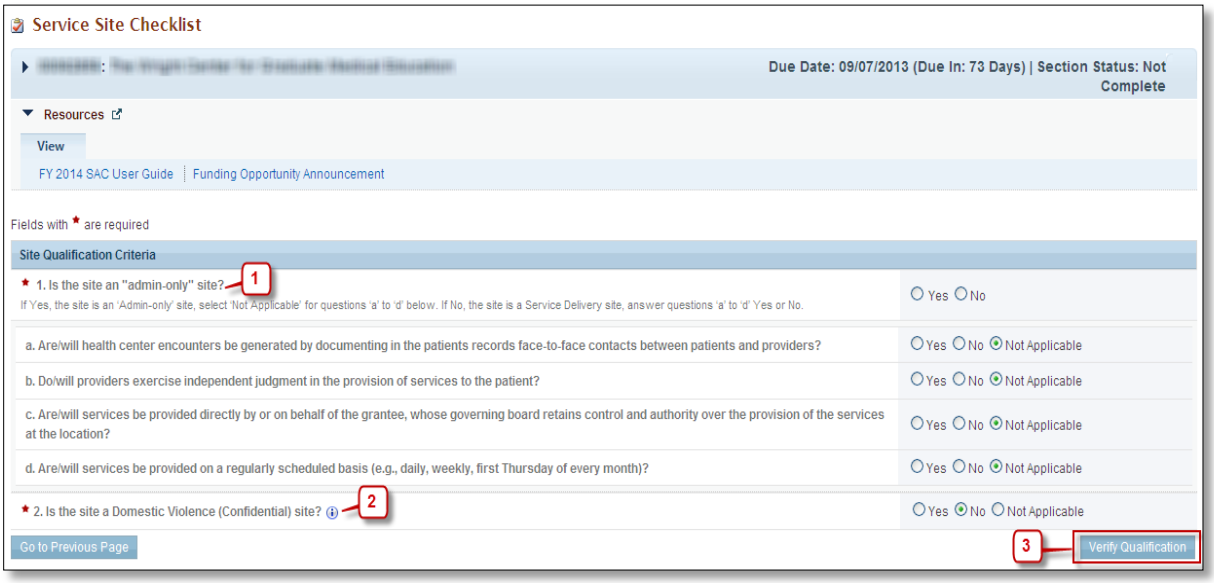
➢ The system will navigate to the **Service Site Checklist** page.

2. Answer the questions displayed on the **Service Site Checklist** page.

Notes:

- If the answer to question 1 is 'No' (**Figure 78**, **1**), i.e. if the site being added is not an 'Admin-only' site,
  - Select 'Yes' for questions 'a' through 'd' so that the site is qualified to be added to the application, AND
  - Indicate whether the site being added is a domestic violence site by answering 'Yes' or 'No' to question 2 (**Figure 78**, **2**). A Domestic Violence site is a confidential site servicing victims of domestic violence, and the site address cannot be published due to the necessity to protect the location of the domestic violence shelter.
- If the answer to question 1 is 'Yes' (**Figure 78**, **1**), i.e. if the site being added is an 'Admin-only' site, question 2 is not applicable to you.

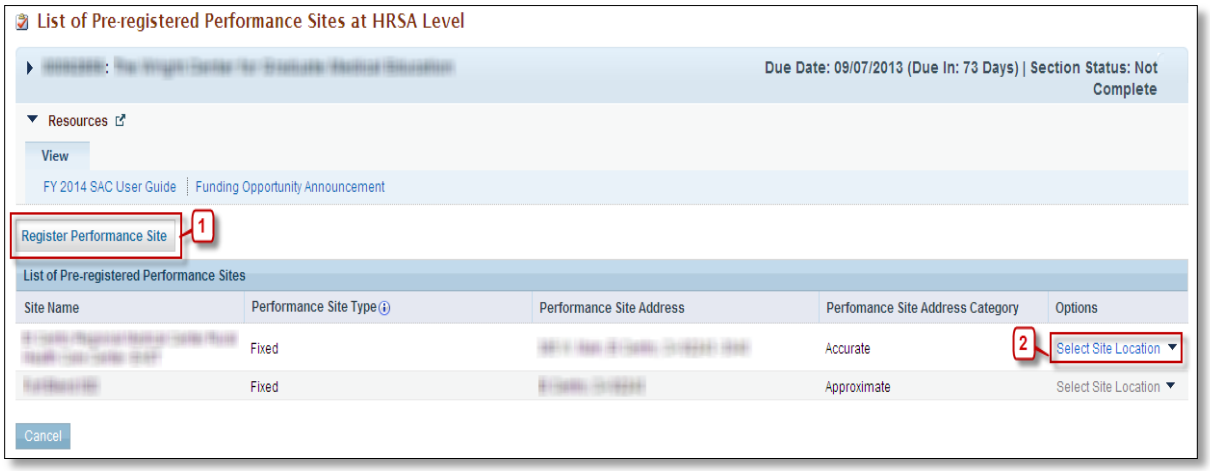
Figure 78: Service Site Checklist page



3. Click the **Verify Qualification** button (**Figure 78**, **3**).

➢ The system will navigate to the **List of Pre-registered Performance Sites at HRSA Level** page.

Figure 79: List of Pre-registered Performance Sites at HRSA Level page



All the sites that are registered by your organization within EHBs will be listed on this page.

Note: If there are no sites registered to your organization, or if you want to use a new location for the site you are adding in Form 5B, click the **Register Performance Site** button (**Figure 79**, **1**) and register your site using the **Enterprise Site Repository (ESR)** system.

4. Select a site from the list provided on this page and click its Select Site Location link (**Figure 79**, **2**).

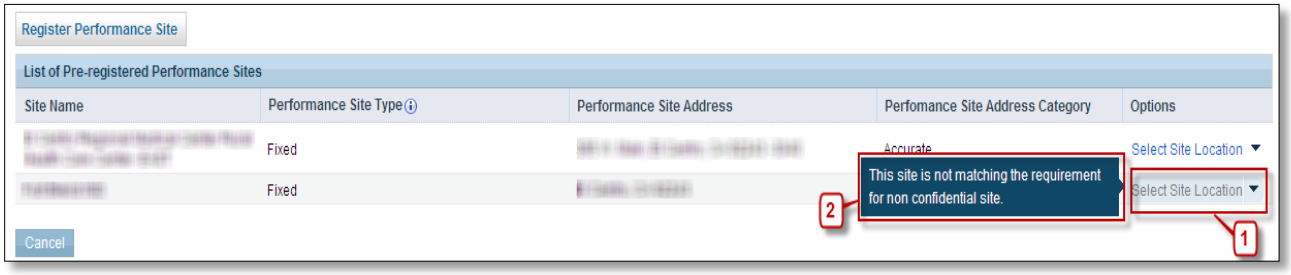
➢ The system will navigate to the **Form 5B - Edit** page.

Notes: The Select Site Location link will be disabled (**Figure 80**, **1**) if the site falls under any of these categories, and you will not be able to select the site:

- If the site is already included in the current application.
- If the site is already in the applicant's H80 scope.
- If the site is a Mobile site and the applicant is trying to propose an "Admin-only" site.
- If the site is a confidential site and the applicant is trying to propose a non-confidential/non-domestic violence site.
- If the site is a non-confidential site and the applicant is trying to propose a confidential/ domestic violence site.

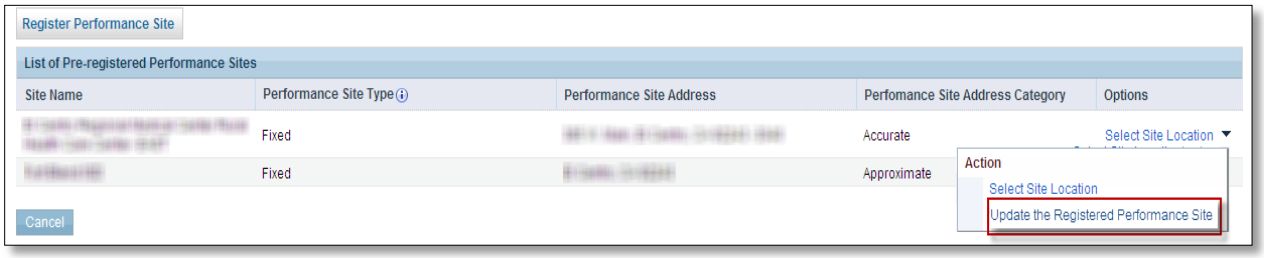
In these cases, hovering over the disabled Select Site Location link (**Figure 80**, **2**) will provide the reason why the site is disabled.

Figure 80: Disabled Site Locations



Note: If you wish to update the name of any site listed on this page, click on Update the Registered Performance Site link (**Figure 81**) and update the site name.

Figure 81: Update the Registered Performance Site link



5. When you click the Select Site Location link of a site, the system will navigate to the **Form 5B – Update Site** page where you must provide all the required information for the site (**Figure 82**).

Figure 82: Form 5B – Update Site page

Form 5B - Edit

Note(s):
It is recommended that you save your work often (e.g,. every 5 minutes) to avoid a loss of data due to unforeseeable technical issues.

Fields with * are required

Site Information

* Name of Service Site	Change Site Name	Site Physical Address	Change Location
* Service Site Type	Select Service Site Type	* Location Type	Select Location Type
Location Setting (Required for Service Site)	Select Location Setting	Date Site was Added to Scope (mm/dd/yyyy)	12/2/2012
Date Site was Opened (mm/dd/yyyy)		Site Operational By (mm/dd/yyyy)	
Number of Contract Service Delivery Locations (Voucher Screening Only)		Number of Intermittent Sites (Intermittent Only)	
Web URL			
* Site Phone Number	( ) - Ext.	* Administration Phone Number	( ) - Ext.
Site Fax Number	( ) -	Medicare Billing Number	
Medicaid Billing Number		Medicaid Pharmacy Billing Number	
* Service Area Population Type	Select Population Type	* Operational Schedule	Select Operational Schedule
* Calendar Schedule	Select Calendar Schedule	Total Hours of Operation (when patients will be served per week)	
* Site Operated By	Select Site Operated By		

Add Sub-Recipient/Contractor

Sub-Recipient/Contractor Organization Information

Organization Name	Address (Physical)	Address (Mailing)	EIN	Comments	Options
No records to display.					

Service Area Zip Code (Include only those from which the majority of the patient population will come)

Service Area Zip Code (Required for Service Site)	Save Zip Code(s)	20175, 20174, 20165, 20144, 20115 — Remove Selected Zip Code(s)
Saved Service Area Zip Code(s)	20175, 20174, 20176, 20177, 20178, 20179, 20145	

Service Area Census Tracts (Include only those from which the majority of the patient population will come)

Service Area Census Tracts	Save Census Tracts	20175, 20174, 20165, 20144, 20115 — Remove Selected Census Tracts
Saved Census Tracts	20175, 20174, 20176, 20177, 20178, 20179, 20145	

Months of Operation (Required for Permanent and Seasonal Locations)

Months of Operation	Select All; January, February, March, April, May, June, July, August, September, October, November, December
Saved Months of Operation	January - June, August - December

Cancel | Save and Continue

6. After providing complete information on **Form 5B – Update Site** page, click the **Save and Continue** button.

➢ **Form 5B – Service Sites** list page will open with the newly added site displayed in the **Proposed Site** section (**Figure 83**).

Figure 83: Newly added site displayed under Proposed Sites section

6.9.2 Form 5B in a Competing Continuation Application

If your organization is submitting a Competing Continuation (Type 2) SAC application, **Form 5B** is pre-populated with the sites in the current H80 scope that HRSA has on file for your organization.

Form 5B will be non-editable. You will be required to visit the form at least once in order to change the status of the form to Complete.

If the pre-populated data on **Form 5B** does not reflect any recent approved scope changes, click the **Refresh from Scope** button to refresh the data and display the latest scope of project.

6.9.3 Form 5B in a Supplemental Application

If your organization is submitting a Supplemental application, you are required to propose at least one new Service Delivery or an Administrative/Service Delivery site. To add a new site under the Proposed Sites section, follow the steps described in section **6.9.1.1**, **Proposing a New Site**.

In addition to proposing new sites in the form, you will also be able to pick sites from your current H80 scope. The steps to pick a site from your scope are described in the following section:

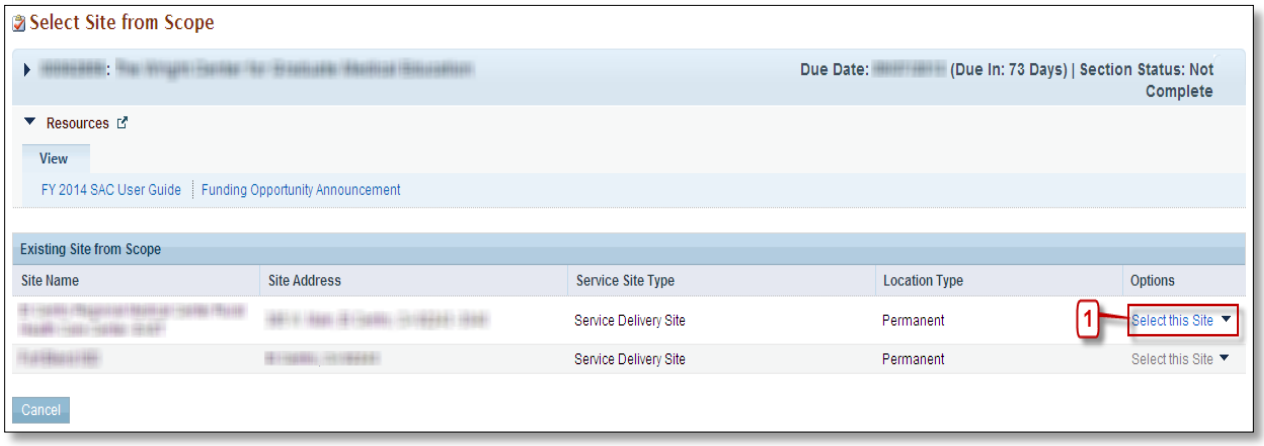
6.9.3.1 Pick a Site from Scope

1. On **Form 5B – Service Sites** list page, click the **Pick Site from Scope** provided above the **Existing Sites from Scope** section (**Figure 84**).

Figure 84: Pick Site from Scope button

- The system will navigate to the **Select Site from Scope** page populated with the sites in your H80 scope (**Figure 85**).

Figure 85: Select Site from Scope



2. Click the Select this Site link for the site you want to include in the form (**Figure 85**, **1**).

➢ **Form 5B – Service Sites** list page will open with the selected site displayed in the **Existing Sites from Scope** section (**Figure 86**).

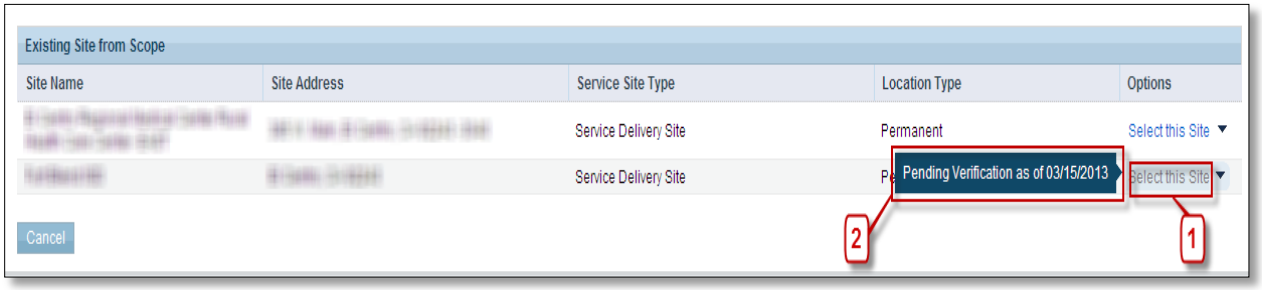
Figure 86: Form 5B Showing Current Site in Scope

Notes: The Select this Site link will be disabled (**Figure 87**, **1**), and you will not be able to select sites if the site falls under any of the following categories:

- If the site is already included in the current application.
- If the site has a 'Pending Verification' status in scope.

In these cases, hovering over the disabled Select Site Location link (**Figure 87**, 2) will provide the reason why the site is disabled.

Figure 87: Disabled sites in Scope



3. After completing **Form 5B**, click the **Save and Continue** button (or **Continue** button in Competing Continuation applications) to save your work and proceed to the next form.

6.10 Form 5C - Other Activities/Locations

Form C – Other Activities/Locations identifies other activities or locations associated with your organization.

6.10.1 Form 5C in a New or a Supplemental Application

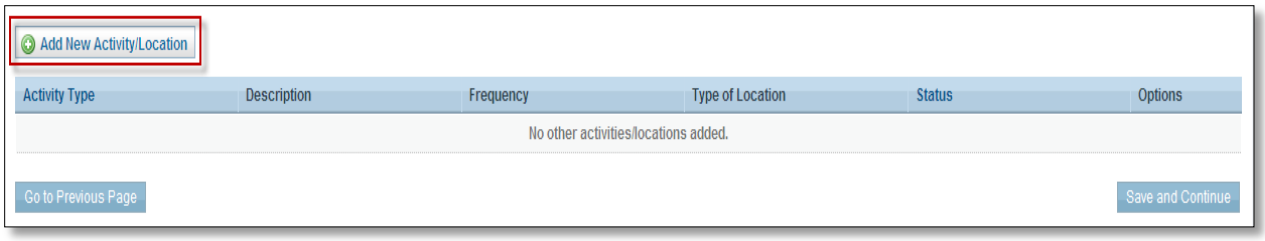
If your organization is submitting either a New or a Supplemental SAC application, you may propose activities and locations in this form.

Note: This is an optional form. If you do not want to propose any activities or locations in your application, you can click on the **Save and Continue** button provided at the bottom of the form to complete it.

To add new activities or locations, follow these steps:

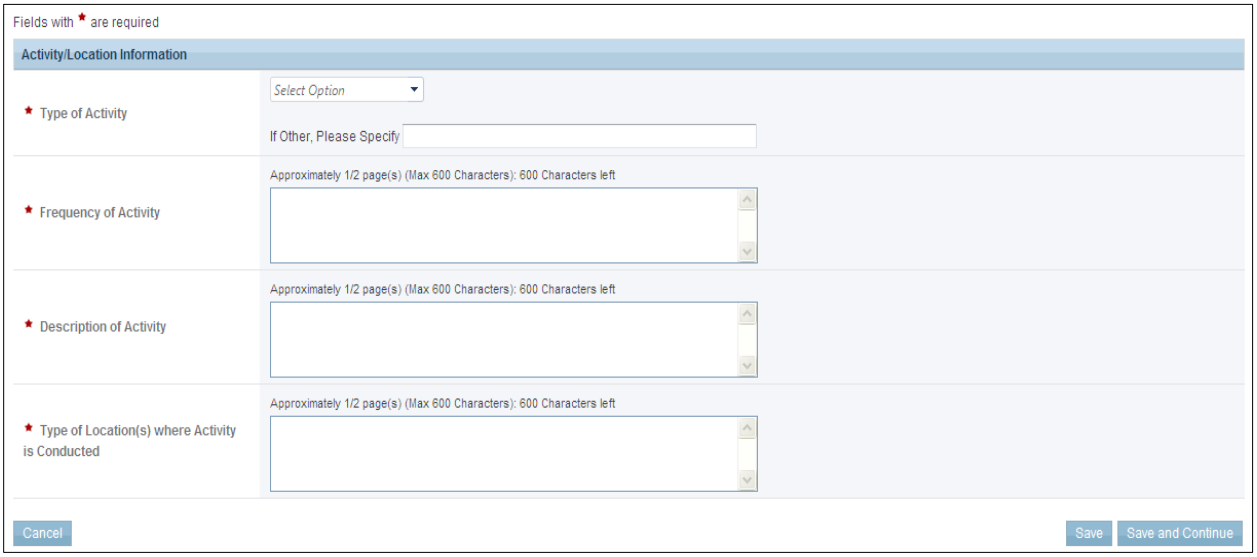
1. Click the **Add New Activity/Location** button provided at the top of the form (**Figure 88**).

Figure 88: Add New Activity/Location button



➢ The system will navigate to the **Activity/Location - Add** page (**Figure 89**).

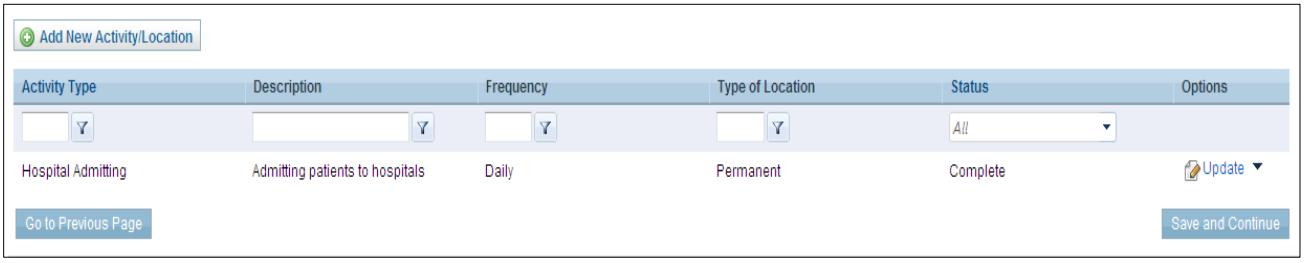
Figure 89: Activity/Location – Add page



2. Provide information in all the fields on this page and click the **Save and Continue** button.

➢ The system will navigate to the **Form 5C** list page displaying the newly added activity on the form (**Figure 90**).

Figure 90: Activity/Location added



Once the activity is added, it can be updated or deleted as needed.

6.10.2 Form 5C in a Competing Continuation Application

If your organization is submitting a Competing Continuation (Type 2) SAC application, **Form 5C** is pre-populated with the activities/locations in the current H80 scope that HRSA has on file for your organization.

Form 5C will be non-editable. You will be required to visit this form at least once in order to change the status of the form to Complete.

If the pre-populated data on **Form 5C** does not reflect any recent approved scope changes, click the **Refresh from Scope** button to refresh the data and display the latest scope of project.

After completing **Form 5C**, click the **Save and Continue** button (or **Continue** button in Competing Continuation applications) to save your work and proceed to the next form.

6.11 Form 6A – Current Board Member Characteristics

Form 6A: Current Board Member Characteristics provides information about your organization's current board members.

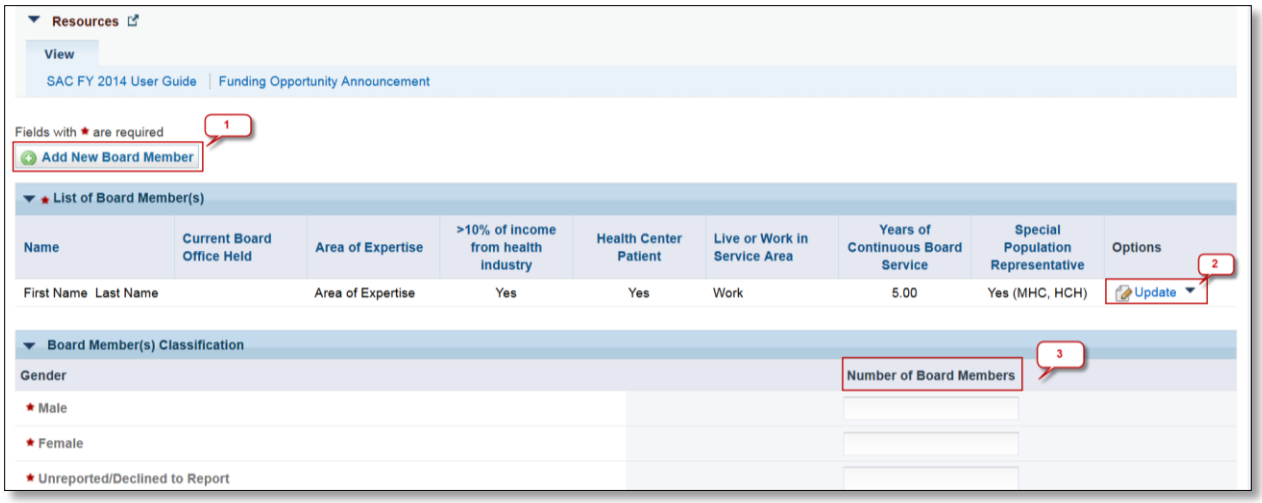
Notes:

- This form is optional if you selected "Tribal Indian" or "Urban Indian" as the **Business Entity** in **Form 1A: General Information Worksheet**. You can click the **Save** or the **Save and Continue** button at the bottom of the page to proceed to the next form.
- If you chose a **Business Entity** other than "Tribal Indian" or "Urban Indian," you must enter all required information on **Form 6A.**
- The minimum number of Board Members to be entered on **Form 6A** is **9** and the maximum number is **25**.
- If **Form 6A** is optional for you, but you choose to enter information, you must enter all required information.

New applicants are required to list all the current board members and provide the requested details.

For existing grantees submitting Competing Continuation or Supplemental SAC applications, the system will pre-populate the board member information from their latest awarded H80 application or progress report. Applicants will have the option to update or delete the pre-populated information and add new board members as applicable.

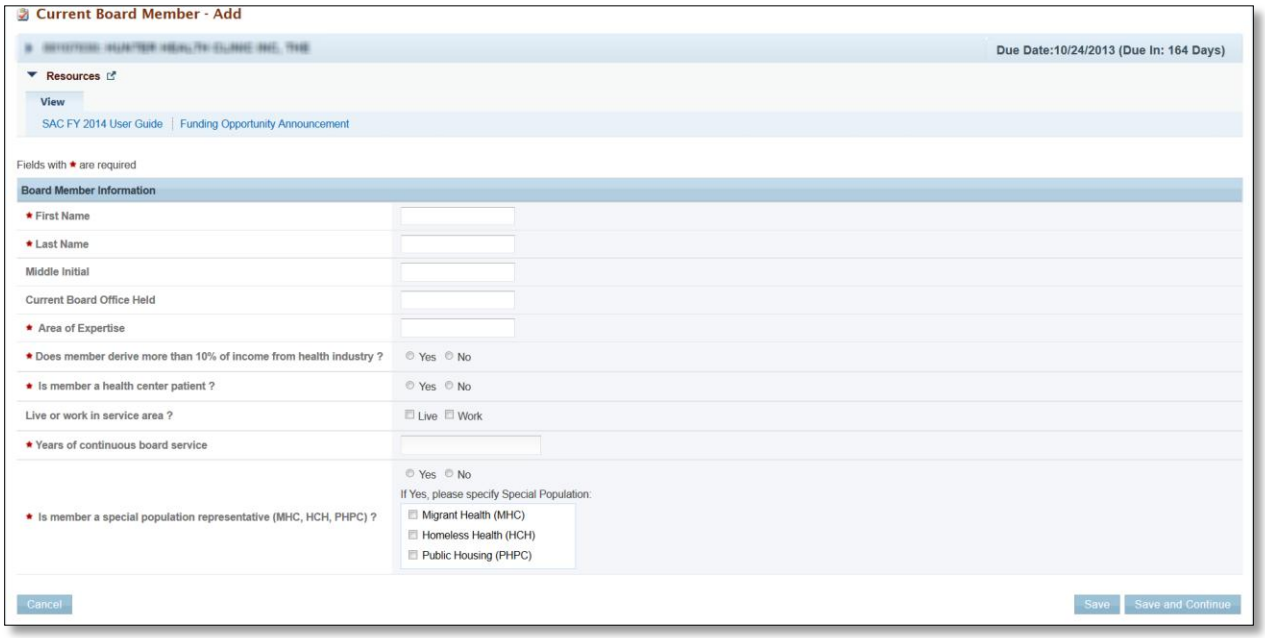
Figure 91: Form 6A Current Board Member Characteristics



1. To add the board member information, click the **Add New Board Member** button on this form. (**Figure 91**, **1**)
   - The system will navigate to the **Current Board Member - Add** page (**Figure 92**).

2. Provide the required board member information on this page. Click the **Save and Continue** button to save the information and navigate back to the **Form 6A** list page.

Figure 92: Current Board Member - Add



3. To update or to delete any board member information, click the Update or Delete link under the options column in the **List of Board Members** section.(**Figure 91**, **2**)

Notes:
- Provide a minimum of 9 and a maximum of 25 board members.
- The total number of board members under every sub section (i.e. Gender, Ethnicity, and Race) of the **Board Member(s) Classification** section should be equal to the total number of board members added in the List of Board Member(s). (**Figure 91**, **3**)

4. After providing complete information on **Form 6A**, click the **Save and Continue button** to save the information and proceed to the next form.

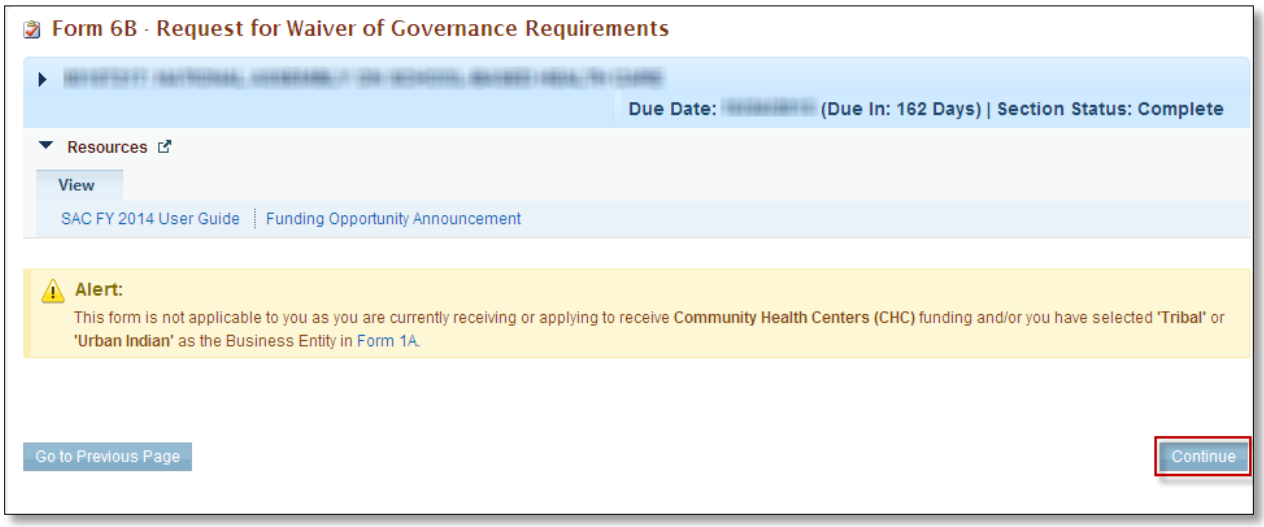
6.12 Form 6B - Request for Waiver of Governance Requirements

Form 6B provides information about waiver requests. Please note that HRSA will not grant a waiver request if your organization currently receives or is applying for Community Health Center (CHC) funding.

Notes:
- If you selected “Tribal” or “Urban Indian” as the Business Entity in Form 1A, Form 6B is Not Applicable to you and you will only see the message depicted in **Figure 93**.

- If you selected Community Health Centers (CHC) as one of the sub-programs in the Budget Summary form of this SAC application, Form 6B is Not Applicable to you and you will only see the message depicted in **Figure 93**.

Figure 93: Form 6B "Not Applicable" Message



To complete **Form 6B** when it is applicable and required for you, follow the steps provided below:

1. Indicate whether you are requesting a waiver by answering question 1a under the **Request for Waiver** section.

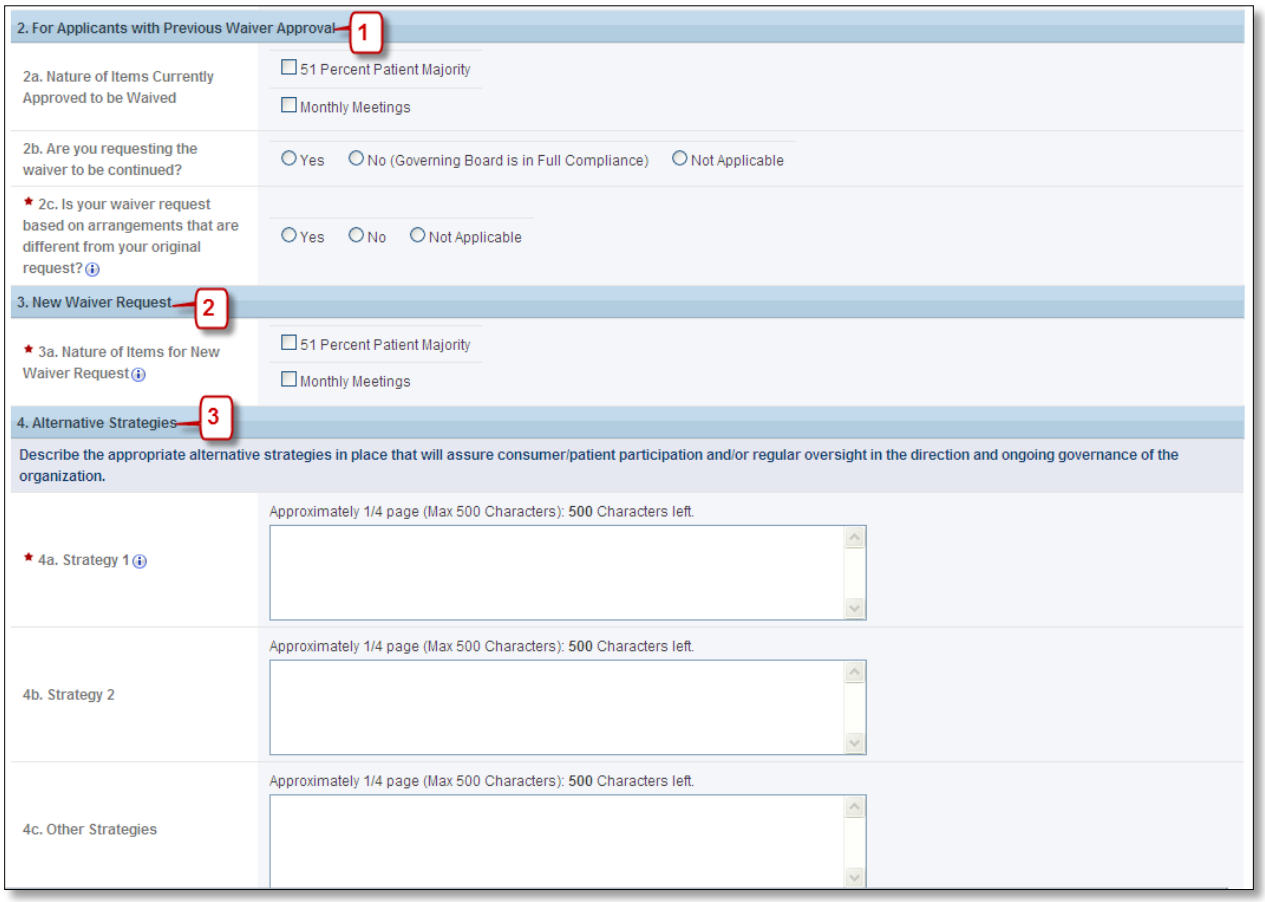
Figure 94: Section 1 of Form 6B

Note: If you answer No to question 1a, you must not provide any information in the remaining sections of the form. Click the **Save and Continue** button to proceed to **Form 8**.

2. Provide information in the following form sections if you answer 'Yes' to question 1a.
   - 2. For Applicants with Previous Waiver Approval (**Figure 95**, **1**).

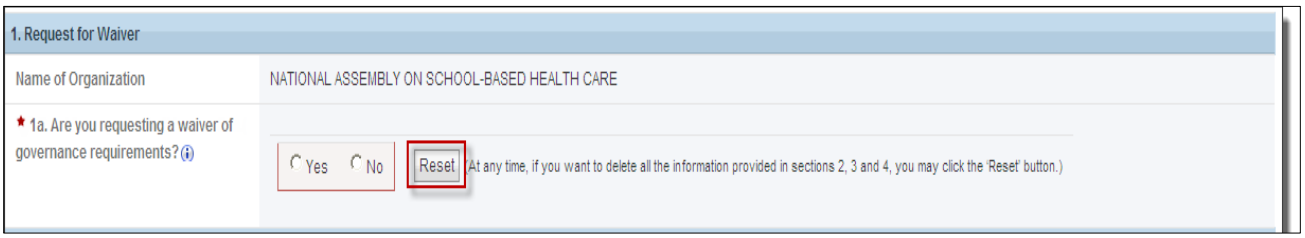
- 3. New Waiver Request (**Figure 95**, **2**).
- 4. Alternative Strategies (**Figure 95**, **3**).

Figure 95: Sections 2, 3 and 4 of Form 6B



Note: At any time, if you want to delete the information provided in sections 2, 3, and 4 of this form, you can use the **Reset** button provided in front of question 1a under section **1. Request for Waiver** (**Figure 96**).

Figure 96: Reset button to delete complete information in sections 2, 3, and 4



After completing **Form 6B**, click the **Save and Continue** button to save your work and proceed to the next form.

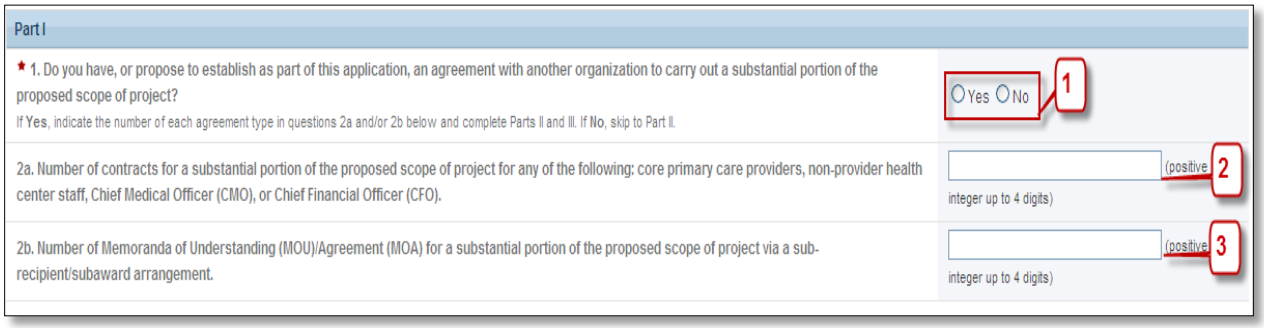
6.13 Form 8 - Health Center Agreements

Form 8 indicates whether you have any agreements with other organizations that impact the Board's composition, authorities, functions, or responsibilities or provide a substantial number of services, sites, and/or activities in your organization's approved scope of project.

To complete **Form 8**, follow these steps

1. In Part I, Question 1 (**Figure 97**), inform HRSA of any current or proposed agreements with another organization to carry out a substantial portion of your organization's approved scope of project.

Figure 97: Form 8, Part I



Notes:

- If any of the new sites proposed in **Form 5B: Service Sites** are being operated by a "Sub-recipient" or a "Contractor", the system will set the answer to question 1 to 'Yes' and make it non-editable (**Figure 97**, **1**).
- If you answer Yes to Question 1, indicate the number of each agreement type in 2a (**Figure 97**, **2**) and 2b (**Figure 97**, **3**).

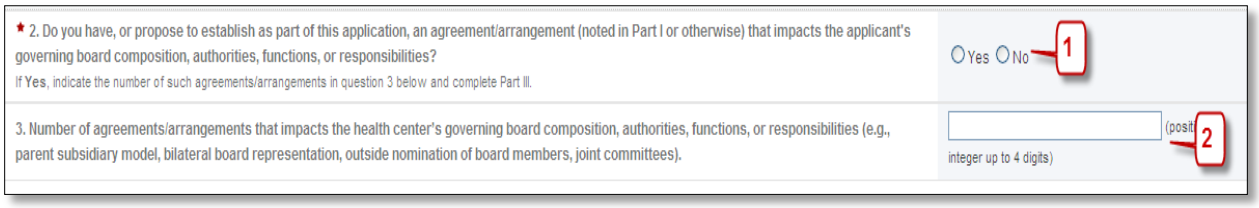
2. In Part II, Question 1 (**Figure 98**), complete the Governance Checklist to determine if any affiliations or agreements limit or compromise the Board's authorities, functions, or responsibilities.

Figure 98: Form 8, Part II: Question 1 - Governance Checklist

Note: If you answer '**No'** to any Governance Checklist item, you must answer '**Yes'** to question 2 in Part II of this form.

3. In Part II, Question 2 (**Figure 99**, **1**), inform HRSA of any current or proposed agreements that affect the composition, authorities, functions, or responsibilities of your organization's Board.
4. If you answer '**Yes**' to question 2, specify the number of such agreements in question 3 (**Figure 99**, **2**).

Figure 99: Form 8, Part II, Questions 2 and 3



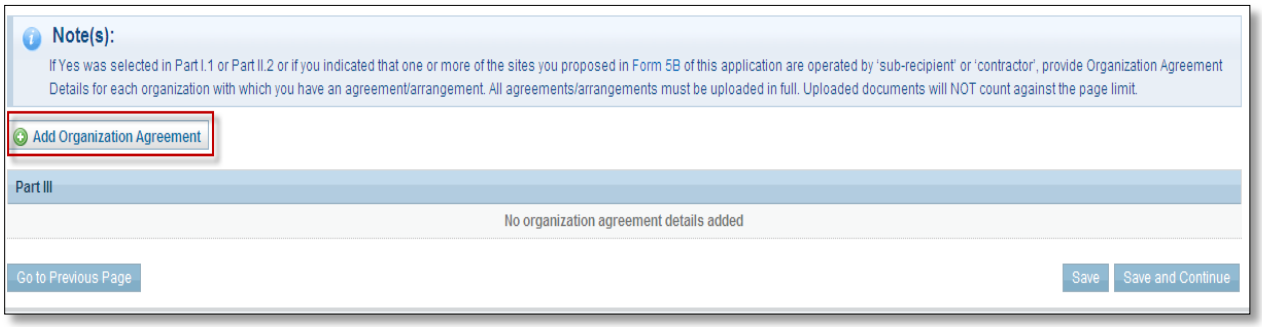
5. If you answered '**Yes'** to Part I, question 1 or Part II, question 2, proceed to Part III to add organization agreements.

6.13.1 Adding Organization Agreement details

In Part III, provide each agreement with external organizations as noted in Part I and Part II. The agreements will be organized by each organization. To add agreements, follow the steps below:

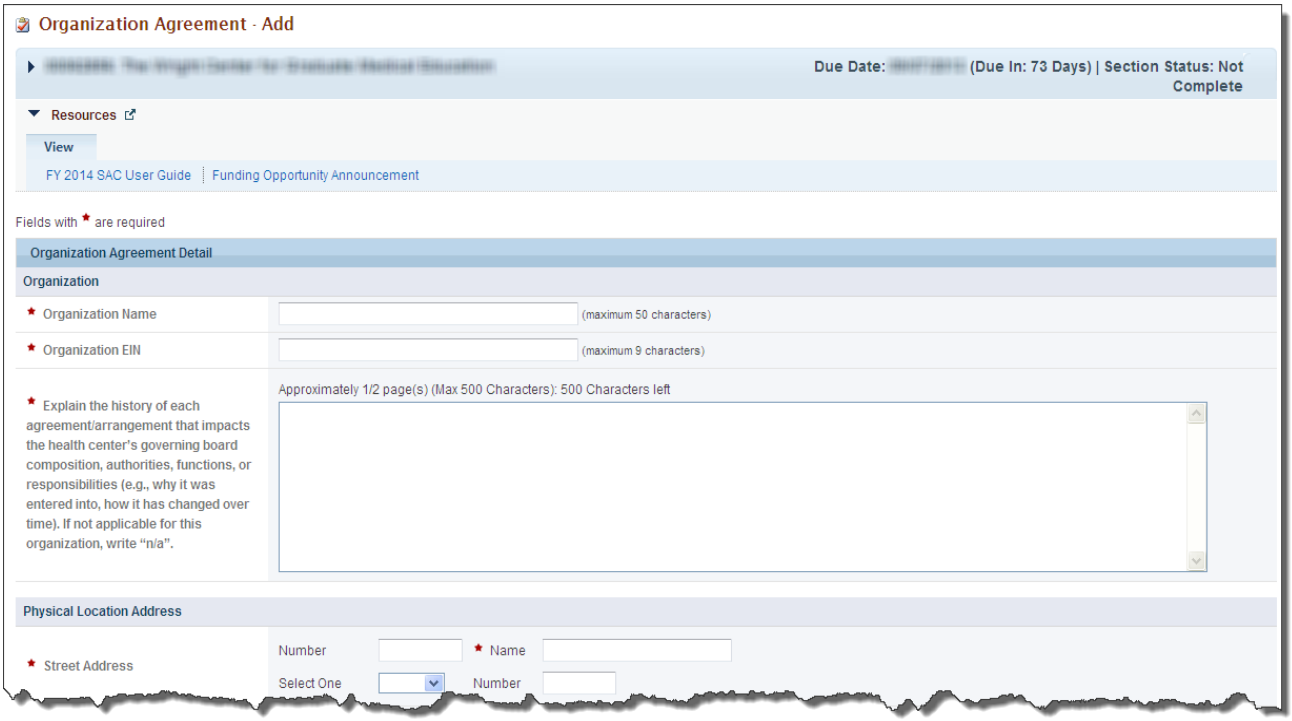
1. Click the **Add Organization Agreement** button located above Part III (**Figure 100**).

Figure 100: Form 8, Part III



- The system will navigate to the **Organization Agreement - Add** page (**Figure 101**).

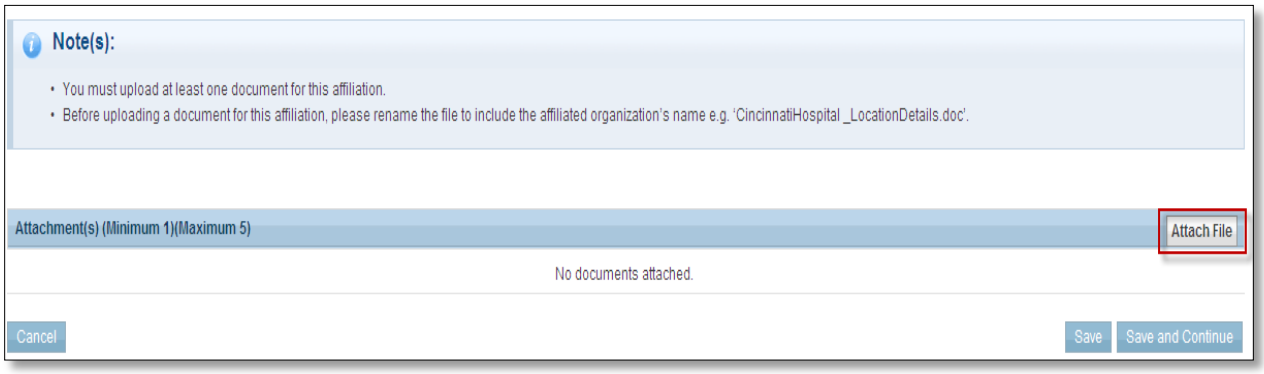
Figure 101: Health Center Agreement



2. Provide the required information for the agreement in the **Organization Agreement Detail** and **Physical Location Address** sections on this page.
3. Upload at least one document related to the agreement in the **Attachments** section at the bottom of this page by clicking the **Attach File** button (**Figure 102**).

Note: Before uploading a document for this affiliation, please rename the file to include the affiliated organization's name e.g., '**CincinnatiHospital_MOA.doc**'.

Figure 102: Adding Attachments for the Organization Agreement



4. Click **Save and Continue** to return to **Form 8: Health Center Agreements** list page**.** Following the steps described above, add as many organizations and corresponding agreements as required in Part III.
5. After completing **Form 6B**, click the **Save and Continue** button to save your work and proceed to the next form.

6.14 Form 9 – Need for Assistance Worksheet

Form 9: Need for Assistance Worksheet documents objective measures of relative need for the proposed service area and target population.

6.14.1 Completing Section I – Core Barriers

Form 9, Section I requests information about core barriers to health care access in the proposed service area and for the target population. You must report on three of the following four core barriers listed.

- Population to One FTE Primary Care Physician
- Percent of Population Below 200 Percent of Poverty
- Percent of Population Uninsured
- Distance (miles) OR travel time (minutes) to the nearest primary care provider accepting new Medicaid and uninsured patients

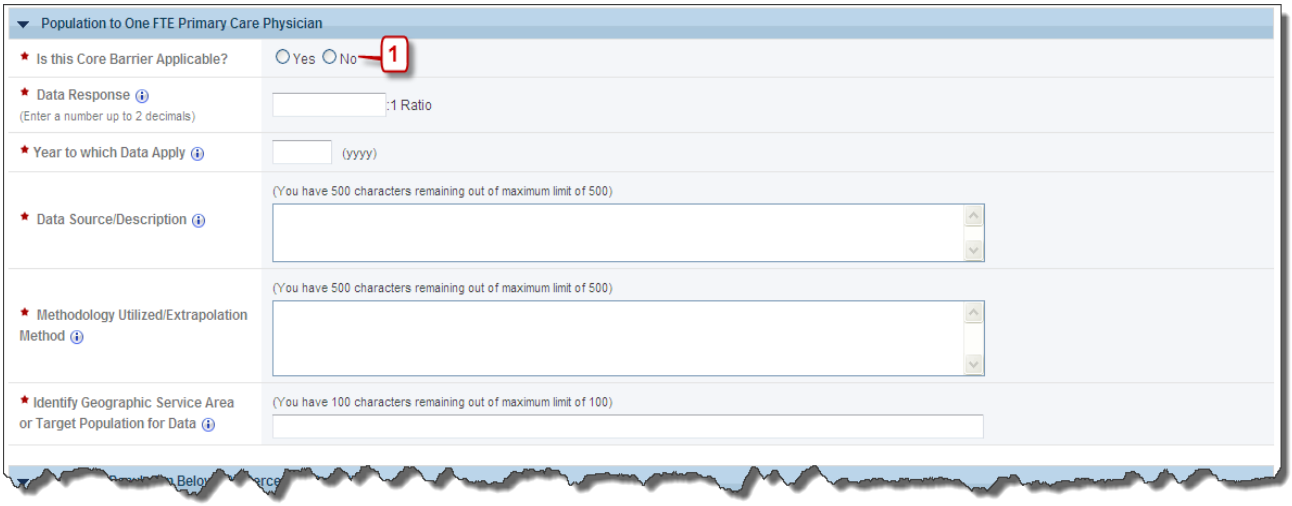
1. For those you will report on, respond '**Yes'** to the question 'Is this Core Barrier Applicable?' (**Figure 103**, **1**).
2. Provide information in all the remaining fields of the core barrier.

Notes:

- Refer to the **Data Resource Guide** at http://www.hrsa.gov/grants/apply/assistance/sac for guidance regarding appropriate data sources and extrapolation methodologies.

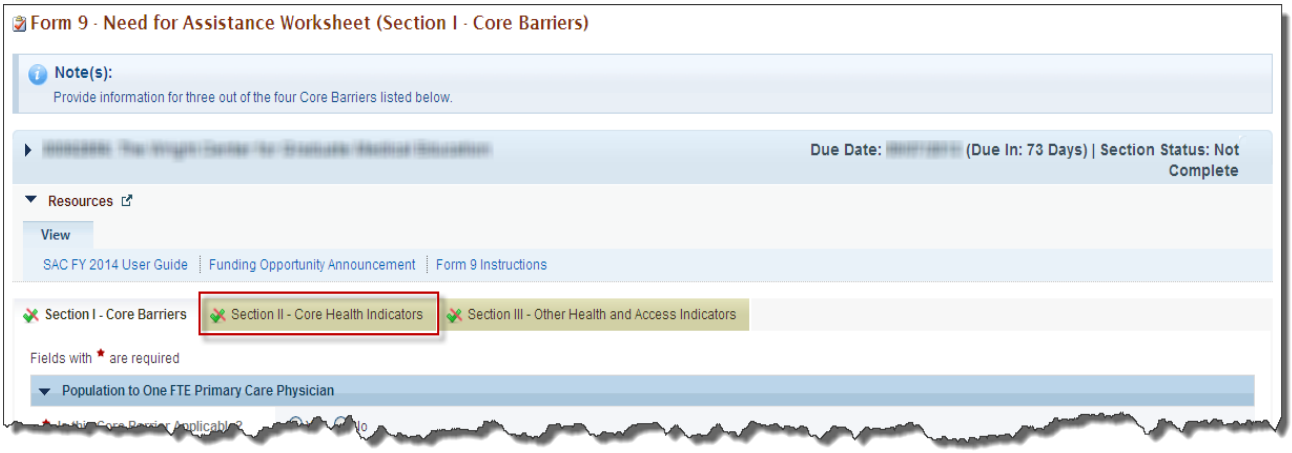
- If you answer 'No' to 'Is this Core Barrier Applicable?' for any core barrier, you will ***not*** be able to enter any data for that barrier.

Figure 103: Form 9, Section I: Core Barriers



3. Click **Save and Continue** to proceed to **Section II – Core Health Indicators**, OR click the **Save** button at the bottom of **Section I – Core Barriers** and select the **Section II – Core Health Indicators** tab below the **Resources** section (**Figure 104**).

Figure 104: Section II - Core Health Indicators tab



6.14.2 Completing Form 9: Section II - Core Health Indicators

Use **Form 9**, Section II to supply information for one indicator in each of the following core health indicator categories:

- Diabetes
- Cardiovascular Disease
- Cancer

- Prenatal and Perinatal Health
- Child Health
- Behavioral Health

To provide information about the core health indicators, follow the steps below for each health indicator:

1. Select a **Core Health Indicator** from the drop-down menu (**Figure 105**, **1**).
2. Click the **Refresh National Benchmark** button (**Figure 105**, **2**).

➢ The system will refresh the following fields with the values applicable to the selected indicator and make them non-editable:

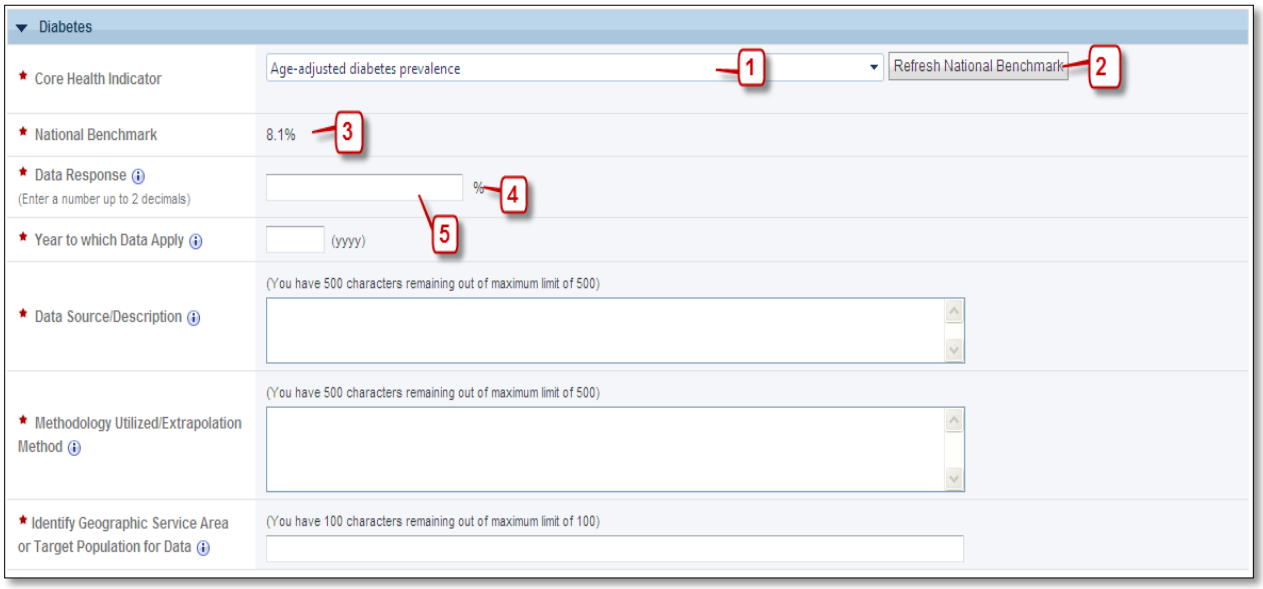
- **National Benchmark** (**Figure 105**, **3**)
- Measure unit of the **Data Response** field (**Figure 105**, **4**)

Note: Clicking the **Refresh National Benchmark** button will refresh the measuring unit of the **Data Response** field only. You will be required to provide the **Data Response** value (**Figure 105**, **5**).

3. Provide information in all the remaining fields of the health indicator.

Note: Refer to the **Data Resource Guide** at http://www.hrsa.gov/grants/apply/assistance/sac for guidance regarding appropriate data sources and extrapolation methodologies.

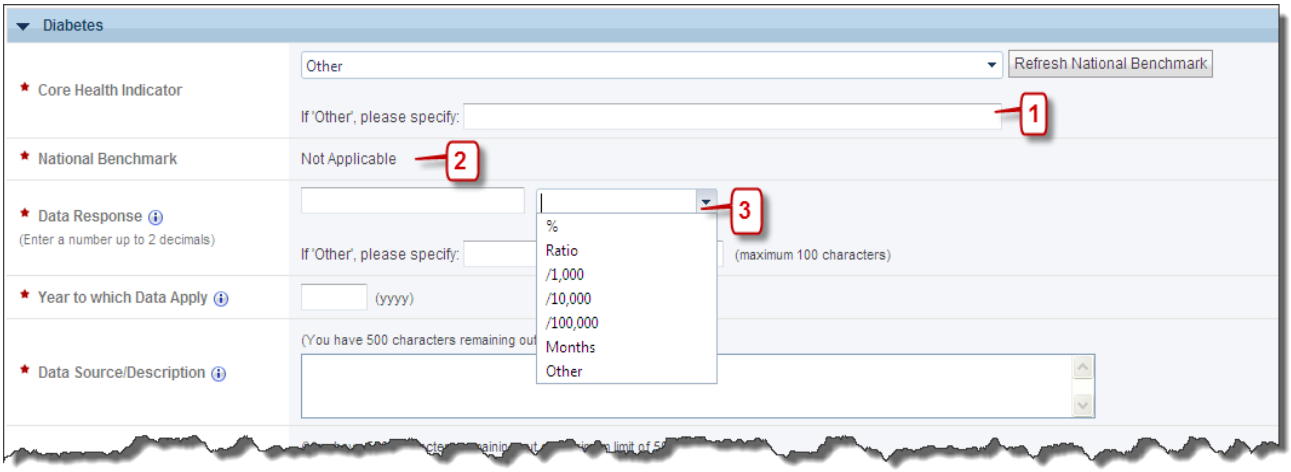
Figure 105: Form 9, Section II: Core Health Indicators



Note: If you choose to select 'Other' in the **Core Health Indicator** drop-down menu, clicking on the **Refresh National Benchmark** button will do the following:

- Enable the '**If Other, Please Specify'** text box (**Figure 106**, **1**). You must provide the description of the 'Other' health indicator that you wish to propose in this text box.
- Set the **National Benchmark** field to 'Not Applicable' and make it non-editable (**Figure 106**, **2**).
- Enable the measuring unit drop-down for **Data Response** field (**Figure 106**, **3**). You will be required to provide both the value and the measuring unit for the **Data Response** field in this scenario.

Figure 106: Selecting 'Other' as Core Health Indicator



4. Click the **Save and Continue** button to proceed to **Section III – Other Health and Access Indicators**, OR click the **Save** button at the bottom of **Section II – Core Health Indicators** and select the **Section III – Other Health and Access Indicators** tab below the **Resources** section.

6.14.3 Completing Form 9: Section III - Other Health and Access Indicators

Use **Form 9,** Section III to provide information about two additional health indicators. To add information about the health and access indicators, follow these steps:

1. Select a **Health and Access Indicator** from the drop-down menu (**Figure 107**, **1**).
2. Click the **Refresh National Benchmark** button **Figure 107**, **2**).

➢ The system will refresh the following fields with the values applicable to the selected indicator and make them non-editable:

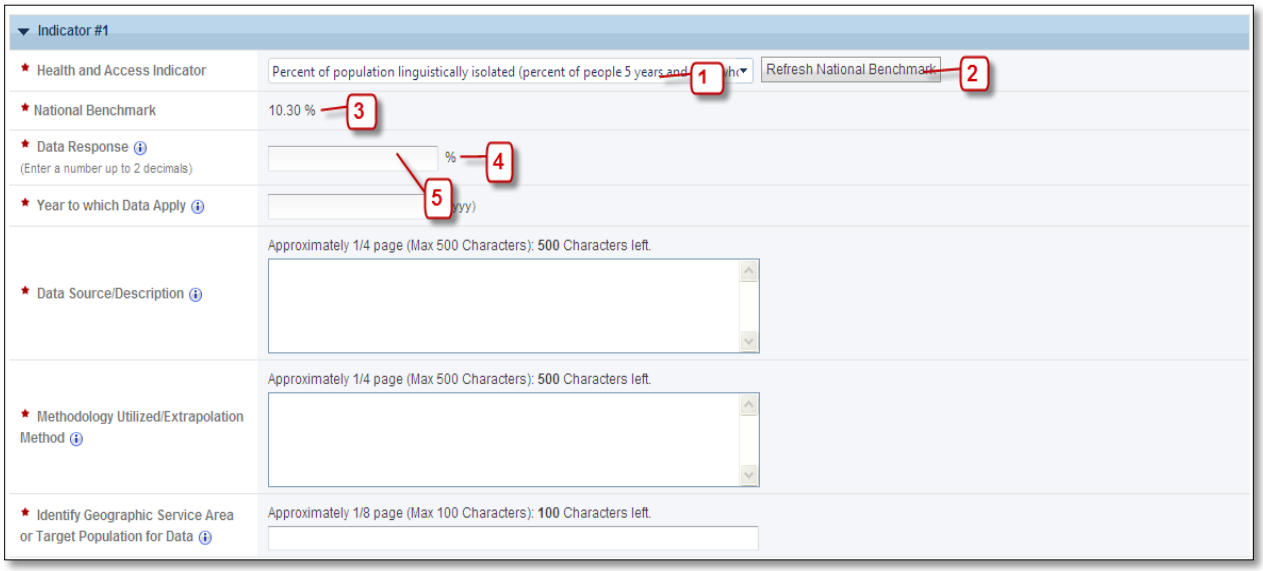
- **National Benchmark** (**Figure 107**, **3**)
- Measure unit of the **Data Response** field (**Figure 107**, **4**)

Note: Clicking the **Refresh National Benchmark** button will refresh the measuring unit of the **Data Response** field only. You will be required to provide the **Data Response** value (**Figure 107**, **5**).

3. Provide information in all the remaining fields of the health indicator

Note: Refer to the **Data Resource Guide** at http://www.hrsa.gov/grants/apply/assistance/sac for guidance regarding appropriate data sources and extrapolation methodologies.

Figure 107: Form 9, Section III: Other Health and Access Indicator

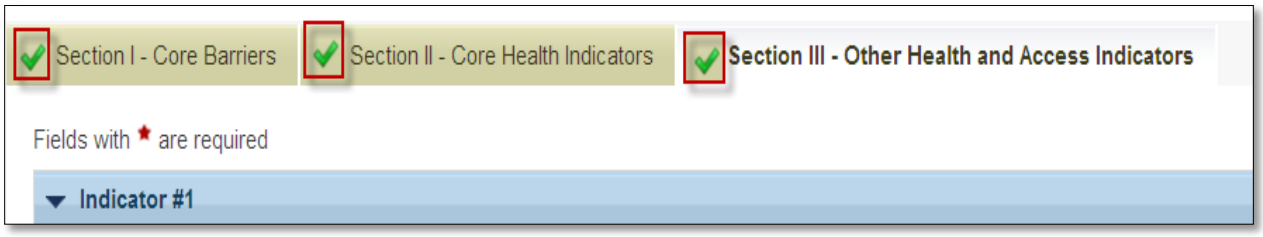


Note: You will only be able to select a standard, BPHC-defined indicator. You will not be provided with an "Other" option to define your own indicator in section III.

6.14.4 Saving and Proceeding to next form

Form 9: Need for Assistance Worksheet will be complete when the status of all the 3 sections is complete. The completed status of all these sections is indicated with a green tick mark (✔ icon) in the section tabs (**Figure 108**).

Figure 108: Completed Form 9 sections



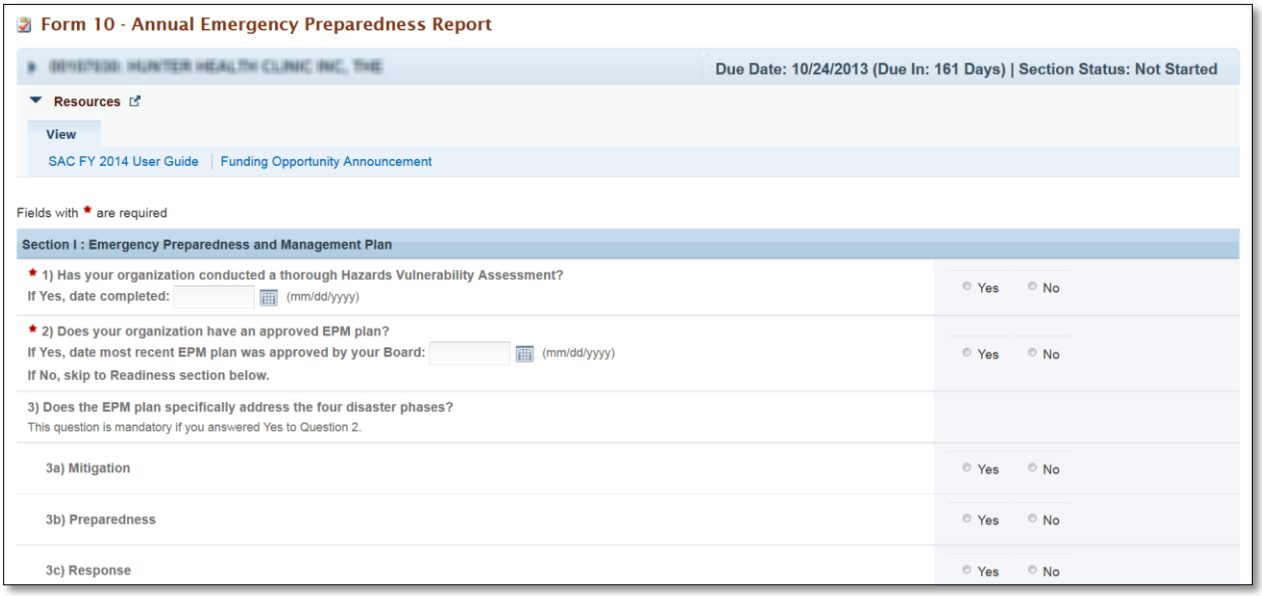
After completing all the sections on **Form 9**, click the **Save and Continue** button to save your work and proceed to the next form.

6.15 Form 10 - Annual Emergency Preparedness Report

The **Annual Emergency Preparedness Report** assesses your organization's overall emergency readiness.

Complete the sections of this form by selecting a 'Yes' or 'No' response.

Figure 109: Form 10 – Annual Emergency Preparedness Report



After providing complete information on **Form 10**, click the **Save and Continue button** to save the information and proceed to the next form.

6.16 Form 12- Organization Contacts

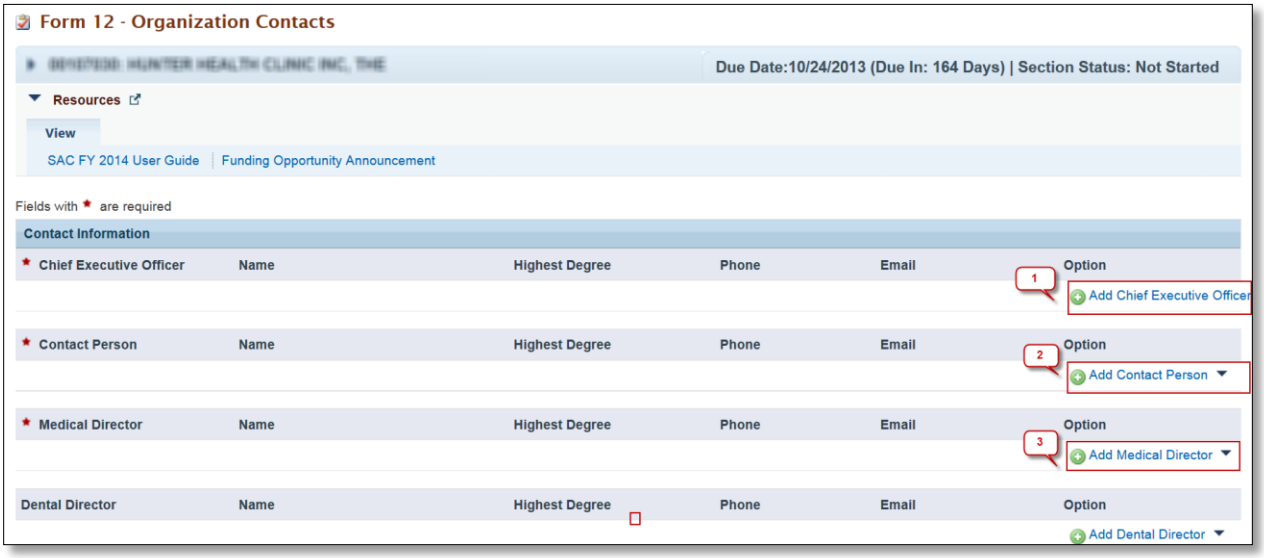
Use **Form 12: Organization Contacts** to provide contact information for the proposed project.

New applicants will have to provide the requested contact information.

For existing grantees submitting a competing continuation or a supplemental application, the system will pre-populate the board member information from their latest awarded H80 application or progress report.

Enter contact information for the Chief Executive Officer, Contact Person, Medical Director, and Dental Director (optional) on this form. (**Figure 110**, **1, 2, 3**)

Figure 110: Form 12 – Organization Contacts

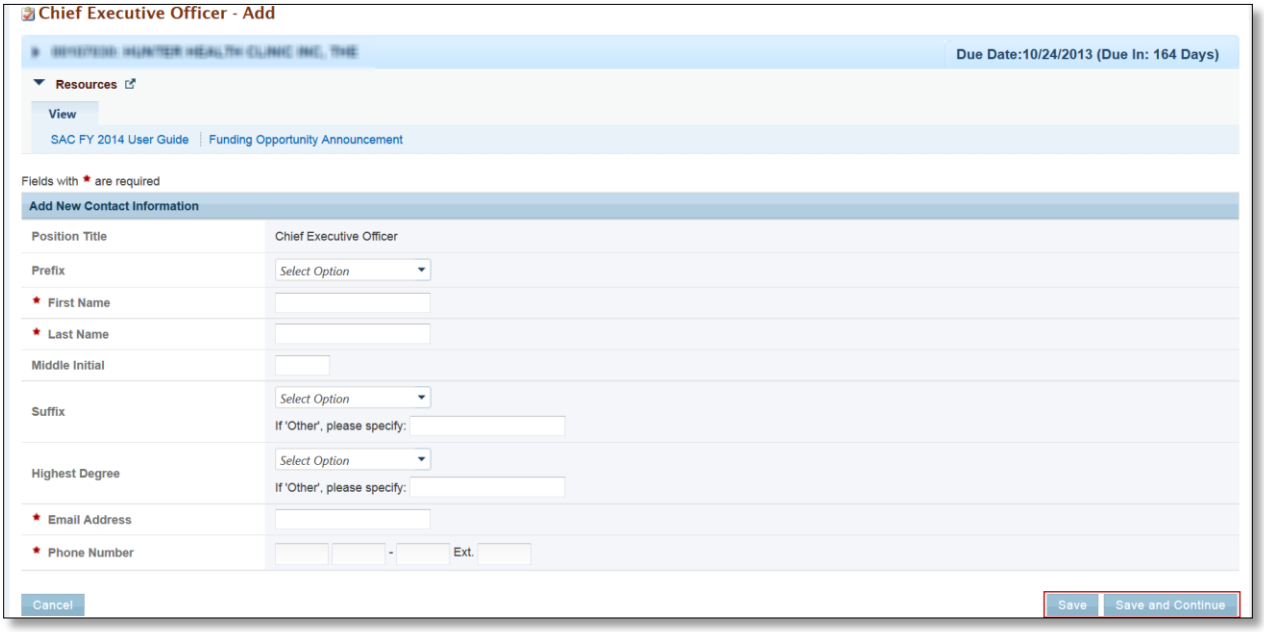


1. Click on the Add/Update link to add or update the information for each type of contact.
   - For example, click **Add Chief Executive Officer** to add a Chief Executive Officer.
2. The system will direct the user to the data entry page for the corresponding contact.
3. To delete the contact information already provided, click on the Delete link under the options column.

Note: The Update and the Delete link will be displayed only when you have added the contact information.

4. Enter the required information on this page.

Figure 111: Chief Executive Officer – Add page



5. Click on **Save** to save the information and remain on the same page or click on **Save and Continue** to save the information and proceed to the **Form 12 – Organizations Contact** page to add information for the next contact.
6. After providing complete information on **Form 12**, click the **Save and Continue button** to save the information and proceed to the next form.

6.17 Clinical Performance Measures

Use this form to provide information about clinical performance measures.

Note: Refer to the SAC Funding Opportunity Announcement for more information on completing the **Clinical Performance Measures** form.

The **Clinical Performance Measures** form displays standard measures and other measures. **Standard Measures** are pre-defined measures; applicants are required to provide requested information for all the standard measures.

Other Measures are the additional measures that applicants may wish to add in this application. Addition of Other Measures is optional.

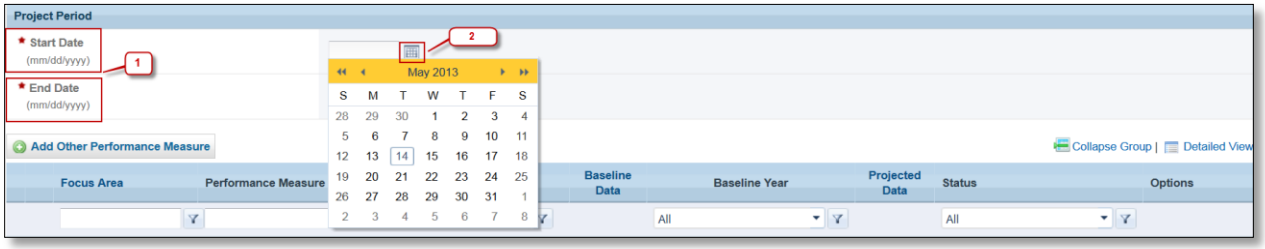
To complete this form:

1. In the **Project Period** section, provide the Project Period Start date and the Project Period End date in 'MM/DD/YYYY' format. (**Figure 112**, **1**)

Note: The project period is the total time for which the applicant requests support up to three years.

2. Click on the Calendar icon (**Figure 112**, **2**) to select the Project Period Start Date and End Date.

Figure 112: Project Period section



Note: The system will synchronize the project period dates between the **Clinical Performance Measures** and **Financial Performance Measures** forms. Changes made to dates in one form are reflected in the other form.

6.17.1 Completing the Standard Performance Measures for New and Supplemental applications

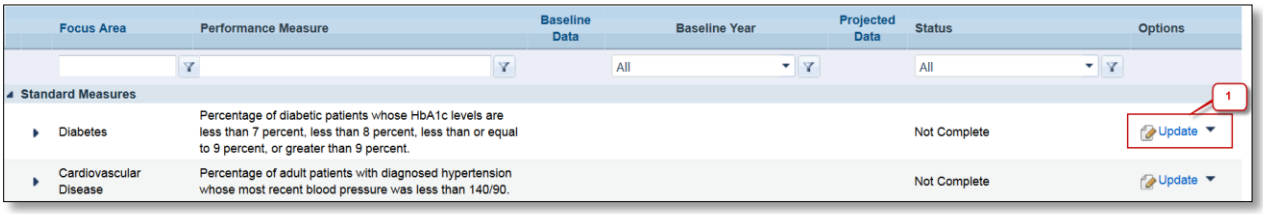
If you submitting a 'New' or a 'Supplemental' application, then you must provide information for all the standard performance measures listed in this form.

Notes:

- All the standard performance measures will have a status of 'Not Complete'.
- The Clinical Performance Measures form will be 'Complete' when the status of all the standard performance measures and additional measures is 'Complete'.

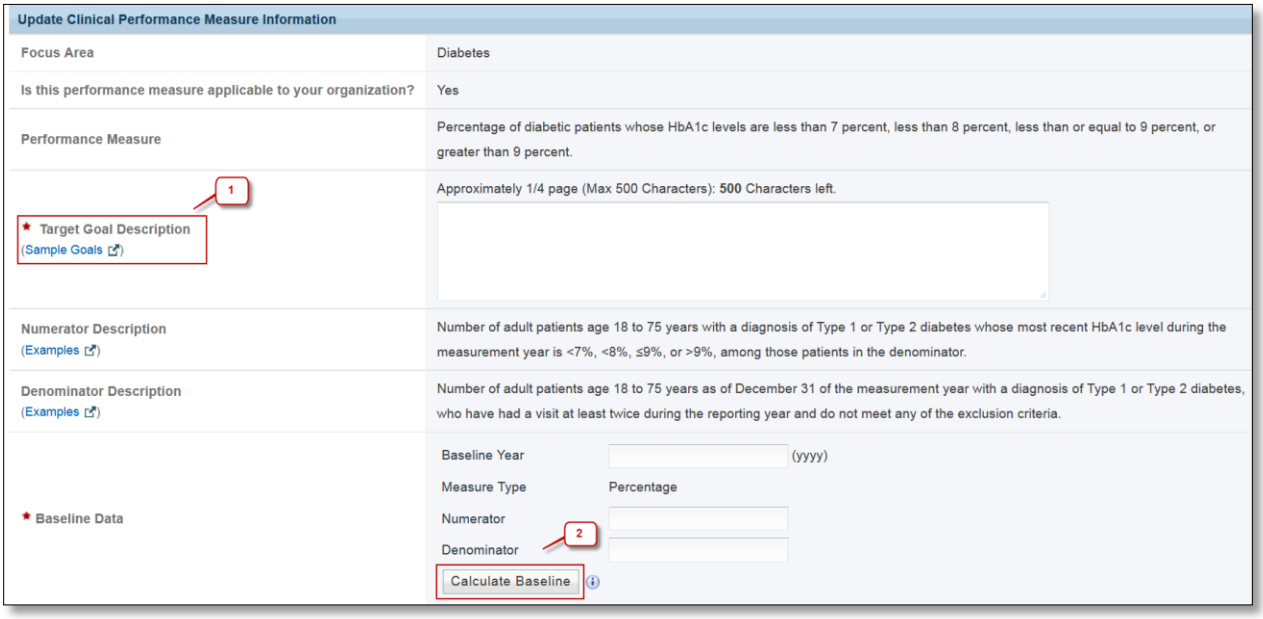
1. Click on the Update link to start working on a performance measure.

Figure 113: Standard Measures section



➢ The system will direct you to the **Clinical Performance Measure – Update** page. (**Figure 114**)

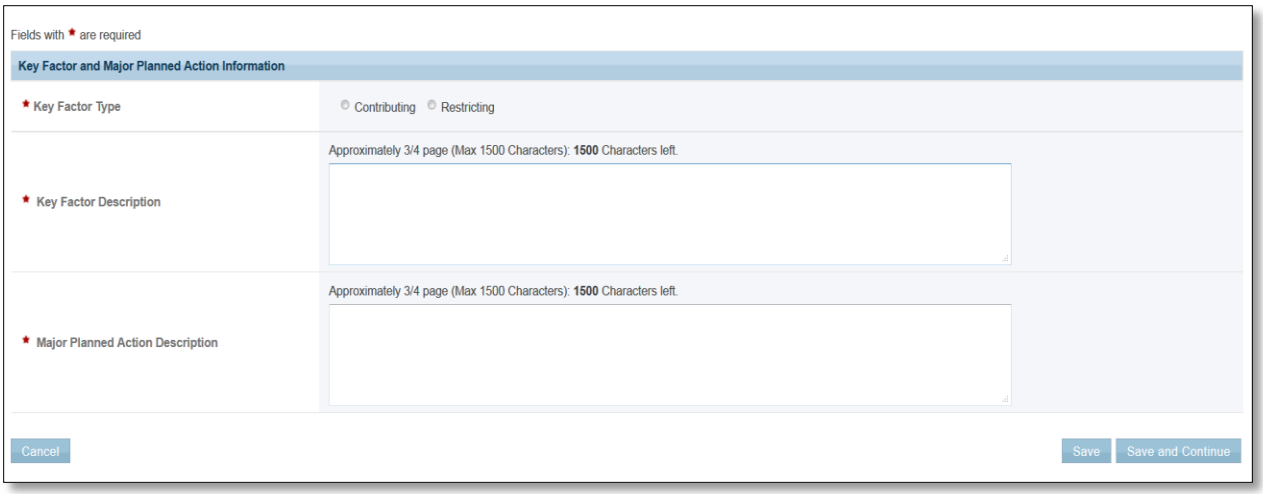
Figure 114: Clinical Performance Measure - Update page



2. To view examples of a target goal description click on the Sample Goals link (**Figure 114**, **1**). To view examples for Numerator and Denominator descriptions, click on the Examples link.
3. **Calculate Baseline** button will calculate the baseline data based on the numerator and denominator values provided by you. (**Figure 114**, **2**)
4. Click on the **Add New Key Factor and Major Planned Action** button to add Key factors.

➢ The system will direct you to the **Key Factor and Major Planned Action – Add** page. Provide all the required information.(**Figure 115**)

Figure 115: Key Factors and Major Planned Action - Add page



Note: You have to provide information for at least one restricting and one contributing Key Factor type.

5. Click on the **Save** button to save the information on this page. To proceed to the performance measure list page, click on the **Save and Continue** button.

6.17.2 Completing the Standard Performance Measures for Competing Continuation applications

If you are submitting a Competing Continuation application, then the system will pre-populate most of the information you provided for these performance measures from your latest SAC/NAP/BPR submission and 2012 (Uniform Data System) UDS report.

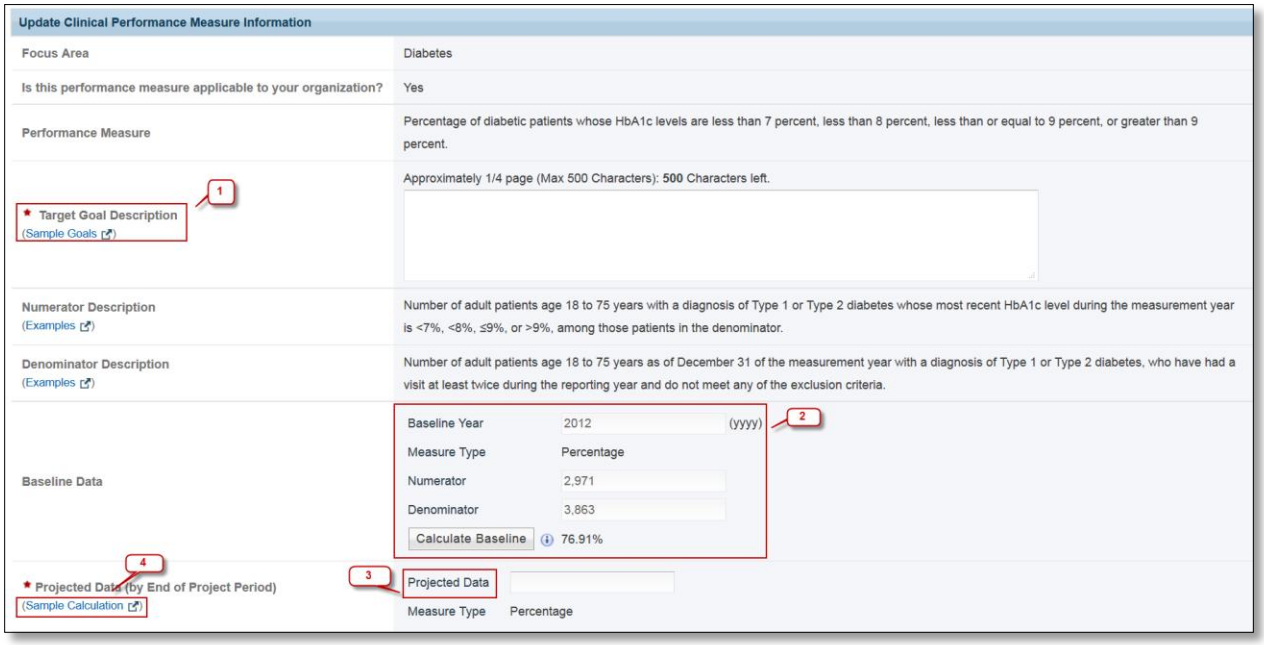
Notes:

- All the standard performance measures' status will be 'Not Complete'.
- The Clinical Performance Measures form will become 'Complete' when the status of all the standard performance measures and additional measures is 'Complete'.

1. Click on the Update link to provide the requested details for all the performance measures.

➢ The system will open the **Clinical Performance Measure - Update** page.

Figure 116: Clinical Performance Measure - Update page for Competing Continuation application



2. Provide the Target Goal Description requested (**Figure 116**, **1**).
3. For a sample goal description, click on the Sample Goals link (**Figure 116**, **1**).
4. The following fields related to Baseline Data will be pre-populated from the latest submitted UDS report (**Figure 116**, **2**)
    - Baseline Year

- Numerator
- Denominator

Notes:

- The baseline data will be pre-populated and non-editable for all Standard Measures. For Oral Health and Behavioral Health related measures, this information will be pre-populated and editable.
- If grantees would like to report more current baseline data, this information should be included in the Comments field.

5. In the Projected Data field, enter the data expected when the project period concludes.

➢ Click the Sample Calculation link to see an example of the calculation you need to perform to complete this field (**Figure 116**, **3**)

6. Click on the **Add New Key Factor and Major Planned Action** button to add Key Factors.

Note: You have to provide information for at least one restricting and one contributing Key Factor type.

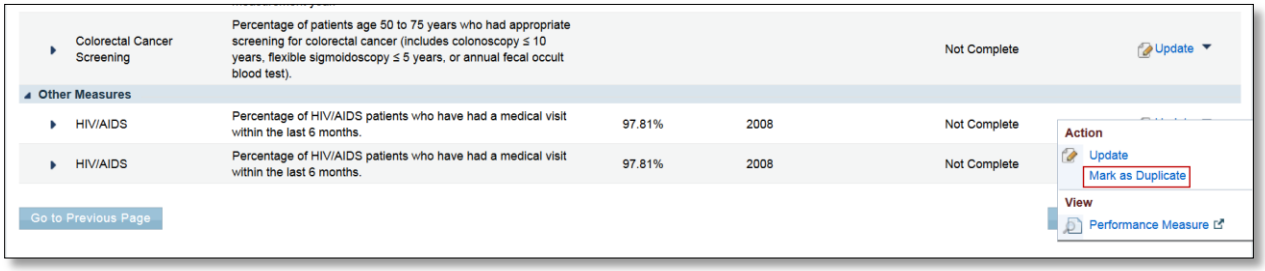
7. Click on the **Save** button to save the information on this page. To proceed to the Performance Measure List page, click on the **Save and Continue** button.

6.17.2.1 Marking a Measure as Duplicate

When you see a link that reads Mark as Duplicate, you can mark the performance measure as a duplicate.

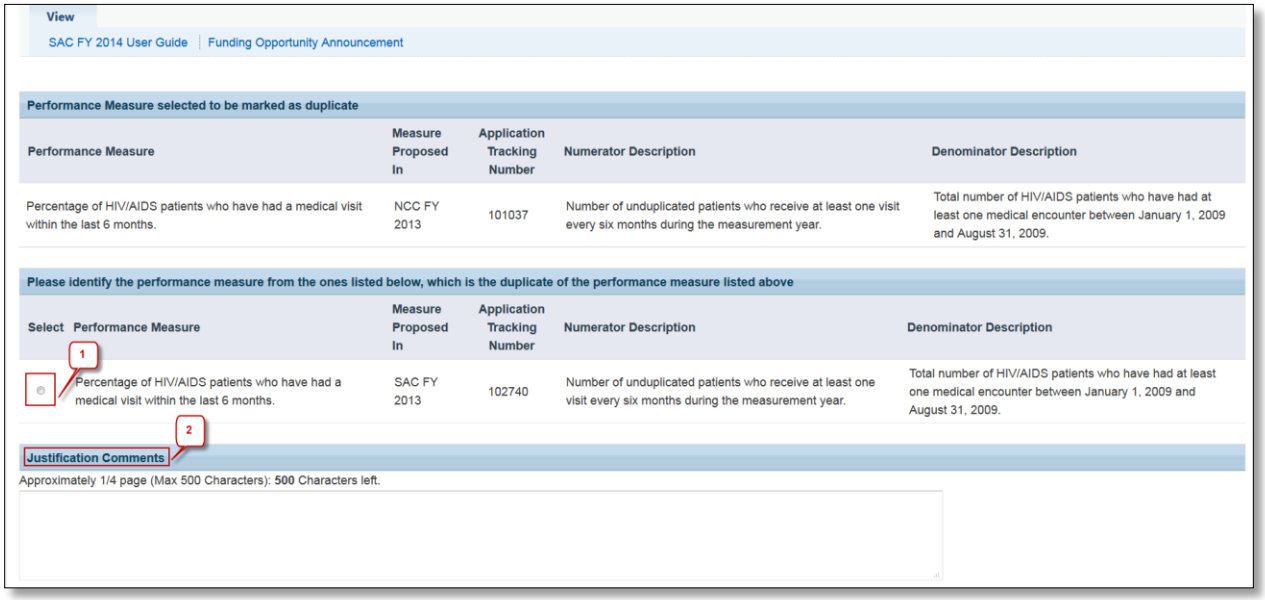
1. Click the **Mark as Duplicate** link (**Figure 117**).

Figure 117: Mark as Duplicate link



➢ The **Clinical Performance Measures** - **Mark As Duplicate** page will be displayed.

Figure 118: Clinical Performance Measures - Mark As Duplicate page



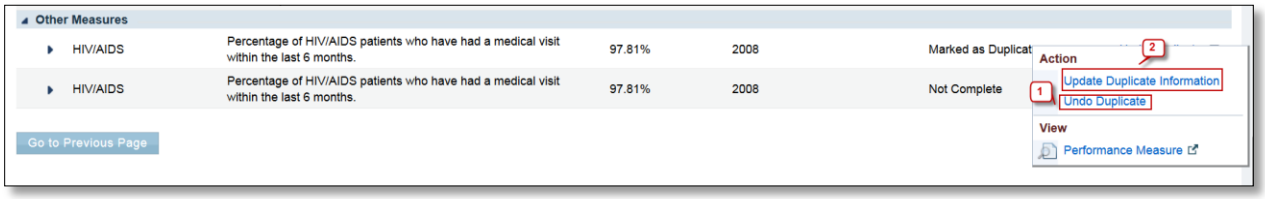
2. Compare the duplicated performance measure's options to the performance measure listed at the top of the screen and select the duplicate. (**Figure 118**, **1**)
3. Provide justification comments for the performance measure marked as a duplicate and click **Save and Continue**. (**Figure 118**, **2**)

Note: The performance measure that you selected as a duplicate will no longer contain a Mark as Duplicate link. Instead, there will be two other links: Undo Duplicate and Update Duplicate Information.

6.17.2.2 Undo a Duplicated Performance Measure

To unmark the performance measure as a duplicate, click the Undo Duplicate link (**Figure 119**, **1**).

Figure 119: Undo/Update Duplicate links



6.17.2.3 Update a Duplicated Performance Measure

To change a duplicated performance measure,

1. Click the Update Duplicate Information link (**Figure 119**, **2**)

- Select another performance measure as the duplicate.
- Modify the justification comments.

2. Click **Save and Continue** when you are finished.

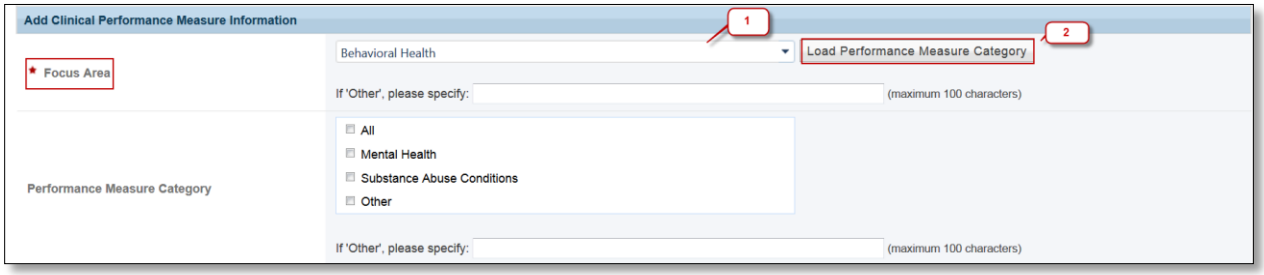
- You will be returned to the **Clinical Performance Measures** form.

6.17.3 Adding Other Performance Measure

To add an 'Other' performance measure to your application,

1. Click the **Add Other Performance Measure** button on the Clinical Performance Measure form list page.
   - The **Add Clinical Performance Measure** page opens

Figure 120: **Add Clinical Performance Measure**



2. Select a focus area from the drop-down menu (**Figure 120**, **1**).
3. If your focus area is Oral Health or Behavioral Health, click on the **Load Performance Measures Category** button to load the performance measure categories (**Figure 120**, **2**). Otherwise, selecting Performance Measure Categories is not applicable for you.
4. Select one or more performance measure categories.
5. Provide the required information on this page.
6. Click on the **Add New Key Factor and Major Planned Action** button to add Key Factors.

Note: You have to provide information for at least one restricting and one contributing Key Factor type.

7. Click on the **Save** button to save the information on this page. To proceed to the performance measure list page, click on the **Save and Continue** button. The newly added measure will be listed under the **Other Measures** group on the **Clinical Performance Measures** list page.
8. The newly added 'Other' measures can be updated or deleted by using the Update and Delete links provided as options.

6.18 Financial Performance Measures

Use this form to provide information about financial performance measures.

Note: Refer to the SAC Funding Opportunity Announcement for more information on completing the Financial Performance **Measures** form.

The **Financial Performance Measures** form displays standard measures and other measures. Standard measures are pre-defined measures; applicants are required to provide requested information for all the measures listed under standard measures.

Other Measures are additional measures that an applicant may wish to add in this application. Addition of Other Measures is optional.

In order to complete this form, follow these steps

1. Provide the Project Period Start date and the Project Period End date in the Project Period section of the form in the 'MM/DD/YYYY' format.

Note: The project period is the total time for which the applicant requests support up to three years.

The system will synchronize the project period dates between the **Clinical Performance Measures** and **Financial Performance Measures** forms. Changes made to dates in one form are reflected in the other form.

6.18.1 Competing the Standard Performance Measures for New and Supplemental applications

If you are submitting a 'New' or a 'Supplemental' application, then you must provide information for all the standard performance measures listed in this form.

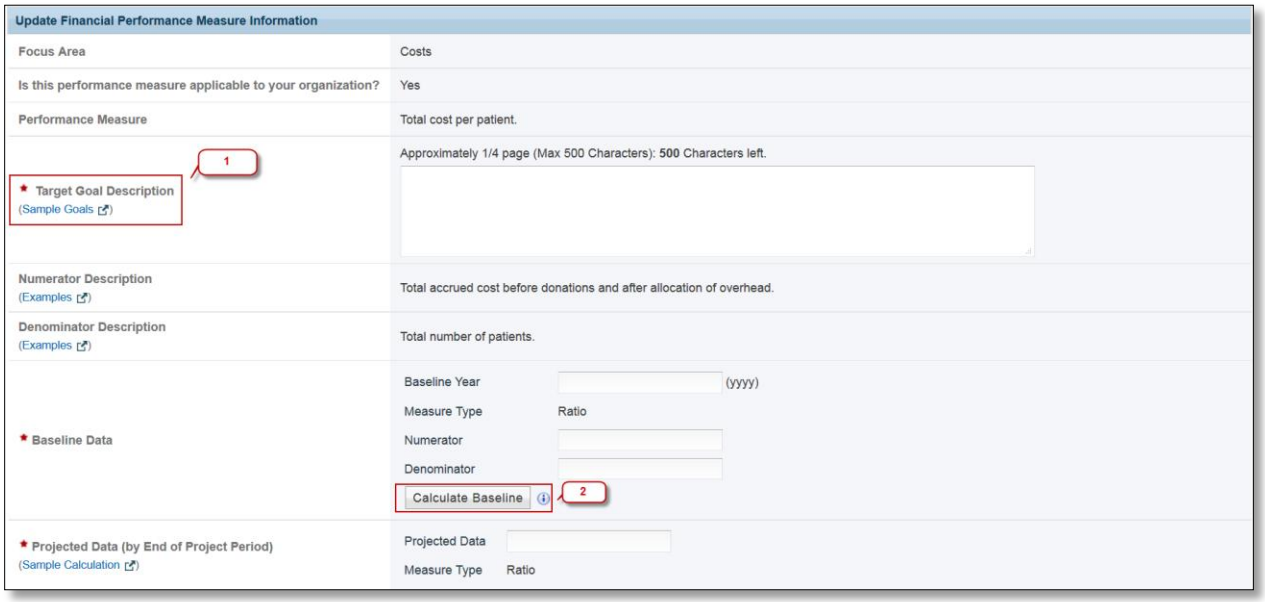
Notes:

- All the standard performance measures will have a status of 'Not Complete'.
- The **Financial Performance Measures** form will become 'Complete' when the status of all the Standard Performance Measures and Other Measures is 'Complete'.

1. Click on the Update link to start working on a performance measure.

➢ The system will direct you to the **Financial Performance Measure – Update** page.

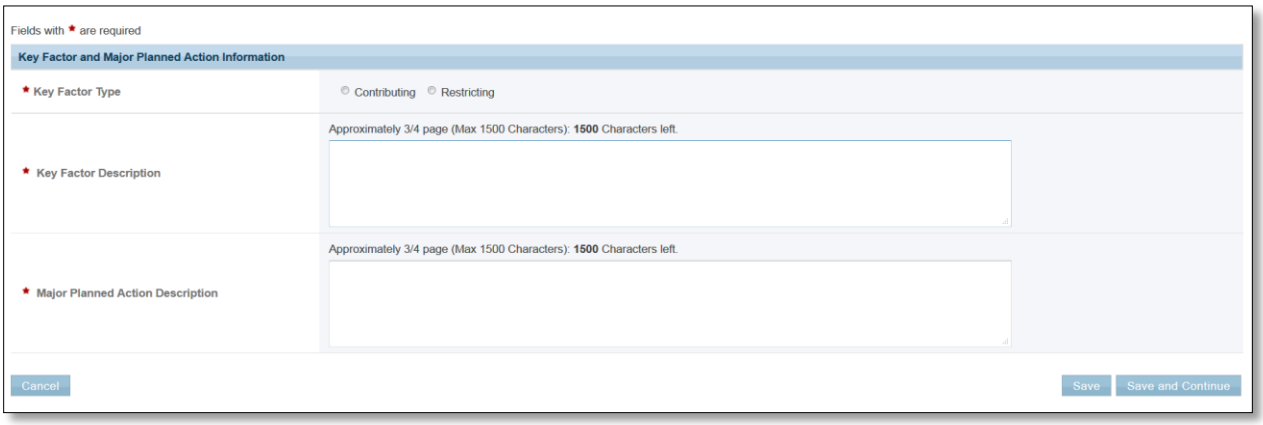
Figure 121: Financial Performance Measure - Update Page



2. To view examples of a target goal description, click on the Sample Goals link (**Figure 121**, **1**). To view examples of Numerator and Denominator descriptions, click on the Examples link.
3. **Calculate Baseline** button will calculate the baseline data based on the numerator and denominator values provided by you. (**Figure 121**, **2**)
4. Click on the **Add New Key Factor and Major Planned Action** button to add Key Factors.

➢ The system will direct you to the **Key Factor and Major Planned Action – Add** page. Provide all the required information.(**Figure 122**)

Figure 122: Key Factors and Major Planned Action – Add page



Note: You have to provide information for at least one restricting and one contributing Key factor type.

5. Click on the **Save** button to save the information on this page. To proceed to the **Performance Measure List** page, click on the **Save and Continue** button.

6.18.2 Completing the Standard Performance Measures for Competing Continuation applications

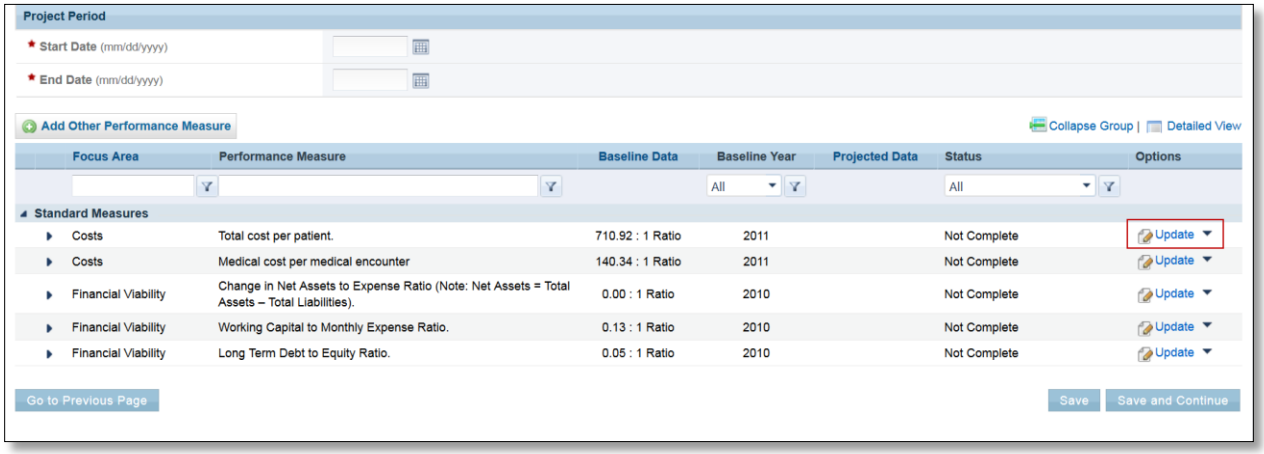
If you are submitting a Competing Continuation (Type 2) application, then the system will pre-populate most of the information you provided for these performance measures from your latest SAC/NAP/BPR submission and 2012 (Uniform Data System) UDS report.

Notes:

- All the standard performance measures' status will be 'Not Complete'.
- The Clinical Performance Measures form will become 'Complete' when the status of all the Standard Performance measures and Additional measures is 'Complete'.

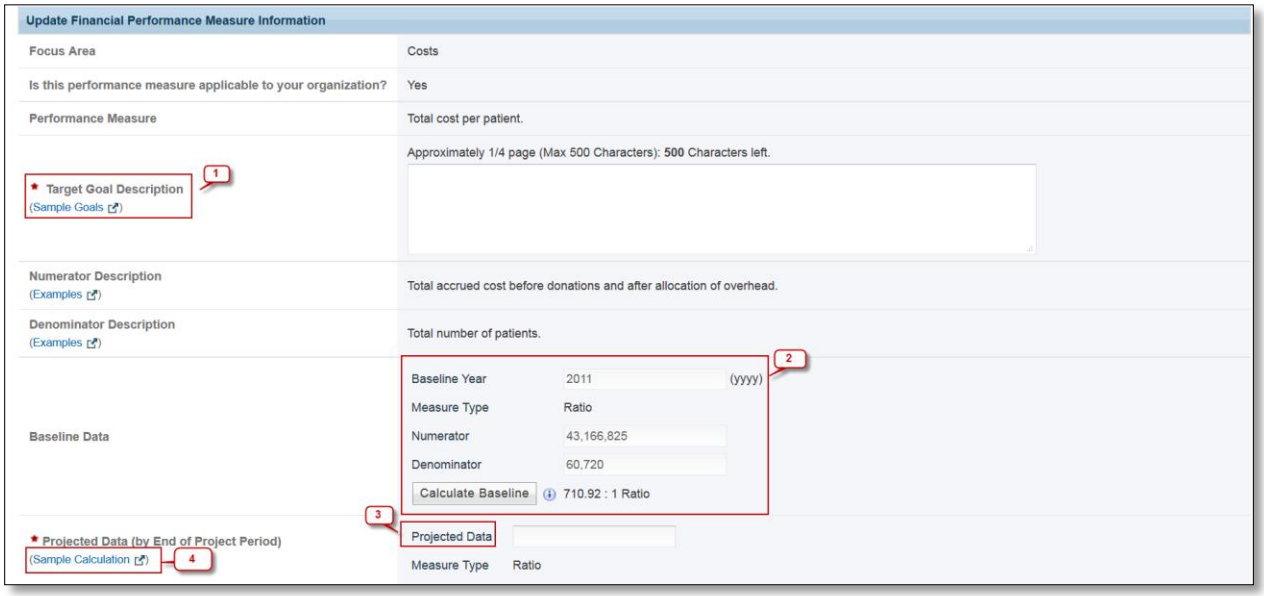
1. Click on the Update link to provide the requested details for all the performance measures.

Figure 123: Financial Performance Measure - List Page



➢ The system will open the **Financial Performance Measures - Update** page.

Figure 124: Financial Performance Measure - Update Page



2. Provide the Target Goal Description requested. For a sample goal description, click on the Sample Goals link. (**Figure 124**, **1**)
3. For the financial performance measure with Focus area – 'Cost', the following fields will be pre-populated from the latest submitted UDS report and will be non editable. (**Figure 124**, **2**)
   - Baseline Year
   - Numerator
   - Denominator

Notes:

- The baseline data will be pre-populated and non-editable for all standard measures. For the 'Financial Viability' related measures, this information will be pre-populated and editable.
- There can be scenarios when there is no baseline data to pre-populate for certain standard measures. In these cases, too, Baseline Data fields will be disabled and grantee will not be required to provide any information.

4. In the Projected Data field, enter the data expected when the project period concludes. (**Figure 124**, **3**)

➢ Click the Sample Calculation link to see an example of the calculation you need to perform to complete this field (**Figure 124**, **4**)

6. Click on the **Add New Key Factor and Major Planned Action** button to add Key Factors.

Note: You have to provide information for at least one restricting and one contributing Key Factor type.

Click the **Save** button to save the information on this page. To proceed to the **Performance Measure List** page, click on the **Save and Continue** button.

6.18.3 Adding Other Performance Measure

To add an 'Other' performance measure to your application,

1. Click the **Add Other Performance Measure** button on the Financial Performance Measure form list page.
   - The **Financial Performance Measures – Add** page opens.
2. Provide the required information on this page.
3. To add the Key Factors, click on the **Add New Key Factor and Major Planned Action** button.

Note: You have to provide information for at least one restricting and one contributing Key Factor type.

4. Click on the **Save** button to save the information on this page. To proceed to the performance measure list page, click on the **Save and Continue** button. The newly added measure will be listed under the Other Measures group on the **Financial Performance List** page.

5. For the newly added other performance measures, the system will provide a Delete link.

6.18.3.1 Marking a Measure as Duplicate

When you see a link that reads Mark as Duplicate in the action links, you can mark the performance measure as a duplicate. Refer to **Section 6.17.2.1** for more details.

6.18.3.2 Undo Duplicate Performance Measure

When you see a link that reads Undo Duplicate, you can mark the performance measure as a duplicate. Refer to **Section 6.17.2.2** for more details.

7. Appendices

The **Appendices** form allows you to attach standard documents that your grant program requires when you submit your application. To access this form, click the Appendices link under the **Other Information** section in the left navigation menu.

Note: You must upload one document for all the required attachments.

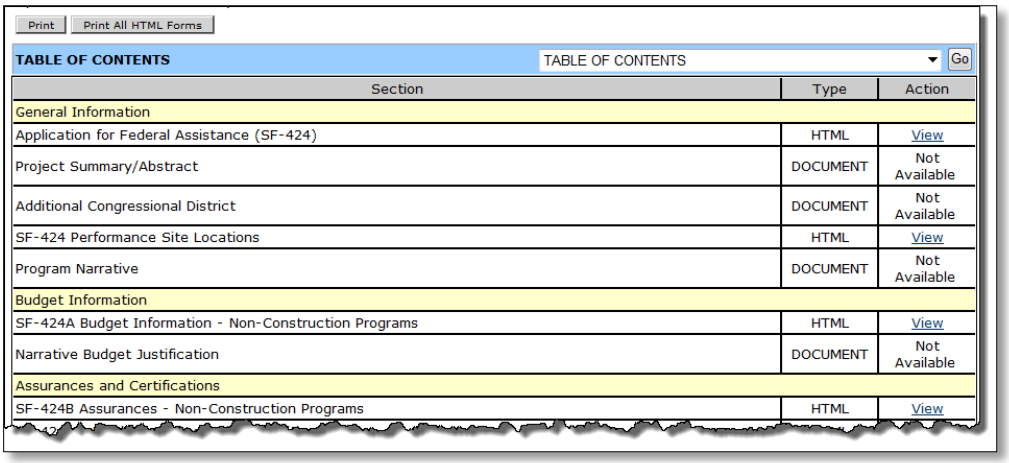
After uploading the documents for all the required attachments, click the **Save** button to mark this form as Complete.

8. Review the Application

Click **Review** in the left navigation panel to see a list of the forms in the application.

Figure 125: Review Link Shows a List of the Forms

Figure 126: List of Forms in the Application



Use the View links on this page to view and print forms and documents:

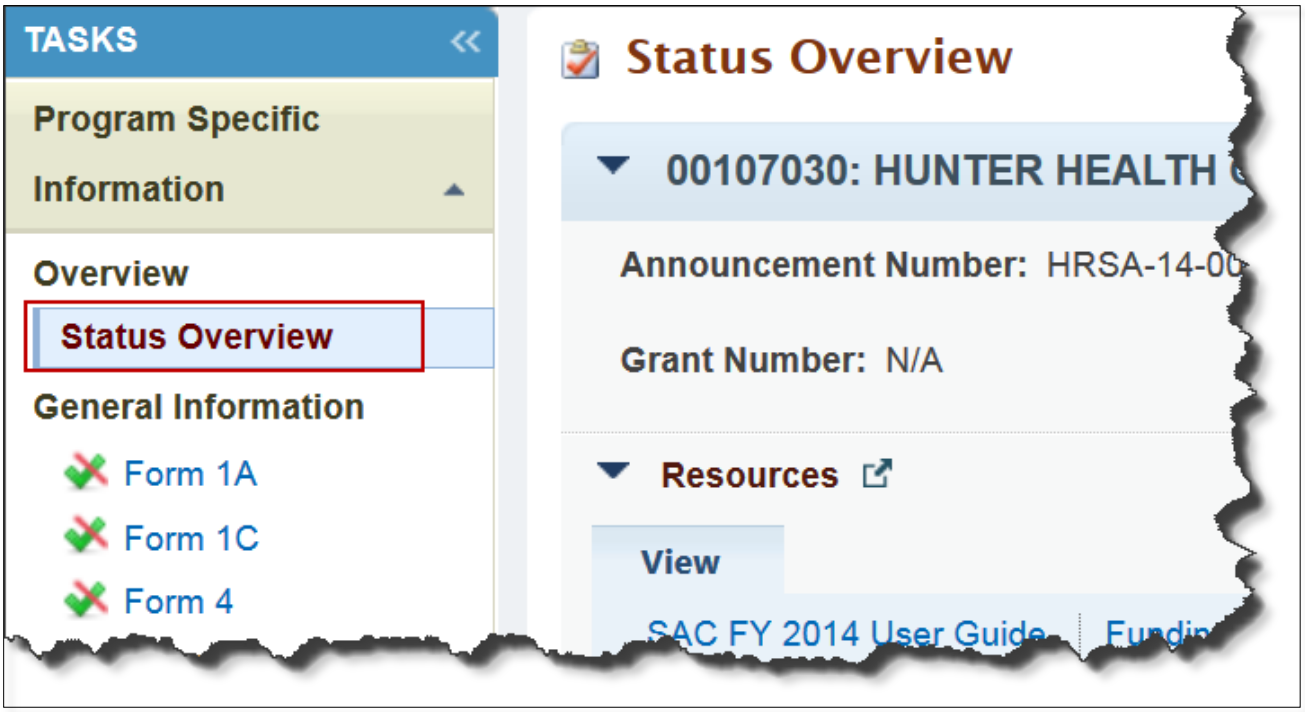
1. Click the **View** link in the Action column to view and print the forms and attachments.
2. Click:
   - **Print** for a printable version of this page.
   - **Print All HTML Forms** for a printable version of all the HTML forms (forms only, not attachments).

To print the entire application (HTML forms and attachments), you must download the application to your computer.

8.1 Program Specific Forms

To view the status of all Program Specific Forms, click Status Overview under Overview in the left navigation panel when you are working on a program specific form.

Figure 127: Status Link in the Left Navigation Panel on Form 1A



The **Status Overview** page for program specific forms opens. This page shows the completion status of each program specific form.

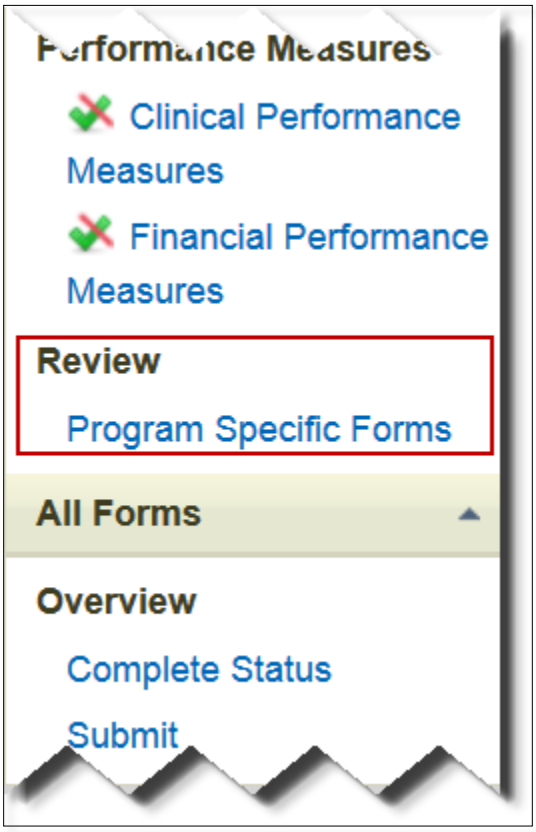
Figure 128: Status Overview Page for Program Specific Forms

Program Specific Information Status		
Section	**Status**	**Options**
General Information		
Form 1A - General Information Worksheet	Not Complete	Update
Form 1C - Documents On File	Not Started	Update
Form 4 - Community Characteristics	Not Started	Update
Budget Information		
Federal Object Class Categories	Not Started	Update
Form 2 - Staffing Profile	Not Started	Update
Form 3 - Income Analysis	Not Started	Update
Sites and Services		
Form 5A - Services Provided	Not Started	
Required Services	Not Started	Update
Additional Services	Not Started	Update
Form 5B - Service Sites	Not Started	Update
Form 5C - Other Activities/Locations	Not Started	Update
Other Forms		
Form 6A - Current Board Member Characteristics	Not Complete	Update
Form 6B - Request for Waiver of Governance Requirements	Not Started	Update
Form 8 - Health Center Agreements	Not Started	Update
Form 9 - Need for Assistance Worksheet	Not Started	
Section I - Core Barriers	Not Started	Update
Section II - Core Health Indicators	Not Started	Update
Section III - Other Health and Access Indicators	Not Started	Update
Form 10 - Annual Emergency Preparedness Report	Not Started	Update
Form 12 - Organization Contacts	Not Complete	Update
Performance Measures		
Clinical Performance Measures	Not Complete	Update
Financial Performance Measures	Not Started	Update

Click the Update link to make any necessary adjustments. All forms must be complete before you can submit your application.

To view or print the program specific forms, click Program Specific Information under Review in the left navigation panel.

Figure 129: Program Specific Information Link in the Left Navigation Panel

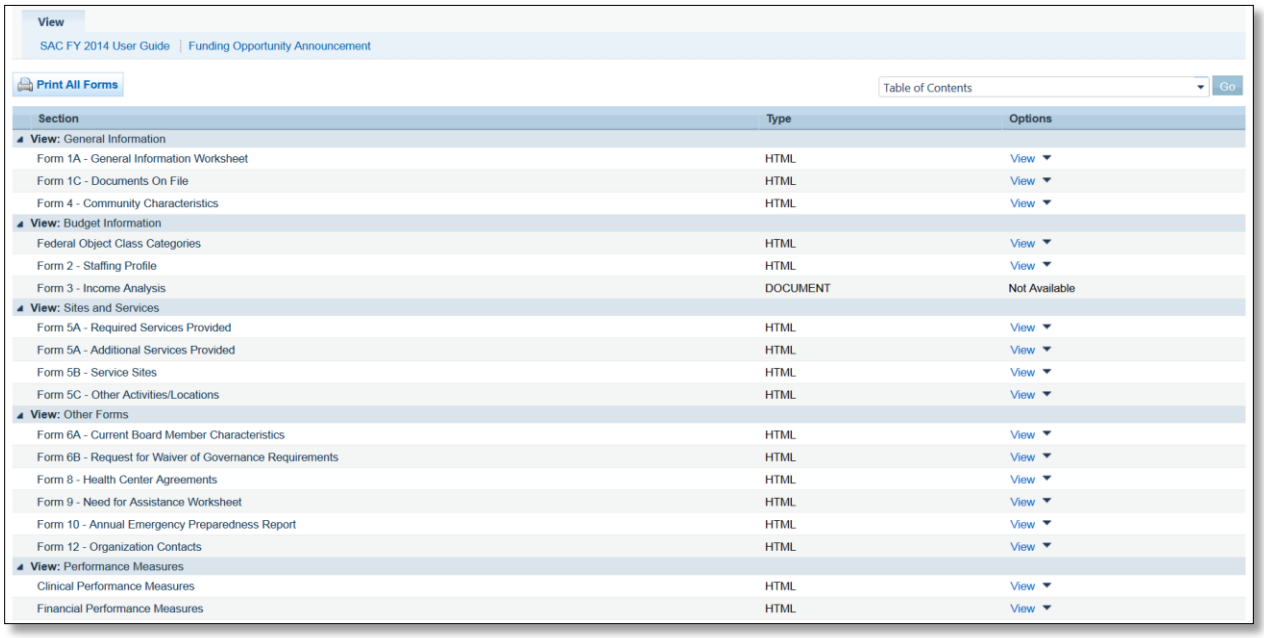


The **Program Specific Information Review** Page will display all Program Specific Forms in the application.

Use the links and buttons on this page to view and print the forms and documents:

3. Click the View link in the Action column to view and print each form/document separately from the View page.
4. Click:
   - **Print** to print the review page.
   - **Print All HTML Forms** to print all forms (HTML in the Type column).

Figure 130: Program Specific Information Review Page

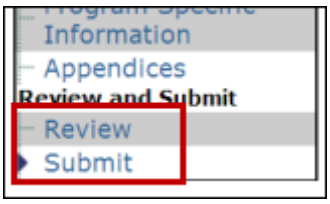


9. Submit the Application

To submit an application, you must have the Submit privilege. This privilege must be given by the project director to the authorizing official or designee.

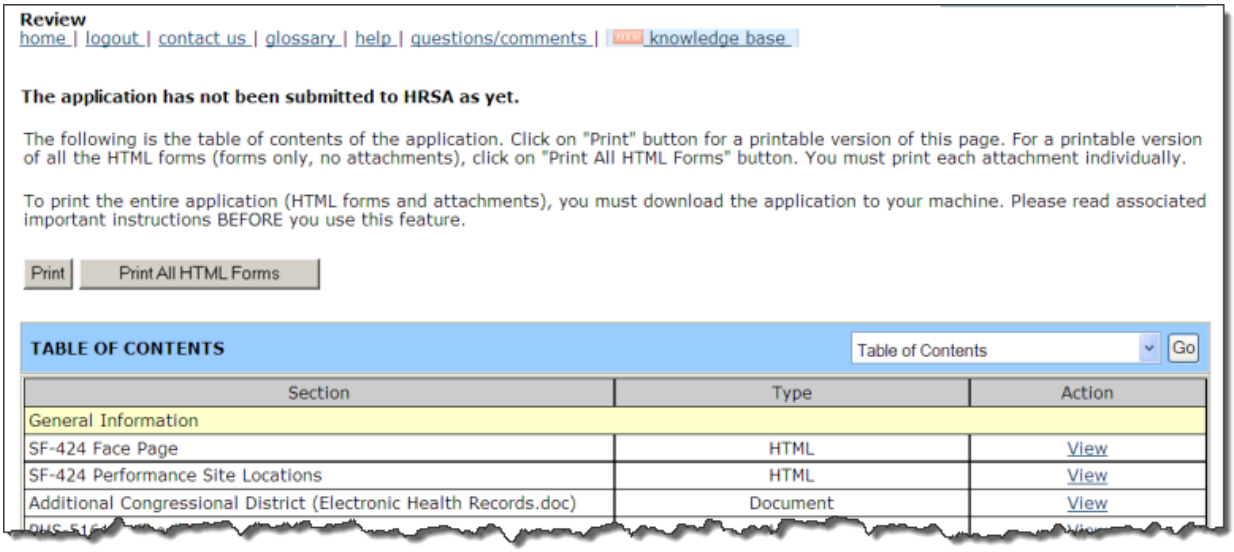
You can submit your application once all forms are complete. Use the Review and Submit links in the left navigation panel to begin the submission process.

Figure 131: Review Link in Left Navigation Panel



1. Click Review to open the Review page, where you can review your forms before submission (**Figure 131**).

Figure 132: Review Page



2. Click **Proceed to Submit Page** to open the **Submit** Page (**Figure 133, Figure 134**Figure 134).

Figure 133: Proceed to Submit Page Button

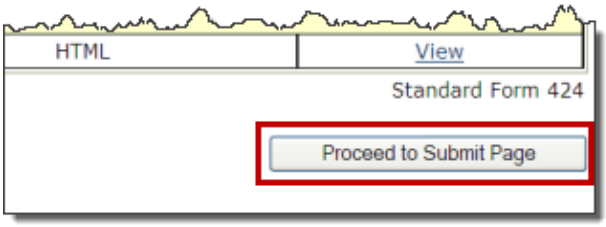
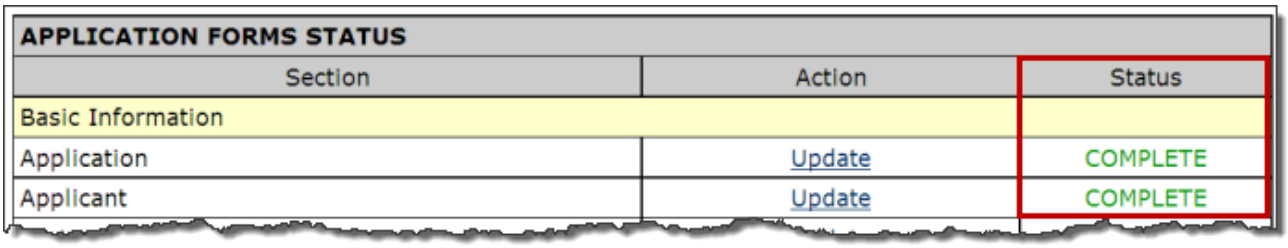


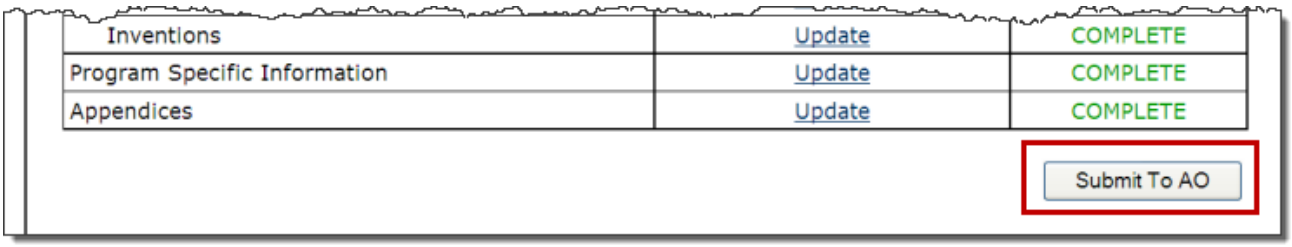
Figure 134 Submit Page Showing the Status Overview



3. If you are not the Authorizing Official (AO), you will see a **Submit to AO** (**Figure 135**) button at the bottom of the page. Click **Submit to AO** to notify the AO that the application is ready for submission.

NOTE: If you are the AO, you will see a **Submit to HRSA** button at the bottom of the page instead of the **Submit to AO** button.

Figure 135: Submit to AO Button



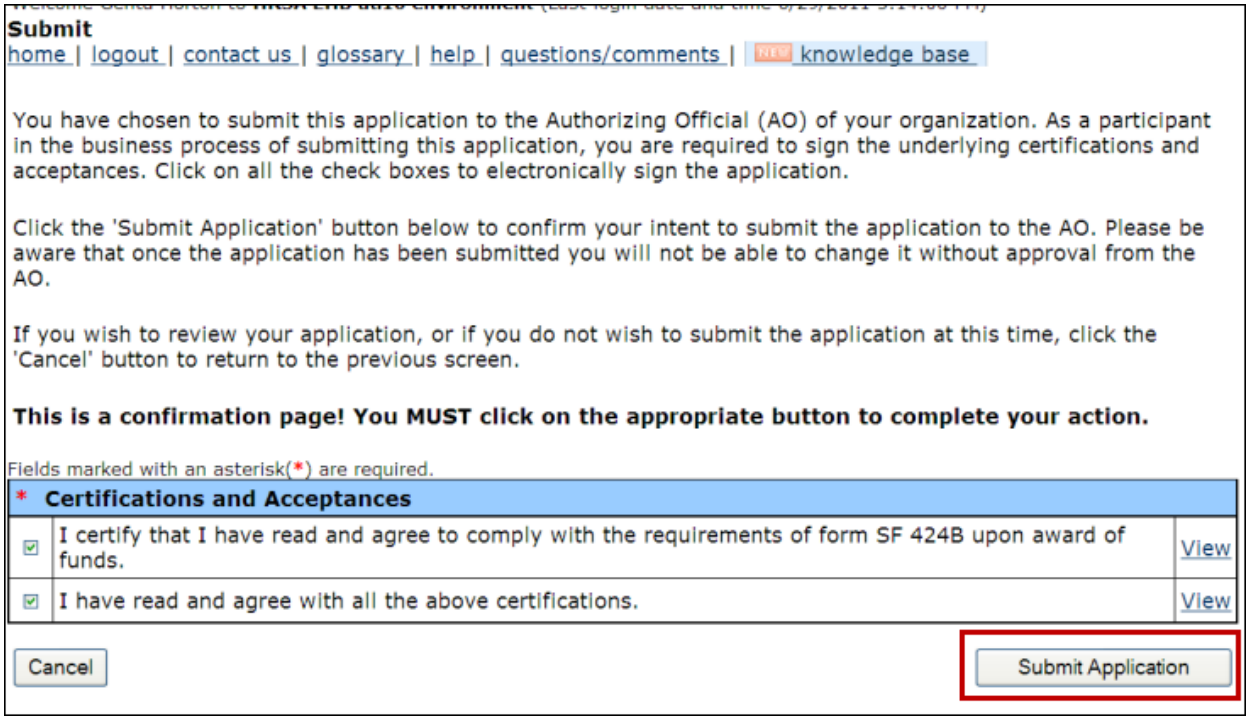
Inventions	Update	COMPLETE
Program Specific Information	Update	COMPLETE
Appendices	Update	COMPLETE

Submit To AO

- The Submission Confirmation Page opens (**Figure 136**).

4. Click View to read the certifications and click the checkboxes to indicate acceptance. Then click **Submit Application**.

Figure 136: Submission Confirmation Page



Submit

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You have chosen to submit this application to the Authorizing Official (AO) of your organization. As a participant in the business process of submitting this application, you are required to sign the underlying certifications and acceptances. Click on all the check boxes to electronically sign the application.

Click the 'Submit Application' button below to confirm your intent to submit the application to the AO. Please be aware that once the application has been submitted you will not be able to change it without approval from the AO.

If you wish to review your application, or if you do not wish to submit the application at this time, click the 'Cancel' button to return to the previous screen.

This is a confirmation page! You MUST click on the appropriate button to complete your action.

Fields marked with an asterisk(*) are required.

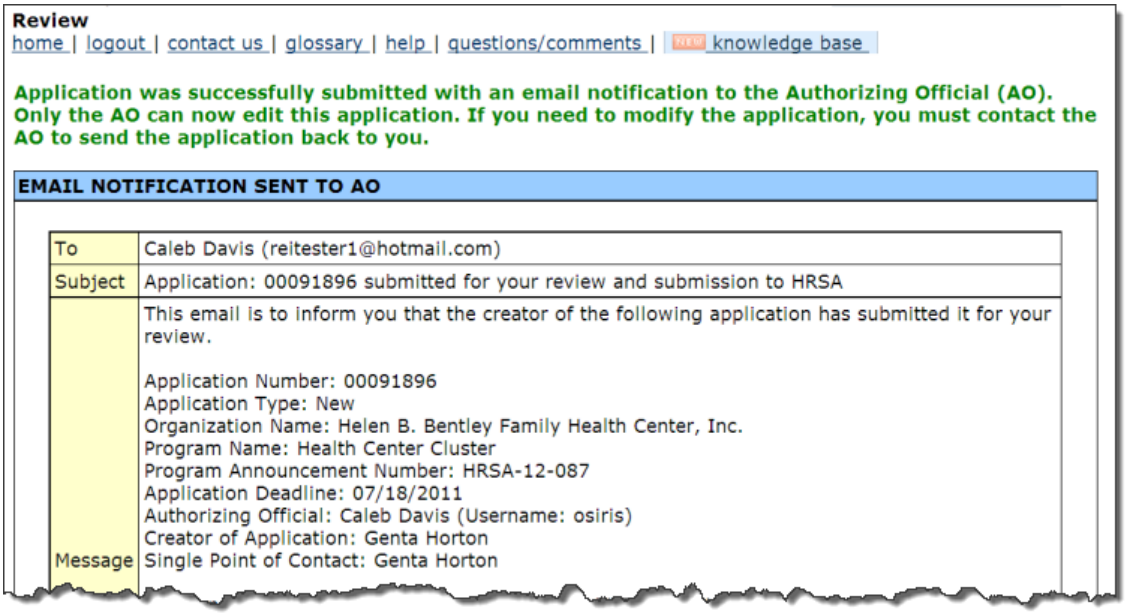
* Certifications and Acceptances		
☑	I certify that I have read and agree to comply with the requirements of form SF 424B upon award of funds.	View
☑	I have read and agree with all the above certifications.	View

Cancel

Submit Application

- The following page informs you that an email notification has been sent to the Authorizing Official (**Figure 137**).

Figure 137: Email Notification Sent to Authorizing Official



Review

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Application was successfully submitted with an email notification to the Authorizing Official (AO). Only the AO can now edit this application. If you need to modify the application, you must contact the AO to send the application back to you.

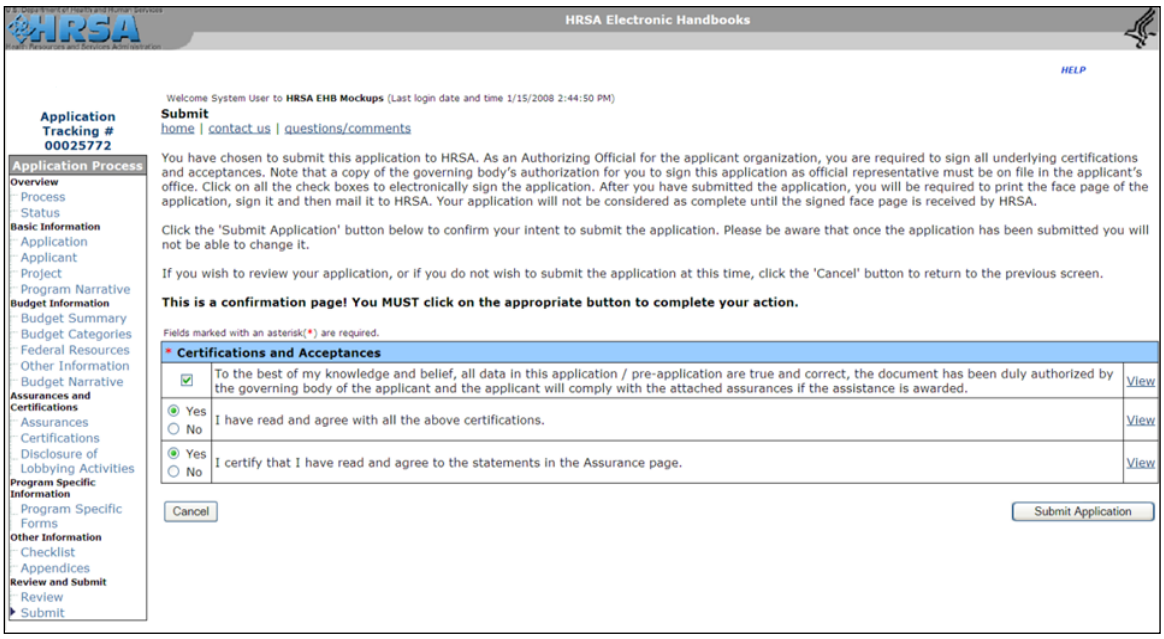
EMAIL NOTIFICATION SENT TO AO

To	Caleb Davis (reitester1@hotmail.com)
Subject	Application: 00091896 submitted for your review and submission to HRSA
Message	This email is to inform you that the creator of the following application has submitted it for your review. Application Number: 00091896 Application Type: New Organization Name: Helen B. Bentley Family Health Center, Inc. Program Name: Health Center Cluster Program Announcement Number: HRSA-12-087 Application Deadline: 07/18/2011 Authorizing Official: Caleb Davis (Username: osiris) Creator of Application: Genta Horton Single Point of Contact: Genta Horton

5. The AO will click **Submit to HRSA**.

➢ The Submit Confirmation page opens.

Figure 138: Submit Confirmation Page



HRSA Electronic Handbooks

HELP

Welcome System User to **HRSA EHB Mockups** (Last login date and time 1/15/2008 2:44:50 PM)

Application Tracking # 00025772

Application Process
- **Overview**
  - Process
  - Status
- **Basic Information**
  - Application
  - Applicant
  - Project
  - Program Narrative
- **Budget Information**
  - Budget Summary
  - Budget Categories
  - Federal Resources
  - Other Information
  - Budget Narrative
- **Assurances and Certifications**
  - Assurances
  - Certifications
  - Disclosure of Lobbying Activities
- **Program Specific Information**
  - Program Specific Forms
- **Other Information**
  - Checklist
  - Appendices
- **Review and Submit**
  - Review
  - Submit

Submit

home | contact us | questions/comments

You have chosen to submit this application to HRSA. As an Authorizing Official for the applicant organization, you are required to sign all underlying certifications and acceptances. Note that a copy of the governing body's authorization for you to sign this application as official representative must be on file in the applicant's office. Click on all the check boxes to electronically sign the application. After you have submitted the application, you will be required to print the face page of the application, sign it and then mail it to HRSA. Your application will not be considered as complete until the signed face page is received by HRSA.

Click the 'Submit Application' button below to confirm your intent to submit the application. Please be aware that once the application has been submitted you will not be able to change it.

If you wish to review your application, or if you do not wish to submit the application at this time, click the 'Cancel' button to return to the previous screen.

This is a confirmation page! You MUST click on the appropriate button to complete your action.

Fields marked with an asterisk(*) are required.

* Certifications and Acceptances		
☑	To the best of my knowledge and belief, all data in this application / pre-application are true and correct, the document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.	View
◉ Yes ○ No	I have read and agree with all the above certifications.	View
◉ Yes ○ No	I certify that I have read and agree to the statements in the Assurance page.	View

Cancel | Submit Application

6. The AO will complete the questions in the Certifications and Acceptance section and click **Submit Application**.
7. You will receive notification of errors or successful submission.

10. Customer Support Information

Use your Application Tracking Number for all correspondence.

10.1 BPHC Help Desk

For assistance with completing Standard and Program Specific Forms within the application, please contact the BPHC Helpline:

- By Email: BPHCHelpline@hrsa.gov

OR

- By Phone: 877-974-2742 (8:30 am to 5:30 pm ET, Monday-Friday)

Do not call the BPHC Helpline for questions that concern the SAC FOA or programmatic questions.

10.2 HRSA Call Center

For assistance with registering in HRSA EHB, or EHB access/password related issues, please contact the HRSA Call Center:

- By Phone: 877-GO4-HRSA (877-464-4772) (9:00 am to 5:30 pm ET)

OR

- By Email: CallCenter@hrsa.gov

Please visit HRSA EHB for additional online help.

- Go to: https://grants.hrsa.gov/webexternal/home.asp
- Click on Site Help

Do not call the Call Center for any questions that concern the SAC FOA or programmatic questions.

10.3 HRSA Program Support

For questions on the SAC FOA or programmatic questions, please contact the Program Point of Contact within the Bureau of Primary Health Care (BPHC) Office of Policy and Program Development (OPPD) as noted in the SAC FOA.

11. Frequently Asked Questions

11.1 What are the software requirements for HRSA EHB?

The developed functionality will be compatible with the browser(s) recommended within the 'Browser Requirements' section of the HRSA EHB portal. The 'Browser Requirements' section can also be accessed using the following link: https://grants3.hrsa.gov/2010/WebEPSInternal/Interface/common/BrowserSettings.aspx.

In future, when updated versions of browsers are recommended by HRSA OIT, any required system changes will be implemented to ensure continued compatibility.

In addition, you will need Microsoft Word and Excel to complete program specific unstructured forms.

11.2 What document types can I upload?

The following document types are supported in HRSA EHB:

- .DOC - Microsoft Word
- .DOCX – Microsoft Word
- .RTF - Rich Text Format
- .TXT - Text
- .WPD - Word Perfect Document
- .PDF - Adobe Portable Document Format
- .XLS - Microsoft Excel
- .XLSX – Microsoft Excel