

HRSA Electronic Handbooks (EHB)

FY 2016 Substance Abuse Service Expansion

HRSA-16-074

User Guide for Grant Applicants

Last updated on August 4, 2015



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This user guide describes the steps you need to follow in order to submit a FY 2016 Substance Abuse Service Expansion application to the Health Resources and Services Administration (HRSA).

1. Starting the FY 2016 Substance Abuse Service Expansion Application

You can complete and submit the FY 2016 Substance Abuse Service Expansion application by following a two-step process:

1. In the first step, you must find the funding opportunity in Grants.gov, download the application package, and submit the completed application in Grants.gov.
2. In the second step, you must validate, complete, and submit this application in the HRSA Electronic Handbooks (EHB).

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

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

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

IMPORTANT NOTE: If you do not have a username, you must register in EHB. Do not create duplicate accounts. If you experience log in issues or forget your password, contact the **HRSA Contact Center** (<http://www.hrsa.gov/about/contact/ehbhelp.aspx>) at (877) 464-4772.

2. Locate the Substance Abuse Service Expansion application using the EHB application tracking number (e-mailed after successful Grants.gov submission) and click the **Start** link to begin working on the application in EHB.
 - The system opens the **Application - Status Overview** page of the application (**Figure 1**).

Figure 1: Accessing the Application - Status Overview Page

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

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

2. Completing the standard SF-424 section of the application

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

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

2.1 Completing the Basic Information Section

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

- The **SF-424 Part 1** form displays the basic application and applicant organization information.
- The **SF-424 Part 2** form displays project information including the project title, project period, cities, counties, and Congressional districts affected by the project. The Project Abstract has been imported from Grants.gov and placed under the Project Description section where you may re-attach an updated version, as necessary (Figure 2, 1).

Figure 2: Project Description on SF-424 Part 2

SF-424 - Part 1 SF-424 - Part 2

Fields with * are required

Areas Affected by Project (Cities, Counties, States, etc.) (Minimum 0) (Maximum 1) Attach File

No documents attached

Descriptive Title of Applicant's Project: Health Center Cluster

Project Description (Minimum 1) (Maximum 1) 1 Max 1 Allowed

Document Name	Size	Date Attached	Description	Options
Project Abstract.docx	11 kB	9/16/2016	Project Abstract from Grant.gov	Update Description

- The **Project/Performance Site Location(s)** form, provided in Grants.gov, displays the administrative site location and any site locations where you propose to provide services, if listed in Grants.gov. Since this is a supplemental funding application, only the address for the administrative site location is required.
- In the **Project Narrative** form, attach the project narrative by clicking on the Attach file button ([Figure 3, 1](#)).

Figure 3: Project Narrative

Project Narrative

Due Date: 9/16/2016 3:00:00 PM (Due in: 0 days) | Section Status: Not Complete

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Fields with * are required

Project Narrative (Minimum 1) (Maximum 2) 1 Attach File

No documents attached

Go to Previous Page Save Save and Continue

2.2 Completing the Budget Information (SF-424A)

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

2.2.1 Budget Information – Section A-C

The **Budget Information – Section A-C** form consists of the following three sections:

- Section A – Budget Summary
- Section B – Budget Categories
- Section C – Non-Federal Resources

To complete this form, follow the steps below:

1. Click the **Update** link for Section A-C on the **Application - Status Overview** page ([Figure 4](#)).

Figure 4: Budget Information Section A-C Update Link

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

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

Figure 5: Budget Information – Section A-C Page

Budget Information - Section A-C

Due Date: 11/03/2016 12:00:00 PM (Due in: 0 days) | Section Status: Not Complete

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Fields with * are required

Section A - Budget Summary Update

Grant Program Function or Activity	CFDA Number	Estimated Unobligated Funds		New or Revised Budget		Total
		Federal	Non-Federal	Federal	Non-Federal	
Community Health Centers	93.224	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Health Care for the Homeless	93.224	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Migrant Health Centers	93.224	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Public Housing	93.224	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Update Sub Program 1	Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Section B - Budget Categories Update

Object Class Categories	Grant Program Function or Activity		Total
	Federal	Non-Federal	
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total Direct Charges	\$0.00	\$0.00	\$0.00
Indirect Charges	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

Section C - Non Federal Resources Update

Grant Program Function or Activity	Applicant	State	Local	Other	Program Income	Total
Community Health Centers	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Health Care for the Homeless	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Migrant Health Centers	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Public Housing	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Go to Previous Page Save Save and Continue

- Review the pre-populated sub programs (funding streams). If the pre-populated information does not reflect all funding streams currently received, under **Section A – Budget Summary**, click on the Update Sub Program button (Figure 5, 1).
 - The **Sub Programs – Update** page opens (Figure 6).
 - Only if needed, update the sub programs to reflect your current Health Center Program funding. Applicants cannot use the Substance Abuse Service Expansion application to make changes to their Health Center Program sub programs.
 - Select or unselect the sub programs. Only select the programs for which you are requesting funding.
 - Click the Save and Continue button.

- The **Budget Information – Section A-C** page re-opens showing the selected sub program(s) under the Section A – Budget Summary (**Figure 7, 1**).

Figure 6: Sub Programs – Update Page

Sub Programs - Update

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

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Sub Programs

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

Cancel Save and Continue

Figure 7: Section A – Budget Summary Showing Addition of Sub Program

Section A - Budget Summary Update

Grant Program Function or Activity	CFDA Number	Estimated Unobligated Funds		New or Revised Budget		
		Federal	Non-Federal	Federal	Non-Federal	Total
Health Care for the Homeless	93.224	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Migrant Health Centers	93.224	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Update Sub Program	Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

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

- The **Section A – Update** page opens.

Figure 8: Section A – Update Page

Section A - Update

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

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Fields with * are required

Section A - Budget Summary

Grant Program Function or Activity	CFDA Number	Estimated Unobligated Funds		New or Revised Budget		
		Federal	Non-Federal	Federal	Non-Federal	Total
Health Care for the Homeless	93.224	\$0.00	\$0.00	\$ 0.00	\$ 0.00	\$0.00
Migrant Health Centers	93.224	\$0.00	\$0.00	\$ 0.00	\$ 0.00	\$0.00
Total		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Cancel Save and Continue

- Do not update the **Estimated Unobligated Funds** columns. Under the **New or Revised Budget** section, enter the amount of federal funds requested for the first 12-month period for each currently funded sub program (CHC, MHC, HCH, and/or PHPC) (**Figure 8, 1**), distributing Substance Abuse Service Expansion funds in the same proportion as current Health Center Program funds. In

the non-federal Resources column, enter the non-federal funds in the budget for the first 12-month period for each requested sub program (Figure 8, 2).

IMPORTANT NOTE: The federal amount refers only to Substance Abuse Service Expansion funding requested, not all federal grant funding that an applicant receives. The total federal amount cannot exceed \$325,000.

5. Click the Save and Continue button.
 - The **Budget Information – Section A-C** page re-opens displaying the updated New or Revised Budget under Section A – Budget Summary (Figure 9).

Figure 9: Section A – Budget Summary Page After Update

Section A - Budget Summary Update						
Grant Program Function or Activity	CFDA Number	Estimated Unobligated Funds		New or Revised Budget		
		Federal	Non-Federal	Federal	Non-Federal	Total
Health Care for the Homeless	93.224	\$0.00	\$0.00	\$30,000.00	\$0.00	\$30,000.00
Migrant Health Centers	93.224	\$0.00	\$0.00	\$20,000.00	\$0.00	\$20,000.00
<input type="button" value="Update Sub Program"/>	Total	\$0.00	\$0.00	\$50,000.00	\$0.00	\$50,000.00

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

Figure 10: Section B – Budget Categories

Section B - Budget Categories Update				
Object Class Categories	Grant Program Function or Activity			Total
	Federal		Non-Federal	
Personnel	\$0.00		\$0.00	\$0.00
Fringe Benefits	\$0.00		\$0.00	\$0.00
Travel	\$0.00		\$0.00	\$0.00
Equipment	\$0.00		\$0.00	\$0.00
Supplies	\$0.00		\$0.00	\$0.00
Contractual	\$0.00		\$0.00	\$0.00
Construction	\$0.00		\$0.00	\$0.00
Other	\$0.00		\$0.00	\$0.00
Total Direct Charges	\$0.00		\$0.00	\$0.00
Indirect Charges	\$0.00		\$0.00	\$0.00
Total	\$0.00		\$0.00	\$0.00

- The system navigates to the **Section B – Update** page (Figure 11).
7. Enter the federal dollar amount for each applicable object class category under the Federal column (Figure 11, 1). If one-time equipment funding is requested (up to \$25,000), it must be shown on the Equipment row under the Federal column or it will not be approved.
8. Similarly, enter the non-federal dollar amount for each applicable object class category under the Non-Federal column (Figure 11, 2).

Figure 11: Section B – Update Page

Section B - Update

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

TRINIDAD LAFRANCIS COMMUNITY HEALTH CENTER Due Date: 8/18/2016 11:58:00 PM (Due in: 0 days) | Section Status: Not Complete

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Fields with * are required

*** Section B - Budget Categories**

Object Class Categories	Grant Program Function or Activity		Total
	Federal	Non-Federal	
Personnel	\$ 0.00	\$ 0.00	\$0.00
Fringe Benefits	\$ 0.00	\$ 0.00	\$0.00
Travel	\$ 0.00	\$ 0.00	\$0.00
Equipment	\$ 0.00	\$ 0.00	\$0.00
Supplies	\$ 0.00	\$ 0.00	\$0.00
Contractual	\$ 0.00	\$ 0.00	\$0.00
Construction	\$ 0.00	\$ 0.00	\$0.00
Other	\$ 0.00	\$ 0.00	\$0.00
Indirect Charges	\$ 0.00	\$ 0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00
Total Budget specified in Budget Summary (Section A)	\$50,000.00	\$0.00	\$50,000.00

IMPORTANT NOTES:

- The total federal amount in Section B – Budget Categories must be equal to the total new or revised federal budget amount specified in Section A – Budget Summary of the **Budget Information – Section A-C** page (no greater than \$325,000).
- The total non-federal amount in Section B – Budget Categories must be equal to the total new or revised non-federal budget amount specified in Section A – Budget Summary of the **Budget Information – Section A-C** page.

9. Click the Save and Continue button (**Figure 11, 3**) to navigate to the **Budget Information – Section A-C** page (**Figure 5**).
10. In Section C – Non Federal Resources, distribute the non-federal budget amount specified in Section A – Budget Summary across the applicable non-federal resources. Click the Update button provided in the top right corner of Section C header to do so (**Figure 12, 1**).

Figure 12: Section C - Non Federal Resources

Section C - Non Federal Resources							1 Update
Grant Program Function or Activity	Applicant	State	Local	Other	Program Income	Total	
Health Care for the Homeless	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Migrant Health Centers	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	

Go to Previous Page 2 Save Save and Continue

IMPORTANT NOTE: The total non-federal amount in Section C – Non Federal Resources must be equal to the total new or revised non-federal budget amount specified in Section A – Budget Summary of the **Budget Information – Section A-C** form.

11. Click the Save and Continue button to proceed to the next form (Figure 12, 2).

2.2.2 Budget Information – Section D-F

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

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

Figure 13: Budget Information – Section D-F

Budget Information - Section D-F						
<p>Resources</p> <p>View</p> <p>Application Action History Funding Opportunity Announcement FOA Guidance Application User Guide</p>						Due Date: 2016-02-16 11:58:00 PM (Due in: 08 days) Section Status: Not Complete
Section D - Forecasted Cash Needs 1 Update						
	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total	
Federal	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Non-Federal	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Section E - Federal Funds Needed for Balance of the Project 2 Update						
Grant Program	Future Funding Periods (Years)					
	5 First	Second	Third	Fourth		
Health Care for the Homeless	\$0.00	\$0.00	\$0.00	\$0.00		
Migrant Health Centers	\$0.00	\$0.00	\$0.00	\$0.00		
Total	\$0.00	\$0.00	\$0.00	\$0.00		
Section F - Other Budget Information 3 Update						
Direct Charges	No information added.					
Indirect Charges	No information added.					
Remarks	No information added.					
Go to Previous Page						4 Save Save and Continue

To complete this form, follow the steps below:

1. Section D – Forecasted Cash Needs is optional and **may be left blank**. However, you may enter the amount of cash needed by quarter during the first year for both the federal and non-federal request. Click the Update button provided in the top right corner of Section D to do so (Figure 13, 1).

2. In Section E – Only enter the First Future Funding Period (Years) to show the amount of Substance Abuse Service Expansion funding requested in Budget Year 2 (Figure 13, 5). Click the Update button provided in the top right corner of Section E to do so (Figure 13, 2).
3. In Section F – Other Budget Information, you may provide information regarding direct and indirect charges. You can also document any relevant comments or remarks in this section. Click the Update button provided in the top right corner of Section F to do so (Figure 13, 3).
4. Finally, click the Save and Continue button on the **Budget Information – Section D-F** to proceed to the next form (Figure 13, 4).

2.2.3 Budget Justification Narrative

Attach a budget justification narrative by clicking on the Attach File button shown in Figure 14.

Figure 14: Budget Justification Narrative

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

2.3 Completing the Other Information section

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

2.3.1 Completing the Assurances Form

The **Assurances** form verifies that you are aware of and agree to comply with all of the Federal requirements should Substance Abuse Service Expansion funds be awarded. To complete this form, you must select 'Agree' on the certification question at the bottom of the form (Figure 15, 1) and click on the Save and Continue button to proceed to the **Disclosure of Lobbying Activities** form.

Figure 15: Assurances

2.3.2 Completing the Disclosure of Lobbying Activities Form

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

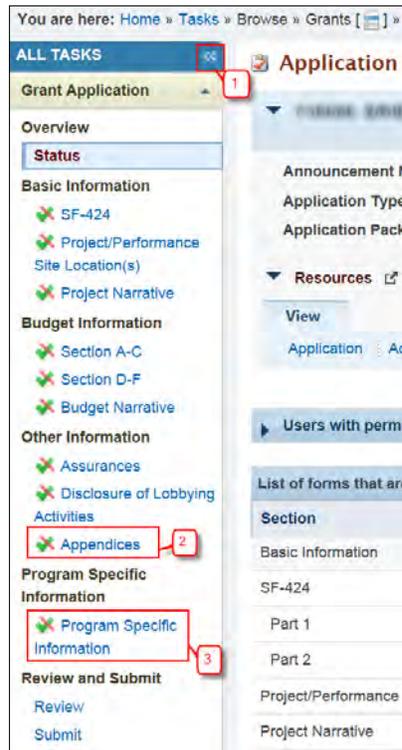
IMPORTANT NOTE: If you certify that you are currently NOT receiving more than \$100,000 in Federal funds, and you engage in lobbying activities, you are not required to complete the **Disclosure of Lobbying Activities** form.

2.3.3 Completing the Appendices Form

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

1. Expand the left navigation menu if not already expanded by clicking the double arrows displayed near the form name at the top of the page (**Figure 16, 1**). Click on the **Appendices** link (**Figure 16, 2**) to navigate to the **Appendices** form.

Figure 16: Left Navigation Menu



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

- Attachment 1: Service Area Map (required)
- Attachment 2: Position Descriptions for Key Project Staff (required)
- Attachment 3: Biographical Sketches for Key Project Staff (required)
- Attachment 4: Summary of Contracts and Agreements (as applicable)
- Attachment 5: Letters of Support (required)
- Attachment 6: Indirect Cost Rate Agreement (as applicable)
- Attachments 7-15: Other Relevant Documents (as applicable)

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

3. Completing the Program Specific Forms

1. Expand the left navigation menu if not already expanded by clicking the double arrows displayed near the form name at the top of the page (**Figure 16, 1**). Click the **Program Specific Information** link (**Figure 16, 3**) under the Program Specific Information section in the left menu to open the **Status Overview** page for the Program Specific Information forms (**Figure 17**). Click the **Update** link to edit a form (**Figure 17, 1**).

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

Figure 17: Status Overview Page for Program Specific Forms

Status Overview

BEYONDHS UNITED COMMUNITY HEALTH CENTER INC. Due Date: 09/26/2016 (Due In: 10 Days) | Program Specific Status: Not Complete

Announcement Number: HRSA-16-074 Announcement Name: Health Center Program: Substance Abuse Service Expansion Application Type: Revision (Supplemental)

Grant Number: Total Federal Requested Amount: Maximum Eligible Amount:

Target Population Type(s):

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Program Specific Information Status

Section	Status	Options
General Information		
Project Work Plan	Not Started	Update
Section A - Required Goals	Not Started	Update
Section B - Optional Goals	Not Started	Update
Form 1A - General Information Worksheet	Not Started	Update
Budget Information		
Form 2 - Staffing Profile	Not Started	Update
Service Information		
Form 5A - Services Provided	Not Started	Update
Required Services	Not Started	Update
Additional Services	Not Started	Update
Specialty Services	Not Started	Update
Other Information		
Equipment List	Not Started	Update
Supplemental Form	Not Started	Update

[Return to Complete Status](#)

3.1 Project Work Plan

The **Project Work Plan** describes the project goals and how they will be attained by the end of the 2-year project. The **Project Work Plan** list page consists of the following sections:

1. [Section A – Required Goals](#) (Figure 18, 1)
2. [Section B – Optional Goals](#) (Figure 18, 2)

Figure 18: Project Work Plan List Page

Project Work Plan (Section A - Required Goals)

Due Date: [Date] (Due In: [Days]) | Section Status: Not Started

Section A - Required Goals Section B - Optional Goals

Goal	Goal Description	Number of Related Key Factors	Number of Related Activities	Status	Options
Goal A1 (Required)	Establish or enhance an integrated primary care/behavioral health model.	0	0	Not Complete	Update
Goal A2 (Required)	Increase the number of patients screened for substance use disorders and connected to treatment via Screening, Brief Intervention, and Referral to Treatment (SBIRT) and other evidence-based practices.	0	0	Not Complete	Update
Goal A3 (Required)	Increase the number of patients with health center-funded access to MAT for opioid use and other substance use disorders treatment by: (1) adding at least 1.0 full time equivalent (FTE) substance abuse services provider(s) directly and/or through contract(s) within 120 days of award; and (2) adding new or enhancing existing substance abuse services directly and/or through contract(s) within 120 days of award.	0	0	Not Complete	Update
Goal A4 (Required)	Coordinate services necessary for patients to achieve and sustain recovery.	0	0	Not Complete	Update
Goal A5 (Required)	Provide training and educational resources, including updated prescriber guidelines, to assist health professionals in making informed prescribing decisions and address the over-prescribing of opioids.	0	0	Not Complete	Update

Complete each of the sections in the **Project Work Plan** by following the steps below:

3.1.1 Completing the Project Work Plan Section A – Required Goals

1. Click on the **Update** link for each of the required goals (Figure 18, 3). The requested information must be provided for each required goal for the application to be eligible for review.
2. The system will navigate to the **Goal Information – Update** page for that goal (Figure 19).

Figure 19: Goal Information – Update Page

3. Add key factors using the Add Key Factors button (Figure 19, 1). The system navigates to the **Key Factor Information – Add** page (Figure 20). When adding a key factor, identify the Key Factor Type (Figure 20, 1) and provide the Key Factor Description (Figure 20, 2). Click the Save and Continue button to return to the **Goal Information – Update** page.

IMPORTANT NOTE: For Required Goals, identify a minimum of 2 and a maximum of 3 key factors. At least 1 contributing factor and 1 restricting factor must be provided.

Figure 20: Key Factor Information - Add Page

4. Add activities using the Add Activity button (Figure 19, 2). For each activity, provide the Activity Description (Figure 21, 1), Person/Area Responsible (Figure 21, 2), Time Frame (Figure 21, 3) and Expected Outcome (Figure 21, 4).

IMPORTANT NOTE: Identify a minimum of 2 and a maximum of 5 planned activities to address each goal.

Figure 21: Goal Information Update Page - Add Activity

The screenshot shows a web form for adding activities to a goal. The form is titled "Activities (Minimum 2) (Maximum 5)". It contains four main sections, each with a red box and a number indicating a specific field:

- 1**: Activity Description (Max 1000 Characters)
- 2**: Person Area/Responsible (Max 200 Characters)
- 3**: Time Frame (Max 500 Characters)
- 4**: Expected Outcome (Max 500 Characters)

At the bottom of the form, there are three buttons: "Cancel", "Save", and "Save and Continue".

5. When you are finished updating the goal information, click the Save and Continue button to return to the **Project Work Plan** list page (Figure 22). The system displays the number of related key factors (Figure 22, 1) and activities (Figure 22, 2) for each goal. You can further update each goal by clicking on the **Update** link (Figure 22, 3). You can view the goal information in a new read-only window by clicking on the **Goal Information** link (Figure 22, 4).

Figure 22: Project Work Plan List Page for Required Goals

Project Work Plan (Section A - Required Goals)

Due Date: 10/31/2016 (Due In: 15 Days) | Section Status: Not Complete

Resources

Section A - Required Goals Section B - Optional Goals

Goal	Goal Description	Number of Related Key Factors	Number of Related Activities	Status	Options
Goal A1 (Required)	Establish or enhance an integrated primary care/behavioral health model.	2	2	Complete	Update
Goal A2 (Required)	Increase the number of patients screened for substance use disorders and connected to treatment via Screening, Brief Intervention, and Referral to Treatment (SBIRT) and other evidence-based practices.	2	2	Complete	Update
Goal A3 (Required)	Increase the number of patients with health center-funded access to MAT for opioid use and other substance use disorders treatment by: (1) adding at least 1.0 full time equivalent (FTE) substance abuse services provider(s) directly and/or through contract(s) within 120 days of award; and (2) adding new or enhancing existing substance abuse services directly and/or through contract(s) within 120 days of award.	3	3	Complete	Update View Goal Information
Goal A4 (Required)	Coordinate services necessary for patients to achieve and sustain recovery.	2	2	Complete	
Goal A5 (Required)	Provide training and educational resources, including updated prescriber guidelines, to assist health professionals in making informed prescribing decisions and address the over-prescribing of opioids.	2	2	Complete	Update

Go to Previous Page Save Save and Continue

3.1.2 Completing the Project Work Plan Section B – Optional Goals

1. Click on the **Section B – Optional Goals** tab from the **Project Work Plan** list page (Figure 23, 1).
2. Click on the **Update** link for any of the optional goals (Figure 23, 2) you wish to include in this application.
3. Repeat steps 2 through 5 listed in the [Required Goals](#) section for each of the optional goals, as desired.

IMPORTANT NOTES:

- Since these are optional goals, you are not required to include them in your Substance Abuse Service Expansion application. If you elect to include one or more optional goals, complete all Key Factor and Activity fields for the goal(s). For the optional goals you did not elect to include in this application, simply click the Save and Continue button in each **Goal Information – Update** page to proceed to the next step of the application.
- The status of the entire **Project Work Plan** will not be considered ‘Complete’ until you finish both the Required and Optional Goals sections.

Figure 23: Project Work Plan List Page for Optional Goals

Goal	Goal Description	Number of Related Key Factors	Number of Related Activities	Status	Options
Goal B1 (Optional)	Increase education, screening, care coordination, risk reduction interventions, and/or counseling regarding the availability of testing, treatment, and clinical management for patients with or at risk of HIV/AIDS, hepatitis C, and other diseases associated with opioid abuse.	0	0	Not Complete	Update
Goal B2 (Optional)	Enhance clinical workflows to improve substance abuse services.	0	0	Not Complete	Update
Goal B3 (Optional)	Enhance the use of health information technologies to improve the effectiveness of substance abuse services and increase patient engagement.	0	0	Not Complete	Update
Goal B4 (Optional)	Educate patients and/or community members on opioid use disorders. Including the use of opioid antagonists in preventing opioid overdose.	0	0	Not Complete	Update

Go to Previous Page Save Save and Continue

4. Click on the Save and Continue button on the completed **Project Work Plan** list page to proceed to the next form.

3.2 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. This form is comprised of the following sections:

1. [Applicant Information](#) (Figure 24, 1)
2. [Proposed Service Area](#) (Figure 24, 2)

Figure 24: Form 1A: General Information Worksheet

Form 1A - General Information Worksheet

Due Date: 10/15/2016 (Due In: 10 Days) | Section Status: Complete

Resources

Fields with * are required

1. Applicant Information

Applicant Name: [Text Field]

* Fiscal Year End Date: [Dropdown: January 2017]

Application Type: [Text Field] Revision (Supplemental)

Existing Grantee: [Text Field] Yes

Grant Number: [Text Field]

* Business Entity: [Dropdown: Other]

* Organization Type (Select all that apply):

- All
- Faith based
- Hospital
- State government
- City/County/Local Government or Municipality
- University
- Community based organization
- Other

If 'Other' please specify: [Text Field] (maximum 100 characters)

2. Proposed Service Area

2a. Service Area Type

* Choose Service Area Type:

- Urban
- Rural
- Sparsely Populated - Specify population density by providing the number of people per square mile: [Text Field] (Provide a value ranging from 0.01 to 7)

2b. Target Population and Provider Information

Target Population	Current Number	Projected by December 31, 2017
* Total Service Area Population	N/A	N/A
* Total Target Population	N/A	N/A

Provider Information	Current Number	Projected by December 31, 2017
* Total FTE Medical Providers	N/A	N/A
* Total FTE Dental Providers	N/A	N/A
Total Behavioral Health Providers		
* Total FTE Mental Health Providers	0.00	0.00
* Total FTE Substance Abuse Services Providers	0.00	0.00
* Total FTE Enabling Services Providers	0.00	0.00

Note(s):

For the Patients and Visits by Service Type Section

- Projected values must include the number of patients that will receive substance abuse services from January 1 – December 31, 2017 who also:
 - Current patients who will continue to receive substance abuse services;
 - Existing patients not currently receiving substance services that will receive substance abuse services as a direct result of this funding; and
 - New patients that will receive substance abuse services as a direct result of this funding.
- The Substance Abuse Services patient and visit projections must be greater than baseline.

2c. Patients and Visits

Patients and Visits by Service Type

Service Type	UDS / Baseline Value		Projected by December 31, 2017	
	Patients	Visits	Patients	Visits
* Total Medical Services	N/A	N/A	N/A	N/A
* Total Dental Services	N/A	N/A	N/A	N/A
Behavioral Health Services				
* Total Mental Health Services				
* Total Substance Abuse Services				
* Total Enabling Services				

Note(s):

For the Unduplicated Patients and Visits by Population Type Section

- Do not include patients already served by the health center in the projected values.
- Projected values should include ONLY the number of patients new to the health center who are projected to receive substance abuse services as a direct result of Substance Abuse Service Expansion requirement funding from January 1, 2017 – December 31, 2017. No minimum value is required.
- Patient projections from this section will be added to the applicant's overall Patient Target, if standard.

Unduplicated Patients and Visits by Population Type

Population Type	UDS / Baseline Value		Projected by December 31, 2017	
	Patients	Visits	Patients	Visits
* Total				
* General Underserved Community (Report all patients/visits not reported in the rows below)				
* Migratory and Seasonal Agricultural Workers				
* Public Housing Residents				
* People Experiencing Homelessness				

Go to Previous Page | Save | Save and Continue

3.2.1 Completing the 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 25**).

IMPORTANT NOTES:

- Use the 'Fiscal Year End Date' field to note the month and day of the applicant organization's fiscal year end date (e.g., June 30) to inform HRSA of the expected audit submission timeline in the **Federal Audit Clearinghouse** (<https://harvester.census.gov/facweb/default.aspx>).
- Applicants may check only one category in the 'Business Entity' field. An applicant that is a Tribal or Urban Indian entity and also meets the definition for a public or private entity should select the Tribal or Urban Indian category.
- Applicants may select one or more categories for the 'Organization Type.' If you choose to select 'Other' as one of the Organization Type values (**Figure 25, 1**), you must specify the organization type.

Figure 25: Applicant Information Section

1. Applicant Information

Applicant Name: [Redacted]

* Fiscal Year End Date: Select Option

Application Type: Revision (Supplemental)

Existing Grantee: New

Grant Number: [Redacted]

* Business Entity: Select Option

* Organization Type (Select all that apply)

- All
- Faith based
- Hospital
- State government
- City/County/Local Government or Municipality
- University
- Community based organization
- Other **1**

If 'Other' please specify: [Text Input Field]

(maximum 100 characters)

3.2.2 Completing the Proposed Service Area Section

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

- [2a. Service Area Type](#)
- [2b. Target Population and Provider Information](#)
- [2c. Patients and Visits](#)
 - Patients and Visits by Service Type
 - Unduplicated Patients and Visits by Population Type

3.2.2.1 Completing Section 2a. Service Area Type

In the **Service Area Type** section (Figure 26), indicate whether the service area is Urban, Rural, or Sparsely Populated. If Sparsely Populated is selected, specify the population density by providing the number of people per square mile (values must range from 0.01 to 7).

IMPORTANT NOTE: A Sparsely Populated area is defined as a geographical area with seven or fewer people per square mile for the entire service area. For information about rural populations, visit the **Office of Rural Health Policy's website** (http://www.hrsa.gov/ruralhealth/policy/definition_of_rural.html).

Figure 26: Service Area Type Section

2a. Service Area Type

Choose Service Area Type

Urban

Rural

Sparsely Populated - Specify population density by providing the number of people per square mile: (Provide a value ranging from 0.01 to 7)

3.2.2.2 Completing Section 2b. Target Population and Provider Information

To complete this section, report the 'Current Number' and 'Projected by December 31, 2017' values for the Total FTE Mental Health Providers, Total FTE Substance Abuse Services Providers, and Total FTE Enabling Service Providers fields in the **Provider Information** section (Figure 27, 1).

Figure 27: Target Population and Provider Information Section

2b. Target Population and Provider Information

Target Population	Current Number	Projected by December 31, 2017
Total Service Area Population	N/A	N/A
Total Target Population	N/A	N/A

Provider Information	Current Number	Projected by December 31, 2017
Total FTE Medical Providers	N/A	N/A
Total FTE Dental Providers	N/A	N/A
Total FTE Behavioral Health Providers		
Total FTE Mental Health Providers		
Total FTE Substance Abuse Services Providers		
Total FTE Enabling Services Providers		

IMPORTANT NOTES:

- The fields under the **Target Population** section (Total Service Area Population and Total Target Population) are not applicable.
- The Total FTE Medical Providers and Total FTE Dental Providers fields under the **Provider Information** section are not applicable.
- In general, HRSA does not expect the projected Provider numbers to decrease in any of the three areas as part of this funding opportunity.

3.2.2.3 Completing the Patients and Visits Section

To complete this section, follow the steps below:

1. In the **Patients and Visits by Service Type** section, provide the number of patients and visits that you project to serve by December 31, 2017 for each applicable service type (Figure 28, 1).

Figure 28: Patients and Visits by Service Type

Service Type	UDS / Baseline Value ²		Projected by December 31, 2017 ¹	
	Patients	Visits	Patients ³	Visits ⁴
* Total Medical Services	N/A	N/A	N/A	N/A
* Total Dental Services	N/A	N/A	N/A	N/A
Behavioral Health Services				
* Total Mental Health Services				
* Total Substance Abuse Services ⁵				
* Total Enabling Services				

IMPORTANT NOTES:

- The Total Medical Services and Total Dental Services fields are not applicable.
- The **UDS/Baseline Value** numbers are pre-populated with your latest UDS data and are displayed in a read-only format (Figure 28, 2).
- **Projected by December 31, 2017** values (Figure 28, 1) must include the number of patients that will receive services from January 1, 2017 – December 31, 2017 who are: (1) current patients who will continue to receive substance abuse services; (2) existing patients not currently receiving substance services that will receive substance abuse services as a direct result of this funding; **and** (3) new patients that will receive substance abuse services as a direct result of this funding.
- The ‘Total Substance Abuse Services’ (Figure 28, 5) patient and visit projections (Figure 28, 1) must be greater than the baseline (Figure 28, 2).
- The number of projected visits (Figure 28, 4) must be greater than or equal to the number of projected patients (Figure 28, 3).
- The **Patients and Visits by Service Type** section does not have a row for total numbers, since an individual patient may be included in multiple service type categories.

2. In the **Unduplicated Patients and Visits by Population Type** section, provide the total number of patients and visits projected by December 31, 2017 in the **Population Type** ‘Total’ row (Figure 29, 1). The system will validate the total number when you click the Save or Save and Continue button.
3. Provide the number of patients and visits that you project to serve by December 31, 2017 for each listed population type (Figure 29, 2). Within each population type, an individual can only be counted once as a patient.

Figure 29: Unduplicated Patients and Visits by Population Type

Population Type	UDS / Baseline Value	Projected by December 31, 2017	
		Patients	Visits
* Total			
* General Underserved Community (Report all patients/visits not reported in the rows below)			
* Migratory and Seasonal Agricultural Workers			
* Public Housing Residents			
* People Experiencing Homelessness			

IMPORTANT NOTES:

- The **UDS/Baseline Value** numbers are pre-populated with your latest UDS data and are displayed in a read-only format for reference only (Figure 29, 3).
- Do not include patients already served by the health center in the projected Patients values.
- Projected values should include **ONLY** the number of patients new to the health center who are projected to receive substance abuse services as a direct result of Substance Abuse Service Expansion supplement funding from January 1, 2017 – December 31, 2017. Patient projections from this section will be added to the applicant’s overall Patient Target, if funded.
- No minimum value for new, unduplicated patients is required.
- The number of projected visits (Figure 29, 5) must be greater than or equal to the number of projected patients (Figure 29, 4).
- The ‘General Underserved Community’ row must include all patients and visits not captured in the special populations rows.

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

3.3 Form 2 – Staffing Profile

Form 2: Staffing Profile reports personnel supported by the total budget for the first year of the proposed project. This form is comprised of the following sections:

1. [Staffing Positions by Major Service Category](#)
 - Behavioral Health (Mental Health and Substance Abuse) (Figure 30, 1)
 - Enabling Services (Figure 30, 2)
2. [Total FTEs](#) (Figure 30, 3)

Figure 30: Form 2 - Staffing Profile

Form 2 - Staffing Profile

Note(s):
Allocate staff time by function among the staff positions listed. An individual's full-time equivalent (FTE) should not be duplicated across positions. For example, a provider serving as a part-time family physician and a part-time clinical director should be listed in each respective category, with the FTE percentage allocated to each position (e.g., CMO 30% FTE and family physician 70% FTE). Do not exceed 100% FTE for any individual. Refer to the [2014 UDS manual](#) for position descriptions.

Due Date: 08/01/2016 (Due In: Days) | Section Status: Not Started

Resources

Fields with * are required

Behavioral Health (Mental Health and Substance Abuse)

Staffing Positions for Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
* Psychiatrists		<input type="radio"/> Yes <input checked="" type="radio"/> No
* Licensed Clinical Psychologists		<input type="radio"/> Yes <input checked="" type="radio"/> No
* Licensed Clinical Social Workers		<input type="radio"/> Yes <input checked="" type="radio"/> No
* Other Mental Health Staff Please Specify: _____ (Maximum 40 characters)		<input type="radio"/> Yes <input checked="" type="radio"/> No
* Other Licensed Mental Health Providers Please Specify: _____ (Maximum 40 characters)		<input type="radio"/> Yes <input checked="" type="radio"/> No
* Substance Abuse Providers		<input type="radio"/> Yes <input checked="" type="radio"/> No

Enabling Services

Staffing Positions for Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
* Case Managers		<input type="radio"/> Yes <input checked="" type="radio"/> No
* Patient/Community Education Specialists		<input type="radio"/> Yes <input checked="" type="radio"/> No
* Outreach Workers		<input type="radio"/> Yes <input checked="" type="radio"/> No
* Transportation Staff		<input type="radio"/> Yes <input checked="" type="radio"/> No
* Eligibility Assistance Workers		<input type="radio"/> Yes <input checked="" type="radio"/> No
* Interpretation Staff		<input type="radio"/> Yes <input checked="" type="radio"/> No
* Other Enabling Services Staff Please Specify: _____ (Maximum 40 characters)		<input type="radio"/> Yes <input checked="" type="radio"/> No

Total FTEs

Totals	Direct Hire FTEs	Contract/Agreement FTEs
Totals <input type="button" value="Calculate"/>	0	N/A

3.3.1 Completing the Staffing Positions by Major Service Category Related Sections

1. In the Direct Hire FTEs column, provide the number of Full Time Employees (FTEs) for each staffing position. Enter zero if not applicable (Figure 30, 4).
2. In the Contract/Agreement FTEs column, select the relevant option to indicate if contracts are utilized to ensure access to any provider categories (Figure 30, 5).

IMPORTANT NOTES:

- Allocate staff time in the Direct Hire FTE column by function among the staff positions listed. An individual's FTE should not be duplicated across positions. For example, a provider serving as a part-time Substance Abuse Provider and a part-time Other Mental Health Staff should be listed in each respective category with the FTE percentage allocated to each position (e.g., Substance Abuse Provider 70% FTE and Other Mental Health Staff 30% FTE). Do not exceed 100% FTE for any individual. For position descriptions, refer to the **UDS Reporting Manual** (<http://bphc.hrsa.gov/datareporting/reporting/2014udsmanual.pdf>).
- Volunteers must be recorded in the Direct Hire FTEs column.

3.3.2 Completing the Total FTEs Section

This row displays the sum of 'Direct Hire FTEs' for the Staffing Positions by Major Service Categories.

1. To calculate the totals, click on the Calculate button (**Figure 30, 6**).
2. Click the Save and Continue button to save your work and proceed to the next form.

3.4 Form 5A – Services Provided

Form 5A – Services Provided identifies the services to be provided, and how they will be provided by the applicant organization. This form is pre-populated with the services and their modes of provision from your current approved Health Center Program scope of project (**Form 5A**). You may propose limited changes to the service delivery methods for the following services listed on this form.

- [Required Services](#) (**Figure 31, 1**)
- [Additional Services](#) (**Figure 31, 2**)
- [Specialty Services](#) (**Figure 31, 3**)

IMPORTANT NOTES:

- **Form 5A** is pre-populated with the list of services and their modes of provision from your current Health Center Program scope. You will only be able to propose changes to the services that are displayed as editable on this form. If you wish to propose changes to the mode(s) of provision for any editable services, select or unselect the applicable modes of provision. Refer to **Table 1** for the available modes of provision.
- For any of the editable services, you may ADD modes of provision to Columns I, II and/or III. You may also shift modes of provision leftwards, but not to the right. In other words, you may shift from Column II to I; Column III to II and/or I. You MAY NOT shift modes of provision from Column I to II and/or III; Column II to III.
- If you have recently verified a service and do not see it listed on your pre-populated **Form 5A**, click the Refresh from Scope button (**Figure 31, 4**). This step is necessary in cases where a scope change occurs after you have already begun the Substance Abuse Services application (e.g., a service-related Change in Scope is approved and verified).

Table 1: Modes of Service Provision

Mode of Service Provision	Your Organization Provides the Service	Your Organization Pays for the Service
1. Column I - Direct (Figure 31, 5)	Yes	Yes
2. Column II - Formal Written Contract/Agreement (Figure 31, 6)	No	Yes
3. Column III - Formal Written Referral Arrangement (Figure 31, 7)	No	No

Figure 31: Form 5A – Services Provided (Required Services)

Form 5A - Services Provided (Required Services)

Note(s):

- Form 5A is pre-populated with the list of services and their modes of provision from your current Health Center Program grant scope. You may propose changes only to the services that are applicable to this Supplemental funding opportunity, which are displayed as editable on this form.
- The list of services below were retrieved from your scope on file as of 10/20/2016 10:00 PM. If there was a recent change approved for your scope (e.g. through a Change in Scope application), click the Refresh From Scope button below to get your most recent scope on file.

Due Date: 10/20/2016 (Due In: 0 Days) | Section Status: Not Started

Resources

Fields with * are required

Required Services Additional Services Specialty Services

Refresh from Scope

Service Type	Column I - Direct (Health Center Pays) (1)	Column II - Formal Written Contract/Agreement (Health Center Pays) (1)	Column III - Formal Written Referral Arrangement (Health Center DOES NOT pay) (1)
General Primary Medical Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diagnostic Laboratory	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Diagnostic Radiology	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Screenings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coverage for Emergencies During and After Hours	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Voluntary Family Planning	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immunizations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Well Child Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gynecological Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obstetrical Care			
Prenatal Care	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Intrapartum Care (Labor & Delivery)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Postpartum Care	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Preventive Dental	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pharmaceutical Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
* HCH Required Substance Abuse Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* Case Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* Eligibility Assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* Health Education	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* Outreach	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* Transportation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* Translation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Go to Previous Page Save Save and Continue

3.4.1 Completing the Required Services Section

To complete this section of **Form 5A**, follow the instructions below:

1. If you wish to propose changes to the mode(s) of provision for any of the editable services ([Figure 31, 8](#)), select or unselect the applicable modes of provision.

IMPORTANT NOTES:

- If you currently receive “Health Care for the Homeless” (HCH) sub program funding, as noted in the Budget Information: [Section A - Budget Summary](#) section of this application, you must have Column I and/or Column II selected for the ‘HCH Required Substance Abuse Services’ service row for your application to be eligible for funding.
- If you do not receive HCH sub program funding, do not make any changes to the ‘HCH Required Substance Abuse Services’ service row.

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 ([Figure 31, 2](#)).

3.4.2 Completing the Additional Services Section

To complete this section of **Form 5A**, follow the instructions below:

1. If you wish to propose changes to the mode(s) of provision for any of the editable services ([Figure 32, 1](#)), select or unselect the applicable modes of provision.

IMPORTANT NOTES:

- If you do not receive HCH sub program funding, as noted in the Budget Information: [Section A - Budget Summary](#) section of this application, you must have Column I and/or Column II selected for the ‘Behavioral Health - Substance Abuse Services’ service row for your application to be eligible for funding.
- If you receive HCH sub program funding, do not make any changes to the ‘Behavioral Health - Substance Abuse Services’ service row.

Figure 32: Form 5A – Services Provided (Additional Services)

Service Type	Column I - Direct (Health Center Pays) (i)	Column II - Formal Written Contract/Agreement (Health Center Pays) (i)	Column III - Formal Written Referral Arrangement (Health Center DOES NOT pay) (i)
Additional Dental Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavioral Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Abuse Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Optometry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recuperative Care Program Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environmental Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occupational Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speech-Language Pathology/Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutrition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Complementary and Alternative Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional Enabling/Supportive Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Click the Save and Continue button to navigate to the **Specialty Services** section OR click the Save button on the **Additional Services** Section and select the **Specialty Services** tab (Figure 32, 2).

3.4.3 Completing the Specialty Services Section

To complete this section of **Form 5A**, follow the instructions below:

1. If you wish to propose to add Psychiatry to scope for the first time or change the mode(s) of provision for this service (Figure 33, 1), select or unselect the applicable modes of provision. No changes are required to this service row.

Figure 33: Form 5A – Services Provided (Specialty Services)

Service Type	Column I - Direct (Health Center Pays) (i)	Column II - Formal Written Contract/Agreement (Health Center Pays) (i)	Column III - Formal Written Referral Arrangement (Health Center DOES NOT pay) (i)
Podiatry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychiatry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Endocrinology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ophthalmology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pulmonology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dermatology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infectious Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advanced Diagnostic Radiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. After completing all the sections on **Form 5A**, click the Save and Continue button to save your work and proceed to the next form.

IMPORTANT NOTE: Form 5A will only be complete when the statuses of the Required, Additional, and Specialty Services sections are complete.

3.5 Equipment List

The **Equipment List** form requires you to include the breakdown of any equipment related purchases proposed in your application. To complete this form, follow the steps below:

1. Click the Add button to add a piece of equipment (**Figure 34**).

Figure 34: Equipment List Page

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

2. The system navigates to the **Equipment Information - Add Page** (**Figure 35**).

Figure 35: Equipment Information - Add Page

Fields with * are required

Add Equipment Information

* Type
Clinical
Non-Clinical

* Description
(Maximum 50 Characters)

* Unit Price (\$)

* Quantity

Cancel Save and Continue

3. Select an equipment Type and enter the Description, Unit Price (\$), and Quantity.
4. Click the Save and Continue button at the bottom of the screen. You will be returned to the **Equipment List** page (**Figure 36**).

Figure 36: Equipment List Page with Equipment Added

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

- If you wish to update an equipment item, click on the **Update** link under the Options menu (Figure 36, 1). If you wish to delete an equipment item, click on the **Delete** link under the Options menu (Figure 36, 2).

IMPORTANT NOTE: The total price of equipment added on this form must be less than or equal to \$25,000.

- When you have finished entering the equipment, click the **Save and Continue** button at the bottom of the screen to save your work and proceed to the next form.

3.6 Supplemental Information Form

The **Supplemental Information** Form collects the Screening, Brief Intervention, and Referral to Treatment (SBIRT) and the substance abuse service provider information for this funding opportunity (Figure 37).

Figure 37: Supplemental Information Form

To complete this form, follow the steps below:

1. Project the number of patients that will receive SBIRT services in calendar year 2017 (January 1, 2017 – December 31, 2017) (**Figure 37, 1**). As a point of reference, the number of patients receiving SBIRT services is pre-populated from your latest UDS data and is displayed in a read-only format (**Figure 37, 2**).

IMPORTANT NOTES:

- The projected number of patients to receive SBIRT (**Figure 37, 1**) must be greater than the current number of patients receiving SBIRT (**Figure 37, 2**) and cannot be zero.
- Refer to the most recent **UDS Reporting Manual** (<http://bphc.hrsa.gov/datareporting/reporting/2014udsmanual.pdf>) at for more information about reporting SBIRT data (UDS Table 6a).

2. In the **Substance Abuse Service Providers** section, report the number of Direct Hire (**Figure 37, 3**) and Contractor (**Figure 37, 4**) FTEs you intend to hire with the Substance Abuse Service Expansion funding.
3. Click the Calculate Totals button (**Figure 37, 5**) to calculate the total number of Direct Hire Staff and Contractors FTEs based on the values you provided. The total number of projected Substance Abuse Service Provider FTEs (**Figure 37, 6**) must be greater than or equal to 1.
4. After completing all the sections of this form, click the Save and Continue button to save your work and proceed.

4. Reviewing and Submitting the FY 2016 Substance Abuse Service Expansion Application to HRSA

To review your application, follow the steps below:

1. Navigate to the standard section of the application using the **Grant Application** link in the navigation links displayed at the top of the **Program Specific** forms.
2. On the **Application - Status Overview** page, click the **Review** link in the Review and Submit section of the left menu (**Figure 38, 1**).

Figure 38: Review Link

Application - Status Overview

Due Date: [Application 11:58:58 PM \(Due in: 0 days\)](#) | Application Status: **Complete**

Announcement Number: [SF424](#) | Announcement Name: Service Area Competition | Created by: [John C. ...](#)

Application Type: [Community Development](#) | Grant Number: [...](#) | Last Updated By: [John C. ...](#)

Application Package: SF424 | Application FY: 2016 | Program Type: [...](#)

Resources

View

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

Users with permissions on this application (1)

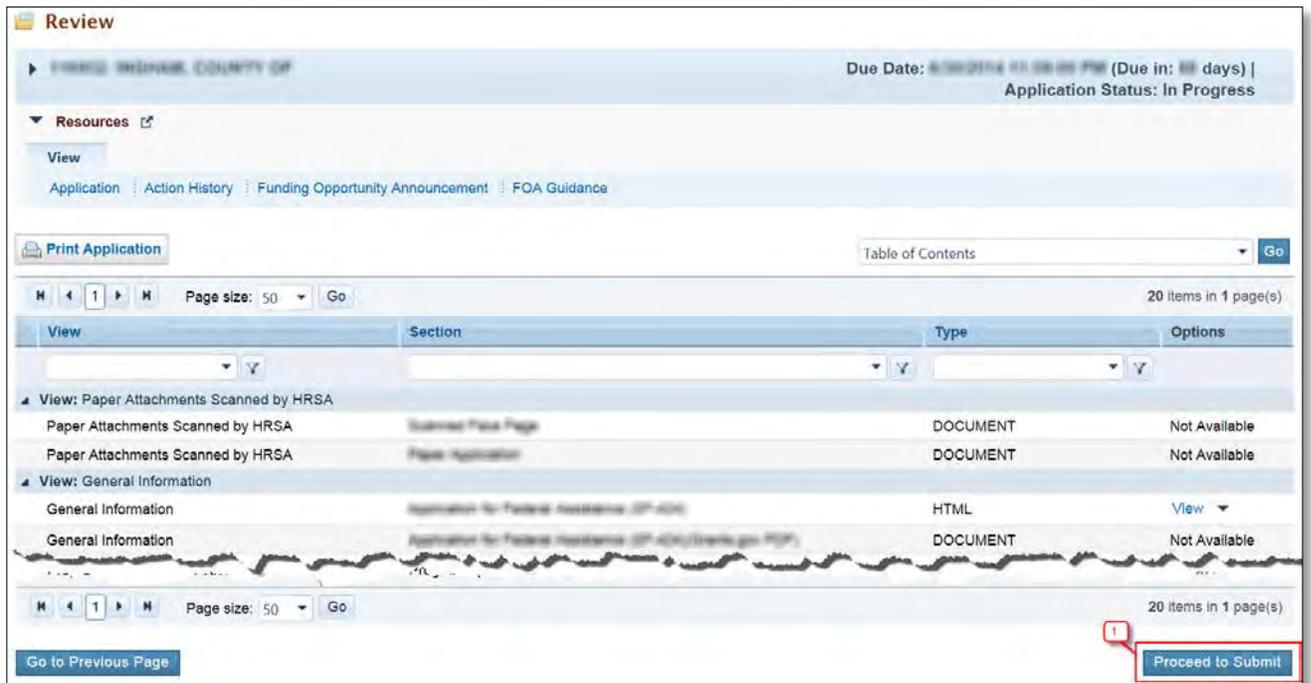
List of forms that are part of the application package

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

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

3. Verify the information displayed on the **Review** page.
4. If you are ready to submit the application to HRSA, click the Proceed to Submit button at the bottom of the **Review** page (Figure 39, 1).

Figure 39: Review Page – Proceed to Submit



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

IMPORTANT NOTES:

- To submit an application, you must have the ‘Submit’ privilege. This privilege must be given by the Project Director (PD) to the Authorizing Official (AO) or designee.
- If you are not the AO, a Submit to AO button will be displayed at the bottom of the Submit page. Click the button to notify the AO that the application can be submitted to HRSA ([Figure 40](#)).

