

HRSA Electronic Handbooks (EHB)

FY 2017 Access Increases for Mental Health and Substance Abuse Services (AIMS) Supplemental Funding Opportunity

HRSA-17-118

User Guide for Applicants

Last updated on June 28, 2017



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This user guide describes the steps you need to follow to apply for Fiscal Year (FY) 2017 Access Increases for Mental Health and Substance Abuse Services (AIMS) supplemental funding in HRSA’s Electronic Handbooks (EHB) (announcement number HRSA-17-118).

1. Creating the AIMS Application

The EHB application module may be accessed beginning June 30. You will need a web link and an eligibility code to create your AIMS application in EHB. The link and the eligibility code will be emailed to the individuals listed as Authorizing Official (AO), Business Official (BO), and Project Director (PD) in your EHB Health Center Program operational (H80) grant folder.

1. Click the web link provided to you in the email notification sent by HRSA. The system directs you to EHB.
2. Enter your EHB username and password, and click the **[Login]** button.

Note: If you do not have a username, then you must register in EHB. Do not create duplicate accounts. If you experience login issues or forgot your password, contact the HRSA Contact Center for assistance at: <https://www.hrsa.gov/about/contact/ehbhelp.aspx> or 877-464-4772 (Monday- Friday, 8 a.m. to 8 p.m. ET)

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

Figure 1: Grant Application – Create Page

Grant Application - Create

Fields with * are required

Funding Cycle Information

Announcement Number	HRSA-17-118
Announcement name	HRSA-17-118
Program Name	Health Center Cluster
Program Type	Non-Construction
Application Deadline	September 11, 2017

Select Application Type

* Eligibility Code

* Application Type ☐ Competing Continuation ☒ Revision (Supplemental) 2

Revision Type (Required for 'Revision(Supplemental)' applications) ☒ Increase ☐ Decrease ☐ N/A 3

Grant Number (Required for 'Competing Continuation' and 'Revision(Supplemental)' applications) (e.g. CHHCN10000)

5

4. Select “Revision (Supplemental)” as the Application Type (**Figure 1, 2**).
 5. Select “Increase” as the Revision Type (**Figure 1, 3**).
 6. Provide the H80 grant number under which you are submitting your AIMS application (**Figure 1, 4**).
 7. Click the **[Continue]** button (**Figure 1, 5**).
- The system navigates to the **Select Sub Program(s)** page where your H80 grant’s sub-programs will be pre-selected. Health Center Program sub-program funding streams are: Community Health Centers (CHC), Migrant Health Centers (MHC), Health Care for the Homeless (HCH), and/or Public Housing Primary Care (PHPC) (**Figure 2**).

8. Ensure that the sub-program selection on this page is accurate. If the sub-programs do not align with your current H80 grant, adjust the sub-program selections as needed. Contact the AIMS technical assistance team at bphcsupplement@hrsa.gov if you have questions about the H80 sub-program breakdown included in the email notification you received.

Note: AIMS supplemental funding must be requested in the same sub-program funding proportion as the existing H80 grant funding.

Figure 2: Select Sub Program(s) Page

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

9. Click the **[Save and Continue]** button on this page.
- The system creates the AIMS application and displays the EHB Application Tracking Number.
10. Record the EHB Application Tracking Number and click the **[Continue]** button to start the application.
- The system navigates to the **Application – Status Overview** page.

2. Completing the Standard Section of the Application

For all Standard section forms, most required fields will be pre-populated with your organization's information. Review the information and update as needed.

1. On the **Application – Status Overview** page, click the **Update** link and complete **Parts 1** and **2** of the **SF-424** (Figure 3, 1).

Figure 3: Application – Status Overview Page

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

Note:

- For **Parts 1** and **2** of the **SF-424**, applicants are only required to complete the sections indicated as ^{*} required for completion.

- Enter 09/01/2017 for the “Project Period Start Date” and 08/31/2018 for the “Project Period End Date” when prompted.
 - If you need to include additional congressional districts when completing the “Congressional Districts” fields, you may upload an attachment with the relevant information by clicking on the **[Attach File]** button on the “Additional Program/Project Congressional Districts” line.
 - The “Project Description/Abstract” attachment is not required for the AIMS application, but the EHB system requires at least one attachment. Attach a blank document for the Project Description/Abstract.
2. Once you have completed the **SF-424 Parts 1 and 2**, proceed to the **Budget Information - Section A-C form**. You can navigate there by clicking on the **[Save and Continue]** button on the **SF-424 – Part 2** form, or by returning to the **Application – Status Overview** page and clicking on the **Update** link for the **Section A-C** under the **Budget Information** section (**Figure 3, 2**).

Figure 4: Budget Information – Section A-C

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

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

Go to Previous Page Save **Save and Continue**

3. On the **Budget Information - Section A-C Form**, if you need to adjust the listed sub-program(s), click on the **[Update Sub Program]** button under the **Section A – Budget Summary** section (**Figure 4, 1**).
4. Click on the **[Update]** button on the **Section A – Budget Summary** section to add the New or Revised budget amounts, federal and non-federal, as applicable (**Figure 4, 2**). Federal budget amounts must be requested in the same sub-program funding proportions as your existing H80 grant. The email notification provides the total maximum federal funding amount that you may request (\$150,000) divided by your current H80 grant sub-program funding proportions. The total New or Revised federal budget cannot exceed \$150,000. You may request less than \$150,000.
5. Once you have completed the **Budget Information – Section A-C Form**, click the **[Save and Continue]** button (**Figure 4, 3**) to proceed to the **Assurances Form**.
6. Complete the **Assurances Form** and click on the **[Save and Continue]** button to navigate to the **Appendices Form**.
7. Complete the **Appendices Form** by uploading the Budget Narrative.

Note:

- The allowable types of files for upload are doc, rtf, txt, wpd, pdf, xls, msg, jpg, jpeg, tif, xfd, xlsx, docx, ppt, pptx, and vsd. The maximum allowable size for each attachment is 100 MB.
- Use an easily readable font (no less than a 10-point font) with 1.0-line spacing. When the application is printed by HRSA, documents will print as they are formatted by the applicant. **Applicants are**

encouraged to limit Excel documents to one spreadsheet only (i.e., one tab in the workbook) and to make sure that the print area is set to the information that must appear in the Budget Narrative.

- Refer to Appendix B of the AIMS instructions and the sample Budget Narrative available on the [AIMS technical assistance website](#) for detailed information on the Budget Narrative requirements.
8. Click on the **[Save and Continue]** button to navigate to the Program Specific Information section of the application.

3. Completing the Program Specific Information Section of the Application

The AIMS application includes the following Program Specific forms:

- **Federal Budget Information Table Form**
- **Federal Object Class Categories Form**
- **Staffing Impact Form**
- **Patient Impact Form**
- **Project Narrative Form**
- **Equipment List Form** (as applicable)

These five Program Specific forms are accessible via the Program Specific Information left menu (**Figure 5, 1**). The **Project Impact** link contains the **Staffing Impact**, **Patient Impact**, and **Project Narrative** forms.

Navigate back to the Standard section of the application as needed via the All Forms section of the left menu (**Figure 5, 2**). This section contains links to the **Appendices**, **Status Overview**, and **Submit** sections of the Standard application.

Figure 5: Program Specific Information Left Menu

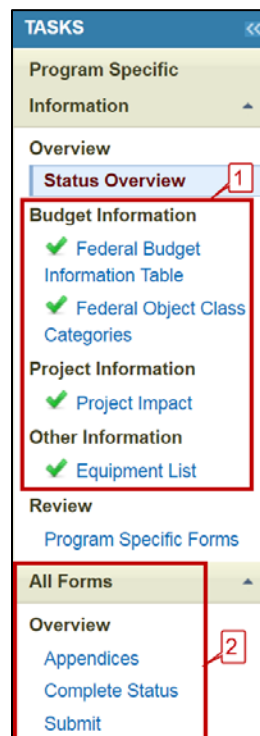


Figure 6: Program Specific Information Status Section

Status Overview

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

Announcement Number: HRSA-17-118 Announcement Name: Access Increases for Mental Health and Substance Abuse Services Application Type: Revision (Supplemental)

Grant Number: Federal Funding Request Amount:

Resources [🔗](#)

Section	Status	Options
Budget Information		
Federal Budget Information Table	Not Complete	Update 1
Federal Object Class Categories	Not Complete	Update
Project Information		
Project Impact	Not Complete	
Staffing Impact	Not Complete	Update
Patient Impact	Not Complete	Update
Project Narrative	Not Complete	Update
Other Information		
Equipment List	Not Complete	Update

[Return to Complete Status](#)

3.1 Completing the Federal Budget Information Table Form

1. In the **Program Specific Information Status** section, access the **Federal Budget Information Table Form** by clicking on the respective [Update](#) link (**Figure 6, 1**).
2. In the **Federal Budget Information** section, request federal funds for ongoing and, if desired, any optional one-time funding (**Figure 7**).

Note:

- Ongoing funding must be requested in equal amounts to expand access to mental health services, and substance abuse services focusing on the treatment, prevention and awareness of opioid abuse, up to \$37,500 for each service category.
- One-time funding for health information technology (IT) and/or training investments to support the expansion of mental health services, and substance abuse services focusing on the treatment, prevention and awareness of opioid abuse, and their integration into primary care, up to \$75,000, is optional.
- The total funding requested must be:
 - a. Equal to the Federal Funding Request Amount from the **Budget Information Section A–C Form**
 - b. Less than or equal to \$150,000.

Figure 7: Federal Budget Information Table Form - Federal Budget Information Section

Federal Budget Information	
<p>Note(s):</p> <p>You must propose to increase direct hire staff and/or contractors to expand access to mental health and substance abuse services, including the treatment, prevention, and awareness of opioid abuse. Funding must be requested equally for mental health and substance abuse service expansion (i.e., the same amount in the identified rows below).</p> <p>If desired, you may also request one-time funding to leverage health information technology (IT) and/or training to support the expansion of mental health and substance abuse services and their integration into primary care.</p>	
Use of Funds	Federal Funds Requested
Ongoing Service Expansion Funding for Increasing Access	
Mental Health Service Expansion Personnel (Required)	\$37,500
Substance Abuse Service Expansion Personnel (Required)	\$37,500
One-Time Funding to Support Expanded Services	
Health IT and/or Training Investments	\$25,000
Total	\$100,000
<button>Calculate and Save</button>	

3. If one-time funding is requested, select at least one focus area (via checkbox) from those listed in the **One-Time Funding Focus Areas** section. If one-time funding is not requested, leave this section blank ([Figure 8](#)).

Note: If Other Training and/or Other Health IT are selected, you must describe the proposed activities related to these focus area(s) in the **Response** section of the **Project Narrative Form**.

Figure 8: Federal Budget Information Table Form - One-Time Funding Focus Areas Section

One-Time Funding Focus Areas	
<p>If one-time funding is requested for health IT and/or training to support the expansion of mental health and substance abuse services and their integration into primary care, indicate which of the following focus areas the one-time funding will address. Select all that apply. If Other Training and/or Other Health IT are selected, describe the proposed activities related to the selected focus area(s) in the Response section of the Project Narrative.</p>	
Focus Areas	Select All That Apply
Medication Assisted Treatment	<input checked="" type="checkbox"/>
Telehealth	<input type="checkbox"/>
Prescription Drug Monitoring Program	<input type="checkbox"/>
Clinical Decision Support	<input checked="" type="checkbox"/>
Electronic Health Record Interoperability	<input checked="" type="checkbox"/>
Quality Improvement	<input type="checkbox"/>
Cybersecurity	<input type="checkbox"/>
Other Training (describe in the Response section of the Project Narrative)	<input type="checkbox"/>
Other Health IT (describe in the Response section of the Project Narrative)	<input type="checkbox"/>

4. In the **Scope of Services** section, use the [Current Approved Form 5A](#) link to review your organization's current Form 5A ([Figure 9, 1](#)).
5. Select "Yes" or "No" to indicate whether a Scope Adjustment or Change in Scope request is necessary to ensure that all planned changes to mental health services and substance abuse services are reflected in

your Form 5A (e.g., to move mental health services from formal referral (Column III) to direct provision (Column I), to add substance abuse services for the first time) (Figure 9, 2). Review the guidance on the Scope of Project Resource [website](#) to make your determination. **You may not modify your approved Form 5A through the AIMS application.**

6. If a Scope Adjustment or Change in Scope is necessary, use the comment field to describe the proposed changes and provide a timeline for submitting a Scope Adjustment or Change in Scope request. You must receive HRSA approval prior to implementation, which must occur within 120 days of award (Figure 9, 3).

Figure 9: Federal Budget Information Table Form – Scope of Services Section

Scope of Services

Review the currently approved Form 5A: Services Provided for your organization by clicking this link: [Current Approved Form 5A](#) **1**

Indicate below whether a Scope Adjustment or Change in Scope request will be necessary to ensure that all planned changes to mental health and substance abuse services are on your Form 5A (e.g., to move mental health services from formal referral (Column III) to direct provision (Column I), to add substance abuse services for the first time).

Access the technical assistance materials on the [Scope of Project resource website](#) for guidance in determining whether a Scope Adjustment or Change in Scope will be necessary (click on the "Services" header in the Resources section to access the Form 5A information).

Note the following before selecting "Yes" or "No" below:

- AIMS funding may support the expansion of existing services in scope as well as new mental health and substance abuse services that are not currently in your scope of project if they align with the AIMS purpose.
- You must separately submit a Scope Adjustment or Change in Scope request to HRSA to add new services to your scope of project or to move one or more services currently provided only in Form 5A Column III to Column I and/or Column II. You may not modify your approved Form 5A through this application.
- You do not need to submit a Scope Adjustment or Change in Scope request if AIMS funding will expand services that you are already providing in the same modes of provision (i.e., Form 5A Column I, Column II).
- AIMS funded services must be listed in Column I and/or II on Form 5A, either currently or after you submit and are approved for a Scope Adjustment or Change in Scope. AIMS funded services are limited to: Mental Health, HCH Required Substance Abuse, Substance Abuse, Case Management, and/or Health Education.
- All services supported by AIMS funding, including those to be added to or changed on Form 5A, must be implemented within 120 days of award. **2**

☒ Yes, I have reviewed my Form 5A and have determined that my proposed activities will require a Scope Adjustment or Change in Scope request to modify Form 5A.

☐ No, I have reviewed my Form 5A and determined that my proposed activities will not require a Scope Adjustment or Change in Scope request to modify Form 5A.

If yes, describe the proposed changes and a timeline for requesting necessary modifications to your Form 5A through a Scope Adjustment or Change in Scope request. You must receive HRSA approval prior to implementation, which must occur within 120 days of award. **3**

Approximately 1/4 page. (Max 1000 Characters with spaces)

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7. Click on the **[Save and Continue]** button to proceed to the **Federal Object Class Categories Form**.

3.2 Completing the Federal Object Class Categories Form

1. The system pre-populates the **Total Proposed Budget** section with the New or Revised Federal and Non-Federal Budget information that you provided in the standard **Budget Information Section A – C Form** (Figure 10, 2).

Note: The total New or Revised Federal budget requested must be less than or equal to \$150,000.

Navigate to the **Budget Information Section A–C Form** in the **Standard** section of the application to change the New or Revised federal budget amount. Right-click on the respective **Budget Information – Section A-C** link in the note at the top of the EHB page to open the link in a new tab or window (Figure 10, 1). This way, the system does not navigate away from the **Federal Object Class Categories Form** while you are still able to review and edit the **Budget Information Section A-C Form**.

2. In the **Budget Categories** section, update the federal and non-federal amounts for each Object Class Category (e.g., Equipment, Contractual) (Figure 10, 3). Ensure that the totals in line k are equal to the respective federal and non-federal amounts displayed under the **Total Proposed Budget** section of the form (Figure 10, 5).

Figure 10: Federal Object Class Categories Form

You are here: [Home](#) » [Tasks](#) » [Browse](#) » [Grant Application \(\)](#) » [Program Specific Information \[\]](#)

Federal Object Class Categories

Note(s):
To update the amounts displayed in the Total Proposed Budget section of this form, navigate to the Budget Summary section of the [Budget Information - Section A-C](#) form to update the total Federal & Non-Federal funds requested.

Due Date: [OFFENSE](#) (Due In: 30 Days) | **Section Status:** Complete

Resources

Fields with * are required

Total Proposed Budget	Amount
Section 330 federal funding (from Total Federal - New or Revised Budget on Section A – Budget Summary)	\$100,000.00
Non-federal funding (from Total Non-Federal - New or Revised Budget on Section A – Budget Summary)	\$50,000.00
Total	\$150,000.00

Note(s):
Federal and Non-Federal breakdown is only required for Year 1.

Object Class Category	Federal	Non-Federal	Total
a. Personnel	\$0	\$50,000	\$50,000
b. Fringe Benefits	\$0	\$0	\$0
c. Travel	\$50,000	\$0	\$50,000
d. Equipment	\$50,000	\$0	\$50,000
e. Supplies	\$0	\$0	\$0
f. Contractual	\$0	\$0	\$0
g. Construction	N/A	N/A	N/A
h. Other	\$0	\$0	\$0
i. Total Direct Charges (sum of a - h)	\$100,000	\$50,000	\$150,000
Calculate Total And Save			
j. Indirect Charges	\$0	\$0	\$0
k. Total Budget Specified in this application (sum of i - j)	\$100,000	\$50,000	\$150,000
Calculate Total And Save			

[Go to Previous Page](#) [Save](#) [Save and Continue](#)

Note:

- Construction is not an eligible cost so this field cannot be edited.
- Enter zero ("0") if you do not wish to request funds for a category. No categories may be left blank.
- If federal funding is requested in the "Equipment" line item of this form (Figure 10, 4), you must also complete the **Equipment List Form**. If AIMS funding will not be used for equipment costs, the **Equipment List Form** cannot be edited.
- Equipment is defined as tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost which equals or exceeds the

lesser of the capitalization level established by the non-federal entity for financial statement purposes, or \$5,000.

- Equipment that does not meet the \$5,000 threshold listed above should be included in the “Supplies” line item.
 - The federal one-time funds for equipment must be less than or equal to \$75,000.
3. Click on the **[Save and Continue]** button to proceed to the **Staffing Impact Form**.

3.3 Completing the Staffing Impact Form

The **Staffing Impact Form** requires applicants to provide information on proposed new direct hire staff and contractors who will be supported with AIMS funding. To complete this form, follow the steps below.

1. Enter numbers for “New Direct Hire Staff FTEs Proposed” and “New Contractor FTEs Proposed” indicating the full-time equivalents (FTEs) to be supported by AIMS funding for each personnel position. A value must be provided for each field. Enter zero (“0”) if a personnel position will not be supported by AIMS funding. (**Figure 11, 1**).

Note:

- The sum total of “New Direct Hire Staff FTEs Proposed” and “New Contractor FTEs Proposed” must be greater than zero (**Figure 11, 2**).
 - In the subsequent comment fields, describe the “Other Mental Health Staff” and “Other Licensed Mental Health Providers” only if new direct hire staff and/or new contractor FTEs are proposed for the respective line item (**Figure 11, 3**).
2. Click on the **[Save and Continue]** button to proceed to the **Patient Impact Form**.

Figure 11: Staffing Impact Form

☒ **Staffing Impact**
☒ Patient Impact
 ☒ Project Narrative

Note(s):

You must propose to use AIMS ongoing funding to expand and/or add new direct hire staff and/or contractors who will support mental health and substance abuse service expansion, from the list below.

Allocate direct hire staff and contractor full-time equivalents (FTEs) by position. An individual's FTE should not be duplicated across positions. For example, a Licensed Clinical Social Worker serving as a part-time mental health provider and a part-time substance abuse provider should be recorded as Licensed Clinical Social Worker 0.3 FTE and Substance Abuse Provider 0.3 FTE. Do not exceed 1.0 FTE for any individual.

Applicants proposing to increase contractors should explain in the Budget Narrative attachment how the contracted FTE estimate was developed and include details regarding the contractual arrangement.

Include personnel on this form that will be supported with the total AIMS funding (federal and non-federal, if any) listed on the Federal Object Class Categories form. Refer to the [2016 UDS manual](#) for position descriptions as needed.

Position	New Direct Hire Staff FTEs Proposed	New Contractor FTEs Proposed
Psychiatrists	1	0
Licensed Clinical Psychologists	0	0
Licensed Clinical Social Workers	0	0
Other Mental Health Staff Please Specify: (Maximum 200 characters)	0	0
Other Licensed Mental Health Providers Please Specify: (Maximum 200 characters)	0	0
Substance Abuse Providers	0	0
Case Managers	0	0
Patient/Community Education Specialists (Health Educators)	0	0
Community Health Workers	0	0
Total	1.00	0.00

[Go to Previous Page](#)
[Save](#)
[Save and Continue](#)

3.4 Completing the Patient Impact Form

The **Patient Impact Form** requires applicants to propose to increase the number of patients who will newly access mental health services, and/or substance abuse services focusing on the treatment, prevention, and awareness of opioid abuse as a result of AIMS funding by December 31, 2018. Separate patient projections must be made for existing patients newly accessing mental health services and/or substance abuse services as a result of AIMS funding and for patients new to the health center accessing these services as a result of AIMS funding. An example patient projection is provided in the AIMS Instructions. To complete the form, follow the steps below.

1. At least one of the values provided in Question 1 and Question 3 must be greater than zero.

2. For Question 1, enter the number of current health center patients who will newly access mental health services, and/or substance abuse services focusing on the treatment, prevention, and awareness of opioid abuse in calendar year 2018 as a result of AIMS funding (e.g., existing medical patients not currently accessing these services that will begin to do so) (**Figure 12, 1**).
3. For Question 2, enter the numbers of existing patients who will access mental health services, and substance abuse services focusing on the treatment, prevention, and awareness of opioid abuse in calendar year 2018, separately (**Figure 12, 2**).
Note: If no existing patients are projected (i.e., zero is entered for Question 1), then you must enter zero ("0") for both fields in Question 2.
4. For Question 3, enter the number of new patients who will access mental health services, and/or substance abuse services focusing on the treatment, prevention, and awareness of opioid abuse in calendar year 2018 as a result of AIMS funding.
5. For Question 4, enter the numbers of new patients who will access mental health services, and substance abuse services focusing on the treatment, prevention, and awareness of opioid abuse in calendar year 2018, separately.
Note: If no new patients are projected (i.e., zero is entered for Question 3), then you must enter zero ("0") for both fields in Question 4.
6. If new patients are projected, complete the **New Patients by Population Type** section. Distribute the number of projected new patients by population type.
Note: The sum of New Patients by Population Type must be equal to the value entered for Question 3 (**Figure 12, 3**).
7. Click on the **[Save and Continue]** button to proceed to the **Project Narrative Form**.

Staffing Impact

Patient Impact

Project Narrative

Patient Impact Questions

Existing Patient Impact

1

1. **Unduplicated Total (Existing Patients):** Enter the number of existing patients who will newly access mental health and/or substance abuse services in calendar year 2018 as a result of AIMS funding (e.g., existing medical patients not currently accessing these services that will begin to do so).

Attribute the total projected existing patients to EITHER mental health OR substance abuse in your response to Question 1, even if some existing patients are expected to access both expanded services (i.e., count each existing projected patient only once in this unduplicated patient projection).

1

2

2. **Patients by Service Type (Existing Patients):** Enter the number of existing patients who will access each service in calendar year 2018 in the table below.

Count each projected existing patient according to the services they are expected to access. If a patient will start accessing both mental health and substance abuse services, they should be counted once for each service type in this table (e.g., an individual who will newly access both mental health and substance abuse services should be counted once for mental health and once for substance abuse).

Mental Health Services	Substance Abuse Services
1	0

New Patient Impact

3

3. **Unduplicated Total (New Patients):** Enter the number of new patients (new to the health center) who will access mental health and/or substance abuse services in calendar year 2018 as a result of AIMS funding.

Attribute the total projected new patients to EITHER mental health OR substance abuse in your response to Question 3, even if some new patients are expected to access both expanded services (i.e., count each new projected patient only once in this unduplicated patient projection).

10000

4

4. **Patients by Service Type (New Patients):** Enter the number of new patients (new to the health center) who will access each service in calendar year 2018 in the table below.

Count each projected new patient according to the services they are expected to access. If a new patient will access both mental health and substance abuse services, they should be counted once for each service type in this table (e.g., an individual new to the health center as a result of this funding who will access both mental health and substance abuse services should be counted once for mental health and once for substance abuse).

Mental Health Services	Substance Abuse Services
1	0

New Patients by Population Type

Population Type	NEW Patients Projected
Total NEW Patients (from Question #3)	10000
General Underserved Community	2500
Migratory and Seasonal Agricultural Workers	2500
Public Housing Residents	2500
People Experiencing Homelessness	2500
Total	10000

Calculate and Save

Go to Previous Page

Save

Save and Continue

The **Project Narrative Form** requires applicants to provide narrative answers to 4 questions that detail the proposed AIMS project (**Figure 13**). One question addresses **Need** and 3 questions address **Response**. Each answer has a limit of 2,500 characters which includes spaces. If you are not requesting one-time funding,

then respond “N/A” to the third question in the **Response** section regarding use of one-time funding (Figure 13, 1). Once complete, click on the **[Save and Continue]** button to proceed to the **Equipment List Form**.

Figure 13: Project Narrative Form

The screenshot displays the 'Project Narrative' form with three tabs: 'Staffing Impact', 'Patient Impact', and 'Project Narrative' (which is selected and highlighted with a red box). Below the tabs, a note states 'Fields with * are required'. The form is divided into three main sections, each with a blue header bar and a text area for the response.

Need

- * 1. Describe the need to expand or begin providing mental health services, and substance abuse services focusing on the treatment, prevention, and awareness of opioid abuse.

Approximately 3/4 page. (Max 2500 Characters with spaces)

Response

- * 1. Describe the proposed direct hire staff and/or contractor(s) to be supported with AIMS funding, including how they will meet the identified needs through the use of evidence-based strategies.

Approximately 3/4 page. (Max 2500 Characters with spaces)

- * 2. Provide a timeline that lists the implementation steps and expected outcomes of the proposed mental health and substance abuse service expansion activities. The timeline must show that expanded access to mental health services, and substance abuse services focusing on the treatment, prevention, and awareness of opioid abuse, will be implemented within 120 days of award.

Approximately 3/4 page. (Max 2500 Characters with spaces)

- * 3. If one-time funding is requested for health IT and/or training investments, describe how that funding will be utilized to support the expansion of mental health services, and substance abuse services focusing on the treatment, prevention, and awareness of opioid abuse and address the need for integration with primary care. Include a timeline that demonstrates all one-time funding will be expended within 12 months of award.

If one-time funding for health IT and/or training is not requested, enter N/A below.

Approximately 3/4 page. (Max 2500 Characters with spaces)

A red box highlights the third question, and a red callout '1' points to it.

At the bottom of the form, there are two buttons: 'Go to Previous Page' and 'Save and Continue'.

3.6 Completing the Equipment List form

The **Equipment List Form** requires applicants to provide a line-item list of proposed equipment to be purchased with AIMS funding. If you did not propose any federal equipment-related costs in the **Federal Object Class Categories Form** line d, then this form is not applicable to you and cannot be edited. To complete the form, follow the steps below.

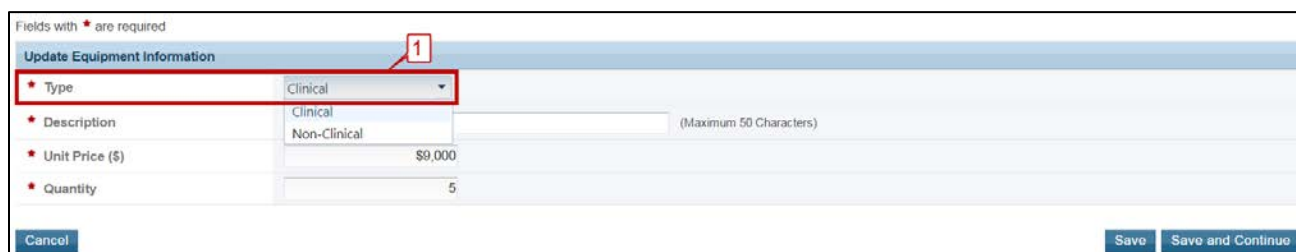
1. Click the **[Add]** button to add equipment items (**Figure 14**).

Figure 14: Equipment List Form



- The system navigates to the **Equipment Information - Add Form** (**Figure 15**).

Figure 15: Equipment Information - Add Form



2. Select equipment "Type", either "Clinical" or "Non-Clinical" (**Figure 15, 1**).
3. Enter a brief narrative "Description" of the equipment item, up to 50 characters.
4. Enter the "Unit Price (\$)". To be classified as equipment, the "Unit Price" must be at least \$5,000. Equipment that does not meet the \$5,000 threshold should be considered Supplies and would not be entered on this form.
5. Enter the "Quantity" of units to be purchased.
6. Click the **[Save and Continue]** button at the bottom of the screen. You will be returned to the **Equipment List Form** (**Figure 16**).
7. To edit an equipment item, click on the **Update** link under the "Options" menu (**Figure 16, 1**). To delete an equipment item, click on the **Delete** link under the "Options" menu (**Figure 16, 2**).
Note: The total price of equipment requested in this form must be equal to the federal costs proposed in the "Equipment" line item of the **Federal Object Class Categories Form** (line d).
8. Click the **[Save and Continue]** button to navigate to the **Program Specific – Review** page.

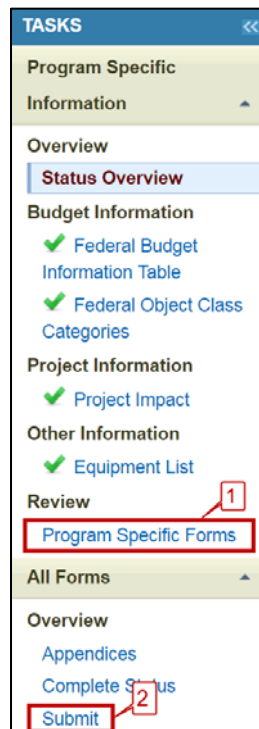
Figure 16: Equipment List Form with Equipment Added

Type	Description	Unit Price	Quantity	Total Price	Options
Non-Clinical	EHR Software Upgrade	\$10,000.00	4	\$40,000.00	Update
Non-Clinical	Server	\$5,000.00	2	\$10,000.00	Update
Total			6	\$50,000.00	

4. Reviewing and Submitting the AIMS Application

1. Review the Program Specific forms by accessing the [Program Specific Forms](#) link at the bottom of the left navigation menu ([Figure 17, 1](#)).
2. When all information is accurate, click the [Submit](#) link in the All Forms left navigation menu ([Figure 17, 2](#)).

Figure 17: Program Specific Information Section Review Program Specific Forms and Submit Links



3. The system navigates to the standard **Application – Submit** page and displays a **[Submit to HRSA]** button at the bottom of the page if both the Standard and Program Specific forms are complete.

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

the AO directly and ensure that they leave adequate time for the AO to complete the submission process prior to the deadline.

4. To submit the application, click the **[Submit to HRSA]** button.
5. On the resulting **Certification and Acceptances Form**, click the **[Submit Application]** button in the lower right corner of the form to confirm the submission of your AIMS application to HRSA.
6. If you experience any problems with submitting the application in EHB, contact the **BPHC Helpline** at 1-877-974-2742 (Monday – Friday, 8:30 AM - 5:30 PM ET) or send an email through the Web Request Form (<http://www.hrsa.gov/about/contact/bphc.aspx>).