

HRSA Electronic Handbooks

FQHC Look-Alike

Initial Designation Application User Guide for Applicants

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Contents

1. INTRODUCTION	10
1.1. DOCUMENT PURPOSE AND SCOPE	10
1.2. DOCUMENT ORGANIZATION	10
2. BEFORE YOU BEGIN	11
2.1. REGISTER WITH THE HRSA ELECTRONIC HANDBOOKS	11
3. GET STARTED WITH THE HRSA ELECTRONIC HANDBOOKS	12
3.1. LOG IN	12
3.2. SESSION TIME LIMIT	12
4. CREATE THE APPLICATION	13
4.1. EVALUATION QUESTIONNAIRE	13
4.1.1 <i>Evaluation Questionnaire Results</i>	15
4.2. CREATE THE APPLICATION	16
5. PEER ACCESS	18
6. ACCESS THE APPLICATION	21
6.1. NAVIGATION	23
7. COMPLETE THE APPLICATION FORMS	24
7.1. COVER PAGE	24
7.1.1 <i>Add or Change the Authorizing Official (AO)</i>	25
7.1.2 <i>Request A New Authorizing Official</i>	26
7.1.3 <i>Delete the Authorizing Official</i>	27
7.2. FORM 1A: GENERAL INFORMATION WORKSHEET	28
7.3. FORM 2: STAFFING PROFILE	32
7.4. FORM 3: INCOME ANALYSIS	35
7.5. FORM 3A: FQHC LOOK-ALIKE BUDGET INFORMATION	41
7.6. FORM 4: COMMUNITY CHARACTERISTICS	42
7.7. FORM 5A: SERVICES PROVIDED	44
7.7.1 <i>Form 5A: Required Services</i>	44
7.7.2 <i>Form 5A: Additional Services</i>	46
7.7.2.1 Add an Additional Service	46
7.7.2.2 Update an Additional Service	48
7.7.2.3 Delete an Additional Service	49
7.8. FORM 5B: SERVICE SITES	50
7.8.1 <i>Add a New Service Site</i>	50
7.8.1.1 Register a Performance Site	51
7.8.2 <i>Update Site</i>	54
7.8.3 <i>Remove a Site</i>	58
7.9. FORM 5C: OTHER ACTIVITIES/LOCATIONS	59
7.9.1 <i>View, Update, or Remove an Activity</i>	60
7.10. FORM 6A: CURRENT BOARD MEMBER CHARACTERISTICS	62
7.10.1 <i>To Add a Board Member</i>	62
7.10.2 <i>Update Board Member Information</i>	64
7.10.3 <i>Delete a Board Member</i>	65
7.11. FORM 6B: REQUEST FOR WAIVER OF GOVERNANCE REQUIREMENTS	66
7.12. FORM 8: HEALTH CENTER AGREEMENTS	68
7.13. FORM 9: NEED FOR ASSISTANCE WORKSHEET	74

7.13.1	Form 9: Section I: Core Barriers	74
7.13.2	Form 9: Section II: Core Health Indicators	75
7.13.3	Form 9, Section III: Other Health Indicators	77
7.14.	FORM 10: ANNUAL EMERGENCY PREPAREDNESS (EP) REPORT	78
7.15.	FORM 12: ORGANIZATION CONTACTS	80
7.16.	CLINICAL PERFORMANCE MEASURES.....	82
7.16.1	The Designation Period.....	82
7.16.2	Provide Standard Performance Measure Information	82
7.16.3	Add an Additional Performance Measure.....	85
7.16.4	Update a Performance Measure.....	88
7.16.5	Delete an Other Performance Measure	88
7.16.6	View a Performance Measure	89
7.17.	FINANCIAL PERFORMANCE MEASURES	90
7.17.1	The Designation Period.....	90
7.17.2	Provide Standard Performance Measure Information	90
7.17.3	Add an Other Performance Measure	93
7.17.4	Update a Performance Measure.....	96
7.17.5	Delete an Additional Performance Measure	96
7.17.6	View a Performance Measure	97
7.18.	APPENDICES	98
7.18.1	Attach Documents.....	98
7.18.2	Update an Attached Document.....	101
8.	REVIEW THE APPLICATION.....	103
8.1.	APPLICATION FORMS STATUS.....	103
8.2.	VIEW AND PRINT THE APPLICATION	104
9.	SUBMIT THE APPLICATION	105
10.	CUSTOMER SUPPORT INFORMATION	107
10.1.	REGISTRATION OR ACCESS/PASSWORD ISSUES.....	107
10.2.	COMPLETING THE APPLICATION IN THE ELECTRONIC HANDBOOKS.....	107
10.3.	APPLICATION GUIDANCE OR PROGRAMMATIC QUESTIONS.....	107
11.	FREQUENTLY ASKED QUESTIONS.....	108
11.1.	SOFTWARE	108
11.1.1	What are the software requirements for HRSA EHBs?.....	108
11.1.2	What are the system requirements for using HRSA EHBs on a Macintosh computer?	108
11.1.3	What are the software requirements for FQHC LAL Application Modules?	108
11.1.4	What document types can I upload?.....	108

Figures

Figure 1: HRSA EHBs Login Screen	12
Figure 2: HRSA EHBs Home Page.....	12
Figure 3: FQHC LAL Home Link	13
Figure 4: View Applications Link	13
Figure 5: Pending Initial Designation Applications.....	14
Figure 6: FQHC Look-Alike Eligibility Evaluation Questionnaire	14
Figure 7: Evaluation Questionnaire Result - Affirmative Response.....	15
Figure 8: Evaluation Questionnaire Result - Technical Assistance Response.....	16
Figure 9: Application Status Overview Page.....	17
Figure 10: Peer Access Link	18
Figure 11: Peer Access Management Page	18
Figure 12: Peer Access: Organization Users.....	18
Figure 13: Update Privileges Page	19
Figure 14: Peer Access Management: Privileges Granted.....	19
Figure 15: Peer Access Management - Choose Action Menu.....	20
Figure 16: FQHC LAL Home Link	21
Figure 17: View Applications Link	21
Figure 18: Pending Initial Designation Applications Page	22
Figure 19: Application Status Overview Page.....	22
Figure 20: Left Side Menu	23
Figure 21: Cover Page	24
Figure 22: Choose Person to Add Page	25
Figure 23: Contact Information Page	25
Figure 24: Choose Person To Add: Request New AO	26
Figure 25: Contact Information: Notify AO Page.....	26
Figure 26: Form 1A: General Information Worksheet.....	28
Figure 27: Form 1A: Section 1. Applicant Information	29
Figure 28: Form 1A: Section 2. Service Area: 2a. Target Population.....	29
Figure 29: Form 1A: Section 2b. Service Area Type	29
Figure 30: Form 1A: Section 2c. Target Population Information.....	30
Figure 31: Form 1A: Section 2c. Patients and Visits by Service Type	30
Figure 32: Form 1A: Section 2c. Patients and Visits by Population Type	31
Figure 33: Form 2: Staffing Profile - Administration.....	32
Figure 34: Form 2 - Medical Staff	33
Figure 35: Form 2 - Dental, Behavioral Health and Enabling Staff.....	33
Figure 36: Form 2 - Other Staff.....	34

Figure 37: Form 2 - Total Salary	34
Figure 38: Form 3: Income Analysis Form.....	35
Figure 39: Income Analysis Download Instruction Page	36
Figure 40: File Download Dialog Box.....	37
Figure 41: Save As Dialog Box	37
Figure 42: Form 3: Income Analysis - Downloaded Document Template	38
Figure 43: Form 3: Income Analysis - Attach.....	38
Figure 44: Attach Document Screen - Browse.....	39
Figure 45: Choose File to Upload Dialog Box.....	39
Figure 46: Attach Document Screen - File Selected.....	40
Figure 47: Attached Document(s)	40
Figure 48: Form 3A: FQHC Look-Alike Budget Information	41
Figure 49: Form 4 - Race	42
Figure 50: Form 4 - Hispanic or Latino Identity.....	42
Figure 51: Form 4 - Income as Percent of Poverty Level	43
Figure 52: Form 4 - Primary Third Party Payment.....	43
Figure 53: Form 4 - Special Population	43
Figure 54: Form 5A: Services Provided - Required Services	44
Figure 55: Form 5A: Required Services - Referral to Behavioral Health and Substance Abuse Services	45
Figure 56: Translation Services	45
Figure 57: Form 5A: Services Provided - Drop-Down Menu	45
Figure 58: Form 5A: Additional Services - Add.....	46
Figure 59: Form 5A: Add New Service Page	46
Figure 60: Choose Service Drop-down Menu.....	47
Figure 61: Form 5A: Choose Service to Add	47
Figure 62: Form 5A: Additional Services - Update	48
Figure 63: Update an Additional Service	48
Figure 64: Form 5A: Delete an Additional Service.....	49
Figure 65: Form 5A: Delete Services Confirmation	49
Figure 66: Form 5B: Service Sites - Add New Site.....	50
Figure 67: Form 5B: Service Site Checklist	50
Figure 68: List of Pre-Registered Performance Sites	51
Figure 69: Form 5B: Register Performance Site.....	51
Figure 70: Add Performance Site.....	52
Figure 71: Add a Performance Site - Physical Location Address.....	53
Figure 72: Add Performance Site - Site Created Successfully	53
Figure 73: Services Sites - Update	54

Figure 74: Update Site - Service Site Information	54
Figure 75: Update Site - Add Organization Information	55
Figure 76: Update Site - Site Information.....	55
Figure 77: Update Site - Contact Information	55
Figure 78: Update Site - Change Location.....	55
Figure 79: Update Site - Add Mailing Address.....	56
Figure 80: Update Site - Add Service Area Zip Codes	56
Figure 81: Update Site - Add Service Area Population Type.....	57
Figure 82: Update Site - Site Addition Complete	57
Figure 83: Form 5B: Service Sites - Remove	58
Figure 84: Form 5B: Service Sites - Remove Confirmation.....	58
Figure 85: Form 5C: Other Activities/Locations - Enter New Activity/Location.....	59
Figure 86: Form 5C: Enter Activity/Location	59
Figure 87: Form 5C: Activity/Location Information Added Successfully	60
Figure 88: Form 5C: List of Activities/Locations - View; Update; Remove	60
Figure 89: Activity/Location Summary	60
Figure 90: Delete Other Activity/Location Confirmation Page	61
Figure 91: Form 6A: Current Board Member Characteristics	62
Figure 92: Form 6A: Add Board Member Information.....	63
Figure 93: Form 6A: Board Members Gender; Ethnicity; Race	64
Figure 94: Update Link on a Board Member Listing	64
Figure 95: Form 6A: Update Board Member Information	64
Figure 96: Delete Link on a Board Member Listing	65
Figure 97: Confirm Delete Board Member	65
Figure 98: Form 6B: Request for Waiver of Governance Requirements - Section 1.....	66
Figure 99: Form 6B: Request for Waiver of Governance Requirements - Section 2.....	66
Figure 100: Form 6B: Request for Waiver of Governance Requirements - Section 3.....	66
Figure 101: Form 6B: Request for Waiver of Governance Requirements - Section 4.....	67
Figure 102: Form 8: Part I: Question 1	68
Figure 103: Form 8: Part II: Governance Checklist.....	69
Figure 104: Form 8: Part II: Question 2	69
Figure 105: Form 8: Part II: Question 3	69
Figure 106: Form 8: Part III: Organization Agreement.....	70
Figure 107: Form 8: Part III: Add Organization Agreement	70
Figure 108: Form 8: Part III: Add Organization Agreement - Physical Address	70
Figure 109: Form 8: Part III: Add Organization Agreement - Explain History.....	71
Figure 110: Form 8: Part III: Add Organization Agreement - Attach Documentation	71

Figure 111: Form 8: Part III: Add Organization Agreement - Browse 71

Figure 112: Choose File to Upload 72

Figure 113: Form 8: Part III: Attached Documents 72

Figure 114: Form 8: Attachments Uploaded 73

Figure 115: Need For Assistance Worksheet - Section Drop-down 74

Figure 116: Form 9: Section I: Population to One FTE Primary Care Physician Ratio 75

Figure 117: Form 9: Section II: Core Health Indicators - Diabetes 76

Figure 118: Form 9: Section III - Other Health Indicators 77

Figure 119: Form 10: Section I: Emergency Preparedness and Management Plan 78

Figure 120: Form 10: Section II: Readiness 79

Figure 121: Form 12: Organization Contacts 80

Figure 122: Form 12: Contact Information Data Entry Page 81

Figure 123: Clinical Performance Measures: Designation Period 82

Figure 124: Clinical Performance Measures: Standard Measures 82

Figure 125: Update Clinical Performance Measure Information 83

Figure 126: Update Clinical Performance Measure Information - Baseline Data 83

Figure 127: Projected Data Calculation - Sample Calculation 84

Figure 128: Update Clinical Performance Measure Information - Data Source and Methodology 84

Figure 129: Update Clinical Performance Measure Information - Key Factor and Major Planned Action 84

Figure 130: Update Clinical Performance Measure Information - Comments 85

Figure 131: Other Measures 85

Figure 132: Add Clinical Performance Measure information - Focus Area 86

Figure 133: Add Clinical Performance Measure information - Performance Measure and Target Goal 86

Figure 134: Add Clinical Performance Measure information - Numerator and Denominator 86

Figure 135: Add Clinical Performance Measure Information - Baseline Data 86

Figure 136: Sample Calculation 87

Figure 137: Add Clinical Performance Measure information - Data Source and Key Factor(s) 87

Figure 138: Add Clinical Performance Measure information - Comments 87

Figure 139: Clinical Performance Measures - Additional Measures 88

Figure 140: Update Link on a Complete Performance Measure 88

Figure 141: Clinical Performance Measures - Additional Measures - Delete 89

Figure 142: Read-only Display of a Clinical Performance Measure 89

Figure 143: Financial Performance Measures - Designation Period 90

Figure 144: Financial Performance Measure - Standard Measures 90

Figure 145: Update Financial Performance Measure Information 91

Figure 146: Update Financial Performance Measure Information - Baseline Data 91

Figure 147: Sample Calculation 92

Figure 148: Update Financial Performance Measure Information - Data Source and Methodology 92

Figure 149: Update Financial Performance Measure Information - Key Factor and Major Planned Action..... 92

Figure 150: Update Financial Performance Measure Information - Comments 93

Figure 151: Additional Measures 93

Figure 152: Add Financial Performance Measure Information - Focus Area 93

Figure 153: Add Financial Performance Measure Information - Performance Measure and Target Goal 94

Figure 154: Add Financial Performance Measure Information - Numerator and Denominator Description 94

Figure 155: Add Financial Performance Measure Information - Baseline Data 94

Figure 156: Sample Calculation 94

Figure 157: Add Financial Performance Measure Information - Data Source and Key Factor(s) 95

Figure 158: Update Financial Performance Measure Information - Comments 95

Figure 159: Additional Measures - Added Performance Measure 95

Figure 160: Update Financial Performance Measure 96

Figure 161: Delete Financial Performance Measure 96

Figure 162: Financial Performance Measures - Additional Measures - Delete 96

Figure 163: Read-Only View of Financial Performance Measure 97

Figure 164: Appendices (collapsed view, showing attachment headings only)..... 98

Figure 165: Appendices Detail - Project Abstract 99

Figure 166: Attach Document Page 99

Figure 167: Choose File to Upload Window 100

Figure 168: Attachment Saved Successfully 100

Figure 169: Appendices: File Uploaded 101

Figure 170: Appendices: Delete Attachment 101

Figure 171: Delete Confirmation Page..... 101

Figure 172: Appendices: Complete - Save and Continue..... 102

Figure 173: Status Overview Page for Application Forms 103

Figure 174: Application Information Review Page 104

Figure 175: Status Overview Page Showing Complete Status..... 105

Figure 176: Submit Confirmation Page..... 106

Figure 177: General Information Page - Successfully Submitted to HRSA 106

Tables

Table 1 Modes of Service Provision 44

1. Introduction

1.1. Document Purpose and Scope

The purpose of this document is to provide detailed instructions to help applicants complete their FQHC LAL applications in HRSA Electronic Handbooks (EHBs).

This document is not meant to replace program guidance documents; applicants are directed to follow program guidance documents for all programmatic questions.

1.2. Document Organization

This document contains the following sections:

Section	Description
Before You Begin	Provides information applicants need to know before they submit an application.
Get Started with the HRSA Electronic Handbooks	Describes how to log in to the HRSA Electronic Handbooks and begin the FQHC LAL application process.
Complete the Application Forms	Describes the steps necessary to complete the Application Forms of the FQHC LAL application in the Electronic Handbooks.
Review the Application	Describes how to review a FQHC LAL application to ensure that all information is accurate before submitting the application to HRSA.
Submit the Application	Describes the steps necessary to submit the FQHC LAL application to HRSA.
Customer Support	Provides contact information to address technical and programmatic questions.
Frequently Asked Questions	Provides answers to frequently asked questions by various categories.

2. Before You Begin

2.1. Register with the HRSA Electronic Handbooks

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

Registration within HRSA EHBs is a two-step process. In the first step, each user from an organization must create individual system accounts. In the second step, the users must associate themselves with the appropriate FQHC Look-Alike organization.

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

3. Get Started with the HRSA Electronic Handbooks

3.1. Log In

To log in to the HRSA EHBs,

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

Figure 1: HRSA EHBs Login Screen

3. Click **Login**.
 - The HRSA EHBs Home page (Figure 2) opens.

Figure 2: HRSA EHBs Home Page

3.2. Session Time Limit

When you open a page in the HRSA Electronic Handbooks (EHBs), your session will remain active for 30 minutes after your last activity. Save your work every five minutes to avoid losing information.

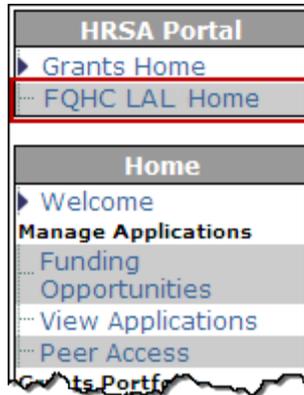
4. Create the Application

4.1. Evaluation Questionnaire

The first step in the FQHC LAL Initial Designation Application process is to complete the **Evaluation Questionnaire**.

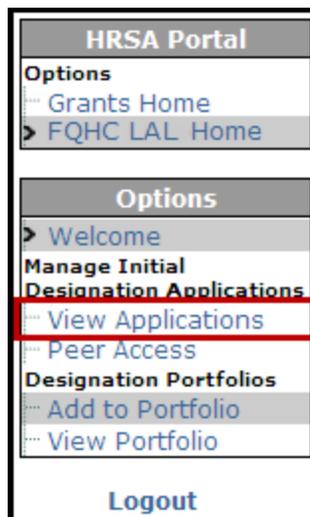
1. On the HRSA EHBs Home page, select [FQHC LAL Home](#) under **HRSA Portal** on the left side menu (Figure 3).

Figure 3: FQHC LAL Home Link



2. Click the [View Applications](#) link (Figure 4) to begin the Initial Designation Application process.

Figure 4: View Applications Link



- The **View Applications** page (Figure 5) opens.

Figure 5: Pending Initial Designation Applications

The screenshot shows the HRSA Electronic Handbooks for FQHC Look-Alikes Program interface. The main content area is titled 'PENDING INITIAL DESIGNATION APPLICATIONS'. A search bar is visible at the top right. Below the search bar, there is a dropdown menu labeled 'Begin New Application' and a 'Go' button, both highlighted with red boxes. The interface also includes a sidebar with navigation options and a top navigation bar with the HRSA logo and program name.

3. To begin the new application process, click **Go** next to the **Begin New Application** drop-down menu.

➤ The **FQHC Look-Alike Eligibility Evaluation Questionnaire** (Figure 6) opens.

Figure 6: FQHC Look-Alike Eligibility Evaluation Questionnaire

The screenshot displays the 'FQHC LOOK-ALIKE ELIGIBILITY EVALUATION QUESTIONNAIRE'. The questionnaire is structured as a table with three columns: 'Question', 'Resource', and 'Choose one'. The first question asks if the applicant organization is Tribal, Urban Indian, or Private, non-profit. The 'Yes' radio button for this question is highlighted with a red box. Other questions include requirements for designated areas, independent ownership, needs assessment, and community involvement. At the bottom of the questionnaire, a 'Save' button is highlighted with a red box. The interface also includes 'Cancel', 'Reset', and 'Save and Continue' buttons at the very bottom.

Question	Resource	Choose one
Key Health Center Program Eligibility Requirement		
* 1. Is the applicant organization either Tribal, Urban Indian OR Private, non-profit (non-Tribal or Urban Indian) OR Public (non-Tribal or Urban Indian)? (Section 33(e)(1)(A) of the Public Health Service (PHS) Act and 42 Code of Federal Regulations (CFR) Part 51c.103) (Please refer to PIN 2010-01 to determine if the organization is a Public entity.)	- Authorizing Legislation - 42 CFR Part 51c.103	<input checked="" type="radio"/> Yes <input type="radio"/> No
* 2. Is the applicant organization serving a designated Medically Underserved Area and/or a Medically Underserved Population? (MUA/MUP designation (Section 330(a) and Section 330(b)(3) of the PHS Act and 42 CFR Part 51c.104 (b)(2)) (MUA/MUP designation can be obtained from HRSA's website).	- Authorizing Legislation - 42 CFR Part 51c.104	<input type="radio"/> Yes <input type="radio"/> No
FQHC Look-Alike Program Eligibility Requirement		
* 3. Is the applicant organization independently owned, controlled and operated? (Section 1905(l)(2)(B)(iii) of the Social Security Act (SSA))	- Sec. 1905. [42 U.S.C. 1396d]	<input type="radio"/> Yes <input type="radio"/> No
Health Center Program Requirement: Needs Assessment		
* 4. Has the applicant organization identified and documented the needs of its target population, within a defined service area? (Section 330(k)(2) and Section 330(k)(3)(I) of the PHS Act)	- Authorizing Legislation	<input type="radio"/> Yes <input type="radio"/> No
Health Center Program Requirement: Required and Additional Services		
* 5. Does the applicant organization provide all required primary, preventive, enabling health services and additional services that are necessary to meet the health care needs of the community?	- Authorizing Legislation	<input type="radio"/> Yes <input type="radio"/> No
* 1c. Does the applicant organization's governing board have non-patient members that represent the community served by the health center and are selected for their expertise in community affairs, local government, finance and banking, legal affairs, trade unions, and other commercial and industrial concerns, or social service agencies within the community? (42 CFR Part 51c.304)	- 42 CFR Part 51c.304	<input type="radio"/> Yes <input type="radio"/> No
* 21d. Do less than half (50 percent) of the non-patient governing board members derive more than 10 percent of their annual income from the health care industry? (42 CFR Part 51c.304)	- 42 CFR Part 51c.304	<input type="radio"/> Yes <input type="radio"/> No
Click "Save" button to save all information within this page.		
Health Center Program Requirement: Conflict of Interest Policies		
* 22a. Does the applicant organization have bylaws or a written corporate board approved policy that includes provisions that prohibit conflict of interest by board members, employees, consultants and those who furnish goods or services to the health center? (42 CFR Part 51c.304(b))	- 42 CFR Part 51c.304	<input type="radio"/> Yes <input type="radio"/> No
* 22b. Do the conflict of interest policies assure that no board member is an employee of the health center or an immediate family member of an employee? (42 CFR Part 51c.304(b)(4))	- 42 CFR Part 51c.304	<input type="radio"/> Yes <input type="radio"/> No
* 22c. Do the conflict of interest policies assure that the center's Chief Executive may serve only as a non-voting, ex-officio member of the board? (42 CFR Part 51c.304(b)(4))	- 42 CFR Part 51c.304	<input type="radio"/> Yes <input type="radio"/> No

4. Complete the questionnaire by selecting either 'Yes' or 'No' for each question.

Due to the length of the questionnaire, it is recommended that you use the *intermediate* **Save** buttons as you progress through the questionnaire.

5. When all questions have been answered, click **Save and Continue**.
 - The **Questionnaire Evaluation Result** page opens (Figure 7).

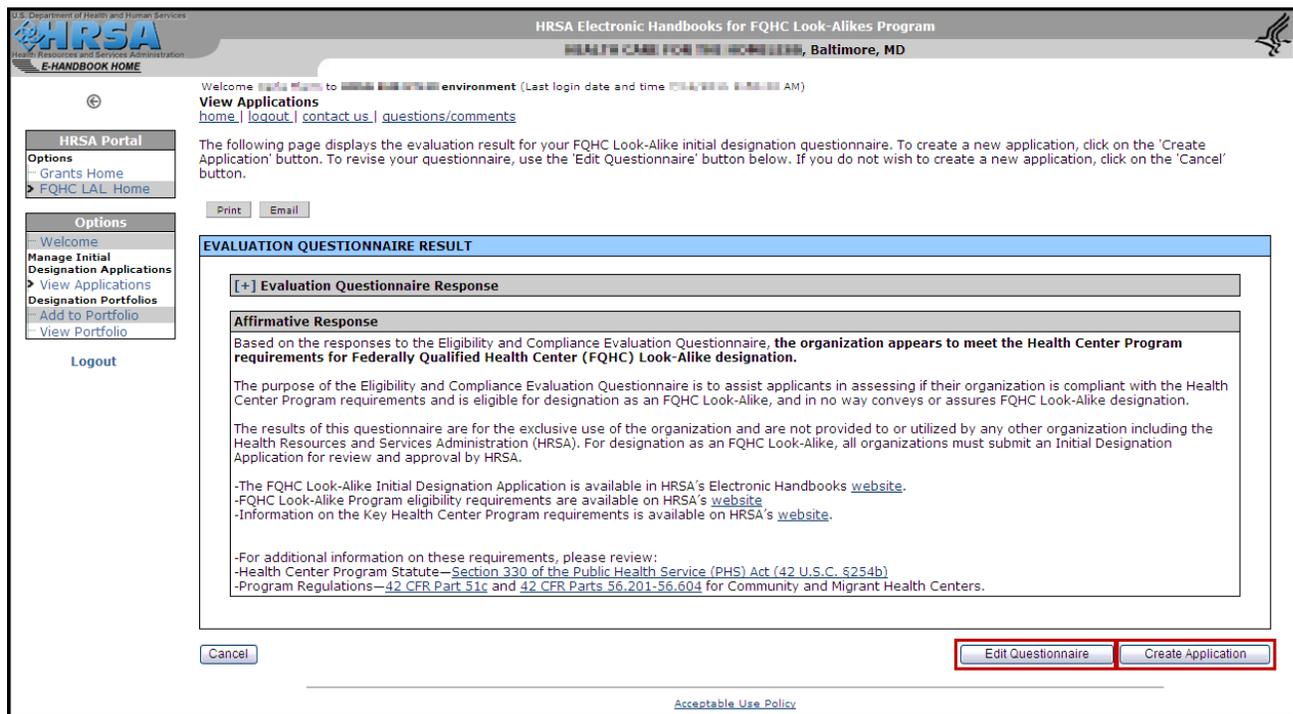
4.1.1 Evaluation Questionnaire Results

The Evaluation Questionnaire Results will be displayed in one of two ways:

- If your responses indicate your organization appears to be eligible, you will receive an **Affirmative Response**.
- If your responses indicate your organization appears to be ineligible, you will receive a **Technical Assistance Response**.

1. If you receive an Affirmative Response, you will see the screen in Figure 7.

Figure 7: Evaluation Questionnaire Result - Affirmative Response



2. Click **Create Application** to create the FQHC LAL Initial Designation Application. Go to Step 2 in Section 4.2.
3. If you receive a Technical Assistance Response (Figure 8), the **Sections that require Technical Assistance** table will offer resources to help you understand your eligibility requirements.
4. Click **Edit Questionnaire** to return to the questionnaire to change your responses.

Figure 8: Evaluation Questionnaire Result - Technical Assistance Response

Welcome Castulo de la Rocha to **HRSA EHB UTL20 environment** (Last login date and time 7/22/2011 10:25:00 AM)

View Applications
[home](#) | [logout](#) | [contact us](#) | [questions/comments](#)

The following page displays the evaluation result for your FQHC Look-Alike initial designation questionnaire. To create a new application, click on the 'Create Application' button. To revise your questionnaire, use the 'Edit Questionnaire' button below. If you do not wish to create a new application, click on the 'Cancel' button.

EVALUATION QUESTIONNAIRE RESULT

[+] Evaluation Questionnaire Response

Technical Assistance Response

Based on the responses to the Eligibility and Compliance Evaluation Questionnaire, **the organization currently does not appear to meet the Key Health Center Program requirements for Federally Qualified Health Center (FQHC) Look-Alike designation.**

The purpose of the Eligibility and Compliance Evaluation Questionnaire is to assist applicants in assessing if their organization is compliant with the Health Center Program requirements and is eligible for designation as an FQHC Look-Alike, and in no way conveys or assures FQHC Look-Alike designation, nor does it prohibit an organization from applying based on the results of the mentioned questionnaire.

The results of this questionnaire are for the exclusive use of the organization and are not provided to or utilized by any other organization including the Health Resources and Services Administration (HRSA). For designation as an FQHC Look-Alike, all organizations must submit an Initial Designation Application for review and approval by HRSA.

- The FQHC Look-Alike Initial Designation Application is available in HRSA's Electronic Handbooks [website](#).
- FQHC Look-Alike Program eligibility requirements are available on HRSA's [website](#)
- Information on the Key Health Center Program requirements is available on HRSA's [website](#).

-For additional information on these requirements, please review:
 -Health Center Program Statute—[Section 330 of the Public Health Service \(PHS\) Act \(42 U.S.C. 6254b\)](#)
 -Program Regulations—[42 CFR Part 51c](#) and [42 CFR Parts 56.201-56.604](#) for Community and Migrant Health Centers.

Sections that require Technical Assistance	
Section	Resource
Key Health Center Program Eligibility Requirement	- Authorizing Legislation - 42 CFR Part 51c.104
Health Center Program Requirement: After Hours Coverage	- Authorizing Legislation

[Acceptable Use Policy](#)

4.2. Create the Application

- From the **Questionnaire Evaluation Result** page (Figure 7), click to begin the application process.
 - A **Create Application - Confirmation** page opens with a **Success** banner. An Application Tracking Number is generated for this application, and is displayed on this confirmation screen.
- Click .
 - The **Application Status Overview** page (Figure 9) will open listing all the forms that must be completed. The status of each form is shown in the Status column.

Figure 9: Application Status Overview Page

▼ This application will expire in 90 days. Please submit this application prior to the deadline.

STATUS OVERVIEW		
Section	Action	Status
General Information		
Cover Page	Update	NOT COMPLETE
Form 1A: General Information Worksheet	Update	NOT COMPLETE
Budget Information		
Form 2: Staffing Profile	Update	NOT COMPLETE
Form 3: Income Analysis Format	Update	NOT COMPLETE
Form 3A: FQHC Look-Alike Budget Information	Update	NOT COMPLETE
Sites and Services		
Form 4: Community Characteristics	Update	NOT COMPLETE
Form 5A: Services Provided		
Required Services	Update	NOT COMPLETE
Additional Services	Update	NOT COMPLETE
Form 5B: Service Sites	Update	NOT COMPLETE
Form 5C: Other Activities/Locations	Update	NOT COMPLETE
Other Forms		
Form 6A: Current Board Member Characteristics	Update	NOT COMPLETE
Form 6B: Request for Waiver of Governance Requirements	Update	NOT COMPLETE
Form 8: Health Center Affiliation Certification/Checklist	Update	NOT COMPLETE
Form 9: Need for Assistance Worksheet		
Section I: Core Barriers	Update	NOT COMPLETE
Section II: Core Health Indicators	Update	NOT COMPLETE
Section III: Other Health Indicators	Update	NOT COMPLETE
Form 10: Annual Emergency Preparedness Report	Update	NOT COMPLETE
Form 12: Contact Information	Update	NOT COMPLETE
Performance Measures		
Clinical Performance Measures	Update	NOT COMPLETE
Financial Performance Measures	Update	NOT COMPLETE
Other Information		
Appendices	Update	NOT COMPLETE

- To work on filling out a form, click the [Update](#) link associated with that form.

This newly created application will now appear on the **Pending Initial Designation Applications** page.

5. Peer Access

Peer Access Management gives you the ability to manage user access to your application.

Peer Access Management is only available to the user that originally created the Initial Designation Application. For all other users, the **Peer Access** link will not be shown.

1. On the HRSA EHBs home page, from the **Left Side** menu, select [FQHC LAL Home](#).
2. Under **Manage Initial Designation Applications** (Figure 10), click the [Peer Access](#) link to open the **Peer Access Management** page (Figure 11).

Figure 10: Peer Access Link

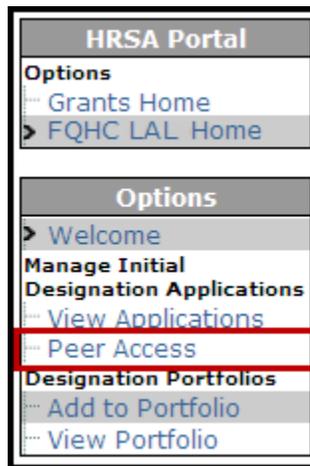
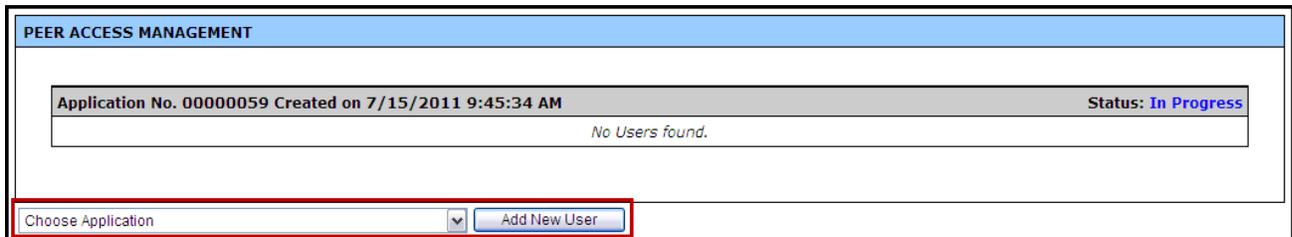
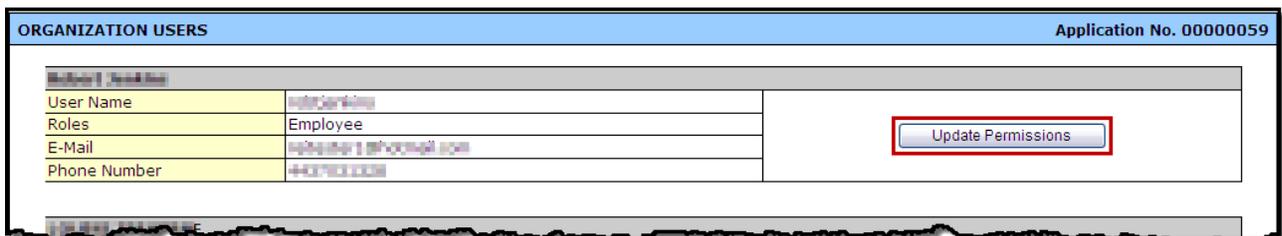


Figure 11: Peer Access Management Page



4. To add a user and configure their access to the **Initiate Designation Application**, select the application from the **Choose Application** drop-down list, and click [Add New User](#).
 - The **Organization Users** list page opens (Figure 12).

Figure 12: Peer Access: Organization Users



5. To configure the permissions for a user, click **Update Permissions**.
- The **Update Privileges** page (Figure 13) opens, with options to select the following privileges:
 - a. View FQHC LAL Application
 - b. Edit FQHC LAL Application
 - c. Submit FQHC LAL Application to AO
 - d. Submit FQHC LAL Application to HRSA

Figure 13: Update Privileges Page

Update Privileges	
User	Robert Smith (00000000)
Application No.	00000059
Application Expiration Date	1/1/2011
Privileges	
<input type="checkbox"/> View FQHC LAL Application	<input type="checkbox"/> Edit FQHC LAL Application
<input type="checkbox"/> Submit FQHC LAL Application to AO	<input type="checkbox"/> Submit FQHC LAL Application to HRSA
<input type="button" value="Cancel"/> <input type="button" value="Save and Continue"/>	

6. To configure a particular privilege for this user, check or uncheck the appropriate checkbox(s), and click **Save and Continue**.
7. The **Confirm Action to be Taken** page opens with a summary of the privileges to be configured. To confirm this action, click **Confirm**.
- The **Peer Access Management** page refreshes (Figure 14) showing the list of users and the associated privileges assigned to them.

Figure 14: Peer Access Management: Privileges Granted

PEER ACCESS MANAGEMENT		
Application No. 00000059 Created on 7/15/2011 8:45:34 AM		Status: In Progress
User	Privileges	Actions
Robert Smith	- View FQHC LAL Application - Edit FQHC LAL Application	Choose Action <input type="button" value="Go"/>
<input type="button" value="Choose Application"/> <input type="button" value="Add New User"/>		

- From the **Peer Access Management** page (Figure 15), under the **Actions** heading, from the **Choose Action** menu, you may select:
 - **Update Permissions** (Step 8)
 - **Revoke All Permissions** (Step 10)

Figure 15: Peer Access Management - Choose Action Menu

PEER ACCESS MANAGEMENT		
Application No. 00000059 Created on 11/21/2011 9:40:44 AM		Status: In Progress
User	Privileges	Actions
Richard Jenkins	- View FQHC LAL Application - Edit FQHC LAL Application	<div style="border: 1px solid red; padding: 2px;"> Choose Action <input type="button" value="Go"/> Choose Action Update Permissions Revoke All Permissions </div>
Choose Application <input type="button" value="Add New User"/>		

8. To update permissions for a user, select **Update Permissions** from the **Choose Action** menu, and click **Go**.
 - The **Update Privileges** page (Figure 13) opens.
9. Follow steps 6 and 7 above to complete the permission update process.
10. To remove all access to the application for a user, from the **Peer Access Management** screen (Figure 15), select **Revoke All Permissions** form the **Choose Action** menu and click **Go**.
11. The **Confirm Action to be Taken** page opens with a summary of the Privileges to be changed. To confirm this action, click **Confirm**.
 - The **Peer Access Management** page refreshes with the user removed from the list.

6. Access the Application

You have created your Initial Designation Application in the EHBs and have configured user access to it. The following steps will walk you through the process of accessing and completing your application.

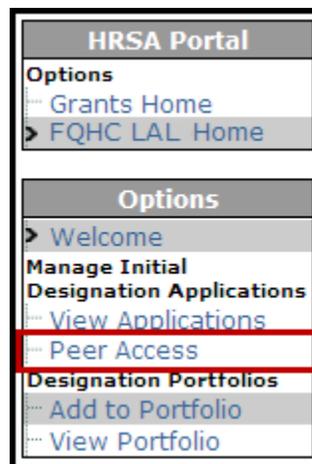
1. On the **HRSA EHBs Home** page (Figure 2), select **FQHC LAL Home** under **HRSA Portal** (Figure 16) on the left side menu.

Figure 16: FQHC LAL Home Link



2. Under **Manage Initial Designation Applications** (Figure 17), select **View Applications**.

Figure 17: View Applications Link



- The **View Applications** page (Figure 18) opens, listing the **Pending Initial Designation Applications**.
3. Locate the application in the list of Pending Initial Designation Applications. In the Action list for that application, click the [Edit](#) link.

Figure 18: Pending Initial Designation Applications Page

Displaying 1-1 of 1

PENDING INITIAL DESIGNATION APPLICATIONS Begin New Application

Input Parameters: [\(Hide Parameters\)](#)
 Application Tracking No LIKE: All; Due Date From: All; Due Date To: All; AO Name Like LIKE: All; Creator Name Like LIKE: All; Created Date From: All; Created Date To: All; Application Status IN: All; Sort By: Created Date; Results Per Page: 5

Initial Designation		Status: In Progress	
Application Tracking No	00000022	Due Date	03/13/2011 11:29:29 PM Due in: 70 days
AO Name	Clinton Kumbia	Created By	Clinton Kumbia on 03/13/2011 11:29:29 AM
Action: Edit View Submit			

Page 1

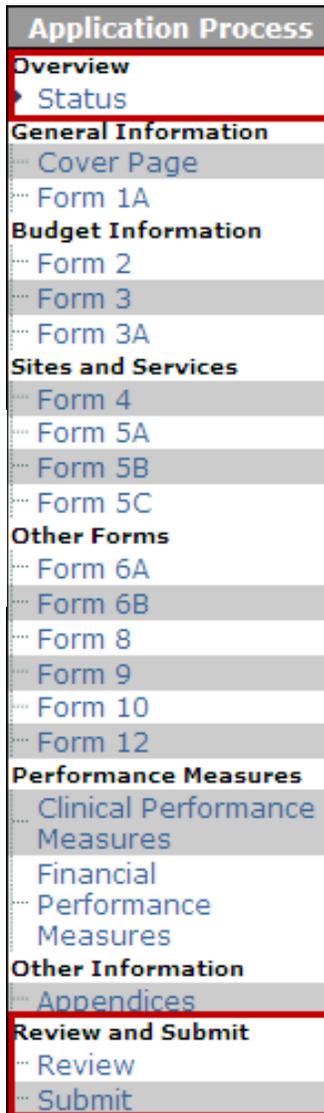
- The **Status Overview** page (Figure 19) for the Initial Designation Application will be displayed.

Figure 19: Application Status Overview Page

STATUS OVERVIEW		
Section	Action	Status
General Information		
Cover Page	Update	NOT COMPLETE
Form 1A: General Information Worksheet	Update	NOT COMPLETE
Budget Information		
Form 2: Staffing Profile	Update	NOT COMPLETE
Form 3: Income Analysis Format	Update	NOT COMPLETE
Form 3A: FQHC Look-Alike Budget Information	Update	NOT COMPLETE
Sites and Services		
Form 4: Community Characteristics	Update	NOT COMPLETE
Form 5A: Services Provided		
Required Services	Update	NOT COMPLETE
Additional Services	Update	NOT COMPLETE
Form 5B: Service Sites	Update	NOT COMPLETE
Form 5C: Other Activities/Locations	Update	NOT COMPLETE
Other Forms		
Form 6A: Current Board Member Characteristics	Update	NOT COMPLETE
Form 6B: Request for Waiver of Governance Requirements	Update	NOT COMPLETE
Form 8: Health Center Affiliation Certification/Checklist	Update	NOT COMPLETE
Form 9: Need for Assistance Worksheet		
Section I: Core Barriers	Update	NOT COMPLETE
Section II: Core Health Indicators	Update	NOT COMPLETE
Section III: Other Health Indicators	Update	NOT COMPLETE
Form 10: Annual Emergency Preparedness Report	Update	NOT COMPLETE
Form 12: Contact Information	Update	NOT COMPLETE
Performance Measures		
Clinical Performance Measures	Update	NOT COMPLETE
Financial Performance Measures	Update	NOT COMPLETE
Other Information		
Appendices	Update	NOT COMPLETE

6.1. Navigation

Figure 20: Left Side Menu



Use the **Left Side** navigation menu (Figure 20) to access the forms in your FQHC LAL application.

Under **Overview**:

- Click [Status](#) to go to the Status Overview Page for the Entire Application.

Under **Review and Submit**

- Click [Review](#) to go to the **Review Page** for Entire Application.
- Click [Submit](#) to initiate the Submit to HRSA process.

Throughout this document, when you are instructed to “Open Form..,” use the left side menu or click [Update](#) on the **Application Status Overview** page for the line item. (Figure 19).

Throughout the forms, fields marked with an asterisk (*) are required.

7. Complete the Application Forms

7.1. Cover Page

The first form to complete is the **Cover Page**, which displays the pre-populated organization information and provides an opportunity to:

- Edit your EIN
- Add or change the Authorizing Official (AO)
- Request a new person register as the AO
- Update the existing AO information
- Remove an existing AO

To open the cover page:

1. From the **Status Overview** page (see Section 6. Access the Application), in the **Left Side** menu, click on the [Cover Page](#) link.
- The Cover Page (Figure 21) will open displaying the pre-populated organization information, and **AO Contact Information**.

Figure 21: Cover Page

COVER PAGE		Status: NOT COMPLETE
Cover Page		
Federal Agency and Organization Element to Which Report is Submitted	Health Resources and Services Administration (HRSA)	
Identifying Number Assigned by Federal Agency		
EIN	50-107444	
Applicant Organization (Name and complete address including zip code)	HEALTH CARE FOR THE HOMELESS 411 Parkway Baltimore, MD 21201-4880	
AO Contact Information		
*Authorizing Official (AO)		
No contact to display.		
<input type="button" value="Add/Change AO"/> <input type="button" value="Update Information"/> <input type="button" value="Delete AO"/>		
<input type="button" value="Go to Previous Page"/>		<input type="button" value="Save"/> <input type="button" value="Save and Continue"/>

There can be only one Authorizing Official (AO) registered for your organization.

7.1.1 Add or Change the Authorizing Official (AO)

- To add or change the AO for this application, click on **Add/Change AO**.
 - The **Choose Person to Add** page opens (Figure 22).

Figure 22: Choose Person to Add Page

- Select a person from the list, and click **Add Selected Person**.
 - The **Contact Information** page opens (Figure 23).

Figure 23: Contact Information Page

3. Complete the information in the form (fields with * are required), and when complete click **Save and Continue**.
 - The **Cover Page** will open, with the “Information saved successfully” message displayed.

7.1.2 Request A New Authorizing Official

If the AO is not listed it will be necessary to request a new AO. To request a person register as the Authorizing Official:

1. From the **Choose Person to Add** page (Figure 24), click **Request New AO**.

Figure 24: Choose Person To Add: Request New AO

- The **Contact Information: Notify AO** page (Figure 25) will open.

Figure 25: Contact Information: Notify AO Page

2. Fill in the required information, add any additional comments, and click **Continue**.
 - The **Contact Information: Notify AO Confirmation** page opens.
3. Review the information and click **Confirm** to send this notification to this person with instructions on how to register themselves as the Authorizing Official for your organization.

- You are returned to the **Choose Person to Add** page, with “The email was sent successfully” message displayed.

When the newly requested AO has been registered successfully, that person will be listed on the **Choose Person To Add** page. Follow Steps 2-3 in Section 7.1.1 to add them to your organization as the AO.

7.1.3 Delete the Authorizing Official

1. To delete an Authorizing Official, from the **Cover Page** (Figure 21), click **Delete AO**.
 - A **Delete AO Confirmation** page will open.
2. Select **Confirm Delete** to remove the AO from your application.
 - The Cover Page will refresh with the AO removed from the cover page. An error message will appear stating “The Authorizing Official (AO) is not assigned.” To complete this form, you must assign another AO for your organization, by following Steps 1-3 in Section 7.1.1.
3. When you have completed the **Cover Page**, click **Save and Continue** to proceed to the next form.

7.2. 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.

1. Open [Form 1A](#) (Figure 26)

Figure 26: Form 1A: General Information Worksheet

GENERAL INFORMATION								
Form 1A: General Information Worksheet Status: NOT COMPLETE								
1. Applicant Information								
Applicant Name	HEALTH CARE FOR THE HOMELESS							
*Fiscal Year End Date	Last Day of <input type="text" value="Select One"/>							
Application Type	Initial Designation							
*Business Entity	<input type="radio"/> Tribal <input type="radio"/> Urban Indian <input type="radio"/> Private, non-profit (non-Tribal or Urban Indian) <input type="radio"/> Public (non-Tribal or Urban Indian)							
*Organization Type (Select all that apply)	<input type="checkbox"/> Faith based <input type="checkbox"/> Hospital <input type="checkbox"/> State government <input type="checkbox"/> City/County/Local Government or Municipality <input type="checkbox"/> University <input type="checkbox"/> Community based organization <input type="checkbox"/> Other - Specify: <input type="text"/>							
2. Service Area								
Applicants applying for Community Health designation must provide at least one designated service area ID under an MUA or MUP.								
Select one or more population type: <input type="checkbox"/> Serving Section 330 (E) - General Community <input type="checkbox"/> Serving Section 330 (G) - Migrant Health Centers <input type="checkbox"/> Serving Section 330 (H) - Homeless Health Centers								
Total Substance Abuse	<input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/>							
Total Enabling Services	<input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/>							
*Patients and Visits by Population Type								
Population Type	Current Number		Number at End of Year 1		Number After Year 2		Number at End of Project Period	
	Patients	Visits	Patients	Visits	Patients	Visits	Patients	Visits
General Community	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="N/A"/>	<input type="text" value="N/A"/>	<input type="text" value="N/A"/>	<input type="text" value="N/A"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Migrant/Seasonal Farm Workers	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="N/A"/>	<input type="text" value="N/A"/>	<input type="text" value="N/A"/>	<input type="text" value="N/A"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Public Housing Residents	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="N/A"/>	<input type="text" value="N/A"/>	<input type="text" value="N/A"/>	<input type="text" value="N/A"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Homeless Persons	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="N/A"/>	<input type="text" value="N/A"/>	<input type="text" value="N/A"/>	<input type="text" value="N/A"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Total (Click 'Save' to calculate)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="N/A"/>	<input type="text" value="N/A"/>	<input type="text" value="N/A"/>	<input type="text" value="N/A"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
<input type="button" value="Go to Previous Page"/> <input type="button" value="Save"/> <input type="button" value="Save and Continue"/> 								

- Under **1. Applicant Information**, use the drop-down menu to select the month in which your organization’s fiscal year ends. Then select the **Business Entity** and **Organization Type** which best describes your organization. (Multiple selections are allowed for **Organization Type**, but not for **Business Entity**.)

Figure 27: Form 1A: Section 1. Applicant Information

1. Applicant Information	
Applicant Name	HEALTH CARE FOR THE HOMELESS
*Fiscal Year End Date	Last Day of <input type="text" value="Select One"/>
Application Type	Initial Designation
*Business Entity	<input type="radio"/> Tribal <input type="radio"/> Urban Indian <input type="radio"/> Private, non-profit (non-Tribal or Urban Indian) <input type="radio"/> Public (non-Tribal or Urban Indian)
*Organization Type (Select all that apply)	<input type="checkbox"/> Faith based <input type="checkbox"/> Hospital <input type="checkbox"/> State government <input type="checkbox"/> City/County/Local Government or Municipality <input type="checkbox"/> University <input type="checkbox"/> Community based organization <input type="checkbox"/> Other - Specify: <input type="text"/>

- Under **2. Service Area**, in section **2a. Target Population and Service Area Designation**, select the option(s) that best describe the designated service areas you propose to serve. Multiple selections are allowed. You must provide one or more Service Area ID#(s) for the selected option(s).

Figure 28: Form 1A: Section 2. Service Area: 2a. Target Population

2. Service Area	
Applicants applying for Community Health designation must provide at least one designated service area ID under an MUA or MUP.	
*2a. Target Population and Service Area Designation (Use commas to separate multiple IDs) Find a MUA/MUP	Select one or more population type: <input type="checkbox"/> Serving Section 330 (E) - General Community <input type="checkbox"/> Serving Section 330 (G) - Migrant Health Centers <input type="checkbox"/> Serving Section 330 (H) - Homeless Health Centers <input type="checkbox"/> Serving Section 330 (I) - Public Housing Health Centers
	Select one or more MUA/MUP options, as applicable: <input type="checkbox"/> Medically Underserved Area (ID# <input type="text"/>) <input type="checkbox"/> Medically Underserved Population (ID# <input type="text"/>) <input type="checkbox"/> Medically Underserved Area Application Pending (ID# <input type="text"/>) <input type="checkbox"/> Medically Underserved Population Application Pending (ID# <input type="text"/>)

- Under **2b. Service Area Type** (Figure 29) indicate whether the proposed service area is urban, rural, or sparsely populated. If your proposed service area is sparsely populated, specify the population density by providing the number of people per square mile.

A Sparsely Populated Area is defined as a geographical area with seven people or less per square mile for the entire service area.

Figure 29: Form 1A: Section 2b. Service Area Type

*2b. Service Area Type	<input type="radio"/> Urban <input type="radio"/> Rural <input type="radio"/> Sparsely populated If Sparsely populated, specify population density in number of people per square mile: <input type="text"/>
------------------------	---

- Under **2c: Target Population and Provider Information** (Figure 30), report the aggregate data for all of the sites included in the proposed FQHC LAL scope. Report the number of provider full-time equivalents (FTEs) by staff type.

Figure 30: Form 1A: Section 2c. Target Population Information

2c. Target Population and Provider Information		
*Target Population Information	Current Number	Projected at Full Capacity
Total Service Area Population	<input type="text"/>	N/A
Total Target Population	<input type="text"/>	N/A
Total FTE Medical Providers	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
Total FTE Dental Providers	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
Total FTE Behavioral Health Providers	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
Total FTE Substance Abuse Service Providers	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
Total FTE Enabling Service Providers	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>

Several tables request both current and projected information. “Current” refers to the number of patients and visits for the proposed service area at the time of application. “Projected at Full Capacity” refers to the number of patients and visits you anticipate serving by the end of the FQHC LAL designation period (two years for an initial designation).

- Under **Patients and Visits by Service Type** (Figure 31) and **Patients and Visits by Population Type** (Figure 32), report current numbers of patients and visits. Similarly, provide the corresponding numbers you project at full capacity.

Visits are defined as documented, face-to-face contacts between a patient and a provider, who exercises independent judgment in the provision of services to the individual. To be included as a visit, services rendered must be documented.

Since patients must have at least one documented visit, it is not possible for the number of patients to exceed the number of visits.

Figure 31: Form 1A: Section 2c. Patients and Visits by Service Type

*Patients and Visits by Service Type	Current Number		Projected at End of Project Period	
	Patients	Visits	Patients	Visits
Total Medical	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Total Dental	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Total Behavioral Health	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Total Substance Abuse	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Total Enabling Services	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

Figure 32: Form 1A: Section 2c. Patients and Visits by Population Type

*Patients and Visits by Population Type								
Population Type	Current Number		Number at End of Year 1		Number After Year 2		Number at End of Project Period	
	Patients	Visits	Patients	Visits	Patients	Visits	Patients	Visits
General Community	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="N/A"/>	<input type="text" value="N/A"/>	<input type="text" value="N/A"/>	<input type="text" value="N/A"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Migrant/Seasonal Farm Workers	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="N/A"/>	<input type="text" value="N/A"/>	<input type="text" value="N/A"/>	<input type="text" value="N/A"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Public Housing Residents	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="N/A"/>	<input type="text" value="N/A"/>	<input type="text" value="N/A"/>	<input type="text" value="N/A"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Homeless Persons	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="N/A"/>	<input type="text" value="N/A"/>	<input type="text" value="N/A"/>	<input type="text" value="N/A"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Total (Click 'Save' to calculate)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="N/A"/>	<input type="text" value="N/A"/>	<input type="text" value="N/A"/>	<input type="text" value="N/A"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

Fields in this form cannot be left blank. If there is no information, a zero is acceptable.

- Click **Save and Continue** (Figure 26) to save your work and proceed to the next form.

7.3. Form 2: Staffing Profile

Form 2: Staffing Profile reports personnel salaries supported by the total budget for the FQHC LAL. Provide staffing profile information for Year 1 only.

1. Open [Form 2](#).

Fields on the form cannot be left blank. If there is no applicable information, a zero is acceptable.

- The **Form 2: Staffing Profile** page will open showing:
 - a. The **Administration** section (Figure 33)
 - b. The **Medical Staff** section (Figure 34)
 - c. The **Dental, Behavioral Health and Enabling Staff** section (Figure 35)
 - d. The **Other Staff** section (Figure 36)
 - e. The **Total Salary** section (Figure 37)

It is recommended to use the button at the end of each section to be sure your work is saved and not lost due to the 30 minute system activity time out.

2. Under the **Administration** section (Figure 33), enter the number of employees for each job title and the corresponding average annual salary.

In this section and the following sections, the Total Salary column will auto-calculate when you press the tab key or the button.

Figure 33: Form 2: Staffing Profile - Administration

STAFFING PROFILE			
Form 2: Staffing Profile			Status: NOT COMPLETE
ADMINISTRATION	TOTAL FTES (a)	AVERAGE ANNUAL SALARY OF POSITION (b)	TOTAL SALARY (a * b)
*Executive Director / CEO	<input style="width: 50px;" type="text" value="0.00"/>	\$ <input style="width: 50px;" type="text" value="0.00"/>	\$ <input style="width: 50px;" type="text" value="0.00"/>
*Finance Director (Fiscal Officer) / CFO	<input style="width: 50px;" type="text" value="0.00"/>	\$ <input style="width: 50px;" type="text" value="0.00"/>	\$ <input style="width: 50px;" type="text" value="0.00"/>
*Chief Operating Officer / COO	<input style="width: 50px;" type="text" value="0.00"/>	\$ <input style="width: 50px;" type="text" value="0.00"/>	\$ <input style="width: 50px;" type="text" value="0.00"/>
*Chief Information Officer / CIO	<input style="width: 50px;" type="text" value="0.00"/>	\$ <input style="width: 50px;" type="text" value="0.00"/>	\$ <input style="width: 50px;" type="text" value="0.00"/>
*Administrative Support Staff	<input style="width: 50px;" type="text" value="0.00"/>	\$ <input style="width: 50px;" type="text" value="0.00"/>	\$ <input style="width: 50px;" type="text" value="0.00"/>
Click "Save" button to save all information within this page.			<input style="border: 2px solid red;" type="button" value="Save"/>

3. Under the **Medical Staff** section (Figure 34), enter the number of employees for each job title and the corresponding salary.

Figure 34: Form 2 - Medical Staff

MEDICAL STAFF	TOTAL FTES (a)	AVERAGE ANNUAL SALARY OF POSITION (b)	TOTAL SALARY (a * b)
*Medical/Clinical Director	<input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>
*Family Physicians	<input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>
*General Practitioners	<input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>
*Internists	<input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>
*OB/GYNs	<input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>
*Pediatricians	<input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>
*Other Specialty Physicians Please Specify: <input type="text"/>	<input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>
*Physician Assistants/Nurse Practitioners	<input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>
*Certified Nurse Midwives	<input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>
*Nurses (RNs, LVNs, LPNs)	<input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>
*Pharmacist, Pharmacy Support, Technicians	<input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>
*Other Medical Personnel Please Specify: <input type="text"/>	<input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>
*Laboratory Personnel (Lab Technicians)	<input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>
*X-Ray Personnel	<input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>
*Clinical Support Staff (Medical Assistants, etc)	<input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>
*Volunteer Clinical Providers (Medical and Dental)	<input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>
Click "Save" button to save all information within this page.			<input type="button" value="Save"/>

4. Under the **Dental, Behavioral Health and Enabling Staff** section (Figure 35), enter the number of employees for each job title and the corresponding salary. If more than one FTE occupies a job title, use the average of salaries for that position.

Figure 35: Form 2 - Dental, Behavioral Health and Enabling Staff

DENTAL, BEHAVIORAL HEALTH AND ENABLING STAFF	TOTAL FTES (a)	AVERAGE ANNUAL SALARY OF POSITION (b)	TOTAL SALARY (a * b)
DENTAL STAFF			
*Dentists	<input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>
*Dental Hygienists	<input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>
*Dental Assistants, Aides, Technicians	<input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>
BEHAVIORAL HEALTH STAFF			
*Behavioral Health Specialists (BH Provider)	<input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>
*Alcohol and Substance Abuse Specialists	<input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>
*Psychiatrists	<input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>
*Psychologists	<input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>
ENABLING STAFF			
*Patient Education Specialists(Health Educators)	<input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>
*Case Managers	<input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>
*Outreach (Outreach Staff)	<input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>
*Other Enabling Personnel Please Specify: <input type="text"/>	<input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>
Click "Save" button to save all information within this page.			<input type="button" value="Save"/>

- Under the **Other Staff** section (Figure 36), enter the number of employees for **Other Professional Staff** and **Other Staff** then enter the corresponding salary. If more than one FTE occupies a job title, use the average of salaries for that position.

Figure 36: Form 2 - Other Staff

OTHER STAFF	TOTAL FTES (a)	AVERAGE ANNUAL SALARY OF POSITION (b)	TOTAL SALARY (a * b)
*Other Professional Staff (Please list the staff below and discuss details in program narrative) (maximum 200 characters) <input type="text"/>	0.00	\$0.00	\$0.00
*Other Staff (Please list the staff below and discuss details in program narrative) (maximum 200 characters) <input type="text"/>	0.00	\$0.00	\$0.00

Click "Save" button to save all information within this page.

- The **Salary** section (Figure 37) displays the sum of **Total Salary** for **Administration, Medical, Dental, Behavioral Health, Enabling, and Other Staff** categories.

Figure 37: Form 2 - Total Salary

TOTAL SALARY	TOTAL FTES	AVERAGE ANNUAL SALARY OF POSITION	TOTAL SALARY
Salary Total (This field displays the sum of 'Total Salary' for Administration, Medical, Dental, Behavioral Health, Enabling and Other Staff Categories)	0.00	\$0.00	\$0.00

- Click at the bottom of the **Form 2: Staffing Profile** page to save your work and proceed to the next form.

7.4. Form 3: Income Analysis

Form 3: Income Analysis projects program income, by source for the proposed designation period.

1. Open [Form 3](#) (Figure 38).

Figure 38: Form 3: Income Analysis Form

Note: Instead of using the attached MS Word template, you can attach income analysis in MS Excel format as long as you provide all information being sought in the MS Word template.

Fields marked with an asterisk (*) are required.

INCOME ANALYSIS FORM

Form 3: Income Analysis **Status: NOT COMPLETE**

Fields marked with an asterisk(*) are required.

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

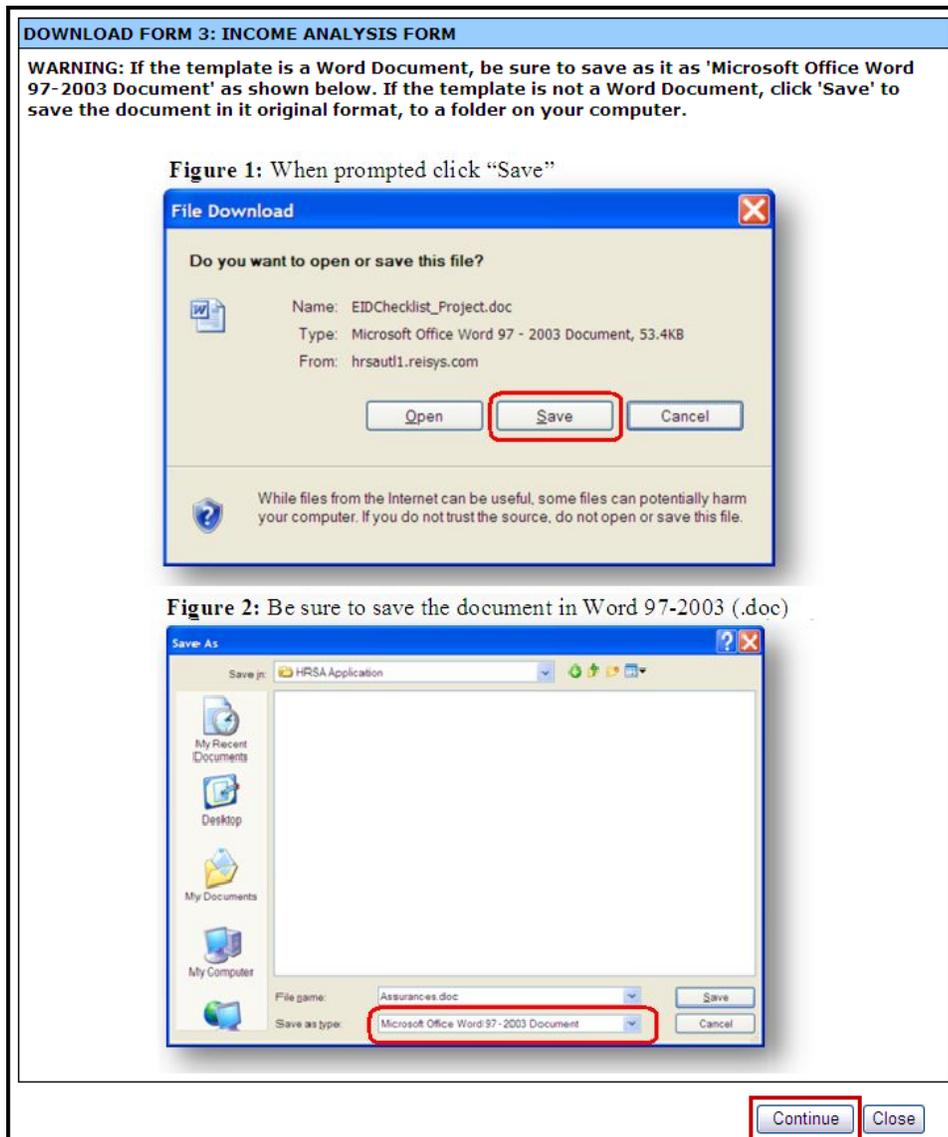
***Income Analysis Form (Maximum One (1) Attachment)**

Select	Document Name	Size	Uploaded By
No attached document exists.			
<input type="button" value="Attach"/>			

2. Click the [Download](#) link in the **Download Template** section to download the form.
 - The **Download Form 3: Income Analysis Form** page (Figure 39) will open in a new window. This page provides guidance for downloading and saving the Income Analysis form.

Instead of using the Microsoft Word template as described in the following steps, you can export the Income Analysis to Microsoft Excel, as long as you provide all the information in the template.

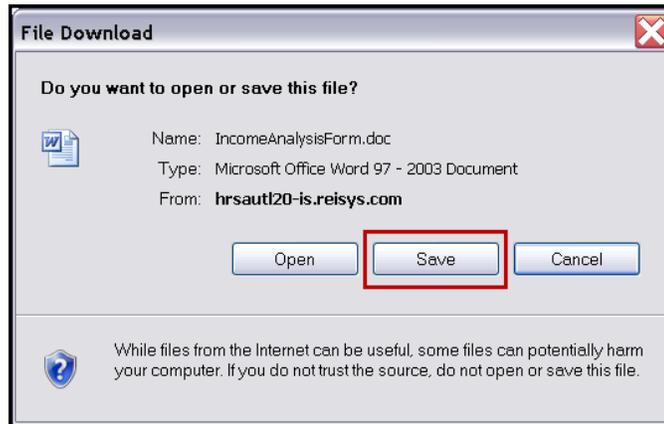
Figure 39: Income Analysis Download Instruction Page



3. Review the instructions, then click **Continue**.

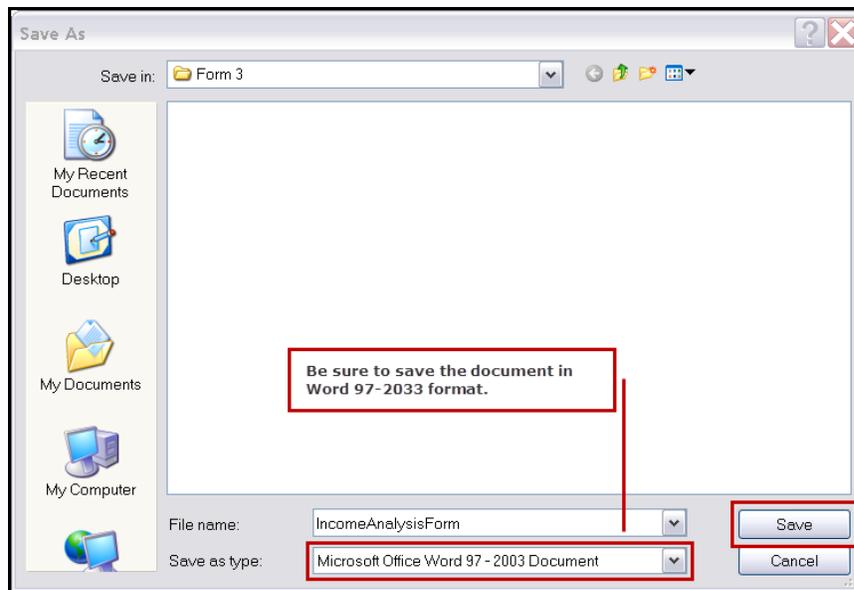
- A **File Download** dialog box (Figure 40) will be displayed.

Figure 40: File Download Dialog Box



4. Click the **Save** button to save the document to a folder on your computer.
- The **Save As** Windows dialog box will be displayed (Figure 41).

Figure 41: Save As Dialog Box



5. Click **Save** to save the document.
- A **Download complete** window will open.
6. Click **Open Folder** to open the folder containing the downloaded document.
 7. Click **Close** on the **Download Form 3: Income Analysis Form** instructions screen.
 8. Open the **Income Analysis** file (Figure 42) from the location where you saved it.

Figure 42: Form 3: Income Analysis - Downloaded Document Template

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration		FOR HRSA USE ONLY						
FORM 3: INCOME ANALYSIS FORM		Applicant Name	HEALTH CARE FOR THE HOMELESS					
		LAL Number	N/A	Application Tracking Number	00000059			
PART 1: NON FEDERAL SHARE, PROGRAM INCOME								
Payor Category	Number Of Visits	Average Charge Per Visit	Gross Charges (a * b)=(c)	Average Adjustment Per Visit	Net Charges (Amount Billed) [c-(a*d)]	Collection Rate (%)	Projected Income (e * f)	Actual Accrued Income Past 12 Months
	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
PROJECTED FEE FOR SERVICE INCOME								
1a. Medicaid: Medical								
1b. Medicaid: EPSDT (if different from medical rate)								
1c. Medicaid: Dental								
1d. Medicaid: BH SA								
1e. Medicaid: Other Fee for Service								
1. Subtotal: Medicaid								
2a. Medicare: All Inclusive FQHC Rate								
2b. Medicare: Other Fee for Service								
2. Subtotal: Medicare								
3a. Private Insurance (Medical)								
3b. Private Insurance (Dental)								
3c. Private Insurance (BH SA)								
3. Subtotal: Private								
4a. Self Pay 100% Charge, No Discount								

9. Complete the **Income Analysis** form.
10. Save the completed document.
11. Return to **Form 3: Income Analysis** in the HRSA EHBs.

Figure 43: Form 3: Income Analysis - Attach

Fields marked with an asterisk (*) are required.

INCOME ANALYSIS

Form 3: Income Analysis **Status: NOT COMPLETE**

Note: Instead of using the attached MS Word template, you can attach income analysis in MS Excel format as long as you provide all information being sought in the MS Word template.

Fields marked with an asterisk(*) are required.

Download Template		
Template Name	Template Description	Action
Income Analysis	Template for Income Analysis	Download

Income Analysis (Maximum One (1) Attachment)				
Select	Purpose	Document Name	Size	Uploaded By
No attached document exists.				
<input type="button" value="Attach"/>				

12. Click **Attach** in **Form 3: Income Analysis** section (Figure 43) to upload your completed Income Analysis document.

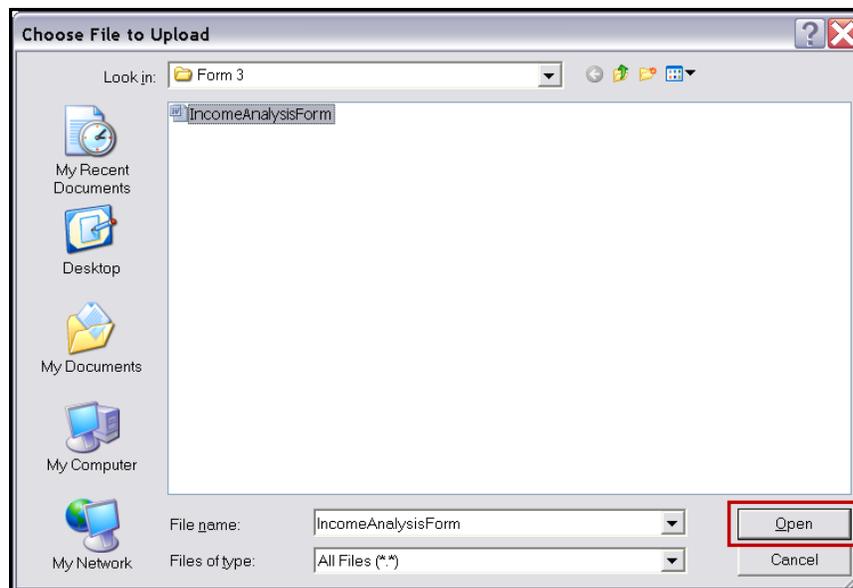
- The **Attach Document** screen will be displayed (Figure 44).

Figure 44: Attach Document Screen - Browse

13. Click **Browse**.

- The **Choose File to Upload** dialog box opens (Figure 45).

Figure 45: Choose File to Upload Dialog Box



14. Navigate to the file you wish to upload and click **Open**.

- The file name will now appear in the **Document** field of the **Attach Document** screen (Figure 46).

Figure 46: Attach Document Screen - File Selected

ATTACH DOCUMENT

Fields marked with an asterisk(*) are required.

ATTACH DOCUMENT

*Document (Supporting Documents)\Form 3\IncomeAnalysisForm.doc
 (Allowable Document Type(s): doc,docx,rtf,txt,wpd,pdf,xls,jpg,jpeg,xfd)
 (Allowable Document Size: 20 MB)

Attached Document(s)

Purpose	Document Name	Size	Uploaded By
No attached document exists.			

15. On the **Attach Document** screen (Figure 46), click **Attach Document**.

- The attached document will appear in the **Attached Document(s)** list (Figure 47).

Figure 47: Attached Document(s)

Attachment saved successfully.

ATTACH DOCUMENT

Fields marked with an asterisk(*) are required.

ATTACH DOCUMENT

*Document
 (Allowable Document Type(s): doc,docx,rtf,txt,wpd,pdf,xls,jpg,jpeg,xfd)
 (Allowable Document Size: 20 MB)

Attached Document(s)

Purpose	Document Name	Size	Uploaded By
Income Analysis Form	IncomeAnalysisForm.doc	42.83 KB	12/16/2011 on 12/16/2011 11:00:00 PM

16. Click **Finished Attaching**.

- You will be returned to **Form 3: Income Analysis**. The attached document will be listed under the **Income Analysis Form** heading.

To update the uploaded Income Analysis form, you must first make the necessary changes to the downloaded document on your computer. On the **Form3: Income Analysis** page, click **Delete** to remove the uploaded document; click **Confirm Delete** on the subsequent screen. Once the document has been successfully deleted, follow Steps 11-16 above to upload the updated Income Analysis Form from your computer.

17. After you have reviewed your work, click **Save and Continue** on **Form 3: Income Analysis** to save your work and proceed to the next form.

7.5. Form 3A: FQHC Look-Alike Budget Information

Form 3A: FQHC Look-Alike Budget Information reports budget information for the program, functions and activities for the first year of operation under the FQHC LAL Designation.

1. Open [Form 3A](#) (Figure 48).

Figure 48: Form 3A: FQHC Look-Alike Budget Information

FQHC LOOK-ALIKE BUDGET FORM					
Form 3A: FQHC Look-Alike Budget Information					Status: NOT COMPLETE
	FQHC Look-Alike PROGRAM, FUNCTION OR ACTIVITY, Year 1				Total
	Community Health Centers (CHC - 330(e))	Migrant Health Centers (MHC -330(g))	Health Care for Homeless (HCH - 330(h))	Public Housing Primary Care (PHPC -330(i))	
1. Expenses					
a. Personnel	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
b. Fringe Benefits	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
c. Travel	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
d. Equipment	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
e. Supplies	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
f. Contractual	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
g. Construction	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
h. Other	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
i. Total Direct Charges (sum of a through h)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
j. Indirect Charges	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
k. Total Expenses (sum of i and j)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
2. Revenue					
a. Applicant	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
b. Federal	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
c. State	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
d. Local	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
e. Other	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
f. Program Income	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
g. Total Revenue (sum of a through f)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

Go to Previous Page Save Save and Continue

2. Enter applicable budget information for **1. Expenses** and **2. Revenue** in the fields provided under the appropriate Program, Function, or Activity:

- a. **Community Health Centers (CHC-330(e))**
- b. **Migrant Health Centers (MHC-330(g))**
- c. **Health Care for the Homeless (HCH-330(h))**
- d. **Public Housing Primary Care (PHPC-330(i))**

- Do not complete the columns for Migrant Health Center, Health Care for the Homeless, or Public Housing Primary Care unless you have a special population designation.

As you enter amounts in the form, the indicated “sum(s)” will be calculated automatically in each section.

3. When complete and you have reviewed your work, click **Save and Continue** to proceed to the next form.

7.6. Form 4: Community Characteristics

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

1. Open [Form 4](#).

It is recommended to use the **Save** button at the end of each section to be sure your work is saved and not lost due to the 30 minute system activity time out.

2. Enter the number of patients for each item in the service area and the corresponding target population for each item under the section headings:
 - a. Race (Figure 49)
 - b. Hispanic or Latino Identity (Figure 50)
 - c. Income as a Percent of Poverty Level (Figure 51)
 - d. Primary Third Party Payment Source (Figure 52)
 - e. Special Population (Figure 53)

The Service Area and Target Population totals should be equal across all tables, except for the Special Population totals, where individuals may be counted in multiple categories.

Figure 49: Form 4 - Race

COMMUNITY CHARACTERISTICS		
Form 4: Community Characteristics		Status: NOT COMPLETE
RACE	SERVICE AREA #	TARGET POPULATION #
*Native Hawaiian	<input type="text" value="0"/>	<input type="text" value="0"/>
*Other Pacific Islander	<input type="text" value="0"/>	<input type="text" value="0"/>
*Asian	<input type="text" value="0"/>	<input type="text" value="0"/>
*Black/African American	<input type="text" value="0"/>	<input type="text" value="0"/>
*American Indian/Alaskan Native	<input type="text" value="0"/>	<input type="text" value="0"/>
*White	<input type="text" value="0"/>	<input type="text" value="0"/>
*More than One Race	<input type="text" value="0"/>	<input type="text" value="0"/>
*Unreported/Refused to report (if applicable)	<input type="text" value="0"/>	<input type="text" value="0"/>
Total:	<input type="text" value="0"/>	<input type="text" value="0"/>
Click "Save" button to save all information within this page.		<input type="button" value="Save"/>

Figure 50: Form 4 - Hispanic or Latino Identity

HISPANIC OR LATINO IDENTITY	SERVICE AREA #	TARGET POPULATION #
*Hispanic or Latino	<input type="text" value="0"/>	<input type="text" value="0"/>
*Non-Hispanic or Latino	<input type="text" value="0"/>	<input type="text" value="0"/>
*Unreported/Refused to report	<input type="text" value="0"/>	<input type="text" value="0"/>
Total:	<input type="text" value="0"/>	<input type="text" value="0"/>
Click "Save" button to save all information within this page.		<input type="button" value="Save"/>

Figure 51: Form 4 - Income as Percent of Poverty Level

INCOME AS A PERCENT OF POVERTY LEVEL	SERVICE AREA #	TARGET POPULATION #
*Below 100%	<input type="text" value="0"/>	<input type="text" value="0"/>
*100-199%	<input type="text" value="0"/>	<input type="text" value="0"/>
*200% and Above	<input type="text" value="0"/>	<input type="text" value="0"/>
*Unknown	<input type="text" value="0"/>	<input type="text" value="0"/>
Total:	<input type="text" value="0"/>	<input type="text" value="0"/>

Click "Save" button to save all information within this page.

Figure 52: Form 4 - Primary Third Party Payment

PRIMARY THIRD PARTY PAYMENT SOURCE	SERVICE AREA #	TARGET POPULATION #
*Medicaid/Capitated	<input type="text" value="0"/>	<input type="text" value="0"/>
*Medicaid/Not Capitated	<input type="text" value="0"/>	<input type="text" value="0"/>
*Medicare	<input type="text" value="0"/>	<input type="text" value="0"/>
*Other Public Insurance	<input type="text" value="0"/>	<input type="text" value="0"/>
*Private Insurance, Including Capitation	<input type="text" value="0"/>	<input type="text" value="0"/>
*None/Uninsured	<input type="text" value="0"/>	<input type="text" value="0"/>
Total:	<input type="text" value="0"/>	<input type="text" value="0"/>

Click "Save" button to save all information within this page.

Figure 53: Form 4 - Special Population

SPECIAL POPULATION	SERVICE AREA #	TARGET POPULATION #
*Migrant/Seasonal Farmworkers and Families	<input type="text" value="0"/>	<input type="text" value="0"/>
*Homeless	<input type="text" value="0"/>	<input type="text" value="0"/>
*Residents of Public Housing	<input type="text" value="0"/>	<input type="text" value="0"/>
*HIV/AIDS-Infected Persons	<input type="text" value="0"/>	<input type="text" value="0"/>
*Persons with Behavioral Health/Substance Abuse Needs	<input type="text" value="0"/>	<input type="text" value="0"/>
*School Age Children	<input type="text" value="0"/>	<input type="text" value="0"/>
*Infants Birth to 2 Years of Age	<input type="text" value="0"/>	<input type="text" value="0"/>
*Women Age 25-44	<input type="text" value="0"/>	<input type="text" value="0"/>
*Persons Age 65 and Older	<input type="text" value="0"/>	<input type="text" value="0"/>
*Other Please specify: (maximum 200 characters)	<input type="text" value="0"/>	<input type="text" value="0"/>
*Lesbian, Gay, Bisexual and Transgender	<input type="text" value="0"/>	<input type="text" value="0"/>
Total:	<input type="text" value="0"/>	<input type="text" value="0"/>

3. Click Save and Continue to save your work and proceed to the next form.

7.7. Form 5A: Services Provided

7.7.1 Form 5A: Required Services

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

Table 1: Modes of Service Provision

Mode of Service Provision	Your Organization	
	Provides the Service	Pays for the Service
Direct by applicant	Yes	Yes
Formal written contract or agreement	No	Yes
Formal written referral arrangement	No	No

To specify service delivery modes:

1. Open [Form 5A](#) (Figure 54).
2. Check one or more boxes to indicate the service delivery mode(s) for each service type.

Figure 54: Form 5A: Services Provided - Required Services

SERVICE TYPE	MODE OF SERVICE PROVISION		
	I. DIRECT BY APPLICANT	II. FORMAL WRITTEN CONTRACT/AGREEMENT (Applicant pays for service)	III. FORMAL WRITTEN REFERRAL ARRANGEMENT/AGREEMENT (Applicant DOES NOT pay)
Clinical Services			
* General Primary Medical Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* Diagnostic Laboratory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* Diagnostic X-Ray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Screenings			
• * Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• * Communicable Diseases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• * Cholesterol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• * Blood Lead Test for Elevated Blood Lead Level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* Pediatric Hearing, and Dental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Organizations are required to have formal written referral arrangements/agreements for behavioral health and substance abuse services (Column III in Figure 55). If your organization also offers these services directly or has formal written contract(s)/agreement(s) with another provider to offer them, include them under the **Services Provided - Additional Services** page of Form 5A (Figure 58).

Figure 55: Form 5A: Required Services - Referral to Behavioral Health and Substance Abuse Services

SERVICE TYPE	MODE OF SERVICE PROVISION		
	I. DIRECT BY APPLICANT	II. FORMAL WRITTEN CONTRACT/AGREEMENT (Applicant pays for service)	III. FORMAL WRITTEN REFERRAL ARRANGEMENT/AGREEMENT (Applicant DOES NOT pay)
Clinical Services			
* General Primary Medical Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* Diagnostic Laboratory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* Diagnostic X-Ray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Screenings			
* Prenatal and Perinatal Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* Preventive Dental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* Referral to Behavioral Health ¹	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* Referral to Substance Abuse ¹	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* Referral to Speciality Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* Pharmacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If your health center serves a substantial number of patients with limited English proficiency, your health center is required to provide translation services (Figure 56).

Figure 56: Translation Services

* Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* Translation ²	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Abuse Services (Required for HCH Programs)			
• Harm/Risk Reduction (e.g. educational materials, nicotine gum/patches)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

¹ Applicants are required to provide behavioral health and substance abuse services by referral arrangements. However, applicants may provide these services by applicant or formal agreement in addition to by referral arrangements by indicating these services under additional services.
² Required for Health Centers serving a substantial number of patients with limited English proficiency.

Go to Previous Page Save Save and Continue

3. Click Save and Continue.

➤ **Form 5A: Services Provided – Additional Services** page opens (Figure 58).

To continue to form **5A: Additional Services**, select **Form 5A: Additional Services** from the drop-down menu on **Form 5A: Required Services**, and click Go (Figure 57).

Figure 57: Form 5A: Services Provided - Drop-Down Menu

SERVICES PROVIDED - REQUIRED SERVICES			
SERVICE TYPE	MODE OF SERVICE PROVISION		
	I. DIRECT BY APPLICANT	II. FORMAL WRITTEN CONTRACT/AGREEMENT (Applicant pays for service)	III. FORMAL WRITTEN REFERRAL ARRANGEMENT/AGREEMENT (Applicant DOES NOT pay)
Form 5A: Required Services			
<div style="float: right;"> Form 5A: Required Services Go Form 5A: Required Services ETE Form 5A: Additional Services </div>			
Clinical Services			
* General Primary Medical Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* Diagnostic Laboratory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* Diagnostic X-Ray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Screenings			
• * Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7.7.2 Form 5A: Additional Services

Use this form to identify additional services that your organization provides. You may add, update, and remove additional services.

7.7.2.1 Add an Additional Service

To add an additional service,

1. Click **Add** to list a provided additional service (Figure 58).

Figure 58: Form 5A: Additional Services - Add

The screenshot shows the 'SERVICES PROVIDED - ADDITIONAL SERVICES' page. At the top right, there is a dropdown menu for 'Form 5A: Additional Services' and a 'Go' button. Below this, the page title is 'Form 5A: Additional Services' and the status is 'NOT COMPLETE'. The main content area is a table with columns for 'SELECT', 'SERVICE TYPE', and 'MODE OF SERVICE PROVISION'. The 'MODE OF SERVICE PROVISION' column is further divided into three sub-columns: 'I. DIRECT BY APPLICANT', 'II. FORMAL WRITTEN CONTRACT/AGREEMENT (Applicant pays for service)', and 'III. FORMAL WRITTEN REFERRAL ARRANGEMENT/AGREEMENT (Applicant DOES NOT pay)'. There are two rows: 'Clinical Services' and 'Non-Clinical Services'. Both rows contain the text 'No [Clinical/Non-Clinical] Service(s) have been added.' Below the table, there are three buttons: 'Add', 'Update', and 'Delete'. The 'Add' button is highlighted with a red box. At the bottom of the page, there are buttons for 'Go to Previous Page', 'Save', and 'Save and Continue'.

2. The **Add New Service** page (Figure 59) opens.

Figure 59: Form 5A: Add New Service Page

The screenshot shows the 'ADD NEW SERVICE' page. At the top, there is a note: 'Note: "Occupational Health" services are additional services for Health Centers serving Migrant and Seasonal Farm Workers (MSFWs)'. Below the note, the page title is 'ADD NEW SERVICE'. The main content area is a table with columns for 'SERVICE TYPE' and 'MODE OF SERVICE PROVISION'. The 'MODE OF SERVICE PROVISION' column is further divided into three sub-columns: 'I. DIRECT BY APPLICANT', 'II. FORMAL WRITTEN CONTRACT/AGREEMENT (Applicant pays for service)', and 'III. FORMAL WRITTEN REFERRAL ARRANGEMENT/AGREEMENT (Applicant DOES NOT pay)'. There are five rows, each with a 'Choose Service' dropdown menu and an 'If Specialty or Other, Specify' text box. Below the table, there are buttons for 'Cancel' and 'Save and Continue'.

3. Select a specific service from the **Choose Service** drop-down menu or enter a service in the **Specify** field if your service is not listed (Figure 60).

Figure 60: Choose Service Drop-down Menu

4. Check one or more modes of service provision (Figure 61) for each service chosen.

Figure 61: Form 5A: Choose Service to Add

Note: "Occupational Health" services are additional services for Health Centers serving Migrant and Seasonal Farm Workers (MSFWs).

ADD NEW SERVICE

SERVICE TYPE	MODE OF SERVICE PROVISION		
	I. DIRECT BY APPLICANT	II. FORMAL WRITTEN CONTRACT/AGREEMENT (Applicant pays for service)	III. FORMAL WRITTEN REFERRAL ARRANGEMENT/AGREEMENT (Applicant DOES NOT pay)
Urgent Medical care If Specialty or Other, Specify _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Choose Service If Specialty or Other, Specify _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Cancel Save and Continue

5. Click **Save and Continue**.
 - You will be returned to **Form 5A: Services Provided – Additional Services**. The new service will be listed.

7.7.2.2 Update an Additional Service

To update an additional service:

1. Select the additional service and click **Update** on the Additional Service page.

Figure 62: Form 5A: Additional Services - Update

SELECT	SERVICE TYPE	MODE OF SERVICE PROVISION		
		I. DIRECT BY APPLICANT	II. FORMAL WRITTEN CONTRACT/AGREEMENT (Applicant pays for service)	III. FORMAL WRITTEN REFERRAL ARRANGEMENT/AGREEMENT (Applicant DOES NOT pay)
Clinical Services				
<input checked="" type="checkbox"/>	Urgent Medical care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Clinical Services				
No Non-Clinical Service(s) have been added.				

Buttons: Add, **Update**, Delete

Page Navigation: Go to Previous Page, Save, Save and Continue

- The **Update Service** page opens (Figure 63).

Figure 63: Update an Additional Service

UPDATE SERVICE(s)	MODE OF SERVICE PROVISION		
	I. DIRECT BY APPLICANT	II. FORMAL WRITTEN CONTRACT/AGREEMENT (Applicant pays for service)	III. FORMAL WRITTEN REFERRAL ARRANGEMENT/AGREEMENT (Applicant DOES NOT pay)
Urgent Medical care If Specialty or Other, Specify	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Buttons: Cancel, **Save and Continue**

2. To change the mode of service, select a new service mode and click **Save and Continue**.

7.7.2.3 Delete an Additional Service

To remove an additional service from the application:

1. Click **Delete** on the **Additional Service** page (Figure 64).

Figure 64: Form 5A: Delete an Additional Service

SERVICES PROVIDED - ADDITIONAL SERVICES Form 5A: Additional Services Go

Form 5A: Additional Services Status: **NOT COMPLETE**

SELECT	SERVICE TYPE	MODE OF SERVICE PROVISION		
		I. DIRECT BY APPLICANT	II. FORMAL WRITTEN CONTRACT/AGREEMENT (Applicant pays for service)	III. FORMAL WRITTEN REFERRAL ARRANGEMENT/AGREEMENT (Applicant DOES NOT pay)
Clinical Services				
<input type="checkbox"/>	Urgent Medical care	[X]	[]	[]
Non-Clinical Services				
No Non-Clinical Service(s) have been added.				

Add Update **Delete**

Go to Previous Page Save Save and Continue

- The next screen (Figure 65) prompts you to confirm that you want to delete the additional service.

2. Click **Confirm**.

Figure 65: Form 5A: Delete Services Confirmation

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

DELETE SERVICE

Delete Service(s)	MODE OF SERVICE PROVISION		
	SERVICE TYPE	I. DIRECT BY APPLICANT	II. FORMAL WRITTEN CONTRACT/AGREEMENT (Applicant pays for service)
Urgent Medical care	[X]	[]	[]

Cancel **Confirm**

- The Services Provided – Additional Services window refreshes with the selected service removed.

3. To save your work on Form 5A and move to the next form, click **Save and Continue**.

7.8. Form 5B: Service Sites

Use this form to identify the sites used to serve the service area associated with the FQHC Look-Alike application.

7.8.1 Add a New Service Site

To add a new service site:

1. Open [Form 5B](#).
 - The **Service Sites** page opens (Figure 66).

Figure 66: Form 5B: Service Sites - Add New Site

2. Under **Proposed Sites**, click [Add New Site](#).
 - The **Service Site Checklist** opens (Figure 67). The questions on this page qualify whether your proposed site meets HRSA's requirements for a site.

Figure 67: Form 5B: Service Site Checklist

3. Answer the questions.
4. Click [Verify Qualification](#).
 - The List of Pre-Registered Performance Sites opens (Figure 68).

Figure 68: List of Pre-Registered Performance Sites

LIST OF PRE-REGISTERED PERFORMANCE SITES				
List of Pre-registered Performance Sites				
Select	Site Name	Performance Site Type*	Performance Site Address	Performance Site Address Category
<input type="radio"/> 4,6	HARFORD COUNTY HEALTH DEPARTMENT	Fixed	1 N Main St Bel Air, MD 21014-3592	Accurate
<input checked="" type="radio"/>	Mercy Health Outreach	Fixed	Baltimore, MD 21209	Approximate

If Fixed, FQHC Look-Alike site can only be Permanent, Voucher Screening, Intermittent or Seasonal. If Mobile, FQHC Look-Alike site can be only a Mobile Van.

¹This site is already in the current application.
²This site is already in scope.
³This site is a mobile site. A mobile site cannot be selected when creating an administrative site.
⁴This site does not match the requirement for a confidential site.
⁵This site does not match the requirement for a non-confidential site.
⁶This site is currently in section 330 scope of project.

To update a pre-registered site name, select the site from the list and click **Update Registered Performance Site** to modify the Site Name. Make your changes to the site name, and click **Next>** on the subsequent screen. Click **Finished** to complete the update process.

- If a valid pre-registered site exists in the list, select the site and click **Select this Location**. Go to **Section 7.8.1.2 Update Site** to proceed with the site selection and update process.

7.8.1.1 Register a Performance Site

A Performance Site is a site that your organization has registered with HRSA. For a site to be included with your application, it must be pre-registered with HRSA.

To pre-register a site, complete the following steps:

- From the **List of Pre-Registered Performance Sites at HRSA Level** page (Figure 69), click **Register Performance Site**.

Figure 69: Form 5B: Register Performance Site

LIST OF PRE-REGISTERED PERFORMANCE SITES				
List of Pre-registered Performance Sites				
Select	Site Name	Performance Site Type*	Performance Site Address	Performance Site Address Category
<input type="radio"/> 6	UPPER CHESAPEAKE HEALTHLINK VAN	Fixed	520 Upper Chesapeake Dr Bel Air, MD 21014-4339	Accurate
<input type="radio"/> 6	MOBILE MEDICAL CARE, INC	Mobile	9309 Old Georgetown Rd Bethesda, MD 20814-1620	Accurate

If Fixed, FQHC Look-Alike site can only be Permanent, Voucher Screening, Intermittent or Seasonal. If Mobile, FQHC Look-Alike site can be only a Mobile Van.

¹This site is already in the current application.
²This site is already in scope.
³This site is a mobile site. A mobile site cannot be selected when creating an administrative site.
⁴This site does not match the requirement for a confidential site.
⁵This site does not match the requirement for a non-confidential site.
⁶This site is currently in section 330 scope of project.

- The **Add Performance Site** page opens (Figure 70).

Figure 70: Add Performance Site

2. Enter the site's name.
3. Select a **Site Type** from the drop-down menu.
4. In the Address field, select one of the following:
 - a. "I will type in standard address"
 - The Add Performance Site: Physical Location Address form will be displayed.
 - Complete the standard address with a valid street number, street name, apartment/suite number, city, state and zip code.
 - b. "I will choose Site's address out of existing"
 - The Add Performance Site: Choose Address form will be displayed.
 - Select an address from one of the existing locations.

Administrative Sites must be fixed with a standard or approximate address. "Mobile" cannot be selected as the location setting for administrative sites.

Domestic Violence Shelter addresses must be kept confidential, so only an approximate (i.e. no street address) can be used.

For all other sites, a standard address is required.

- c. "I will type in non standard address"
 - The **Add Performance Site** form will be displayed.
 - Enter a street address, city, state and zip-code.

If the site serves as a Domestic Violence Shelter, you must select "I will type in non standard address" because the street address cannot be listed.

6. Click Next>.
- The **Add Performance Site** page opens.
7. Enter the site's physical address information (Figure 71).

Figure 71: Add a Performance Site - Physical Location Address

ADD PERFORMANCE SITE	
*Physical Location Address (Required) More Information	
*Street Address Line 1	Number <input type="text"/> *Name <input type="text"/>
Street Address Line 2	Select one Number <input type="text"/>
*City	<input type="text"/> (Required if Zip is not specified)
Urbanization	<input type="text"/> (Used only for Puerto Rico(PR))
*State	<input type="text"/> (Required if City is specified)
*Zip Code Lookup	<input type="text"/> - <input type="text"/> (Required if City is not specified)

8. Click **Next>**.

- The following page informs you that the site has been created (Figure 72).

Figure 72: Add Performance Site - Site Created Successfully

ADD PERFORMANCE SITE
Site Created Successfully

9. Click **Finish**.

- The **List of Pre-registered Performance Sites** page opens with the new site added to the list.

10. Select a site from the list and click the **Select This Location** button.

- The **Update Site** page opens. (See section 7.8.2)

7.8.2 Update Site

Use the **Update Site** page to revise the site's information as necessary.

The Update Site page opens:

- When you click **Select This Location** on the **List Of Pre-Registered Performance Sites** page (Figure 68).
- When you can click the [Update](#) link on the **Service Sites** page (Figure 73).

Figure 73: Services Sites - Update

SERVICE SITES			
Form 5B: Service Sites			Status: COMPLETE
Sites			
Pickaway Community Health Center Status: Complete			
Physical Address	111 Island Rd Circleville, OH 43113-9056	Mailing Address	12 ss 20902
Action: View Update Remove			
Add New Site			
Go to Previous Page		Save Save and Continue	

With the **Update Site** page open:

1. Update the **Service Site Information** (Figure 74)

Figure 74: Update Site - Service Site Information

UPDATE SITE	
Status: In Progress	
Service Site Information	
*Name of Service Site	Merry Health Outreach Change Site Name
*Service Site Type	Service Delivery Site
*Location Type	Choose Location Type
Number of Contract Service Delivery Locations (Voucher Screening Only)	<input type="text"/>
Number of Intermittent Sites (Intermittent Only)	<input type="text"/>
*Web URL	<input type="text"/>
*Site Operated by	<input type="radio"/> Applicant <input type="radio"/> Sub-recipient <input type="radio"/> Contractor
Click "Save" button to save all information within this page. Save	

- a. Click **Change Site Name** to change the name of the service site.
 - b. Select **Service Delivery Site** or **Administrative/Service Delivery Site** from the **Service Site Type** drop-down menu.
 - c. Select a location type from the **Location Type** drop-down menu.
 - d. Enter the number of contract service delivery locations.
 - e. Enter the number of intermittent sites.
 - f. Enter your organization's web address.
2. Indicate whether your site is operated by your **Organization**, a **Sub-Recipient**, or a **Contractor**.

Use the **Save** button at the end of each section to be sure your work is saved and not lost due to the 30 minute system activity time out.

3. If your site is operated by a sub-recipient or a contractor, click **Add** to provide the organization's information (Figure 75).

Figure 75: Update Site - Add Organization Information

If Sub-recipient or Contractor selected in the previous question, give organization information below:				
Organization Name	Address (Physical)	Address (Mailing)	EIN	Comments
No organization has been added.				
<input type="button" value="Add"/>				

4. Provide information about the site (Figure 76):

Figure 76: Update Site - Site Information

Location Setting (Required for Service Site)	Domestic Violence Shelter
*Date Site was Opened	<input type="text" value=""/>
Date Site was Added to Scope	Not Applicable
Site Operational By	<input type="text" value=""/>
*Medicare Billing Number (Maximum 50 characters)	<input type="text" value=""/>
*Medicaid Billing Number (Maximum 50 characters)	<input type="text" value=""/>
Medicaid Pharmacy Billing Number (Maximum 50 characters)	<input type="text" value=""/>

- a. Enter the date on which the site was opened in the **Date Site was Opened** field.
 - b. Enter the **Medicare Billing Number**, **Medicaid Billing Number**, and **Medicaid Pharmacy Billing Number** in the respective fields. Each permanent and seasonal site is required to have a unique Medicare Billing Number.
5. Revise your **Site Phone Number**, **Administration Phone Number** and **Site Fax Number** (Figure 77).

Figure 77: Update Site - Contact Information

Contact Information	
*Site Phone Number	(<input type="text" value=""/>) <input type="text" value=""/> - <input type="text" value=""/> Ext: <input type="text" value=""/>
*Administration Phone Number	(<input type="text" value=""/>) <input type="text" value=""/> - <input type="text" value=""/> Ext: <input type="text" value=""/>
*Site Fax Number	(<input type="text" value=""/>) <input type="text" value=""/> - <input type="text" value=""/>
Click "Save" button to save all information within this page. <input type="button" value="Save"/>	

6. Click **Change Location** to modify your site's physical address (Figure 78).

Figure 78: Update Site - Change Location

Physical Location Address	
Street Address Line 1	<input type="text" value=""/>
City	<input type="text" value=""/>
State	<input type="text" value=""/>
Zip Code	<input type="text" value=""/>
<input type="button" value="Change Location"/>	

- If your organization's mailing address is not the same as its physical address, please provide the mailing address (Figure 79).

Figure 79: Update Site - Add Mailing Address

Mailing Address (Optional) More Information	
Mailstop Code (Internal Routing)	<input type="text"/>
Division / Department Name	<input type="text"/>
Company	<input type="text"/>
Select an option (Street Address or PO Box Only or Rural Route)	
<input checked="" type="radio"/> * Street Address	Number <input type="text"/> *Name <input type="text"/> Select one Number <input type="text"/>
<input type="radio"/> *PO Box Only	*Number <input type="text"/>
<input type="radio"/> *Rural Route	*Type <input type="text"/> *Number <input type="text"/> *Box <input type="text"/>
*City	<input type="text"/> (Required if Zip is not specified)
Urbanization	<input type="text"/> (Used only for Puerto Rico(PR))
*State	<input type="text"/> (Required if City is specified)
*Zip Code Lookup	<input type="text"/> - <input type="text"/> (Required if City is not specified)
Click "Save" button to save all information within this page. <input type="button" value="Save"/>	

- To modify the zip codes and census tracts where the majority of the site's patients live or work (Figure 80):

Figure 80: Update Site - Add Service Area Zip Codes

Service Area Information	
Service Area Zip Codes (Required for Service Site Only)	
Select	Zip Codes
No Zip code(s) have been added.	
<input type="button" value="Add"/> <input type="button" value="Update"/> <input type="button" value="Remove"/>	
Service Area Census Tracts	
Select	Census Tracts
No census tract(s) have been added.	
<input type="button" value="Add"/> <input type="button" value="Update"/> <input type="button" value="Remove"/>	
*Population Type	<input type="button" value="Choose Population Type"/>

- Click to add a Zip Code to the list.
- Select and click to modify an entry.
- Select and click to remove a Zip Code.
- Select urban, rural, or sparsely populated from the **Choose Population Type** drop-down menu to describe the site's service area population.

9. Use the drop-down menus and fields under **Site Operation Scheduling** to indicate when your site offers services (Figure 81):

Figure 81: Update Site - Add Service Area Population Type

- a. Select full-time or part-time from the **Choose Operational Schedule** drop-down menu.
 - b. Select year-round or seasonal from the **Choose Calendar Schedule** drop-down menu.
 - c. Provide the total number of hours per week that the site will serve patients
 - d. Click **Add** **Update** **Delete** under **Months of Operation** to identify and modify the months of the year that the site will operate.
10. Click **Save and Continue**.
 - The **Service Sites** page refreshes. The new site appears in the list of service sites and its status is Complete (Figure 82).

Figure 82: Update Site - Site Addition Complete

11. Click **Save and Continue** to proceed to the next form.

7.8.3 Remove a Site

To remove a service site from your application,

1. Click the [Remove](#) link for a listed site on the Service Sites page (Figure 83).

Figure 83: Form 5B: Service Sites - Remove

Sites			
Pulasky Community Health Center			Status: Complete
Physical Address	111 1st St Columbia, OH 43213-8000	Mailing Address	111 1st St Columbia, OH 43213-8000
Action: View Update Remove			

- On the next page, confirm that you want to remove the service site (Figure 84).

Figure 84: Form 5B: Service Sites - Remove Confirmation

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

DELETE SERVICE SITE

Delete Service Site Confirmation

Are you sure you want to remove the service site?

3. Click to remove the site, click to return to the **Service Sites** page.
 - If confirmed, the **Service Sites** page refreshes and the site does not appear in the list of sites.
4. Click on the **Service Sites** page (Figure 82) to proceed to the next form.

7.9. Form 5C: Other Activities/Locations

Use this form to propose other activities or locations.

To propose an activity/location:

1. Open [Form 5C](#) (Figure 85)

Figure 85: Form 5C: Other Activities/Locations - Enter New Activity/Location

2. Click [Enter New Activity/Location](#).
 - The **Enter New Activity/Location** page opens (Figure 86).

Figure 86: Form 5C: Enter Activity/Location

3. Select an activity from **Choose Activity** drop-down menu. If your activity is not listed, select **Other** and specify in the space provided.
4. Indicate the days and times when the activity takes place in the **Frequency of Activity** field.
5. Explain the activity in the **Description of Activity** field.
6. Describe where the activity is conducted in the **Types of Location(s)** field.
7. Click [Save and Continue](#).
 - You will be returned to **Form 5C: Other Activities/Locations** page (Figure 87) with the activity/location now listed under **List of Activities/Locations**.

Figure 87: Form 5C: Activity/Location Information Added Successfully

Activity/Location Information added successfully.

OTHER ACTIVITY/LOCATIONS
 Form 5C: Other Activities/Locations Status: NOT COMPLETE

List of Activities/Locations

Immunizations		Status: Complete	
Description of Activity	Flu Shots	Frequency of Activity	Daily
Action: View Update Remove			

[Enter New Activity/Location](#)

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

7.9.1 View, Update, or Remove an Activity

Use the links on the **Other Activities/Location** page to view, update or remove an activity (Figure 88). These links appear under each activity listed on the page.

Figure 88: Form 5C: List of Activities/Locations - View; Update; Remove

List of Activities/Locations

Immunizations		Status: Complete	
Description of Activity	Flu Shots	Frequency of Activity	Daily
Action: View Update Remove			

1. Click [View](#) to see a summary of the activity (Figure 89).

Figure 89: Activity/Location Summary

[Print](#)

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration		FOR HRSA USE ONLY	
Form 5C: Other Activities/Locations		Application Tracking Number	LAL Number
		XXXXXXXXXX	N/A
ACTIVITY/LOCATION			
Type of Activity	Immunizations		
Frequency of Activity	Daily		
Description of Activity	Flu Shots		
Type of Location(s) where Activity is Conducted	Health Centers		

[Close Window](#)

2. Click [Update](#) to edit information about the activity.
 - The **Enter Activity/Location** page opens (Figure 86) to allow you to update any of the data entered.

3. Click [Remove](#) to delete the activity.
 - The next page asks you to confirm that you want to remove the activity (Figure 90).

Figure 90: Delete Other Activity/Location Confirmation Page

The screenshot shows a confirmation dialog box with a yellow warning icon and the text: "This is a confirmation page! You MUST click on the appropriate button to complete your action." Below this is a blue header bar labeled "DELETE ACTIVITY/LOCATION". Inside the dialog, there is a grey box with the text "Activity/Location" and a larger white box containing the question "Are you sure you want to remove the Other Activity/Location?". At the bottom left is a "Cancel" button, and at the bottom right is a "Confirm Delete" button, which is highlighted with a red border.

4. Click **Confirm Delete**.
 - The **Other Activity/Location** page refreshes and the deleted activity does not appear in the **List of Other Activities/Locations**.
5. When all desired other activities/locations have been added, updated and/or removed, click **Save and Continue** (Figure 87) to proceed to the next form.

7.10. Form 6A: Current Board Member Characteristics

Form 6A provides information about your organization’s current board members.

7.10.1 To Add a Board Member

To add information about board members:

1. Open [Form 6A](#) (Figure 91).

Figure 91: Form 6A: Current Board Member Characteristics

CURRENT BOARD MEMBER CHARACTERISTICS
 Form 6A: Current Board Member Characteristics Status: NOT COMPLETE

***Organization Type**
 Is your organization a tribal entity?
 Yes No

If your answer to above question is 'Yes', you are exempted from filling this form.

Select	#	Board Member Name	Board Office Held	Area of Expertise	Health Center Patient	Live or Work in Service Area	Years of Continuous Board Service	Special Population Representative
No board members added.								
<input type="button" value="Add"/>								

Gender	Number of Board Members
Male	0
Hispanic/Latino	0
More Than One Race	0

2. Under **Organization Type**, select Yes or No to answer the question, “Is your organization a tribal entity?”

If you answer Yes, you are not required to complete the remainder of Form 6A. Form 6A is not required for tribal entity applicants.

Click the **Save and Continue** button to proceed to Form 6B.

3. If you answered No to the tribal entity question, click **Add** to add board members (Figure 91).
 - The **Add Board Member Information** page will open.
4. Complete the **Add Board Member Information** page (Figure 92).

Figure 92: Form 6A: Add Board Member Information

ADD BOARD MEMBER INFORMATION	
Board Member Information	
*First Name	<input type="text"/>
*Last Name	<input type="text"/>
Middle Initial	<input type="text"/>
*Board Office Held	<input type="text"/>
*Area of Expertise	<input type="text"/>
*Does member derive more than 10% of income from health industry?	<input type="radio"/> Yes <input type="radio"/> No
*Is member a health center patient?	<input type="radio"/> Yes <input type="radio"/> No
Live or work in service area	<input type="checkbox"/> Live <input type="checkbox"/> Work
*Years of continuous board service	<input type="text"/>
*Is member a special population representative (MHC, HCH, PHPC)?	<input type="radio"/> Yes <input type="radio"/> No If Yes, please specify Special Population: <input type="checkbox"/> MHC <input type="checkbox"/> HCH <input type="checkbox"/> PHPC
<input type="button" value="Cancel"/> <input type="button" value="Save and Continue"/>	

- Click **Save and Continue** to return to the **Current Board Members Characteristics** page with the new board member added.

Repeat steps 3-5 for each board member in your organization.

Please provide information on a minimum of 9 and a maximum of 25 board members.

- Enter the board member's **Gender**, **Ethnicity**, and **Race** in the **Number of Board Members** fields (Figure 93). You must enter a number in each field; enter 0 if applicable.

This section is a summary of the gender, ethnicity, and race of the board members. Enter the total number of board members that match each of the listed criteria.

Figure 93: Form 6A: Board Members Gender; Ethnicity; Race

Gender	Number of Board Members
Male	<input type="text" value="0"/>
Female	<input type="text" value="0"/>
Ethnicity	Number of Board Members
Hispanic or Latino	<input type="text" value="0"/>
Non-Hispanic or Latino	<input type="text" value="0"/>
Race	Number of Board Members
White	<input type="text" value="0"/>
Native Hawaiian or Other Pacific Islander	<input type="text" value="0"/>
Black/African American	<input type="text" value="0"/>
American Indian or Alaska Native	<input type="text" value="0"/>
Asian	<input type="text" value="0"/>
More Than One Race	<input type="text" value="0"/>

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

7.10.2 Update Board Member Information

When the addition of a board member is complete, you can update each entry as follows:

1. Select the board member and click **Update** (Figure 94).

Figure 94: Update Link on a Board Member Listing

Select	#	Board Member Name	Board Office Held	Area of Expertise	Health Center Patient	Live or Work in Service Area	Years of Continuous Board Service	Special Population Representative
<input type="radio"/>	1	Harold English	Chairman	Health Science ¹	No	Live, Work	10	

Add **Update** Delete

¹Member derives more than 10% of income from health industry.

- The **Update Board Member Information** page will be displayed (Figure 95).

Figure 95: Form 6A: Update Board Member Information

UPDATE BOARD MEMBER INFORMATION

Board Member Information	
*First Name	<input type="text" value="Harold"/>
*Last Name	<input type="text" value="English"/>
Middle Initial	<input type="text"/>
*Board Office Held	<input type="text" value="Chairman"/>
*Area of Expertise	<input type="text" value="Health Research"/>
*Does member derive more than 10% of income from health industry?	<input checked="" type="radio"/> Yes <input type="radio"/> No
	<input type="checkbox"/> HCH <input type="checkbox"/> PHPC

Cancel **Save and Continue**

2. Update the board member information as desired and click **Save and Continue**.

7.10.3 Delete a Board Member

To delete a Board Member from the List of Board Members:

1. Select a board member, and click **Delete** (Figure 96).

Figure 96: Delete Link on a Board Member Listing

List of Board Member(s)								
Select	#	Board Member Name	Board Office Held	Area of Expertise	Health Center Patient	Live or Work in Service Area	Years of Continuous Board Service	Special Population Representative
<input type="radio"/>	1	Harold Smith	Chairman	Health Science ¹	No	Live, Work	10	

¹Member derives more than 10% of income from health industry.

- The **Delete Board Member Information** page opens.

Figure 97: Confirm Delete Board Member

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

DELETE BOARD MEMBER INFORMATION

Board Member Name	Board Office Held	Area of Expertise	Health Center Patient	Live or Work in Service Area	Years of Continuous Board Service	Special Population Representative
Harold Smith	Chairman	Health Science ¹	No	Live, Work	10.00	

¹Member derives more than 10% of income from health industry.

2. Click **Confirm Delete**.

- The **Current Board Member Characteristics** page opens with the board member removed from the list of current board members.

If you Add or Delete a board member, don't forget to update the Gender, Ethnicity, Race table appropriately.

3. When all board members have been added, modified, and/or deleted, and you have updated the Gender, Ethnicity, and Race table, click **Save and Continue** (Figure 93) to proceed to the next form.

7.11. Form 6B: Request for Waiver of Governance Requirements

Form 6B elicits information about governance waiver requests. All applicants must complete the first question. Please note that HRSA will not consider a waiver request from organizations seeking designation as a Community Health Center. Only organizations that exclusively serve a special population can request a waiver.

To request a waiver of governance requirements:

1. Open [Form 6B](#) (Figure 98).

Figure 98: Form 6B: Request for Waiver of Governance Requirements - Section 1

REQUEST FOR WAIVER OF GOVERNANCE REQUIREMENTS	
Form 6B: Request for Waiver of Governance Requirements Status: NOT COMPLETE	
1. Request for Waiver	
Name of Organization	HEALTH CARE FOR THE HOMELESS
*1a. Are you requesting a waiver of governance requirements?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Applicable
<i>If you answered 'Yes' to the above question, then please answer all applicable questions given below.</i>	

2. In Section 1, indicate whether you are requesting a waiver.
 - a. If you answered **'Yes'**, proceed to Section 2 – 4 and complete all required fields.
 - b. If you answered **'No'**, click **Save and Continue** at the bottom of this page to proceed to the next form.
 - c. Select **'Not Applicable'** if your organization is seeking designation as a Community Health Center or if you are a tribal entity. Click **Save and Continue** to proceed to the next form.
3. In Section 2, provide information about previous waivers.

Figure 99: Form 6B: Request for Waiver of Governance Requirements - Section 2

2. For Applicants with Previous Waiver Approval	
2a. Nature of Items Currently Approved to be Waived	<input type="checkbox"/> 51 Percent Patient Majority <input type="checkbox"/> Monthly Meetings
2b. Are you requesting the waiver to be continued?	<input type="radio"/> Yes (Complete Next Question) <input type="radio"/> No (Governing Board is in Full Compliance) <input type="radio"/> N/A
*2c. Is your waiver request based on arrangements that are different from your original request? (Answer to this question is mandatory, if you answer 'Yes' to Question 2b.)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A

4. In Section 3, provide information the nature of a new waiver request.

Figure 100: Form 6B: Request for Waiver of Governance Requirements - Section 3

3. New Waiver Request	
*3a. Nature of Items for New Waiver Request (Answer to this question is mandatory, if you answer 'Yes' to Question 1a.)	<input type="checkbox"/> 51 Percent Patient Majority <input type="checkbox"/> Monthly Meetings

5. In Section 4, describe the alternative strategies in place that will assure consumer/patient participation and/or regular oversight in the direction and ongoing governance of your organization.

Figure 101: Form 6B: Request for Waiver of Governance Requirements - Section 4

4. All Organizations Requesting Waiver: Describe the appropriate alternative strategies in place that will assure consumer/patient participation and/or regular oversight in the direction and ongoing governance of the organization.	
*4a. Strategy 1 (Answer to this question is mandatory, if you answer 'Yes' to Question 1a.)	Maximum line(s) allowed approximately: 5 (500 character(s) remaining) <input type="text"/>
4b. Strategy 2	Maximum line(s) allowed approximately: 5 (500 character(s) remaining) <input type="text"/>
4c. Other Strategies	Maximum line(s) allowed approximately: 5 (500 character(s) remaining) <input type="text"/>

- When you have completed all required fields, click Save and Continue to proceed to the next form.

7.12. Form 8: Health Center Agreements

Form 8: Health Center Agreements provides information on agreements between your organization and other providers whereby other organizations provide a substantial number of services, sites, and/or activities in support of your organization or which impact your organization’s board composition, authorities, function or responsibilities.

To identify **Health Center Agreements**:

1. Open [Form 8](#), and complete:
 - a. Part I (Figure 102)
 - b. Part II, Question 1 (Figure 103)
 - c. Part II, Question 2 (Figure 104)
 - d. Part II, Question 3 (Figure 105) (Optional)
 - e. Part III (Figure 106)
2. In Part I (Figure 102), Question 1, indicate if you have any current or proposed agreements with another organization to carry out a substantial portion of your scope of project.

Figure 102: Form 8: Part I: Question 1

Note: When a FQHC Look-Alike wishes to establish an agreement/arrangement in the future that will either (1) result in another organization carrying out a substantial portion of the approved scope of project or (2) impact the governing board’s composition, authorities, functions, or responsibilities, a Prior Approval request must be submitted in EHB and approved by HRSA before the agreement/arrangement can be formalized and implemented.

HEALTH CENTER AFFILIATION CERTIFICATION/CHECKLIST	
Form 8: Health Center Affiliation Certification/Checklist	Status: NOT COMPLETE
PART I	
*1. Do you have, or propose to establish as part of this application, an agreement with another organization to carry out a substantial portion of the approved scope of project?	
<input type="radio"/> Yes <input type="radio"/> No	
If "Yes", indicate the number of each agreement type in 2a and/or 2b below and complete Parts II and III. If "No", skip to Part II.	
2a. Contract for a substantial portion of the proposed scope of project for any of the following: core primary care providers, health center staff (other than providers), Chief Medical Officer (CMO), or Chief Financial Officer (CFO).	<input style="width: 100px;" type="text"/>
2b. Memorandum of Understanding (MOU)/Agreement (MOA) for substantial portion of the proposed scope of project via a sub-recipient/sub-award arrangement.	<input style="width: 100px;" type="text"/>

If you answered “Yes” to Question 1, indicate the number of each agreement type in Questions 2a or 2b. If No, proceed to Part II.

3. In Part II, Question 1 (Figure 103), complete the Governance Checklist to determine if any affiliations or agreements limit or compromise the board’s authorities, functions, and/or responsibilities.

Figure 103: Form 8: Part II: Governance Checklist

PART II		
*1. Governance Checklist	Yes	No
Does the health center affirm that the board exercises the authorities, legislative and regulatory mandated functions, and responsibilities listed below, without limitation or compromise due to an affiliation or agreement with another entity?		
determines board composition	<input type="radio"/>	<input type="radio"/>
determines executive committee function and composition	<input type="radio"/>	<input type="radio"/>
selection of board chairperson	<input type="radio"/>	<input type="radio"/>
selection of board members	<input type="radio"/>	<input type="radio"/>
strategic planning	<input type="radio"/>	<input type="radio"/>
approval of the center's annual budget	<input type="radio"/>	<input type="radio"/>
directly employs, selects/dismisses, and evaluates the CEO/Executive Director	<input type="radio"/>	<input type="radio"/>
adoption of policies and procedures for personnel and financial management	<input type="radio"/>	<input type="radio"/>
establishes center priorities	<input type="radio"/>	<input type="radio"/>
establishes eligibility requirements for partial payment of services	<input type="radio"/>	<input type="radio"/>
provides for an independent audit	<input type="radio"/>	<input type="radio"/>
evaluation of center activities	<input type="radio"/>	<input type="radio"/>
adoption of center's health care policies, including scope and availability of services, location, hours of operation, and quality of care audit procedures	<input type="radio"/>	<input type="radio"/>
establishes a conflict of interest policy	<input type="radio"/>	<input type="radio"/>

If you answer "No" to any Governance Checklist item, you must answer Yes to Part II, Question 2.

4. In Part II, Question 2 (Figure 104), indicate if you have any current or proposed agreements that affect the composition, authorities, functions, or responsibilities of your organization's board.

Figure 104: Form 8: Part II: Question 2

<p>*2. Do you have, or propose to establish as part of this application, an agreement/arrangement (provided in Part I or otherwise) that impacts the applicant's governing board composition, authorities, functions, or responsibilities?</p> <p>The Governance Checklist above can help you determine the answer to this question. A No response to any Governance Checklist item should result in a Yes response to this question.</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>If "Yes", indicate the number of such agreements/arrangements in question 3 below and complete Part III.</p>

If you answer "Yes" to Question 2, specify the number of such agreements in Question 3 and proceed to complete Part III.

Figure 105: Form 8: Part II: Question 3

<p>3. Agreement/arrangement that impacts the health center's governing board composition, authorities, functions, or responsibilities (e.g., parent subsidiary model, bilateral board representation, outside nomination of board members, joint committees).</p> <p>Note: Examples of compromising arrangements include overriding approval or veto authority by another entity, dual majority requirements, and super-majority requirements.</p>	<input type="text"/>
---	----------------------

If you answered "Yes" to Part I, Question 1 or Part II, Question 2, proceed to Part III.

5. In Part III (Figure 106), provide information about each health center agreement noted in Part I and Part II. Click **Add Organization Affiliation**.

Figure 106: Form 8: Part III: Organization Agreement

- The **Health Center Affiliation Certification/Checklist** page opens.

6. In the **Add Organization Agreement** section:
 - a. Enter the **Organization Name** and **Organization EIN** (Employer Identification Number) for the organization with which you have the agreement (Figure 107).

Figure 107: Form 8: Part III: Add Organization Agreement

- b. Enter the organization's **Physical Location Address** (Figure 108).

Figure 108: Form 8: Part III: Add Organization Agreement - Physical Address

- c. Provide the history of each agreement (Figure 109). This may include the purpose of each agreement and how each it has changed over time.

Figure 109: Form 8: Part III: Add Organization Agreement - Explain History

<p>*Explain the history of each agreement/arrangement that impacts the health center's governing board composition, authorities, functions, or responsibilities, (e.g., why it was entered into, how it has changed over time). If not applicable for this agreement/arrangement, write "n/a".</p>	<p>Maximum line(s) allowed approximately: 5 (500 character(s) remaining)</p> <div style="border: 1px solid gray; height: 50px;"></div>
--	--

- In the **Attachments** section (Figure 110), click **Attach** to upload agreements with this organization.

Figure 110: Form 8: Part III: Add Organization Agreement - Attach Documentation

Attachments

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

Other Attachment(s) (Maximum Five (5) Attachment(s))

Select	Purpose	Document Name	Size	Uploaded By	Description
No attached document exists.					
<input type="button" value="Attach"/>					

All agreement/arrangement documents must be uploaded in full.

- The **Attach Document** screen (Figure 111) will be displayed.

Figure 111: Form 8: Part III: Add Organization Agreement - Browse

ATTACH DOCUMENT

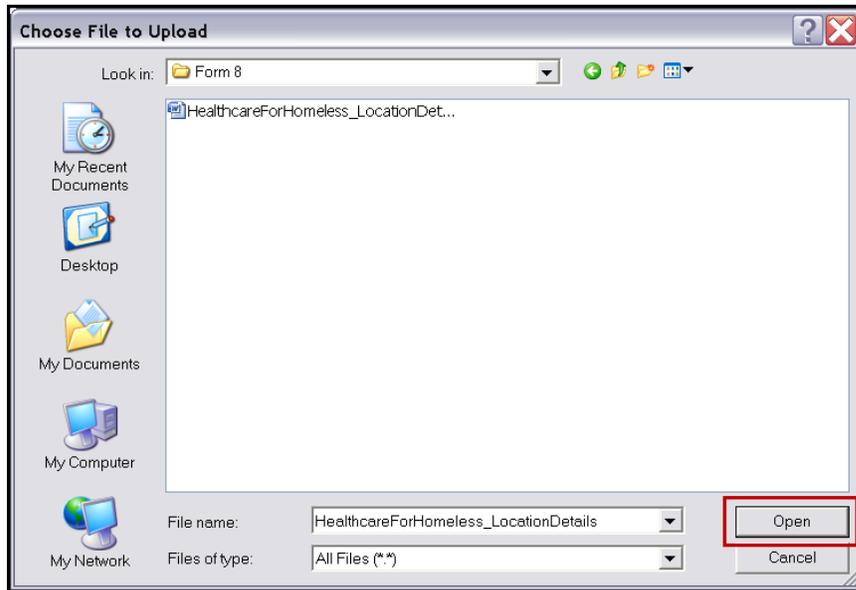
Fields marked with an asterisk(*) are required.

ATTACH DOCUMENT	
*Purpose	Form 8 Other Documents (Max 5)
*Document	<input type="button" value="Browse..."/> <small>(Allowable Document Type(s): doc, docx, rtf, txt, wpd, pdf, xls, xlsx, jpg, jpeg, xid) (Allowable Document Size: 20 MB)</small>
Description (Maximum 500 characters)	<div style="border: 1px solid gray; height: 30px;"></div>

Attached Document(s)					
Purpose	Document Name	Size	Uploaded By	Description	
No attached document exists.					

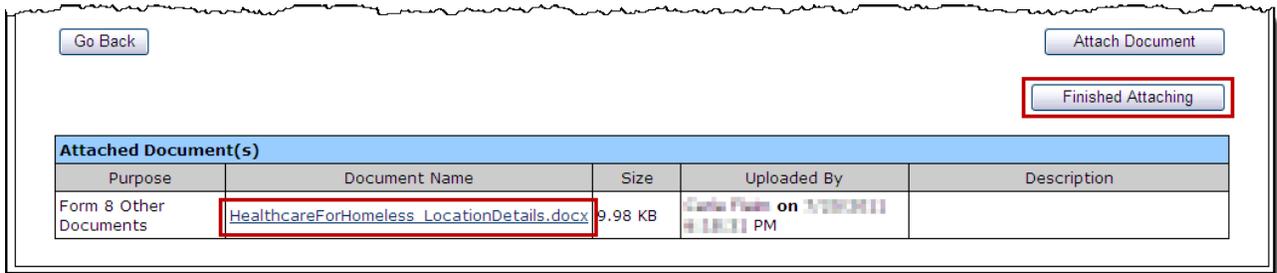
- Click **Browse**.
 - The **Choose File to Upload** dialog box will be displayed.

Figure 112: Choose File to Upload



9. Select the desired file.
10. Click **Open**.
 - The file name will now appear in the **Document Name** field on the **Attach Document** screen.
11. Click **Attach Document**.
 - The attached document will appear in the **Attached Document(s)** list (Figure 113).

Figure 113: Form 8: Part III: Attached Documents



12. Click **Finished Attaching**.
 - The Health Center Agreement page refreshes with the uploaded document listed.

Figure 114: Form 8: Attachments Uploaded

Attachments

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

Other Attachment(s) (Maximum Five (5) Attachment(s))					
Select	Purpose	Document Name	Size	Uploaded By	Description
<input checked="" type="radio"/>	Form 8 Other Documents	HealthcareForHomeless_LocationDetails.docx	9.98 KB	Case Files on 1/20/2021 11:01:33 AM	

13. Repeat Steps 7-12 until all agreements are attached (organized by affiliated organization).
 - a. To update an attachment description, select the desired attachment and click .
 - b. To delete an attachment, select the desired attachment and click .
14. Click to proceed to the next form.

7.13. Form 9: Need for Assistance Worksheet

Form 9 provides information about Core Barriers, Core Health Indicators and Other Health Indicators.

To toggle between the three Sections of this form choose a Section from the drop-down menu and click **Go** (Figure 115).

Figure 115: Need For Assistance Worksheet - Section Drop-down

7.13.1 Form 9: Section I: Core Barriers

Form 9, Section I is used to provide information about core barriers to health care access for the target population within your proposed geographic service area.

You must provide information on three of the four Core Barriers listed in Section I. For those you will report on, respond “Yes” to the question, “Is this Core Barrier Applicable?”

To Complete Section I: Core Barriers:

1. Open [Form 9](#) and in **Section I: Core Barriers**, complete three of the following sections:
 - a. The **Population to one FTE Primary Care Physician Ratio**.
 - b. The **Percent of Population at or Below 200 Percent of Poverty**.
 - c. The **Percent of Population Uninsured**.
 - d. The **Distance (miles) OR Travel Time (minutes) to Nearest Primary Care Provider Accepting New Patients and/or Uninsured**.

Since all Core Barriers have the same initial question and similar fields to complete, follow the steps for **Population to One FTE Primary Care Physician Ratio**, for all Core Barriers provided.

2. Open [Form 9](#), Section I (Figure 116), and provide information about your target population’s Core Barriers for each core health indicator:

Figure 116: Form 9: Section I: Population to One FTE Primary Care Physician Ratio

- a. Answer the question, “Is this Core Barrier Applicable?”.
- b. Enter a number as the Data Response. (This response type will change according to the Core Barrier for which you are providing information.)

For more information on completing this step, please refer to the NFA Worksheet found by clicking the Form 9 Instructions link in the header of this page.

- c. Enter the year in which the data applies.
 - d. Enter the data source.
 - e. Provide the methodology utilized/data source description that your organization used to collect/extrapolate this data.
 - f. Identify your organization’s target population on which the data is based.
3. Repeat Steps 2: a-f for other applicable Core Barriers so that three of the four Core Barriers have been completed.
 4. Click Save and Continue to proceed to the next section of this form.

7.13.2 Form 9: Section II: Core Health Indicators

Use Form 9, Section II to provide information about one Core Health Indicator for each of the following categories:

- Diabetes
- Cardiovascular Disease

- Cancer
- Prenatal and Perinatal Health
- Child Health
- Behavioral and Oral Health

To provide information about the core health indicators:

1. Open [Form 9](#), Section II (Figure 117), and provide information about your target population's Core Health Indicators.

Figure 117: Form 9: Section II: Core Health Indicators - Diabetes

- a. Select a **Core Health Indicator** from the drop-down menu.
- b. Enter a number and select percentage, ratio or other measurement from the drop-down menu to provide a data response.

For more information on completing this step, please refer to the NFA Worksheet found by clicking the Form 9 Instructions link in the header of this page.

- c. Enter a data source.
 - d. Provide the methodology that your organization used to collect/extrapolate this data.
 - e. Identify your organization's target population.
2. Repeat Step 1, a-e for each of the six Core Health Indicator Categories.
 3. When completed, click [Save and Continue](#) to proceed to the next section of this form.

7.13.3 Form 9, Section III: Other Health Indicators

Form 9, Section III is used to provide information about Other Health Indicators for your target population. Organizations are required to provide responses to two out of the twelve Other Health Indicators listed or specify up to two Other Health Indicators under “Other.”

1. Open [Form 9](#), Section III, and provide information about your target population’s Other Health Indicators (Figure 118).

Figure 118: Form 9: Section III - Other Health Indicators

2. For one or both Other Health Indicators:
 - a. Select an Other Health Indicator from the drop-down menu.
 - b. Enter a number and select percentage, ratio or other measurement from the drop-down menu to provide a data response.
 - c. Enter a data source.
 - d. Provide the methodology that your organization used to collect/extrapolate the data.
 - e. Identify your organization’s target population.
3. When complete, click [Save and Continue](#) to proceed to the next form.

7.14. Form 10: Annual Emergency Preparedness (EP) Report

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

1. Open [Form 10](#), and complete:
 - a. Section I: Emergency Preparedness and Management Plan (Figure 119)
 - b. Section II: Readiness (Figure 120)
2. Complete each section of the form by selecting Yes or No for each question.

Figure 119: Form 10: Section I: Emergency Preparedness and Management Plan

ANNUAL EMERGENCY PREPAREDNESS REPORT	
Form 10: Annual Emergency Preparedness Report	Status: NOT COMPLETE
SECTION I - EMERGENCY PREPAREDNESS AND MANAGEMENT PLAN	
*1. Has your organization conducted a thorough Hazards Vulnerability Assessment? Date completed: <input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
*2. Does your organization have an approved EPM plan? Date most recent EPM plan was approved by your Board: <input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
*3. Does the EPM plan specifically address the four disaster phases?	
3a. Mitigation?	<input type="radio"/> Yes <input type="radio"/> No
3b. Preparedness?	<input type="radio"/> Yes <input type="radio"/> No
3c. Response?	<input type="radio"/> Yes <input type="radio"/> No
3d. Recovery?	<input type="radio"/> Yes <input type="radio"/> No
*4. Is your EPM plan integrated into your local/regional emergency plan?	<input type="radio"/> Yes <input type="radio"/> No
5. If no, has your organization attempted to participate with local/regional emergency planners?	<input type="radio"/> Yes <input type="radio"/> No
*6. Does the EPM plan address your capacity to render mass immunization/prophylaxis?	<input type="radio"/> Yes <input type="radio"/> No

- For Section I: Question 1, if you selected ‘Yes’, you must enter the date the Hazards Vulnerability Assessment was completed.
 - For Section I: Question 2, if you selected ‘Yes’, you must enter the date the Emergency Preparedness and Management (EPM) plan was approved by your board.
3. Proceed to complete Section II by selecting ‘Yes’ or ‘No’ for each question.

Figure 120: Form 10: Section II: Readiness

SECTION II - READINESS		Yes	No
*1. Does your organization include alternatives for providing primary care to your current patient population if you are unable to do so during emergency?		<input type="radio"/> Yes	<input type="radio"/> No
*2. Does your organization conduct annual planned drills?		<input type="radio"/> Yes	<input type="radio"/> No
*3. Does your organization's staff receive periodic training on disaster preparedness?		<input type="radio"/> Yes	<input type="radio"/> No
*4. Will the organization be required to deploy staff to Non-Health Center sites/locations according to emergency preparedness plan for local community?		<input type="radio"/> Yes	<input type="radio"/> No
*5. Does your organization have arrangements with Federal, State and/or local agencies for reporting of data?		<input type="radio"/> Yes	<input type="radio"/> No
*6. Does your organization have a back up communication system?			
6a. Internal?		<input type="radio"/> Yes	<input type="radio"/> No
6b. External?		<input type="radio"/> Yes	<input type="radio"/> No
*7. Does your organization coordinate with other systems of care to provide an integrated emergency response?		<input type="radio"/> Yes	<input type="radio"/> No
*8. Has your organization been designated to serve as a point of distribution (POD) for providing antibiotics, vaccines and medical supplies?		<input type="radio"/> Yes	<input type="radio"/> No
*9. Has your organization implemented measures to prevent financial/revenue and facilities loss due to an emergency? (e.g. Insurance coverage for short-term closure)		<input type="radio"/> Yes	<input type="radio"/> No
*10. Does your organization have an off-site back up of your information technology system?		<input type="radio"/> Yes	<input type="radio"/> No
*11. Does your organization have a designated EPM coordinator?		<input type="radio"/> Yes	<input type="radio"/> No

4. Click **Save and Continue** to proceed to the next form.

7.15. Form 12: Organization Contacts

Use Form 12 to provide contact information for the proposed project. Enter **Medical Director**, **Dental Director** (Optional), **Chief Executive Officer**, and **Contact Person**. The contact person should be the primary communications liaison for any program specific information being submitted as part of this application.

1. Open [Form 12](#) (Figure 121).
2. Click one of the **Add...** buttons to add or update the information for each type of contact. For example, click **Add Medical Director** to add a medical director.

Figure 121: Form 12: Organization Contacts

ORGANIZATION CONTACTS
Form 12: Organization Contacts Status: NOT COMPLETE

*Medical Director
No contact to display.
Add Medical Director

Dental Director
No contact to display.
Add Dental Director

*Chief Executive Officer
No contact to display.
Add Chief Executive Officer

*Contact Person
No contact to display.
Add Contact Person

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

- The **Contact Information** data entry page (Figure 122) will be displayed for the contact you are adding.

Figure 122: Form 12: Contact Information Data Entry Page

CONTACT INFORMATION	
Contact Information	
Position Title	Medical Director
Prefix	Select One ▾
*First Name	<input type="text"/>
*Last Name	<input type="text"/>
Middle Initial	<input type="text"/>
Suffix	Select One ▾ If 'Other', please specify <input type="text"/>
Highest Degree	Select One ▾ If 'Other', please specify <input type="text"/>
Contact Address	
*Email Address	<input type="text"/>
*Phone Number	(<input type="text"/>) <input type="text"/> - <input type="text"/> Ext: <input type="text"/>

Go Back Save and Continue

3. Complete the **Contact Information** page.
4. Click **Save and Continue** to save the **Contact Information** and return to the **Organization Contacts** page.
5. Continue adding contact information for the remaining contact types by following Steps 2-4 above.
6. Click **Save and Continue** on the **Organization Contacts** page (Figure 121) after you have completed the required contact data to save your work and proceed to the next form.

7.16. Clinical Performance Measures

Use this form to provide information about clinical performance measures. The **Clinical Performance Measures** form consists of the **Designation Period** section, the **Standard Measures** section, and **Additional Measures** section.

7.16.1 The Designation Period

The designation period for an initial designation is a two-year period. Start your estimated designation period on the first of the month, four full months from when you anticipate submitting your application, e.g., if you plan to submit your application December 15, 2011 the estimated designation period would be May 1, 2012 to April 30, 2014.

1. Open the [Clinical Performance Measures](#) form.
2. In the **Designation Period** section, click the calendar icons to enter the dates in the **Start Date** and **End Date** fields.

Figure 123: Clinical Performance Measures: Designation Period

3. Click **Save** to save the designation period.

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

7.16.2 Provide Standard Performance Measure Information

Provide the performance measure information as follows:

1. Click the [Update](#) link for a Standard Performance Measure (Figure 124).

Figure 124: Clinical Performance Measures: Standard Measures

- The **Update Clinical Performance Measure Information** page (Figure 125) will be displayed.

For the Standard Measures some fields in the **Update Clinical Performance Measure Information** screens are pre-populated with data and cannot be changed. Some data option fields are pre-selected and are read only.

Figure 125: Update Clinical Performance Measure Information

UPDATE CLINICAL PERFORMANCE MEASURE INFORMATION	
Status: Not Complete	
Update Clinical Performance Measures Information	
Focus Area	Diabetes
*Is this Performance Measure applicable to your Organization?	<input checked="" type="radio"/> Yes <input type="radio"/> No <small>(If No, provide explanation in 'Comments' area at bottom of this form)</small>
Performance Measure	Percentage of diabetic patients whose HbA1c levels are less than 7 percent, less than 8 percent, less than or equal to 9 percent, or greater than 9 percent.
*Target Goal Description <small>(Sample Goals)</small>	<div style="border: 1px solid #ccc; height: 30px; width: 100%;"></div> <small>(maximum 500 characters)</small>
Click "Save" button to save all information within this page.	
<input style="border: 1px solid #ccc;" type="button" value="Save"/>	

2. Enter a **Target Goal Description**.

Use the button at the end of each section to be sure your work is saved and not lost due to the 30 minute system activity time out.

Figure 126: Update Clinical Performance Measure Information - Baseline Data

Numerator Description <small>(Examples)</small>	Number adult patients age 18 to 75 years with a diagnosis of Type 1 or Type 2 diabetes whose most recent HbA1c level during the measurement year is <7%, <8%, =9%, or >9%, among those patients in the denominator.		
Denominator Description <small>(Examples)</small>	Number of adult patients age 18 to 75 years as of December 31 of the measurement year with a diagnosis of Type 1 or Type 2 diabetes, who have had a visit at least twice during the reporting year and do not meet any of the exclusion criteria.		
*Baseline Data	Baseline Year: <input type="text"/> (yyyy) Measure Type: <input type="text" value="Percentage"/> Numerator: <input type="text"/> Denominator: <input type="text"/> Calculated Baseline:	<div style="border: 1px solid #ccc; padding: 2px;"> *Projected Data (by End of Designation Period) <small>(Sample Calculation)</small> </div>	<input type="text"/> %

3. Enter the **Baseline Data: Baseline Year, Numerator, and Denominator**.

Use the Numerator Description and Denominator Description fields for information on how the Baseline Data fields are calculated.

- The baseline auto-calculates and appears in the **Calculated Baseline** field.
4. In the **Projected Data** field, enter the data expected when the designation period concludes.

5. Click the [Sample Calculation](#) link to see an example of the calculation you need to perform to complete this field.
- A new window will open displaying an explanation of and calculation for a “Percentage base Measure Type” and a “Ratio based Measure Type.”

Figure 127: Projected Data Calculation - Sample Calculation

SAMPLE CALCULATION	
Sample Calculation for Percentage based Measure Type	
Sample Numerator Description	Number of adult patients age 18 and older with a diagnosis of Type 1 or Type 2 diabetes whose most recent hemoglobin A1c was less than 9% during the measurement period. See...
	least twice during the reporting year and do not meet any of the exclusion criteria.
Numerator (N)	3000 Patients
Denominator (D)	4000 Patients
Projected Data Calculation (%)	$[(N/D) * 100] = [(3000/4000)*100] = 75\%$

Close Window

6. Perform the calculation, and enter the solution in the **Projected Data** field (Figure 126).
7. Enter the Data Source & Methodology (Figure 128).

Figure 128: Update Clinical Performance Measure Information - Data Source and Methodology

*Data Source & Methodology	(maximum 500 characters)
Click "Save" button to save all information within this page.	
Save	

8. Enter the Key Contributing and/or Restricting Factor(s) and Major Planned Action(s) (Figure 129).

Figure 129: Update Clinical Performance Measure Information - Key Factor and Major Planned Action

*Key Factor and Major Planned Action #1	Key Factor Type: <input type="radio"/> Contributing <input type="radio"/> Restricting <input type="radio"/> N/A Key Factor Description (maximum 500 characters) Major Planned Action Description (maximum 500 characters)
Click "Save" button to save all information within this page.	
Save	

Key Factor and Major Planned Action #1 is required. Key Factor and Major Planned Action #2 and #3 are optional.

9. Add any necessary or desired comments (Figure 130).

Figure 130: Update Clinical Performance Measure Information - Comments

You are required to provide information in all Performance Measure fields. If a performance measure is not applicable, you must provide an explanation in the Comments field.

10. Click **Save and Continue** to return to the **Update Clinical Performance Measures** page.

11. Repeat Steps 1-10 for each of the **Standard Performance Measures**.

7.16.3 Add an Additional Performance Measure

The **Clinical Performance Measures** form consists of Standard Performance Measures and Additional Performance Measures.

Although included in the Additional section, Oral Health and Behavioral Health measures are **required**. They are included in this section of the form so applicants can create measures specific to the types of Oral Health and Behavioral Health services provided.

Any “Additional” measures should be specific to the proposed project

To add an **Additional Performance Measure** to your application:

1. Click **Add Performance Measure**, under the **Additional Measures** section of the form.

Figure 131: Other Measures

➤ The **Add Clinical Performance Measure Information** page opens (Figure 132).

Figure 132: Add Clinical Performance Measure information - Focus Area

ADD CLINICAL PERFORMANCE MEASURE INFORMATION Status: **Not Complete**

Add Clinical Performance Measures Information

*Focus Area	<input type="text" value="Select One"/>	*Performance Measure Category	<input type="text" value="Emergency Services"/> <input type="text" value="Oral Exams"/> <input type="text" value="Restorative Services"/> <input type="text" value="Oral Surgery"/>
	If 'Other', Please specify <input type="text"/>	(Select one or more categories for Oral/Behavioral measures. To select multiple values, hold the Ctrl key and then select from the list.)	If 'Other', Please specify <input type="text"/>

2. Select a focus area type from the drop-down menu.

If your focus area is Oral Health or Behavioral Health, select one or more performance measure categories presented in the **Performance Measure Category** menu.

3. Enter the **Performance Measure** description and **Target Goal Description**.

Figure 133: Add Clinical Performance Measure information - Performance Measure and Target Goal

*Performance Measure	<input type="text" value="(maximum 500 characters)"/>
*Target Goal Description (Sample Goals)	<input type="text" value="(maximum 500 characters)"/>
Click "Save" button to save all information within this page. Save	

4. Enter the **Numerator Description** and the **Denominator Description**.

Figure 134: Add Clinical Performance Measure information - Numerator and Denominator

*Numerator Description (Examples)	<input type="text" value="(maximum 500 characters)"/>
*Denominator Description (Examples)	<input type="text" value="(maximum 500 characters)"/>
Click "Save" button to save all information within this page. Save	

5. Enter the **Baseline Data: Baseline Year, Measure Type, Numerator, and Denominator**.

Figure 135: Add Clinical Performance Measure Information - Baseline Data

*Baseline Data	Baseline Year: <input type="text" value=""/> (yyyy)	*Projected Data (by End of Designation Period)	<input type="text"/>
	Measure Type: <input type="text" value="Select One"/>	(Sample Calculation)	
	Numerator: <input type="text"/>		
	Denominator: <input type="text"/>		
	Calculated Baseline: <input type="text"/>		

➤ The baseline auto-calculates and appears in the **Calculated Baseline** field.

- In the **Projected Data** field, enter the data expected when the designation period concludes.
- Click [Sample Calculation](#) to see an example of the calculation you need to carry out to complete this field.

Figure 136: Sample Calculation

SAMPLE CALCULATION	
Sample Calculation for Percentage based Measure Type	
Sample Numerator Description	Number of adult patients age 18 and older with a diagnosis of Type 1 or Type 2 diabetes whose most recent hemoglobin A1c was less than 9% during the measure
Sample Denominator Description	Number of adult patients age 18 and older who have been seen by a primary care provider at least twice during the reporting year and do not meet any of the exclusion criteria.
Numerator (N)	3000 Patients
Denominator (D)	4000 Patients
Projected Data Calculation (%)	$[(N/D) * 100] = [(3000/4000)*100] = 75\%$

Close Window

- Enter the Data Source & Methodology and Key Factor(s) and Major Planned Action(s).

Figure 137: Add Clinical Performance Measure information - Data Source and Key Factor(s)

*Data Source & Methodology	(maximum 500 characters)
Click "Save" button to save all information within this page. Save	
*Key Factor and Major Planned Action #1	Key Factor Type: <input type="radio"/> Contributing <input type="radio"/> Restricting <input type="radio"/> N/A Key Factor Description (maximum 500 characters) Major Planned Action Description (maximum 500 characters)
Click "Save" button to save all information within this page. Save	

Key Factor and Major Planned Action #1 is required and must be completed. Key Factor and Major Planned Action #2 and #3 are optional.

- Add any necessary or desired comments (Figure 138).

Figure 138: Add Clinical Performance Measure information - Comments

Comments	(maximum 500 characters)
Cancel	Save and Continue

You are required to provide information in all Performance Measure fields. If a performance measure is not applicable, you must provide an explanation in the Comments field.

10. Click the **Save and Continue** button at the bottom of the form.
 - You will be returned to the **Clinical Performance Measures** form. The added performance measure will appear in the **Additional Measures** area of the form.

Figure 139: Clinical Performance Measures - Additional Measures

Additional Measures			
Performance Measure: Percentage of infants over 6 lbs.			Status: Complete
Focus Area	Prenatal Health	Goal Description	Decrease the % of infants born at or below 6 lbs.
Baseline Data	7.00% (Baseline Year: 2011)	Projected Data	3%
Action: View Update Delete			

Add Performance Measure

11. To add another Additional Measure, click **Add Performance Measure** and follow Steps 2-10.

7.16.4 Update a Performance Measure

To update a Performance Measure:

1. Click the [Update](#) link (Figure 140).

Figure 140: Update Link on a Complete Performance Measure

*Standard Measures			
Performance Measure: Percentage of diabetic patients whose HbA1c levels are less than 7 percent, less than 8 percent, less than or equal to 9 percent, or greater than 9 percent.			Status: Complete
Focus Area	Diabetes	Goal Description	Increase the % of adult patients with type 1 or 2 diabetes whose most recent hemoglobin A1c (HbA1c) is <=9% (under control)
Baseline Data	10.00% (Baseline Year: 2011)	Projected Data	15%
Action: View Update			

2. The **Update Clinical Performance Measure Information** page will be displayed (Figure 125).
3. Update the performance measure as described in **Provide Standard Performance Measure Information** (See 7.16.2).

7.16.5 Delete an Other Performance Measure

To delete an **Additional Performance Measure**:

1. Under the desired Other Performance Measure, click the [Delete](#) link

- The Delete Clinical Performance Measures Information page opens.

Figure 141: Clinical Performance Measures - Additional Measures - Delete

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

DELETE CLINICAL PERFORMANCE MEASURE INFORMATION

Performance Measure: Percentage of infants over 6 lbs.			
Focus Area	Prenatal Health	Goal Description	Decrease the % of infants born at or below 6 lbs.
Baseline Data	7.00 % (Baseline Year: 2010)	Projected Data	3 %

View: [Performance Measure Details](#)

Cancel Confirm Delete

2. Click **Confirm Delete**.

7.16.6 View a Performance Measure

1. Under the desired **Performance Measure**, click the [View](#) link to see a read-only display of the performance measure (Figure 142).

Figure 142: Read-only Display of a Clinical Performance Measure

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration		FOR HRSA USE ONLY	
Clinical Performance Measures		Application Tracking Number	LAL Number
		00000059	N/A

Project Period

Start Date	End Date
------------	----------

Focus Area: Diabetes

Performance Measure: Percentage of diabetic patients whose HbA1c levels are less than 7 percent, less than 8 percent, less than or equal to 9 percent, or greater than 9 percent.

Is this Performance Measure Applicable to your Organization?	Yes
--	-----

Performance Measure
Comments

Close Window

2. Click **Close Window** to return to the **Clinical Performance Measures** Form.
3. After you have completed work with all the Clinical Performance Measures (Figure 139), click **Save and Continue** to proceed to the next form.

7.17. Financial Performance Measures

Use this form to provide information about financial performance measures. The **Financial Performance Measures** form consists of the **Designation Period** section, the **Standard Measures** section, and **Additional Measures** section.

7.17.1 The Designation Period

The designation period for an initial designation is a two-year period. Start your estimated designation period on the first of the month, four full months from when you anticipate submitting your application, e.g., if you plan to submit your application December 15, 2011 the estimated designation period would be May 1, 2012 to April 30, 2014.

1. Open the [Financial Performance Measures](#) form.
2. In the **Designation Period** section, click the calendar icons to enter the dates in the Start Date and End Date fields.

Figure 143: Financial Performance Measures - Designation Period

The screenshot shows the 'FINANCIAL PERFORMANCE MEASURES' form. The 'Designation Period' section contains two date fields: '*Start Date (mm/dd/yyyy)' and '*End Date (mm/dd/yyyy)'. Each field has a calendar icon to its right. A 'Save' button is located at the bottom right of the section and is highlighted with a red box.

3. Click **Save** to save the designation period.

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

7.17.2 Provide Standard Performance Measure Information

Provide the performance measure information as follows:

1. Click the [Update](#) link (Figure 144).

Figure 144: Financial Performance Measure - Standard Measures

The screenshot shows the '*Standard Measures' section of the form. It contains two performance measure entries. The first entry is 'Performance Measure: Total cost per patient' with a status of 'Status: Not Complete'. It has fields for 'Focus Area' (Costs), 'Goal Description' ((Please Specify)), and 'Baseline Data' (___ (Ratio) (Baseline Year: ___)). The second entry is 'Performance Measure: Medical cost per medical visit' also with a status of 'Status: Not Complete'. It has fields for 'Focus Area' (Costs) and 'Goal Description' ((Please Specify)). Below the first entry, there is an 'Action: View | Update' link, where the 'Update' link is highlighted with a red box.

- The **Update Financial Performance Measure Information** page (Figure 145) will be displayed.

For the Standard Measures some fields in the Update Financial Performance Measure Information screens are prepopulated with data and cannot be changed. Some data option fields are pre-selected and are read only.

Figure 145: Update Financial Performance Measure Information

UPDATE FINANCIAL PERFORMANCE MEASURE INFORMATION	
Status: Not Complete	
Update Financial Performance Measures Information	
Focus Area	Costs
*Is this Performance Measure applicable to your Organization?	<input checked="" type="radio"/> Yes <input type="radio"/> No <small>(If No, provide explanation in 'Comments' area at bottom of this form)</small>
Performance Measure	Total cost per patient.
*Target Goal Description <small>(Sample Goals)</small>	<div style="border: 1px solid #ccc; padding: 2px;">(maximum 500 characters)</div>
Click "Save" button to save all information within this page.	
<input type="button" value="Save"/>	

2. Enter the Target Goal Description.

It is recommended to use the button at the end of each section to be sure your work is saved and not lost due to the 30 minute system activity time out.

Figure 146: Update Financial Performance Measure Information - Baseline Data

Numerator Description <small>(Examples)</small>	Total accrued cost before donations and after allocation of overhead.		
Denominator Description <small>(Examples)</small>	Total number of patients.		
*Baseline Data	Baseline Year: <input type="text"/> (yyyy) Measure Type: <input type="text" value="Ratio"/> Numerator: <input type="text"/> Denominator: <input type="text"/> Calculated Baseline:	*Projected Data (by End of Designation Period) <input type="text"/> (Ratio) (Sample Calculation)	

3. Enter the Baseline Data: Baseline Year, Numerator, and Denominator.

Use the **Numerator Description** and **Denominator Description** fields for information on how the **Baseline Data** field is calculated.

- The baseline auto-calculates and appears in the **Calculated Baseline** field.
- 4. In the **Projected Data** field, enter the data expected when the designation period concludes.
- 5. Click the [Sample Calculation](#) link to see an example of the calculation you need to complete for this field.

- A new window will open displaying an explanation of and calculation for a “Percentage Base Measure Type.”

Figure 147: Sample Calculation

SAMPLE CALCULATION	
Sample Calculation for Percentage based Measure Type	
Sample Numerator Description	Number of adult patients age 18 and older with a diagnosis of Type 1 or Type 2 diabetes whose most recent hemoglobin A1c was less than 9% during the measurement period.
Sample Denominator Description	All patients age 18 and older who were seen at least twice during the reporting year and do not meet any of the exclusion criteria.
Numerator (N)	3000 Patients
Denominator (D)	4000 Patients
Projected Data Calculation (%)	$[(N/D) * 100] = [(3000/4000)*100] = 75\%$

Close Window

6. Perform the calculation, and enter the solution in the **Projected Data** field (Figure 146).
7. Enter the **Data Source & Methodology** (Figure 148).

Figure 148: Update Financial Performance Measure Information - Data Source and Methodology

*Data Source & Methodology	(maximum 500 characters)
Click "Save" button to save all information within this page. Save	

8. Enter the Key Contributing and/or Restricting Factor(s) and Major Planned Action(s) (Figure 149).

Figure 149: Update Financial Performance Measure Information - Key Factor and Major Planned Action

*Key Factor and Major Planned Action #1	Key Factor Type: <input type="radio"/> Contributing <input type="radio"/> Restricting <input type="radio"/> N/A Key Factor Description (maximum 500 characters) Major Planned Action Description (maximum 500 characters)
Click "Save" button to save all information within this page. Save	

Key Factor and Major Planned Action #1 is required. Key Factor and Major Planned Action #2 and #3 are optional.

9. Add any necessary or desired comments (Figure 150).

Figure 150: Update Financial Performance Measure Information - Comments

You are required to provide information in all Performance Measure fields. If any performance measure listed is not applicable, you must provide an explanation in the corresponding Comments field.

10. Click **Save and Continue** to return to the **Financial Performance Measures** page.
11. Repeat Steps 1-10 for each of the standard **Performance Measures**.

7.17.3 Add an Other Performance Measure

The Financial Performance Measures form consists of Standard Measures and optional Additional Measures.

To add an additional performance measure to your application:

1. Click **Add Performance Measure**, under the **Additional Measures** section of the form.

Figure 151: Additional Measures

- The Add Financial Performance Measure page opens (Figure 152).

Figure 152: Add Financial Performance Measure Information - Focus Area

2. Select a focus area from the drop-down menu.
3. Enter the performance measure.

Figure 153: Add Financial Performance Measure Information - Performance Measure and Target Goal

*Performance Measure	(maximum 500 characters)
*Target Goal Description (Sample Goals)	(maximum 500 characters)
Click "Save" button to save all information within this page. Save	

4. Enter descriptions of the numerator and denominator.

Figure 154: Add Financial Performance Measure Information - Numerator and Denominator Description

*Numerator Description (Examples)	(maximum 500 characters)
*Denominator Description (Examples)	(maximum 500 characters)
Click "Save" button to save all information within this page. Save	

5. Enter the **Baseline Data: Baseline Year, Measure Type, Numerator, and Denominator.**

Figure 155: Add Financial Performance Measure Information - Baseline Data

*Baseline Data	Baseline Year: <input type="text"/> (yyyy) Measure Type: Select One Numerator: <input type="text"/> Denominator: <input type="text"/> Calculated Baseline: <input type="text"/>	*Projected Data (by End of Designation Period) (Sample Calculation)	<input type="text"/>
----------------	---	--	----------------------

- The baseline auto-calculates and appears in the **Calculated Baseline** field.
- 6. In the **Projected Data** field, enter the data expected when the designation period concludes.
- 7. Click [Sample Calculation](#) to see an example of the calculation you need to perform to complete this field.

Figure 156: Sample Calculation

SAMPLE CALCULATION	
Sample Calculation for Percentage based Measure Type	
Sample Numerator Description	Number of adult patients age 18 and older with a diagnosis of Type 1 or Type 2 diabetes whose most recent hemoglobin A1c is less than 7% during the measurement period.
Sample Denominator Description	All patients age 18 and older who are seen at least twice during the reporting year and do not meet any of the exclusion criteria.
Numerator (N)	3000 Patients
Denominator (D)	4000 Patients
Projected Data Calculation (%)	$[(N/D) * 100] = [(3000/4000) * 100] = 75\%$
Close Window	

- Enter the Data Source & Methodology and Key Contributing or Restricting Factor(s) and Major Planned Action(s).

Figure 157: Add Financial Performance Measure Information - Data Source and Key Factor(s)

Key Factor and Major Planned Action #1 is required. Key Factor and Major Planned Action #2 and #3 are optional.

- Add any necessary or desired comments (Figure 158).

Figure 158: Update Financial Performance Measure Information - Comments

- Click the **Save and Continue** button at the bottom of the form.
 - You will be returned to the main **Financial Performance Measures** form. The new performance measure will appear in the **Additional Measures** area of the form.

Figure 159: Additional Measures - Added Performance Measure

Performance Measure: Cost per Encounter			Status: Complete
Focus Area	Costs	Goal Description	By End of Designation Period, maintain rate of increase in cost per encounter To: 3__%
Baseline Data	10.00% (Baseline Year: 2011)	Projected Data	3.00%

- To add another Additional Measure, click **Add Performance Measure** and follow Steps 2-10.

7.17.4 Update a Performance Measure

To update a **Performance Measure**:

1. Click the [Update](#) link (Figure 140).

Figure 160: Update Financial Performance Measure

Performance Measure: Cost per Encounter			Status: Complete
Focus Area	Costs	Goal Description	By End of Designation Period, maintain rate of increase in cost per encounter To: _3__%
Baseline Data	10.00% (Baseline Year: 2011)	Projected Data	3.00%
Action: View Update Delete			

- The **Update Financial Performance Measure Information** page will be displayed (Figure 124).
2. Update the performance measure as described in Provide Standard Performance Measure Information (See 7.17.2).

7.17.5 Delete an Additional Performance Measure

To delete an **Additional Performance Measure**:

1. Under the desired Other Performance Measure, click the [Delete](#) link.

Figure 161: Delete Financial Performance Measure

Performance Measure: Cost per Encounter			Status: Complete
Focus Area	Costs	Goal Description	By End of Designation Period, maintain rate of increase in cost per encounter To: _3__%
Baseline Data	10.00% (Baseline Year: 2011)	Projected Data	3.00%
Action: View Update Delete			

- The **Delete Financial Performance Measures Information** page opens.

Figure 162: Financial Performance Measures - Additional Measures - Delete

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

DELETE FINANCIAL PERFORMANCE MEASURE INFORMATION

Performance Measure: Cost per Encounter			
Focus Area	Costs	Goal Description	By End of Designation Period, maintain rate of increase in cost per encounter To: _3__%
Baseline Data	10.00 % (Baseline Year: 2011)	Projected Data	3.00 %
View: Performance Measure Details			

2. Click .

7.17.6 View a Performance Measure

- Under the desired Performance Measure, click the [View](#) link to see a read-only display of the performance measure (Figure 163).

Figure 163: Read-Only View of Financial Performance Measure

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration		FOR HRSA USE ONLY	
Financial Performance Measures		Application Tracking Number	LAL Number
		00000059	N/A
Project Period			
Start Date		End Date	
Focus Area: Costs			
Performance Measure: Cost per Encounter			
Is this Performance Measure Applicable to your Organization?	Yes		
Performance Measure applies to your organization?	Not Applicable		
Comments			
Close Window			

- Click the [Close Window](#) button to return to the updated **Financial Performance Measures** form.
- After you have completed working with all the Financial Performance Measures, click [Save and Continue](#) (Figure 159) to proceed to the next form.

7.18. Appendices

7.18.1 Attach Documents

1. Open [Appendices](#) (Figure 164).

Figure 164: Appendices (collapsed view, showing attachment headings only)

APPENDICES	
Appendices	Status: NOT COMPLETE
* Project Abstract (Maximum one attachment)	No attached document exists.
* Project Narrative (Maximum one attachment)	No attached document exists.
* Attachment 1 - Patient Origin Study (Maximum one attachment)	No attached document exists.
* Attachment 2 - Service Area Map (Maximum one attachment)	No attached document exists.
* Attachment 3 - Current or requested MUA/MUP designation (Maximum one attachment)	No attached document exists.
* Attachment 4 - Governing Board Bylaws (Maximum one attachment)	No attached document exists.
* Attachment 5 - Governing Board Meeting Minutes (Maximum one attachment)	No attached document exists.
Attachment 6 - Co-Applicant Agreement for Public Centers (Maximum one attachment)	No attached document exists.
Attachment 7 - Affiliation, Contract, and/or Referral Agreements (Maximum one attachment)	No attached document exists.
* Attachment 8 - Articles of Incorporation (Maximum one attachment)	No attached document exists.
* Attachment 9 - Evidence of Non-Profit or Public Agency Status (Maximum one attachment)	No attached document exists.
* Attachment 10 - Medicare and Medicaid Provider Documentation (Maximum one attachment)	No attached document exists.
* Attachment 11 - Organizational Chart (Maximum one attachment)	No attached document exists.
* Attachment 12 - Position Descriptions for Key Personnel (Maximum one attachment)	No attached document exists.
* Attachment 13 - Resumes for Key Personnel (Maximum one attachment)	No attached document exists.
* Attachment 14 - Schedule of Discounts/Sliding Fee Scale (Maximum one attachment)	No attached document exists.
* Attachment 15 - Most Recent Independent Financial Audit (Maximum one attachment)	No attached document exists.
* Attachment 16 - Letters of Support (Maximum one attachment)	No attached document exists.
* Attachment 17 - Floor Plans (Maximum one attachment)	No attached document exists.
Attachment 18 - Other Information (Maximum 5 attachments)	No attached document exists.

For each of the 20 attachments, 17 are required (*) and must be uploaded to the system. For the **Project Abstract**, **Project Narrative**, and **Attachments 1 – 17** only one attachment is permitted. For **Attachment 18**, a maximum of 5 attachments may be uploaded.

2. To upload a document to the system, click **Attach** under the particular attachment type you wish to upload (Figure 165).

Figure 165: Appendices Detail - Project Abstract

APPENDICES					
Appendices					Status: NOT COMPLETE
* Project Abstract (Maximum one attachment)					
Select	Purpose	Document Name	Size	Uploaded By	Description
No attached document exists.					
<input type="button" value="Attach"/>					

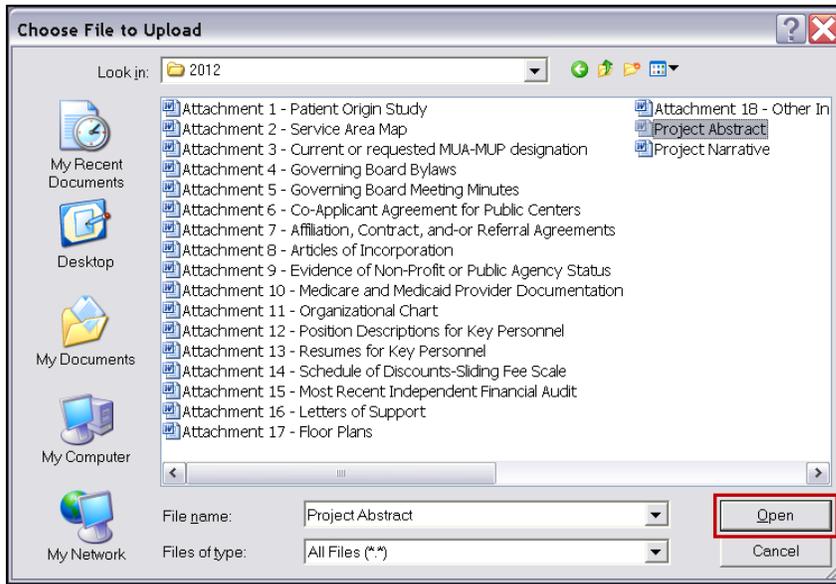
- The **Attach Document** page opens (Figure 166)

Figure 166: Attach Document Page

ATTACH DOCUMENT				
Fields marked with an asterisk(*) are required.				
ATTACH DOCUMENT				
*Purpose	Project Abstract (Max 1)			
*Document	<input type="button" value="Browse..."/> <small>(Allowable Document Type(s): doc,docx,rtf,txt,wpd,pdf,xls,jpg,jpeg,xfd) (Allowable Document Size: 20 MB)</small>			
Description (Maximum 500 characters)	<input type="text"/>			
<input type="button" value="Go Back"/> <input type="button" value="Attach Document"/>				
<input type="button" value="Finished Attaching"/>				
Attached Document(s)				
Purpose	Document Name	Size	Uploaded By	Description
No attached document exists.				

3. To attach the document, click **Browse**.
 - The **Choose File to Upload** window opens (Figure 167).

Figure 167: Choose File to Upload Window



4. Select the desired file to upload, and click **Open**.
 - The **Attach Document** page refreshes with the selected file path populating the **Browse** field.
5. Add a description if desired, and click **Attach Document**.
 - The **Attach Document** page refreshes with the **Attached Document(s)** section populated with the uploaded document (Figure 168).

Figure 168: Attachment Saved Successfully

Attachment saved successfully.

ATTACH DOCUMENT

Fields marked with an asterisk(*) are required.

*Purpose	Project Abstract (Max 1)
*Document	<input type="text" value="Project Abstract"/> <input type="button" value="Browse..."/> <small>(Allowable Document Type(s): doc,docx,rtf,txt,wpd,pdf,xls,jpg,jpeg,xfd) (Allowable Document Size: 20 MB)</small>
Description (Maximum 500 characters)	<input type="text"/>

Attached Document(s)				
Purpose	Document Name	Size	Uploaded By	Description
Project Abstract	Project Abstract.doc	21.5 KB	Clinton Kuntz on 7/7/2011 5:34:05 PM	

6. Click **Finished Attaching** to complete the uploading process.
 - You are returned to the **Appendices** page (Figure 169) with the uploaded file shown in the list.

Figure 169: Appendices: File Uploaded

APPENDICES
 Appendices Status: NOT COMPLETE

* Project Abstract (Maximum one attachment)

Select	Purpose	Document Name	Size	Uploaded By	Description
<input checked="" type="radio"/>	Project Abstract	Project Abstract.doc	21.5 KB	Clinton Kuntz on 7/7/2011 5:34:05 PM	

* Project Narrative (Maximum one attachment)

- Continue to the next attachment and follow Steps 2-6, until all required attachments have been uploaded to the system. (To Save and Continue proceed to Section 7.18.2; Steps 4-5)

7.18.2 Update an Attached Document

To revise a previously uploaded document, you must first delete the uploaded document. Then proceed to attach the revised document.

- From the **Appendices** page (Figure 170), click **Delete** under the attachment you wish to update.

Figure 170: Appendices: Delete Attachment

APPENDICES
 Appendices Status: NOT COMPLETE

* Project Abstract (Maximum one attachment)

Select	Purpose	Document Name	Size	Uploaded By	Description
<input checked="" type="radio"/>	Project Abstract	Project Abstract.doc	21.5 KB	Clinton Kuntz on 7/7/2011 5:34:05 PM	

* Project Narrative (Maximum one attachment)

- The **Delete Attachment Confirmation** page opens (Figure 171).

Figure 171: Delete Confirmation Page

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

DELETE ATTACHMENT CONFIRMATION

Attached Document					
Purpose	Document Name	Size	Uploaded By	Description	
Project Abstract	Project Abstract.doc	21.5 KB	Clinton Kuntz on 7/7/2011 5:34:05 PM		

- Click **Confirm Delete**.
- You are returned to the **Appendices** page, with an “Attachment deleted successfully.” message displayed, and with the attachment removed from the list.
- To upload an updated document, follow the process in Section 7.18.1; Steps 2-6.

- When you have completed uploading all the required documents, click **Save** to save your work. If all documents have been uploaded properly the **Appendices** page will refresh with a success banner and **Status: Complete**.

Figure 172: Appendices: Complete - Save and Continue

Information entered on the Appendices was saved successfully. This form is now COMPLETE.

Fields marked with an asterisk (*) are required.

APPENDICES Status: COMPLETE

Appendices

*Project Abstract (Maximum one attachment)					
Select	Purpose	Document Name	Size	Uploaded By	Description
<input checked="" type="radio"/>	Project Abstract	Project Abstract.doc	21.5 KB	Clinton Kuntz on 7/8/2011 11:29:16 AM	
<input type="button" value="Update Description"/> <input type="button" value="Delete"/>					

*Project Narrative (Maximum one attachment)					
Select	Purpose	Document Name	Size	Uploaded By	Description
<input type="radio"/>	Project Narrative	Project Narrative.doc		Clinton Kuntz on 7/8/2011	
<input type="button" value="Update Description"/> <input type="button" value="Delete"/>					

Attachment 16 - Other Information (Maximum 5 attachments)					
Select	Purpose	Document Name	Size	Uploaded By	Description
<input checked="" type="radio"/>	Attachment 18 - Other Information	Attachment 18 - Other Information.doc	21.5 KB	Clinton Kuntz on 7/8/2011 2:08:31 PM	
<input type="button" value="Attach"/> <input type="button" value="Update Description"/> <input type="button" value="Delete"/>					

- Click **Save and Continue** to proceed to Review the Application.

8. Review the Application

The status and review pages allow you to check the completion status of all or any part of your application, as well as view or print your application.

8.1. Application Forms Status

To view the status of the Application forms from any page, in the **Application Process** left side menu, under Overview, click [Status](#). The **Status Overview** page opens (Figure 173). This page shows the completion status of each Application form. All must show a **Status** of **Complete** before you can submit your application to HRSA.

Figure 173: Status Overview Page for Application Forms

STATUS OVERVIEW		
Section	Action	Status
General Information		
Cover Page	Update	COMPLETE
Form 1A: General Information Worksheet	Update	COMPLETE
Budget Information		
Form 2: Staffing Profile	Update	COMPLETE
Form 3: Income Analysis Format	Update	COMPLETE
Form 3A: FQHC Look-Alike Budget Information	Update	COMPLETE
Sites and Services		
Form 4: Community Characteristics	Update	COMPLETE
Form 5A: Services Provided		
Required Services	Update	COMPLETE
Additional Services	Update	COMPLETE
Form 5B: Service Sites	Update	COMPLETE
Form 5C: Other Activities/Locations	Update	COMPLETE
Other Forms		
Form 6A: Current Board Member Characteristics	Update	COMPLETE
Form 6B: Request for Waiver of Governance Requirements	Update	COMPLETE
Form 8: Health Center Affiliation Certification/Checklist	Update	COMPLETE
Form 9: Need for Assistance Worksheet		
Section I: Core Barriers	Update	COMPLETE
Section II: Core Health Indicators	Update	COMPLETE
Section III: Other Health Indicators	Update	COMPLETE
Form 10: Annual Emergency Preparedness Report	Update	COMPLETE
Form 12: Contact Information	Update	COMPLETE
Performance Measures		
Clinical Performance Measures	Update	COMPLETE
Financial Performance Measures	Update	COMPLETE
Other Information		
Appendices	Update	COMPLETE

8.2. View and Print the Application

To view or print the Application forms, click [Review](#) under **Review and Submit** on the left side menu. The **Review** page will open showing the **Table of Contents** (Figure 174).

Figure 174: Application Information Review Page

Note: The application has not been submitted to HRSA as yet.

(Note: Attachments will not be printed on clicking this button)

TABLE OF CONTENTS			Table of Contents	Go
Section	Type	Action		
General Information				
Cover Page	HTML	View		
Form 1A: General Information Worksheet	HTML	View		
Budget Information				
Form 2: Staffing Profile	HTML	View		
Form 3: Income Analysis (IncomeAnalysisForm.doc)	DOCUMENT	View		
Form 3A: FQHC Look-Alike Budget Information	HTML	View		
Sites and Services				
Form 4 - Community Characteristics	HTML	View		
Form 5A: Required Services	HTML	View		
Form 5A: Additional Services	HTML	View		
Form 5B: Service Sites	HTML	View		
Form 5C: Other Activities/Locations	HTML	View		
Attachment 13 - Resumes for Key Personnel (Attachment 13 - Resumes for Key Personnel.doc)	DOCUMENT	View		
Attachment 14 - Schedule of Discounts/Sliding Fee Scale (Attachment 14 - Schedule of Discounts-Sliding Fee Scale.doc)	DOCUMENT	View		
Attachment 15 - Most Recent Independent Financial Audit (Attachment 15 - Most Recent Independent Financial Audit.doc)	DOCUMENT	View		
Attachment 16 - Letters of Support (Attachment 17 - Floor Plans.doc)	DOCUMENT	View		
Attachment 17 - Floor Plans	DOCUMENT	View		
Attachment 18 - Other Information (Attachment 18 - Other Information.doc)	DOCUMENT	View		

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

- Click a [View](#) link in the **Action** column to see:
 - A form (HTML in the **Type** column)
 - An attachment (Document in the **Type** column) and print it
- Click:
 - to print the **Table of Contents** page.
 - to print all Application forms (HTML in the **Type** column)
- From the Table of Contents drop-down menu, make a selection and click to navigate to that form.

9. Submit the Application

You can submit the application to HRSA once all forms are complete.

To submit an application, you must have the 'Submit' privilege. More than one user may be granted the "Submit" privilege. The Authorizing Official (AO) has the Submit to HRSA privilege by default. In addition, other users may be granted the Submit to HRSA privilege by utilizing the Peer Access link in the left side menu. (See Section 5, for more information).

To submit the application:

1. Click [Submit](#) under **Review and Submit** on the left side menu of the **Status Overview** page, or click Proceed and Submit at the bottom of the Status Overview Page.
 - The **Status Overview** page opens.

Figure 175: Status Overview Page Showing Complete Status

STATUS OVERVIEW		
Section	Action	Status
General Information		
Cover Page	Update	COMPLETE
Form 1A: General Information Worksheet	Update	COMPLETE
Budget Information		
Form 2: Staffing Profile	Update	COMPLETE
Form 3: Income Analysis Format	Update	COMPLETE
Form 3A: FQHC Look-Alike Budget Information	Update	COMPLETE
Sites and Services		
Form 4: Community Characteristics	Update	COMPLETE
Form 5A: Services Provided		
Required Services	Update	COMPLETE
Additional Services	Update	COMPLETE
Form 5B: Service Sites	Update	COMPLETE
Form 5C: Other Activities/Locations	Update	COMPLETE
Other Forms		
Form 6A: Current Board Member Characteristics	Update	COMPLETE
Form 6B: Request for Waiver of Governance Requirements	Update	COMPLETE
Form 8: Health Center Affiliation Certification/Checklist	Update	COMPLETE
Form 9: Need for Assistance Worksheet		
Section I: Core Barriers	Update	COMPLETE
Section II: Core Health Indicators	Update	COMPLETE
Section III: Other Health Indicators	Update	COMPLETE
Form 10: Annual Emergency Preparedness Report	Update	COMPLETE
Form 12: Contact Information	Update	COMPLETE
Performance Measures		
Clinical Performance Measures	Update	COMPLETE
Financial Performance Measures	Update	COMPLETE
Other Information		
Appendices	Update	COMPLETE

Submit To HRSA

- If all forms are complete, a **Submit to HRSA** button will show at the bottom of the **Status Overview** page.

The Submit Button will show if you have one of the following Application Privileges:

- If you have the **Submit FQHC LAL Application to AO** privilege, you will see the **Submit to AO** button. (Clicking this button will send the application to the AO for submission to HRSA.
 - If you have the **Submit FQHC LAL Application to HRSA** privilege, you will see the **Submit to HRSA** button.
 - If you have only the **View FQHC LAL Application** or **Edit FQHV LA Application** privilege, you will not see a submit button.
- To submit the application to HRSA, click **Submit to HRSA**.
 - The **Certifications and Acceptances** page (Figure 176) opens.

Figure 176: Submit Confirmation Page

Fields marked with an asterisk (*) are required.

*** Certifications and Acceptances**

To the best of my knowledge and belief, all data in this application are true and correct, the document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

Yes
 No
 I have read and agree with all the above certifications.

View: [Application](#)

- Complete the questions in the **Certifications and Acceptance** section of the form.
- Click **Submit to HRSA**.
- The **General Information** page (Figure 177) will be displayed with a “The application was successfully submitted to HRSA” message displayed.

Figure 177: General Information Page - Successfully Submitted to HRSA

✔ The application was successfully submitted to HRSA.

GENERAL INFORMATION

Cover Page	
Federal Agency and Organization Element to Which Report is Submitted	Health Resources and Services Administration (HRSA)
Identifying Number Assigned by Federal Agency	
EIN	
Applicant Organization (Name and complete address including zip code)	Fairfield Community Health Center 1234 E Main St Lancaster, GA 30030-4004
AO Contact Information	
Authorizing Official	
Prefix	
Name	Clinton Korte
Suffix	
Highest Degree	
Phone	(706) 377-6337
Email	ckorte1@hotmail.com

10. Customer Support Information

Use your Application Tracking Number for all correspondence.

10.1. Registration or Access/Password Issues

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

- By phone: 877-GO4-HRSA (877-464-4772) or 301-998-7373 (between 9:00 am to 5:30 pm ET)

OR

- By email: callcenter@hrsa.gov

Please visit HRSA EHBs for additional online help.

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

The Call Center cannot respond to questions that concern application guidance or programmatic issues.

10.2. Completing the Application in the Electronic Handbooks

For assistance with technical issues related to completing your Application within the EHBs, please contact the BPHC Help Desk:

- By email: BPHCHelpline@hrsa.gov

OR

- By phone: 301-443-7356 or 877-974-2742 (between 8:30 am to 5:30 pm ET)

The BPHC Help Desk cannot respond to questions that concern application guidance or programmatic issues.

10.3. Application Guidance or Programmatic Questions

Please refer all application guidance or programmatic questions to the Bureau of Primary Health Care (BPHC) Office of Policy and Program Development (OPPD) at 301-594-4300 or FQHCLAL@hrsa.gov.

11. Frequently Asked Questions

11.1. Software

11.1.1 What are the software requirements for HRSA EHBs?

HRSA EHBs can be accessed over the Internet using Internet Explorer 6.0 and above and Netscape 4.72 and above. HRSA EHBs are compliant with Section 508.

HRSA EHBs use pop-up screens to allow users to view or work on multiple screens. Ensure that your browser settings allow for pop-ups.

You will need appropriate viewers to view attachments in Microsoft Word and PDF.

11.1.2 What are the system requirements for using HRSA EHBs on a Macintosh computer?

Safari v1.2.4 and above or Netscape v7.2 and above are the recommended Internet browsers for Apple Computers. HRSA EHBs do not work on Internet Explorer for Macintosh.

You will need appropriate viewers to view attachments in Microsoft Word and PDF.

11.1.3 What are the software requirements for FQHC LAL Application Modules?

Refer to the software requirements for HRSA EHBs. In addition, you will need Microsoft Word to complete the Appendices sections.

11.1.4 What document types can I upload?

The following document types are supported in HRSA EHBs:

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