

**HRSA Electronic Handbooks (EHBs)**

# **Fiscal Year (FY) 2022 Ending the HIV Epidemic- Primary Care HIV Prevention (PCHP) Funding Opportunity**

**HRSA-22-104**

**User Guide for Grant Applicants**

Last updated on September 8, 2021



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This user guide describes the steps to submit an FY 2022 Ending the HIV Epidemic- Primary Care HIV Prevention (PCHP) application in the HRSA Electronic Handbooks (EHBs) (funding opportunity announcement number HRSA-22-104). Use this guide with the PCHP notice of funding opportunity (NOFO) and example forms, both available on the [PCHP technical assistance webpage](#), for complete application development guidance.

For steps that have a corresponding image, the format (e.g., Figure 5, 1) will include a hyperlink to the figure, and a reference to the numbered box on the image pointing out where on the screen the user should perform the action.

## 1. Starting the FY 2022 PCHP Application

Complete and submit the application by following a two-phase process:

1. Find the NOFO in Grants.gov, access the application package, and submit the completed application in Grants.gov.
2. Validate, complete, and submit this application in EHBs.

**Note:**

- Refer to the HRSA SF-424 Two-Tier Application Guide available at [http://www.hrsa.gov/grants/apply/applicationguide/sf424programspecificappguide.pdf](http://www.hrsa.gov/grants/apply/applicationguide/sf424programsspecificappguide.pdf) for more details related to submitting an application in Grants.gov and validating it in EHBs.

Log into EHBs and validate the application.

1. Once the application is validated in EHBs, click the Tasks tab on the EHBs homepage to navigate to the **Pending Tasks – List** page.

**Note:**

- If you do not have a username, you must register in EHBs. Do not create duplicate accounts.
  - If you experience login issues or forget your password, contact Health Center Program Support through the [BPHC Contact Form](#) or (877) 464-4772 Monday-Friday, 7:00 a.m. to 8:00 p.m. ET.
2. Locate the FY 2022 PCHP application using the EHBs application tracking number (e-mailed after successful Grants.gov submission) and click the **Start** link to begin working on the application in EHBs (if you previously accessed the application, the **Start** link will be replaced with **Edit**).
    - The system opens the **Application - Status Overview** page of the application ([Figure 1](#)).

**Figure 1: Accessing the Application - Status Overview Page**

Section	Status	Options
Basic Information	Not Started	
SF-424	Not Started	
Part 1	Not Started	<a href="#">Update</a>
Part 2	Not Started	<a href="#">Update</a>
Project/Performance Site Location(s)	Not Started	<a href="#">Update</a>
Project Narrative	Not Started	<a href="#">Update</a>
Budget Information		
Section A-C	Not Started	<a href="#">Update</a>
Section D-F	Not Started	<a href="#">Update</a>
Budget Narrative	Not Started	<a href="#">Update</a>
Other Information		
Disclosure of Lobbying Activities	Not Started	<a href="#">Update</a>
Appendices	Not Started	<a href="#">Update</a>
Program Specific Information		
Program Specific Information	Not Started	<a href="#">Update</a>

The application consists of a Standard section and a Program Specific section. Complete both sections to submit your application to HRSA.

## 2. Completing the Standard Section of the Application

The Standard section of the application consists of the following main sections:

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

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

- The **SF-424 Part 1** form displays the basic application and applicant organization information.
- The **SF-424 Part 2** form displays project information including the project title, project period, and cities, counties, and congressional districts affected by the project. The text entered in the abstract provided in Grants.gov can be updated or deleted in this section ([Figure 2, 1](#)). A project description attachment can also be added on this form, however, this is not required. Refer to the PCHP NOFO for required Project Abstract content.

**Figure 2: Project Abstract on SF-424 Part 2**

The screenshot shows the 'SF-424 - Part 2' form. At the top, there's a header with 'Due Date:' and 'Section Status:'. Below this is a 'Resources' section. The main form area has two tabs: 'SF-424 - Part 1' and 'SF-424 - Part 2'. Under 'SF-424 - Part 2', there's a note 'Fields with \* are required'. The first section is 'Areas Affected by Project (Cities, Counties, States, etc.) (Maximum 1)' with an 'Attach File' button. Below this is a text input field for 'Descriptive Title of Applicant's Project' containing 'Health Center Cluster'. The next section is 'Project Description (Maximum 1)' with an 'Attach File' button. Below this is a large text area for the 'Project Abstract' with a note 'Approximately 2 pages (Max 4000 Characters with spaces)'. A red box highlights the 'Project Abstract' label, and a callout bubble with the number 1 points to it.

- The **Project/Performance Site Location(s)** form displays the administrative site locations and locations where you provide services supported with PCHP funding. Complete this form for the location that you consider to be your main service delivery site. If you plan to provide HIV prevention services across multiple service delivery sites, you may enter information for just one on this form.
- In the **Project Narrative** form, attach the Project Narrative by clicking the **[Attach File]** button (Figure 3, 1). Refer to the PCHP NOFO for detailed guidance.

**Figure 3: Attach Project Narrative**

The screenshot shows the 'Project Narrative' form. At the top, there's a header with 'Due Date:' and 'Section Status:'. Below this is a 'Resources' section with a 'View' button and links to 'Application', 'Action History', 'Funding Opportunity Announcement', 'FOA Guidance', and 'Application User Guide'. The main form area has a note 'Fields with \* are required'. The first section is 'Project Narrative (Minimum 1) (Maximum 2)' with an 'Attach File' button. A red box highlights the 'Attach File' button, and a callout bubble with the number 1 points to it. At the bottom, there are buttons for 'Go to Previous Page', 'Save', and 'Save and Continue'.

## 2.1 Completing the Budget Information (SF-424A) and Budget Narrative

To complete this section, you must complete the **Budget Information** form and provide a **Budget Narrative**.

### 2.1.1 Budget Information - Section A-C

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

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

1. Click the **Update** link for Section A-C on the **Application - Status Overview** page ([Figure 4, 1](#)) to navigate to the **Budget Information – Section A-C** form ([Figure 5](#)).

**Figure 4: Section A-C Update Link**

**Application - Status Overview**

Due Date: (Due in: ) | Application Status: In Progress

**Resources**

View

Application | Action History | Funding Opportunity Announcement | FOA Guidance | Application User Guide

**Users with permissions on this application (1)**

**List of forms that are part of the application package**

Section	Status	Options
<b>Basic Information</b>		
SF-424	Not Started	
Part 1	Not Started	<a href="#">Update</a>
Part 2	Not Started	<a href="#">Update</a>
Project/Performance Site Location(s)	Not Started	<a href="#">Update</a>
Project Narrative	Not Started	<a href="#">Update</a>
<b>Budget Information</b>		
Section A-C	Not Started	<a href="#">Update</a>
Section D-F	Not Started	<a href="#">Update</a>
Budget Narrative	Not Started	<a href="#">Update</a>
<b>Other Information</b>		
Disclosure of Lobbying Activities	Not Started	<a href="#">Update</a>
Appendices	Not Started	<a href="#">Update</a>
<b>Program Specific Information</b>		
Program Specific Information	Not Started	<a href="#">Update</a>

### Budget Information - Section A-C

**Resources**

[View](#)

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

Fields with \* are required

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#### \* Section A - Budget Summary Update

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

**Update Sub Program**

---

#### \* Section B - Budget Categories Update

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

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#### \* Section C - Non Federal Resources Update

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

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

- EHBs User Guide for Grant Applicants

**Figure 6: Sub Program – Update Page**

**Sub Programs - Update**

View


Application | Action History | Funding Opportunity Announcement | FOA Guidance | Application User Guide

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

Cancel Save and Continue

3. Select or unselect the subprograms. Only select the subprograms for which you are requesting funding. Your selection should align with your current Health Center Program operational (H80) grant.
  - The eligibility list on the [PCHP technical assistance webpage](#) lists your current subprograms.
  - Health Center Program subprogram funding streams are: Community Health Centers (CHC), Migrant Health Centers (MHC), Health Care for the Homeless (HCH), and/or Public Housing Primary Care (PHPC).
4. Click the **[Save and Continue]** button and the **Budget Information – Section A-C** page re-opens showing the selected subprogram(s) under Section A – Budget Summary ([Figure 7, 1](#)).

**Figure 7: Section A – Budget Summary Showing Selected Sub Programs**

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

5. To enter or update the budget information for each subprogram, click the **[Update]** button displayed in the top right corner of Section A – Budget Summary header ([Figure 7, 2](#)) and the **Section A – Update** page will open ([Figure 8](#)).

**Figure 8: Section A – Update Page**

**Section A - Update**

Due Date: 11/15/2021 11:59:59 PM (Due in: 10 days) | Section Status: Not Complete

**Resources**

View

Application | Action History | Funding Opportunity Announcement | FOA Guidance | Application User Guide

Fields with \* are required

**Section A - Budget Summary**

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

Cancel Save and Continue

- Under the New or Revised Budget section, enter the amount of federal funds (Figure 8, 1) and non-federal funds (Figure 8, 2) that you are requesting in the applicable column for the first 12-month budget period for each requested subprogram (CHC, MHC, HCH, and/or PHPC). Do not enter amounts for Estimated Unobligated Funds.

- Federal funds must be requested in the same subprogram funding proportions as your existing H80 grant. The eligibility list on the [PCHP technical assistance webpage provides the maximum annual amount of \\$325,000](#) appropriately split across your current subprograms.

- Click the **[Save and Continue]** button to navigate back to the **Budget Information – Section A-C** page, which will display the updated New or Revised Budget under Section A – Budget Summary (Figure 9).

**Note:**

- The federal amount refers only to PCHP funding that you are requesting in this application, not all federal grant funding that you receive.
- The amount in the Total row of the Federal column must not exceed \$325,000.

**Figure 9: Section A – Budget Summary Page After Update**

**Section A - Budget Summary** Update

Grant Program Function or Activity	CFDA Number	Estimated Unobligated Funds		New or Revised Budget		
		Federal	Non-Federal	Federal	Non-Federal	Total
Health Care for the Homeless	93.224	\$0.00	\$0.00	\$30,000.00	\$0.00	\$30,000.00
Migrant Health Centers	93.224	\$0.00	\$0.00	\$20,000.00	\$0.00	\$20,000.00
<b>Total</b>		\$0.00	\$0.00	\$50,000.00	\$0.00	\$50,000.00

Update Sub Program

- In Section B – Budget Categories, provide the Federal and Non-Federal funding distribution across object class categories for the first 12-month budget period. Click the **[Update]** button at the top right corner of the Section B header (Figure 10) to navigate to the **Section B – Update** page (Figure 11).

Figure 10: Section B – Budget Categories

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

9. Enter the federal amount (Figure 11, 1) and non-federal amount (Figure 11, 2) for each object class category under the Federal and Non-Federal columns, as applicable.

**Note:**

- The total federal and non-federal amounts in **Section B – Budget Categories** must be equal to the total new or revised federal and non-federal amounts in **Section A – Budget Summary** of the **Budget Information – Section A-C** page.

Figure 11: Section B – Update Page

Section B - Update

Note(s):

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

THANKS LAFAYETTE COMMUNITY HEALTH CENTER

Due Date: 8/30/2024 11:59:59 PM (Due in: 30 days) | Section Status: Not Complete

Resources

View

Application | Action History | Funding Opportunity Announcement | FOA Guidance

Fields with \* are required

Section B - Budget Categories

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

Cancel

Save and Continue

10. Click the **[Save and Continue]** button ([Figure 11, 3](#)) to navigate to the **Budget Information – Section A-C** page ([Figure 5](#)).
11. In **Section C – Non- Federal Resources**, enter the non-federal amount specified in **Section A – Budget Summary** across the applicable non-federal resources by clicking the **[Update]** button in the top right corner of the **Section C** header ([Figure 12, 1](#)).

**Note:**

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

**Figure 12: Section C - Non- Federal Resources**

Grant Program Function or Activity	Applicant	State	Local	Other	Program Income	Total
Health Care for the Homeless	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Migrant Health Centers	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Total</b>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

12. Click the **[Save and Continue]** button to proceed to the next form ([Figure 12, 2](#)).

### 2.1.2 Budget Information – Section D-F

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

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

**Figure 13: Budget Information – Section D-F**

**Budget Information - Section D-F**

Due Date:  (Due in:  days) | Section Status:

**Resources** [View](#)

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

**Section D - Forecasted Cash Needs** [Update](#)

	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total
Federal	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Non-Federal	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Total</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

**Section E - Federal Funds Needed for Balance of the Project** [Update](#)

Grant Program	Future Funding Periods (Years)			
	First	Second	Third	Fourth
Community Health Centers	\$0.00	\$0.00	\$0.00	\$0.00
Migrant Health Centers	\$0.00	\$0.00	\$0.00	\$0.00
<b>Total</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

**Section F - Other Budget Information** [Update](#)

Direct Charges: No information added.

Indirect Charges: No information added.

Remarks: No information added.

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

1. Section D – Forecasted Cash Needs is optional and may be left blank. If you complete this section, enter the amount of cash needed by quarter during year 1 in both the Federal and Non-Federal rows by clicking the **[Update]** button in the top right corner of Section D (Figure 13, 1).
2. In Section E - Federal Funds Needed for Balance of the Project, enter the federal funds requested for year 2 funding for each proposed subprogram in the Future Funding Periods (Years) – First column, by clicking the **[Update]** button in the top right corner of Section E (Figure 13, 2).

**Note:**

- The First column applies to budget year 2.
  - The First column must be completed to complete this application. The maximum funding that you can request for year 2 is \$325,000. This will be enforced on the Federal Object Class Categories Form. You will be required to update Section E if you enter more than \$325,000 here.
3. In Section F – Other Budget Information, provide information about direct and indirect charges. You can also add any relevant comments or remarks in this section by clicking the **[Update]** button in the top right corner of Section F (Figure 13, 3).
  4. Finally, click the **[Save and Continue]** button on the Budget Information – Section D-F to proceed (Figure 13, 4).

### 2.1.3 Budget Narrative

Upload the Budget Narrative by clicking the **[Attach File]** button (Figure 14, 1). Once completed, click the **[Save and Continue]** button to proceed to the Disclosure of Lobbying Form (Figure 14, 2).

Figure 14: Budget Narrative

The screenshot shows the 'Budget Narrative' form. At the top, there's a header with 'Due Date' and 'Section Status'. Below this is a 'Resources' section with a 'View' button and links to 'Application', 'Action History', 'Funding Opportunity Announcement', 'FOA Guidance', and 'Application User Guide'. A note states 'Fields with \* are required'. The main section is 'Budget Narrative (Minimum 1) (Maximum 2)', which currently shows 'No documents attached'. There is an 'Attach File' button with a red callout bubble '1' next to it. At the bottom, there are buttons for 'Go to Previous Page', 'Save', and 'Save and Continue'.

## 2.2 Completing the Disclosure of Lobbying Activities Form

Provide all information on the **Disclosure of Lobbying Activities** form, then click the **[Save and Continue]** button to proceed to the **Appendices** form. If you select “No” in the Certification Regarding Lobbying section, you do not need to complete the remainder of the form. Click the **[Save and Continue]** button.

## 2.3 Completing the Appendices Form

1. Upload the following attachments, as applicable, by clicking the associated **[Attach File]** button for each (Figure 15):
  - Attachment 1: Letters of Support (required) (maximum 5 attachments)
  - Attachment 2: Other Relevant Documents (as applicable) (maximum 5 attachments)

Figure 15: Appendices










The screenshot shows the 'Appendices' form. At the top, there's a header with 'Due Date' and 'Section Status: Not Complete'. Below this is a 'Resources' section with a 'View' button and links to 'Application', 'Action History', 'Funding Opportunity Announcement', 'FOA Guidance', and 'Application User Guide'. The main section contains two attachment categories: 'Attachment 1 - Letters of Support (Minimum 1) (Maximum 5)' and 'Attachment 2 - Other Relevant Documents (Maximum 5)'. Each category shows 'No documents attached' and has an 'Attach File' button. At the bottom, there are buttons for 'Go to Previous Page', 'Save', and 'Save and Continue'.

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

## 3. Completing the Program Specific Section of the Application

1. Refer to the PCHP NOFO, as well as the example forms available on the [PCHP technical assistance webpage](#) for detailed guidance. To complete each form, first open the form by clicking the **Update** link under the “Options” menu (Figure 16).

**Figure 16: Status Overview Page for Program Specific Forms**

Program Specific Information Status		
Section	Status	Options
<b>Budget Information</b>		
Federal Object Class Categories	 Not Complete	 Update ▾
<b>Project Information</b>		
Project Overview	 Not Complete	 Update ▾
<b>Other Information</b>		
Equipment List	 Not Started	
Year 1	 Not Started	 Update ▾
Year 2	 Not Started	 Update ▾
<a href="#">Return to Complete Status</a>		

### 3.1 Federal Object Class Categories Form

To complete the Federal Object Class Categories form, enter the federal and non-federal amounts for each Object Class Category (e.g., Personnel, Equipment, Contractual), in the Budget Categories section. The federal amount requested must match the **Budget Information – Section E – First** column from the standard forms.

#### 3.1.1 Completing the Federal Object Class Categories Form

1. In the Budget Categories section, enter the federal and non-federal amounts for each Object Class Category (e.g., Personnel, Equipment, Contractual) ([Figure 17, 1](#)).

**Figure 17: Federal Object Class Categories Form**

**Federal Object Class Categories**

**Note(s):**

- Federal costs should only reflect PCHP year 2 funds; do not include other federal awards.
- Annual total federal request amount (sum of all object class categories) may not exceed \$325,000.
- Total federal costs presented on this form must equal the total federal new or revised budget costs on section E of the SF-424A Budget Information Form.
- Costs entered here should be consistent with year 2 costs in the Budget Narrative attachment.
- Refer to section IV.2.v of the PCHP NOFO for detailed guidance on completing this form.

**00196173: VERDI WADDELL COMMUNITY COLLEGE** Due Date: (Due In: ) | Section Status:

Announcement Number: HRSA-22-104 Announcement Name: Ending the HIV Epidemic - Primary Care HIV Prevention Application Type: New

Activity Code: H8H Year 1 Total Federal Funding (Eligible/Requested): \$325,000.00/ Year 2 Total Federal Funding (Eligible/Requested): \$325,000.00/

**Resources**

[View](#)

[FY 2022 PCHP User Guide](#) | [Funding Opportunity Announcement](#)

Fields with \* are required

* Budget Categories			
Object Class Category	Federal	Non-Federal	Total
a. Personnel			\$0
b. Fringe Benefits			\$0
c. Travel			\$0
d. Equipment			\$0
e. Supplies			\$0
f. Contractual			\$0
g. Other			\$0
h. Total Direct Charges (sum of a - g)	\$0	\$0	\$0
<a href="#">Calculate Total And Save</a>			
i. Indirect Charges			\$0
j. Total Budget Specified in Section E - Budget Estimates of Federal Funds Needed for Balance of Project (sum of h - i)	\$0	\$0	\$0
<a href="#">Calculate Total And Save</a>			

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

2. Enter zero ("0") if you will not request funds for a cost category. No category fields may be left blank.

**Note:**

- The amount in row j. Total Budget Specified - Federal must match the federal new or revised budget total requested on the **Budget Information – Section E – Budget Estimates of Federal Funds Needed for Balance of Project** (Figure 17, 3).
- The amount for in row j. Total Budget Specified – Federal (sum of all cost categories) may not exceed \$325,000 (Figure 17, 3).
- If you request federal funding in the equipment cost category (row d) (Figure 17, 2), you must also complete the **Equipment List Form – Year 2** tab.
- The request for federal funding for equipment may not exceed \$150,000.
- If you enter equipment costs on the **Federal Object Class Categories Form**, upon saving, you will receive an error message stating that your federal equipment funding amounts requested in the **Federal Object Class Categories Form** and the **Equipment List Form** must be equal. This error message will be resolved after you complete the **Equipment List Form** and revisit the **Federal Object Class Categories Form**.

- Equipment that does not meet the \$5,000 threshold should be included in the “Supplies” cost category (row e).
  - If you entered \$0 for the equipment cost category, you cannot edit the **Equipment List Form – Year 2** tab.
3. Click on the **[Save and Continue]** button to proceed to the **Project Overview Form**.

## 3.2 Project Overview Form

The **Project Overview Form** is comprised of four sections: Work Plan, Health Center Program Operational Grant Number, Health Center Program Scope of Project, and Technical Assistance. Each section is required and must be completed to complete the form.

### 3.2.1 Completing the Work Plan Section

1. To add activities to the Work Plan, click the **[Add]** button ([Figure 18, 1](#)).

**Figure 18: Work Plan**

Focus Area	Activity	Activity Selection Rationale	Options
------------	----------	------------------------------	---------

2. Select a focus area to add an activity associated with that focus area ([Figure 19, 1](#)).
3. Select an activity from the list of available activities ([Figure 20, 1](#)). Choose at least two activities and no more than five activities per focus area.
4. To create a custom activity, select “Other” and add a description of no more than 300 characters, including spaces, for the proposed activity ([Figure 20, 2](#)).

**Note:**

- The activities selected in the Work Plan will be grouped by focus area, but will not maintain the order in which they are entered (i.e. if you are adding numbering to your “Other” activity text or the activity selection rationale text, this may not appear sequentially on the Project Overview Form).

**Figure 19: Add Activity (Focus Area)**

**Add Activity**

- Select at least two activities, but no more than five, for each of the four focus areas.
- The list of activities is presented on Appendix A: Example Uses of Funds in the PCHP NOFO.
- You must provide a description of the activity if you select "other" (up to 300 characters, including spaces).
- In the Activity Selection Rationale field for each activity, describe how the activity addresses an unmet need or barrier to achieving increases in HIV testing, PrEP prescribing, and/or linkage to HIV care and treatment (up to 400 characters, including spaces).

Fields with ★ are required

★ Focus Area

☐ PrEP Prescribing  
☐ Outreach  
☐ Testing  
☐ Workforce Development

★ Activity

★ Activity Selection Rationale:

Cancel Save and Continue

- Describe in the activity selection rationale how the specific activity selected will address an unmet need or barrier to achieving the PCHP objectives that is specific to your service area and/or health center (Figure 20, 3). Up to 400 characters, including spaces, are available.
- Click the **[Save and Continue]** button to add the selected activity to your Work Plan. Continue this process until activities have been added for all four focus areas and the Work Plan section is complete.

**Figure 20: Add Activity (Activity Selection Rationale)**

★ Activity

☐ Quality improvement of PrEP and other prevention services through such strategies as strengthening information exchange with health departments regarding referrals and re-engaging patients in care, and using pharmacy data on PrEP prescriptions filled to promote adherence.  
☐ Purchase systems and/or contract for services to provide virtual care, such as those that increase patient engagement and self-management, home monitoring of symptoms and medication adherence, 24-hour access, and synchronous and asynchronous patient visits.  
☐ Purchase home laboratory kits for patient use to support adherence to PrEP follow-up test recommendations.  
☐ Update health center emergency operation plans to ensure continuity of PrEP access during emergencies (e.g., natural disasters, public health emergencies).  
☐ Enhance the use of telehealth to deliver HIV prevention services, such as tele-PrEP, by establishing contracts to provide peer coaching, receiving referred patients from HIV-testing sites, integrating with HIV home testing, embedding live streaming consulting into the EHR, and leveraging the technical assistance available through HRSA-funded Telehealth Resource Centers and the Health Information Technology NTAP.  
☐ Enhance the EHR to facilitate reporting, including to UDS, of PrEP prescription, follow-up testing, and adherence.  
☐ Enhance the EHR to support or improve health information exchange with clinical and community-based partners, such as health departments and pharmacies for prescription fill information (i.e., RxHx).  
☐ Other

Describe activity (narrative field, up to 300 characters)

★ Activity Selection Rationale:

- Proceed to the Health Center Program Operational Grant Number section (Figure 21).

### 3.2.2 Completing the Health Center Program Operational Grant Number Section

1. Enter the H80 grant number for your organization in the Health Center Program Operational Grant Number section ([Figure 21, 1](#)). Click on the **Click here** link to view a list of all eligible PCHP organizations.

**Figure 21: Health Center Program Operational Grant Number**

**\* Health Center Program Operational Grant Number**

Provide your H80 grant number (Example H80CS00001):

[Click here](#) to view the list of eligible H80 applicants and contact BPHC with any eligibility questions.

2. Proceed to the Health Center Program Scope of Project section ([Figure 22](#)).

### 3.2.3 Completing the Health Center Program Scope of Project Section

1. In the Health Center Scope of Project section, determine if a Scope Adjustment or Change in Scope request will be necessary to implement your PCHP project. For the questions about Forms 5A, 5B, and 5C, select Yes or No based on if an update will be necessary for the respective scope form ([Figure 22, 1](#)).
2. If you select Yes for Form 5A, 5B, and/or 5C, describe the proposed changes in the comment box below the respective question ([Figure 22, 2](#)).

**Figure 22: Health Center Program Scope of Project**

**\* Health Center Program Scope of Project**

Review your current approved Form 5A: Services Provided. Will a Scope Adjustment or Change in Scope request be necessary to ensure that all proposed services are on your Form 5A?

My health center's proposed activities will require a Scope Adjustment or Change in Scope request to modify Form 5A.

Select One Option

☐ Yes

☐ No

Describe proposed changes to your Form 5A: Services Provided, and provide a timeline for requesting the necessary modifications. (Up to 500 characters counting spaces)

**\* Health Center Program Scope of Project**

Review your current approved Form 5B: Service Sites. Will a Scope Adjustment or Change in Scope request be necessary to ensure that all proposed sites are on your Form 5B?

My health center's proposed activities will require a Scope Adjustment or Change in Scope request to modify Form 5B.

Select One Option

☐ Yes

☐ No

Describe proposed changes to your Form 5B: Service Sites, and provide a timeline for requesting the necessary modifications. (Up to 500 characters counting spaces)

**\* Health Center Program Scope of Project**

Review your current approved Form 5C: Other Activities/Locations. Will a Scope Adjustment or Change in Scope request be necessary to ensure that all planned changes are on your Form 5C?

My health center's proposed activities will require a Scope Adjustment or Change in Scope request to modify Form 5C.

Select One Option

☐ Yes

☐ No

Describe proposed changes to your Form 5C: Other Activities/Locations, and provide a timeline for requesting the necessary modifications. (Up to 500 characters counting spaces)

3. Proceed to the Technical Assistance section ([Figure 23](#)).

### 3.2.4 Completing the Technical Assistance Section

1. In the Technical Assistance section, identify at least one and no more than three technical assistance topic area(s) that would support the successful implementation of your PCHP project ([Figure 23, 1](#)).
2. Describe any needs specific to the selected technical assistance topic area(s) in the Comment section ([Figure 23, 2](#)). You must provide a comment if you select “Other” and/or “My health center could provide peer support to others.” The Comment field is open to all applicants, regardless of topic area selected. Up to 1,000 characters, including spaces, are available.
3. Click on the **[Save and Continue]** button to proceed to the **Equipment List Forms**.

**Figure 23: Technical Assistance**

* Technical Assistance	
Select up to three areas of technical assistance that may support the successful implementation of your PCHP project. This information may inform HRSA's HIV prevention technical assistance strategy.	Select Up to Three
Using electronic health record data and health information technology enhancements to facilitate HIV prevention and clinical decision support	<input type="checkbox"/>
Building and sustaining community-based partnerships, including organizations focused on faith and culture, to support referrals for HIV prevention, and HIV treatment	<input type="checkbox"/>
Performing HIV prevention outreach to new patients and in-reach to existing patients	<input type="checkbox"/>
Supporting the use of PrEP, including prescribing, the use of prescription assistance programs, and PrEP navigators	<input type="checkbox"/>
Developing HIV testing and linkage to treatment policies and procedures	<input type="checkbox"/>
Evidence-based risk reduction strategies to decrease the likelihood of HIV infection and transmission	<input type="checkbox"/>
Treatment and harm reduction strategies for individuals with substance use disorders to decrease the likelihood of HIV infection and transmission	<input type="checkbox"/>
Telehealth in HIV prevention and treatment, including tele-PrEP	<input type="checkbox"/>
Addressing HIV prevention and treatment access barriers, such as trauma, stigma, housing, substance use disorders, mental health conditions, privacy, and health center personnel cultural competencies and sensitivity	<input type="checkbox"/>
Risk factor assessment, including taking a sexual history and using motivational interviewing to address identified risks	<input type="checkbox"/>
Maintaining continuity of care by hiring staff that can operate in multiple roles and updating emergency management plans	<input type="checkbox"/>
Successful strategies to sustain integrated primary care and HIV programs	<input type="checkbox"/>
Other (describe in a comment)	<input type="checkbox"/>
My health center could provide peer support to others (describe in a comment)	<input type="checkbox"/>
You must provide additional information if you select “Other” and/or “My health center could provide peer support to others.” As desired, describe needs specific to the selected topic area(s) or define other topic areas. (Up to 1,000 characters counting spaces).	
<div></div>	
<a href="#">Go to Previous Page</a>	<a href="#">Save</a> <a href="#">Save and Continue</a>

### 3.3 Equipment List Forms

If you did not request to use PCHP funding for equipment in year 1 in the **SF-424A Section B – Budget Categories** (Figure 5), then the **Equipment List Form – Year 1** tab (Figure 24, 1) does not apply to you and should not be edited. The total equipment costs on the **Equipment List Form – Year 1** tab (Figure 24, 1) must equal the federal year 1 equipment costs on the **SF-424A Section B – Budget Categories** (Figure 5) form.

If you did not request to use PCHP funding for equipment in year 2 in the **Federal Object Class Categories Form** (row d) (Figure 17, 2), then the **Equipment List Form – Year 2** tab (Figure 24, 2) does not apply to you and cannot be edited. The total equipment costs on the **Equipment List Form – Year 2** tab must equal the federal year 2 equipment costs on the **Federal Object Class Categories Form** (row d). If they differ, upon saving the **Equipment List Form – Year 2** tab, both forms' statuses will become "not complete." You must revise the **Equipment List Form – Year 2** tab and/or return to the **Federal Object Class Categories Form** to make necessary revisions to make the equipment costs equal.

#### 3.3.1 Completing the Equipment List Forms

1. For each year tab, click on the **[Add]** button (Figure 24, 3) to proceed to the Equipment Information - Add Form for that respective year (Figure 25).

Figure 24: Equipment List Forms

Year 1 Year 2

Note(s):

- The total equipment costs entered here must equal those requested in the federal equipment line of the SF-424A Form Section B – Budget Categories and the Budget Narrative.
- Equipment means tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost that equals or exceeds the lesser of the capitalization level established by the non-federal entity for financial statement purposes, or \$5,000.
- Equipment that does not meet the \$5,000 threshold should be considered supplies and should not be entered on this form.
- Yearly license renewals for existing electronic health records or health information technology, as well as licenses for electronic health records or health information technology, especially upfront and as part of an electronic health records or health information technology system purchase, should be considered other costs and should not be entered on this form.
- Total annual equipment costs must not exceed \$150,000.

Add

List of Equipment

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

Go to Previous Page Save Save and Continue

**Figure 25: Equipment Information - Add**

**Equipment Information - Add**

00181715: INLAND BEHAVIORAL AND HEALTH SERVICES, INC. Due Date: 12/12/2020 (Due In: 25 Days)

Resources View

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Fields with \* are required

**Add Equipment Information**

Year 1

\* Type Clinical Non-Clinical

\* Description (Maximum 50 Characters)

\* Unit Price (\$)

\* Quantity

Cancel Save Save and Continue

2. Select the equipment type, either “Clinical” or “Non-Clinical” (Figure 25, 1).
3. Enter a brief narrative description of the equipment item, up to 50 characters, including spaces.
4. Enter the unit price (\$). To be classified as equipment, the unit price must be at least \$5,000. Costs that are less than \$5,000 per unit should be listed as Supplies on the Federal Object Cost Categories Form (row e).
5. Enter the quantity of units that you will purchase.
6. Click on the **[Save and Continue]** button to return to the **Equipment List Form** (Figure 26).
7. To edit an equipment item, click on the **Update** link under the Options menu (Figure 26, 1). To delete an equipment item, click on the **Delete** link under the Options menu (Figure 26, 2).
8. Click on the **[Save and Continue]** button to proceed to the **Program Specific Forms – Review** page.

**Figure 26: Equipment List with Equipment Added**

**List of Equipment**

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

Go to Previous Page Save Save and Continue

## 4. Reviewing and Submitting the FY 2022 PCHP Application to HRSA

1. Review the Program Specific forms to ensure that all information is accurate. Access each form by clicking on the **View** link under the Options menu for each form (Figure 27, 1).

**Figure 27: Program Specific Forms - Review**

**Program Specific Forms - Review**

**Note(s):**  
On this page, you can review and print the information you provided on the program specific forms of this application. The information accessed on this page is read only and cannot be updated. If you wish to update any information, navigate to the edit version of the related form using the left menu. Click on the 'Continue to Complete Status' button provided at the bottom of this page to return to the Overall Status Overview for this application. You can access the Appendices page from the Overall Status Overview page.

Due Date: (Due In: )

**Resources**

View  
FY 2022 PCHP User Guide | Funding Opportunity Announcement

Print All Forms

Section	Type	Options
View: Budget Information		
Federal Object Class Categories	HTML	View
View: Project Information		
Project Overview	HTML	View
View: Other Information		
Equipment List	HTML	View

Continue to Complete Status

- If you have Standard section forms that are incomplete, click the **[Continue to Complete Status]** button (Figure 27, 2) to proceed to the **Application - Status Overview** Page. Forms that are incomplete or have errors will have a status of "Not Complete." Click on the **Update** link under the Options menu to access each form requiring revision. Make the necessary changes until all forms are marked "Complete."
- When all Standard section and Program Specific forms are complete and accurate, click the **[Submit]** button (Figure 27, 3) on the Program Specific Left Menu to proceed to the **Application - Submit** page.
- Click the **[Submit to HRSA]** button (Figure 28, 1) on the **Application - Submit** page.
  - To submit an application, you must have the 'Submit' privilege. This privilege must be given by the Project Director (PD) to the Authorizing Official (AO).
  - If you are not the AO, a **[Submit to the AO]** button will be displayed at the bottom of the Submit page. Click the button to notify the AO that the application can be submitted to HRSA.

**Figure 28: Application - Submit**

**ALL TASKS** <<

**Grant Application** ^

Overview

Status

Basic Information

✓ SF-424

✓ Project/Performance Site Location(s)

✓ Project Narrative

Budget Information

✓ Section A-C

✓ Section D-F

✓ Budget Narrative

Other Information

✓ Disclosure of Lobbying Activities

✓ Appendices

Program Specific Information

✓ Program Specific Information

Review and Submit

Review

**Submit**

Other Functions ^

Navigation

Return to Applications List

**Application - Submit**

Due Date: (Due in: ) | Application Status: In Progress

**Resources** ↗

**View**

Application | Action History | Funding Opportunity Announcement | FOA Guidance | Application User Guide

**Users with permissions on this application (1)**

**List of forms that are part of the application package**

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

Go to Previous Page

**Submit to HRSA**

5. Answer the questions displayed under the Certifications and Acceptance section of the **Confirmation** page and click the **[Submit Application]** button to submit the application to HRSA.
6. If you experience any problems with submitting the application in EHBs, contact Health Center Program Support at 1-877-464-4772 or through the [BPHC Contact Form](#).