

**HRSA Electronic Handbooks (EHB)**

# **FY 2024 State and Regional Primary Care Association (PCA) Cooperative Agreements**

**HRSA-24-080**

**User Guide for Applicants**

Last updated on August 9, 2023



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This user guide describes the steps you need to follow in order to submit an FY 2024 State and Regional Primary Care Association (PCA) Cooperative Agreements application to the Health Resources and Services Administration (HRSA). This user guide does not replace the Notice of Funding Opportunity (NOFO), which details the PCA program requirements and the instructions for application development. See the PCA Technical Assistance webpage for additional resources: <https://bphc.hrsa.gov/program-opportunities/funding-opportunities/pca>.

You can complete and submit the FY 2024 PCA application by following a two-step process:

1. Submitting the completed application in Grants.gov.
2. Validate, complete, and submit this application in the HRSA Electronic Handbooks (EHBs).

## 1. Submitting the Application in Grants.gov

### 1.1 Grants.gov Application

Follow the steps below to complete the Grants.gov application:

1. Find the funding opportunity in Grants.gov searching search by the announcement number HRSA-24-080.
2. Download the application package
3. Submit your application (refer to section IV. Application and Submission Information, 1. Address to request Application Package).

## 2. Starting the FY 2024 PCA Application in EHBs

### 2.1 Application Validation

After you apply in Grants.gov, you will need to start your application in EHBs.

1. Log into EHBs and click on the Grant Applications link under the Tasks tab (**Figure 1, 1**)
2. Click on the Grants.Gov Application Pending Validation: Validate link (**Figure 1, 2**).
3. This will take you to the Grants.Gov Application – Validate page. You will be required to enter your information in the fields with asterisks) (**Figure 2**).
4. Once you enter you information, review it for correctness and then click Validate.

Figure 1: Grant Applications Link



Figure 2: Validating your Grant.gov Application

**Grants.Gov Application - Validate**

**Note(s):**  
In order to ensure that the correct persons are given permissions to work on this Grants.gov application, you must enter the following validation information from the submitted Grants.gov application

Fields with \* are required

**Announcement Information**

\* Announcement Number (From submitted Grants.gov application)  (e.g. HRSA-04-061 or 04-061)

**Grants.gov Application Information**

\* Grants.gov Tracking Number (From submitted Grants.gov application)  (e.g. GRANT00059900)

**EHBs Application Information**

\* EHBs Application Tracking Number (From email notification)  (e.g. 00025328)

### IMPORTANT NOTE:

Refer to the HRSA SF-424 Two-Tier Application Guide

(<http://www.hrsa.gov/grants/apply/applicationguide/sf424programsapppguide.pdf>) for more details related to submitting the application in Grants.gov and validating it in EHBs.

## 2.2 Accessing the Application

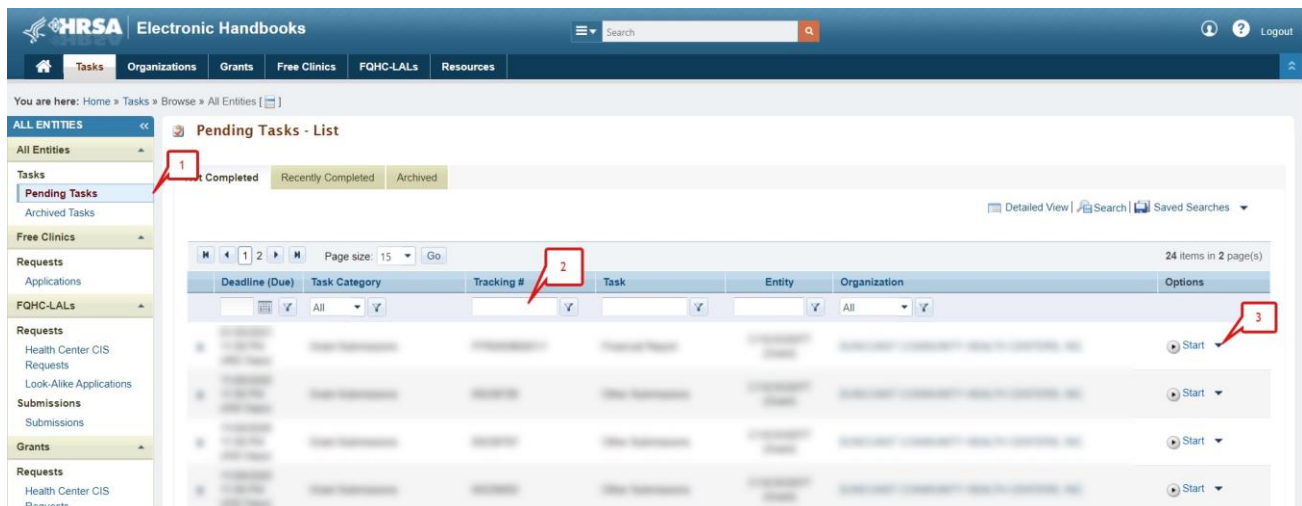
Once the application is validated in EHBs, you can access it in your pending tasks. To access the application in EHBs, follow the steps below:

1. Click the Tasks tab on the EHBs Home page to navigate to the Pending Tasks (Figure 3, 1) page.
2. Locate the PCA application using the EHBs application tracking number (e-mailed after successful Grants.gov submission) (Figure 3, 2).
3. Click the Start link to begin working on the application in EHBs (Figure 3, 3).

#### IMPORTANT NOTE:

If you do not have a username, you must register in EHBs. Do not create duplicate accounts. If you experience log in issues or forget your password, contact the Health Center Program Support (<http://www.hrsa.gov/about/contact/bphc.aspx>) at (877) 464-4772.

Figure 3: Pending Tasks



## 3. Completing the Standard SF-424 Section of the Application

The application consists of a standard SF-424 section and a program specific section. You must complete the forms displayed in both of these sections to submit your application to HRSA.

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

- Basic Information (Figure 4, 1)
- Budget Information (Figure 4, 2)
- Other Information (Figure 4, 3)

**Figure 4: Accessing the Application - Status Overview Page**

List of forms that are part of the application package		
Section	Status	Options
Basic Information <span>1</span>		
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 <span>2</span>		
Section A-C	Not Started	
Budget Period 1	Not Started	<a href="#">Update</a>
Budget Period 2	Not Started	<a href="#">Update</a>
Budget Period 3	Not Started	<a href="#">Update</a>
Budget Period 4	Not Started	<a href="#">Update</a>
Budget Period 5	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 <span>3</span>		
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>

### 3.1 Completing the Basic Information Section

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

- The **SF-424 Part 1** form displays the basic application and applicant organization information. Please review the prepopulated information and complete the required fields.

#### IMPORTANT NOTE:

**When completing the Mailing Address section of this form, ensure that you select “Domestic Address” as the address type. Do not select the “International Address” option.**

- The **SF-424 Part 2** form displays project information including the project title, project period, cities, counties, and Congressional districts affected by the project. Please review the prepopulated information and complete the required fields.

The Project Abstract has been imported from Grants.gov and placed under the Project Description section (**Figure 7, 1**).

- To update information in the SF-424 Part1 and SF-424 Part2, enter and save your revisions to the current information prepopulated in the editable fields (sections marked in red in **Figure 5** and **Figure 6** are *not* editable).
- If you need to update the Grants.gov abstract description:
  - Select the **Update Description** link (**Figure 7, 2**); OR
  - Delete the Grants.gov version and re-upload an updated abstract by clicking the Attach File button.

**Figure 5: Applicant Information on SF-424 Part 1**

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

Fields with \* are required

### Applicant Information

Applicant Identifier

**Legal Name**

CRS Entity Identification Number (e.g. 1-53-2079819-A-2)

Employer Identification Number (e.g. 53-2079819)

**Organizational UEI**

**\* Mailing Address (Required)**

Address Type ☒ Domestic Address ☐ International Address [Refresh](#)

Specify Domestic Address (Street Address or PO Box Only or Rural Route)

☒ **\* Address** Street Number  **\* Street Name**   
 Select One  Number

☐ **\* PO Box Only** Number

☐ **\* Rural Route** Type  Number  Box

**\* City**  (Required if Zip is not specified)

Urbanization  (Used only for Puerto Rico(PR))

**\* State**  (Required if City is specified)

**\* Zip Code (Lookup )**  -  (Required if City is not specified)

### Organizational Unit

Department Name

Division Name

### Type of Applicant

**\* Applicant Type 1**

Applicant Type 2

Applicant Type 3

If "Other" then specify:

**\* Person to be contacted on matters involving this application** [Add](#)

Person to be contacted on matters involving this application has not been added.

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

Figure 6: Applicant Information on SF-424 Part 2

**Estimated Funding**

Federal (This amount is populated from Budget Section A - Total Federal New or Revised Budget.)	
Applicant (This amount is populated from Budget Section C - Non Federal Resources.)	
State (This amount is populated from Budget Section C - Non Federal Resources.)	
Local (This amount is populated from Budget Section C - Non Federal Resources.)	
Other (This amount is populated from Budget Section C - Non Federal Resources.)	
Program Income (This amount is populated from Budget Section C - Non Federal Resources.)	
Total	

Figure 7: Project Description on SF-424 Part 2

**Project Description (Minimum 1) (Maximum 1)**

Document Name	Size	Date Attached	Description	Options
Project Abstract.docx	11 kB	8/1/2023	Project Abstract from Grant.gov	Update Description

### IMPORTANT NOTES:

In the Congressional Districts fields, select the congressional district where the organization's administrative office is located in both the 'Applicant' row and the 'Program/Project' row. If you need to include additional congressional districts, you may upload an attachment with the relevant



information by clicking the Attach File button on the 'Additional Program/Project Congressional Districts' line.

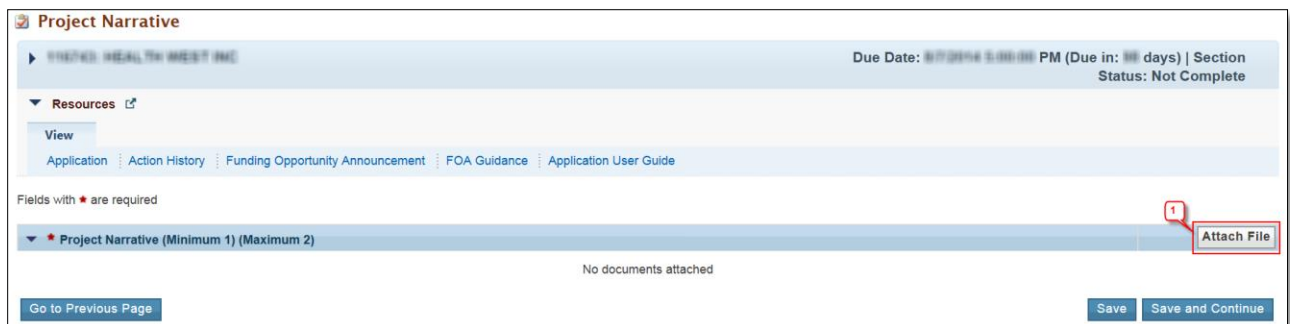
For the Proposed Project Period, enter 07/01/2024 to 6/30/2027.

The Estimated Funding section will update automatically when edits are made to the Budget Information section.

For the State Executive Order 12372 Process section, refer to the HRSA SF-424 Two-Tier Application Guide ([http://www.hrsa.gov/grants/apply/applicationguide/sf424programspecificappguide.pdf](http://www.hrsa.gov/grants/apply/applicationguide/sf424programsspecificappguide.pdf)) for details related to the Executive Order 12372 process.

- The **Project/Performance Site Location(s)** form refers to the physical mailing address of the applicant. If the administrative site location and any other office locations are listed in Grants.gov, they are displayed here. You may update the information provided from Grants.gov.
- Access the **Project Narrative** form and attach the project narrative by clicking on the Attach file button (**Figure 8, 1**). Refer to the PCA NOFO for detailed instructions on completing the project narrative attachment.

**Figure 8: Project Narrative**



## 3.2 Completing the Budget Information (SF-424A)

There are a few ways to access the Budget Information Section. After clicking Save and Continue in the Project Narrative form, you will land on the Budget Information Section. You can also use the left menu and click Status under the Overview header to land on the Application – Status Overview page (**Figure 4**).

### 3.2.1 Budget Information – Section A-C

#### IMPORTANT NOTE:

The project period associated with the FY 2024 PCA awards will be a period of up to three years (July 1, 2024 through June 30, 2027). Therefore, you are only required to enter the budget information for budget periods 1, 2, and 3. Leave budget periods 4 and 5 blank.















The **Budget Information – Section A-C** form collects information for every budget period in this funding opportunity. Each budget period consists of the following three sections:

- Section A – Budget Summary
- Section B – Budget Categories
- Section C – Non-Federal Resources (***Leave Section C blank; do not enter non-federal funding***)

To complete this form, follow the steps below:

1. Click the Update link for Section A-C ‘Budget Period 1’ on the **Application - Status Overview** page (**Figure 9, 1**).

**Figure 9: Budget Information Section A-C Update Link**

List of forms that are part of the application package		
Section	Status	Options
Basic Information		
SF-424	✖ Not Started	
Part 1	✖ Not Started	 Update
Part 2	✖ Not Started	 Update
Project/Performance Site Location(s)	✖ Not Started	 Update
Project Narrative	✖ Not Started	 Update
Budget Information		
Section A-C	✖ Not Started	
Budget Period 1	✖ Not Started	 Update
Budget Period 2	✖ Not Started	 Update
Budget Period 3	✖ Not Started	 Update
Budget Period 4	✖ Not Started	 Update
Budget Period 5	✖ Not Started	 Update
Section D-F	✖ Not Started	 Update
Budget Narrative	✖ Not Started	 Update
Other Information		
Disclosure of Lobbying Activities	✖ Not Started	 Update
Appendices	✖ Not Started	 Update
Program Specific Information		
Program Specific Information	✖ Not Started	 Update

- The system will navigate to the **Budget Information – Section A-C** form for the first budget period of this funding opportunity (Year 1: July 1, 2024 – June 30, 2025) (**Figure 10**).
2. To enter or update the budget information for the PCA project, click the Update button displayed in the top right corner of the Section A – Budget Summary header (**Figure 10, 1**).

Figure 10: Budget Information – Section A-C Page

**Budget Information - Section A-C**

Due Date: 10/15/2024 10:00:00 PM (Due in: 10 days) | Section Status: Not Complete

Resources

Fields with \* are required

Budget Period 1 Budget Period 2 Budget Period 3 Budget Period 4 Budget Period 5

**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
State and Regional Primary Care Associations	93.527	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Total</b>		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

**Section B - Budget Categories** Update

Object Class Categories	Grant Program Function or Activity	Total
	State and Regional Primary Care Associations	
Personnel		\$0.00
Fringe Benefits		\$0.00
Travel		\$0.00
Equipment		\$0.00
Supplies		\$0.00
Contractual		\$0.00
Construction		\$0.00
Other		\$0.00
<b>Total Direct Charges</b>		\$0.00
Indirect Charges		\$0.00
<b>Total</b>		\$0.00

**Section C - Non Federal Resources** Update

Grant Program Function or Activity	Applicant	State	Local	Other	Program Income	Total
Health Center Controlled Networks	\$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

Go to Previous Page Save Save and Continue

- Under the **New or Revised Budget** section, enter the amount of federal funds requested for the first 12-month period (Year 1) (Figure 11, 1).
- Do not** update the **Estimated Unobligated Funds** columns. **Do not** enter any non-federal funds in the budget (Figure 11, 2). Only the federal funding request should be provided.
- Click the Save and Continue button (Figure 11, 3).

Figure 11: Section A – Update Page

**Section A - Update**

Due Date: 11/15/2024 11:59:00 PM (Due in: 10 days) | Section Status: Not Complete

Resources

Fields with \* are required

**\* Section A - Budget Summary**

Grant Program Function or Activity	CFDA Number	Estimated Unobligated Funds		New or Revised Budget		Total
		Federal	Non-Federal	Federal	Non-Federal	
State and Regional Primary Care Associations	93.527	\$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

**IMPORTANT NOTE:**

The federal amount refers only to the PCA funding requested, not all federal grant funding that an applicant organization receives. The amount must not exceed the maximum annual funding amount for the proposed state or region selected in [Form 1A](#). All applicants are encouraged to confirm the current amount of funding available for their proposed state or region by contacting the PCA Response Team via the [BPHC Contact Form](#).

- The **Budget Information – Section A-C** page re-opens displaying the updated New or Revised Budget under Section A – Budget Summary ([Figure 12](#)).

Figure 12: Section A – Budget Summary Page after Update

Budget Period 1
Budget Period 2
Budget Period 3
Budget Period 4
Budget Period 5


**\* Section A - Budget Summary**

Grant Program Function or Activity	CFDA Number	Estimated Unobligated Funds		New or Revised Budget		Total
		Federal	Non-Federal	Federal	Non-Federal	
State and Regional Primary Care Associations	93.527	\$0.00	\$0.00	\$500,000.00	\$0.00	\$500,000.00
<b>Total</b>		\$0.00	\$0.00	\$500,000.00	\$0.00	\$500,000.00

Update

- In Section B – Budget Categories, you must provide the federal funding distribution across object class categories for the selected 12-month budget period. Click the Update button provided at the top right corner of the Section B header ([Figure 13](#): Section B – Budget Categories , 1).

**Figure 13: Section B – Budget Categories**

★ Section B - Budget Categories			 Update
Object Class Categories	Grant Program Function or Activity	1	Total
	State and Regional Primary Care Associations		
Personnel	\$0.00		\$0.00
Fringe Benefits	\$0.00		\$0.00
Travel	\$0.00		\$0.00
Equipment	\$0.00		\$0.00
Supplies	\$0.00		\$0.00
Contractual	\$0.00		\$0.00
Construction	\$0.00		\$0.00
Other	\$0.00		\$0.00
Total Direct Charges	\$0.00		\$0.00
Indirect Charges	\$0.00		\$0.00
Total	\$0.00		\$0.00

7. Enter the federal dollar amount for each applicable object class category under the State and Regional Primary Care Associations column (**Figure 14, 1**).
  - ‘Construction’ is not an allowable use of PCA funding – do not enter a federal request in that row.
  - Click the Calculate Total button to compute the sum of amounts provided (**Figure 14, 2**).
  - The total PCA amount in Section B – Budget Categories must be equal to the total new or revised federal budget amount specified in Section A – Budget Summary of the **Budget Information – Section A-C** form (**Figure 11**).
  - Click the Save and Continue button (**Figure 14, 3**) to navigate to the Budget Information – Section A – C Page.

Figure 14: Section B – Update Page

**Section B - Update**

**Note(s):**  
Total of all budget categories in Section B must be equal to total federal new or revised budget in Section A - \$500,000.00.

**► COURSE: COMMUNITY HEALTH ASSOCIATION OF SPokane** Due Date: 10/10/2023 10:00:00 PM (Due in: 30 days) | Section Status: Not Complete

**► Resources**

Fields with \* are required

**\* Section B - Budget Categories**

Object Class Categories	Grant Program Function or Activity		Total
	State and Regional Primary Care Associations		
Personnel	\$	0.00	\$0.00
Fringe Benefits	\$	0.00	\$0.00
Travel	\$	0.00	\$0.00
Equipment	\$	0.00	\$0.00
Supplies	\$	0.00	\$0.00
Contractual	\$	0.00	\$0.00
Construction	\$	0.00	\$0.00
Other	\$	0.00	\$0.00
Indirect Charges	\$	0.00	\$0.00
<b>Total</b>	<b>Calculate Total</b>	\$0.00	\$0.00
<b>Total Budget specified in Budget Summary (Section A)</b>		\$500,000.00	\$500,000.00

Cancel **Save and Continue**

8. Once you have completed Section A and Section B for the first budget period, you can move on to the **Budget Information - Section A-C** form for the next budget period by:
- Selecting the desired tab (Figure 15, 1); OR
  - By clicking on the Save and Continue button at the bottom of the form (Figure 15, 3)
  - You are required to only include the federal request in the budget. Leave Section C – Non Federal Resources (Figure 15, 2) blank.

**IMPORTANT NOTE:**

There is a three-year project period associated with FY 2024 PCA funding. Only enter budget information for budget periods 1, 2, and 3. For budget periods 4 and 5, simply click on the Save and Continue button without entering any additional information to proceed to the next form (Figure 15, 3).

Figure 15: Budget Information – Section A-C Page after Updates

**Budget Information - Section A-C**

✓ **Success:**  
Information saved successfully.

Due Date: (Due in: days) | Section Status: Not Complete

Resources

Fields with \* are required

Budget Period 1 Budget Period 2 Budget Period 3 Budget Period 4 Budget Period 5

**\* 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
State and Regional Primary Care Associations	93.129	\$0.00	\$0.00	\$500,000.00	\$0.00	\$500,000.00
<b>Total</b>		\$0.00	\$0.00	\$500,000.00	\$0.00	\$500,000.00

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

Object Class Categories	Grant Program Function or Activity		Total
	State and Regional Primary Care Associations		
Personnel	\$100,000.00		\$100,000.00
Fringe Benefits	\$10,000.00		\$10,000.00
Travel	\$10,000.00		\$10,000.00
Equipment	\$10,000.00		\$10,000.00
Supplies	\$10,000.00		\$10,000.00
Contractual	\$10,000.00		\$10,000.00
Construction	\$0.00		\$0.00
Other	\$50,000.00		\$50,000.00
<b>Total Direct Charges</b>	<b>\$200,000.00</b>		<b>\$200,000.00</b>
Indirect Charges	\$300,000.00		\$300,000.00
<b>Total</b>	<b>\$500,000.00</b>		<b>\$500,000.00</b>

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

Grant Program Function or Activity	Applicant	State	Local	Other	Program Income	Total
State and Regional Primary Care Associations	\$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

9. If the budget information is identical to the previous budget period: You may click on the Copy from Previous Budget Period button (Figure 16, 1) to copy over the information from the previous tab
10. If your budget information is not identical, you may report steps 1 - 9 above to enter the desired budget information and move on to the next budget period.

Figure 16: Budget Information – Section A-C Page for Budget Periods 2-3

**Budget Information - Section A-C**

✓ **Success:**  
Information entered on the 'Budget Period 1' page was saved successfully. The Section status is **Complete**.

► **LOCAL COMMUNITY HEALTH ASSOCIATION OF SPokane** Due Date: 11/15/2023 11:59:00 PM (Due in: 15 days) | Section Status: Not Complete

► **Resources**

✓ Budget Period 1 ✗ Budget Period 2 ✗ Budget Period 3 ✗ Budget Period 4 ✗ Budget Period 5

**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
State and Regional Primary Care Associations	93.527	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Total</b>		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

**Section B - Budget Categories** Update

Object Class Categories	Grant Program Function or Activity		Total
	State and Regional Primary Care Associations		
Personnel	\$0.00		\$0.00
Fringe Benefits	\$0.00		\$0.00
Travel	\$0.00		\$0.00
Equipment	\$0.00		\$0.00
Supplies	\$0.00		\$0.00
Contractual	\$0.00		\$0.00
Construction	\$0.00		\$0.00
Other	\$0.00		\$0.00
<b>Total Direct Charges</b>	\$0.00		\$0.00
Indirect Charges	\$0.00		\$0.00
<b>Total</b>	\$0.00		\$0.00

**Section C - Non Federal Resources** Update

Grant Program Function or Activity	Applicant	State	Local	Other	Program Income	Total
State and Regional Primary Care Associations	\$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

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

### 3.2.2 Budget Information – Section D-F

The **Budget Information – Section D-F** page consists of two sections:

- Section D – Forecasted Cash Needs
- Section F – Other Budget Information

To complete this form, follow the steps below:

1. Section D –
  - 1.1 Forecasted Cash Needs is optional and **may be left blank**.



- 1.2 You may enter the amount of cash needed by quarter during the first budget period for the federal requested amount. Click the Update button provided in the top right corner of Section D to do so (Figure 17, 1).
2. Section F –
  - 2.1 Other Budget Information is optional and **may be left blank**.
  - 2.2 You may provide information regarding direct and indirect charges in this section. You can also document any relevant comments or remarks in this section. Click the Update button provided in the top right corner of Section F to do so (Figure 17, 2).
3. Finally, click the Save and Continue button on the **Budget Information – Section D-F** to proceed to the Budget Narrative form. (Figure 17, 3).

Figure 17: Budget Information – Section D-F

**Budget Information - Section D-F**

Due Date: ~~10/20/2024~~ 10/20/2024 PM (Due in: 28 days) | Section Status: Not Complete

**Resources**

View

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

**Section D - Forecasted Cash Needs**

	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 F - Other Budget Information**

Direct Charges	No information added.
Indirect Charges	No information added.
Remarks	No information added.

Go to Previous Page

Save Save and Continue

### 3.2.3 Budget Narrative

1. Attach a budget narrative by clicking on the Attach File button (Figure 18, 1).
  - a. If using Excel or other spreadsheet documents, do not use multiple pages (sheets).
  - b. Make sure that the information that needs to be viewed is set in the “Print Area” of the document if the Budget Narrative is presented as a spreadsheet.

Figure 18: Budget Narrative

**Budget Narrative**

STOKES DUKE MEDICAL CENTER Due Date: 8/5/2023 12:00:00 PM (Due in: 2 days) | Section Status: In Progress

**Resources**

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Fields with \* are required

\* Budget Narrative (Minimum 1) (Maximum 2)

No documents attached

Go to Previous Page

Save Save and Continue

Once completed, click on the Save and Continue button (Figure 18, 2) to proceed to the next form.

### 3.3 Completing the Other Information section

The Other Information section consists of the Assurances, Disclosure of Lobbying Activities, and Appendices forms. You must complete all three forms in order to complete this section. You can get to these forms by clicking the form name on the left menu (Figure 19, 1).

Figure 19 - Other Information Section

**Application - Status Overview**

214694: STOKES DUKE MEDICAL CENTER Due Date: 8/5/2023 12:41:41 PM (Due in: 2 days) | Application Status: In Progress

Announcement Number: HRSA-24-080 Announcement Name: FY 2024 State and Regional Primary Care Association (PCA) Cooperative Agreements Created by: Tatyana,Darakji on 08/01/2023 3:14:00 PM

Application Type: New Grant Number: N/A Last Updated By: Tatyana,Darakji on 08/01/2023 3:14:00 PM

Application Package: SF424 Application FY: 2024 Program Type: Non-Construction

**Resources**

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

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

Section	Status	Options
Basic Information		
SF-424	Not Complete	
Part 1	Not Complete	Update
Part 2	Not Started	Update
Project/Performance Site Location(s)	Not Started	Update
Project Narrative	Not Complete	Update
Budget Information		
Section A-C	Not Complete	

#### 3.3.1 Completing the Disclosure of Lobbying Activities Form

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

#### IMPORTANT NOTES:

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

### 3.3.2 Completing the Appendices Form

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

1. Click on the **Appendices** link (**Figure 20, 1**) to navigate to the **Appendices** form.

**Figure 20: Left Navigation Menu**



2. Upload the following attachments by clicking the associated Attach File buttons:
  - Attachment 1: Project Organizational Chart (required)
  - Attachment 2: Staffing Plan (required)
  - Attachment 3: Job Descriptions for Key Personnel (required)
  - Attachment 4: Biographical Sketches for Key Personnel (required)

- Attachment 5: Letters of Agreement (required)
- Attachment 6: Regional Memorandum of Agreement (required for Regional PCAs ONLY)
- Attachment 7: Summary of Contracts and Agreements (as applicable)
- Attachment 8: Other Relevant Documents (as applicable)

**Figure 21: Appendices**

**Appendices**

**Error: One or more errors have occurred.**

Field Level Messages  
Hover over the error label (e.g. "Error 1") to view the error message. Click on the error label to navigate to the field where the error has occurred.

▼ Error 1 ▼ Error 2 ▼ Error 3 ▼ Error 4 ▼ Error 5

214694: STOKES DUKE MEDICAL CENTER Due Date: 9/5/2023 12:54:50 PM (Due in: 28 days) | Section Status: Not Complete

**Resources**

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▼ * Attachment 1 - Project Organizational Chart (Minimum 1) (Maximum 1) ▼ Upload at least 1 attachment(s) for Attachment 1 - Project Organizational Chart(▼)	No documents attached	Attach File
▼ * Attachment 2 - Staffing Plan (Minimum 1) (Maximum 1) ▼ Upload at least 1 attachment(s) for Attachment 2 - Staffing Plan(▼)	No documents attached	Attach File
▼ * Attachment 3 - Job Descriptions for Key Personnel (Minimum 1) (Maximum 1) ▼ Upload at least 1 attachment(s) for Attachment 3 - Job Descriptions for Key Personnel(▼)	No documents attached	Attach File
▼ * Attachment 4 - Biographical Sketches of Key Personnel (Minimum 1) (Maximum 1) ▼ Upload at least 1 attachment(s) for Attachment 4 - Biographical Sketches of Key Personnel(▼)	No documents attached	Attach File
▼ * Attachment 5 - Letters of Agreement (Minimum 1) (Maximum 1) ▼ Upload at least 1 attachment(s) for Attachment 5 - Letters of Agreement(▼)	No documents attached	Attach File
▼ Attachment 6 - Regional Memorandum of Agreement (MOA) (Required for Regional PCA applicants ONLY) (Maximum 1)	No documents attached	Attach File
▼ Attachment 7 - Summary of Contracts and Agreements (If applicable) (Maximum 1)	No documents attached	Attach File
▼ Attachment 8 - Other Relevant Documents (If applicable) (Maximum 1)	No documents attached	Attach File

Go to Previous Page Save Save and Continue

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

## 4. Completing the Program Specific Forms

Click the Program Specific Information link (**Figure 20, 2**) under the Program Specific Information section in the left menu to open the **Status Overview** page for the Program Specific Information forms (**Figure 22**). Click the Update link to edit a form (**Figure 22, 1**).

### IMPORTANT NOTE:

Click on the Update link (**Figure 22, 1**) for any form to start updating it. Once completed, click on the Save and Continue button to proceed to the next listed form.

Figure 22: Status Overview Page for Program Specific Forms

**STATUS** << >>

**Program Specific Information**

**Overview**

**Program Specific Status**

**General Information**

Form 1A

**Project Work Plan Information**

FY 2024 Project Work Plan

**Review**

Program Specific Forms

**All Forms**

**Overview**

Appendices

Complete Status

Submit

**Status Overview**

00214694: STOKES DUKE MEDICAL CENTER Due Date: | Program Specific Status: Not Complete

Announcement Number: HRSA-24-080 Announcement Name: FY 2024 State and Regional Primary Care Association (PCA) Cooperative Agreements Activity Code: U58

Application Type: Grant Number: Maximum Allowable Annual Funding Amount:

Total Annual Federal Funding Requested (from SF-424 Section A – Budget Summary):

**Resources**

**View**

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**Program Specific Information Status**

Section	Status	Options
<b>General Information</b>		
Form 1A - General Information Worksheet	Not Started	Update
<b>Project Work Plan Information</b>		
FY 2024 Project Work Plan	Not Started	Update

**Return to Complete Status**

The **Program Specific Information** section consists of the following forms (Figure 22):

- Form 1A: General Information Worksheet
- Project Work Plan

Instructions for completing these sections follow.

#### 4.1 Form 1A: General Information Worksheet

**Form 1A: General Information Worksheet** allows you to provide a summary of information related to the applicant organization, indicate the State/Region you plan to serve with this application, and review the budget information. This form is comprised of the following three sections:

- Applicant Information (Figure 23, 1)
- State/Region Information (Figure 23, 2)
- Budget Information (Figure 23, 3)

Figure 23: Form 1A

Form 1A - General Information Worksheet

Resources (2) | Due Date: | Section Status: |

View

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1. Applicant Information

Applicant Name: STONES DUKE MEDICAL CENTER

Fiscal Year End Date: Select Option (4)

Application Type: New

Grant Number: N/A

Business Entity: Select Option (5)

Organization Type (Select all that apply):

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

If 'Other' please specify: (maximum 100 characters)

2. State/Region Information

Indicate the State/Region you plan to serve (i): Select State/Region (3) | Select (2)

3. Budget Information

Maximum Annual Funding Amount (i):

Total Annual funding requested in this application (i): \$0.00

Go to Previous Page | Save | Save and Continue (7)

#### 4.1.1 Applicant Information

For currently funded PCAs, the **Applicant Information** section is prepopulated with application and grant-related information, and may be updated if needed. Complete this section by providing or updating information in the following required fields:

1. In the 'Fiscal Year End Date' field (Figure 23, 4), select month and day of the applicant organization's fiscal year end date (e.g., December 31) to inform HRSA of the expected audit submission timeline in the Federal Audit Clearinghouse (<https://harvester.census.gov/facweb/default.aspx>).
2. Select one category in the 'Business Entity' field (Figure 23, 5). An applicant that is a Tribal or Urban Indian entity and also meets the definition for a public or private entity should select the Tribal or Urban Indian category.
3. Select one or more categories for the 'Organization Type.' If you choose to select 'Other' as one of the Organization Type values, you must specify the organization type (Figure 23, 6).

#### 4.1.2 State/Region Information

This section allows you to select the **State or Region** that you wish to service with your PCA application. Choose your State/Region selection from the dropdown list (Figure 24, 1) and click on the Select button (Figure 24, 2).

Figure 24: State/Region Information

\* Organization Type (Select all that apply)

2. State/Regional Information

\* Indicate the State/Region you plan to serve ⓘ

Select

### 4.1.3 Budget Information

Once you have selected the State/Region, the **Budget Information** section allows you to validate maximum allowable annual funding amount (Figure 25, 1) against the total Federal funding requested for Budget Period 1 in the **Budget Information Section – A-C** form of this application (Figure 25, 2). The maximum annual allowable amount for the selected State/Region must be greater than or equal to the total Federal funding requested for Budget Period 1 (Figure 11, 1).

You may apply for a funding amount that is equal to or less than the current annual PCA award for the proposed state or region. All applicants are encouraged to confirm the current amount of funding available for their proposed state or region by contacting the PCA Response Team via the [BPHC Contact Form](#).

Figure 25: Budget Information

2. State/Region Information

\* Indicate the State/Region you plan to serve ⓘ

Select State/Region

Select

3. Budget Information

Maximum Annual Funding Amount ⓘ

Total Annual funding requested in this application ⓘ

\$0.00

Go to Previous Page

#### IMPORTANT NOTE:

If you need to edit the amount requested for the selected State/Region, revisit the total Federal funding requested for Budget Period 1 in the [Budget Information Section – A-C](#) form of this application.

After completing all sections of **Form 1A**, click the Save and Continue (Figure 23, 7) button to save your work and proceed to the Project Work Plan.

## 4.2 Project Work Plan

The **Project Work Plan** describes the project objectives and how they will be attained by the end of the three-year project and details the proposed activities to be conducted in the first 12 months of the project period. The **Project Work Plan** list page consists of the list of Objectives (**Figure 26, 1**) -

- Access to Care
- Recruitment and Retention
- Health Profession, Education, and Training
- Health Professional Education/Training (UDS)
- Health Center Leader and Board Support
- Preparedness, Response, and Recovery
- Chronic Disease Management (Applicant Choice)
- Preventive Services Outcomes (Applicant Choice)
- Value-Based Care Delivery
- Financial Sustainability
- Population Health and Social Risk Factors
- Health Center Supplemental Funding Support (Required)
- Health Center Supplemental Funding Support (Optional)
- Health Center Supplemental Funding Support (Optional)

**Figure 26: Project Work Plan List Page**

**Project Work Plan**

**Success:**  
Information entered on FY 2024 Project Work Plan was saved successfully. This form will have to be revisited prior to submission of the Application, as it is still Not Complete.

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**Note(s):**  
Applicants must address each required objective listed below. Enter at least two activities that will support the achievement of the proposed objective targets by the end of the three-year period of performance.

**Objectives**

Objectives	Supplemental Funding	(T/TA) Baseline Number	Objective Target	Number of Key Factors	Number of Activities	Status	Options
Access to Care	N/A	5,700.00	7000.00	1	1	Not Complete	Update
Recruitment and Retention	N/A			0	0	Not Complete	Update
Health Profession, Education, and Training	N/A			0	0	Not Complete	Update
Health Professional Education/Training (UDS)	N/A			0	0	Not Complete	Update
Health Center Leader and Board Support	N/A			0	0	Not Complete	Update
Preparedness, Response, and Recovery	N/A			0	0	Not Complete	Update
Chronic Disease Management (Applicant Choice)	N/A			0	0	Not Complete	Update
Preventive Services Outcomes (Applicant Choice)	N/A			0	0	Not Complete	Update
Value-Based Care Delivery	N/A			0	0	Not Complete	Update
Financial Sustainability	N/A			0	0	Not Complete	Update
Population Health and Social Risk Factors	N/A			0	0	Not Complete	Update
Health Center Supplemental Funding Support (Required)				0	0	Not Complete	Update
Health Center Supplemental Funding Support (Optional)				0	0	Not Complete	Update
Health Center Supplemental Funding Support (Optional)				0	0	Not Complete	Update

Complete all required Objectives (there are some optional Objectives) for in the **Project Work Plan** by following the steps below:

### 4.2.1 Completing the Objectives



Click on the Update link for each of the required Objectives. The requested information must be provided for each required Objective and any selected Optional Objective for the application to be eligible for review.

The system will navigate to the **Objective Information – Update** page for that Objective ([Figure 27](#)).

For each Objective, you are required to complete the following sections:

- Objective Details ([Figure 27, 1](#))
- Key Factors ([Figure 27, 2](#))
- Activities ([Figure 27, 3](#))

**Figure 27: Objective Information – Update Page**

#### 4.2.1.1 Objective Details Section

1. The Objective ([Figure 27, 4](#)) and Objective Description are prepopulated and displayed in a read-only format. You do not enter any text here.

##### IMPORTANT NOTES:

**Participant Rating of Training and Technical Assistance (T/TA) Usefulness Target field will be rounded off to 5 if the number entered is greater than 5.**

**Training and Technical Assistance (T/TA) Participation Target and Training and Technical Assistance (T/TA) Session Target fields will only accept upto two decimal places.**

**Supplemental Objective field will only appear for Health Center Supplemental Funding support objectives.**

2. Save your work ([Figure 27, 5](#)) and proceed to the next section of the form.

#### 4.2.1.2 Key Factors

1. In the Key Factors section, add key factors using the Add Key Factors button (Figure 27, 6).
2. The system displays an **Add New Key Factor** overlay (Figure 28). When adding a Key Factor, identify the Key Factor Type (i.e., contributing or restricting) (Figure 28, 1) and provide the Key Factor Description (Figure 28, 2).
3. Click the Save and Continue button to return to the **Objective Information – Update** page (Figure 28, 3).

Figure 28: Add New Key Factor Overlay

**Add New Key Factor**

Fields with \* are required

\* Key Factor Type (i) ☐ Contributing ☐ Restricting

\* Key Factor Description (i)

500 characters with spaces (Approximately 1/4 page)

Cancel Save and Continue

#### IMPORTANT NOTE:

Identify a minimum of 2 and a maximum of 5 key factors. At least 1 contributing factor and 1 restricting factor must be provided.

4. Upon returning to the **Objective Information – Update** page, the system will display your newly entered Key Factor under the **Key Factors** grid (Figure 29, 1). You can also update and delete previously entered Key Factor information (Figure 29, 2).

Figure 29: Key Factors Grid

**Note(s):**  
Identify a minimum of two and a maximum of five key factors for this objective. Include at least one contributing and one restricting factor.

**Add Key Factor**

**Key Factors (Minimum 2) (Maximum 5)**

Key Factor Type	Description	Options
Contributing		
Restricting		

Action: Update, Delete

#### 4.2.1.3 Activities

1. In the Activities section, add activities using the Add Activity button (Figure 30, 1).

Figure 30: Add Activity Button

**Note(s):**  
Add a minimum of two and a maximum of six activities that will support this objective. All activities must clearly support objective achievement by the end of the period of performance.

**Add Activity**

**Activities (Minimum 2) (Maximum 6)**

- The system displays an **Add New Activity** overlay (**Figure 31**). Provide information for the remaining Activity fields as required. Refer to the information icons next to each of the fields to gather more information regarding the respective areas (**Figure 31, 1**). The 'Comments' field is optional.
- Click the Save and Continue button to return to the **Objective Information – Update** page (**Figure 31, 2**).

**Figure 31: Add Activity Overlay**

- Upon returning to the **Objective Information – Update** page, the system will display your newly entered Activity under the **Activities** grid (**Figure 32, 1**). You can also update and delete previously entered Activities (**Figure 32, 2**).

**Figure 32: Activities Grid**

Activity Name	Activity Description	Performance Domains (Checkbox in EHBs)	Person/Group Responsible	Target Start Date	Target End Date	Anticipated Outcome	Comments	Options
								<div> <div>Action</div> <div>Update</div> <div>Delete</div> </div>

Go to Previous Page

Save Save and Continue

- Click on the Save or Save and Continue button on the **Objective Information – Update** page to save your information and proceed to the next Objective (**Figure 32, 3**).

## 5. Reviewing and Submitting the FY 2024 PCA Application to HRSA

To review your application, follow the steps below:

1. Navigate to the standard section of the application using the [Grant Application](#) link in the navigation links displayed at the top of the **Program Specific** forms.
2. On the **Application - Status Overview** page, click the [Review](#) link in the Review and Submit section of the left menu ([Figure 33, 1](#)).

Figure 33: Review Link

**Application - Status Overview**

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

Announcement Number: HRSA-24-080 | Announcement Name: FY 2024 State and Regional Primary Care Association (PCA) Cooperative Agreements | Created by: [Redacted]

Application Type: New | Grant Number: N/A | Last Updated By: [Redacted]

Application Package: SF424 | Application FY: 2024 | Program Type: Non-Construction

**Resources**

View

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

**Users with permissions on this application (2)**

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	
Budget Period 1	Complete	Update
Budget Period 2	Complete	Update
Budget Period 3	Complete	Update
Budget Period 4	Complete	Update
Budget Period 5	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

3. Verify the information displayed on the **Review** page ([Figure 34](#)).
4. If you are ready to submit the application to HRSA, click the Proceed to Submit button at the bottom of the **Review** page ([Figure 34, 1](#)).

**Figure 34: Review Page – Proceed to Submit**

View	Section	Type	Options
View: Basic Information			
Basic Information	Application for Federal Assistance (SF-424)	HTML	View
Basic Information	Application for Federal Assistance (SF-424)(Grants.gov PDF)	DOCUMENT	Not Available
Basic Information	Areas Affected by Project (Cities, Counties, States, etc.)	DOCUMENT	Not Available
Basic Information	Project Description	DOCUMENT	Not Available
Basic Information	Project Abstract Summary	HTML	View
Basic Information	Project Abstract Summary (Grants.gov PDF)	DOCUMENT	Not Available
Basic Information	Additional Program/Project Congressional Districts	DOCUMENT	Not Available
Basic Information	Key Contacts (Grants.gov PDF)	DOCUMENT	Not Available
Basic Information	Federal debt delinquency explanation	DOCUMENT	Not Available
Basic Information	Project Performance Site Location(s)	HTML	View
Basic Information	Project Performance Site Location(s) (Grants.gov PDF)	DOCUMENT	Not Available
Basic Information	Project Narrative	DOCUMENT	Not Available
View: Budget Information			
Budget Information	SF-424A, Budget Information - Non-Construction Programs	HTML	View
Budget Information	SF-424A, Budget Information - Non-Construction Programs (Grants.gov PDF)	DOCUMENT	Not Available
Budget Information	Budget Narrative	DOCUMENT	Not Available
View: Other Information			
Other Information	SF.LLL Disclosure of Lobbying Activities	HTML	View
Other Information	SF.LLL Disclosure of Lobbying Activities (Grants.gov PDF)	DOCUMENT	Not Available
Other Information	Grants.gov Lobbying (Grants.gov PDF)	DOCUMENT	Not Available
View: Attachments List			
Attachments List	Attachment 1 - Project Organizational Chart	DOCUMENT	Not Available
Attachments List	Attachment 2 - Staffing Plan	DOCUMENT	Not Available
Attachments List	Attachment 3 - Job Descriptions for Key Personnel	DOCUMENT	Not Available
Attachments List	Attachment 4 - Biographical Sketches of Key Personnel	DOCUMENT	Not Available
Attachments List	Attachment 5 - Letters of Agreement	DOCUMENT	Not Available
Attachments List	Attachment 6 - Regional Memorandum of Agreement (MOA) (Required for Regional PCA applicants ONLY)	DOCUMENT	Not Available
Attachments List	Attachment 7 - Summary of Contracts and Agreements (if applicable)	DOCUMENT	Not Available
Attachments List	Attachment 8 - Other Relevant Documents (if applicable)	DOCUMENT	Not Available
View: All Other Attachments			
All Other Attachments	Paper Application	DOCUMENT	Not Available
All Other Attachments	Other Attachments	DOCUMENT	Not Available
View: Program Specific Information			
Program Specific Information	Program Specific OMB Approved Forms	HTML	Open Popup

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Page size: 10

29 items in 1 page(s)

Proceed to Submit

- Click the Submit to HRSA button at the bottom of the **Submit** page.

#### IMPORTANT NOTES:

- To submit an application, you must have the 'Submit' privilege. This privilege must be given by the Project Director (PD) to the Authorizing Official (AO) or designee.
- If you are not the AO, a Submit to AO button will be displayed at the bottom of the Submit page. Click the button to notify the AO that their action is required to submit the application to HRSA (Figure 35, 1).
- Applicants are strongly encouraged to notify the AO directly and ensure that they leave adequate time for the AO to complete the submission process prior to the deadline.

**Figure 35: Submit to AO**

Application - Submit

Due Date:  (Due in: 1 days) | Application Status: In Progress

Resources

View

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

Users with permissions on this application (2)

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	
Budget Period 1	Complete	Update
Budget Period 2	Complete	Update
Budget Period 3	Complete	Update
Budget Period 4	Complete	Update
Budget Period 5	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

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1

Submit to AO

- 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.
- If you experience any problems with submitting the application in EHBs, contact the Health Center Program Support at 1-877-464-4772 (Monday – Friday, 8:00 AM – 8:00 PM ET (except federal holidays)) or send an email through the BPHC Contact Form (<http://www.hrsa.gov/about/contact/bphc.aspx>).