

**HRSA Electronic Handbooks (EHBs)**

# **Fiscal Year (FY) 2025 Expanded Hours**

**HRSA-25-084**

**User Guide for Applicants**

Last updated on June 3, 2024



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This user guide describes the steps to submit an FY 2025 EH application in the HRSA Electronic Handbooks (EHBs). Use this guide with the EH notice of funding opportunity (NOFO) and example forms, both available on the [EH assistance technical 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 2025 EH Application

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

1. Find the notice of funding opportunity announcement (NOFO) in Grants.gov, access the application package, and submit the completed forms in Grants.gov.
2. Validate, complete, and submit this application in the HRSA Electronic Handbooks (EHBs).

### Note:

Refer to the HRSA SF-424 Two-Tier Application Guide available at <http://www.hrsa.gov/grants/apply/applicationguide/sf424programspecificappguide.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 2025 EH 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: Application- Status Overview**

Section	Status	Options
Basic Information	Not Started	
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	Not Started	Update
Section A-C	Not Started	Update
Section D-F	Not Started	Update
Budget Narrative	Not Started	Update
Other Information	Not Started	Update
Disclosure of Lobbying Activities	Not Started	Update
Appendices	Not Started	Update
Program Specific Information	Not Started	Update
Program Specific Information	Not Started	Update

## 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, if necessary, except for the Estimated Funding Section in SF-424 Part 2 (which will be populated once you complete the Budget Information). The Standard section consists of the following forms:

- The **SF-424 Part 1** form displays the applicant information and Point of Contact sections.
- The **SF-424 Part 2** form displays project information including the Descriptive title of applicant’s project, project abstract, Congressional Districts, Proposed Project Period, and Congressional districts affected by the project. The Project Abstract information provided in Grants.gov is imported and placed in the Project Abstract field under Project Description. You may edit the abstract in this field. Do not upload the abstract as an attachment or it may count toward the page limit (Figure 2, 1). Refer to the EH NOFO for detailed guidance on the Project Abstract.

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

The screenshot shows the 'SF-424 - Part 2' application form. At the top right, it indicates 'Due Date' and 'Section Status: Not Complete'. Below the 'Resources' section, there are tabs for 'SF-424 - Part 1' and 'SF-424 - Part 2'. A note states 'Fields with \* are required'. The form includes sections for 'Areas Affected by Project (Cities, Counties, States, etc.) (Maximum 1)', 'Descriptive Title of Applicant's Project', and 'Project Description (Maximum 1)', each with an 'Attach File' button. The 'Project Abstract' section is highlighted, with a red callout box containing the number '1' pointing to the 'Project Abstract' label on the left. The text area for the abstract is empty and has a limit of 'Approximately 2 pages (Max 4000 Characters with spaces)'.

- The **Project/Performance Site Location(s)** form displays the administrative site locations and locations where you provide services. Complete this form for the location that you consider to be your main service delivery site. If you plan to provide expanded hours 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**) and provide a short description of up to 500 characters without spaces. Refer to the EH NOFO for detailed guidance.

**Figure 3: Attach Project Narrative**

The screenshot shows the 'Project Narrative (Minimum 1) (Maximum 2)' form. It features a 'Document' section with a 'Choose File' button and 'No file chosen' text. A red callout box with the number '1' points to the 'Attach File' button in the top right corner. Below the document section is a 'Description' text area with a character limit of 'Approximately 1/4 page (Max 500 Characters without spaces): 500 Characters left.' At the bottom of the form are 'Upload' and 'Cancel' buttons, and a status 'No documents attached'. Navigation buttons 'Go to Previous Page', 'Save', and 'Save and Continue' are located at the bottom of the page.

## 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

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**).
  2. Under **Section A – Budget Summary**, click the Update Sub Program button (**Figure 5, 1**) to go to the **Sub Program – Update** page (**Figure 6**).
  3. Select or unselect the subprograms. Only select the subprograms for which you are currently receiving funding. Your selection should align with your current Health Center Program operational (H80) grant.
  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 4: Section A-C Update Link**

Section	Status	Options
Basic Information		
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>

**Figure 5: Budget Information- Section A-C Form**

**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
Community Health Centers	93.224	\$0.00	\$0.00		\$0.00	
Health Care for the Homeless	93.224	\$0.00	\$0.00		\$0.00	
<b>Total</b>		<b>\$0.00</b>	<b>\$0.00</b>		<b>\$0.00</b>	

**Section B - Budget Categories**

Object Class Categories	Grant Program Function or Activity		Total
	Federal	Non-Federal	
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>		<b>\$0.00</b>	
Indirect Charges		\$0.00	
<b>Total</b>		<b>\$0.00</b>	

**Section C - Non-Federal Resources**

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
<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>

**Figure 6: Budget Information- Section A-C Page-Update Sub Program**

**Sub Programs - Update**

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

**Sub Programs**

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

Buttons: Cancel, Save and Continue

- To enter or update the budget amount for each sub program, click the Update button in the top right corner of the Section A – Budget Summary header (Figure 7, 1) and the Section A – Update page will open.

**Figure 7: Update Budget**

**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
	93.527	\$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>

Buttons: Update, 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). You must request EH funding in the same proportions as your current H80 grant. Do not enter amounts for Estimated Unobligated Funds. Your total combined federal request cannot exceed \$500,000.

**Figure 8: Section A-Update Page**

Section A - Update

Due Date: (Due in: | 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		
		Federal	Non-Federal	Federal	Non-Federal	Total
Community Health Centers	93.224	\$0.00	\$0.00	\$	\$	
<b>Total</b>		\$0.00	\$0.00	\$	\$0.00	

Cancel Save and Continue

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

**Figure 9: Section A- Budget Summary Page after Update**

Section A - Budget Summary Update

Grant Program Function or Activity	CFDA Number	Estimated Unobligated Funds		New or Revised Budget		
		Federal	Non-Federal	Federal	Non-Federal	Total
		\$0.00	\$0.00	\$300,000.00	\$0.00	\$300,000.00
<b>Total</b>		\$0.00	\$0.00	\$300,000.00	\$0.00	\$300,000.00

Update Sub Program

- In Section B – Budget Categories, provide the federal and non-federal funds across object class categories for year 1. Click the Update button at the top right corner of the Section B header (**Figure 10**) to open the **Section B – Update** page (**Figure 11**).
- Enter the federal amount for each object class category under the Federal column (**Figure 11, 1**).
  - Enter “0” in the Federal or Non-Federal columns of the Object Class Categories that are not applicable.
  - You may request funding for equipment (enter on the Equipment row) and/or minor alteration/renovation (enter on the Construction row). The combined one-time funding request cannot exceed \$150,000.
- Enter the non-federal amount for each applicable object class category under the Non-Federal column (**Figure 11, 2**). Enter the total budget for the EH application, including both program income and all other non-grant funding sources that support the EH scope of project.
- To see the total before proceeding back to the **Budget Information- Section A-C**, click **Calculate Total**.



12. Click the Save and Continue button (**Figure 11, 3**) to go back to the **Budget Information – Section A-C** page (**Figure 5**).

**Figure 10: Section B-Budget Categories**

* Section B - Budget Categories <span style="float: right;">Update</span>			
Object Class Categories	Grant Program Function or Activity		Total
	Federal	Non-Federal	
Personnel			
Fringe Benefits			
Travel			
Equipment			
Supplies			
Contractual			
Construction			
Other			
<b>Total Direct Charges</b>			
Indirect Charges			
<b>Total</b>			

**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) \$300,000.00.  
 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.

Due Date: | Section Status: Not Complete

Resources of

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
<b>Total</b>	\$0.00	\$0.00	\$0.00

Total Budget specified in Budget Summary (Section A)

Cancel Save and Continue

13. 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**).
- 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.
14. Click the Save and Continue button to proceed to the next form (**Figure 12, 2**).

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

* 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	
<b>Total</b>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	

Go to Previous Page      Save      Save and Continue

### 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
1. **Section D – Forecasted Cash Needs**, leave this section blank.
  2. **Section E – Federal Funds Needed for Balance of the Project**, click the **Update** button in the top right corner of Section E to request EH funding for year 2 (**Figure 13, 1**). Enter the EH funding requested for year 2 in the “First” column under Future Funding Periods (Years), broken down for each proposed type of Health Center Program funding (CHC, MHC, HCH, and/or PHPC) (**Figure 14, 1**). Leave the other columns blank. Click Save and Continue to proceed back to **Budget Information- Section D-F**.
  3. In **Section F – Other Budget Information**, click the **Update** button in the top right corner of Section F (**Figure 13, 2**). If applicable, explain amounts for individual object class categories that may appear out of the ordinary in Direct Charges. In Indirect Charges, enter the type of indirect rate (provisional, predetermined, final, fixed, or de minimis) that will be in effect during the period of performance. This section is optional.
  4. Click the Save and Continue button to proceed to the next form (**Figure 13, 3**).

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

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

Resources

**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
<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

**Figure 14: Section E**

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

Resources

**Section E - Federal Funds Needed for Balance of the Project**

Grant Program	Future Funding Periods (Years)			
	First	Second	Third	Fourth
Community 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>

Cancel Save and Continue

**2.1.3 Budget Narrative**

Upload the Budget Narrative by clicking the **[Attach File]** button (Figure 15, 1). Once completed, click the **[Save and Continue]** button to proceed to the Disclosure of Lobbying Form.

**Figure 15: Budget Narrative**

**Budget Narrative**

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

Resources

Fields with \* are required

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

No documents attached

Go to Previous Page Save Save and Continue Attach File

## 2.2 Completing the Other Information Section

The Other Information section consists of the Disclosure of Lobbying Activities and Appendices forms.

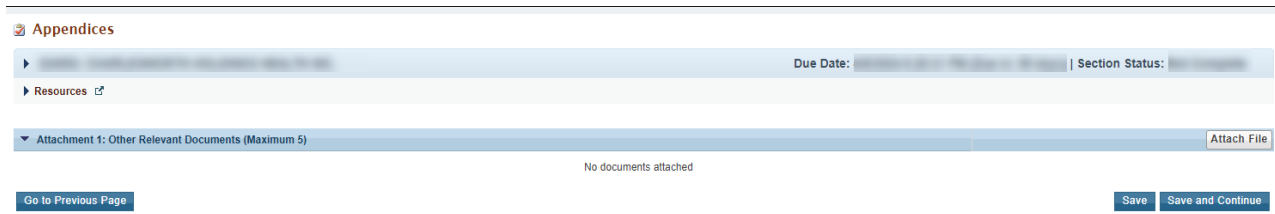
### 2.2.1 Completing the Disclosure of Lobbying Activities Form

Answer the question about lobbying activities. If you select yes, complete all sections of the **Disclosure of Lobbying Activities** form. If you select no, you may skip the rest of the form. Click the Save and Continue button to proceed to the **Appendices** form.

### 2.2.2 Completing the Appendices Form

Upload the following attachments, as applicable, by clicking the associated **[Attach File]** button for each (**Figure 16**): Attachment 1: Other Relevant Documents (as applicable) (minimum 0) (maximum 5). If your budget includes indirect costs, upload your Indirect Cost Rate Agreement as an attachment.

**Figure 16: Appendices**



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

### 3.1 H80 Grant Number

The Health Center Program Operational Grant Number is a mandatory field, and the application cannot be submitted if the H80 grant number is not valid.

#### 3.1.1 Completing the H80 Grant Number Form

1. Enter the H80 grant number for your organization in the H80 Grant Number field (**Figure 17**).
2. Click the **[Save and Continue]** button to add proceed to the **Form 1B- Funding Request Summary**.

Figure 17: H80 Grant Number

H80 Grant Number

Due Date: | Section Status: Not Started

Resources

Note(s):  
You must provide your current H80 grant number to complete this application.

\* Applicant Information

Q1. H80 Grant Number (Example: H80CS12345)

Go to Previous Page Save Save and Continue

### 3.2 Form 1B - Funding Request Summary

**Form 1B** confirms the funding request and is used to specify any one-time funding (which should also appear in the **Budget Information- Section A** form in the Equipment and/or Construction rows). The EH Federal Funds Request (**Figure 18, 1**) is pre-populated from the **Budget Information – Section A**, New or Revised Budget, Federal total (**Figure 8**).

#### 3.2.1 Completing Form 1B- Funding Request Summary Form

1. Select the appropriate option in the One-Time Funding Request section based on the intended use of the requested EH funds (**Figure 18, 2**). This should align with **Budget Information – Section B – Budget Categories (Figure 10)**, in the Equipment and/or Construction rows.
2. One-time funding for equipment and minor alteration/renovation (A/R) costs are only allowable in year 1 and must not exceed \$150,000. If needed, go to **Section B – Budget Categories** in the **SF-424A Budget Information** form to edit the Federal funds requested for Equipment and/or Construction (minor A/R).
3. Click on the **[Save]** button to save all your progress.
4. Click on the **[Save and Continue]** button to proceed to **Form 5B- Select Site(s) from Scope**.

**Figure 18: Form 1B - Funding Request Summary**

### 3.3 Form 5B - Select Site(s) from Scope

**Form 5B - Select Site(s) from Scope** enables you to pick from your existing site(s) for your EH application. If you are proposing minor A/R, Form 5B is also used to designate the site(s) at which alterations/renovations will occur.

#### 3.3.1 Completing the Form 5B - Select Site(s) from Scope Form

1. Click the **[Pick Site from Scope]** button above the existing sites in scope section (**Figure 19**).
2. The system navigates to the **Select Site from Scope** page, populated with the sites in your H80 Scope (**Figure 20**).
3. Click the **[Select this Site]** (**Figure 20, 1**) link for each site where you will increase hours of operation. You cannot select Temporary Sites or Administrative Sites.
4. You can only select one site at a time. The system will return you to the Form 5B - Select Site(s) from Scope page. Click the **[Pick Site from Scope]** button for each existing site where hours will be expanded.
5. After choosing the site(s), click the **Save and Continue** button to save your work and proceed to **A/R Information**.

**Figure 19: Form 5B – Select Site(s) from Scope**

**Figure 20: Select Site**

**Form 5B - Select Site(s) from Scope**

Due Date: 12/31/2025 11:59:59 AM

Resources

**Note(s):**

- Click the [Select this Site] link for each site where you will increase hours of operation. You cannot select Temporary Sites or Administrative Sites.
- After choosing the site(s), click the [Save] button to save all of your progress and then click on the [Save and Continue] button to save your work and proceed to the A/R Information Form.
- You cannot modify your list of approved sites on Form 5B as part of this application.

**Existing Sites from Scope**

Site Name	Site Address	Service Site Type	Location Type	Options
...	...	...	...	Select this Site
...	...	...	...	Select this Site
...	...	...	...	Select this Site
...	...	...	...	Select this Site
...	...	...	...	Select this Site
...	...	...	...	Select this Site
...	...	...	...	Select this Site
...	...	...	...	Select this Site
...	...	...	...	Select this Site
...	...	...	...	Select this Site

Cancel

### 3.4 Alteration/Renovation (A/R) Information

If you did not request to use EH funding for minor A/R on Form 1B, then this section does not apply to you. If you are requesting funding for minor A/R (with or without equipment), you must complete the Alteration/Renovation (A/R) Project Cover Page and Other Requirements for Sites forms in EHBs for each site where minor A/R is proposed. The Alteration/Renovation (A/R) Information page will prepopulate selected sites from Form 5B – Select Site(s) from Scope form.

1. For each site(s) where alteration/renovation will take place, answer ‘Yes’ to **Are you requesting federal one-time funding for minor alteration/renovation at this site?** (Figure 21, 1).
2. Click on the [Update] link (Figure 21, 2) for each site to complete the **Alteration/Renovation (A/R) Project Cover Page** (Figure 22) and the **Other Requirements for Sites** (Figure 23) for each site.

#### 3.4.1 Completing the Alteration/Renovation Project Cover Page

1. Complete the questions on the **Alteration/Renovation (A/R) Project Cover Page** and provide the required attachments.
2. The EID checklist is provided in EHBs as a template to download, complete, and upload to this form.
3. Click on the [Save] button to save all your progress.
4. Click on the [Save and Continue] button to proceed to the **Other Requirements for Sites** form (Figure 23).

**Figure 21: Alteration/Renovation Information**

**Alteration/Renovation (A/R) Information**

Due Date: [Date] Section Status: Not Complete

**Resources**

**Note(s):**

- If you did not request to use EH funding for minor alteration/renovation on Form 1B, this section does not apply to you. If you are requesting funding for minor alteration/renovation (with or without moveable equipment), you must complete the Alteration/Renovation (A/R) Project Cover Page and Other Requirements for Sites forms for each site where minor alteration/renovation is proposed. The Alteration/Renovation (A/R) information page will prepopulate selected sites from scope.
- For each site(s) where alteration/renovation will take place, answer "Yes" to Are you requesting federal one-time funding for minor alteration/renovation at this site?
- Click on the [Update] link for each site to complete the Alteration/Renovation (A/R) Project Cover Page and the Other Requirements for Sites for each site.

Select site

Site Name	Physical Address	BPHC Site ID	Are you requesting federal one-time funding for minor alteration/renovation at this site?	Status	Options
CASTLES PLACE HEALTH CENTER	WALNUT SHADE, LA 69997-5029	81384	<input type="radio"/> Yes <input type="radio"/> No	Not Started	Update

Go to Previous Page Save Save and Continue

**Figure 22: Project Cover Page**

**Alteration/Renovation (A/R) Project Cover Page**

Due Date: [Date]

**Note(s):**

- Please provide A/R information for the site below.
- To save the information entered in this page, click on the "Save" button or use the "Save and Continue" button to go to the next section. To return to the previous section, click on the "Go to Previous Page" button. The form will not be marked as COMPLETE if any information required below is missing or is incorrect.

**Resources**

Fields with \* are required

Alteration/Renovation (A/R) Project Cover Page Other Requirements for Sites

**1. Site Information**

Name of Service Site [Text Field]  
 Site Address [Text Field]  
 Improved Project Square Footage [Text Field]

**2. Project Description**

- Provide a detailed description of the scope of work of the minor A/R project. Identify the major clinical and non-clinical spaces that will result from or be improved by the project. Explain how these changes will enable your site(s) to provide expanded operating hours.
- List key improvements, such as permanently affixed equipment to be installed; modifications and repairs to the building exterior (including windows); HVAC modifications (including the installation of climate control and duct work); electrical upgrades; and plumbing work.
- Describe how potential adverse impacts on the environment will be minimized. Indicate whether, and if so, how the project will implement green/sustainable design practices/principles (e.g., using project materials, design/renovation strategies).

Maximum 4000 characters

**3. Project Management/Resources/Capabilities**

- Explain the oversight for the minor A/R project, including the Project Manager and the Project Team, if applicable, responsible for managing the project.
- Describe how the Project Team has the expertise and experience necessary to successfully manage and complete the project within the timeframe and achieve the goals and objectives established for this project.

Maximum 4000 characters

**4. Is the proposed minor alteration/renovation project part of a larger scale renovation, construction, or expansion project?**  
 Provide a response below.  
 Yes  No

**Attachments**  
 Provide the following documents related to this site:

- A/R Project Budget Justification (Minimum 1) (Maximum 1) [Attach File] No documents attached

**Environmental Information Documentation (EID) Checklist**

Name	Description	Options
EID Checklist	Template for EID Checklist	Download

- Environmental Information Documentation (EID) Checklist (Minimum 1) (Maximum 1) [Attach File] No documents attached
- Floor Plans/Schematic Drawings (Minimum 1) (Maximum 2) [Attach File] No documents attached

Go to Previous Page Save Save and Continue



### 3.4.2 Completing the Other Requirements for Sites Form

If you are requesting one-time funding for minor A/R, you must complete the **Other Requirements for Sites** form. This form addresses site control, federal interest, and cultural resources, and historic preservation considerations related to the project.

1. Identify whether the site is owned or leased. If leased, answer question 1B.
2. Answer the questions under Cultural Resource Assessment and Historic Preservation Considerations.
3. Provide the required attachments, including property information. If the site is leased (even if you do not pay to use the site), you must upload a Landlord Letter of Consent. If the site is owned, it is not required.
4. Click on the **[Save]** button to save all your progress.
5. Click on **[Save and Continue]** to go back to the **Alteration/Renovation (A/R) Information (Figure 21)**.

Figure 23: Other Requirements for Sites

**Other Requirements for Sites**

**Notes(s):**

- Please provide A/R information for the site below.
- To save the information entered in this page, click on the "Save" button or use the "Save and Continue" button to go to the next section. To return to the previous section, click on the "Go to Previous Page" button. The form will not be marked as COMPLETE if any information required below is missing or is incorrect.

**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 ▼ Error 6 ▼ Error 7

Due Date: [Redacted]

Resources [Redacted]

Fields with \* are required

Alteration/Renovation (A/R) Project Cover Page Other Requirements for Sites

**Site Information**

Name of Service Site [Redacted]  
Site Address [Redacted]

**\* 1. Site Control and Federal Interest**

1a. Identify current status of property site (if "Leased", please answer Question 1b)

▼ Provide a response to this question(s) (v)

Owned  Leased

1b. If Leased, please check the following:

The applicant certifies the following:

- The existing lease will provide the health center reasonable control of the project site;
- The existing lease is consistent with the proposed scope of project;
- We understand and accept the terms and conditions regarding Federal Interest in the property.

**\* 2. Cultural Resource Assessment and Historic Preservation Considerations**

2a. Was the project facility constructed prior to 1975?

▼ Provide a response to this question (v)

Yes  No

2b. Is the project facility 50 years or older?

▼ Provide a response to this question (v)

Yes  No

2c. Does any element of the overall work at the project site include:

1. Any renovation/modifications to the exterior of the facility (for example: roof, HVAC, windows, siding, signage, exterior painting, generators, etc.) or
2. Ground disturbance activity (for example: expansion of building footprint, parking lot, sidewalks, utilities, etc.)?

▼ Provide a response to this question (v)

Yes  No

2d. Does the project involve renovation to a facility that is, or near a facility that is, architecturally, historically, or culturally significant?

▼ Provide a response to this question (v)

Yes  No

2e. Is the site located on or near Native American, Alaskan Native, Native Hawaiian, or equivalent culturally significant lands?

▼ Provide a response to this question (v)

Yes  No

**Attachments**

If property status is "Leased", applicant must provide Landlord Letter of Consent.

▼ Landlord Letter of Consent (Maximum 1) Attach File

No documents attached

If property status is "Leased" or "Owned" please provide Property Information.

▼ \* Property Information (Minimum 1) (Maximum 1) Attach File

Upload at least 1 attachment(s) for Property Information(s) (v)

No documents attached

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

## 3.5 Project Overview

### 3.5.1 Completing the Site Summary Table and Project Overview Form

The sites in the summary table are populated from those you selected on the **Form 5B – Select Site(s) from Scope** page.

1. If you need to add or remove a site, please open **Form 5B – Select Site(s) from Scope** to make changes.
2. Sites referenced in your Project Narrative should match the sites listed in your Site Summary Table.
3. Click the **[Update]** link under **Actions** for each site to complete Site Information questions (**Figure 25, 1**).
4. In the **Site Information- Hours of Operation table**, for each site listed, enter the number of additional hours proposed in A4 (**Figure 25, 1**) and the proposed new total hours as a result EH funding in A5 (**Figure 25, 2**). A5 (proposed new total hours) should equal A3 (number of current hours from your Form 5B) plus A4 (number of additional hours). You must calculate this manually since the system will not provide an automatic sum of columns A3 (number of current hours) plus A4 (number of additional hours).
5. Click **Save and Continue** to save your progress. The data entered in **Site Information- Hours of Operation** will display updated in the Site Summary Table.
6. **After completing the Site Summary Table**, complete sections B through E in the Project Overview Form. These questions are about your **overall proposed project**. You will answer these questions one time about your overall project across all sites where additional hours are proposed. (**Figure 24, 2**).
7. **Section B:** Describe your plan for increasing hours in a short narrative. Include a timeline for key tasks/deliverables, including how many hours you plan to add within the first 6 months of award. Your response can be up to 3,000 characters (approximately 500 words).
8. **Section C:** Note which in-scope services will be available during your additional hours of operation. You must have at least one response of 'Yes.'
9. **Section D:**
  - In D1, answer 'Yes' or 'No' for whether you plan to use EH funding to change the service delivery method for any service in your Form 5A: Services Provided. You may change the way a service is provided, but you cannot add a service to scope with this funding.
  - If you answer 'Yes' in D1, provide a description in D2 of your proposed changes and timeline for the modifications.
  - If you plan to use EH Funding to change the service delivery method for any service, you will need to submit a **Scope Adjustment or Change In Scope** request outside of this EH application.
10. **Section E:** Enter the number of estimated unduplicated new patients your health center will serve in 2025 as a result of your EH project. This number may be added to your Patient Target if funding continues beyond the 2-year period of performance.
11. When the form is complete, click the **Save and Continue** button.

Figure 24: Project Overview

**Project Overview**

Due Date: [ ] Section Status: Not Started

Resources [ ]

Fields with \* are required

**Instructions**

**Note(s):**

- The sites in the summary table below are populated from those you selected on the Form 5B Select Site(s) From Scope page.
- If you need to add or remove a site, please open Form 5B Select Site(s) From Scope to make changes.
- Sites referenced in your Project Narrative should match the sites listed in the summary table below.
- Click on the (Update) link under Actions for each site to complete Site Information questions.

Below the summary table, respond to questions about services that will be provided during your additional hours.

**A. Site Summary Table**

A1. Name of Service Delivery Site	A2. Service Delivery Site Address	A3. According to Form 5B at the time of NOFO release, this site is open this many hours per week:	A4. How many additional hours (not counting the number in A3) are you proposing this site will be open per week as a result of EH funding?	A5. The proposed new Total Hours of Operation for this site per week as a result of EH funding will be:	Actions
[ ]	[ ]	[ ]	[ ]	[ ]	[ Update ]

**B. Describe your plan for increasing hours in a short narrative. Include a timeline for key tasks/deliverables, including how many hours you plan to add within the first 6 months of award. (Response can be up to 2,000 characters with spaces, approximately 500 words)**

[ ]

**C. What in-scope services, listed in Form 5A- Services Provided, will be available during your additional hours of operation? (At least one response must be Yes.)**

Service	Yes	No
C1. Medical	<input type="radio"/>	<input type="radio"/>
C2. Dental	<input type="radio"/>	<input type="radio"/>
C3. Mental Health	<input type="radio"/>	<input type="radio"/>
C4. Substance Use Disorder	<input type="radio"/>	<input type="radio"/>
C5. Vision	<input type="radio"/>	<input type="radio"/>
C6. Enabling	<input type="radio"/>	<input type="radio"/>
C7. Pharmacy	<input type="radio"/>	<input type="radio"/>

**Note(s):**

You can use EH funding to change the way a service is offered, but you cannot propose to start providing services that are NOT currently offered (for which no column is currently selected on Form 5A- Services Provided).

**D. Service Delivery Method Scope Changes**

Review your current approved Form 5A- Services Provided. If you plan to use EH funding to change the service delivery method for any service, you will need to submit a Change In Scope request outside of this EH application.

**D1. My health center's proposed activities will require a Change in Scope or Scope Adjustment request to modify Form 5A- Services Provided.** Select One Option

Yes  No

**D2. If you responded Yes, describe the proposed changes to your Form 5A- Services Provided and provide a timeline for requesting the necessary modifications. (Response can be up to 500 characters with spaces, approximately 125 words)**

[ ]

**E. New Patient Estimate**

E1. Enter the number of estimated unduplicated new patients your health center will serve in 2025 (patients who will be new to the health center in 2025) as a result of your EH project. Note: This number may be added to your H00 patient target if your EH funding continues beyond the 2-year period of performance.

[ ]

[ Go to Previous Page ] [ Save ] [ Save and Continue ]

Figure 25: Site Information-Hours of Operation

**A. Site Information – Hours of Operation**

Fields with \* are required

\* A1. Name of Service Delivery Site

\* A2. Service Delivery Site Address

\* A3. According to Form 5B at the time of NOFO release, this site is open this many hours per week:

\* A4. How many additional hours (not counting the number in A3) are you proposing this site will be open per week as a result of EH funding? [ ]

\* A5. The proposed new Total Hours of Operation for this site per week as a result of EH funding will be: [ ]

[ Cancel ] [ Save and Continue ]

### 3.6 Equipment List

If you did not request to use EH funding for equipment in year 1 in the **SF-424A Section B – Budget Categories (Figure 5)** and did not select it in **Form 1B**, then the **Equipment List Form (Figure 26)** does not apply to you. The total equipment price on the **Equipment List Form (Figure 26)** must equal the federal year 1 equipment costs on the **SF-424A Section B – Budget Categories (Figure 5)** form.

#### 3.6.1 Completing the Equipment List Form

1. Click on the **[Add]** button (**Figure 26, 1**) to proceed to the Equipment Information – Add Form (**Figure 27**).
2. Select the equipment type, either “Clinical” or “Non-Clinical” (**Figure 27, 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 included as Supplies on the **SF-424A Section B – Budget Categories (Figure 5)** form.
5. Enter the number of units to be purchased.
6. Click on the **[Save]** button to save all your progress.
7. Click on the **[Save and Continue]** button to return to the **Equipment List Form**.
8. To edit an equipment item, click on the **Update** link under the Options menu (**Figure 28, 1**). To delete an equipment item, click on the **Delete** link under the Options menu (**Figure 28, 2**).
9. Click on the **[Save]** button to save all your progress.
10. Click on the **[Save and Continue]** button to proceed to the **Project Overview** page.

**Figure 26: Equipment List**

**Equipment List**

**Note(s):**  
Provide the equipment information requested for the sites in the Equipment List page below. Click on the "Save and Continue" button to go to the next section. To return to the previous section, click on the "Go to Previous Page" button. The form will not be marked as COMPLETE if any information required below is missing.

**Resources** <sup>12</sup> | **Due Date:** 12/31/2025 | **Section Status:** Not Complete

**View**  
Funding Opportunity Announcement | FY25 EH Application User Guide

**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. Up to \$150,000 of your total FY25 EH funding request may be used for equipment and/or minor A/R in year 1.
- 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.

**Add** <sup>1</sup>

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

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

**Figure 27: Equipment List-Add Page**

**Figure 28: Equipment List-Update Page**

Type	Description	Unit Price	Quantity	Total Price	Options
Clinical	Testing Equipment	\$10,000.00	1	\$10,000.00	Update, Delete
<b>Total</b>			<b>1</b>	<b>\$10,000.00</b>	

#### 4. Reviewing and Submitting the FY25 Expanded Hours Application to HRSA

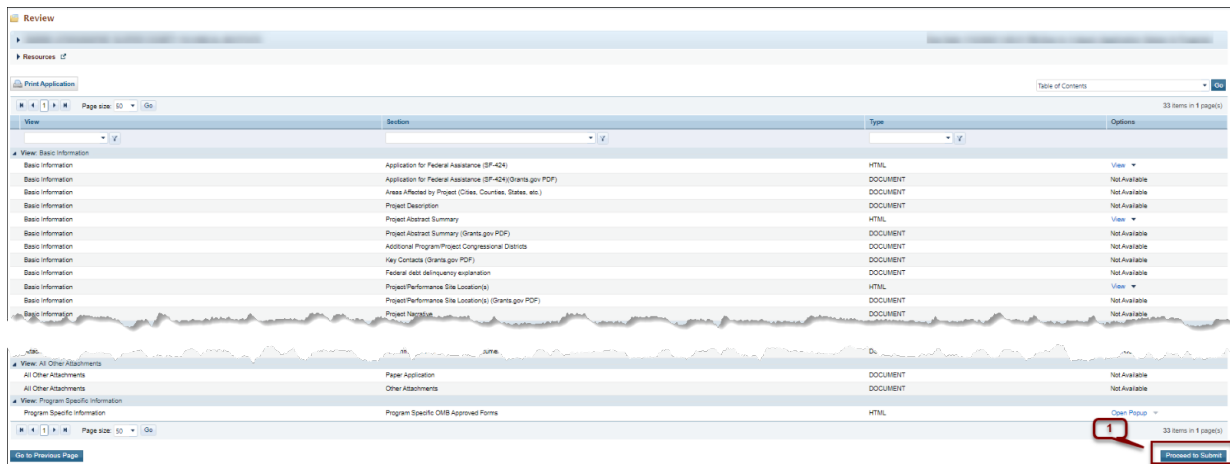
To review your application, follow the steps below:

1. Go 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.

**Figure 29: Review Link**

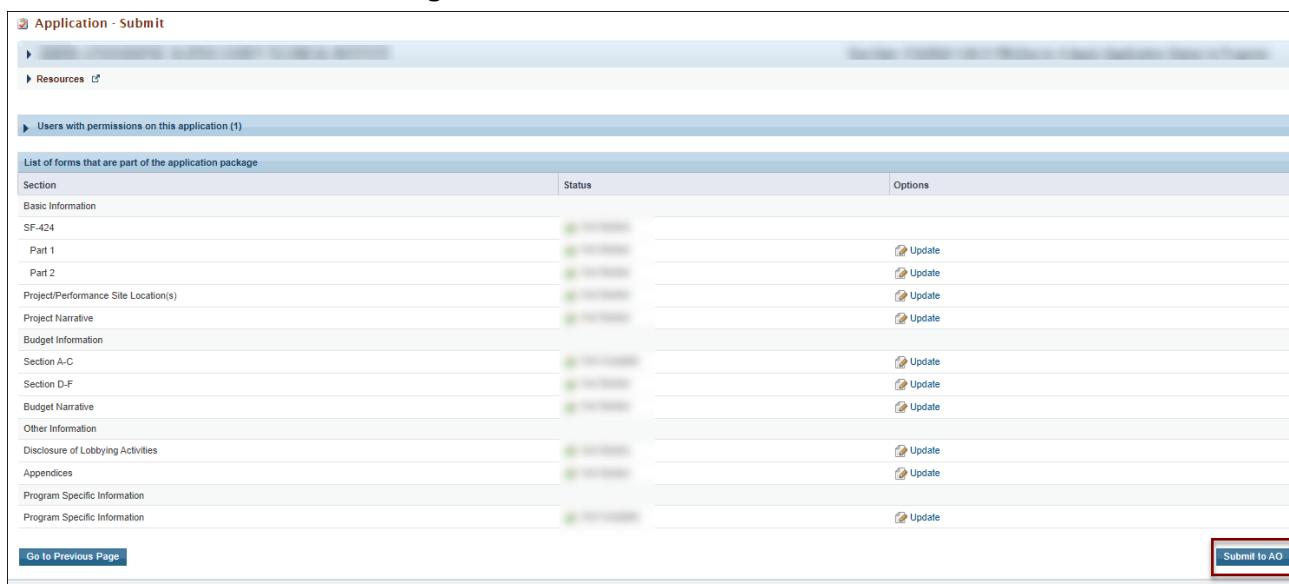
2. On the **Application – Status Overview** page, sections that are incomplete or have errors will have a status of 'Not Complete.' Click the **Update** link under the Options menu to access each section needing revision. Update until the status is 'Complete' for all.
3. Once all sections indicate 'Complete,' click the **Review** link in the Review and Submit section of the left menu (**Figure 29, 1**). The system opens the **Review** page. Click the **View** link in the Options column to see each part of your application. Click the Open Popup link at the bottom of the Options column to see all the program-specific forms. Click the Print Application button at the top of the page to see all the forms.
4. When you are ready to submit the application to HRSA, click the Proceed to Submit button at the bottom of the **Review** page (**Figure 30, 1**).

**Figure 30: Review Page-Proceed to Submit**



5. To apply, you must have the 'Submit' privilege. This privilege must be given by the Project Director (PD) to the Authorizing Official (AO).
6. If you are not the AO, a Submit to AO button will be displayed at the bottom of the Submit page. Click the button to notify the AO that the application is ready to submit to HRSA (**Figure 31**).
- The AO must click the **Submit to HRSA** button before the due date. Make sure to leave time for this step!
7. If you are AO, click the Submit to HRSA button at the bottom of the **Submit** page (**Figure 31**).

**Figure 31: Submit to AO or HRSA**



8. 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.
9. 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>).
10. Please note: EHBs allows the authorizing official (AO) to reopen the application in EHBs before the EHBs deadline. For additional details and step-by-step instructions with screenshots, refer to the [Reopen Submitted Applications webpage](#). The AO must resubmit the reopened application in EHBs by 5 p.m. ET on the EHBs due date for the application to be considered.