

HRSA Electronic Handbooks (EHBs)

Fiscal Year (FY) 2023 Health Center Program –School-Based Service Expansion (SBSE)

HRSA-23-097

User Guide for Grant Applicants

Last updated on February 15, 2023



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This user guide describes the steps to submit an FY 2023 Health Center Program School-Based Service Expansion. (SBSE) application in the HRSA Electronic Handbooks (EHBs) (funding opportunity announcement number HRSA-23-097). Use this guide with the SBSE notice of funding opportunity (NOFO) and example forms, both available on the [SBSE Technical Assistance webpage](#) for complete application development guidance.

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

1. Starting the FY 2023 SBSE Application

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

Phase 1: Find the NOFO in Grants.gov by searching on opportunity number HRSA-23-097, access the application package, and submit the required application forms in Grants.gov.

Phase 2: Validate, complete, and submit this application in the HRSA Electronic Handbooks (EHBs).

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.
 - 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.
1. Log into EHBs and validate the application. To validate the Grants.gov application, log into EHB and click on the Grant Applications link, under the Tasks tab and then click on the Grants.Gov Application Pending Validation: Validate link. You will need your Grants.gov and EHB tracking numbers (emailed after successful Grants.gov submission).
 2. Once the application is validated in EHBs, click the Tasks tab on the EHBs homepage to navigate to the **Pending Tasks – List** page.
 3. Locate the FY 2023 SBSE application using the EHBs application tracking number (e-mailed after successful Grants.gov submission) and click the **Start** link to begin working on the application in EHBs (if you previously accessed the application, the **Start** link will be replaced with **Edit**).
 - The system opens the **Application - Status Overview** page of the application ([Figure 1](#)).

Figure 1: Accessing the Application - Status Overview Page

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

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

2. Completing the Standard Section of the Application

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

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

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

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

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

SF-424 - Part 2

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

Resources

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

Fields with * are required

▼ Areas Affected by Project (Cities, Counties, States, etc.) (Maximum 1) Attach File

No documents attached

Descriptive Title of Applicant's Project Health Center Cluster

▼ Project Description (Maximum 1) Attach File

No documents attached

Project Abstract

Approximately 2 pages (Max 4000 Characters with spaces).

* Project Abstract 1

- In the **Project/Performance Site Location(s)** form, enter the location that you consider to be your main service delivery site.
- In the **Project Narrative** form, attach the Project Narrative by clicking the **[Attach File]** button ([Figure 3, 1](#)).

Figure 3: Attach Project Narrative

Project Narrative

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

Resources

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Fields with * are required

▼ * Project Narrative (Minimum 1) (Maximum 2) Attach File

No documents attached

Go to Previous Page Save Save and Continue

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

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

2.1.1 Budget Information - Section A-C

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

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

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

Note:

- If you clicked on **[Save and Continue]** when attaching your Project Narrative, the system will move you directly to Budget Information – Section A-C form ([Figure 4](#)) and you will not need to perform the above step.

Figure 4: Section A-C Update Link

Application - Status Overview

Success:
Grant application has been successfully created. The tracking number for this application is [redacted]. This number will serve as a reference for future correspondence or inquiries from HRSA.

Due Date: [redacted] (Due in: [redacted]) | Application Status: In Progress

Resources

Users with permissions on this application (1)

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	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

2. Under Section A – Budget Summary, click the **[Update Sub Program]** button ([Figure 5](#): Budget Information – Section A-C Form, **1**) to navigate to the **Sub Program – Update** page ([Figure 6](#)).

Figure 5: Budget Information – Section A-C Form

Budget Information - Section A-C

STREET HEALTH NETWORKING STATE BOARD OF HEALTHS

View Date: 11/12/2024 11:24:24 PM (View in PDF Mode)
Section Status: Not Complete

Resources

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Fields with * are required

*** 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
Community Health Centers	93.224	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Health Care for the Homeless	93.224	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Migrant Health Centers	93.224	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Public Housing	93.224	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Update Sub Program	Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

*** Section B - Budget Categories** Update

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

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

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

Go to Previous Page Save Save and Continue

Figure 6: Sub Program – Update Page

Sub Programs - Update

STREET HEALTH NETWORKING STATE BOARD OF HEALTHS

View Date: 11/12/2024 11:24:24 PM (View in PDF Mode)
Section Status: Not Complete

Resources

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Sub Programs

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

Cancel Save and Continue

- Health Center Program subprogram funding streams are Community Health Centers (CHC), Migrant Health Centers (MHC), Health Care for the Homeless (HCH), and/or Public Housing Primary Care (PHPC).

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

Section A - Budget Summary							Update
Grant Program Function or Activity	CFDA Number	Estimated Unobligated Funds		New or Revised Budget			
		Federal	Non-Federal	Federal	Non-Federal	Total	
Community Health Centers	93.527	\$0.00	\$0.00	\$150,000.00	\$10,000.00	\$160,000.00	
Health Care or the Homeless	93.527	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Migrant Health Centers	93.527	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Public Housing	93.527	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Update Sub Program	Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	

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

Figure 8: Section A – Update Page

Section A - Update

Due Date: 10/10/2016 11:59:59 PM (Due in: 0 days) | Section Status: Not Complete

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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	
Health Care for the Homeless	93.224	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Migrant Health Centers	93.224	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

[Cancel](#) [Save and Continue](#)

- Under the New or Revised Budget section, enter the amount of federal funds ([Figure 8, 1](#)) and non-federal funds ([Figure 8, 2](#)) that you are requesting in the applicable column for the first 12-month budget period for each requested subprogram (CHC, MHC, HCH, and/or PHPC). Do not enter amounts for Estimated Unobligated Funds.
- Enter federal funds in the same subprogram funding proportions as your existing H80 grant.
- Click the **[Save and Continue]** button to navigate back to the **Budget Information – Section A-C** page, which will display the updated New or Revised Budget under Section A – Budget Summary ([Figure 9](#)).

Note:

- The federal amount refers only to SBSE funding that you are requesting in this application, not all federal grant funding that you receive.
- The amount in the Total row of the Federal column must not exceed the maximum federal funding amount explained in the SBSE NOFO.

Figure 9: Section A – Budget Summary Page After Update

★ Section A - Budget Summary Update						
Grant Program Function or Activity	CFDA Number	Estimated Unobligated Funds		New or Revised Budget		
		Federal	Non-Federal	Federal	Non-Federal	Total
Health Care for the Homeless	93.224	\$0.00	\$0.00	\$30,000.00	\$0.00	\$30,000.00
Migrant Health Centers	93.224	\$0.00	\$0.00	\$20,000.00	\$0.00	\$20,000.00
Update Sub Program	Total	\$0.00	\$0.00	\$50,000.00	\$0.00	\$50,000.00

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

Figure 10: Section B – Budget Categories

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

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

Note:

- The total federal and non-federal amounts in **Section B – Budget Categories** must be equal to the total new or revised federal and non-federal amounts in **Section A – Budget Summary** of the **Budget Information – Section A-C** page.
- Enter “0” in the Federal or Non-Federal columns of the Object Class Categories that are not applicable.
- If you are proposing minor alteration/renovation (A/R), enter A/R costs on the construction line.

Figure 11: Section B – Update Page

Section B - Update

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

THINK: LAYPINE COMMUNITY HEALTH CENTER Due Date: 8/10/2024 11:59:59 PM (Due in: 30 days) | Section Status: Not Complete

Resources

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Fields with * are required

*** Section B - Budget Categories**

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

[Cancel](#) [Save and Continue](#)

10. Click the **[Save and Continue]** button (Figure 11, 3) to navigate to the **Budget Information – Section A-C** page (Figure 4).

11. In **Section C – Non- Federal Resources**, enter the non-federal amount specified in **Section A – Budget Summary** across the applicable non-federal resources by clicking the **[Update]** button in the top right corner of the **Section C** header (Figure 12, 1).

Note:

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

Figure 12: Section C - Non- Federal Resources

*** Section C - Non Federal Resources** [Update](#)

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

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

12. Click on the **[Save]** button to save all your progress.

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

2.1.2 Budget Information – Section D-F

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

- Section D – Forecasted Cash Needs
 - Section E – Federal Funds Needed for Balance of the Project
 - Section F – Other Budget Information
1. Section D – Forecasted Cash Needs is optional and may be left blank. If you complete this section, enter the amount of cash needed by a quarter during year 1 in both the Federal and Non-Federal rows by clicking the **[Update]** button in the top right corner of Section D ([Figure 13, 1](#)).
 2. In Section E - Federal Funds Needed for Balance of the Project, enter the federal funds requested for year 2 funding for each proposed subprogram in the Future Funding Periods (Years) by clicking the **[Update]** button in the top right corner of Section E ([Figure 13, 2](#)). Enter year 2 federal funds in the “First” column.
 3. In Section F – Other Budget Information, provide information about direct and indirect charges. You can also add any relevant comments or remarks in this section by clicking the **[Update]** button in the top right corner of Section F ([Figure 13, 3](#)).
 4. Click **[Save]** to save all your progress.
 5. Click the **[Save and Continue]** button on the Budget Information – Section D-F to proceed ([Figure 13, 4](#)).

Figure 13: Budget Information – Section D-F

Budget Information - Section D-F

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

Resources

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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
Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

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

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

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](#)

2.1.3 Budget Narrative

Upload the Budget Narrative by clicking the **[Attach File]** button ([Figure 14, 1](#)). Once uploaded, click the **[Save]** button to save all your progress, and then click the **[Save and Continue]** button to proceed to the Disclosure of Lobbying Form ([Figure 14, 2](#)).

Figure 14: Budget Narrative

2.2 Completing the Disclosure of Lobbying Activities Form

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

2.3 Completing the Appendices Form

1. Upload the following attachments, as applicable, by clicking the associated **[Attach File]** button for each (Figure 15, 1):
 - Attachment 1: School Commitment Documentation (required for eligibility) (maximum 1 attachment)
 - Attachment 2: Map of New School-Based Service Site Location (as applicable) (maximum 1 attachment)
 - Attachment 3: Health Center Program Letter of Support (as applicable) (maximum 1 attachment)
 - Attachment 4: Summary of Contracts and Agreements (as applicable) (maximum 1 attachment)
 - Attachment 5: Other Relevant Documents (as applicable) (maximum 5 attachments)

Figure 15: Appendices

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

3. Completing the Program Specific Section of the Application

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

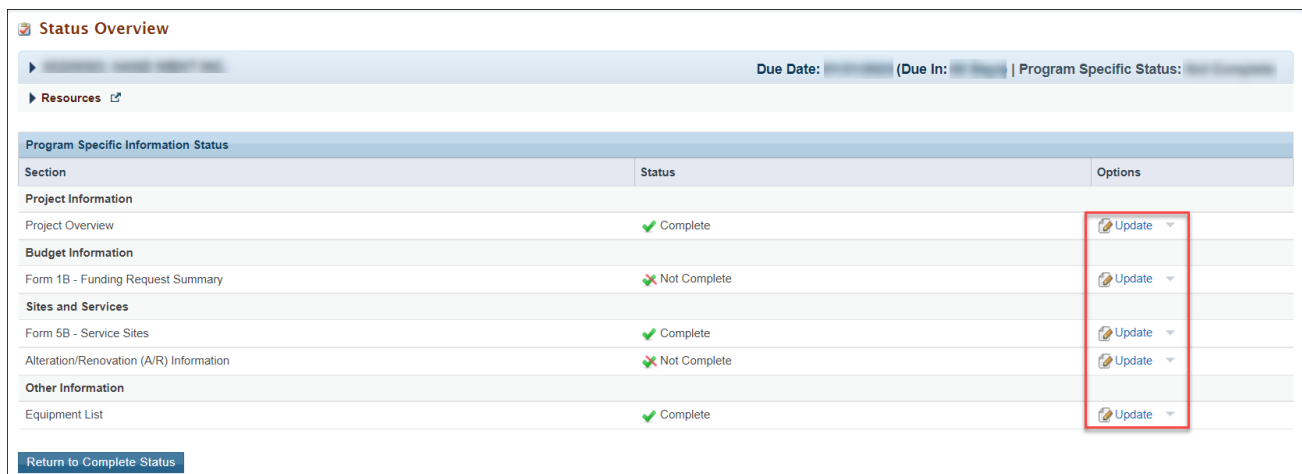
The **Program Specific Section** page consists of the following four sections and corresponding forms:

- Project Information
 - Project Overview Form
- Budget Information
 - Form 1B – Funding Request Summary
- Sites and Services
 - Form 5B – Service Sites
 - Alteration/Renovation (A/R) Information
- Other Information
 - Equipment List

Note:

- The status of each form will indicate Not Started, Not Complete, or Complete. A form is ‘Not Started’ when it has not been opened or saved. A form is ‘Not Complete’ when it has been opened, partially filled out, or has validation issues. A form is ‘Complete’ when it has been successfully filled out with no errors.

Figure 16: Status Overview Page for Program Specific Forms



Status Overview		
Due Date: (Due In:) Program Specific Status:		
Resources		
Program Specific Information Status		
Section	Status	Options
Project Information		
Project Overview	Complete	Update
Budget Information		
Form 1B - Funding Request Summary	Not Complete	Update
Sites and Services		
Form 5B - Service Sites	Complete	Update
Alteration/Renovation (A/R) Information	Not Complete	Update
Other Information		
Equipment List	Complete	Update

Return to Complete Status

3.1 Project Overview Form

The **Project Overview Form** has four sections: Health Center Program Operational Grant Number, Project Work Plan, Patient Impact, and Health Center Program Scope of Project.

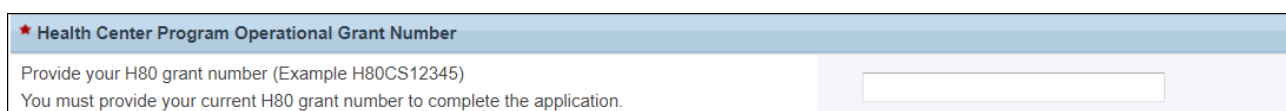
3.1.1 Completing the Health Center Program Operational Grant Number Section

1. Enter the H80 grant number for your organization in the Health Center Program Operational Grant Number section ([Figure 17](#): Health Center Program Operational Grant Number).

Note:

- 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.

Figure 17: Health Center Program Operational Grant Number

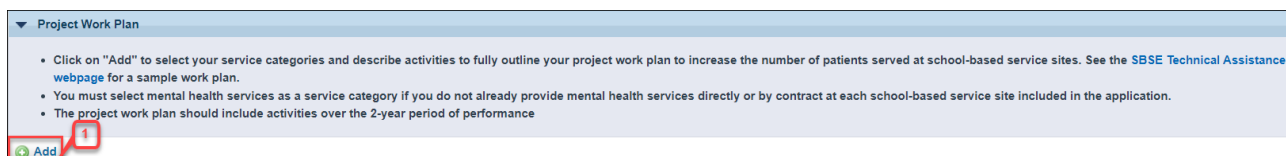


2. Proceed to the Project Work Plan section ([Figure 18](#): Work Plan).

3.1.2 Completing the Project Work Plan Section

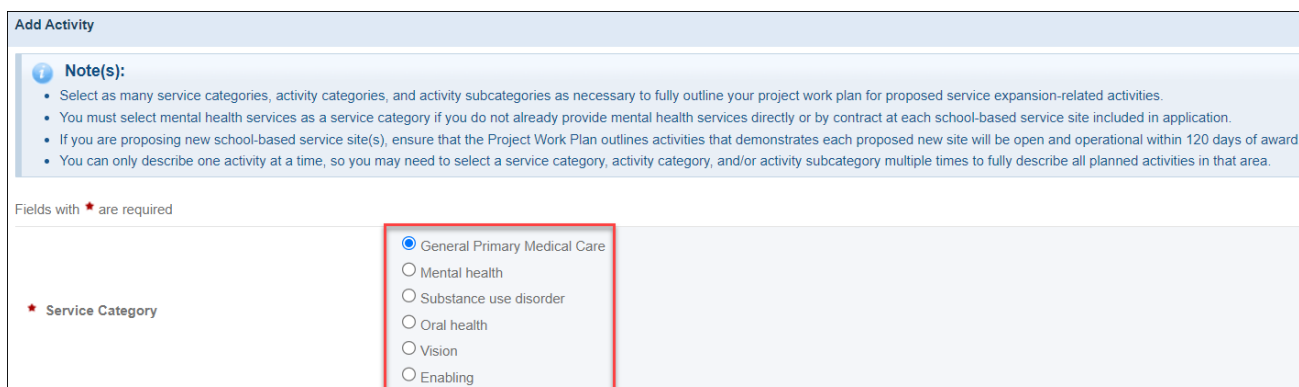
1. To add activities to the Work Plan, click the **[Add]** button ([Figure 18](#): Work Plan, **1**).

Figure 18: Work Plan



2. Select a Service Category ([Figure 19](#): Add Activity, **1**). You may choose multiple service categories; however, they must be added one at a time.

Figure 19: Add Activity



3. Select an activity category from the list of available activity categories ([Figure 20](#): Add Activity (Activity Selection and Description), **1**). You may choose multiple activity categories for a given Service Category; however, they must be added one at a time. To do so, first select the activity category, subcategory, and

provide a description ([Figure 20: Add Activity \(Activity Selection and Description\)](#), **1-5**), then press Save and Continue. You will then repeat the steps, for the next activity category.

- To create a custom activity category or subcategory, select “Other” and add a description of no more than 300 characters, including spaces ([Figure 20: Add Activity \(Activity Selection and Description\)](#), **2, 4**).

Note:

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

- Click the **[Save and Continue]** button to add the selected activity to your Work Plan.

Figure 20: Add Activity (Activity Selection and Description)

The screenshot shows a form titled "Add Activity (Activity Selection and Description)". It is divided into three main sections, each with a red star icon and a label on the left:

- Activity Category:** This section contains five radio button options: "Access to Services", "Quality, Patient Care, and Safety", "Workforce" (which is selected), "Patient Experience and Health-Related Social needs", and "Other". A red callout box labeled "1" points to the "Workforce" option. A red callout box labeled "2" points to the "Other" option. Below the radio buttons is a text input field with the placeholder "Please specify (Up to 125 characters with spaces)".
- Activity Subcategory:** This section contains four radio button options: "Recruitment, hiring, onboarding, retention, well-being, and engagement of personnel (direct hire and/or contracted)", "Training and professional development", "Integrating multidisciplinary teams", and "Other". A red callout box labeled "3" points to the first option, "4" points to the second, and "5" points to the "Other" option. Below the radio buttons is a text input field with the placeholder "Please specify (Up to 300 characters with spaces)".
- Activity Description:** This section contains a large text input field with the placeholder "1,000 characters with spaces (Approximately 1/2 page)". A red callout box labeled "5" points to this field.

3.1.3. Completing the Patient Impact Section

- In the **Patient Impact** section, in the first column, enter the number of patients served across all of your school-based service sites in calendar year 2022.
- In the second column, enter the estimated number of patients to be served across all of your school-based service sites in calendar year 2024. This number should include current school-based patients estimated to receive school-based services in 2024 and estimated new school-based patients in 2024.
- The third column will automatically calculate the estimated increase.

3.1.4 Completing the Health Center Program Scope of Project Section

- In the Health Center Scope of Project section, determine if a Scope Adjustment or Change in Scope request will be necessary to implement your SBSE project. For the questions about Forms 5A and 5C,

select Yes or No based on if an update will be necessary for the respective scope form ([Figure 21: Health Center Program Scope of Project](#), **1**).

2. If you select yes for Form 5A and/or 5C, describe the proposed changes in the comment box below the respective question ([Figure 21: Health Center Program Scope of Project](#), **2**).

Note:

- You will be able to add new sites in the Form 5B ([Figure 23](#)).
3. Click on the **[Save]** button to save all your progress.
 4. Click the **[Save and Continue]** button to proceed to the **Form 1B**.

Figure 21: Health Center Program Scope of Project

The screenshot shows the 'Health Center Program Scope of Project' form. It contains two identical sections for Form 5A and Form 5C. Each section asks if a scope adjustment is necessary and provides a text box for details. Red callout boxes labeled '1' and '2' highlight the selection area and the comment box respectively.

3.2 Form 1B – Funding Request Summary

Form 1B confirms the funding request and is used to request one-time funding (which should also appear in the Budget Information Section A form in the Equipment and/or Construction rows). The SBSE Federal Funds Request ([Figure 22](#), **1**) is pre-populated from the **Budget Information – Section A**, New or Revised Budget, Federal total ([Figure 8](#), **1**).

3.2.1 Completing Form 1B:

1. Select the appropriate option in the One-Time Funding Request section based on the intended use of the requested SBSE funds ([Figure 22](#), **2-5**). This should align with **Budget Information – Section B – Budget Categories** ([Figure 10](#)), in the Equipment and/or Construction rows.
2. Indicate if you are proposing to add a new school-based service site (mobile site or permanent site) and if you are proposing to expand services at an existing school-based service site in scope (mobile site or permanent site) in this application ([Figure 22](#), **6 & 7**). You can select 'Yes' for both options or only one.
3. Enter the name of the school district(s) where your school-based service expansion will occur. If you have multiple sites, clearly indicate separate school districts with a comma.
4. You must include School Commitment Documentation for each proposed school-based service site. Check the check box to certify that the application includes this documentation for each school-based service site included in the application.
5. Click on the **[Save]** button to save all your progress.

6. Click on the **[Save and Continue]** button to proceed to **Form 5B**.

Figure 22: Form 1B: Funding Request Summary: Federal Funds Requested

Form 1B - Funding Request Summary

Due Date: (Due In:) | Section Status:

Resources

Fields with * are required

Note(s):

- Before completing Form 1B, the SF-424A, Budget Information form must be completed.
- Go to Section A – Budget Summary in the Budget Information form to edit the Total Federal Funds requested for year 1, not to exceed \$250,000.
- One-time funding for equipment and minor alteration/renovation (A/R) costs are only allowable in Year 1 and must not exceed \$150,000. Go to Section B – Budget Categories in the Budget Information form to edit the Federal funds requested for Equipment and Construction (minor A/R).

SBSE Federal Funding Request

Note(s):

- If you select 'Equipment only' (no minor A/R) below, you must include an equipment amount in the Equipment line item in Section B – Budget Categories on the Budget Information form and complete the Equipment List form.
- If you select 'Minor A/R with equipment' below, you must include the minor A/R amount in the Construction line item and the equipment amount in the equipment line item in Section B – Budget Categories on the Budget Information form and complete the following forms: Equipment List, A/R Project Cover Page, and Other Requirements for Sites.
- If you select 'Minor A/R without equipment' below, you must include the minor A/R amount in the Construction line item in Section B – Budget Categories on the Budget Information form, and complete the A/R Project Cover Page and Other Requirements for Sites form.
- If you select 'N/A' below, the following forms will not be available in your application: Equipment List, A/R Project Cover Page, and Other Requirements for Sites.

*** One-Time Funding Request**

Indicate below if you are requesting SBSE funding in year 1 for equipment and/or minor alteration/renovation (A/R).

One-time funds will be used for:

- ☐ Equipment (no minor A/R)
- ☐ Minor A/R with equipment
- ☐ Minor A/R without equipment
- ☒ N/A (no funding requested for equipment or minor A/R)

Note: Based on your selection, the system will require you to complete the applicable equipment and/or minor A/R forms. After providing required information in the relevant forms, if you change the selected option above, the system will delete information from all one-time funding forms that are no longer applicable.

*** Are you proposing to add a new school-based service site in this application?**

☒ Yes

☐ No

If yes, are you proposing a new mobile unit? Note that a mobile unit is one site, even if services are provided at multiple schools.

☐ Yes

☒ No

Note: If you select "Yes" above to indicate that you are proposing a new site, the system will require you to complete Form 5B: Service Sites. If you change your selected option from "Yes" to "No" after completing Form 5B: Service Sites with information about your new proposed school-based service site(s), the system will delete all information from Form 5B.

*** Are you proposing to expand services at an existing school-based service site in scope?**

☒ Yes

☐ No

If yes, are you proposing to use an existing mobile unit at school(s)?

☐ Yes

☒ No

Note: If you select "Yes" above to indicate that you are proposing to expand services at an existing site in scope, the system will require you to pick sites from scope on the next form. If you change your selected option from "Yes" to "No" after picking your sites from scope, the system will delete the list of selected sites.

*** Enter the name of the school district(s) where your school-based service expansion will occur.**

You must include School Commitment Documentation for each proposed school-based service site.

☒ By checking this box, I certify that this application includes School Commitment Documentation (School Commitment Letter or MOU) for each proposed school-based service site included in the application.

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

3.3 Form 5B - Service Sites

Form 5B: Service Sites enables you to add new site(s) or pick the existing site(s) for your SBSE application. If you are proposing a new permanent or mobile site in this application, you must complete Form 5B. Form 5B is also used to designate the site at which alterations/renovations will occur if requested (see [section 4.4.2](#)).

3.3.1 Proposing a New Site

If you answer “Yes” for 'Are you proposing to add a new service delivery site in this application?' in **Form 1B**, you must complete Form 5B to provide information on the new site that you are adding to the scope.

1. To propose a new site, click the **[Add New Site]** button ([Figure 23, 1](#)).

Figure 23: Form 5B: Services Sites

Form 5B - Service Sites

Note(s):

- Use this page to select the school-based service site(s) that will be included in your SBSE application. Click on Add New Site for new sites and click on Pick Site from Scope to select existing sites.
- You must complete Form 5B if you are proposing to add a new school-based service delivery site.
- The addition of a service delivery site located at a school is required if you do not currently operate school-based service site(s) where you will implement your proposed SBSE project.
- If you are proposing a mobile unit, the mobile unit is the service site. For the site address, include the address where the mobile unit is parked, which may be an existing administrative or service site in your H80 scope, the school, or another location. Do not list the locations where the mobile unit will travel to provide health care services. If you are proposing to provide services to schools using an existing mobile unit, do not enter the mobile unit in Form 5B as a new site. Instead, select the existing mobile site from scope using the "Pick Site from Scope" button.
- Because SBSE funds are intended to increase access to school-based services in your existing service area, as of the NOFO release date, you may not expand your service area through this application. Note the following requirements:
 - The zip code of the Site Physical Address (where the school-based service site will be located or where a new mobile unit will be parked) must be included in your current service area, based on the Service Area Zip Codes listed across all current sites in scope (on Form 5B).
 - All Service Area Zip Codes listed for any proposed new site(s) must be included in your existing service area, based on the Service Area Zip Codes listed across all current sites in scope (on Form 5B).

Resources

Note(s):

If you are proposing to add a new site, click on 'Add New Site'. The site address zip code and the service area zip code(s) for the newly proposed site must be included in your list of service area zip code(s) in scope as of the release date of this SBSE Funding Opportunity. The allowable service area zip codes are 14945, 02700, 06769, 00055, 09520, 57060, 09061, 89987, 90653, 53265, 65927, 73373, 32685, 84256, 87436... (+ View More)

Add New Site

Proposed Sites

No sites added

Pick Site from Scope

Existing Sites in Scope

No sites added

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

- The system navigates to the **Service Site Checklist** page (Figure 24). Answer the questions displayed on the **Service Site Checklist** page.

Note:

- If the site being added is a service delivery site, the answer to question 1 is 'No' (Figure 24, 1).
- To qualify as a service site, you must select 'Yes' for questions 'a' through 'd'.
- Question two will default to 'NA' and will not be editable.
- You may not add an 'Admin-only' site in this application.

Figure 24: Service Site Checklist

Service Site Checklist

Resources

Fields with * are required

Site Qualification Criteria

* 1. Is the site an "admin-only" site?
If Yes, the site is an "Admin-only" site, select 'Not Applicable' for questions 'a' to 'd' below. If No, the site is a Service Delivery site, answer questions 'a' to 'd' Yes or No.

☐ Yes ☒ No

a. Are/will health center visits be generated by documenting in the patients records face-to-face contacts between patients and providers?

☐ Yes ☐ No ☒ Not Applicable

b. Do/will providers exercise independent judgment in the provision of services to the patient?

☐ Yes ☐ No ☒ Not Applicable

c. Are/will services be provided directly by or on behalf of the grantee, whose governing board retains control and authority over the provision of the services at the location?

☐ Yes ☐ No ☒ Not Applicable

d. Are/will services be provided on a regularly scheduled basis (e.g., daily, weekly, first Thursday of every month)?

☐ Yes ☐ No ☒ Not Applicable

* 2. Is the site a Domestic Violence (Confidential) shelter? (S)

☐ Yes ☐ No ☒ Not Applicable

Go to Previous Page **Verify Qualification**

- Click the [Verify Qualification] button (Figure 24, 3). The system will navigate to the **List of Pre-Registered Performance Sites at HRSA Level** page which lists all of the sites that are registered by your organization within EHBs.
- To add a new site, click the **[Register Performance Site]** button (Figure 25, 1) and register your site by following the steps below:
 - On the Basic Information – Enter page, provide a site name, and select a site type from the following options: Fixed, Mobile. Click the **[Next Step]** button.
 - On the Address – Enter page, enter the physical address of the site, and click the Next Step button. The zip code of a new permanent site address and/or the address at which a mobile van is parked must be limited to your service area zip codes as listed on Form 5B in your H80 scope of the project.
 - On the Register – Confirm page, the system displays the physical address you entered on the Address – Enter page along with the standardized format of the address. Verify the site details and click the

IV. On the Register – Result page, click the Finish button to register the site to your organization.

Figure 25: List of Pre-Registered Performance Sites at HRSA Level page

[illegible]

5. Once the site is registered, select the site from the list of pre-registered sites by clicking on the **[Select Site Location]** link to provide additional information on the new site (Figure 25, 2).
6. When you click the **Select Site Location** link of a site, the system navigates to the **Form 5B – Edit** page where you must provide all the required information for the new site (Figure 26).

Note:

- Site Physical Address – The zip code of the Site Physical Address (where the new permanent site is located or where the mobile unit is parked) must be included in your current service area (based on the Service Area zip codes listed across all current sites in scope on Form 5B).
- If the Location Type is selected as Permanent ([Figure 26, 1](#)), all the months of operation should be checked ([Figure 26, 2](#)).
- Site Setting must be 'School'
- Service Area Zip Codes – All service area zip codes listed for the proposed site(s) must be included in your current service area (based on the service area zip codes listed across all current sites in scope on Form 5B. Enter the zip codes for this new site and click the **[Save Zip Code(s)]** ([Figure 26, 3](#)) button to save the zip codes.

Form-SB : Edit

Note(s):
For more information, see the Form SB Instructions ¶.

It is recommended that you save your work often (e.g. every 5 minutes) to avoid a loss of data due to unforeseeable technical issues.

Fields with * are required for all site types.

Status: Not Started

Site Information

* Site Name <input type="text" value="Change Site Name"/>	* Physical Site Address <input type="text" value="1234567890"/>
* Site Type <input type="text" value="Service Delivery Site"/>	* Site Phone Number <input type="text" value="() - Ext."/>
* Web URL <input type="text" value=""/>	

The following fields are required for "Administrative/Service Delivery" and "Administrative/Service Delivery" site types, other than where exceptions are noted:

* Location Type <input type="text" value=""/>	* Site Setting <input type="text" value="Select Site Setting"/>
Date Site Was Added to Scope <input type="text" value="N/A"/>	* Site Operational Date <input type="text" value="MM/DD"/>
* FQHC Site Medicare Billing Number Status <input type="text" value="Select Medicare Billing Number Status"/>	FQHC Site Medicare Billing Number (Required if "This site has a Medicare billing number" is selected in "FQHC Site Medicare Billing Number Status" field.) e.g. 12345 OR 123456 <input type="text" value=""/>
FQHC Site National Provider Identification (NPI) Number (Optional Field; e.g. 1234567890) <input type="text" value=""/>	* Total Hours of Operation (when Patients will be Served per Week) <input type="text" value=""/>
* Months of Operation <input type="text" value=""/>	
Saved Months of Operation <input type="text" value=""/>	
Number of Contract Service Delivery Locations (Required only for "Migrant/Voucher Screening" Site Type) <input type="text" value=""/>	Number of Intermittent Sites (Required only for "Intermittent" Site Type) <input type="text" value=""/>
* Site Operated by <input type="text" value="Select Site Operated By"/>	

Add Subrecipient/Contractor

< Subrecipient or Contractor Information (Required only if 'Subrecipient or Contractor' is selected in 'Site Operated By...' (- View More)

Subrecipient/Contractor Organization Name	Subrecipient/Contractor Organization Physical Site Address	Subrecipient/Contractor EIN	Options
No Subrecipient or Contractor information to be displayed			

Service Area Zip Code (Include only those from which the majority of the patient population will come)

* Service Area Zip Codes <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	Save Zip Code(s)
---	------------------

Saved Service Area Zip Code(s)

Go to Previous Page Save Save and Continue

- ### 3.3.2 Pick a Site from Scope

- FY 2023 SBSE

Figure 27: Form 5B – Service Sites

3. The system navigates to the **Select Site from the Scope** page populated with the sites in your H80 scope ([Figure 28](#)).

Figure 28: Select Site from Scope

Site Name	Site Address	Service Site Type	Location Type	Options
[Blurred]	[Blurred]	[Blurred]	[Blurred]	Select this Site
[Blurred]	[Blurred]	[Blurred]	[Blurred]	Select this Site
[Blurred]	[Blurred]	[Blurred]	[Blurred]	Select this Site
[Blurred]	[Blurred]	[Blurred]	[Blurred]	Select this Site
[Blurred]	[Blurred]	[Blurred]	[Blurred]	Select this Site
[Blurred]	[Blurred]	[Blurred]	[Blurred]	Select this Site
[Blurred]	[Blurred]	[Blurred]	[Blurred]	Select this Site

4. Click the **[Select this Site]** link for the site you want to include ([Figure 28](#)). You cannot select sites that do not have the ‘School Setting’ and they will be greyed out.
5. You can only select one site at a time. The system will return you to the **Form 5B – Service Sites** list page. Click the **[Pick Site from Scope]** button for each existing site where school-based service expansion will occur.
6. **Form 5B** cannot be edited for sites in scope. After choosing the site(s), click the **[Save]** button to save all your progress and then click on the **[Save and Continue]** button to save your work and proceed to the **A/R Information** form.

3.4 Alteration/Renovation (A/R) Information

If you did not request to use SBSE funding for minor A/R on Form 1B, then 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 in EHBs for each site where minor alteration/renovation is proposed. The Alteration/Renovation (A/R) Information page will prepopulate both new sites as well as existing sites from Form 5B.

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 29, 1).

2. Click on the [Update] link (Figure 29, 2) for each site to complete the **Alteration/Renovation (A/R) Project Cover Page** (Figure 30) and the **Other Requirements for Sites** (Figure 31) for each site.

Figure 29: Alteration/Renovation (A/R) Information page

Alteration/Renovation (A/R) Information

Due Date: (Due In: Days) | Section Status:

Resolutions

View

FY 2021 SBSS User Guide | Funding Opportunity Announcement

Note(s):

Select site(s) for which you are requesting one-time Funding for alteration/renovation. Click the 'Update' link to provide the required A/R project information.

Site Name	Physical Address	Are you requesting federal one-time funding for minor alteration/renovation at this site?	Status	Options
		<input type="radio"/> Yes <input type="radio"/> No	Not Started	Update
		<input type="radio"/> Yes <input type="radio"/> No	Not Started	Update

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

3.4.1 Completing Alteration/Renovation (A/R) 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 EHB's 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 proceed to the Other Requirements for Sites form.

Figure 30: Alteration/Renovation (A/R) Project Cover page

Alteration/Renovation (A/R) Project Cover Page

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

View

FY 2021 SBSS User Guide | Funding Opportunity Announcement

Due Date: 02/19/2021 (Due In: 53 Days) | Section Status: Not Started

Fields with * are required

Alteration/Renovation (A/R) Project Cover Page

Other Requirements for Sites

1. Site Information

Name of Service Site

Site Address

Improved Project Square Footage

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.

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).

Approximately 2 pages (Max 4000 Characters without spaces) 4000 Characters left

Design

Preview

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 time frame and achieve the goals and objectives established for this project.

Approximately 2 pages (Max 4000 Characters without spaces) 4000 Characters left

Design

Preview

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 following documents related to this site:

A/R Project Budget Justification (Minimum 1) (Maximum 1)

No documents attached

Attach File

Environmental Information Documentation (EID) Checklist

Download Template

Name	Description	Options
EID Checklist	Template for EID Checklist	Download

EID Checklist (Minimum 1) (Maximum 1)

No documents attached

Attach File

Floor Plans/Schematic Drawings (Minimum 1) (Maximum 2)

No documents attached

Attach File

Go to Previous Page

Save

Save and Continue

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3.4.2 Completing the Other Requirements for Sites Form

If you are requesting one-time funding for minor alteration/renovation, 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 ([Figure 31, 1](#)). If leased, answer question 1b.
2. Answer the questions under Cultural Resource Assessment and Historic Preservation Considerations ([Figure 31, 2](#)).
3. Provide the required attachments, including Property Information ([Figure 31, 3](#)). If the site is leased, you must upload a Landlord Letter of Consent. If the site is owned, it is not required.

Figure 31: Other Requirements for Sites

Other Requirements for Sites

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** ☒

Site Information

Name of Service Site

Site Address

1. Site Control and Federal Interest

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

☒ Owned ☐ Leased

1b. If Leased, please check the following:

☐ The applicant certifies the following:

- The existing lease will provide you 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?

☐ Yes ☒ No

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

☐ Yes ☒ No

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

- Any renovation/modifications to the exterior of the facility (e.g., roof, HVAC, windows, siding, signage, exterior painting, generators) or
- Ground disturbance activity (e.g., expansion of building footprint, parking lot, sidewalks, utilities)?

☒ Yes ☐ No

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

☐ Yes ☒ No

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

☐ Yes ☒ No

Attachments

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

Landlord Letter of Consent (Maximum 1)

No documents attached

Property Information (Minimum 1) (Maximum 1)

Document Name	Size	Date Attached	Description	Options

Max 1 Allowed

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**.
6. Click on the **[Save and Continue]** button to proceed to the **Equipment List Form**

3.5 Equipment List Form

If you did not request to use SBSE funding for equipment in year 1 in the **SF-424A Section B – Budget Categories** (Figure 5) and did not select in **Form 1B**, then the **Equipment List Form** (Figure 32: Equipment List Form, 1) does not apply to you. The total equipment price on the **Equipment List Form** (Figure 32: Equipment List Form, 1) must equal the federal year 1 equipment costs on the **SF-424A Section B – Budget Categories** (Figure 5) form.

3.5.1 Completing the Equipment List Form

1. Click on the **[Add]** button (Figure 32: Equipment List Form, 1) to proceed to the Equipment Information - Add Form (Figure 33: Equipment Information - Add).

Figure 32: Equipment List Form

Figure 33: Equipment Information - Add

2. Select the equipment type, either “Clinical” or “Non-Clinical” (Figure 33: Equipment Information - Add).
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 10) 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 34, 1). To delete an equipment item, click on the **Delete** link under the Options menu (Figure 34, 2).
9. Click on the **[Save]** button to save all your progress.
10. Click on the **[Save and Continue]** button to proceed to the **Program Specific Forms – Review** page.

Figure 34: Equipment List with Equipment Added

Type	Description	Unit Price	Quantity	Total Price	Options
Clinical	EHR Software Upgrade	\$10,000.00	3	\$30,000.00	Update
Clinical	Server	\$5,000.00	4	\$20,000.00	Update
Total			7	\$50,000.00	

4. Reviewing and Submitting the FY 2023 SBSE Application to HRSA

1. Review the Program Specific forms to ensure that all information is accurate. Access each form by clicking on the **View** link under the Options menu for each form ([Figure 35, 1](#)).

Figure 35: Program Specific Forms - Review

Program Specific Forms - Review

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

Resources

[View](#)

[Print All Forms](#)

Section	Type	Options
View: Project Information	HTML	View
View: Budget Information	HTML	View
View: Sites and Services	HTML	View
View: Other Information	HTML	View

[Continue to Complete Status](#)

2. Click the **[Continue to Complete Status]** button ([Figure 35, 2](#)) to proceed to the **Application - Status Overview** Page. Forms that are incomplete or have errors will have a status of “Not Complete.” Click on the **Update** link under the Options menu to access each form requiring revision. Make the necessary changes until all forms are marked “Complete.”
3. When all Standard section and Program Specific forms are complete and accurate, click the **[Submit]** button ([Figure 35, 3](#)) on the Program Specific Left Menu to proceed to the **Application – Submit** page.
4. Click the **[Submit to HRSA]** button ([Figure 36: Application - Submit, 1](#)) on the **Application – Submit** page.
 - To submit an application, you must have the ‘Submit’ privilege. This privilege must be given by the Project Director (PD) to the Authorizing Official (AO).
 - If you are not the AO, a **[Submit to the AO]** button will be displayed at the bottom of the Submit page. Click the button to notify the AO that the application can be submitted to HRSA.
 - The AO must click the **[Submit to HRSA]** button before the due date.

Figure 36: Application - Submit

The screenshot displays the 'Application - Submit' interface. On the left is a sidebar with sections: 'ALL TASKS', 'Grant Application', 'Overview', 'Status', 'Basic Information' (with sub-items SF-424, Project/Performance Site Location(s), Project Narrative), 'Budget Information' (with sub-items Section A-C, Section D-F, Budget Narrative), 'Other Information' (with sub-items Disclosure of Lobbying Activities, Appendices), 'Program Specific Information' (with sub-item Program Specific Information), 'Review and Submit' (with sub-items Review, Submit), 'Other Functions', and 'Navigation' (with sub-item Return to Applications List). The 'Submit' link is highlighted in blue.

The main content area is titled 'Application - Submit' and includes a 'Due Date' field and an 'Application Status' field. Below this is a 'Resources' section with links for Application, Action History, Funding Opportunity Announcement, FOA Guidance, and Application User Guide. A section titled 'Users with permissions on this application (1)' is also present.

The central part of the page features a table titled 'List of forms that are part of the application package' with columns for Section, Status, and Options. The table lists various sections and their completion status, with 'Complete' indicated by a green checkmark and 'Update' indicated by a blue 'Update' button.

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

At the bottom left of the table is a 'Go to Previous Page' button. At the bottom right, a 'Submit to HRSA' button is highlighted with a red box, and a callout bubble with the number '1' points to it.

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