HRSA Electronic Handbooks (EHBs)

Fiscal Year (FY) 2025 New Access Points (NAP)

HRSA-25-085

User Guide for Applicants

Last updated on May 2, 2024

HRSA
Health Resources & Services Administration

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This user guide describes the steps to submit a FY 2025 New Access Points (NAP) application in the HRSA Electronic Handbooks (EHBs). This user guide does not replace the Notice of Funding Opportunity (NOFO), which details NAP requirements and instructions for the application. See the NAP technical assistance webpage for additional resources. Go to HRSA EHBs to create a login.gov account and register for EHBs, if you don't already have a username. If you have log in issues or forget your password, use the BPHC Contact Form or call (877) 464-4772.

1. Starting the FY 2025 NAP Application

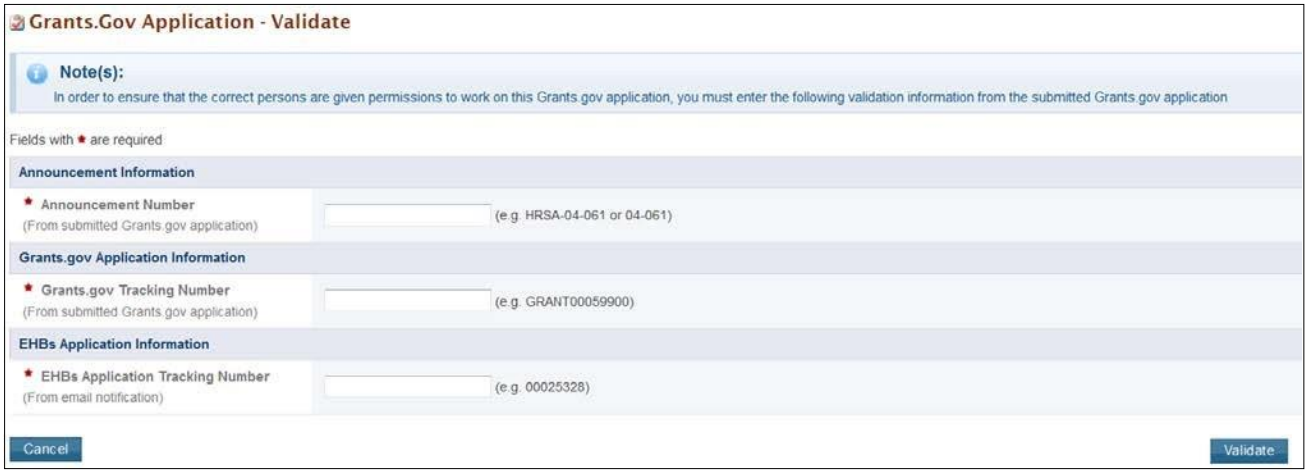
Complete and submit the application by following a two-phase process:

1. Find the NOFO announcement number (HRSA-25-085) in Grants.gov, access the application package, and submit the completed forms in Grants.gov.
2. Validate, complete, and submit this application in EHBs.

To validate the Grants.gov application, log into EHBs and click on the **Grant Applications** link under the Tasks tab (**Figure 1**, **1**) and then click on the **Grants.Gov Application Pending Validation: Validate** link (**Figure 1**, **2**). You will need your Grants.gov and EHB tracking numbers **(emailed after successful Grants.gov submission)** (**Figure 2**).

Figure 1: Grant Applications Link

Figure 2: Validating Your Grants.gov Application

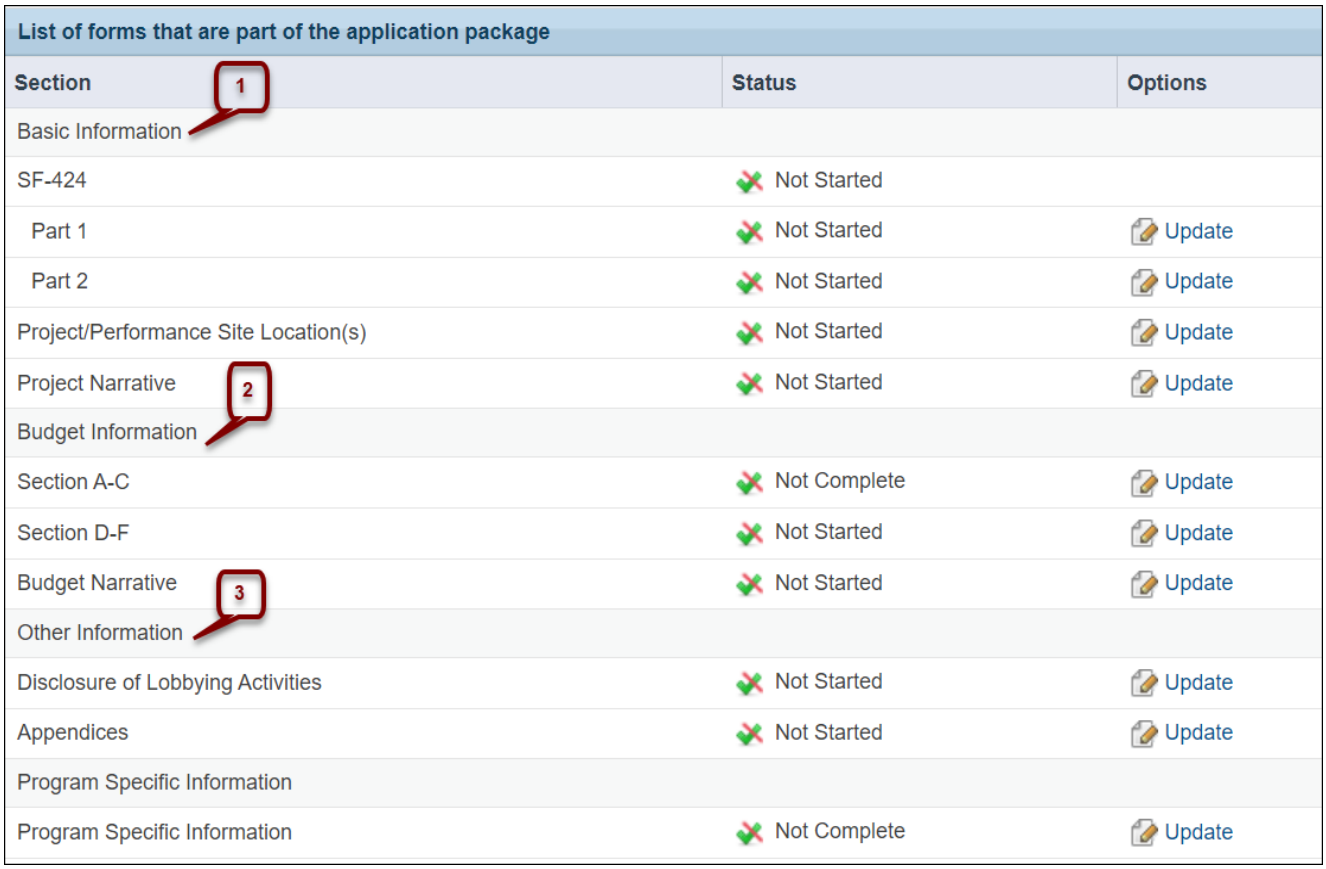


IMPORTANT NOTE: Refer to the HRSA SF-424 Two Tier Application Guide (http://www.hrsa.gov/grants/apply/applicationguide/sf424programspecificappguide.pdf) for details related to submitting the application in Grants.gov and validating it in EHBs.

Once the application is validated in EHBs, click the Tasks tab on the EHB homepage to go to the **Pending Tasks – List** page. Locate the FY 2025 NAP application using the EHBs application tracking number and click the **Start** link to begin working on the application in EHBs. If you have previously accessed the application, the **Start** link will be replaced with **Edit**.

- The system opens the **Application - Status Overview** page of the application (**Figure 3**).

Figure 3: Application - Status Overview Page



List of forms that are part of the application package

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

The application consists of a standard section and a program specific section. Complete both sections to submit your application to HRSA. Click Update to access each section.

2. Completing the Standard SF-424 Section of the Application

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

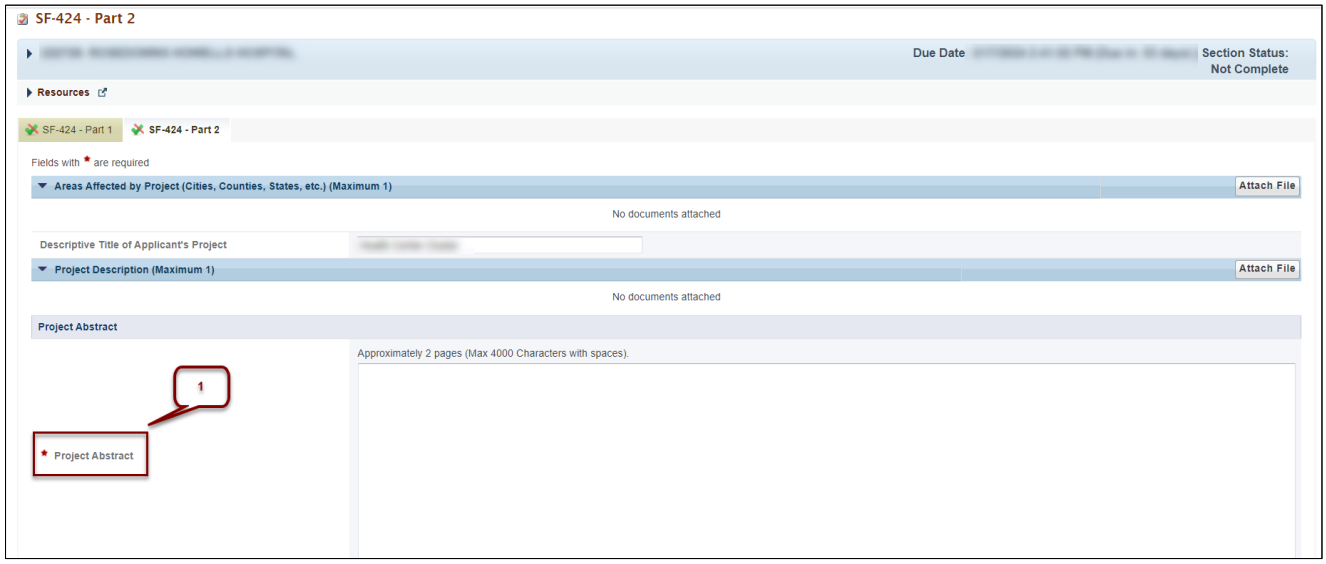
- Basic Information (**Figure 3**, **1**)
- Budget Information (**Figure 3**, **2**)
- Other Information (**Figure 3**, **3**)

2.1 Completing the Basic Information

The Basic Information has been imported from Grants.gov and has undergone a data validation check. You may edit this information if necessary. Only the fields marked with an asterisk (*) are required. This section has the following forms:

- The **SF-424 Part 1** displays basic information about the application and the applicant organization.
- The **SF-424 Part 2** displays information about the proposed project, 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 4**, **1**).

Figure 4: Project Abstract on the SF-424 Part 2

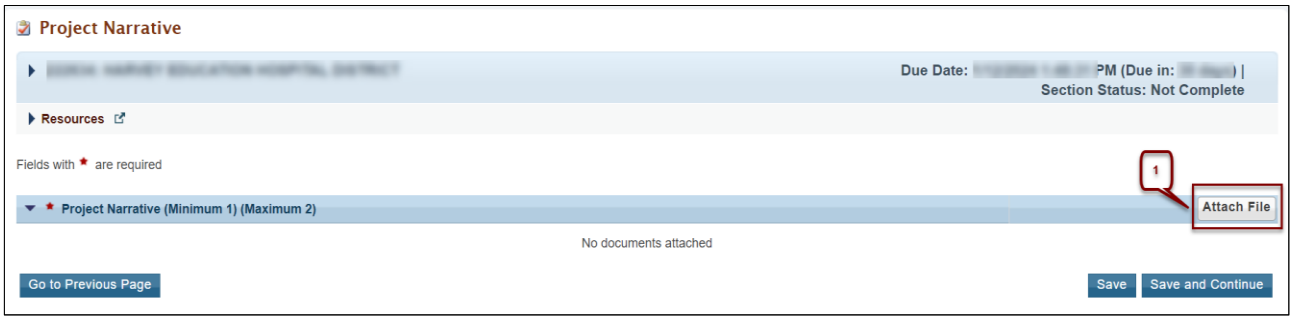


- In the Congressional Districts field, select the congressional district where the new access point is located.
- For the Proposed Project Period, enter 6/01/2025 to 5/31/2026.
- The Estimated Funding section will update automatically when edits are made to the Budget Information section.

- 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 5**, **1**). See the FY 2025 NAP NOFO for detailed requirements for the Project Narrative.

Figure 5: Project Narrative



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

Complete the **Budget Information** form and provide a **Budget Narrative.**

2.2.1 Budget Information – Section A-C

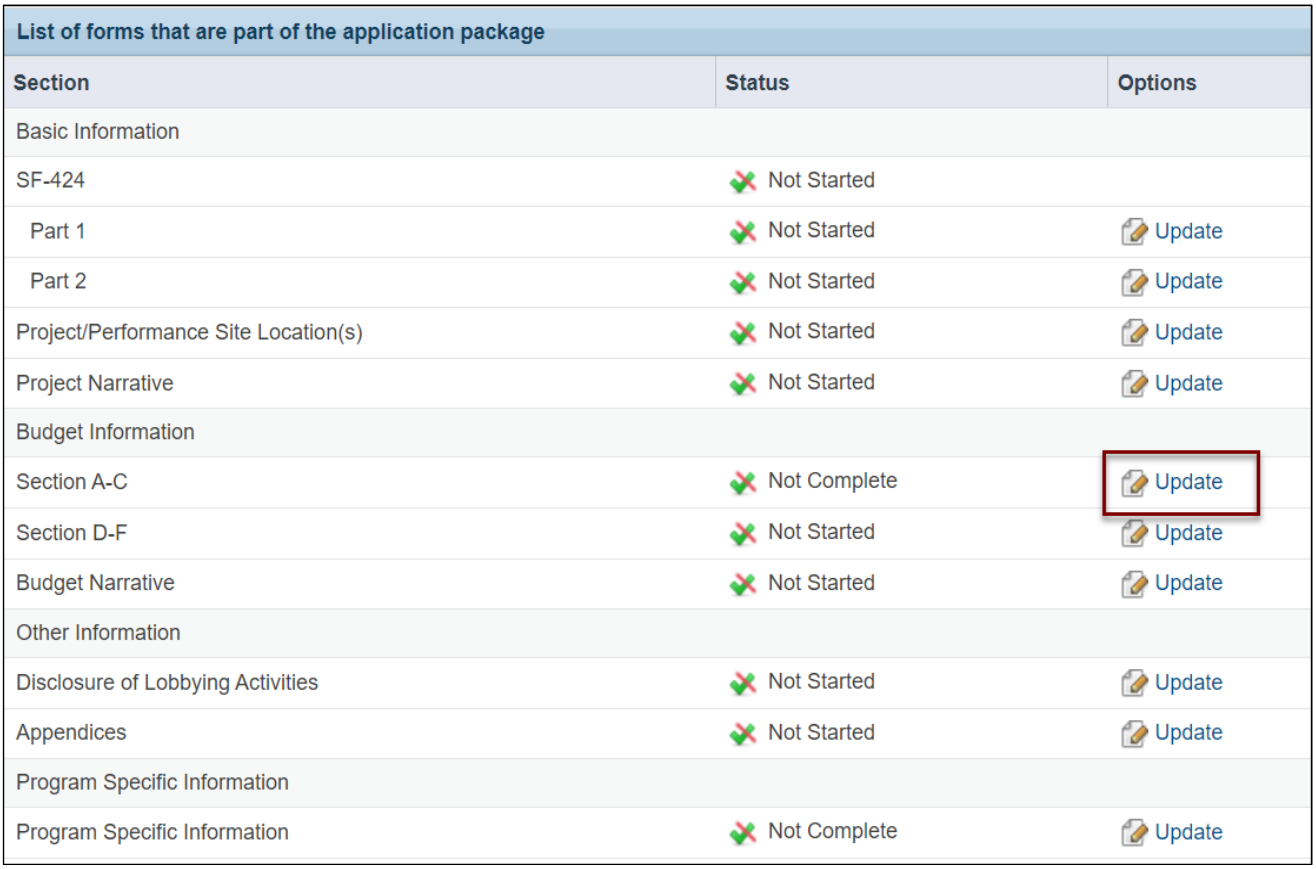
The **Budget Information – Section A-C** form consists of the following three sections:

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

To complete this form, follow the steps below:

1. Click the **Update** link for Section A-C on the **Application - Status Overview** page (**Figure 6**).

Figure 6: Budget Information Section A-C Update Link



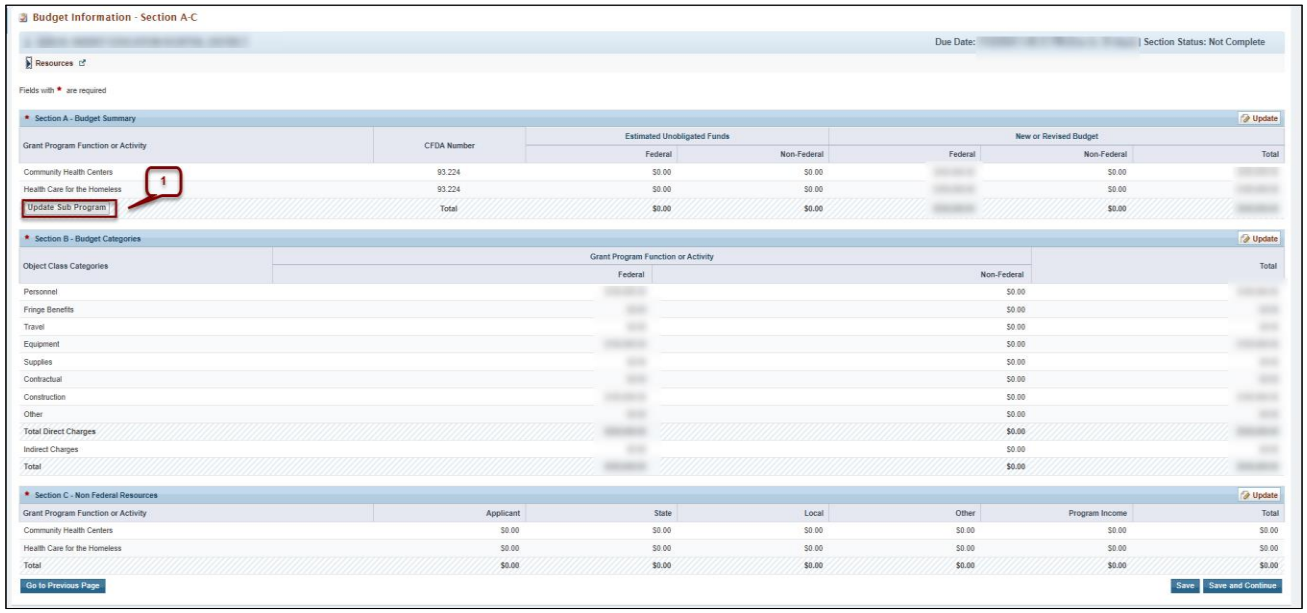
List of forms that are part of the application package

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

- The system opens the **Budget Information – Section A-C** form (**Figure 7**).

2. Under **Section A – Budget Summary**, click the Update Sub Program button (**Figure 7**, **1**) to go to the **Sub Program – Update** page (**Figure 8**).

Figure 7: Budget Information – Section A-C Page



3. Select or unselect the sub programs. Only select the programs for which you are requesting funding.
4. Click the Save and Continue button and the **Budget Information – Section A-C** page re-opens showing the selected sub program(s) under the Section A – Budget Summary (**Figure 9**, **1**).

Figure 8: Sub Programs – Update Page

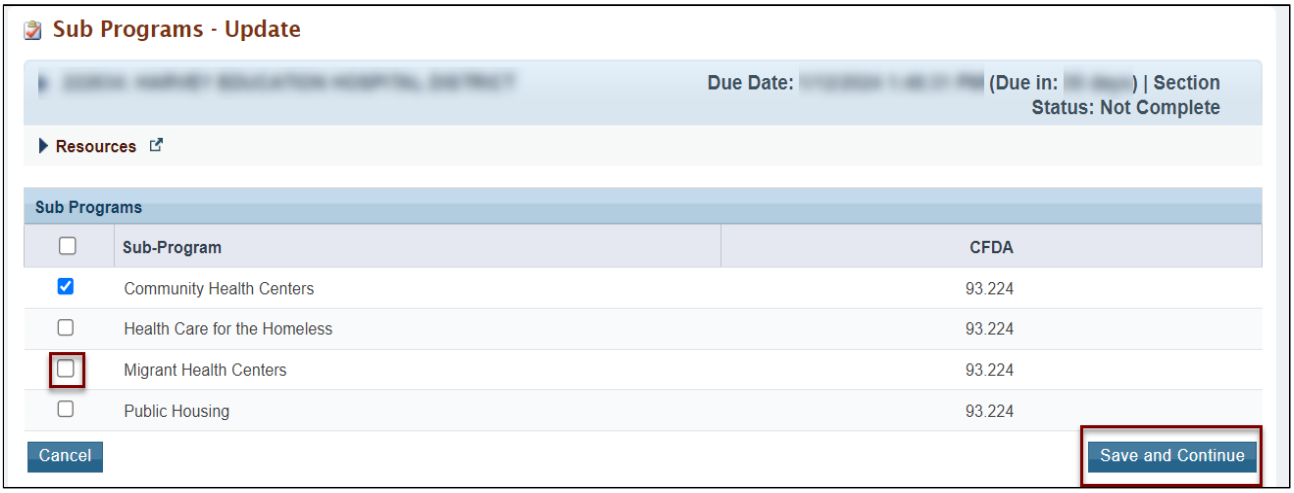
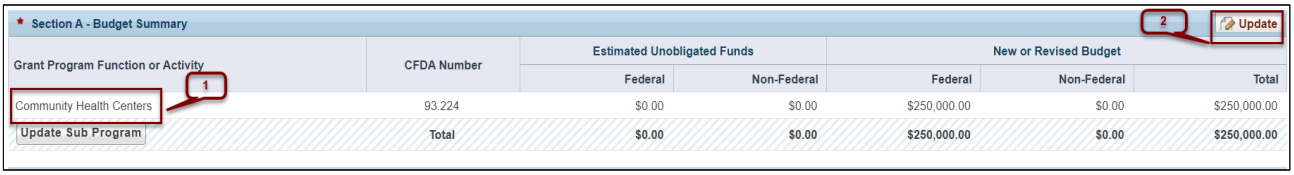


Figure 9: Section A – Budget Summary Showing Addition of Sub Program



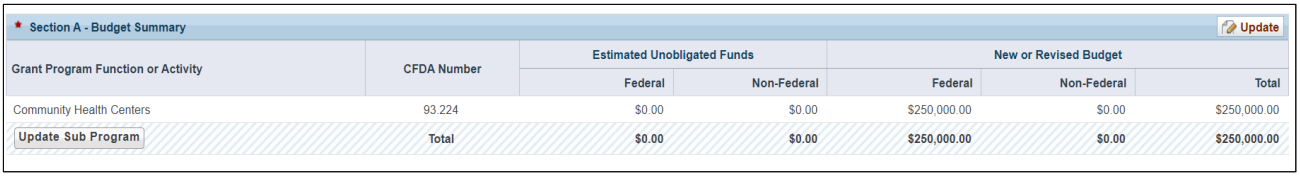
5. To enter or update the budget amount for each sub program, click the Update button in the top right corner of the Section A – Budget Summary header (**Figure 9**, **2**) and the **Section A – Update** page will open.
6. Under the **New or Revised Budget** section, in the Federal column, enter the amount of federal funds you are requesting for the 12-month NAP period of performance for each requested sub program (CHC, MHC, HCH, and/or PHPC) (**Figure 10**, **1**). In the Non-Federal column, enter the non-federal funds in the budget (**Figure 10**, **2**). Do not enter amounts in the Estimated Unobligated Funds columns.

Figure 10: Section A - Update Page

IMPORTANT NOTE: The federal amount refers only to the **NAP** funding request, **not all federal grant** funding that an applicant receives. The total federal amount cannot exceed **$650,000**.

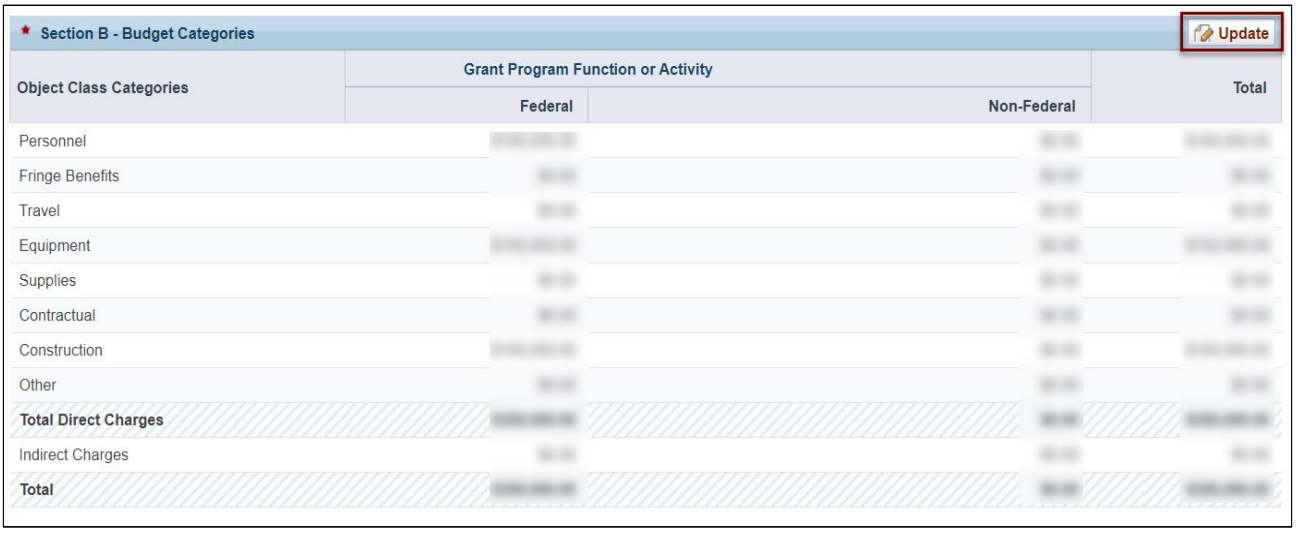
7. Click the Save and Continue button to go back to the **Budget Information – Section A-C** page. It will display the updated New or Revised Budget under Section A – Budget Summary (**Figure 11**).

Figure 11: Section A - Budget Summary Page after Update



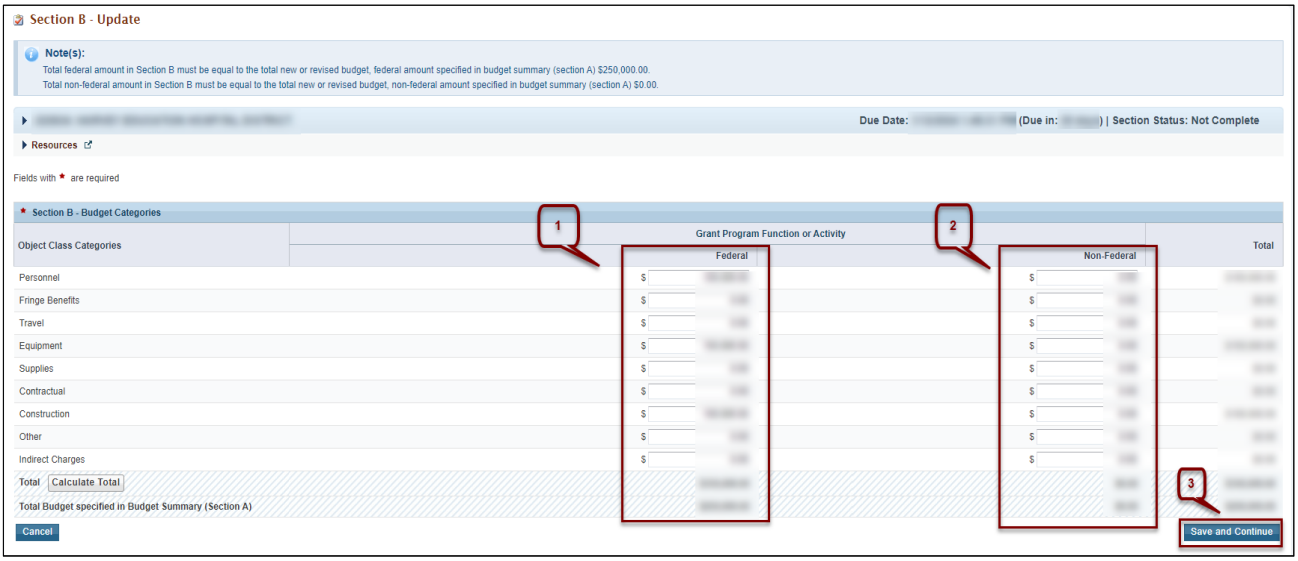
8. In Section B – Budget Categories, provide the federal and non-federal funds across object class categories for the 12-month period. Click the Update button at the top right corner of the Section B header (**Figure 12**) to open the **Section B – Update** page (**Figure 13**).

Figure 12: Section B- Budget Categories



9. Enter the federal amount for each object class category under the Federal column (**Figure 13**, **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 $250,000. Your one-time funding selection and amount will show on **Form 1B: Funding Request Summary**.
10. Enter the non-federal amount for each applicable object class category under the Non-Federal column (**Figure 13**, **2**). Enter the total budget for the NAP project, including both program income and all other non-grant funding sources that support the NAP scope of project.

Figure 13: Section B – Update Page

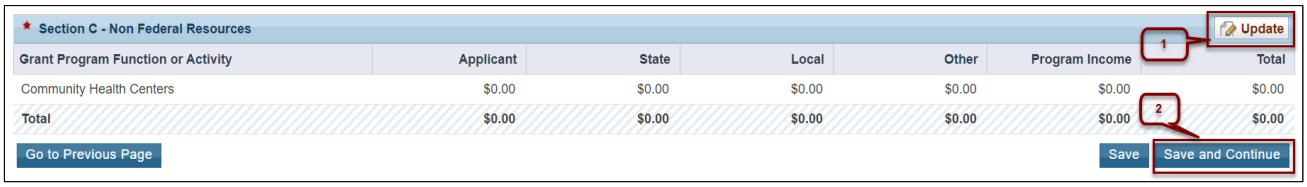


IMPORTANT NOTES:

- The total federal amount in Section B – Budget Categories must be equal to the total new or revised federal budget amount specified in Section A – Budget Summary (no greater than $650,000).
- The total non-federal amount in Section B – Budget Categories must be equal to the total new or revised non-federal budget amount specified in Section A – Budget Summary.

11. Click the Save and Continue button (**Figure 13**, **3**) to go back to the **Budget Information – Section A-C** page (**Figure 7**).
12. 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 Section C header (**Figure 14**, **1**). Program Income should be consistent with the Total Program Income (patient service revenue) in Form 3: Income Analysis.
13. Click the Save and Continue button to proceed to the next form (**Figure 14**, **2**).

Figure 14: Section C - Non-Federal Resources



IMPORTANT NOTE: The total non-federal amount in Section C – Non-Federal Resources must be equal to the total new or revised non-federal budget amount specified in Section A – Budget Summary.

2.2.2 Budget Information – Section D-F

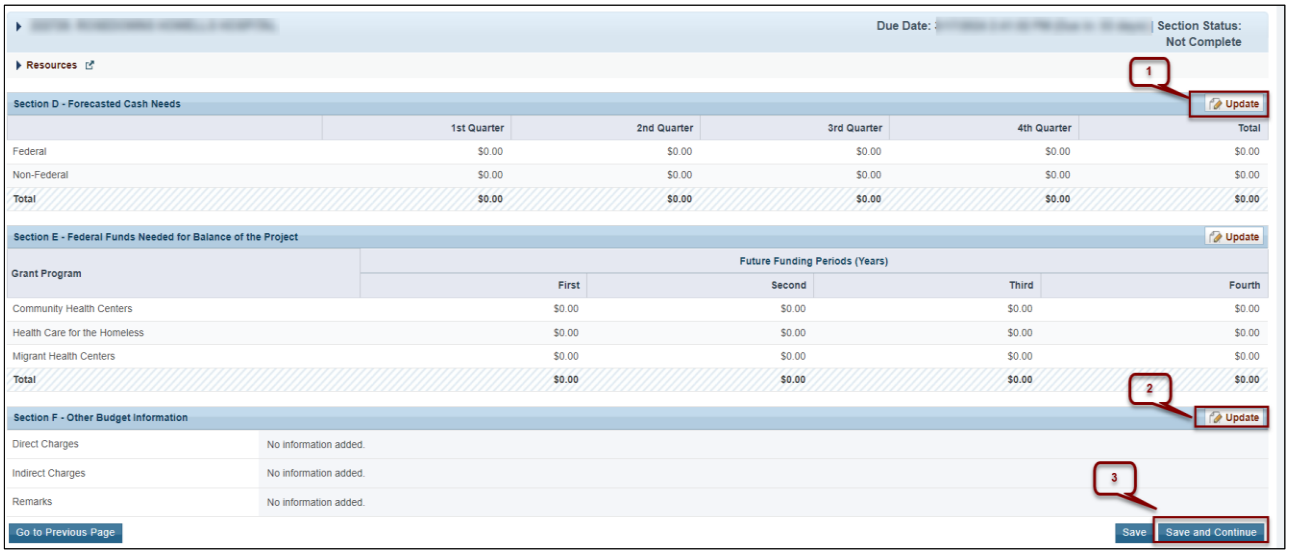
The **Budget Information – Section D-F** page consists of the following three sections:

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

To complete this form, follow the steps below:

1. Section D – Forecasted Cash Needs is optional and may be left blank. However, you may enter the amount of cash needed by each quarter of the year by clicking the Update button in the top right corner of Section D (**Figure 15**, **1**).
2. Section E – Federal Funds Needed for Balance of the Project is not applicable and should be left blank.
3. In Section F – Other Budget Information, click the Update button provided in the top right corner of Section F to enter the type of indirect rate, if applicable (**Figure 15**, **2**). This section is optional.
4. Click the Save and Continue button to proceed to the next form (**Figure 15**, **3**).

Figure 15: Budget Information - Section D-F

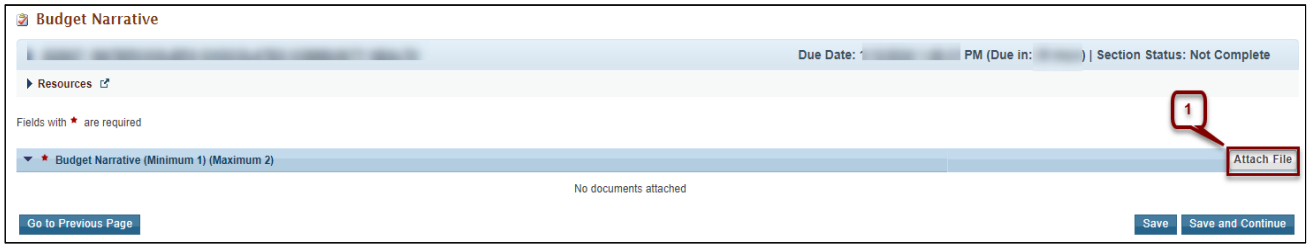


5. Section D – Forecasted Cash Needs is optional and may be left blank. However, you may enter the amount of cash needed by each quarter of the year by clicking the Update button in the top right corner of Section D (**Figure 15**, **1**).
6. In Section F – Other Budget Information, click the Update button provided in the top right corner of Section F to enter the type of indirect rate, if applicable (**Figure 15**, **2**). This section is optional.

2.2.3 Budget Narrative

Upload the budget narrative by clicking the Attach File button (**Figure 16**, **1**). Then click the Save and Continue button to proceed to **Disclosure of Lobbying Activities** form.

Figure 16: Budget Narrative



IMPORTANT NOTE: If using Excel or other spreadsheet documents, do not use multiple pages (sheets). Make sure that the information that needs to be viewed is set in the "Print Area" of the document if the Budget Narrative is presented as a spreadsheet.

2.3 Completing the Other Information Section

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

2.3.1 Completing the Disclosure of Lobbying Activities Form

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

IMPORTANT NOTE: If you certify that you do NOT currently receive more than $100,000 in federal funds and engage in lobbying activities, you are not required to complete the Disclosure of Lobbying Activities form.

2.3.2 Completing the Appendices Form

Upload the following attachments by clicking the Attach File button for each:

- Attachment 1: Service Area Map and Table – required (maximum 3 attachments)
- Attachment 2: Bylaws – required (maximum 1 attachment)
- Attachment 3: Project Organizational Chart – required (maximum 1 attachment)
- Attachment 4: Position Description(s) – required (maximum 1 attachment)
- Attachment 5: Biographical Sketch(es) – required (maximum 1 attachment)
- Attachment 6: Co-Applicant Agreement – required for public agencies that have a co-applicant board (maximum 1 attachment)
- Attachment 7: Summary of Contracts and Agreements – as applicable (maximum 1 attachment)
- Attachment 8: Sliding Fee Discount Schedule(s) – required (maximum 1 attachment)
- Attachment 9: Collaboration Documentation – required (maximum 1 attachment)
- Attachment 10: Articles of Incorporation – required for new applicants (maximum 1 attachment)
- Attachment 11: Evidence of Nonprofit or Public Center Status – required (maximum 1 attachment)
- Attachment 12: Other Relevant Documents (Extra documentation required if your service area meets any of the geographic considerations of need or service area expansion criteria in the NAP NOFO Section V.2. Distribution of Awards) – as applicable (maximum 2 attachments)

IMPORTANT NOTE: See Section 5.2 of HRSA's SF-424 Two-Tier Application Guide at http://www.hrsa.gov/grants/apply/applicationguide/sf424programspecificappguide.pdf for attachment formatting Guidelines.

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 Forms

1. See the NAP NOFO and the sample forms on the NAP TA webpage for more details about application requirements.
2. Expand the left navigation menu if not already expanded by clicking the double arrows displayed near the form name at the top of the page (**Figure 17**, **1**). Click the **Program Specific Information** link **Figure 17**, **2**) under the Program Specific Information section in the left menu to open the **Status Overview** page for the Program Specific Information forms (**Figure 18**).
3. Click the **Update** link to edit a form (**Figure 18**, **1**).

IMPORTANT NOTE: Your session remains active for 30 minutes after your last activity. Save your work every five minutes to avoid losing data.

Figure 17: Left Navigation Menu

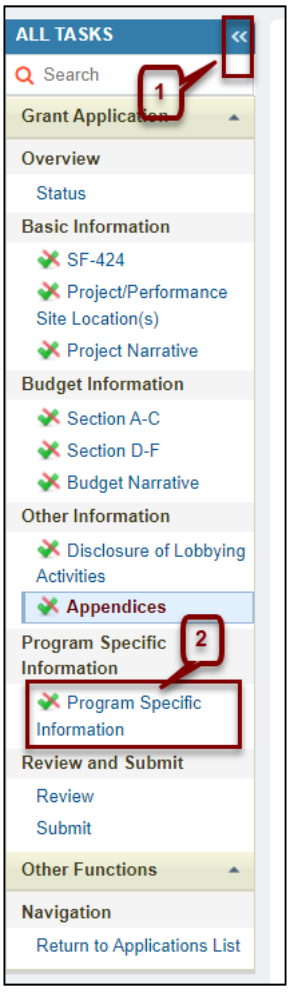
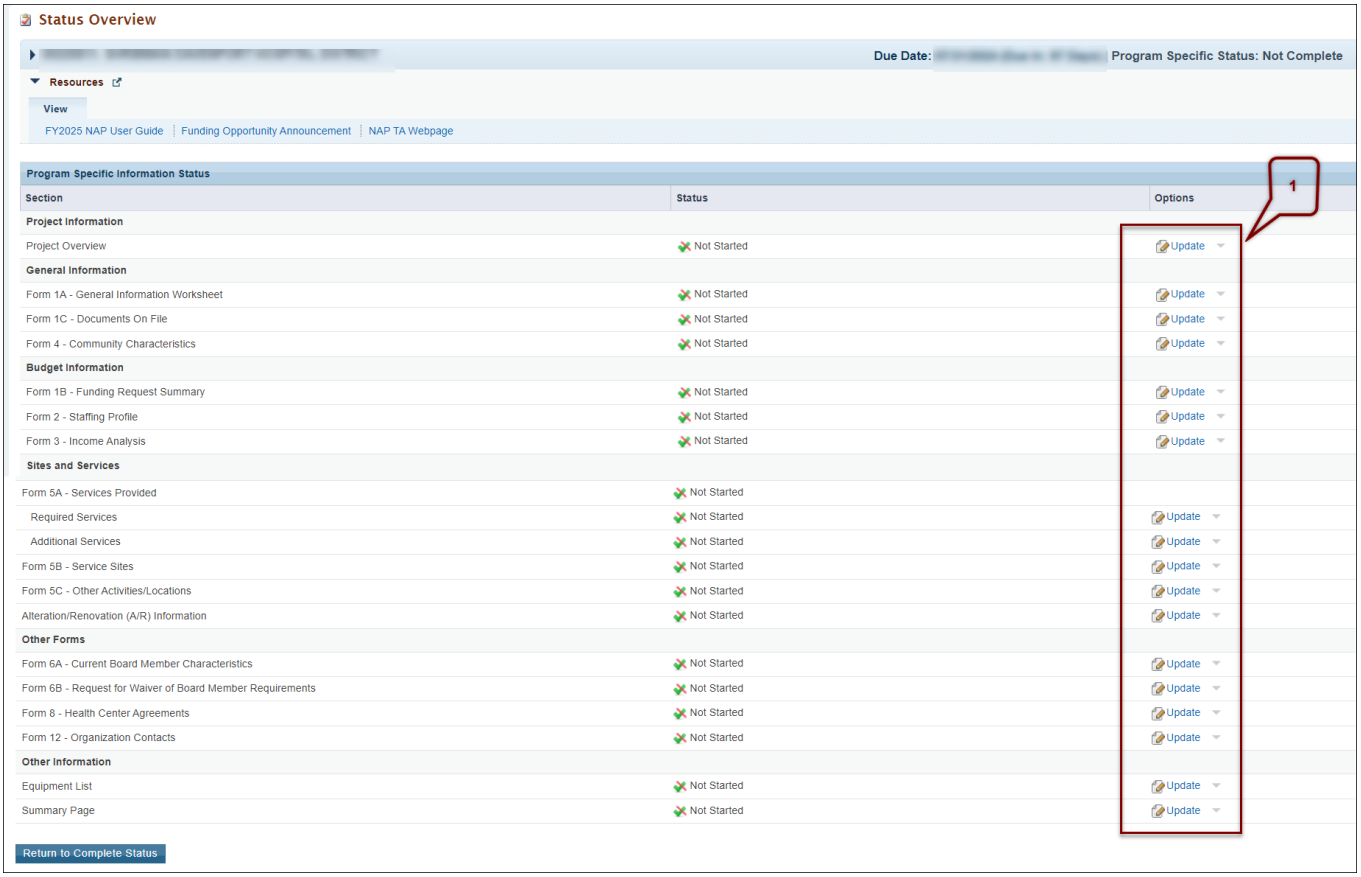


Figure 18: Status Overview Page for Program Specific Forms



3.1 Project Overview

The **Project Overview** form has a work plan to show the NAP activities that you will conduct over the 1-year period of performance (**Figure 19**). The work plan must be specific to the proposed NAP project, with reasonable time-framed action steps necessary to:

- Begin operations at all sites (as noted on Form 5B: Service Sites and described in the Project Narrative) within 120 days of release of the notice of award, with staff and systems in place to begin delivering primary care services to the proposed population(s).
- Provide all required and additional services as proposed on Form 5A: Services Provided for the number of hours per week indicated on Form 5B: Service Sites. If required services are provided by contract or referral, include action steps and timeframes for finalizing these formal arrangements.

3.1.1 Adding an activity

1. To complete the Work Plan, click the Add button (**Figure 19**, **1**).
2. Select a **Focus Area** (**Figure 20**, **1**). All **Focus Areas** are required except “Other”.
3. After you select a **Focus Area**, select an activity from the list of activities for that Focus Area (**Figure 21**, **1**). Each activity with an asterisk (*) is required. You may also select additional activities or

develop your own as needed to fully outline your work plan. You can only describe one activity at a time, so you will need to select a focus area and/or activity multiple times to fully describe all planned activities in that area.

4. Provide descriptions in the boxes for Key Action Step(s) (**Figure 22**, **1**), Timeframe (**Figure 22**, **2**), and Key Person Responsible (**Figure 22**, **3**).
5. Click Save and Continue (**Figure 22**, **4**) to see the updated information in the **Project Overview** Form (**Figure 23**, **1**).
6. Repeat steps 1-5 until you have entered all required and planned activities. The **Project Overview** form will not be complete until you add all required* activities.
7. To edit an activity, click the **Edit** button in the **Options** Column (**Figure 23**, **2**).
8. Click Save and Continue (**Figure 23**, **3**) to proceed to the next form.

IMPORTANT NOTE: Ensure that the work plan outlines activities that demonstrate your compliance with Health Center Program requirements. Use the Compliance Manual and Site Visit Protocol to assess your compliance with Health Center Program requirements. Describe actions you need to take to become compliant. If you are currently operational and compliant with Health Center Program requirements, state your compliance status in the Key Action Step(s) column and describe any new action steps.

Figure 19: Add button for Add Activity

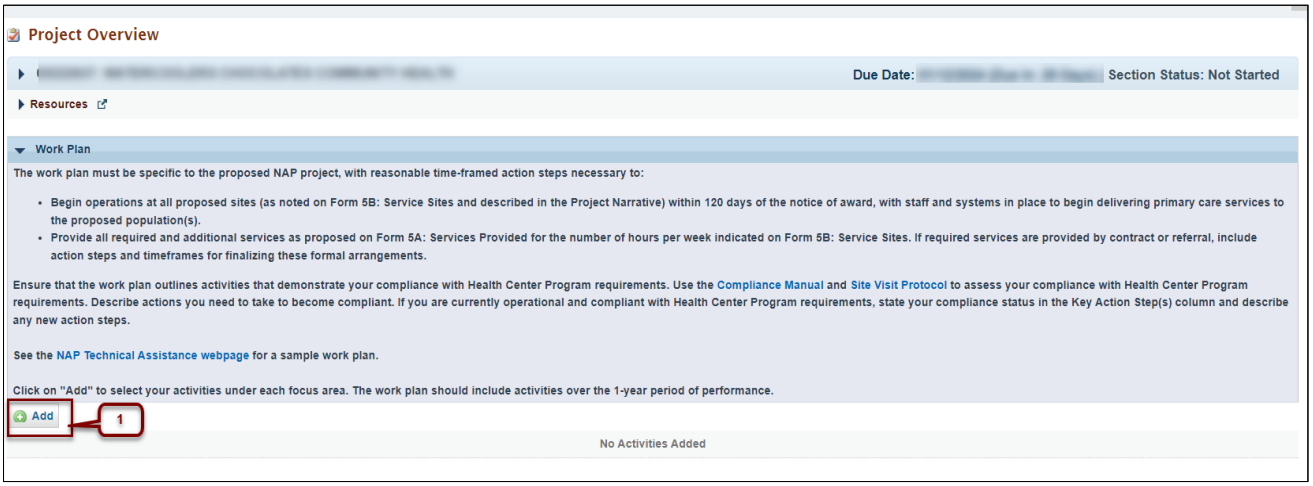


Figure 20: Focus Area Selection

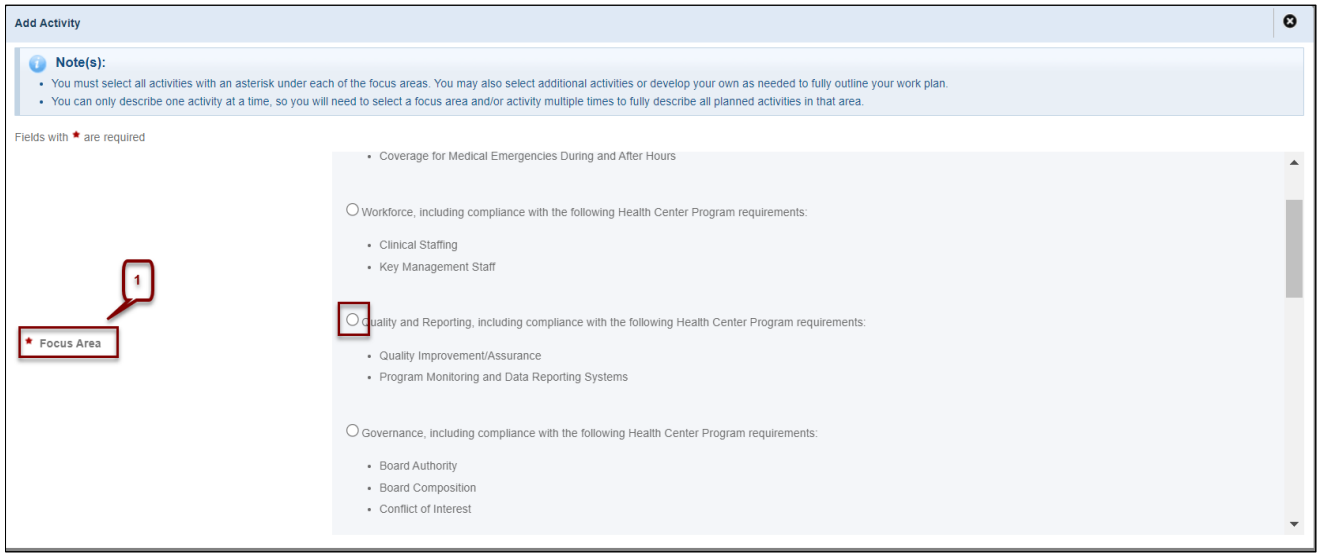


Figure 21: Activity Selection

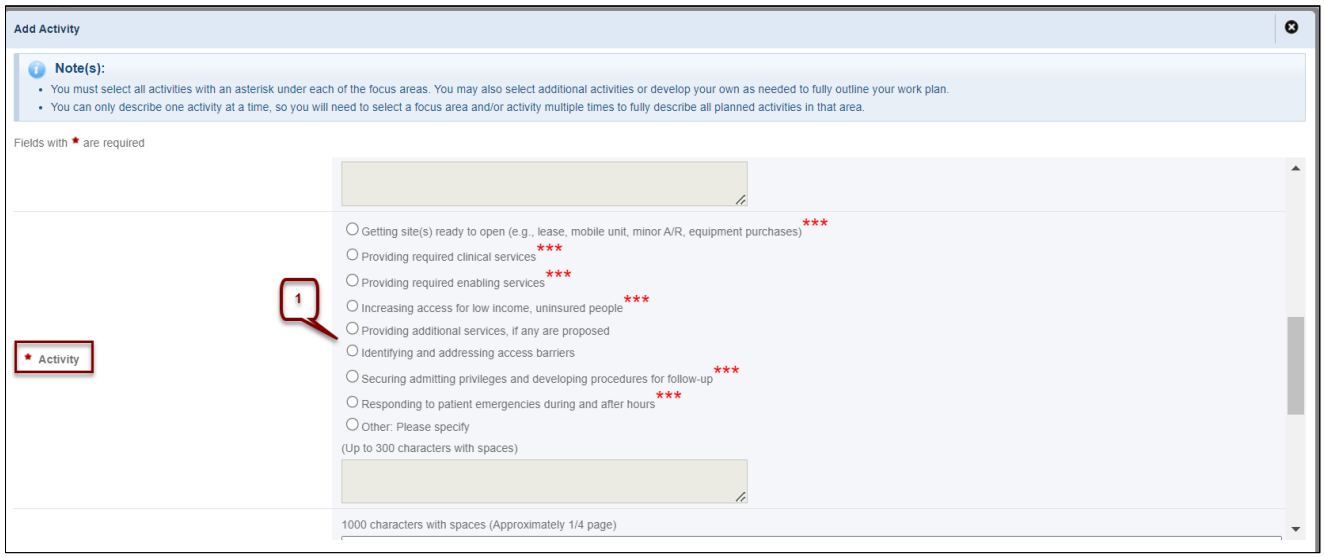
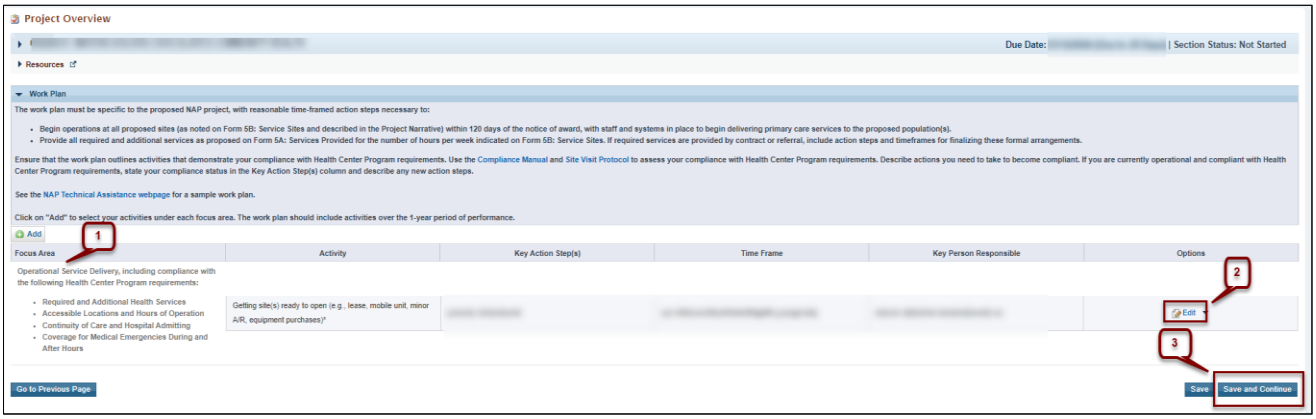


Figure 22: Key Action Steps, Timeframe and Key Person Responsible

Figure 23: Project Overview with updated activity

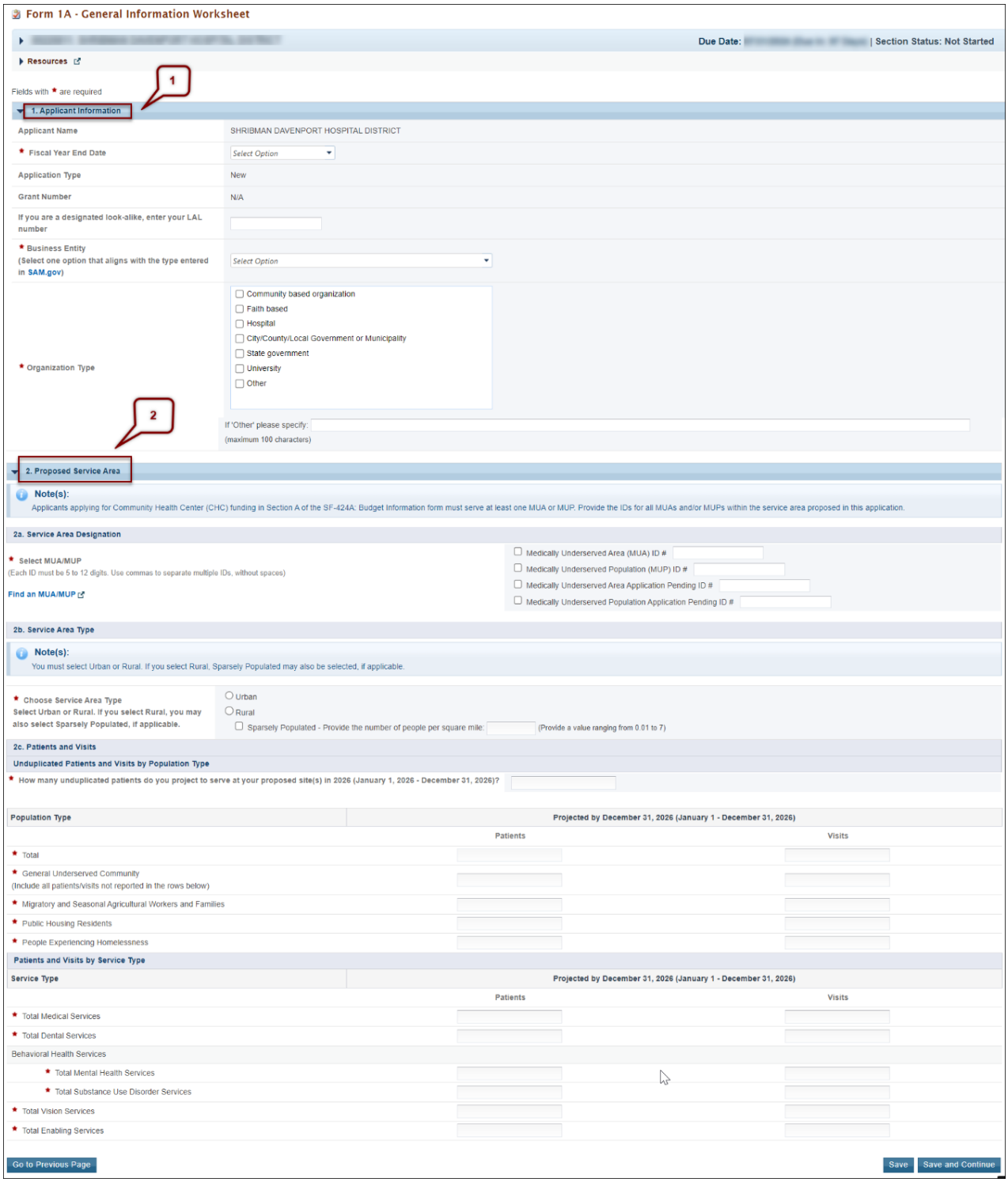


3.2 Form 1A: General Information Worksheet

Form 1A - General Information Worksheet provides information related to the applicant, proposed service area, and patient and visit projections. This form has the following sections:

- Applicant Information (**Figure 24**, **1**)
- Proposed Service Area (**Figure 24**, **2**)

Figure 24: Form 1A: General Information Worksheet

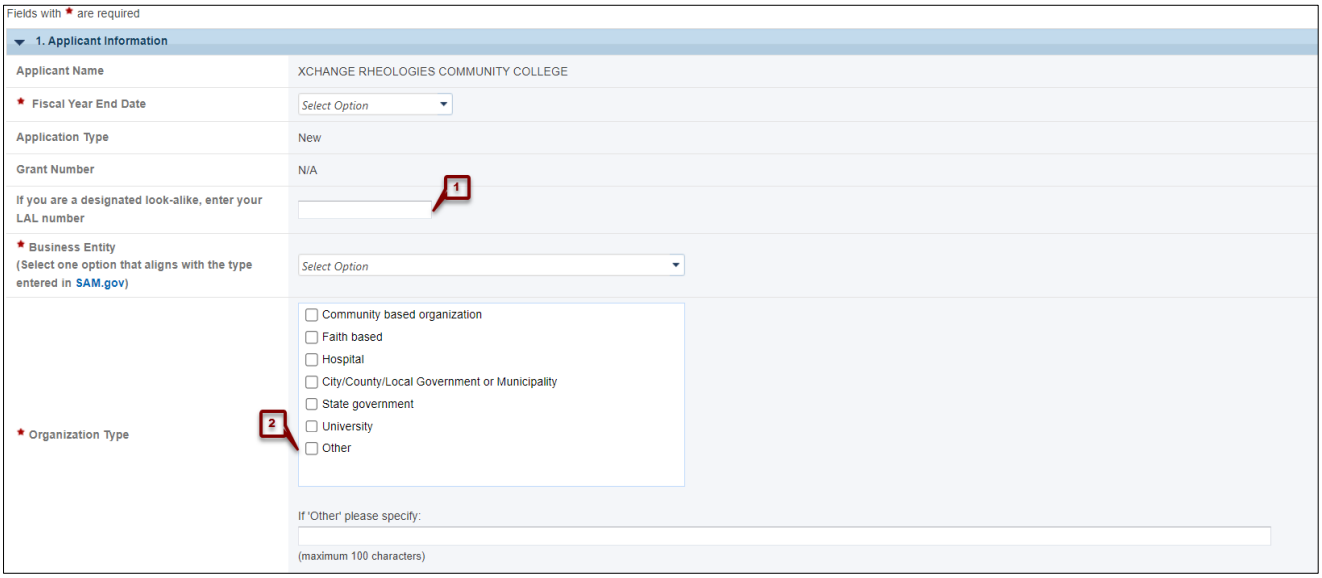


3.2.1 Completing the Applicant Information Section

Part of this section is pre-populated. Complete this section by providing information in the following fields (**Figure 25**):

1. For the 'Fiscal Year End Date', select the month and day of the applicant organization's fiscal year end date (e.g., June 30) to inform HRSA of the expected audit submission timeline in the Federal Audit Clearinghouse (https://www.fac.gov/).
2. If you are a designated look-alike, enter your LAL number (**Figure 25**, **1**).
3. Select one category in the 'Business Entity' field. Your selection should match the type entered in SAM.gov. An applicant that is a Tribal or Urban Indian entity and meets the definition for a public or private entity should select the Tribal or Urban Indian category.
4. Select your 'Organization Type.' Specify the organization type if you select 'Other' (**Figure 25**, **2**).

Figure 25: Applicant Information Section



3.2.2 Completing the Proposed Service Area Section

The Proposed Service Area section has the following sub-sections:

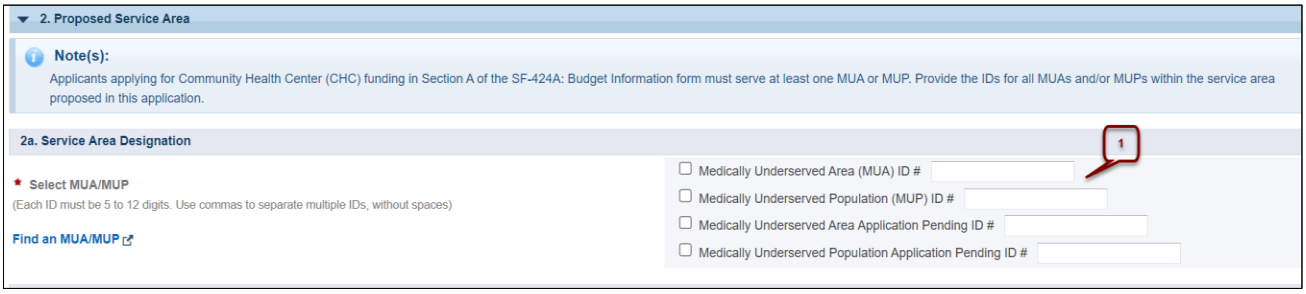
- 2a. Service Area Designation
- 2b. Service Area Type
- 2c. Patients and Visits

3.2.2.1 Service Area Designation

In the **Select MUA/MUP** field (**Figure 26**, **1**), enter ID number(s) for the MUA and/or MUP in the proposed service area. To find out if a designated MUA or MUP is located in your proposed service area, see https://data.hrsa.gov/tools/shortage-area/mua-find.

IMPORTANT NOTE: If you are applying for Community Health Centers funding, you must provide an ID number for at least one of the line items listed in this field. Otherwise, providing an MUA or MUP ID number is optional.

Figure 26: Service Area Designation

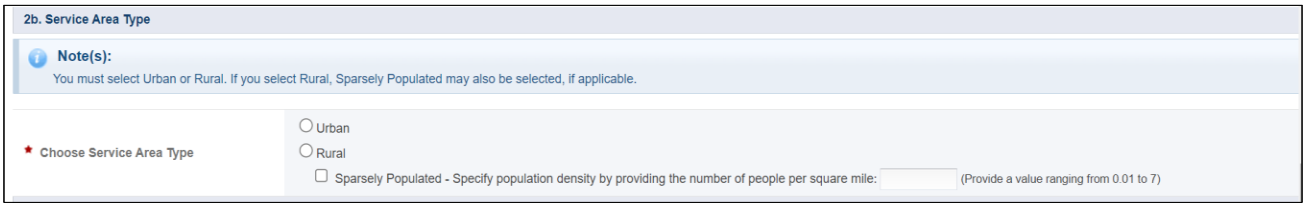


3.2.2.2 Service Area Type

In the **Service Area Type** section (**Figure 27**), indicate whether the service area is Urban or Rural. If you select Rural, then you may select Sparsely Populated if applicable. If you select Sparsely Populated, specify the population density by providing the number of people per square mile (values ranging from 0.01 to 7).

IMPORTANT NOTE: For information about rural populations, visit the Office of Rural Health Policy's website (http://www.hrsa.gov/ruralhealth/policy/definition_of_rural.html).

Figure 27: Service Area Type Section



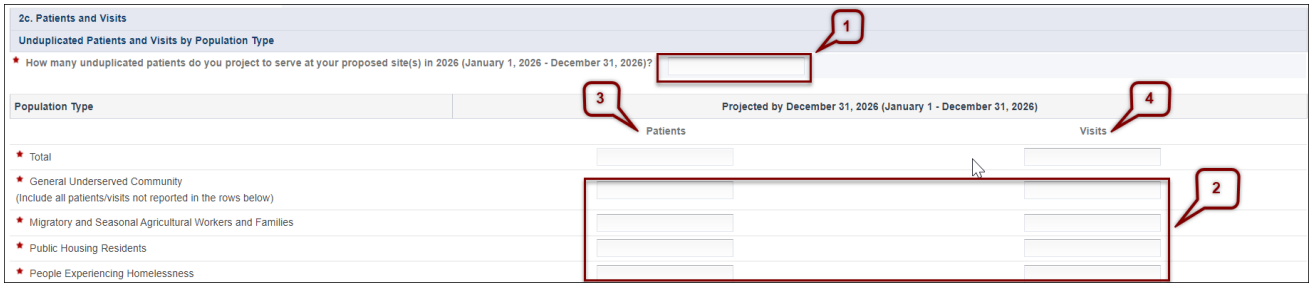
3.2.2.3 Patients and Visits

To complete this section, follow the steps below:

1. In the **Unduplicated Patients and Visits by Population Type** section, answer the question, "How many unduplicated patients do you project to serve at your proposed site(s) in 2026 (January 1, 2025 – December 31, 2026)?" (**Figure 28**, **1**). The system will auto-populate this number in the Total row of the Patients column under the 'Projected by December 31, 2026 (January 1 - December 31, 2026)' heading (**Figure 28**, **3**) when you click the Save button.

2. Provide the number of patients and visits that you project to serve in 2026 under the 'Projected by December 31, 2026 (January 1 - December 31, 2026)' heading for each listed population type (**Figure 28**, **2**). An individual can only be counted once as a patient, so do not duplicate patients across the population types.

Figure 28: Unduplicated Patients and Visits by Population Type

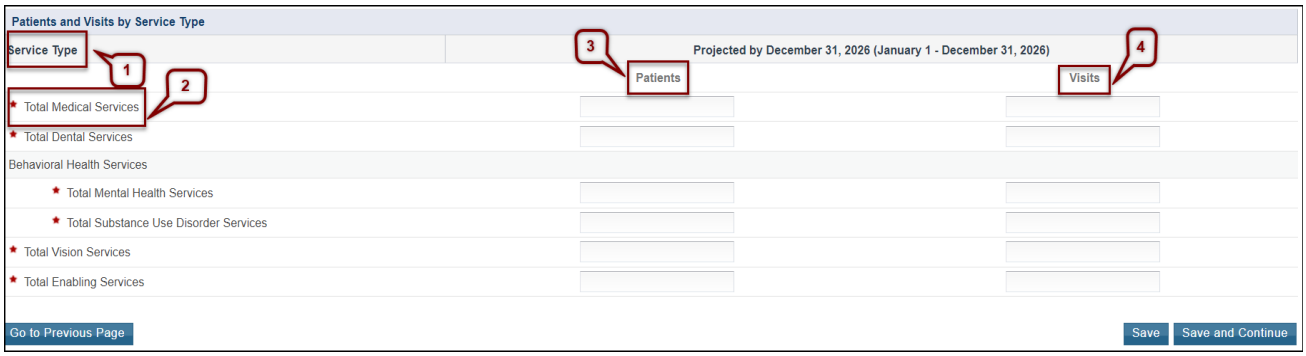


IMPORTANT NOTES:

- Only include the number of new patients who are projected to receive services at the NAP site(s) from January 1, 2026 – December 31, 2026. Patient projections from this section will be added to the applicant's overall Patient Target, if funded.
- You must enter a patient number greater than zero for each population type selected in Section A – Budget Summary (**Figure 28**, **3**). For the remaining population types, you may enter a projected number or zero, as applicable.
- The number of projected visits (**Figure 28**, **4**) must be greater than or equal to the number of projected patients (**Figure 28**, **3**).
- The 'General Underserved Community' row should include all patients and visits not captured in the special populations rows.

3. In the **Patients and Visits by Service Type** section, provide the number of patients and visits that you project to serve from January 1, 2026 to December 31, 2026 for each applicable service type (**Figure 29**, **1**). An individual who receives multiple types of services should be counted once for each service type (e.g., once for medical and once for dental).

Figure 29: Patients and Visits by Service Type



IMPORTANT NOTES:

- For 'Total Medical Services' (**Figure 29**, **2**), the number of patients must be greater than the number of patients you provide for each of the other service types.
- The number of projected visits (**Figure 29**, **4**) must be greater than or equal to the number of projected patients (**Figure 29, 3**).
- The Patients and Visits by Service Type section does not have a row for total numbers, since an individual patient may be included in multiple service type categories.

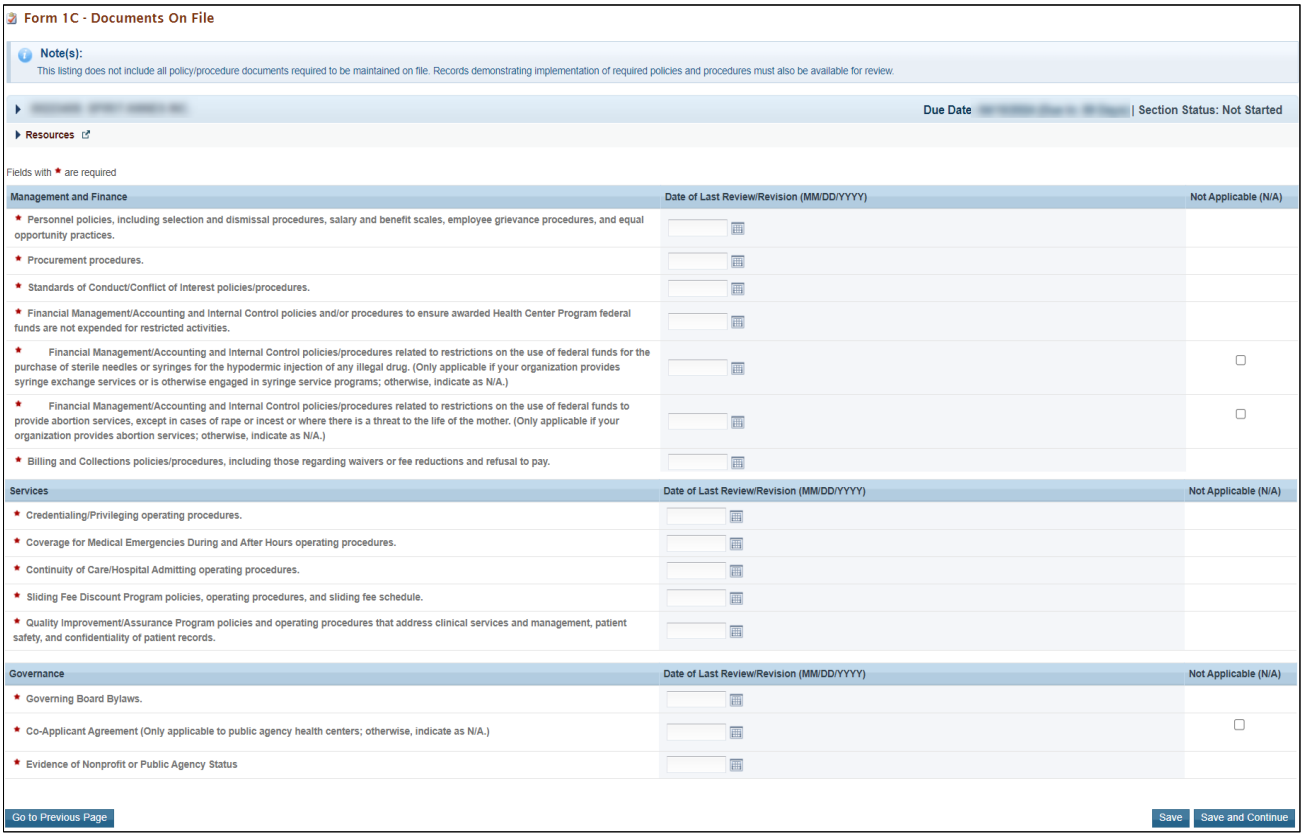
4. After completing all sections of **Form 1A**, click the Save and Continue button to save your work and proceed to the next form.

3.3 Form 1C: Documents on File

Form 1C - Documents on File displays a list of documents to be maintained by your organization.

1. To complete **Form 1C**, enter the review/revision dates for each document listed on this form (**Figure 30**). Select N/A if an item is not applicable.

Figure 30: Form 1C: Documents on File



IMPORTANT NOTE: This listing does not include all required policy/procedure documents. Records demonstrating implementation of required policies and procedures must also be available for review.

2. After completing all sections of **Form 1C**, click the Save and Continue button to save your work and proceed to the next form.

3.4 Form 4: Community Characteristics

Form 4: Community Characteristics reports current service area and target population data for the NAP scope of the project (including all NAP sites). Service Area Population is the number of people in the proposed service area. The Target Population number is less than the Service Area Population, and in most cases, is greater than the number of patients projected on Form 1A. Patient data should not be used for target population data since patients are typically a subset of all individuals targeted for service.

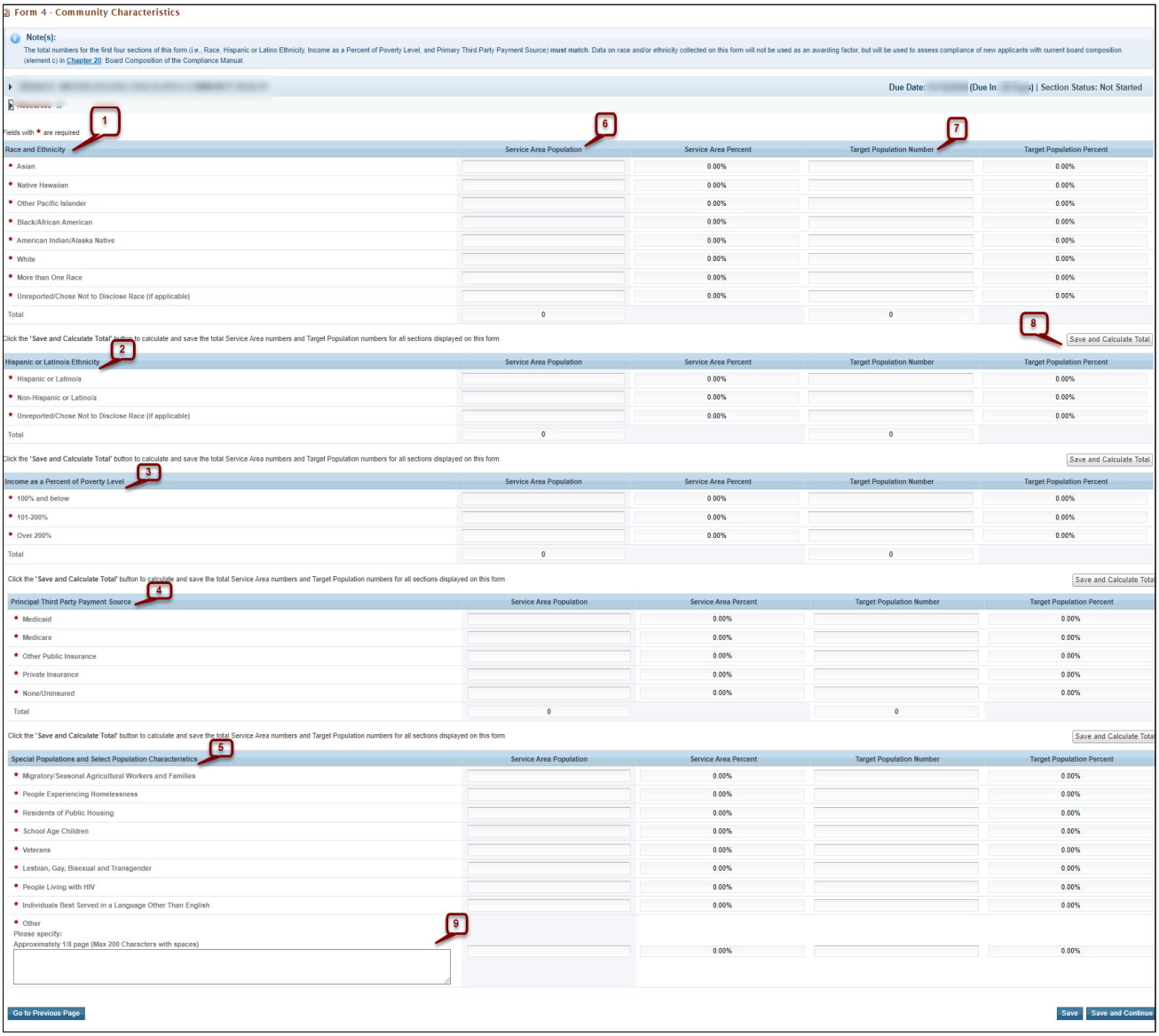
To complete **Form 4**, follow the steps below:

1. Enter the Service Area Population (Figure 31, **6**) and Target Population Numbers (**Figure 27**, **7**) for each of the following categories. Because these categories provide data for the same population in different ways, the total Service Area Population Numbers for each of these categories must match. Similarly, the total Target Population Numbers for Race, Hispanic or Latino Ethnicity, Income as a Percent of Poverty Level, and Primary Third-Party Payment Source categories must match.
    a. Race and Ethnicity (**Figure 31, 1**)
    b. Hispanic or Latino Ethnicity (**Figure 31**, **2**)
    c. Income as a Percent of Poverty Level (**Figure 31, 3**)
    d. Principal Third Party Payment Source (**Figure 31**, **4**)

IMPORTANT NOTE: Information provided regarding race and/or ethnicity will be used only to ensure compliance with statutory and regulatory Governing Board requirements. Data on race and/or ethnicity collected on this form will not be used as an awarding factor.

2. To automatically calculate the Totals for all four categories, click on the Save and Calculate Total button (**Figure 31**, **8**) under any of the sections. The system will also auto-calculate the population percentages.
3. Under **Special Populations and Select Population Characteristics** (**Figure 31**, **5**), enter the Service Area Population and the Target Population Numbers for each population group. Individuals may be counted in multiple population groups, so the numbers in this section do not have to match those in the other sections of this form.

Figure 31: Form 4: Community Characteristics



IMPORTANT NOTES:

- If you select any sub program related to special populations (MHC, HCH, and/or PHPC) in Section A – Budget Summary, you must enter a number greater than zero (0) for the corresponding 'Migratory/Seasonal Agricultural Workers and Families,' 'Homeless,' and/or 'Residents of Public Housing' line item(s), under **Special Populations and Select Population Characteristics** (**Figure 31**, **5**).
- In the '**Other'** row (**Figure 31, 9**), you may specify a population group that is not listed (if desired), and then enter the Service Area Population and the Target Population Numbers for that group.

4. After completing all the sections on **Form 4**, click the Save and Continue button to save your work and proceed to the next form.

3.5 Form 1B: Funding Request Summary

Form 1B: Funding Request Summary summarizes the funding request for the NAP application and is pre-populated from the **Budget Information** – Sections A and B (**Figure 7**).

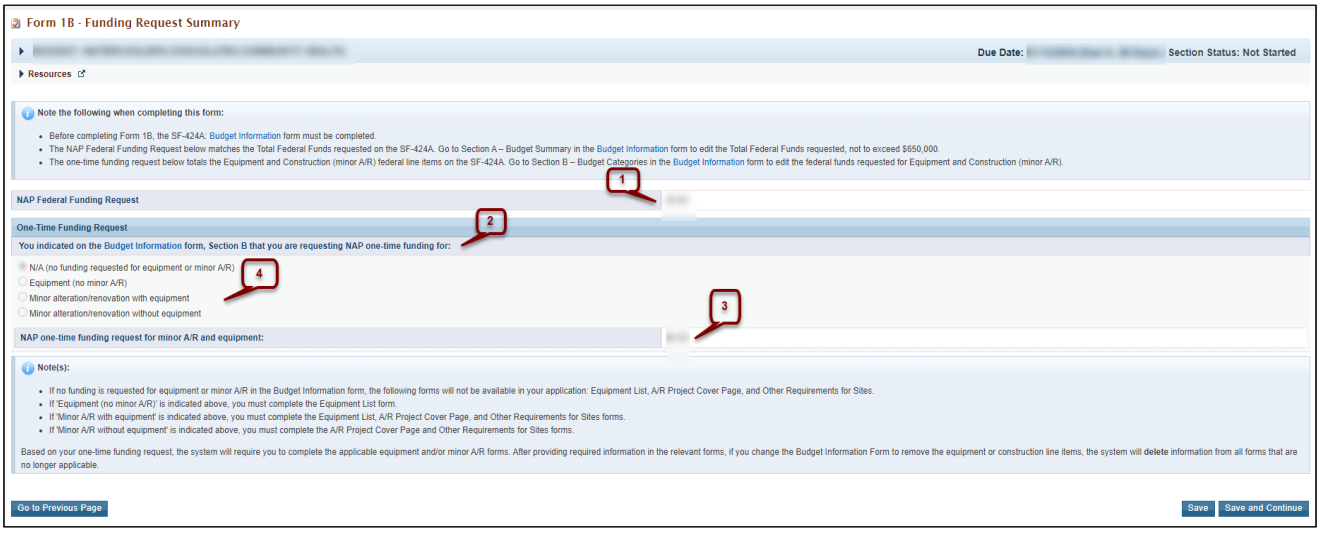
1. Review the information that has been pre-populated for the NAP Federal Funding Request (**Figure 32**, **1**). The NAP Federal Funding Request must not exceed $650,000. Go to **Section A – Budget Summary** to edit the New or Revised, Federal total, if needed.

2. Review the information pre-populated for One-Time Funding (**Figure 32**, **2**). To change your One-Time Funding Request, go to **Section B – Budget Categories**.
   - **"N/A"** will be selected (**Figure 32**, **4**) if both the **Equipment** line item and **Construction** line item have zero (0) in the Federal column in Section B - Budget Categories.
   - **"Equipment Only"** will be selected (**Figure 32**, **4**) if the **Equipment** line item has a dollar value and **Construction** line item does not in the Federal column in Section B - Budget Categories.
   - **"Minor A/R with equipment"** will be selected (**Figure 32**, **4**) if both the **Equipment** line item and **Construction** line item have a dollar value in the Federal column in Section B - Budget Categories.
   - **"Minor A/R without equipment"** will be selected (**Figure 32**, **4**) if the **Construction** line item has a dollar value and **Equipment** line item does not in the Federal column in Section B - Budget Categories.
3. Review the NAP one-time funding request for minor A/R and equipment (**Figure 32, 3**). The NAP one-time funding request must not exceed $250,000 for minor A/R and equipment combined. To edit the one-time funding request, go to **Section B – Budget Categories**.

IMPORTANT NOTES:

- For this form to be complete, you must complete the SF-424A: Budget Information form in the standard section of this NAP application.
- In **Form 1B**, you will not be able to edit the pre-populated information. If you need to edit this information, go to the SF-424A: Budget Information form in the standard section of this application.
- Based on your one-time funding request, the system will require you to complete the applicable equipment and/or minor A/R forms. If you change the equipment or construction line items in the Budget Information Form, the system will update this form. If you remove the equipment or construction line items from the Budget Information Form, the system will delete any forms that are no longer applicable.

Figure 32: Form 1B: Funding Request Summary



5. Click the Save and Continue button at the bottom of the screen to save your work and proceed to the next form.

3.6 Form 2: Staffing Profile

Form 2: Staffing Profile shows the personnel supported by the total budget (federal and non-federal funds) for the 12-month period of the proposed project for all sites included on Form 5B: Service Sites. This form has the following sections to enter staffing positions by service categories:

- Management and Support Personnel
- Facility and Non-Clinical Support Personnel
- Physicians
- Nurse Practitioners, Physician Assistants, and Certified Nurse Midwives
- Medical Care Services
- Dental
- Behavioral Health (Mental Health and Substance Use Disorder)
- Professional Services
- Vision Services
- Pharmacy Personnel
- Enabling Services
- Other Programs and Services

Figure 33: Staffing Profile

3.6.1 Completing Form 2: Staffing Profile

1. In the Direct Hire FTEs column, provide the number of Full Time Employees (FTEs) directly hired by the health center and volunteers for each staffing position (**Figure 33**, **1**). Enter zero (0) if not applicable.

2. In the Contract/Agreement FTEs column, indicate whether you contract for each staffing position (**Figure 33**, **2**). Positions marked Yes should align with Attachment 7: Summary of Contracts and Agreements and Form 5A: Services Provided, Column II.

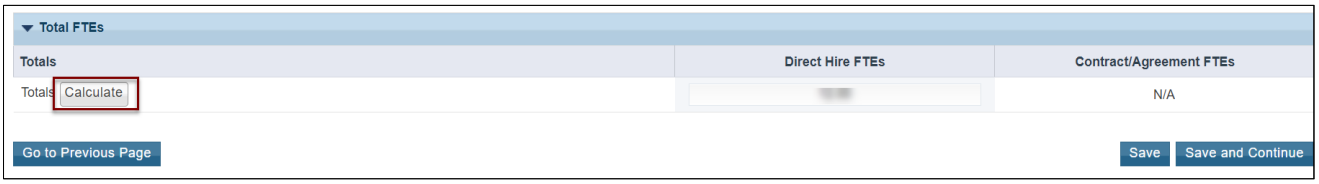
3. If both direct hire staff and contracts are used, provide the number of Direct Hire FTEs only and check Yes in the Contract/Agreement FTEs column.

IMPORTANT NOTES:

- Allocate staff time in the Direct Hire FTE column by function among the staff positions listed. An individual's FTE should not be duplicated across positions. For example, a provider serving as a parttime family physician and a part-time Clinical Director should be listed in each respective category with the FTE percentage allocated to each position (e.g., CMO 0.3 FTE and family physician 0.7 FTE). Do not exceed 1.0 FTE for any individual.
- For position descriptions, refer to the UDS Reporting Manual at https://bphc.hrsa.gov/data-reporting/uds-training-and-technical-assistance.
- The Project Director/CEO must be a Direct Hire and cannot be contracted.

4. To add up the total Direct Hire FTEs, click the Calculate button (**Figure 34**).

Figure 34: Total FTEs



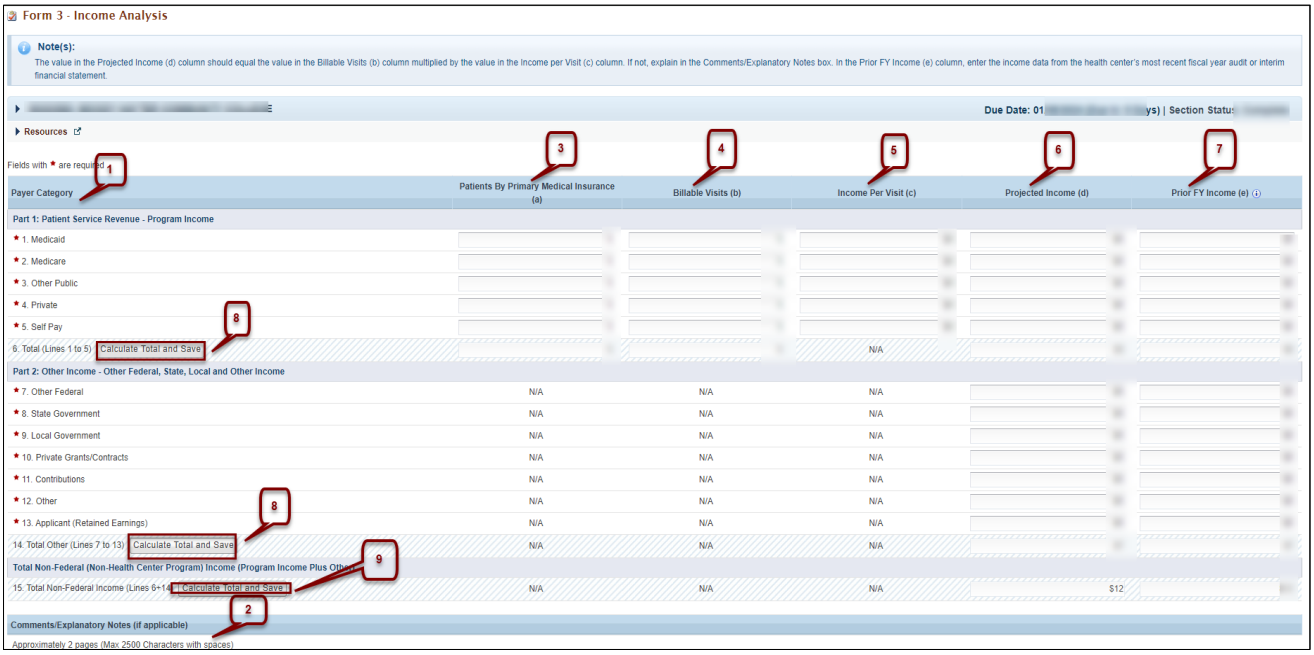
5. Click the Save and Continue button to save your work and proceed to the next form.

3.7 Form 3: Income Analysis

Form 3: Income Analysis collects the projected patient services and other income from all sources (other than the Health Center Program grant funds) for the 12-month period of the proposed project. This form has the following sections:

- Payer Category (**Figure 35**, **1**)
- Comments/Explanatory Notes (**Figure 35**, **2**)

Figure 35: Form 3: Income Analysis



3.7.1 Completing the Payer Category section

The Payer Category section has the following parts:

- Part 1: Patient Service Revenue - Program Income
- Part 2: Other Income - Other Federal, State, Local and Other Income

To complete the **Payer Category** section, follow the steps below:

1. In column (a), project the number of Patients by Primary Medical Insurance for each Payer Category in Part 1. Enter 0 if not applicable (**Figure 35**, **3**).
2. In column (b), project the number of Billable Visits for each Payer Category in Part 1. Billable Visits should be greater than or equal to the number of Patients by Primary Medical Insurance in column (a). Enter zero (0) if not applicable (**Figure 35**, **4**).
3. In column (c), provide the amount of Income per Visit for each Payer Category in Part 1. Enter zero (0) if not applicable. (**Figure 35**, **5**).
4. In column (d), calculate the amount of Projected Income for each Payer Category in Parts 1 and 2. Enter zero (0) if not applicable (**Figure 35**, **6**).
5. In column (e), provide the amount of Prior FY Income for each Payer Category in Parts 1 and 2. Enter zero (0) if not applicable (**Figure 35**, **7**).
6. Click the Calculate Total and Save button to calculate and save the values for each Payer Category in Parts 1 and 2. (**Figure 35**, **8**).

IMPORTANT NOTES:

- The value in the Projected Income (d) column should equal the value in the Billable Visits (b) column multiplied by the value in the Income per Visit (c) column. If not, provide an explanation in the Comments/Explanatory Notes box.
- Do not include in-kind donations on Form 3.
- The Patients by Primary Medical Insurance (a), Billable Visits (b) and Income Per Visit (c) columns in Part 2 are disabled and set to 'N/A'.

7. Click the Calculate Total and Save button in the **Total Non-Federal (Non-Health Center Program) Income (Program Income Plus Other)** section to calculate and save Total Non-Federal Income (**Figure 35**, **9**).

3.7.2 Completing the Comments/Explanatory Notes section

In this section, enter any comments/explanations related to this form.

1. As applicable, provide an explanation for each Payer Category for which Projected Income (d) is not equal to the value obtained by multiplying Billable Visits (b) with Income per Visit (c).
2. Note significant exclusions and/or additions to the Billable Visits data in the comments box.
3. Click Save and Continue to save your work and proceed to **Form 5A: Services Provided.**

3.8 Form 5A: Services Provided

Form 5A – Services Provided identifies the services to be provided and how they will be provided by the applicant organization. You may provide required and additional services directly, by contracting with another provider, or by referral to another provider. These service delivery methods differ according to the service provider and the payment source (**Table 1**). See the Form 5A Column Descriptors at https://bphc.hrsa.gov/sites/default/files/bphc/compliance/form-5a-column-descriptors.pdf for descriptions and requirements for each of the three service delivery methods. All referral arrangements for services noted on Form 5A as provided via Column III must be formal written arrangements/agreements.

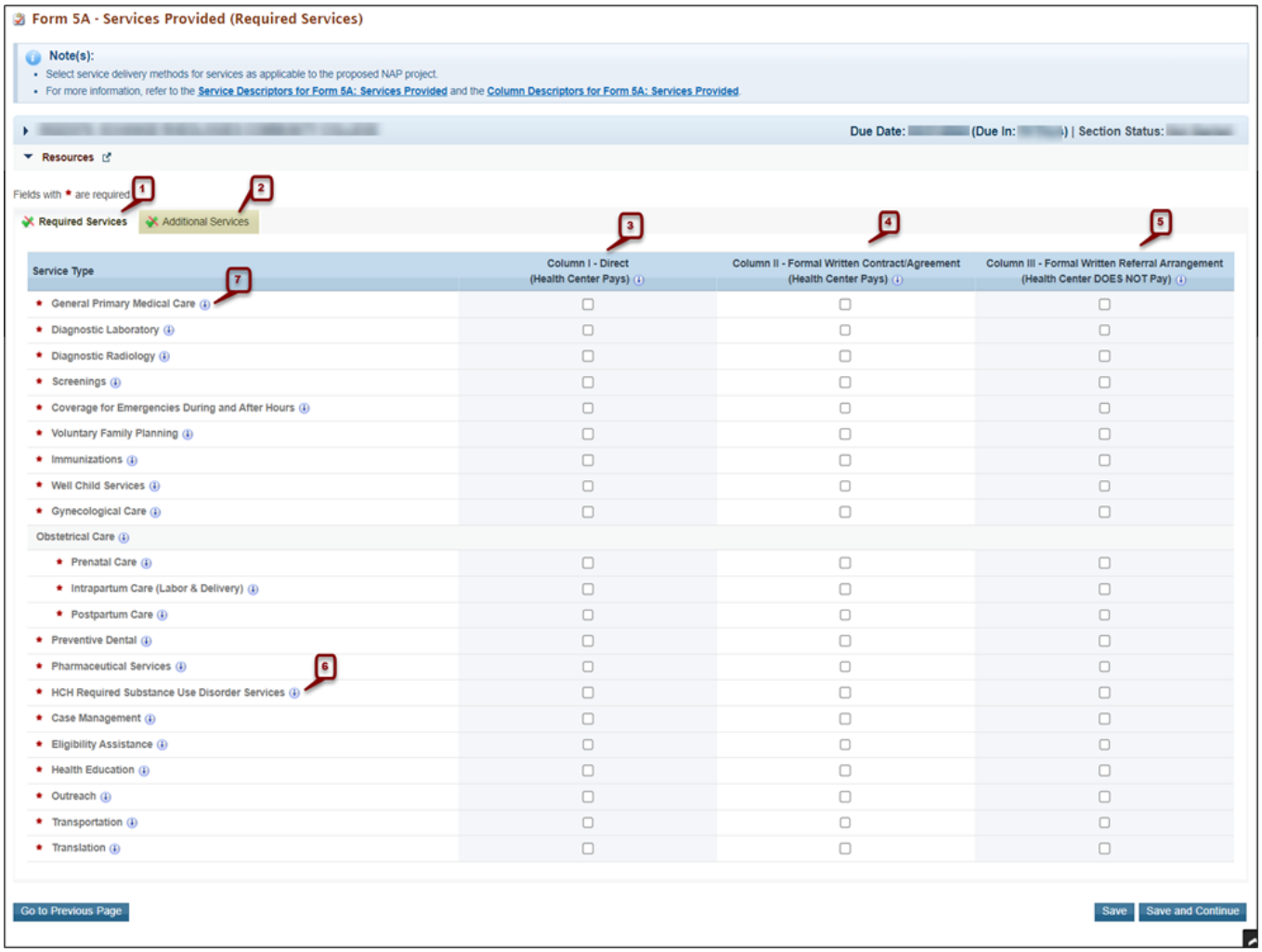
Table 1: Service Delivery Methods

Service Delivery Method	Your Organization Provides the Service	Your Organization Pays for the Service
1. Column I – Service provided directly by health center (**Figure 36**, **3**)	Yes	Yes
2. Column II – Service provided by formal written contract/agreement (**Figure 36**, **4**)	No	Yes
3. Column III – Service provided by formal written referral arrangement (**Figure 36**, **5**)	No	No

You will complete only one Form 5A, regardless of the number of proposed sites. **Form 5A – Services Provided** has the following two sections:

- Required Services (**Figure 36**, **1**)
- Additional Services (**Figure 36**, **2**)

Figure 36: Form 5A – Services Provided (Required Services)



3.8.1 Completing the Required Services Section

To complete this section of **Form 5A**, follow the steps below:

1. Check one or more boxes to indicate the service delivery method(s) for each of the required services as applicable to the proposed NAP project (**Figure 36**, **3**-**5**). See the Form 5A Service Descriptors for descriptions of required and additional services.

2. Click the Save and Continue button to go to the **Additional Services** section OR click the Save button on the **Required Services** section and select the **Additional Services** tab (**Figure 36**, **2**).

IMPORTANT NOTES:

- You must provide General Primary Medical Care (**Figure 36**, **7**) directly (Column I) and/or through formal written contractual agreements in which the health center pays for the service (Column II).
- If you selected "Health Care for the Homeless" (HCH) as a sub program in the Budget Information: Section A - Budget Summary form, then you must select at least one service delivery method for 'HCH Required Substance Use Disorder Services' (**Figure 36, 6**) in the Required Services section. If you are not requesting HCH sub program funding, this row will be disabled.

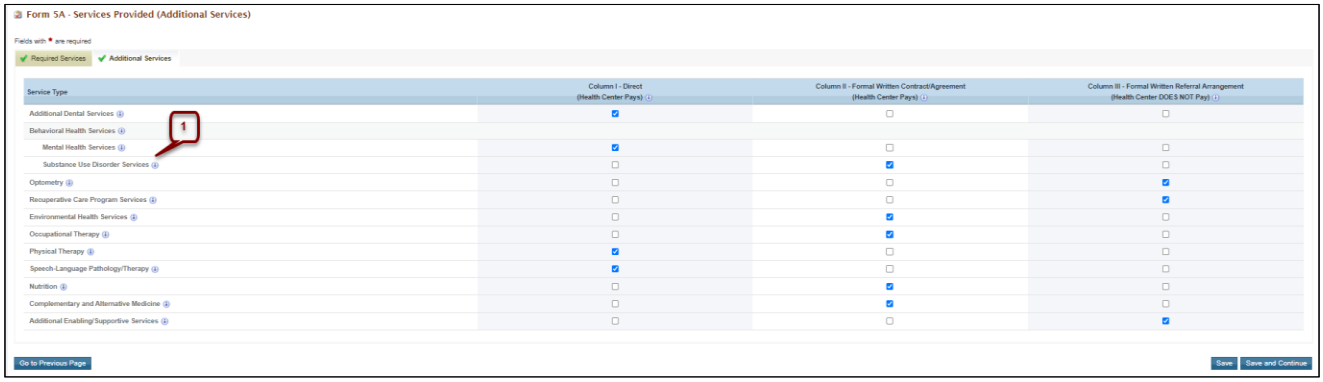
3.8.2 Completing the Additional Services Section

To complete this section of **Form 5A**, follow the steps below:

1. Check one or more boxes to indicate the service delivery method(s) for additional services that will be available at the proposed NAP site(s) (**Figure 37**). Leave the row blank if the service will not be available at the NAP site(s).

IMPORTANT NOTE: You must select service delivery method(s) for Mental Health and Substance Use Disorder services (**Figure 37**, **1**).

Figure 37: Form 5A – Services Provided (Additional Services)



2. After completing **Form 5A**, click the Save and Continue button to save your work and proceed to the next form.

3.9 Form 5B: Service Sites

Form 5B: Service Sites identifies the NAP sites where you will provide services.

- ALL APPLICANTS must propose at least one site that will operate for at least 40 hours per week (full-time).
- NEW START and LOOK-ALIKE APPLICANTS must propose a full-time, fixed (not mobile), service delivery site.
    - If you apply for only MHC funding, this site may be permanent or seasonal.
    - If you apply for any other type of funding (CHC, HCH, PHPC), this site must be permanent, operating year-round.

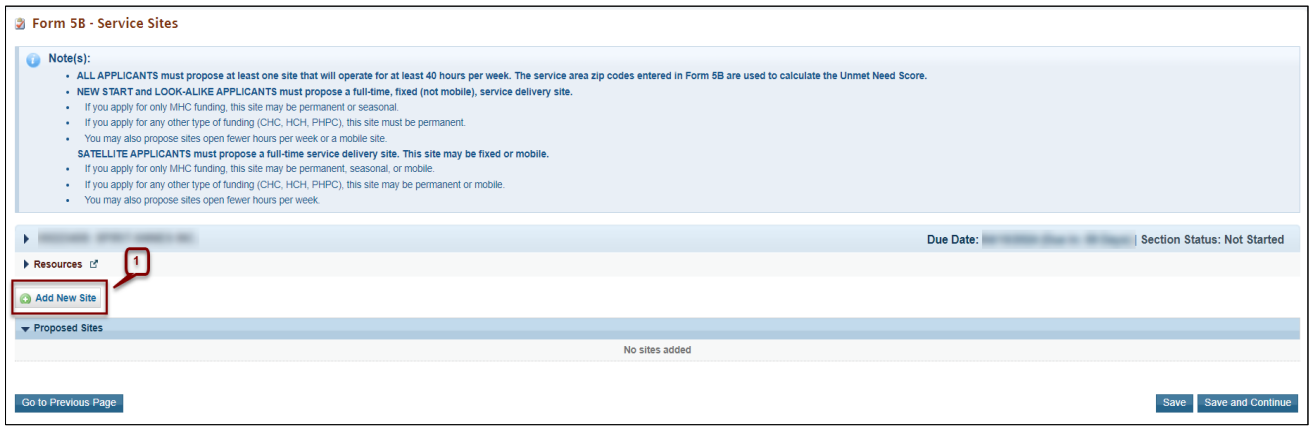
- You may also propose sites open fewer hours per week or a mobile site.

- SATELLITE APPLICANTS must propose a full-time service delivery site. This site may be fixed or mobile.
  - If you apply for only MHC funding, this site may be permanent, seasonal, or mobile.
  - If you apply for any other type of funding (CHC, HCH, PHPC), this site may be permanent or mobile, operating year-round.
  - You may also propose sites open fewer hours per week.

To propose a new site, follow the steps below:

1. Click the Add New Site button (**Figure 38, 1**).

Figure 38: Form 5B: Service Sites



2. The **Service Site Checklist** page will open. Answer the questions in the **Service Site Checklist**.

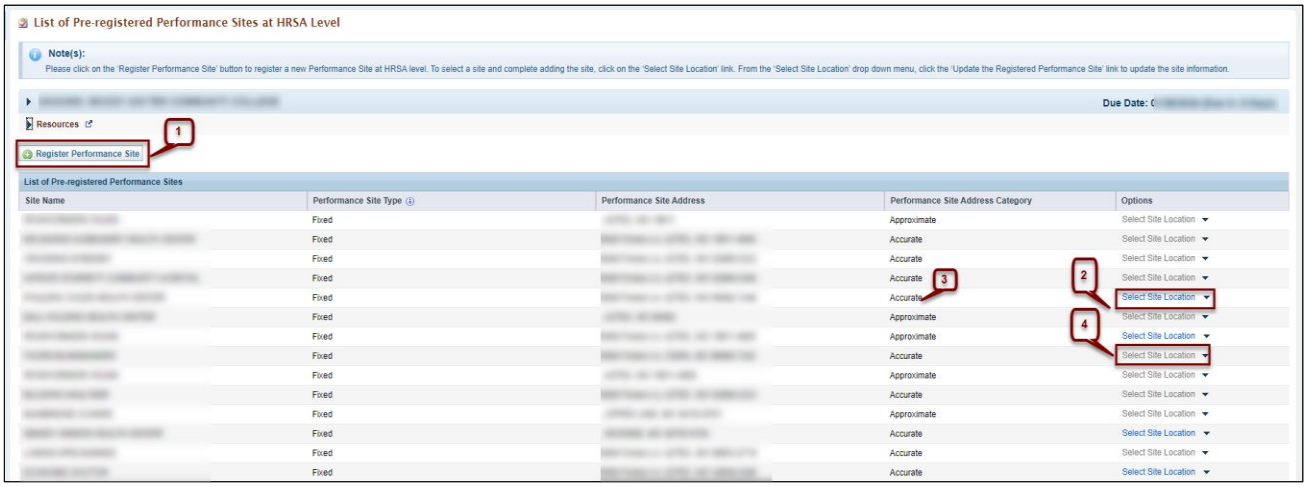
IMPORTANT NOTES:

- You cannot propose an 'Admin-only' site in your NAP application. The answer to question 1 must be 'No' (**Figure 39, 1**) since you will provide services at the NAP site.
- To qualify as a service site, you must select 'Yes' for questions 'a' through 'd'.
- Only select 'Yes' for question 2 if the site being added is a confidential site serving victims of domestic violence and the site address cannot be published due to the necessity to protect the location of the domestic violence shelter (**Figure 39, 2**).

Figure 39: Service Site Checklist page

3. Click the Verify Qualification button (**Figure 39**, **3**).
    - The system navigates to the **List of Pre-Registered Performance Sites at HRSA Level** page displaying all the sites that are registered by your organization within EHB.
4. To use a new location for the site you are proposing in **Form 5B**, click the Register Performance Site button (**Figure 40**, **1**) and register your site using the Enterprise Site Repository (ESR) system 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 or Mobile. Click the Next Step button.
    - On the Address – Enter page, enter the physical address of the site. The site must have a valid street address. Click the Next Step button.
    - On the Register – Confirm page, the system shows the address you entered on the Address – Enter page along with the standardized format of the address. Select the option you want and click the Confirm button.
    - On the Register – Result page, click the Finish button to register the site to your organization.
5. Once the site is registered, click its **Select Site Location** link (**Figure 40**, **2**) from the list of pre-registered performance sites. Standardized addresses will be listed as “Accurate” (**Figure 40**, **3**). If the address is “Approximate,” ensure that the site address is a valid street address.

Figure 40: List of Pre-Registered Performance Sites at HRSA Level page



IMPORTANT NOTE: If the **Select Site Location** link (**Figure 40**, **4**) is disabled, you can hover over the link to see the reason. You will not be able to select the site if it is:

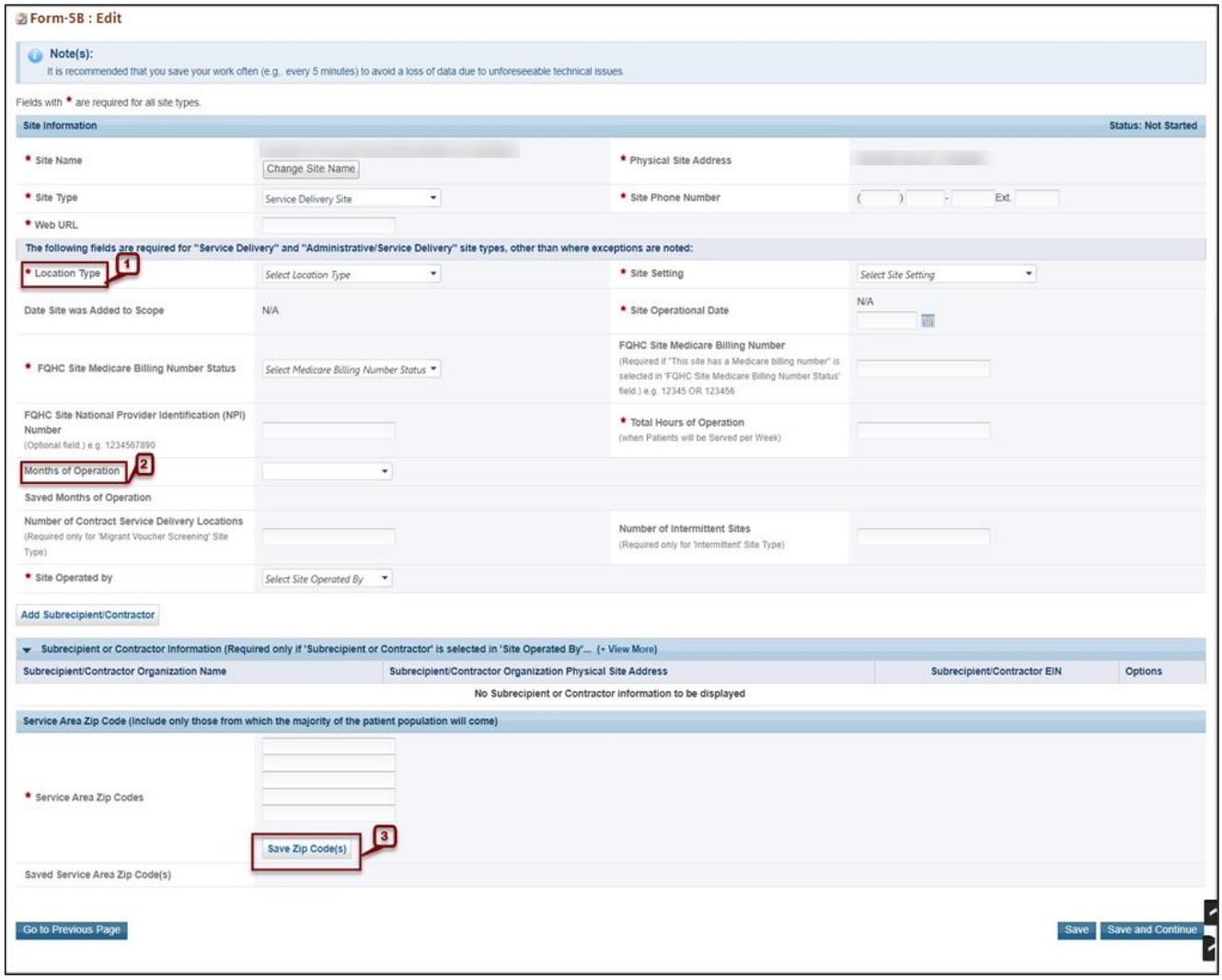
- Already included in your application.
- Already active or pending verification in an award recipient's Health Center Program scope of project.
- A confidential site and you selected 'No' that the proposed site is not a confidential domestic violence site for question 2 in the **Service Site Checklist** (**Figure 39, 2**).
- A non-confidential site and you selected 'Yes' that the proposed site is a confidential/domestic violence site for question 2 in the **Service Site Checklist** (**Figure 39, 2**).

6. If you wish to update the name of any site on the list of pre-registered performance sites, click the **Update the Registered Performance Site** link (**Figure 41**) and update the site name.

Figure 41: Update the Registered Performance Site link

7. When you click the **Select Site Location** link of a site, the system opens the **Form 5B: Edit** page where you must provide all the required information for the site (**Figure 42**). Fields marked with an asterisk (*) are required.

Figure 42: Form 5B: Edit page



8. Complete Form 5B for each proposed NAP site by following the steps below:
    - The site name and address populate from the list of pre-registered performance sites.
    - Select the Site Type (Service Delivery Site or Administrative/Service Delivery Site).
    - Select a Location Type (**Figure 42, 1**). If you select Permanent, or if you are a satellite applicant proposing only a mobile site, all the months of operation should be checked (**Figure 42, 2**).
    - Select a Site Setting. Select 'all other clinic types' if the site is not located at a hospital or school.
    - Enter the date that the site will be or became operational. The date should be no more than 120 days after the project start date.
    - Select the Medicare billing status and enter Medicare billing number, if applicable.
    - Enter the total hours of operation per week for the site. At least one proposed site must operate for at least 40 hours per week.

- Enter the months of operation (**Figure 42, 2**). At least one proposed site must operate year-round, unless you are proposing MHC only.
- Select whether the site is operated by the health center/applicant, contractor, or subrecipient.
- If the site is operated by a contractor or subrecipient, you must enter information about the operating organization.
- Enter the zip codes for the NAP service area. After each five zip codes entered, click Save Zip Codes, to save and add more, if applicable (**Figure 42, 3**). For fixed sites, you must include the zip code of the site's physical address.

IMPORTANT NOTE: The zip codes entered in **Form 5B** will be used to calculate the Unmet Need Score (UNS) for your application. Explore the UNS Map Tool to see the data that make up the UNS.

9. After completing **Form 5B**, click the save and continue button.
   - **Form 5B – Service Sites** list page opens with the newly added site in the **Proposed Sites** section (**Figure 43**).

Figure 43:Newly added site displayed under Proposed Sites Section

10. To add additional sites, follow the steps 1-9 above. Once you have completed **Form 5B** for each NAP site, click the Save and Continue button to save your work and proceed to the next form.

3.10 Form 5C: Other Activities/Locations

IMPORTANT NOTE: This is an optional form. If you do not want to propose any other activities or locations in your application, you can click the Save and Continue button at the bottom of the form to complete it.

Form 5C – Other Activities/Locations identifies other activities or locations associated with your NAP project. To add activities or locations, follow the steps below:

1. Click the Add New Activity/Location button (**Figure 44**). The system opens the **Activity/Location – Add** page (**Figure 45**).

Figure 44: Add New Activity/Location button

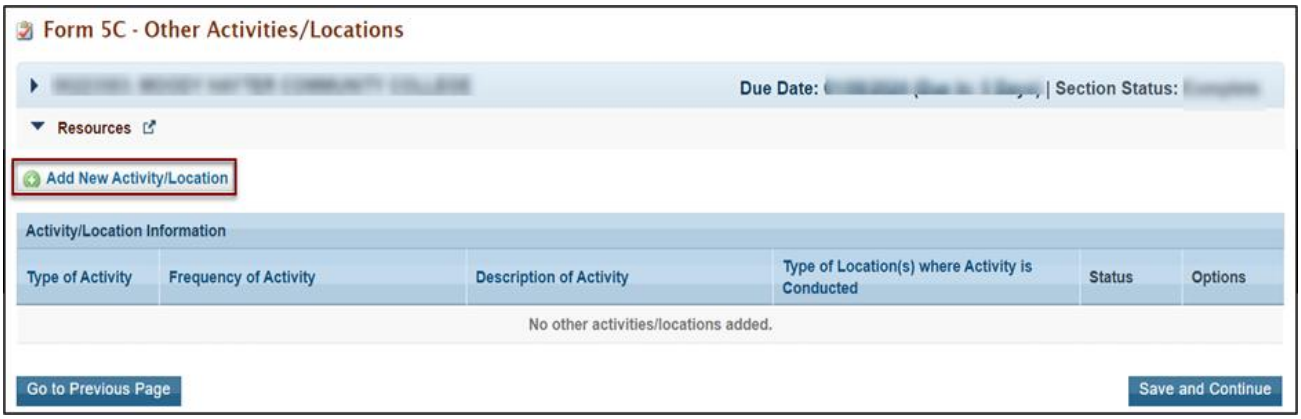
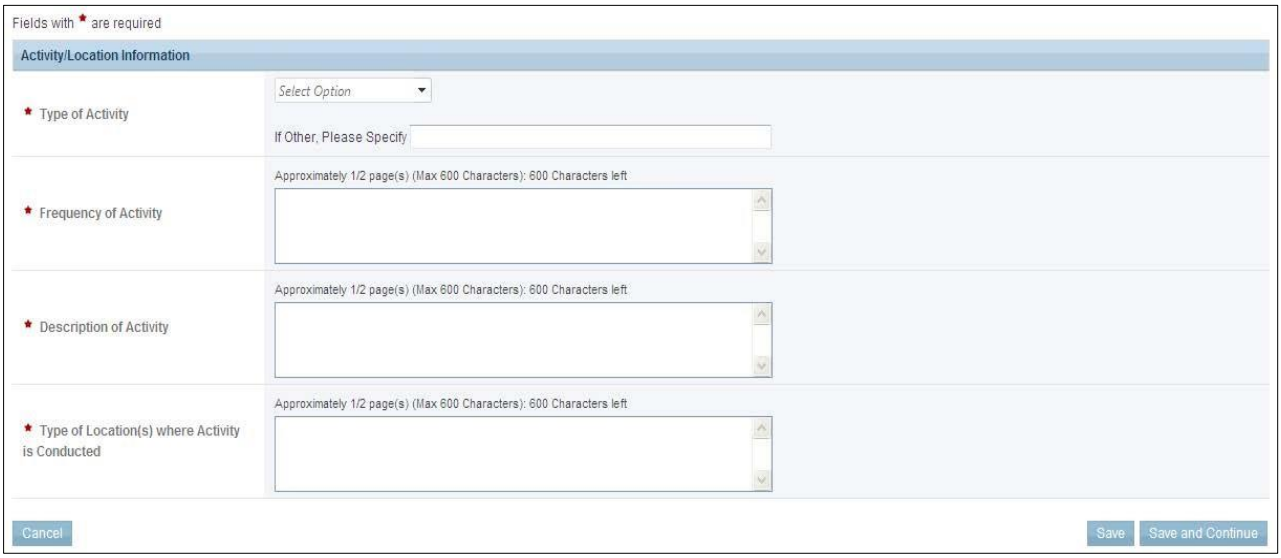
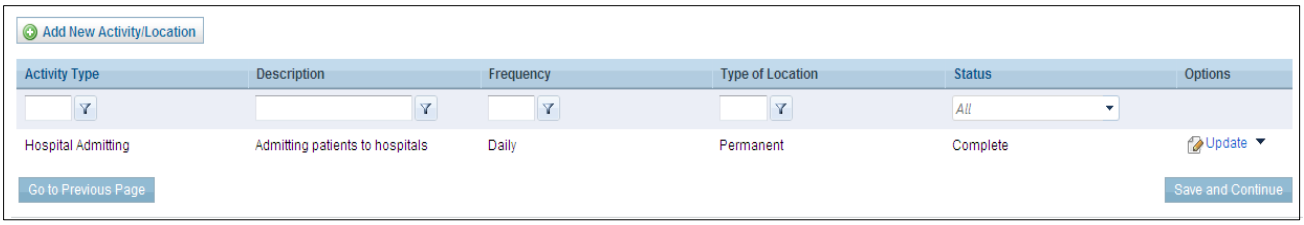


Figure 45: Activity/Location – Add page



2. Complete all the fields on this page and click the Save and Continue button.
    - The system goes to the **Form 5C** list page displaying the newly added activity (**Figure 46**). Once the activity is added, it can be updated or deleted as needed.

Figure 46: Activity/Location added

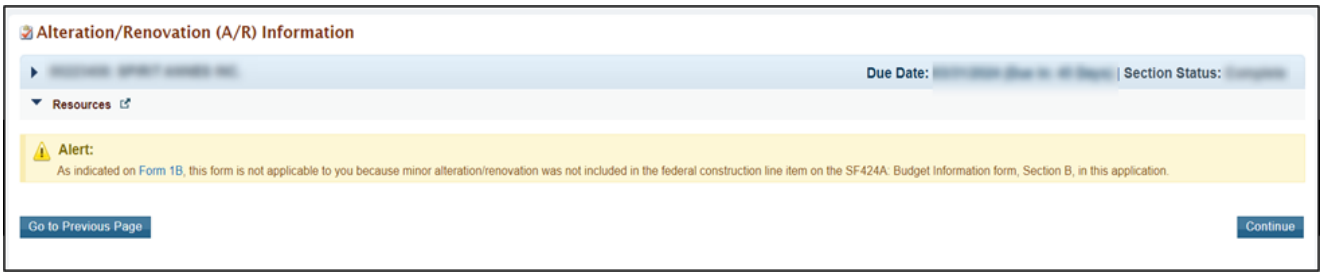


3. After completing **Form 5C**, click the Save and Continue button to save your work and proceed to the next form.

3.11 Alteration/Renovation (A/R) Information

If you did not request funding for minor alteration/renovation (shown on Form 1B: Funding Request Summary), this form will not apply to you (**Figure 47**). Click the Continue button to proceed to the next form.

Figure 47: A/R Information Page – "Not Applicable" Message



If you requested funding for minor alteration/renovation, you must complete the **Alteration/Renovation (A/R) Information**, by indicating the site(s) where A/R will occur and completing the **Alteration/Renovation (A/R) Project Cover Page** and **Other Requirements for Sites** forms. On the **Alteration/Renovation (A/R) Information** page, the system populates your proposed site(s) from **Form 5B – Service Sites** (**Figure 48**, **1**). Follow the steps below to complete this form:

1. Answer whether you are requesting funding for minor A/R at each site (**Figure 48, 2**).
2. For each site answered "Yes", click the Update button (**Figure 48, 3**) to complete the **Alteration/Renovation (A/R) Project Cover Page** and **Other Requirements for Sites** forms**.**

Figure 48: A/R Information Page when Applicable

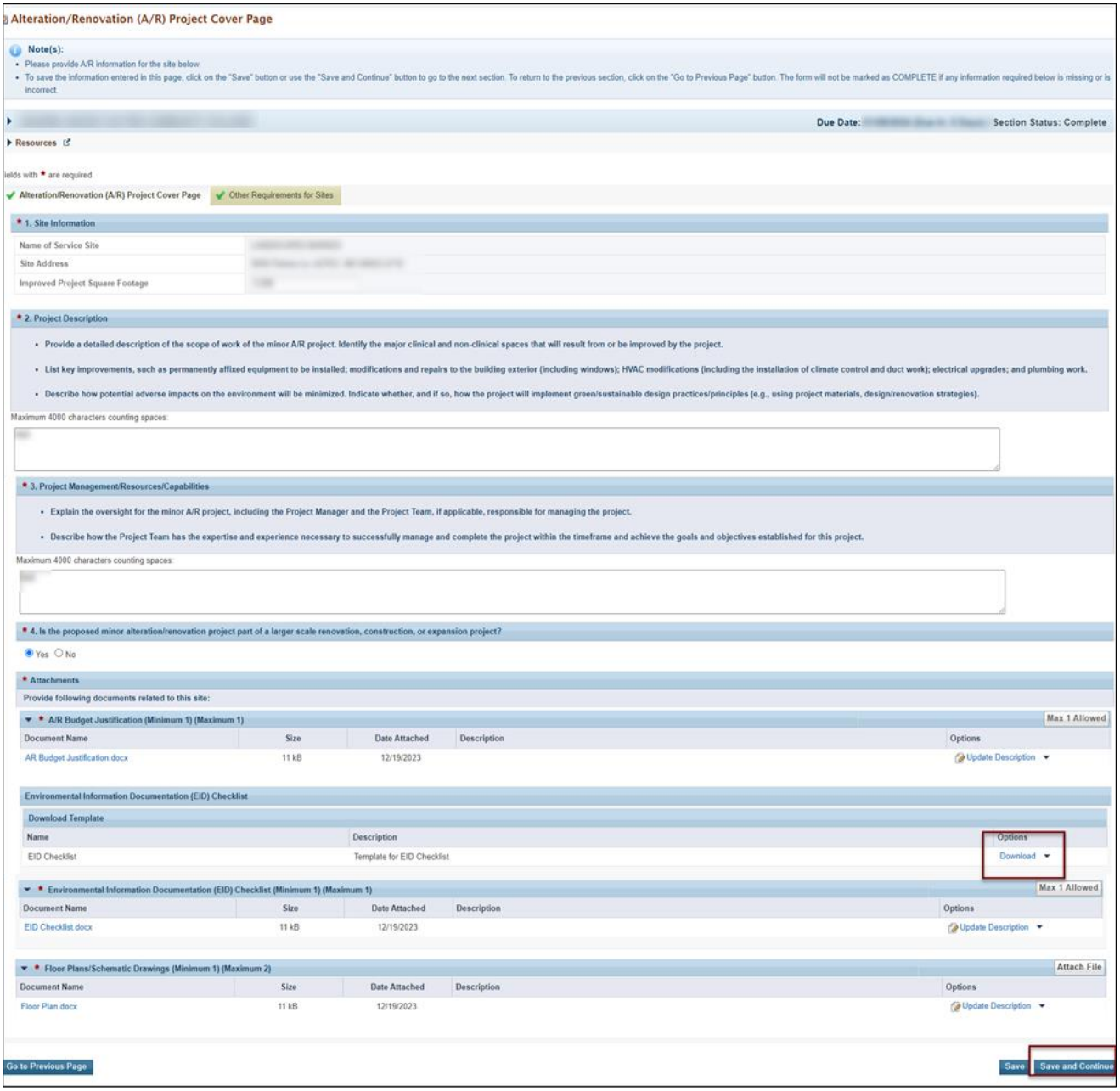
3.11.1 Alteration/Renovation (A/R) Project Cover Page

1. On the **A/R Project Cover Page (Figure 49)**, answer all the questions and attach the documents as requested. Fields and attachments marked with an asterisk (*****) are required.

2. After you have completed the **A/R Project Cover Page**, click the Save and Continue button at the bottom of the screen to save your work and proceed to **Other Requirements for Sites (Figure 50)**.

IMPORTANT NOTE: For the Environmental Information Documentation (EID) checklist, download the template to your computer, complete the form, and attach it to your application in the form.

Figure 49: A/R Project Cover Page

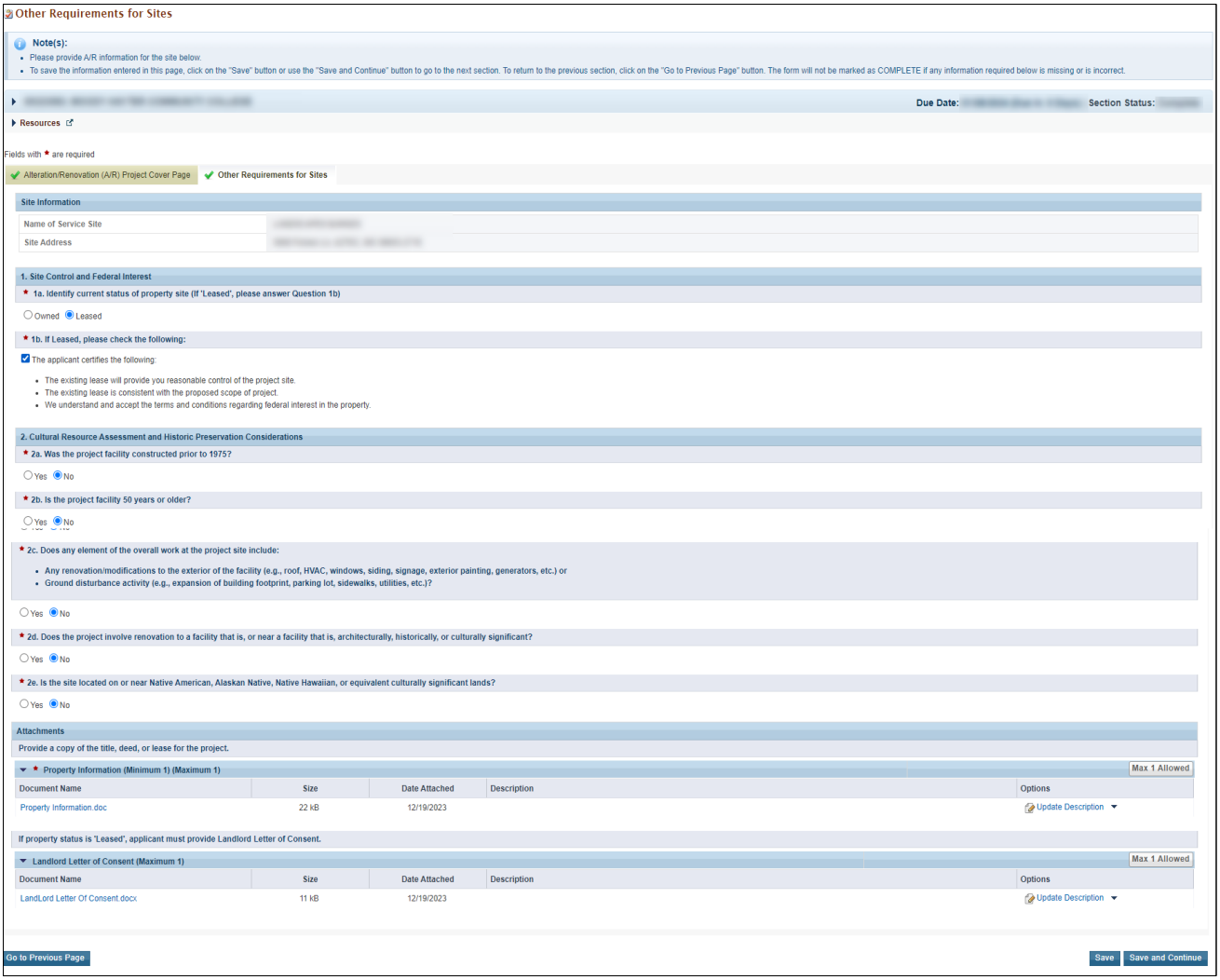


3.11.2 Other Requirements for Sites

This form addresses site control, federal interest, and cultural resources and historic preservation considerations related to the minor A/R project. Follow the steps below to complete this form:

1. Answer all the questions on the form.
2. Attach property information, such as the lease or deed.
3. If you do not own the property, attach a Landlord Letter of Consent.
4. Click the Save and Continue button at the bottom of the form.
    - You will be returned to the **A/R Information Page** with the list of proposed sites.

Figure 50:Other Requirements for Sites



5. After you have completed the A/R Information, click the Save and Continue button at the bottom of the page to save your work and proceed to the next form.

IMPORTANT NOTES:

- If you add a new site in Form 5B: Service Sites after completing the A/R Information form, you will be required to revisit the A/R Information page to answer the one-time funding question for that site and provide the A/R information for the site, as applicable.
- If you remove a site from Form 5B: Service Sites, then the site will be removed from the A/R Information page.

3.12 Form 6A: Current Board Member Characteristics

This form collects information about your board members.

IMPORTANT NOTES:

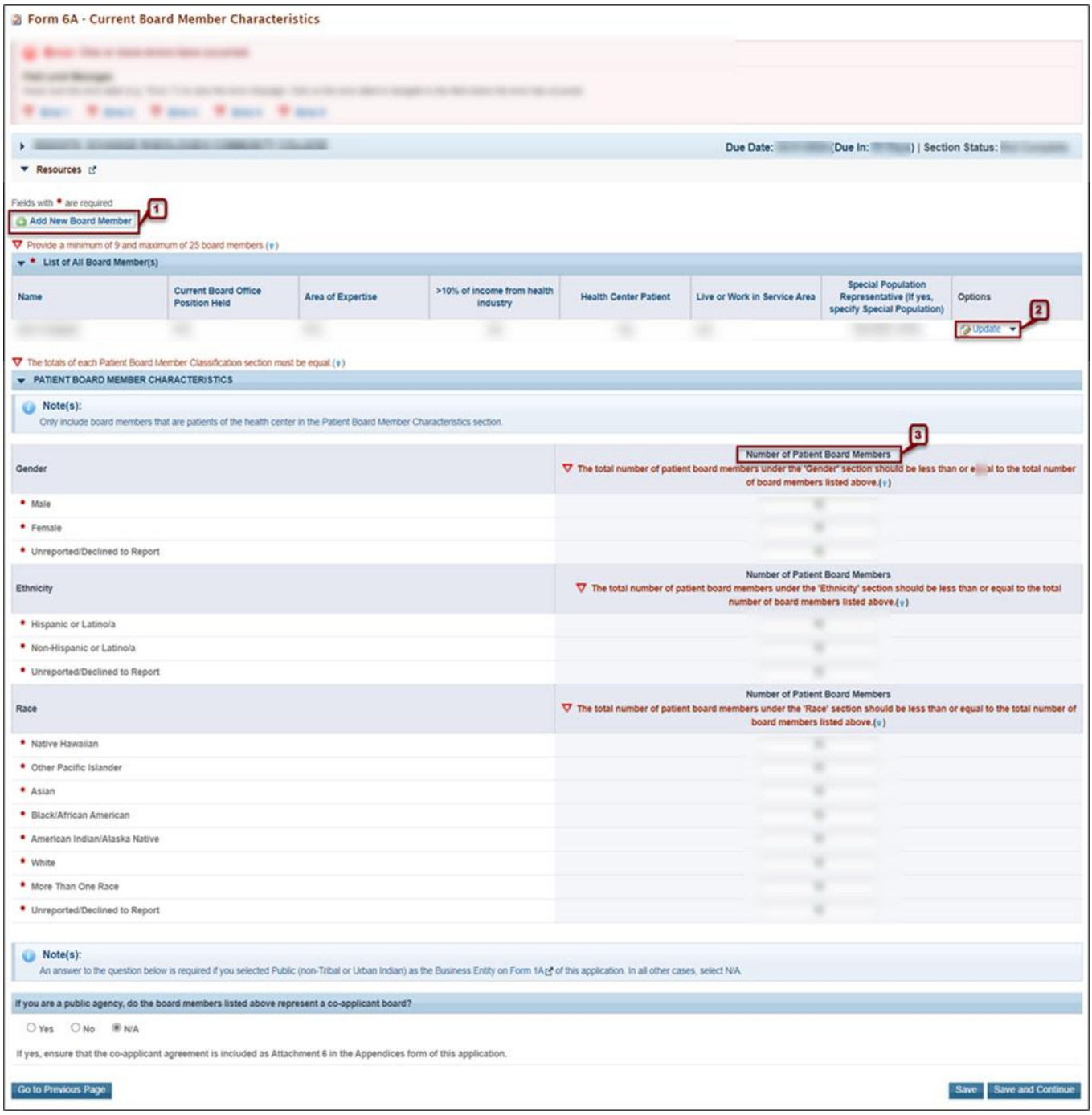
- This form is optional if you select "Tribal" or "Urban Indian" as the Business Entity in Form 1A: General Information Worksheet. You can click the Save or the Save and Continue button at the bottom of the page to proceed to the next form.
- If **Form 6A** is optional for you, but you choose to enter information, then you must enter all required information.

You are required to list all current board members and provide the requested details. For existing award recipients submitting a satellite NAP application, the system will pre-populate the board member information from the last awarded Health Center Program application. You may update or delete the pre-populated information and add board members, as applicable.

To complete **Form 6A**, follow the steps below:

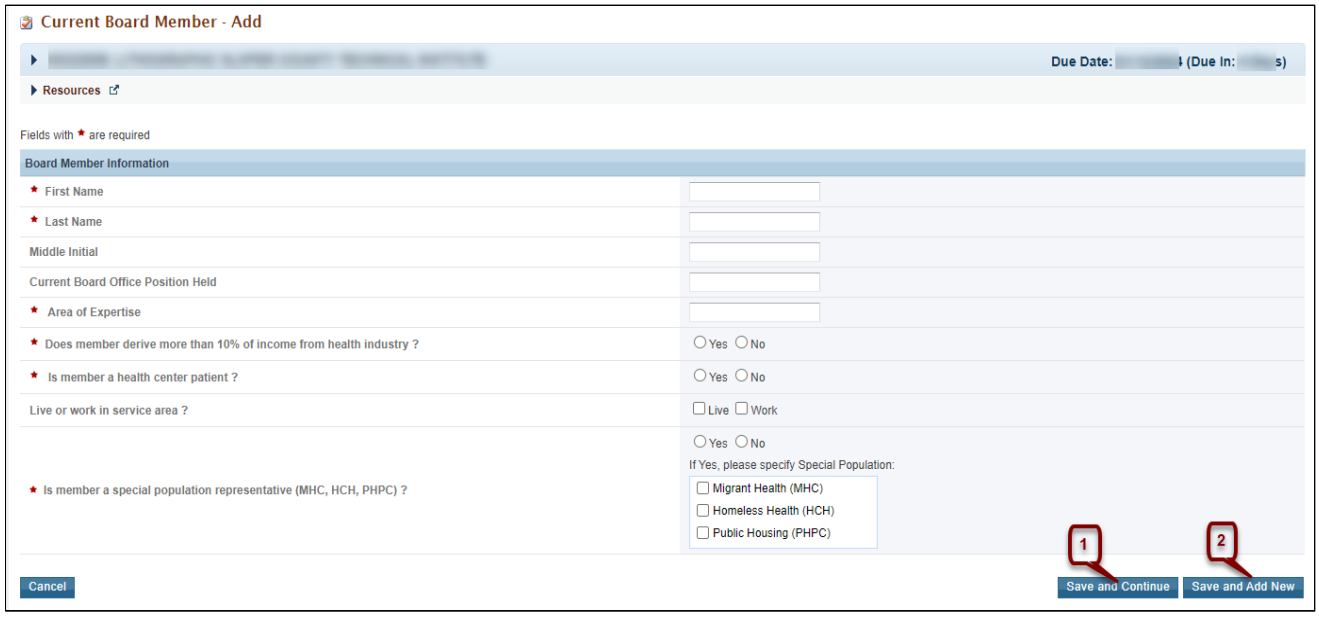
- To add information for a board member, click the Add New Board Member button (**Figure 51**, **1**). You must provide a minimum of 9 and maximum of 25 board members. The system opens the **Current Board Member - Add** page (**Figure 52**).

Figure 51: Form 6A Current Board Member Characteristics



1. Provide the required board member information. Click the Save and Continue button to save the information and go back to the **Form 6A** list page (**Figure 52**, **1**), or click the Save and Add New button to save the information and add a new board member (**Figure 52**, **2**).

Figure 52: Current Board Member – Add Page



3. To update or to delete information for any board member, click the **Update** or **Delete** link under the options column in the **List of All Board Members** section (**Figure 51**, **2**).
4. Enter the gender, ethnicity, and race of board members who are patients of the health center in the **Patient Board Member Characteristics** section (**Figure 51**, **3**). The total number of patient board members for each of these sections must match.
5. If you selected Public as the business entity in **Form 1A: General Information Worksheet**, answer the public agency question at the bottom of the form. If you selected a different business entity in **Form 1A**, select 'N/A' for this question. If you answer 'Yes' to this question, ensure that the Co-Applicant Agreement is included in **Attachment 6** in the **Appendices** form.
6. After completing **Form 6A**, click the Save and Continue button to save the information and proceed to the next form.

3.13 Form 6B: Request for Waiver of Governance Requirements

If you are requesting funding for special populations only (MHC, HCH, and/or PHPC), you may use **Form 6B** to request a waiver of the 51% patient majority governance requirement. HRSA will not grant a waiver request if your organization currently receives or is applying for Community Health Center (CHC) funding.

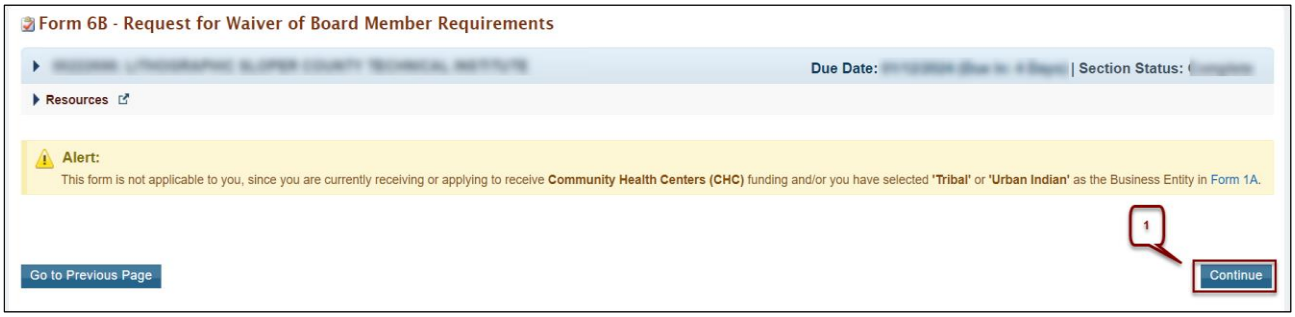
3.13.1 Completing Form 6B when it is not applicable

Form 6B is not applicable if:

- You currently receive Community Health Centers (CHC) funding, or you selected the CHC sub program in the Budget Information form: **Section A – Budget Summary**.
- You selected "Tribal" or "Urban Indian" as the Business Entity in **Form 1A: General Information Worksheet**.

If the form is not applicable, click the Continue button to proceed to the next form (**Figure 53**, **1**).

Figure 53: Form 6B: Request for Waiver of Governance Requirements – Not Applicable

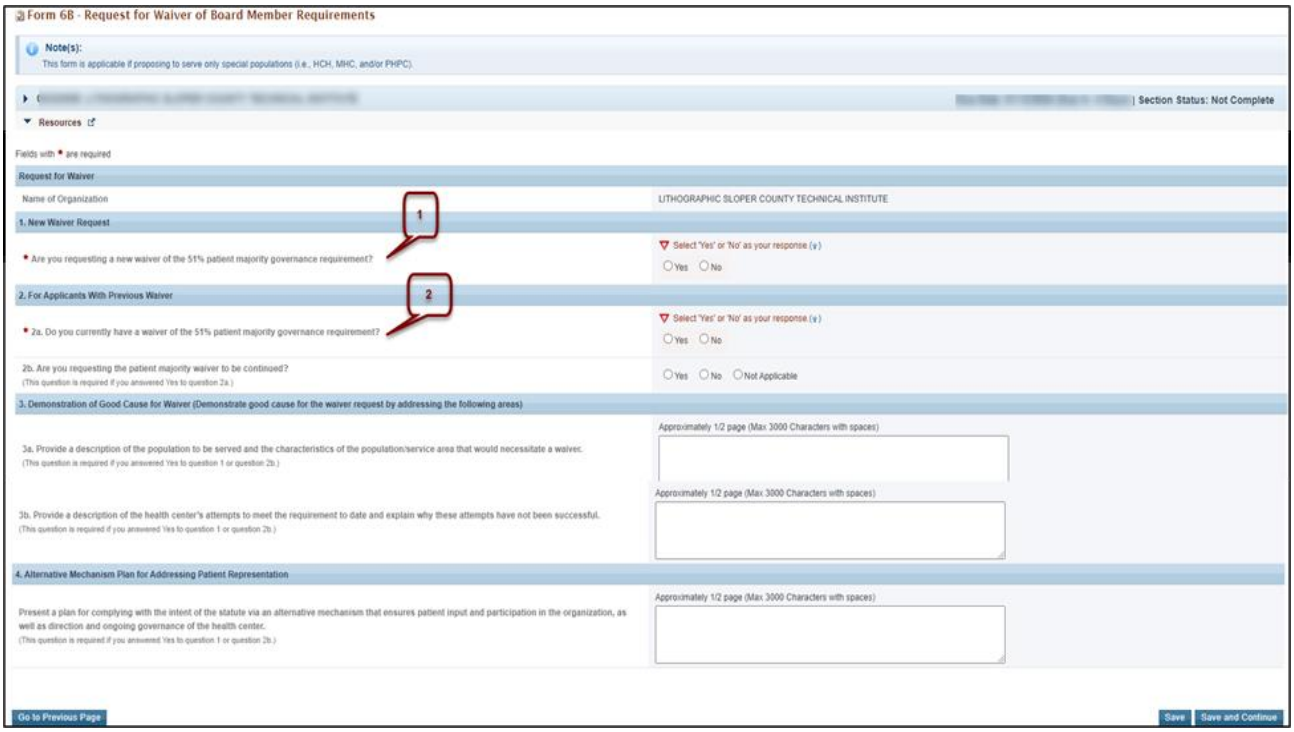


3.13.2 Completing Form 6B when it is applicable.

To complete **Form 6B** when it is applicable, follow the steps below:

1. Indicate whether you are requesting a new waiver of the 51% patient majority governance requirement under the **New Waiver Request** section (**Figure 54**, **1**) or if you currently have a waiver in the **For Applicants With Previous Waiver** section (**Figure 54**, **2**).

Figure 54: Form 6B: Request for Waiver of Governance Requirements – Applicable



2. If you answered 'Yes' to question 2a, you must answer 'Yes' or 'No' for question 2b. Select 'N/A' for question 2b if you answered 'No' to question 2a.
3. If you answered 'Yes' to question 1 or question 2b, you must answer the remaining questions on the form.
4. After completing **Form 6B**, click the Save and Continue button to save your work and proceed to the next form.

3.14 Form 8: Health Center Agreements

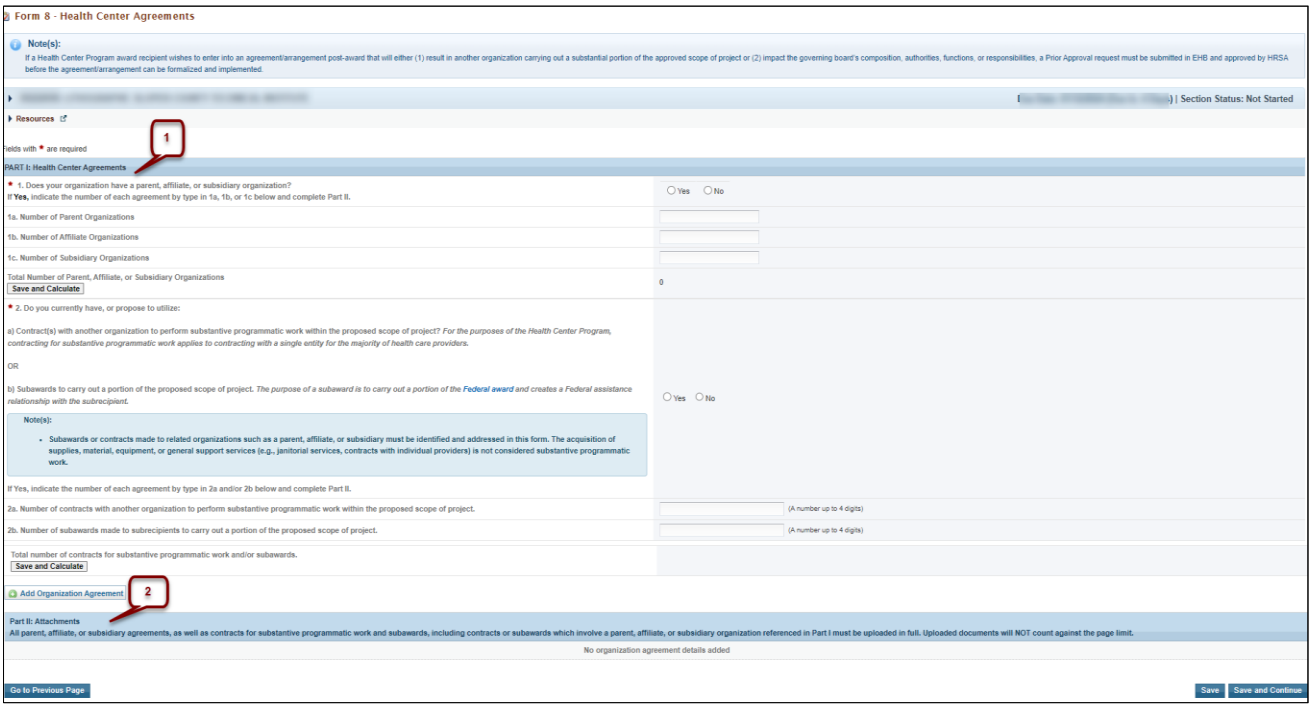
Form 8 indicates whether 1) you have a parent, affiliate, or subsidiary organization; and/or 2) you have or plan to use:

- Contract(s) with another organization to perform substantive programmatic work within the proposed scope of project; or
- Subaward(s) to carry out a portion of the proposed scope of project. The purpose of a subaward is to carry out a portion of the federal award and creates a federal assistance relationship with the subrecipient.

This form has the following sections:

- Part I: Health Center Agreements (**Figure 55**, **1**)
- Part II: Attachments – Organization Agreement(s) (**Figure 55**, **2**)

Figure 55: Form 8 – Health Center Agreements



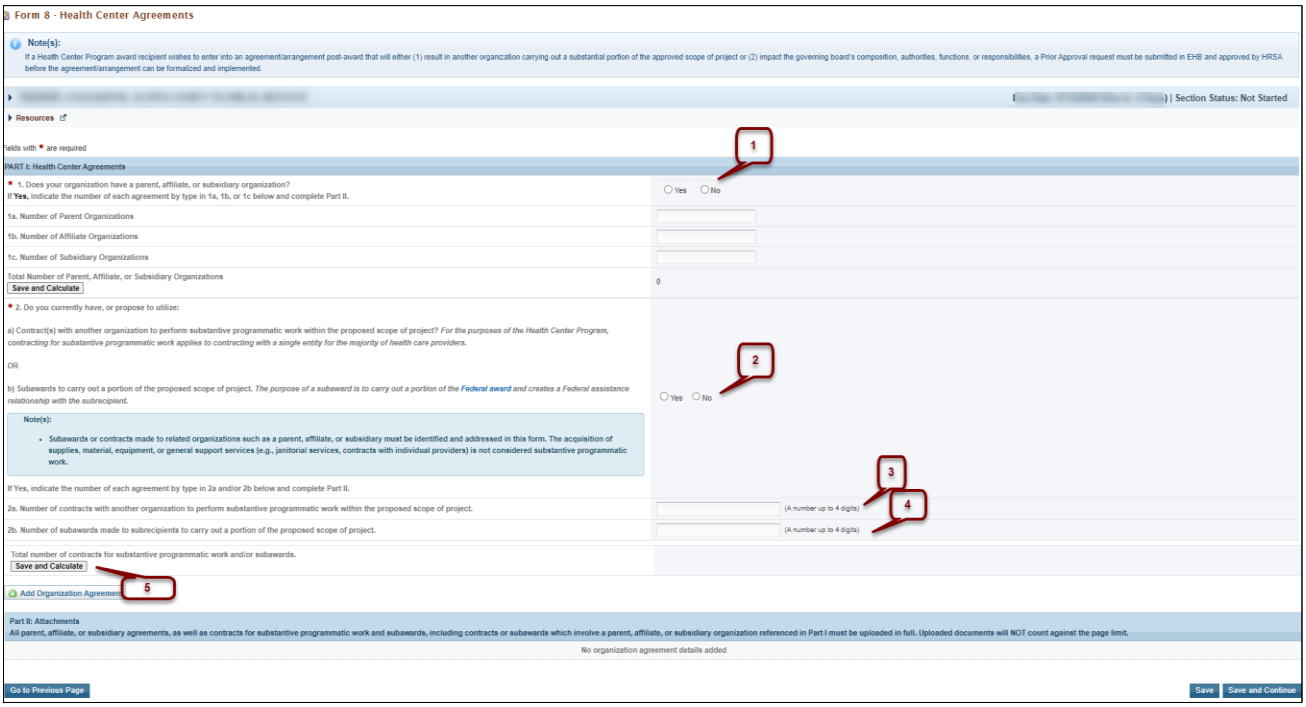
3.14.1 Completing Part I: Health Center Agreements

To complete Part I of **Form 8**, follow the steps below:

1. Answer question 1 (**Figure 56**, **1**). If you select 'Yes' for question 1, enter the number each agreement type in 1a, 1b, and 1c.
2. Answer question 2 (**Figure 56**, **2**). Select '**Yes'** for question 2 if any current or proposed agreements exist with another organization to perform substantive programmatic work within the scope of project. For the purposes of the Health Center Program, contracting for substantive programmatic work applies to contracting with a single entity for most of health care providers.

IMPORTANT NOTE: If you proposed a site in Form 5B: Service Sites that will be operated by a "Subrecipient" or a "Contractor", the system will set the answer for question 2 to 'Yes'.

Figure 56: Form 8, Part I



3. If you select 'Yes' for question 2, enter the number of each agreement type in 2a and 2b (**Figure 56**, **3-4**).
4. Click Save and Calculate to show the total number of agreements, contracts, and subawards (**Figure 56**, **5**).

3.14.2 Completing Part II: Attachments – Organization Agreement(s)

If you answered 'Yes' to questions 1 or 2, provide each agreement with the organizations as noted in Part I. To add agreements for each organization, follow the steps below:

1. Click the Add Organization Agreement button located above Part II (**Figure 57**, **1**). The system opens the **Organization Agreement - Add** page (**Figure 58**).

Figure 57: Form 8, Part II

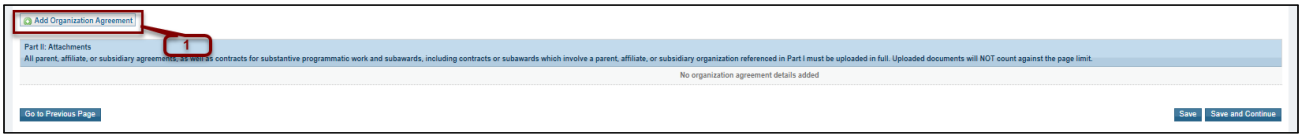
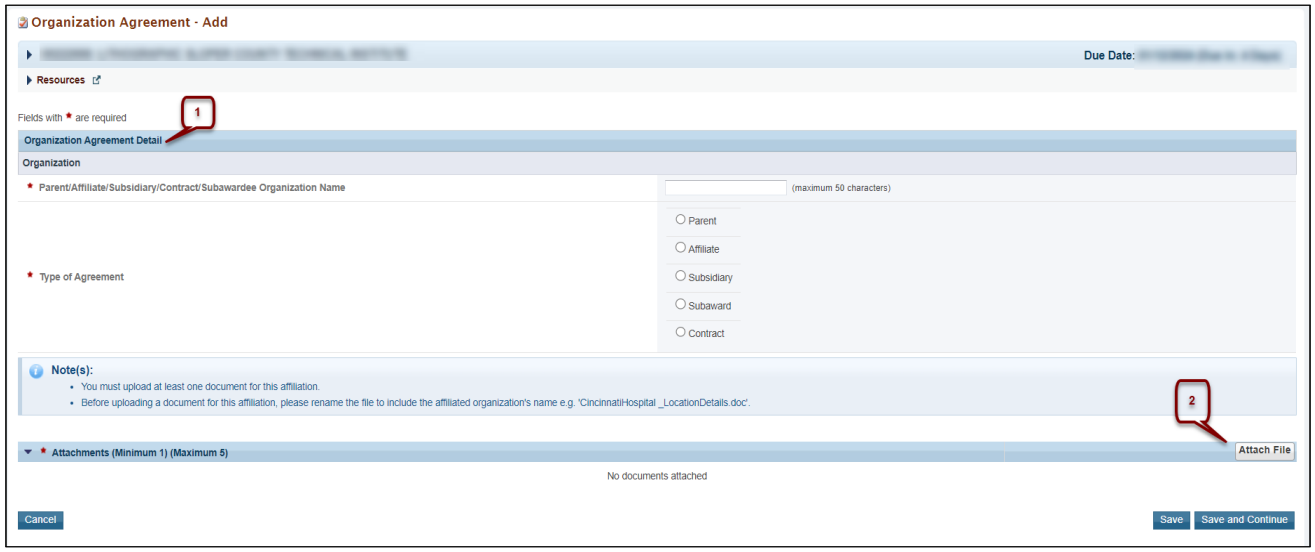


Figure 58: Organization Agreement – Add page



2. Provide the required information for the agreement in the **Organization Agreement Detail** section (**Figure 58**, **1**).
3. Under the **Attachments** section, click the Attach File button (**Figure 58**, **2**) to upload at least one document related to the organization (the complete affiliation agreement, contract, and/or subaward).

IMPORTANT NOTE: Before uploading a document for Form 8, rename the file to include the affiliated organization's name (e.g., "CincinnatiHospital_MOA.doc")**.**

4. Click Save and Continue to return to the **Form 8: Health Center Agreements** list page. Following the steps described above, click the Add Organization Agreement button to enter details and attach agreements for each organization referenced in Part I. This form will accept a maximum of five attachments for 10 organizations.
5. After completing **Form 8**, click the Save and Continue button to save your work and proceed to the next form.

3.15 Form 12: Organization Contacts

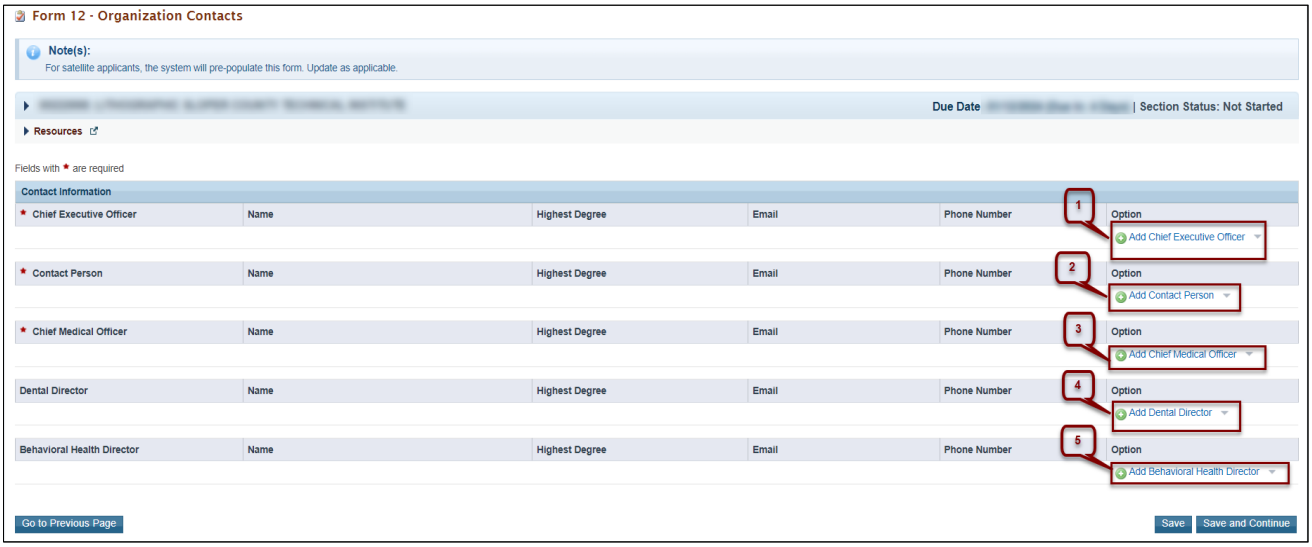
Use **Form 12: Organization Contacts** to provide contact information for the proposed project.

New applicants will provide the requested contact information. For existing award recipients submitting a satellite application, the system will pre-populate the contact information from the latest awarded Health Center Program application. Fields marked with an asterisk (*****) are required.

To complete this form, follow the steps below:

1. Click the **Add/Update** link to add or update the information for each type of contact (**Figure 59**, **1, 2, 3, 4, 5**). For example, click **Add Chief Executive Officer** link to add a Chief Executive Officer. The system directs you to the data entry page for the corresponding contact (**Figure 60).**

Figure 59: Form 12 – Organization Contacts

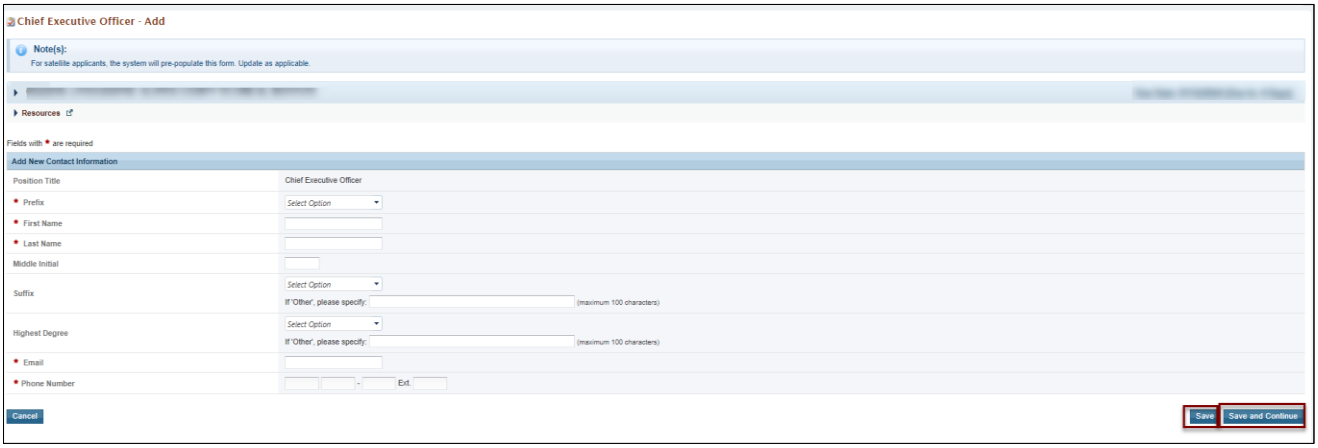


2. To delete the contact information already provided, click on the **Delete** link under the options column.

IMPORTANT NOTE: The **Update** and the **Delete** links will display after you add the contact information.

3. Enter the required information on this page.

Figure 60: Chief Executive Officer – Add page



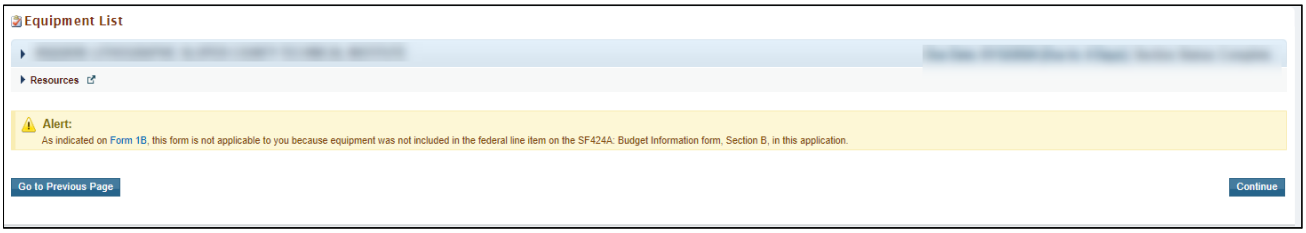
4. Click Save and Continue to save the information and proceed to the **Form 12: Organization Contacts** page to add information for the next contact.

5. After completing **Form 12**, click the Save and Continue button to save the information and proceed to the next form.

3.16 Equipment List

The **Equipment List** form provides a line-item list of proposed equipment to be purchased with grant funds. If you did not request funding for equipment (shown on **Form 1B: Funding Request Summary**), this form will not apply to you (**Figure 61**). Click the Continue button to proceed to the next form.

Figure 61: Equipment List Page – Not Applicable



If you requested funding for equipment, you must complete the **Equipment List** form. To complete this form, follow the steps below:

1. Click the Add button to add equipment (**Figure 62**).
2. The system opens the **Equipment Information - Add Page** (**Figure 63**).

Figure 62: Equipment List Page

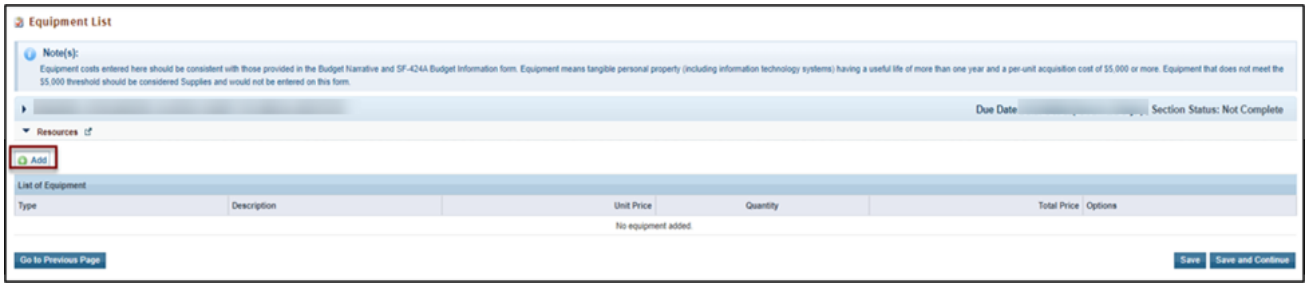
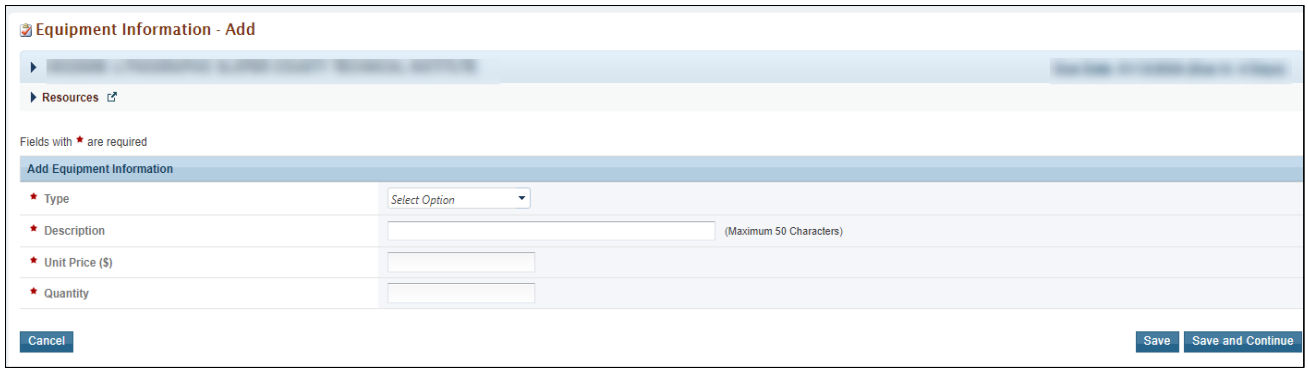
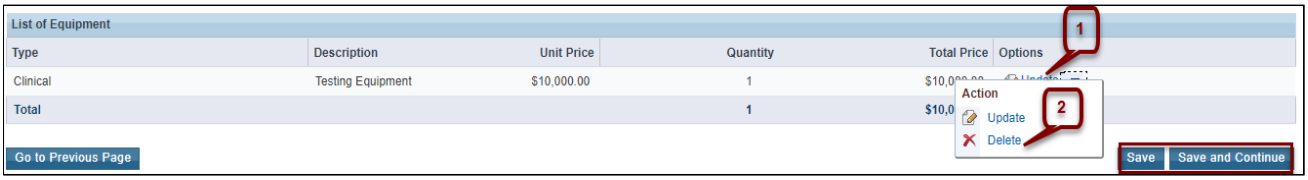


Figure 63: Equipment Information - Add Page



3. Select an equipment Type and enter the Description, Unit Price ($), and Quantity.
4. Click the Save and Continue button at the bottom of the screen. You will be returned to the **Equipment List** page (**Figure 64**).

Figure 64: Equipment List Page with Equipment Added



5. To edit an equipment list item, click the **Update** link under the Options menu (**Figure 64, 1**). To delete an equipment item, click the **Delete** link under the Options menu (**Figure 64, 2**).

IMPORTANT NOTE: Include equipment that is $5,000 or more per unit. Equipment items that cost less than $5,000 each should be listed under supplies in the budget.

6. When you have finished entering the equipment, click the Save and Continue button at the bottom of the screen to save your work and proceed to the next form.

3.17 Summary Page

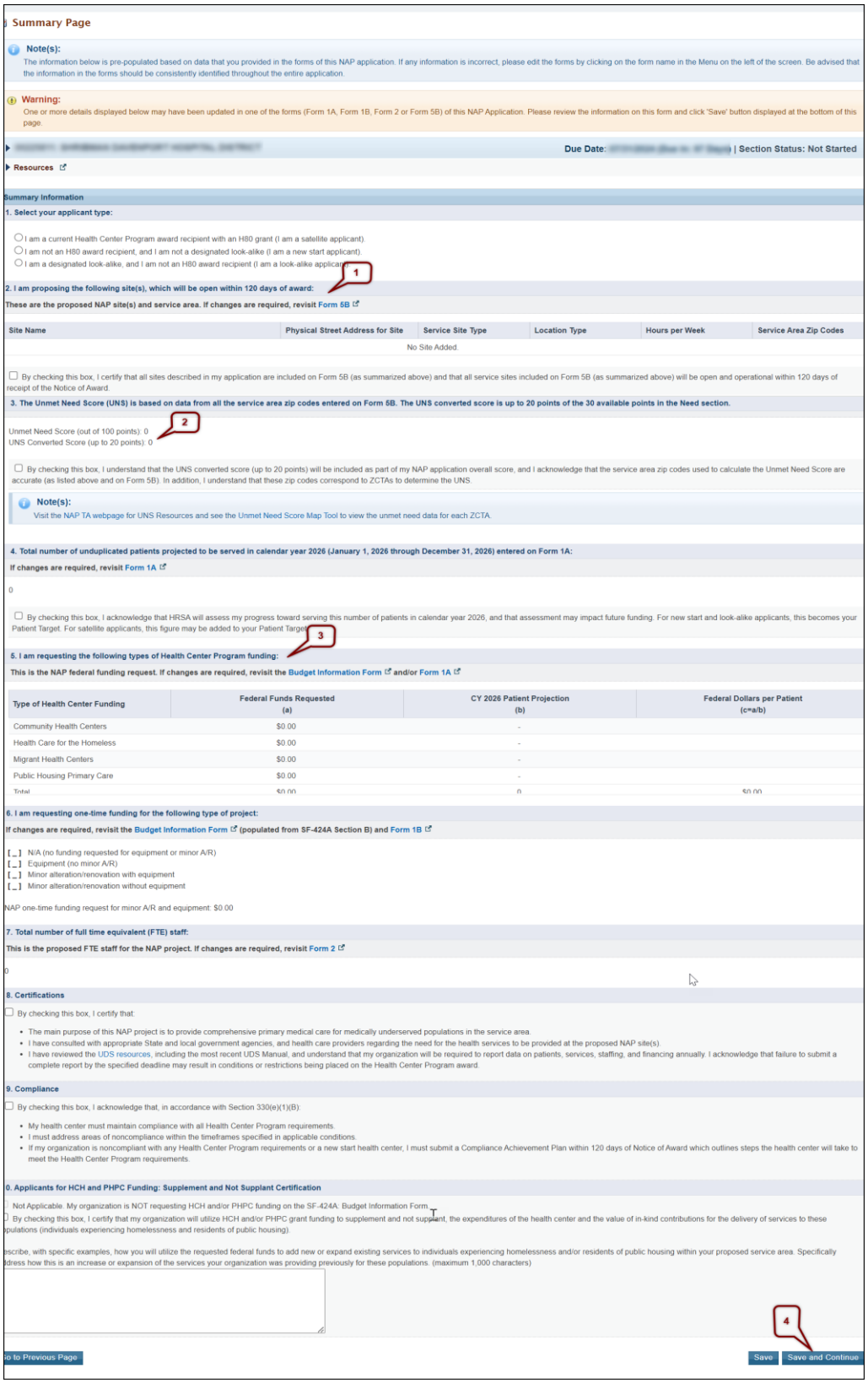
This form displays information provided in the following forms of the NAP application: **Form 1A**, **Form 1B**, **Form 2** and **Form 5B**. You will not be able to complete this form until these related forms are complete. To complete this form, follow the steps below:

1. Select your applicant type (satellite, new start, or look-alike).
2. Review the data displayed on the **Summary page** (**Figure 65**). If changes are required, edit the forms by clicking on the form name in the left navigation panel. Be advised that the information in the forms should be consistently identified throughout the entire application.
3. The site table under #2 lists site information for the proposed NAP sites, including the service area zip codes. (**Figure 65**, **1**). If changes are needed, go to Form 5B: Service Sites. Check the box to certify this information.
4. The "Unmet Need Score" (UNS) is based on data from all the service area zip codes listed in the table, from Form 5B. These zip codes correspond to Zip Code Tabulation Areas (ZCTAs) to determine the UNS. The **Summary Page** will display the UNS Score (out of 100) and the UNS Converted Score (**Figure 65**, **2**). The UNS Converted Score (out of 20 points) will be included as part of your NAP application overall score. Check the box to acknowledge this information. Use the **UNS Map Tool** to determine the ZCTAs for your proposed service area (enter your Form 5B service area zip codes), view the unmet need data for each ZTCA, and see how that data makes up the service area UNS.
5. Check the box under #4 to verify your patient projection for 2026. If changes are needed, go to **Form 1A**.
6. The funding table under #5 displays budget information, the patient projection for calendar year 2026, and calculates the funding amount per patient (**Figure 65**, **3**).
7. Review your one-time funding selection from **Form 1B** and the funding request for equipment and/or minor A/R under #6.
8. Review your proposed FTEs for the NAP project under #7. If changes are needed, go to **Form 2**.

9. Read the certifications under #8 and compliance requirements under #9. Check the boxes to certify and acknowledge.
10. If you are requesting HCH or PHPC funding on the **SF-424A Budget Information** form, you must respond to #10 and describe how you will use federal funds to add new or expand existing services to people experiencing homelessness and/or public housing residents in your proposed service area. If you are not requesting HCH or PHPC funding, N/A will be selected for you.
11. When the form is complete, click the Save and Continue button (**Figure 65**, **4**).

IMPORTANT NOTE: If you update the information in any of the related forms after completing the **Summary Page**, you will be required to revisit the **Summary Page** to review and acknowledge the updated information.

Figure 65: Summary Page

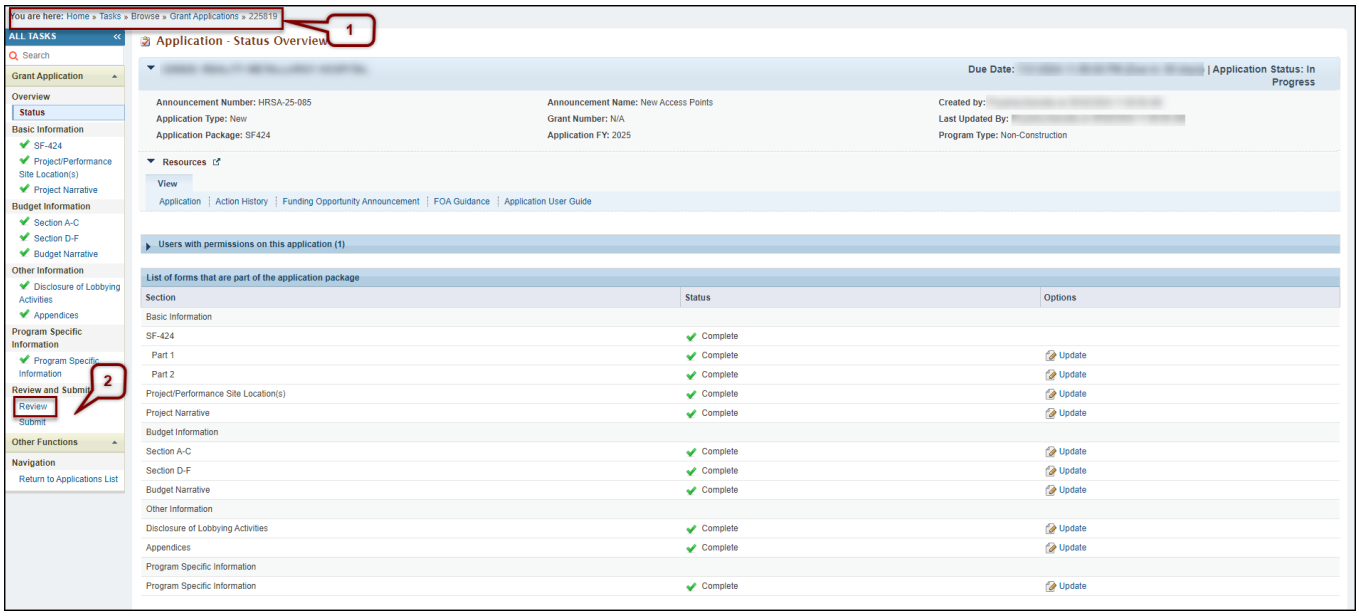


4. Reviewing and Submitting the FY 2025 NAP Application to HRSA

To review your application, follow the steps below:

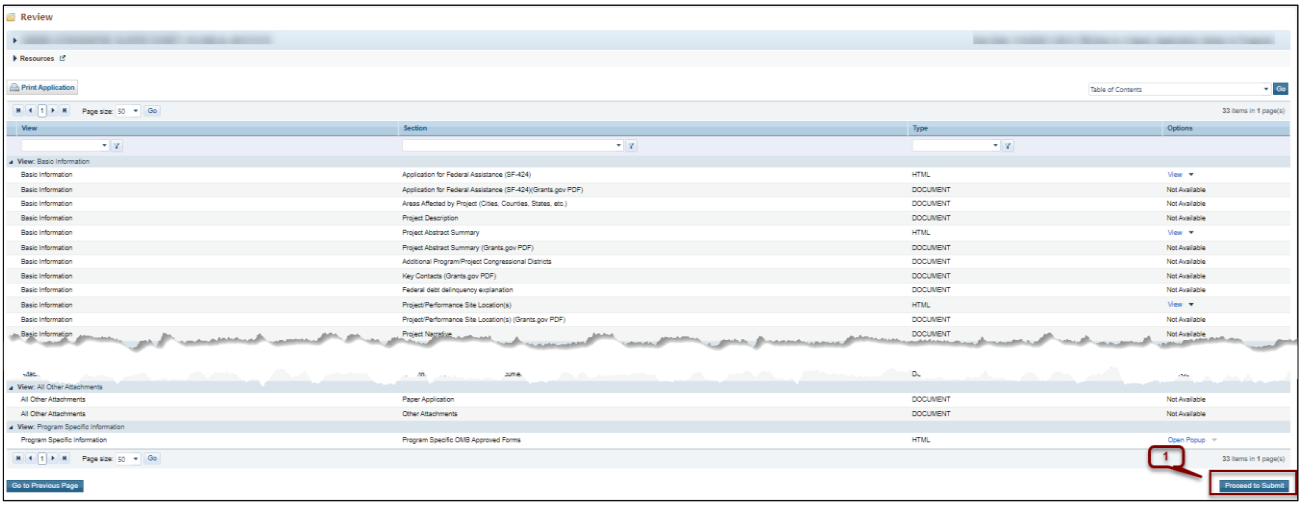
1. Go to the standard section of the application using the **Grant Application** link next to **You are here:** at the top of the page (**Figure 66**, **1**).
2. On the **Application** - **Status Overview** page, sections that are incomplete or have errors will have a status of 'Not Complete.' Click the **Update** link under the Options menu to access each section needing revision. Update until the status is 'Complete' for all. Once all sections indicate 'Complete', click the **Review** link in the Review and Submit section of the left menu (**Figure 66, 2**).

Figure 66: Review Link



3. The system opens the **Review** page (**Figure 67**). 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 print 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 67, 1**).
5. The system opens the **Submit** page.

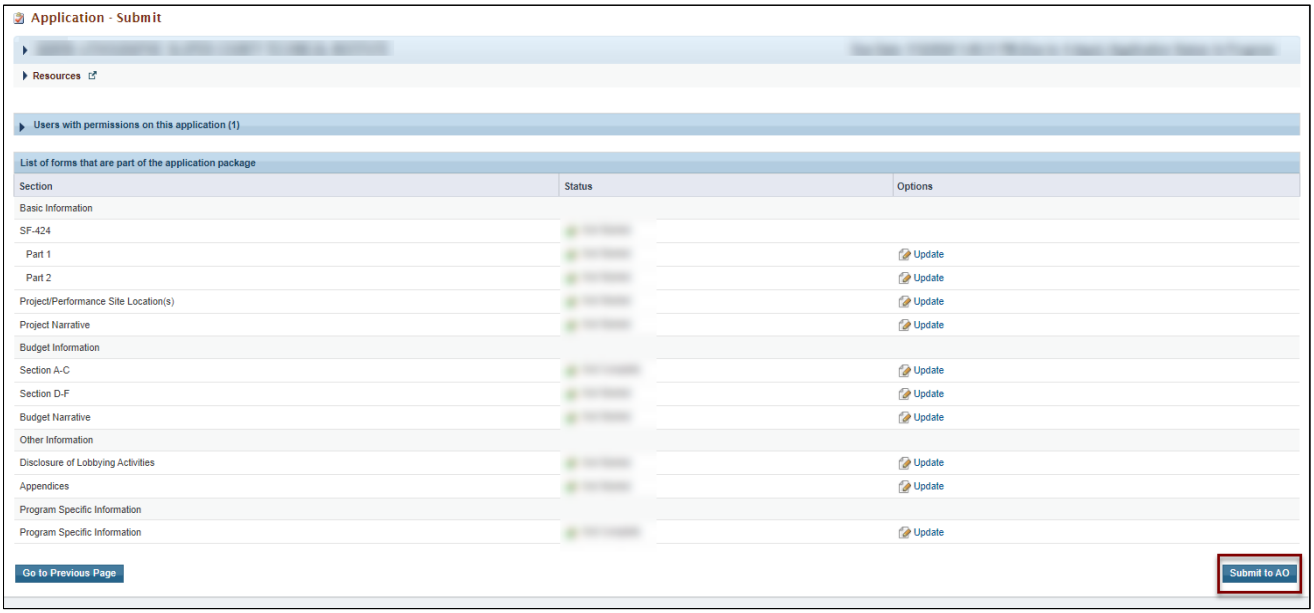
Figure 67: Review Page – Proceed to Submit



IMPORTANT NOTES:

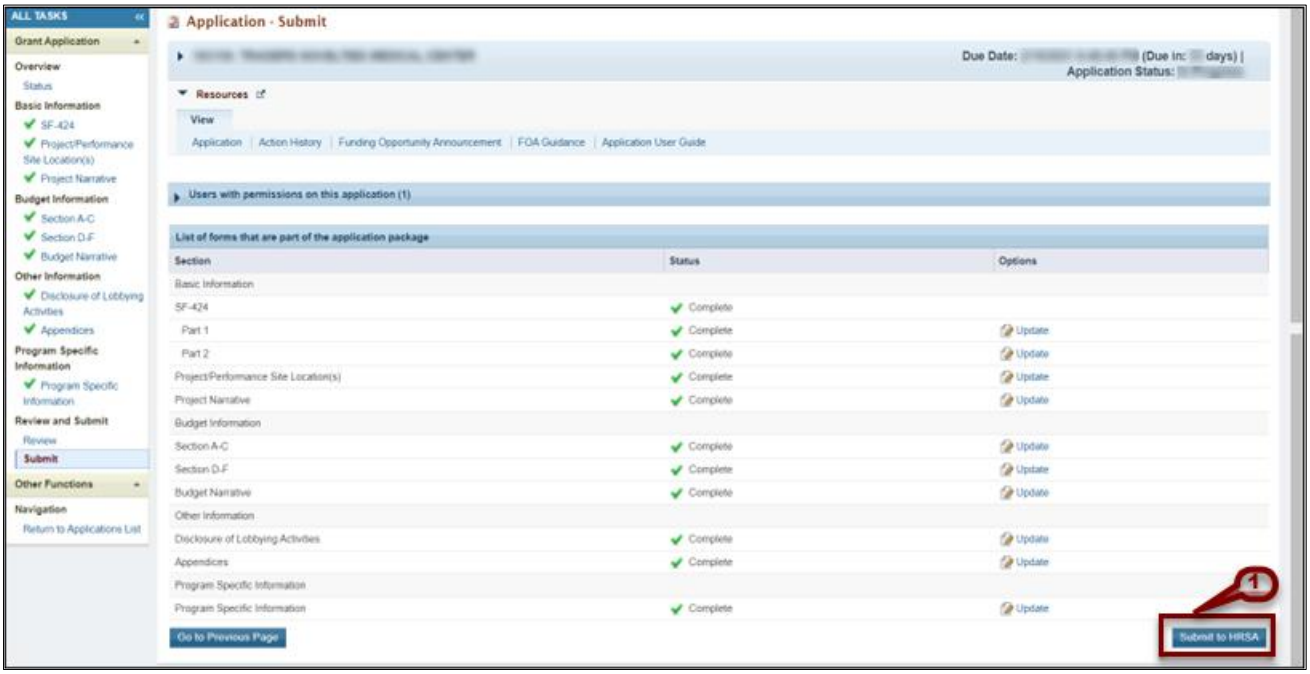
- To apply, you must have the 'Submit' privilege. This privilege must be given by the Project Director (PD) to the Authorizing Official (AO).
- If you are not the AO, a **Submit to AO** button will be displayed at the bottom of the **Submit** page. Click the button to notify the AO that the application is ready to submit to HRSA (**Figure 68**).
- The AO must click the **Submit to HRSA** button before the due date. Make sure to leave time for this step!

Figure 68: Submit to AO



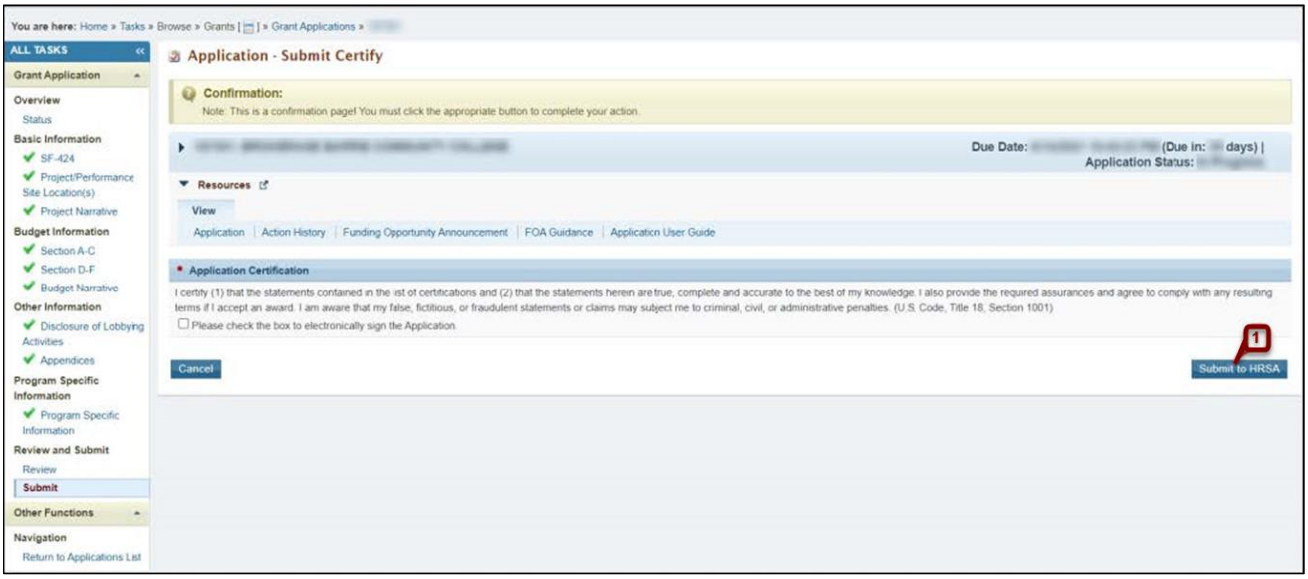
5. Click the Submit to AO button at the bottom of the **Submit** page (**Figure 68**). If you are the AO, click the Submit to HRSA button at the bottom of the **Submit** page (**Figure 69**).
6. You're not done yet! The system goes to a confirmation page.

Figure 69: Submit Page



7. Check the box to certify and electronically sign the application. Then click the Submit to HRSA button (**Figure 70**) to submit your application to HRSA.

Figure 70: Submit to HRSA



8. If you have any problems submitting the application in EHBs, contact **Health Center Program Support** at 1-877-464-4772 (Monday – Friday, 8:30 AM - 5:30 PM ET) or through the BPHC Contact Form**:**
    - Under *Technical Support*, select *EHBs Tasks/EHBs Technical Issues*
    - Select *Grant Applications Technical Question*