

HRSA Electronic Handbooks (EHBs)

# Fiscal Year (FY) 2022 Optimizing Virtual Care (OVC) Funding Opportunity

HRSA-22-097

User Guide for Grant Applicants

Last updated on February 23, 2021



# Contents

<b>1. Starting the FY 2022 OVC Application.....</b>	<b>3</b>
<b>2. Completing the Standard Section of the Application .....</b>	<b>4</b>
2.1 <i>Completing the Budget Information (SF-424A) and Budget Narrative .....</i>	<i>5</i>
2.1.1 Budget Information - Section A-C.....	5
2.1.2 Budget Information – Section D-F .....	11
2.1.3 Budget Narrative .....	11
2.2 <i>Completing the Disclosure of Lobbying Activities Form.....</i>	<i>12</i>
2.3 <i>Completing the Appendices Form.....</i>	<i>12</i>
<b>3. Completing the Program Specific Section of the Application.....</b>	<b>12</b>
3.1 <i>Project Overview.....</i>	<i>13</i>
3.1.1 Completing the Visits by Service Type Section .....	13
3.1.2 Completing the Health Center Program Scope of Project Section.....	15
3.2 <i>Form 1B – Funding Request Summary.....</i>	<i>15</i>
3.2.1 Completing Form 1B – Funding Request Summary .....	15
3.3 <i>Equipment List .....</i>	<i>16</i>
3.3.1 Completing the Equipment List Forms.....	16
3.4 <i>Form 5B – Pick Site from Scope.....</i>	<i>18</i>
3.4.1 Picking a site from scope on Form 5B .....	18
3.5 <i>Alteration/Renovation (A/R) Information .....</i>	<i>19</i>
3.5.1 Completing the Alteration/Renovation (A/R) Project Cover Page. ....	20
3.5.2 Completing the Other Requirements for Sites Form. ....	22
<b>4. Reviewing and Submitting the FY 2022 OVC Application to HRSA .....</b>	<b>23</b>

This user guide describes the steps to submit an FY 2022 Optimizing Virtual Care (OVC) application in the HRSA Electronic Handbooks (EHBs). Use this guide with the OVC notice of funding opportunity (NOFO) and example forms, both available on the [OVC technical assistance webpage](#), for complete application development guidance.

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

## 1. Starting the FY 2022 OVC Application

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

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

**Note:**

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

Log into EHBs and validate the application.

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

**Note:**

- If you do not have a username, you must register in EHBs. Do not create duplicate accounts.
  - If you experience login issues or forget your password, contact Health Center Program Support through the [BPHC Contact Form](#) or (877) 464-4772 Monday-Friday, 7:00 a.m. to 8:00 p.m. ET.
2. Locate the FY 2022 OVC 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**

**Application - Status Overview**

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

Announcement Number: HRSA-22-097      Announcement Name: Q8V: Optimizing Virtual Care (OVC)      Created by: [Redacted]  
 Application Type: New      Grant Number: N/A      Last Updated By: [Redacted]  
 Application Package: SF424      Application FY: 2022      Program Type: Non-Construction

**Resources**

View

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

Users with permissions on this application (1)

List of forms that are part of the application package

Section	Status	Options
Basic Information <span style="border: 1px solid red; padding: 2px;">1</span>	Not Started	
SF-424	Not Started	
Part 1	Not Started	<a href="#">Update</a>
Part 2	Not Started	<a href="#">Update</a>
Project/Performance Site Location(s)	Not Started	<a href="#">Update</a>
Project Narrative	Not Started	<a href="#">Update</a>
Budget Information <span style="border: 1px solid red; padding: 2px;">2</span>	Not Started	
Section A-C	Not Started	<a href="#">Update</a>
Section D-F	Not Started	<a href="#">Update</a>
Budget Narrative	Not Started	<a href="#">Update</a>
Other Information <span style="border: 1px solid red; padding: 2px;">3</span>	Not Started	
Disclosure of Lobbying Activities	Not Started	<a href="#">Update</a>
Appendices	Not Started	<a href="#">Update</a>

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

## 2. Completing the Standard Section of the Application

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

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

The Basic Information has been imported from Grants.gov and has undergone a data validation check. You may edit this information if necessary, except for the Estimated Funding Section (which will be populated once you complete the Budget Information). The Standard section consists of the following forms:

- The **SF-424 Part 1** form displays the 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 Project Abstract is attached in this form, under Project Description. The abstract provided in Grants.gov can be deleted and an updated abstract can be attached. ([Figure 2, 1](#)). Refer to the OVC NOFO for detailed guidance on the Project Abstract.

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

- The **Project/Performance Site Location(s)** form displays site locations. Enter the location that you consider to be your main service delivery site where you will provide services supported with OVC funding.
- In the **Project Narrative** form, attach the Project Narrative by clicking the **[Attach File]** button ([Figure 3, 1](#)). Refer to the OVC NOFO for detailed guidance.

Figure 3: Attach Project Narrative

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

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

### 2.1.1 Budget Information - Section A-C

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

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

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

**Application - Status Overview**

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

Announcement Number: HRSA-22-097      Announcement Name: Q8V: Optimizing Virtual Care (OVC)      Created by: [redacted]  
 Application Type: New      Grant Number: N/A      Last Updated By: [redacted]  
 Application Package: SF424      Application FY: 2022      Program Type: Non-Construction

**Resources** [View](#)

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

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

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

Section	Status	Options
Basic Information		
SF-424	✘ 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 <span style="border: 1px solid red; padding: 2px;">1</span>
Section D-F	✘ Not Started	Update
Budget Narrative	✘ Not Started	Update
Other Information		
Disclosure of Lobbying Activities	✘ Not Started	Update
Appendices	✘ Not Started	Update

Figure 5: Budget Information – Section A-C Form

**Budget Information - Section A-C**

Resources

View

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

Fields with \* are required

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

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

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

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

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

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

Go to Previous Page Save Save and Continue

- Under Section A – Budget Summary, click on the [Update Sub Program] button (Figure 5, 1) to navigate to the Sub Program – Update page (Figure 6).

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



3. Select or unselect the subprograms. Only select the subprograms for which you receive Health Center Program (H80) funding, aligned with your current H80 grant. Direct questions about your subprograms to your H80 Grants Management Specialist.
  - Health Center Program funding subprograms are: Community Health Centers (CHC), Migrant Health Centers (MHC), Health Care for the Homeless (HCH), and/or Public Housing Primary Care (PHPC).
4. Click on the **[Save and Continue]** button and the **Budget Information – Section A-C** page re-opens showing the selected subprogram(s) under Section A – Budget Summary ([Figure 7, 1](#)).

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

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

5. To enter or update the budget information for each subprogram, click on 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**

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



6. Under the New or Revised Budget section, enter the amount of federal funds that you are requesting ([Figure 8, 1](#)) and non-federal funds ([Figure 8, 2](#)) that will support your project for each subprogram (CHC, MHC, HCH, and/or PHPC). Do not enter amounts for Estimated Unobligated Funds.
  - Enter the requested federal funds in the same subprogram funding proportions as your existing H80 grant.
7. Click on 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 OVC funding that you are requesting in this application, not all federal grant funding that you receive.
  - The total amount of the New or Revised Budget Federal column must not exceed \$2,000,000.

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

Section A - Budget Summary <span style="float: right;">Update</span>						
Grant Program Function or Activity	CFDA Number	Estimated Unobligated Funds		New or Revised Budget		
		Federal	Non-Federal	Federal	Non-Federal	Total
Health Care for the Homeless	93.224	\$0.00	\$0.00	\$30,000.00	\$0.00	\$30,000.00
Migrant Health Centers	93.224	\$0.00	\$0.00	\$20,000.00	\$0.00	\$20,000.00
<b>Update Sub Program</b>	<b>Total</b>	\$0.00	\$0.00	\$50,000.00	\$0.00	\$50,000.00

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

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

Section B - Budget Categories <span style="float: right;">Update</span>			
Object Class Categories	Grant Program Function or Activity		Total
	Federal	Non-Federal	
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
<b>Total Direct Charges</b>	\$0.00	\$0.00	\$0.00
Indirect Charges	\$0.00	\$0.00	\$0.00
<b>Total</b>	\$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 for the entire 2-year period of performance 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.

- If you are requesting OVC funds for minor alteration and renovation (A/R), include the amount on the construction line.
- Up to \$500,000 may be requested for equipment and/or minor A/R combined.

**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.

THOMAS LAFRANCE COMMUNITY HEALTH CENTER Due Date: 8/30/2014 11:59:00 PM (Due in: 0 days) | Section Status: Not Complete

**Resources**  
 View  
 Application | Action History | Funding Opportunity Announcement | FOA Guidance

Fields with \* are required

**Section B - Budget Categories**

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

Cancel Save and Continue

10. Click on the **[Save and Continue]** button (Figure 11, 3) to navigate to the **Budget Information – Section A-C** page (Figure 5).

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

**Note:**

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

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

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

Go to Previous Page Save Save and Continue

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

## 2.1.2 Budget Information – Section D-F

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

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

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

**Budget Information - Section D-F**

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

Resources

View

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

**Section D - Forecasted Cash Needs** [Update]

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

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

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

**Section F - Other Budget Information** [Update]

Direct Charges: No information added.

Indirect Charges: No information added.

Remarks: No information added.

Go to Previous Page | Save | Save and Continue

1. Section D – Forecasted Cash Needs is optional and may be left blank. If you complete this section, enter the amount of cash needed by quarter 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 should be left blank. The amount for the entire 2-year period of performance should be included in Sections A-C.
3. In Section F – Other Budget Information, provide information about direct and indirect charges. You can also add any relevant comments or remarks in this section by clicking the **[Update]** button in the top right corner of Section F ([Figure 13, 3](#)).
4. Finally, click the **[Save and Continue]** button on the Budget Information – Section D-F to proceed ([Figure 13, 4](#)).

## 2.1.3 Budget Narrative

Upload the Budget Narrative by clicking the **[Attach File]** button ([Figure 14, 1](#)). Refer to the OVC NOFO for detailed guidance. Once completed, 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

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

## 2.3 Completing the Appendices Form

1. Upload attachments by clicking the associated **[Attach File]** button for each (Figure 15):
  - Attachment 1: Logic Model (required) (maximum 1 attachments)
  - Attachment 2: Work Plan (required) (maximum 1 attachments)
  - Attachment 3: Other Relevant Documents (as applicable) (maximum 2 attachments)

Figure 15: Appendices

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

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

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

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

Program Specific Information Status		
Section	Status	Options
<b>Project Information</b>		
Project Overview	Not Started	Update ▾
<b>Budget Information</b>		
Form 1B	Not Started	Update ▾
<b>Other Information</b>		
Equipment List	Not Started	Update ▾
<b>Sites and A/R</b>		
Form 5B - Pick Site from Scope	Not Started	Update ▾
A/R Information	Not Started	Update ▾
<a href="#">Return to Complete Status</a>		

### 3.1 Project Overview

The **Project Overview Form** has two sections, Visits by Service Type and Health Center Program Scope of Project. Each section is required and must be completed to complete this form.

#### 3.1.1 Completing the Visits by Service Type Section

1. First, enter the H80 grant number for your organization, then click on the **[Load UDS Data]** button ([Figure 17, 1](#)), to populate the service type table with 2019 UDS data from your H80 grant.

**Note:**

- You must enter your active H80 grant number on the **Project Overview Form** to load the 2019 UDS data into the below table, to pick a site from your H80 scope if you propose minor A/R, and to be able to submit the application to HRSA.

2. Provide the number of face-to-face clinic (in-person) and virtual visits in 2020 for the services listed in the service type table ([Figure 17, 2](#)). These numbers should be aligned with the data in your UDS report.

**Note:**

- The percentage of virtual visits is calculated by dividing the number of virtual visits for a service by the total number of visits for that service (virtual / (virtual + face-to-face) \* 100).
- The percentage of virtual visits will populate when you click the **[Save]** or **[Save and Continue]** button.

Figure 17: Project Overview Form

**Project Overview**

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

**Resources**

View

[FY 2021 OVC User Guide](#) | [Notice of Funding Opportunity](#) | [OVC TA webpage](#)

Fields with \* are required

**Visits by Service Type**

Provide your Health Center Program H80 grant number (H80CS12345):

You must provide an active H80 grant number to successfully submit this application to HRSA.

Provide the number of face-to-face clinic (in-person) and virtual visits for the following services for 2020 (aligned with your UDS report). Your 2019 data will be prepopulated based on your H80 grant number. Percentages will auto-calculate.

Service Type	2019			2020		
	Number of Face-to-Face Clinic Visits	Number of Virtual Visits	Percentage of Virtual Visits (%)	Number of Face-to-Face Clinic Visits	Number of Virtual Visits	Percentage of Virtual Visits (%)
Total Medical Services	1234	567	31%			
Total Dental Services	1234	567	31%			
Total Mental Health Services	1234	567	31%			
Total Substance Use Disorder Services	1234	567	31%			
Total Vision Services	1234	567	31%			
Total Other Professional Services	1234	567	31%			
Total Enabling Services	1234	567	31%			

**Health Center Program Scope of Project**

**NOTE:** You can view your scope of project in the Approved Scope section of your H80 grant folder in EHBs. Review PAL 2020-01: Telehealth and Health Center Scope of Project for more information.

Evaluate your current scope of project in light of your proposed project. If your scope requires changes based on your proposed project, select "Yes", summarize the change(s), and provide a timeline for making the necessary request(s). Access the technical assistance materials on the [Scope of Project webpage](#) and contact your H80 project officer for guidance in determining if a scope adjustment or change in scope will be necessary.

**\* Form 5A: Services Provided**

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

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

**Select One Option**

Yes

No

**\* Form 5B: Service Sites**

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

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

**Select One Option**

Yes

No

**\* Form 5C: Other Activities/Locations**

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

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

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

1. Before completing the Health Center Program Scope of Project section, determine if a Scope Adjustment or Change in Scope request will be necessary to implement your OVC project. For the questions about Forms 5A, 5B, and 5C, select Yes or No based on if an update will be necessary ([Figure 17, 3](#)).
2. If you select yes for Form 5A, 5B, and/or 5C, describe the proposed changes in the comment box below the respective question ([Figure 17, 4](#)).
3. Click on the **[Save and Continue]** button to proceed to **Form 1B – Funding Request Summary**.

## 3.2 Form 1B – Funding Request Summary

This form displays the OVC funding request and asks if you will use OVC funds for equipment and/or minor A/R. The OVC Federal Funding Request field ([Figure 18, 1](#)) is pre-populated from the **Budget Information – Section A**, New or Revised Budget, Federal total ([Figure 8](#)). If you need to revise the federal funding request amount, go back to the Budget Information Form. The federal funding request amount cannot exceed \$2,000,000.

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

1. Indicate whether you are requesting OVC funds for equipment and/or minor A/R ([Figure 18](#)).

**Note:**

- If you are requesting funds for equipment, but not for minor A/R, select **Equipment (no minor A/R)** ([Figure 18, 2](#)). Ensure the equipment amount is included in **Section B – Budget Categories** ([Figure 10](#)).
  - If you are requesting funds for minor A/R and equipment, select **Minor alteration/renovation with equipment** ([Figure 18, 3](#)). Ensure the amount for minor A/R is included on the construction line and the equipment amount on the equipment line in **Section B – Budget Categories** ([Figure 10](#)).
  - If you are requesting funds for minor A/R, but not for equipment, select **Minor alteration/renovation without equipment** ([Figure 18, 4](#)). Ensure the amount for minor A/R is included on the construction line in **Section B – Budget Categories** ([Figure 10](#)).
  - If you are not requesting funds for equipment or for minor A/R, select **N/A (no funding request for equipment or minor A/R)** ([Figure 18, 5](#)). In this case, both the construction and equipment lines should be \$0 in **Section B – Budget Categories** ([Figure 10](#)).
2. Click on the **[Save and Continue]** button to proceed to the **Equipment List form**.

Figure 18: Form 1B - Funding Request Summary

**Form 1B - Funding Request Summary**

Due Date: 02/25/2021 (Due In:   ) | Section Status:   

**Resources**

View

[FY 2021 OVC User Guide](#) | [Notice of Funding Opportunity](#) | [OVC TA webpage](#)

Fields with \* are required

Note the following when completing this form:

- 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, not to exceed \$2,000,000.
- Go to Section B – Budget Categories in the Budget Information form to edit the Federal Funds requested for Equipment and Construction (minor A/R).

OVC Federal Funding Request Add

**NOTE:**

- If you select 'Equipment (no minor A/R)' below, you must include the 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 alteration/renovation 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 Equipment List form, A/R Project Cover Page, and Other Requirements for Sites form.
- If you select 'Minor alteration/renovation 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.

**\* Equipment and Minor Alteration/Renovation (A/R) Funding**

Indicate below if you are requesting OVC funding for:

Equipment (no minor A/R) 1

Minor alteration/renovation with equipment 3

Minor alteration/renovation without equipment 4

N/A (no funding requested for equipment or minor A/R) 5

**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 forms that are no longer applicable.

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

### 3.3 Equipment List

Provide the required details in the **Equipment List form**, consistent with costs proposed in **Section B – Budget Categories (Figure 10)** and the **Budget Narrative (Figure 14)**. If you did not indicate that OVC funding would be used for equipment on **Form 1B**, then the **Equipment List form** is not applicable to you and will be disabled.

#### 3.3.1 Completing the Equipment List Forms

1. Click on the **[Add]** button ([Figure 19, 1](#)), to proceed to the Equipment Information - Add page ([Figure 20](#)).



Figure 19: Equipment List Forms

Figure 20: Equipment Information - Add

2. Select the equipment type, either “Clinical” or “Non-Clinical” (Figure 20, 1).
  3. Enter a brief narrative description of the equipment item, up to 50 characters, including spaces.
  4. Enter the unit price (\$).
- Note:**
- To be classified as equipment, the unit price must be at least \$5,000. Items that are less than \$5,000 per unit should be listed as Supplies in **Section B – Budget Categories** (Figure 10).
5. Enter the quantity to be purchased.
  6. Click on the **[Save and Continue]** button to return to the **Equipment List** form (Figure 21).
  7. To edit an equipment item, click on the **Update** link under the Options menu (Figure 21, 1). To delete an equipment item, click on the **Delete** link under the Options menu (Figure 21, 2).
  8. Click on the **[Save and Continue]** button to proceed to **Form 5B – Pick Site from Scope**.

Figure 21: Equipment List with Equipment Added

The screenshot shows a table titled "List of Equipment" with the following data:

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

Below the table is a "Go to Previous Page" button. An "Add" button is located at the top left. A dropdown menu is open over the "Options" column, showing "Update" and "Delete" options. Red callout boxes with numbers 1 and 2 point to the "Update" button in the first row and the "Delete" option in the dropdown menu, respectively.

### 3.4 Form 5B – Pick Site from Scope

If you requested funding for minor alteration/renovation on **Form 1B**, you must use **Form 5B** to indicate at which site the minor alteration/renovation will take place. The sites available for selection on **Form 5B** will be populated based on the H80 grant number you provided on the **Project Overview form** (Figure 17). If you did not indicate that OVC funding would be used for minor alteration/renovation on **Form 1B**, then **Form 5B – Pick Site from Scope** is not applicable to you and will be disabled.

#### 3.4.1 Picking a site from scope on Form 5B

1. To select a site from your H80 scope of project where minor A/R will occur using OVC funds, click on the **[Pick Site from Scope]** button (Figure 22, 1).

Figure 22: Form 5B - Pick Site from Scope

The screenshot shows the "Form 5B - Pick Site from Scope" page. It includes a "Note(s)" section with instructions: "You can pick sites from your existing scope in the 'Existing Sites in Scope' section displayed on this form." Below this is a "Resources" section with links for "FY 2021 OVC User Guide", "Notice of Funding Opportunity", and "OVC TA webpage". A "Pick Site from Scope" button is highlighted with a red box and a callout box labeled "1". Below the button is the "Existing Sites in Scope" section, which currently displays "No sites added". At the bottom, there are "Go to Previous Page", "Save", and "Save and Continue" buttons.

2. The system navigates to the **Select Site from Scope** page, which will be populated with the sites in your H80 scope (Figure 23, 1).

Figure 23: Select Site from Scope

**Select Site from Scope**

Due Date:  (Due In: )

**Resources**

View

[FY 2021 OVC User Guide](#) | [Notice of Funding Opportunity](#) | [OVC TA webpage](#)

**Existing Sites from Scope**

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

Cancel

3. Click on the **Select this Site** link in the “options” column for a site where you plan to use OVC funding for minor A/R. The system will return you to **Form 5B – Pick Site from Scope** page.
4. If you will use OVC funding for minor A/R at more than one site, repeat this process. After choosing the site(s) at which minor A/R will take place, click on the **[Save and Continue]** button to proceed to the **Alteration/Renovation (A/R) Information form**.

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

If you are requesting funding for minor alteration/renovation, you must complete the **Alteration/Renovation (A/R) Project Cover Page** and **Other Requirements for Sites form** for each site where minor alteration/renovation is proposed.

1. For each site where minor A/R will take place, select Yes to answer “**Are you requesting federal funding for minor alteration/renovation at this site?**” ([Figure 24, 1](#)).
2. Click on the **Update** link ([Figure 24, 2](#)) for each site to complete the **Alteration/Renovation (A/R) Project Cover Page** ([Figure 25](#)) and **Other Requirements for Sites form** ([Figure 26](#)).

Figure 24: Alteration/Renovation (A/R) Information

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

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

**Resources**

View

FY 2021 OVC User Guide | Notice of Funding Opportunity | OVC TA webpage

**Note(s):**  
Select site(s) for which you are requesting funding for minor alteration/renovation.

**Select site**

Site Name	Physical Address	Are you requesting federal 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

### 3.5.1 Completing the 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 ([Figure 25](#)). Download the Environmental Information Documentation Checklist template, complete, and attach. See the [OVC technical assistance webpage](#) for detailed instructions.
2. Click on the **[Save and Continue]** button to proceed to the **Other Requirements for Sites** form ([Figure 26](#)).

Figure 25: 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.

Due Date: [ ] (Due In: [ ]) | Section Status: Not Started

**Resources**

View

FY 2021 OVC User Guide | Notice of Funding Opportunity | OVC TA webpage

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

[Rich Text Editor]

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

[Rich Text Editor]

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)** [Attach File] No documents attached

**Environmental Information Documentation (EID) Checklist**

Download Template		
Name	Description	Options
EID Checklist	Template for EID Checklist	Download

**EID Checklist (Minimum 1) (Maximum 1)** [Attach File] No documents attached

**Floor Plans/Schematic Drawings (Minimum 1) (Maximum 2)** [Attach File] No documents attached

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

### 3.5.2 Completing the Other Requirements for Sites Form.

The **Other Requirements for Sites 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 26, 1](#)). If leased, check 1b to certify.
2. Answer the questions (2a, 2b, 2c, 2d and 2e) under the Cultural Resource Assessment and Historic Preservation Considerations ([Figure 26, 2](#)).
3. In the Attachments section ([Figure 26, 3](#)), attach Property Information for the site. If the site is a leased property, attach a Landlord Letter of Consent. See the [OVC technical assistance webpage](#) for detailed instructions.

Figure 26: 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.

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

Resources

View

FY 2021 OVC User Guide | Notice of Funding Opportunity | OVC TA webpage

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 1976?

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**

Provide a copy of the title, deed, or lease for the project.

Property Information (Minimum 1) (Maximum 1) Max 1 Allowed

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

Landlord Letter of Consent (Maximum 1) Attach File

No documents attached

Go to Previous Page Save Save and Continue

- Click on the **[Save and Continue]** button to return to the **Alteration/Renovation (A/R) Information form** and complete the **Alteration/Renovation (A/R) Project Cover Page (Figure 25)** and **Other Requirements for Sites form (Figure 26)** for the remaining sites, as applicable.
- Click on the **[Save and Continue]** button to proceed to the **Program Specific Forms – Review** page.

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

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

Figure 27: Program Specific Forms - Review

The screenshot displays the 'Program Specific Forms - Review' interface. On the left is a 'TASKS' sidebar with a 'Submit' button (callout 3). The main content area features a 'Note(s)' section, a 'Resources' section, and a table of forms. The table has columns for 'Section', 'Type', and 'Options'. The 'Options' column contains 'View' links for each form (callout 1). At the bottom right, there is a 'Continue to Complete Status' button (callout 2). A 'Table of Contents' dropdown and a 'Go' button are also visible above the table.

Section	Type	Options
View: Project Information		
Project Overview	HTML	View (1)
View: Budget Information		
Form 1B	HTML	View
View: Other Information		
Equipment List	HTML	View
View: Sites and Services		
Form 5B - Pick Site from Scope	HTML	View
A/R Information	HTML	View (2)

- Click the **[Continue to Complete Status]** button (Figure 27, 2) to proceed to the **Application - Status Overview** Page. Forms that are incomplete or have errors will have a status of “Not Complete.” Click on the **Update** link under the Options menu to access each form requiring revision.
- When all Standard section and Program Specific forms are complete and accurate, click the **[Submit]** button (Figure 27, 3) on the Program Specific Left Menu to proceed to the **Application – Submit** page.
- Click the **[Submit to HRSA]** button (Figure 28, 1) on the **Application – Submit** page.
  - To submit an application, you must have the ‘Submit’ privilege. This privilege must be given by the Project Director (PD) to the Authorizing Official (AO).
  - If you are not the AO, a **[Submit to the AO]** button will be displayed at the bottom of the Submit page. Click the button to notify the AO that the application can be submitted to HRSA. Ensure that the AO clicks the **[Submit to HRSA]** button before the due date at 5:00 PM Eastern Time.

Figure 28: Application - Submit

The screenshot shows the 'Application - Submit' page. On the left, a navigation menu includes sections like Overview, Basic Information, Budget Information, Other Information, Program Specific Information, Review and Submit, and Navigation. The 'Submit' option is selected. The main area shows a table of application sections, all with a 'Complete' status and an 'Update' link. A 'Submit to HRSA' button is located at the bottom right, highlighted with a red box and a callout bubble containing the number 1.

Section	Status	Options
Basic Information	Complete	
SF-424	Complete	Update
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

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](#). Select “EHBs” on Question screen, “Application-Systems Question” for BPHC category and “Optimizing Virtual Care (OVC)” for sub-category.