**HRSA Electronic Handbooks (EHBs)** 

Fiscal Year (FY) 2025 Quality Improvement Fund - Transitions in Care for Justice-Involved Populations (QIF-TJI)

HRSA-25-005

**User Guide for Applicants** 

Last updated on May 10, 2024



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This user guide describes the steps to submit an FY 2025 QIF-TJI application in the HRSA Electronic Handbooks (EHBs). Use this guide with the QIF-TJI notice of funding opportunity (NOFO) and example forms, both available on the <u>QIF-TJI technical assistance webpage</u>, for complete application development guidance. For steps that have a corresponding image, the format (e.g., Figure 5, 1) will include a hyperlink to the figure and a reference to the numbered box on the image pointing out where on the screen the user should perform the action.

# 1. Starting the FY 2025 QIF-TJI Application

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

- 1. Find the Notice of Funding Opportunity announcement (NOFO) number (HRSA-25-005) 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 Application** 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).

- ARSA	ectronic Handbooks
Tasks Org	zations Grants Free Clinics FQHC-LALs
Browse	
You are here: Home » Ta	s » Browse » Grants [
ALL TASKS All Entities	Applications - Incomplete List
Tasks Pending Tasks	Grants.gov Applications Pending Validation: 2 Validate
Grants	Not Completed Recently Completed All
Requests Health Center CIS Requests	Export To Excel
Grant Applications Prior Approvals Submissions	H     I     H     Page size:     15     Go       Due     Application     Announcement     EHBs     Grants.Gov       Due     Due     Due     Project Title

### Figure 1: Grant Applications Link

### Figure 2: Validating your Grant.gov Application

Grants.Gov Application - Validate	
Note(s): In order to ensure that the correct persons are given per	rmissions to work on this Grants gov application, you must enter the following validation information from the submitted Grants gov application
Fields with * are required	
Announcement Information	
Announcement Number (From submitted Grants.gov application)	(e.g. HRSA-04-061 or 04-061)
Grants.gov Application Information	
Grants.gov Tracking Number (From submitted Grants gov application)	(e.g. GRANT00059900)
EHBs Application Information	
EHBs Application Tracking Number (From email notification)	(e.g. 00025328)
Cancel	Validate

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

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

#### **IMPORTANT NOTE:**

- If you do not have a username, you must register in EHBs. Do not create duplicate accounts.
- If you experience login issues or forget your password, contact Health Center Program Support through the BPHC Contact Form or (877) 464-4772 Monday-Friday, 7:00 a.m. to 8:00 p.m. ET.
- 2. Locate the FY 2025 QIF-TJI 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 3).

<ul> <li>Town: populate probabilit, shitting in pro-</li> </ul>		Due Date: I (Due in: ;)   Application Status: In Progress
Announcement Number: HRSA-25-005	Announcement Name: Fiscal Year (FY) 2025 Quality Improvement Fund – Transitions in Care for Justice-Involved Populations (QIF-TJI)	Created by:
Application Type: New	Grant Number: N/A	Last Updated By:
Application Package: SF424	Application FY: 2025	Program Type: Non-Construction
Resources 2		
Users with permissions on this application (1)		
List of forms that are part of the application package		
Section 1	Status	Options
Basic Information		
SF-424	X Not Started	
Part 1	X Not Started	🙋 Update
Part 2	💸 Not Started	🙋 Update
Project/Performance Site Location(s)	X Not Started	🕜 Update
Project Narrative 2	💸 Not Started	🕜 Update
Budget Information		
Section A-C	💸 Not Started	🕜 Update
Section D-F	Not Started	🕜 Update
Budget Narrative 3	💸 Not Started	🕜 Update
Other Information		
Disclosure of Lobbying Activities	X Not Started	🕜 Update
Appendices	Rot Started	🕜 Update
Program Specific Information		
Program Specific Information	Not Complete	Dpdate

# Figure 3: Accessing the Application - Status Overview Page

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 Section of the Application

The Standard 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)

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. The section has the following forms:

- The SF-424 Part 1 displays the basic application and applicant organization information.
- 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).



3 SF-424 - Part 2		
· International contract states		Due Date Section Status: Not Complete
▶ Resources ピ		
🔆 SF-424 - Part 1 🐳 SF-424 - Part 2		
Fields with * are required		
▼ Areas Affected by Project (Cities, Counties, State	is, etc.) (Maximum 1)	Attach File
	No documents attached	
Descriptive Title of Applicant's Project	HAR DOLLARS	
Project Description (Maximum 1)		Attach File
	No documents attached	
Project Abstract		
	Approximately 2 pages (Max 4000 Characters with spaces).	
• Project Abstract		

- In the Project/Performance Site Location(s) form, enter the location that you consider to be your main service delivery site where you will provide services supported with QIF-TJI funding.
- In the **Project Narrative** form, attach the Project Narrative by clicking the **[Attach File]** button (Figure 5, 1). See the FY 2025 QIF-TJI NOFO for detailed requirements for the Project Narrative.

## Figure 5: Attach Project Narrative

Project Narrative		-
<ul> <li>Intelligence in the second seco</li></ul>	Due Date: 1	Section Status: Not Complete
Resources C      View      Application   Action History   Funding Opportunity Announcement   FOA Guidance   Application User Guide		( )
Fields with * are required		4
		Attach File
	No documents attached	
Ge to Previous Page		Save Save and Continue

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

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
- Click the Update link for Section A-C on the Application Status Overview page (Figure 6, 1) to go to the Budget Information – Section A form (Figure 7).

<ul> <li>Tomi mummer produktik, nimker bilant</li> </ul>		Due Date: I (Due in: ;)   Application Status: In Progress
Announcement Number: HRSA-25-005	Announcement Name: Fiscal Year (FY) 2025 Quality Improvement Fund – Transitions in Care for Justice-Involved Populations (QIF-TJI)	Created by:
Application Type: New	Grant Number: N/A	Last Updated By:
Application Package: SF424	Application FY: 2025	Program Type: Non-Construction
Resources ピ		
Users with permissions on this application (1)		
ist of forms that are part of the application package		
Section	Status	Options
Basic Information		
SF-424	X Not Started	
Part 1	X Not Started	🕜 Update
Part 2	💸 Not Started	🚱 Update
Project/Performance Site Location(s)	X Not Started	🕜 Update
Project Narrative	💸 Not Started	🕜 Update
Budget Information		24
Section A-C	X Not Started	🕜 Update
Section D-F	X 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

# Figure 6: Section A-C Update Link

## Figure 7: Section A – Budget Summary Showing Program

Section A - Budget Summary						Dpdate
	CFDA Number	Estimated Unobligated Funds		New or Revised Budget		
Grant Program Function or Activity	CF DA Number	Federal	Non-Federal	Federal	Non-Federal	Total
Quality Improvement Fund	93.527	\$0.00	\$0.00	and the second second	\$0.00	

To enter or update the budget information for the program, click on the [Update] button displayed in the top right corner of Section A – Budget Summary header. Section A – Update Page will open (Figure 8).

### Figure 8: Section A – Update Page

Section A - Update							
· House service there are a service the	and the second			Due Date:	-	Se	ction Status: Not Complete
► Resources ♂							
ields with * are required						(	2
Section A - Budget Summary				4			
Grant Program Function or Activity	CFDA Number	Estimated Unobligated Fu		Newo	r Revised Budget	adget	
onain Program Poincaon of Actimity	Cros Runoir	Federal	Non-Federal	Fed	eral	Non-Federal	Tota
Quality Improvement Fund	93.527	\$0.00	\$0.00	5	5	0.00	
Total		\$0.00	\$0.00			\$0.00	
Cancel							Save and Continue

- 3. Under the **New or Revised Budget** section, in the Federal column, enter the amount of federal funds you are requesting for the 2-year QIF-TJI period of performance (Figure 8, 1). In the Non-Federal column, enter the non-federal funds in the budget (Figure 8, 2). Do not enter amounts for Estimated Unobligated Funds.
- 4. Click on the **[Save and Continue]** button to go back to the **Budget Information Section A-C** page. It will display the updated New or Revised Budget under Section A Budget Summary (Figure 9).

#### **IMPORTANT NOTE:**

- The federal amount refers only to QIF-TJI funding request, not all federal grant funding that you receive.
- The total federal amount cannot exceed \$1,000,000.

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

Section A - Budget Summary						(@ Update
		Estimated Unobligated Funds		Net		
Grant Program Function or Activity	CFDA Number	Federal	Non-Federal	Federal	Non-Federal	Total
QIF	93.527	\$0.00	\$0.00	\$1,500,000.00	\$0.00	\$1,500,000.00
Update Sub Program	Total	\$0.00	\$0.00	\$1,500,000.00	\$0.00	\$1,500,000.00

In Section B – Budget Categories, provide the federal and non-federal funds across object class categories for the 2-year period of performance. Click on the [Update] button at the top right corner of Section B header (Figure 10) to go to the Section B – Update page (Figure 11).

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

	Grant Brogram Eulection or Activity				
Object Class Categories	Grant Program Function or Activity				
	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	100000		
Supplies	\$0.00	\$0.00	\$0.00		
Contractual	\$0.00	\$0.00	\$0.00		
Construction	\$0.00	\$0.00	\$0.00		
Other	\$0.00	\$0.00	\$0.00		
Total Direct Charges		\$0.00	· · · · · · · · · · · · · · · · · · ·		
Indirect Charges	\$0.00	\$0.00	\$0.00		
Total		\$0.00			

6. Enter the federal amount for each object class category under the Federal column (Figure 11, 1).

- Enter "0" in the Federal or Non-Federal columns of the Object Class Categories that are not applicable.
- You may request funding for equipment (enter on the Equipment row). The combined onetime funding request cannot exceed \$250,000.
- Enter the non-federal amount for each object class category under the Non-Federal column (Figure 11, 2).

#### **IMPORTANT NOTE:**

- The total federal amount in Section B Budget Categories must be equal to the total new or revised federal budget amount in Section A Budget Summary (no greater than \$1,000,000).
- The total non-federal amount in Section B Budget Categories must be equal to the total new or revised non-federal budget amount in Section A Budget Summary.

Figure 11: Section B – Update Page

3 Section 8 - Update			
Note(s):     Total federal amount in Section B must be equal to the total new or revised budget, federal amount sp     Total non-federal amount in Section B must be equal to the total new or revised budget, non-federal amount in			
· make servery, "servery in a tax servery make		Due Date: 1 Section Sta	tus: Not Complete
▶ Resources ♂			
Fields with • are required	()	2	
Section 8 - Budget Categories			
Object Class Categories	Grant Program Function or Activity Federal	Non-Federal	Total
Personnel	5 0.00	5 0.00	\$0.00
Fringe Benefits	5 0.00	S 0.00	\$0.00
Travel	5 0.00	5 0.00	\$0.00
Equipment	\$ 250,000.00	5 0.00	\$250,000.00
Supplies	5 0.00	5 0.00	\$0.00
Contractual	5 0.00	5 0.00	50.00
Construction	\$ 0.00	\$ 0.00	\$0.00
Other	5 0.00	5 0.00	
Indirect Charges	S 0.00	5 0.00	3 0.00
Total Calculate Total	\$250,000.00	\$8.00	1200000.00
Total Budget specified in Budget Summary (Section A)	\$250,000.00	\$0.00	\$250,000.00
Cancel			Save and Continue

- Click on the [Save and Continue] button (Figure 11, 3) to go back to the Budget Information Section A-C page (Figure 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 the Section C header (Figure 12, 1).

#### **IMPORTANT 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.

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

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

Section C - Non Federal Resources					(	1 🗇 Upr	date
Grant Program Function or Activity	Applicant	State	Local	Other	Program Income		Total
Quality Improvement Fund	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$	60.00
Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		60.00
Go to Previous Page						Save Save and Contin	nue

#### 2.1.2 Budget Information - Section D-F

The **Budget Information – Section D-F** consists of the following three sections and is not required. Please leave these sections blank. Click the **[Save and Continue]** button on the Budget Information – Section D-F to proceed.

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

#### 2.1.3 Budget Narrative

Upload the budget narrative by clicking the **[Attach File]** button (**Figure 13, 1**). See the FY 2025 QIF-TJI NOFO for detailed requirements for the Budget Narrative. Then, click the **[Save and Continue]** button to proceed to the Disclosure of Lobbying form (**Figure 13, 2**).

#### Figure 13: Budget Narrative

3 Budget Narrative	
b good anney. Taking to a first sectors work	Due Date: Section Status: Not Complete
▶ Resources ピ	
Fields with * are required	
Budget Narrative (Minimum 1) (Maximum 2)	Attach F
No documents	attached
Go to Previous Page	Save Save and Continu

# **2.2** Completing the Other Information Section

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

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

Answer the question 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.

#### 2.2.2 Completing the Appendices Form

Upload attachments by clicking the associated [Attach File] button for each (Figure 14):

- Attachment 1: Letters of Commitment required (minimum 3, maximum 20 attachments)
- Attachment 2: Other Relevant Documents as applicable (maximum 20 attachments)

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

### Figure 14: Appendices

3 Appendices	
· Jorne sources and the country	Due Date: (Due in:   Section Status: Not Complete
► Resources ♂	
	Head Too
Attachment 1: Letters of Commitment (Required) (Minimum 3) (Maximum 20)	Attach File
	ments attached
✓ Attachment 2: Other Relevant Documents (As Applicable) (Maximum 20)	Attach File
No doc	ments attached
Go to Previous Page	Save Save and Continue

# 3. Completing the Program Specific Section of the Application

- 1. See the QIF-TJI NOFO and sample forms on the <u>QIF-TJI technical assistance webpage</u> for more details about application requirements.
- 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 15, 1). Click the Program Specific Information link (Figure 15, 2) under the Program Specific Information section in the left menu to open the Status Overview page for the Program Specific Information forms (Figure 16).
- 3. Click the **Update** link to edit a form (Figure 16, 1).

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

ALL TASKS «
Q Search
Grant Application
Overview
Status
Basic Information
💸 SF-424
💸 Project/Performance
Site Location(s)
💸 Project Narrative
Budget Information
💸 Section A-C
💸 Section D-F
💸 Budget Narrative
Other Information
💸 Disclosure of Lobbying
Activities
Appendices
Program Specific 2
💸 Program Specific
Information
Review and Submit
Review
Submit
Other Functions
Navigation
Return to Applications List

Figure 15: Left Navigation Menue

Figure 16: Status Overview Page for Program-Specific Forms

· merela contra la seconda de la se	Due Date	)   Program Specific Status: Not Complete
Resources of		
Program Specific Information Status		
ection	Status	Options
Budget Information		
orm 1B	💸 Not Started	🕼 Update 👻
roject Information		
orm 5A - Services Provided	💸 Not Started	
Required Services	Not Started	🕝 Update 👻
Additional Services	Not Started	🕜 Update 🔝
Specialty Services	Not Started	🕜 Update 👒
cope Overview	Not Started	🚱 Update 👘
roject Plan	💸 Not Started	🚱 Update 👘
Other Information		
quipment List	Not Started	🕝 Update 🔝
ites and A/R		
orm 58 - Service Sites	💸 Not Started	🚱 Update 🐨
roject Cover Page	💸 Not Started	🕝 Update 🚽
ther Requirements For Sites	💸 Not Started	🚱 Update 🛸

# 3.1 Form 1B - Funding Request Summary

**Form 1B: Funding Request Summary** displays the QIF-TJI funding request and asks if you will use QIF-TJI funds for equipment. The QIF-TJI Federal Funding Request field (**Figure 17, 1**) is pre-populated from the **Budget Information – Section A**, New or Revised Budget, Federal total. If you need to revise the federal funding request amount, go back to the Budget Information Form. The federal funding request amount cannot exceed \$1,000,000.

## 3.1.1 Completing Form 1B - Funding Request Summary

- Review the information that has been pre-populated for the QIF-TJI Federal Funding Request (Figure 17, 1). The QIF-TJI Federal Funding Request must not exceed \$1,000,000. Go to Section A – Budget Summary\_to edit the New or Revised, Federal total, if needed.
- Provide your Health Center Program H80 grant number. This is an eligibility requirement (Figure 17, 2). Indicate whether you are requesting QIF-TJI funds for equipment (Figure 17). You may request up to \$250,000 for equipment.

#### **IMPORTANT NOTE:**

- If you are requesting funds for equipment select Equipment (Figure 17, 3). Ensure the equipment amount is included in Section B Budget Categories (Figure 10).
- If you are not requesting funds for equipment select N/A (no funding request for equipment) (Figure 17, 4). In this case, the equipment line should be \$0 in Section B – Budget Categories (Figure 10).
- 3. Click on the [Save and Continue] button to proceed to Form 5A.

### Figure 17: Form 1B- Funding Request Summary

Browse » Grant Application > Program Specific Information [	3
Form 1B: Funding Request Summary	
<ul> <li>RESTREAR TO AN ADDRESS OF REPORT</li> </ul>	Due Date:   Section Status:
▼ Resources 🗗	
View	
Notice of Funding Opportunity QIF-TJI Technical Assistance Resources	
Fields with * are required	
👔 Note(s):	
Note the following when completing this form:	
Before completing Form 1B, the SF-424A: Budget Information form must be completed.	
<ul> <li>Go to Section A - Budget Summary in the Budget Information form to edit the Total Federal Funds requested, not to exceed \$1,000,000.</li> <li>Go to Section B - Budget Categories in the Budget Information form to edit the Federal funds requested for Equipment, not to exceed \$250,000.</li> </ul>	
An example Form 1B: Funding Request Summary is available on the OIF-TJI technical assistance webpage.	
	1
QIF-TJI Total Federal Funding Request	\$0.00
H80 Validation	
Provide your Health Center Program H80 grant number (Example H80CS00001).	
You must provide an active H80 grant number to successfully submit this application to HRSA. Reminder: This is an eligibility criterion.	2
Enter your H80 grant number:	
Note(s):	
Indicate if you are requesting QIF-TJI funds for equipment purchases.	
If you select 'Equipment' 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.
<ul> <li>If you select 'N/A' below, the Equipment List form will not be available in your application.</li> </ul>	
3	
* Equipment Funding	
Indicate below if you are requesting QIF-TJI funding for:	
O Equipment	
O N/A (no funding requested for equipment)	
Note(s):	
Based on your selection, the system will require you to complete the applicable forms. After providing required information in the relevant forms, if you changlonger applicable.	ge the selected option above, the system will delete information from all forms that are no
Go to Previous Page	Save Save and Continue

# **3.2** Form 5A - Services Provided

Form 5A – Services Provided has the following three sections:

- Required Services
- Additional Services
- Specialty Services.

These sections are "read-only" and are not editable. These sections are pre-populated with the services in your current Health Center Program Scope that HRSA has on file for your organization.

## 3.2.1 Completing Form 5A

- Required Services: If the pre-populated data does not reflect any recently approved scope changes, click the [Refresh from Scope] button to refresh the data and display the approved changes. Click the [Continue] button and proceed to Additional Services.
- 2. Additional Services: If the pre-populated data does not reflect any recently approved scope changes, click the [Refresh from Scope] button to refresh the data and display the approved changes. Click the [Continue] button and proceed to Specialty Services.
- 3. **Specialty Services:** If the pre-populated data does not reflect any recently approved scope changes, click the **[Refresh from Scope]** button to refresh the data and display the approved changes.
- 4. Click the [Save and Continue] button to proceed to Scope Overview Form.

# 3.3 Scope Overview Form

The **Scope Overview Form** has one section, Health Center Program Scope of Project. This is required.

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

- 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 QIF-TJI project. For the questions about Forms 5A, 5B, and 5C, select Yes or No (Figure 18, 1). Note: HRSA will provide QIF-TJI awardees with post-award guidance on how to document carceral settings where they provide in-scope services to JI-R individuals during the 2-year period of performance. Do not select Yes for Form 5B to document carceral settings.
- 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 18, 2).
- 3. Click on the [Save and Continue] button to proceed to Project Plan.

a Scope Overview Form	
Due Date: 1	Section Status: Not Started
Resources d	
Neadh Center Program Scope of Project	
Anothyle     Anothyle	ith and scope of project.
* Form SA. Services Provided	
Evaluate your current scope of project in light of your proposed project. Byour scope requires changes lased on your proposed project, solect "Net", summarize the changely), and provide a filnetize for making the necessary request(b).	Select One Option
By health center's proposed activities will require a loope Adjustment or Charge is Scope request to mostly (cm 164. Jenvine Provided	O Yes O No
Desidite proposed changes to your Form 54. Envices Provided, and provide a limitime for requesting the necessary modifications, (3) to 500 characters counting spaces).	
* Form SB: Service Stee	
Select One Option	
Ny health center's proposed activities will require a loope Adjustment or Charge in Scope request to modify <u>Even SR Service Stars</u>	O Yes O No
Describe proposed charges to your Form 50: Service Sites, and provide a financian for requesting the recessary modifications. (b) to 500 characteris counting spaces)	
* Fam SC Other Astronomy	
	Select One Option
My health center's proposed attivities will require a Scope Adjustment or Change in Scope request to modily Form 5C, Other Adjustment Scope Adjustment or Change in Scope request to modily Form 5C. Other Adjustment	O Yes O No
Describe proposed charges to your Form 5C: Other Activities/Locations, and provide a timeline for reguesting the necessary modifications. (Ity to 50) chargeteres counting spaces)	0.00
2	
Co la Prantos Rige	Save Save and Continue

### Figure 18: Scope Overview Form

# 3.2 Project Plan Form

The Project Plan form is divided into two sections, Project Overview and Project Details.

## 3.2.1 Completing the Project Plan Form-Project Overview

- 1. Provide a brief title for your project (Figure 19, 1).
- 2. Provide the address of up to three Carceral Setting Partners with whom you will collaborate to implement the proposed project(s) (Figure 19, 2).
- 3. Provide a brief description of the current barriers and challenges your proposed project(s) will address in Problem Statement (Figure 19, 3).
- 4. Briefly describe your population of focus for the proposed project(s) (Figure 19, 4).
- 5. Provide a description for Community Engagement Approach and your plan to gather input from throughout the period of performance (Figure 19, 5).

### Figure 19: Project Plan Form

2 Project Plan						
<ul> <li>In the Project Overview section, provid</li> </ul>	your proposed project and activities in detail. responses provided in the Project Narrative.	ding: project name, carceral setting partner, problem st	atement, population of focus, and community engage	ment approach.		
	N. MITCH				Due Date: (Due In:	i)   Section Status: Not Started
▶ Resources ♂						
Project Overview						
Project Name						
Provide a brief title for your entire project.						
Maximum 100 characters 2						
Carceral Setting Partner						
Provide the Name, Street Address, City, State, a	nd Zip code for the carceral setting (i.e., jail, pri	son, or other correctional facility) with whom you w	dll collaborate to implement the proposed innovat	ion(s). NOTE: The Zip code of the carceral si	etting must be included on your health ce	nter's Form 5B service area Zip codes
Add New Address						
Address Name 3 Street Add	ress	City	State	Zip Code	Options	
		1000			🎲 Update 💌	
Problem Statement						
Provide a brief description of the current barriers aximum 400 characters	s and challenges your proposed innovation(s) v	ell address.				
Population of Focus						
laximum 100 characters	proposed innovation(s). The description should	3 align with the information provided in the NEED s	ection of the Project Narrative.			
Community Engagement Approach						
serietry describe your plan to gamer input from a laximum 1000 characters	na meaningruny engage with patients, commun	ity members, and community partners throughout	the period of performance.			
Provide a detailed description of the proposed A brief overview of your project, including the e Goals you intend to accomplish, Critical health and health-related social The innovative activities you will impler The evaluative measures you will use h Descriptions in the Project Details section shou	project. Include: vidence-based model(s) you will use, needs the project will address, need, and o assess the success of the project. Id align with responses provided in the Project Nam	your proposed project. After you save information about rative and with the Project Overview section of this Pro- Project Plan Form. The information you entered will a	jed Plan Form.			
Add Project						
Project # Project Proposal	Goals	Critical Health Need(s)	Health-Related Social Need(s)	Innovative Activities	Evaluative Measures	Options
Go to Previous Page						Save Save and Continue

## **3.2.2 Completing the Project Details**

- 1. Click on the "Add Project" button (Figure 20, 1) to open a separate window.
- 2. Each project entry must include a narrative description of the project, goals of your proposed project, needs your project will address, specific activities you will implement, and measures you plan to use to assess the success of the project. (Figure 21).
- 3. After you have entered all the information about your project click on **[Save and Continue]** to return to the Project Plan Form. Projects will be assigned a number according to the order in which they are added (Figure 22).
- 4. To add additional Projects, begin at 1 and proceed through 4 again.
- 5. Click **[Save and Continue]** from the **Project Plan form** to continue to **Equipment List** once you add all projects.

# Figure 20: Add Project



# Figure 21: Add Project Information

Add Project	
() Note(s):	
Provide a detailed description of the proposed project. Include:	
<ul> <li>A brief overview of your project, including the evidence-based model(s) you will use,</li> </ul>	
Goals you intend to accomplish.	
Critical health and health-related social needs the project will address,	
The innovative activities you will implement, and	
<ul> <li>The evaluative measures you will use to assess the success of the project.</li> </ul>	
Descriptions in the Project Details section should align with responses provided in the Project Narrative and with the Pro	and Grandow and a strike Brand Blanc From (
Descriptions in the Project Details section should align with responses provided in the Project Narrative and with the Pro	Ject Overview section of this Project Plan Ports.
After you have entered all information about your project, click "Save and Continue" to return to the Project Plan Form. 1	The information you entered will appear in a table format on the main Project Plan Form. You may choose to add more than one project. Projects will be assigned a number
according to the order in which they are added.	
Fields with * are required	
Project Overview	
<ul> <li>Provide a brief narrative overview of the proposed project, including the evidence-based model(s) you plan to implement.</li> </ul>	
Maximum 2,000 characters	
Goal(s)	
	and improve transitions in care for your population of focus. Goals should be specific and measurable. Goals should also reflect input from health center patients and community
members who have lived experience with incarceration.	
Maximum 1,000 characters	
In the second	
Needs Summary	
Select the needs your project will address. You must select at least one critical health need and at least one health-related	social need. You may select multiple.
	Select at least one of the following health-related social needs your project will address.
	Housing insecurity
Select at least one of the following critical health needs your project will address.	Food insecurity
Managing chronic conditions	Food insecurity
Prevention, screening, diagnosis and treatment of HCV, HIV and other infectious disease	
Reducing risk of drug overdose	Lack of transportation/ access to public transportation
Addressing mental health and substance use disorder treatment needs	intimate partner violence
	Other - Please describe
Innovative Activities	
<ul> <li>List and describe the specific activities you will implement to adapt or build upon evidence-based model(s) of care to addres</li> </ul>	is the identified needs and barriers for your population of focus.
Maximum 4,000 charaoters	
Evaluative Measures	
List the evaluative measures you plan to use to assess the success of your project. You must include at least one measure	of patient experience and one measure of community engagement
Maximum 4,000 characters	
Cancel	Save and Continu
uanteer	Save and Continue

# Figure 22: Project Details List

Project #	Project Proposal	Goals	Critical Health Need(s)	Health-Related Social Need(s)	Innovative Activities	Evaluative Measures	Options
1	-		And the second second				😥 Update 💌
2	Name and Address of Concession, Name and	1000-000		Transient Street	and the second s	10.000	🚱 Update 👻

# 3.4 Equipment List

The **Equipment List form** provides a line-item list of proposed equipment to be purchased with grant funds. If you did not indicate funding for equipment on **Form 1B: Funding Request Summary**, this form will not apply to you (**Figure 23**). Click the Continue button to proceed to the next form (**Figure 23**, **1**).

# Figure 23: Equipment List

2 Equipment List	
<ul> <li>BEFTS BETOR BRUD FITT BORD IF SATURE</li> </ul>	Due Date: (Due In: )   Section Status:
▼ Resources 🖻	
View	
Notice of Funding Opportunity   QIF-TJI Technical Assistance Resources	
Alert:     This form is not applicable to you as in Form 18: Funding Request Summary of this application, one of the following is true:     You have not requested one-time funding, or     You have requested one-time funding but not indicated how you plan to use these funds, or     You have requested one-time funding for minor alteration/renovation without equipment use	
Go to Previous Page	Continue

## **3.4.1** Completing the Equipment List Forms

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

1. Click on the **[Add]** button to add equipment (Figure 24, 1).

### Figure 24: Equipment List

2 Equipment List				
	ere should be consistent with those provided in the Budget Narrative and SF-4244 eet the \$5,000 threshold should be considered supplies and should not be entered			) having a useful life of more than one year and a per-unit acquisition cost which equals or exceeds \$5,000.
· ferrar annual	CONTRACTOR OF A CONTRACT OF A			Due Date Section Status: Complete
• Resources				
Add				
List of Equipment				
Туре	Description	Unit Price	Quantity	Total Price Options
	And the same			🖉 Update 🔻
Total			14	
Co to Previous Page				Save Save and Continue



Equipment Information - Add			
· Contrast and said. Therefore and the second			Due Date:
► Resources 🗳			
Fields with * are required			
Add Equipment Information			
* Туре	-		
* Description	Clinical Non-Clinical	(Maximum 50 Characters)	
* Unit Price (\$)			
* Quantity			
Cancel			Save Save and Continue

- 2. The system opens the Equipment Information Add page (Figure 25).
- 3. Select an equipment type (Figure 25, 1) and enter the Description, Unit Price (\$), and Quantity., either "Clinical" or "Non-Clinical".

#### **IMPORTANT NOTE:**

- Include equipment that is \$5,000 or more per unit. Equipment items that cost less than \$5,000 each should be listed as Supplies in Section B Budget Categories (Figure 8).
- 4. Click on the [Save and Continue] button to return to the Equipment List form page (Figure 24).
- 5. To edit an equipment item, click on the **Update** link under the Options menu (Figure 26, 1). To delete an equipment item, click on the **Delete** link under the Options menu (Figure 26, 2).

## Figure 26: Equipment List- Updated

Add				
List of Equipment				G
Туре	Description	Unit Price	Quantity	Total Price Options
				00.00 🕜 Update 👻
times.	100			Action
Total			2	2 Update 2
Go to Previous Page				Save Save and Continue

6. When you have finished entering the equipment, click on the **[Save and Continue]** button at the bottom of the screen to save your work and proceed to reviewing the forms.

# 4. Reviewing and Submitting the FY 2025 QIF-TJI Application to HRSA

- 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.
- 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 27, 1).

You are here: Home » Tasks »	Browse » Grant Applications »		
ALL TASKS «	3 Application - Status Overview		
Q Search			
Grant Application	225794: BETHUNE BERLON STATE BOARD OF NURSING		Due Date:   Application Status:
Overview	Announcement Number: HRSA-25-005	Announcement Name: Fiscal Year (FY) 2025 Quality Improvement Fund -	Created by:
Status Basic Information		Transitions in Care for Justice-Involved Populations (QIF-TJI)	
SF-424	Application Type: New Application Package: SF424	Grant Number: N/A Application FY: 2025	Last Updated By: Program Type: Non-Construction
Project/Performance	Application Fackage: SF424	Application P1. 2025	Program type. Non-Construction
Site Location(s)	Resources L <sup>*</sup>		
Project Narrative	View		
Budget Information Section A-C	Application   Action History   Funding Opportunity Announcement   FOA	Guidance Application User Guide	
Section D-F			
Budget Narrative	▶ Users with permissions on this application (1)		
Other Information			
Disclosure of Lobbying Activities	List of forms that are part of the application package		
Appendices	Section	Status	Options
Program Specific	Basic Information		
Information	SF-424		
Program Specific Information	Part 1	# 10 Table	🚱 Update
Review and Submit	Part 2	# 10 Test	🤣 Update
Review	Project/Performance Site Location(s)	# 10 TOTAL	🚱 Update
Submit 1	Project Narrative	#	🚱 Update
Other Functions	Budget Information		
Navigation	Section A-C	# 10 Test	🚱 Update
Return to Applications List	Section D-F	# 10 Tank	🕜 Update
	Budget Narrative	# 10 Test	🅜 Update
	Other Information		
	Disclosure of Lobbying Activities	# 10 Test	🚱 Update
	Appendices	# 10 Test	🕜 Update
	Program Specific Information		
	Program Specific Information	# 1011000	🚱 Update

### Figure 27: Review Link

- 3. The system opens the **Review** page (Figure 28). 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 28, 1).
- 5. The system opens the **Submit** page.

			Application Status:
Resources 🗳			
View			
Application Action History Funding Opportunity Annou	Incement   FOA Guidance   Application User Guide		
Print Application		Table of Contents	•
H I H Page size: 50 V Go			23 items in 1 page
View	Section	Туре	Options
* 7	* Y	• 7	
View: Basic Information			
Basic Information	Application for Federal Assistance (SF-424)	HTML	View 👻
Basic Information	Application for Federal Assistance (SF-424)(Grants.gov PDF)	DOCUMENT	Not Available
Basic Information	Areas Affected by Project (Cities, Counties, States, etc.)	DOCUMENT	Not Available
Basic Information	Project Description	DOCUMENT	Not Available
Basic Information	Project Abstract Summary	HTML	View 🔻
Basic Information	Project Abstract Summary (Grants.gov PDF)	DOCUMENT	Not Available
Basic Information	Additional Program/Project Congressional Districts	DOCUMENT	Not Available
Basic Information	Key Contacts (Grants.gov PDF)	DOCUMENT	Not Available
Basic Information	Federal debt delinquency explanation	DOCUMENT	Not Available
Basic Information	Project/Performance Site Location(s)	HTML	View 👻
Basic Information	Project/Performance Site Location(s) (Grants.gov PDF)	DOCUMENT	Not Available
Basic Information	Project Narrative	DOCUMENT	Not Available
View: Budget Information			
Budget Information	SF-424A: Budget Information - Non-Construction Programs	HTML	View 🔻
Budget Information	SF-424A: Budget Information - Non-Construction Programs (Grants.gov PDF)	DOCUMENT	Not Available
Budget Information	Budget Narrative	DOCUMENT	Not Available
View: Other Information			
Other Information	SF-LLL Disclosure of Lobbying Activities	HTML	View 🔻
Other Information	SF-LLL Disclosure of Lobbying Activities (Grants.gov PDF)	DOCUMENT	Not Available
Other Information	Grants.gov Lobbying (Grants.gov PDF)	DOCUMENT	Not Available
View: Attachments List			
Attachments List	Attachment 1: Letters of Commitment (Required)	DOCUMENT	Not Available
Attachments List	Attachment 2: Other Relevant Documents (As Applicable)	DOCUMENT	Not Available
View: All Other Attachments	• • • • •		
All Other Attachments	Paper Application	DOCUMENT	Not Available
All Other Attachments	Other Attachments	DOCUMENT	Not Available
View: Program Specific Information Program Specific Information	Program Specific OMB Approved Forms	HTML	Open Popup 🔻
	Frogram Specific OWB Approved Forms	T I ML	open ropup

### Figure 28: 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 29).
- The AO must click the **Submit to HRSA** button before the due date at 5:00 PM Eastern Time. Make sure to leave time for this step!

Figure	29:	Submit	to AO
--------	-----	--------	-------

Application - Submit		
the seat when the seater and		Due Date:
Resources Id		
. Users with permissions on this application (1)		
ist of forms that are part of the application package		
ection	Status	Options
Basic Information		
SF-424	a second	
Part 1	A CONTRACTOR OF A CONTRACTOR OFTA CONTRACTOR O	(@ Update
Part 2	and the second se	🕜 Update
Project/Performance Site Location(s)	and the second se	C Update
Project Narrative	an operation of the second sec	🕜 Update
Judget Information		
Section A-C	A CONTRACTOR OF A CONTRACTOR OFTA CONTRACTOR O	2 Update
lection D-F	An open second se	🖉 Update
Budget Narrative	at the second	🕜 Update
Other Information		
Disclosure of Lobbying Activities	a contract	🕜 Update
ppendices	a contract	🕜 Update
rogram Specific Information		
Program Specific Information	A CONTRACTOR OF	@ Update 1
Go to Previous Plage		

- 6. Click the Submit to AO button at the bottom of the **Submit** page (Figure 29,1). If you are the AO, click the Submit to HRSA button at the bottom of the **Submit** page (Figure 30).
- 7. You are not done yet! the system goes to a confirmation page.

## Figure 30: Submit Page

Application - Submit		
		Due Date:   Application Status:
▼ Resources ピ		
View		
Application   Action History   Funding Opportunity Announcement   FOA Gu	idance 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	g - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 1	
Part 1	a	🕜 Update
Part 2	· the second	🕜 Update
Project/Performance Site Location(s)	# 10 10 00 0	🕜 Update
Project Narrative	# 10 Taxa	🕜 Update
Budget Information		
Section A-C	# 10-10-0	🚱 Update
Section D-F	# 10-10-0	🤡 Update
Budget Narrative	#	🤡 Update
Other Information		
Disclosure of Lobbying Activities	# 10-10-0	😭 Update
Appendices	A TOTAL CONTRACT	🕜 Update
Program Specific Information		
Program Specific Information	A THE CONTRACT	🚱 Update 🚺
		×
Go to Previous Page		Submit to HRSA

8. Check the box to certify and electronically sign the application. Then click the Submit to HRSA button (Figure 31) to submit your application to HRSA.



- 9. 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