HRSA Electronic Handbooks

Fiscal Year (FY) 2024

Service Area Competition (SAC) /Service Area Competition-Additional Areas (SAC-AA)

User Guide for Grant Applicants

Last updated on April 18, 2023

HRSA
Health Resources & Services Administration

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This user guide describes the steps to submit an FY 2024 Service Area Competition (SAC)/Service Area Competition-Additional Areas (SAC-AA) application to the Health Resources and Services Administration (HRSA).

1. Starting the FY 2024 SAC/SAC-AA 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 application to Grants.gov.

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

IMPORTANT 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.

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3. Upon validating the application in EHBs, access it in your **pending tasks**. To access the application in EHBs:

    3a. After logging into EHBs, click the Tasks tab on the EHBs Home page 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 the HRSA Contact Center (http://www.hrsa.gov/about/contact/ehbhelp.aspx) at (877) 464-4772.

    3b. Locate the FY 2024 SAC/SAC-AA 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 have previously accessed the application, the **Start** link will appear as **Edit**).

    3c. The system opens the **Application - Status Overview** page of the application (**Figure 1**).

Figure 1: 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 the Update link to begin/complete any section of the application.

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

The Basic Information section of the application consists of the following main sections:

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

2.1 Completing the Basic Information Section

The system imports Basic Information from Grants.gov, which undergoes a data validation check. You may edit this information, except for the Estimated Funding Section, if necessary.

Figure 2 - Accessing the Basic information to fill in SF-424 Part 1 and SF424 Part 2

2.1.1 Completing the SF-424 Part 1

This form displays the basic application and applicant organization information.

2.1.2 Completing the SF-424 Part 2

This form displays project information including the project title, period of performance, cities, counties, and Congressional districts affected by the project.

2.1.3 Completing the Project Narrative

In the **Project Narrative** form, attach the Project Narrative by clicking the Attach File button.

2.2 Completing the Budget Information (SF-424A)

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

2.2.1 Completing the Budget Information - Section A-C

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

1. Section A – Budget Summary
2. Section B – Budget Categories
3. Section C – Non-Federal Resources

To complete this form, follow the steps below:

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

2. The system navigates to the Budget Information – Section A-C form (**Figure 3**).

Figure 3: Budget Information – Section A-C Form

3. Under Section A – Budget Summary, click the Update Sub Program button (**Figure 3**, **1**). The **Sub Program** – **Update** page opens (**Figure 4**).

Figure 4: Sub Program – Update Page

4. Select or unselect the subprograms (i.e., the targeted populations for which you are requesting funding). Only select the subprograms for which you are requesting funding (CHC, MHC, HCH, and/or PHPC – refer to section I.2 of the NOFO for details for each targeted population and the SAAT for funding amounts).

5. Click the Save and Continue button. The **Budget Information – Section A-C** page re-opens showing the selected subprogram(s) under Section A – Budget Summary (**Figure 5**, **1**).

Figure 5: Section A – Budget Summary Showing Selected Sub Programs

6. To enter or update the budget information for each subprogram, click the Update button displayed in the top right corner of Section A – Budget Summary header (**Figure 5**, **2**). **Section A – Update** page opens (**Figure 6**).

Figure 6: Section A – Update Page

7. Under the New or Revised Budget section, enter the amount of federal funds (**Figure 6**, **1**) and non-federal funds (**Figure 6**, **2**) that you are requesting in the applicable column for the first 12-month budget period for each requested subprogram (CHC, MHC, HCH, and/or PHPC).

> **IMPORTANT NOTES:**
>
> - The federal amount refers only to SAC/SAC-AA funding that you are requesting in this application, not all federal grant funding that you receive.
>
> - The amount in the Total row under the Federal column must not exceed the amount of Total Funding available for the service area in the Service Area Announcement Table (SAAT), available at the SAC/SAC-AA technical assistance webpage (https://bphc.hrsa.gov/program-opportunities/sac).
>
> - Funding must be requested for each population type (CHC, MHC, HCH, and/or PHPC) that has an amount greater than $0 in the SAAT and the funding distribution across the population types must be maintained for the service area.

8. Click the Save and Continue button. The **Budget Information – Section A-C** page re-opens displaying the updated New or Revised Budget under Section A – Budget Summary (**Figure 7**).

Figure 7: Section A – Budget Summary Page After Update

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

9. Section B – Budget Categories, provide the Federal and Non-Federal funding distribution across object class categories for the first 12-month budget period. Click the Update button in the top right corner of the Section B header (**Figure 8**).

Figure 8: 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
Total Direct Charges	$0.00	$0.00	$0.00
Indirect Charges	$0.00	$0.00	$0.00
Total	$0.00	$0.00	$0.00

10. **Section B – Update** page opens (**Figure 9**).

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

Figure 9: Section B – Update Page

IMPORTANT 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.

12. Click the Save and Continue button (**Figure 9**, **3**) to navigate to the **Budget Information – Section A-C** page (**Figure 3**).

13. In **Section C – Non- Federal Resources**, enter the non-federal amount specified in **Section A – Budget Summary** across the applicable non-federal resources by clicking the Update button in the top right corner of the **Section C** header (**Figure 10**, **1**).

Figure 10: Section C - Non- Federal Resources

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

14. Click the Save and Continue button to proceed to the next form (**Figure 10**, **2**).

2.2.2   Completing the 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 11: Budget Information – Section D-F

To complete this form, follow the steps below:

1. Section D – Forecasted Cash Needs are optional and can be blank. Enter the amount of cash needed by quarter during the first year for both the Federal and Non-Federal rows by clicking the Update button in the top right corner of Section D (**Figure 11**, **1**).

2. In Section E - Federal Funds Needed for Balance of the Project, enter the federal funds requested for each of the Future Funding Periods (Years) for each proposed subprogram by clicking the Update button in the top right corner of Section E (**Figure 11**, **2**).

> **IMPORTANT NOTES:**
> - Section E – Federal Funds do not apply to new applicants.
> - The First column applies to budget year 2 and the second column applies to budget year 3.

3. Section F – Other Budget Information, provide information regarding direct and indirect charges. You can also document any relevant comments or remarks in this section by clicking the Update button in the top right corner of Section F (**Figure 11**, **3**).

4. Click the Save and Continue button on the Budget Information – Section D-F to proceed (**Figure 11**, **4**).

2.2.3 Completing the Budget Narrative

Attach the Budget Narrative by clicking the Attach File button. Once completed, click the Save and Continue button to proceed to the Disclosure of Lobbying Form.

2.3 Completing Other Information Section

To complete this section, you must complete the Disclosure of Lobbying Activities form and provide attachments on Appendices.

2.3.1 Completing the Disclosure of Lobbying Activities Form

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

2.3.2 Completing the Appendices

Upload the following attachments, as applicable, by clicking the associated Attach File button for each (**Figure 12**). After completing the **Appendices** form, click the Save and Continue button to proceed to the **Program Specific Information – Status Overview** page.

1. Attachment 1: Service Area Map and Table (required) (maximum 1 attachment)
2. Attachment 2: Bylaws (required) (maximum 1 attachment)
3. Attachment 3: Project Organizational Chart (required) (maximum 1 attachment)
4. Attachment 4: Position Descriptions for Key Management Staff (required) (maximum 1 attachment)
5. Attachment 5: Biographical Sketches for Key Management Staff (required) (maximum 1 attachment)
6. Attachment 6: Co-Applicant Agreement (required for public center applicants that have a co-applicant board) (as applicable) (maximum 1 attachment)
7. Attachment 7: Summary of Contracts and Agreements (as applicable) (maximum 1 attachment)
8. Attachment 8: Articles of Incorporation (as applicable) (maximum 1 attachment)
9. Attachment 9: Collaboration Documentation (required) (maximum 1 attachment)
10. Attachment 10: Sliding Fee Discount Schedule(s) (required) (maximum 1 attachment)
11. Attachment 11: Evidence of Nonprofit or Public Center Status (as applicable) (maximum 1 attachment)
12. Attachment 12: Operational Plan (as applicable) (maximum 1 attachment)
13. Attachment 13: Other Relevant Documents (as applicable) (maximum 3 attachments)

Figure 12: Appendices

3. Completing the Program Specific Forms

Click the **Update** link for any form to start updating it or access the forms from the left side menu. Once completed, click the Save and Continue button to proceed to the next listed form (**Figure 13**).

Figure 13: Status Overview Page for Program Specific Forms

Program Specific Information Status		
Section	Status	Options
General Information		
Form 1A - General Information Worksheet	✖ Not Started	📝 Update ▾
Form 1C - Documents On File	✖ Not Started	📝 Update ▾
Form 4 - Community Characteristics	✖ Not Started	📝 Update ▾
Budget Information		
Form 2 - Staffing Profile	✖ Not Started	📝 Update ▾
Form 3 - Income Analysis	✖ Not Started	📝 Update ▾
Sites and Services		
Form 5A - Services Provided	✖ Not Started	
Required Services	✖ Not Started	📝 Update ▾
Additional Services	✖ Not Started	📝 Update ▾
Specialty Services	✖ Not Started	📝 Update ▾
Form 5B - Service Sites	✖ Not Started	📝 Update ▾
Form 5C - Other Activities/Locations	✖ Not Started	📝 Update ▾
Other Forms		
Form 6A - Current Board Member Characteristics	✖ Not Started	📝 Update ▾
Form 6B - Request for Waiver of Board Member Requirements	✖ Not Started	📝 Update ▾
Form 8 - Health Center Agreements	✖ Not Started	📝 Update ▾
Form 12 - Organization Contacts	✖ Not Started	📝 Update ▾
Other Information		
Summary Page	✖ Not Complete	📝 Update ▾

[Return to Complete Status]

3.1 Completing the General Information Section

3.1.1 Completing Form 1A - General Information Worksheet

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

- Applicant Information
- Proposed Service Area

3.1.1.1 Completing the Applicant Information Section

The **Applicant Information** section is pre-populated with the application and grant-related information, as applicable. Complete this section by providing information in the required fields (**Figure 14**).

> **IMPORTANT NOTES:**
>
> - Complete all the relevant information that is not pre-populated.
>
> - H80 grant numbers will pre-populate for competing continuation and competing supplement applicants.
>
> - Applicants may check only one category in the Business Entity section, and it should align with the type entered in SAM.gov. An applicant that is a Tribal or Urban Indian entity and meets the definition for a public or private entity should select the Tribal or Urban Indian category.
>
> - Applicants may select one or more categories for the Organization Type section.

- If you select 'Other' (**Figure 14, 1**) for the Organization Type, you must specify the organization type.

Figure 14: Applicant Information Section

3.1.2   Completing the Proposed Service Area Section

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

1. 2a. Service Area Designation
2. 2b. Service Area Type
3. 2c. Patients and Visits
   - Unduplicated Patients and Visits by Population Type
   - Patients and Visits by Service Type

3.1.2.1   Completing 2a. Service Area Designation

In the **Select MUA/MUP** field (**Figure 15**, **1**), select the MUA and/or MUP designations (multiple selections are allowed) for the proposed service area and enter the identification number(s). Select the options that best describe the service area you propose to serve.

> **IMPORTANT NOTES:**
>
> - Applicants applying for CHC funding MUST serve at least one Medically Underserved Area (MUA) and/or Medically Underserved Population (MUP).
>
> - For inquiries regarding MUAs or MUPs, visit the Shortage Designation website https://bhw.hrsa.gov/shortage-designation or email sdb@hrsa.gov.

Figure 15: Proposed Service Area section

3.1.2.2   Completing 2b. Service Area Type

In the **Service Area Type** field (**Figure 16**), indicate whether the service area is Urban or Rural. If Rural is selected, then Sparsely Populated may also be selected. When Sparsely Populated is selected, also specify the population density by providing the number of people per square mile.

> **IMPORTANT NOTES:**
> - Provide the number of people per square mile if sparsely populated is selected (values must range from .01 to 7).
> - Sparsely Populated cannot be selected if Rural is not selected.
> - For information about rural populations, visit the Office of Rural Health Policy's website at http://www.hrsa.gov/ruralhealth/policy/definition_of_rural.html.

Figure 16: Service Area Type

3.1.2.3   Completing 2c. Patients and Visits

3.1.2.3.1   Unduplicated Patients and Visits by Population Type

To complete this section, follow these steps:

1. Answer the question, "How many unduplicated patients are projected to be served by December 31, 2025?" (**Figure 17**, **1**) The system will auto-populate the number in the Total row of the Patients column under the 'Projected by December 31, 2025 (January 1 - December 31, 2025)' heading. (**Figure 17**, **2**) when you click the Save or Save and Continue button.
2. Provide the number of Patients and Visits under the UDS/Baseline Value heading and Visits under the Projected by December 31, 2025 (January 1 – December 31, 2025) heading in the Total row.
3. Provide the number of Patients and Visits under the UDS/Baseline Value heading for each Population Type listed. (**Figure 17**, **3**). Do not duplicate Patients and Visits across the Population Types.
4. Provide the number of Patients and Visits that you project to serve annually under the Projected by December 31, 2025 (January 1 – December 31, 2025) heading for each Population Type listed (**Figure 17**, **4**). Do not duplicate Patients and Visits across the Population Types.

Figure 17: Unduplicated Patients and Visits by Population Type

2c. Patients and Visits

Unduplicated Patients and Visits by Population Type

ⓘ **Note(s):**

Refer to the Patient Target in the Service Area Announcement Table (SAAT) for the service area proposed in this application to ensure your total unduplicated patient projection meets eligibility requirements. The SAAT is available at the SAC technical assistance webpage.

★ How many unduplicated patients are projected to be served by December 31, 2025? (This projection is for calendar year 2025.)

Population Type	UDS / Baseline Value		Projected by December 31, 2025 (January 1 - December 31, 2025)	
	Patients	Visits	Patients	Visits
★ Total				
★ General Underserved Community (Include all patients/visits not reported in the rows below)				
★ Migratory and Seasonal Agricultural Workers and Families				
★ Public Housing Residents				
★ People Experiencing Homelessness				

IMPORTANT NOTES:

- The unduplicated patient projection for calendar year 2025 (January 1 – December 31, 2025) must be at least 75 percent of the Patient Target in the SAAT. Compare the total number of unduplicated patients projected to be served by December 31, 2025, with the Patient Target in the SAAT, available at the SAC/SAC-AA technical assistance webpage (https://bphc.hrsa.gov/program-opportunities/sac), for the service area proposed to ensure it meets eligibility requirements.

  *Review the SAAT Patient Target and the Summary of Funding section of the NOFO for Patient Target reduction details to ensure that the Patient Target and funding requests on the SF-424A are aligned. Other resources are available at the SAC/SAC-AA technical assistance webpage (https://bphc.hrsa.gov/program-opportunities/sac).

- "UDS/Baseline Value" refers to the number of patients and visits for the proposed service at the time of application.

- If you are submitting a new application or a competing supplement application, data entered in the UDS/Baseline Value columns for patients and visits can be zero, even for the Population Types corresponding to the subprograms selected in the Budget Information form, Section A – Budget Summary section of this application.

- If you are submitting a competing continuation application:

  - Patient data under the UDS/Baseline Value heading is pre-populated as N/A for all population types corresponding to the subprograms selected in the Budget Information form, Section A – Budget Summary section of this application.

  - The Visits column under the UDS/Baseline Value heading are pre-populated as N/A.

- The number of patients and visits under the Projected by December 31, 2025, heading for each Population Type that corresponds to the subprograms selected in the Budget Information form, Section A – Budget Summary section of this application, should be greater than zero. For the remaining Population Types, you may provide zeros if there are no projections. You may also provide data for the Population Types beyond those selected in the SF-424A.

- The General Underserved Community row may include all patients/visits not captured in other Population Types.

- Across all Population Type categories, an individual can only be counted once as a patient.

3.1.2.3.2   Patients and Visits by Service Type

To complete this section, follow the steps below:

1. Provide the UDS/Baseline Value of Patients and Visits for each listed Service Type (**Figure 18**, **1, 2**).

2. Provide the number of Patients and Visits that you project to serve by December 31, 2025 (**Figure 18**, **3**).

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

Figure 18: Patients and Visits by Service Type

Patients and Visits by Service Type				
Service Type	UDS / Baseline Value ⓘ [1]		Projected by December 31, 2025 (January 1 - December 31, 2025) [3]	
[2]	Patients	Visits	Patients	Visits
★ Total Medical Services				
★ Total Dental Services				
Behavioral Health Services				
★ Total Mental Health Services				
★ Total Substance Use Disorder Services				
★ Total Vision Services				
★ Total Enabling Services				

IMPORTANT NOTES:

- Project the number of patients and visits anticipated for each Service Type category for calendar year 2025 (January 1 – December 31, 2025), at the current level of funding.

- You must project patients for each Service Type listed for the service area in the SAAT, available at the SAC/SAC-AA technical assistance webpage (https://bphc.hrsa.gov/program-opportunities/sac), to ensure your application meets eligibility requirements.

- Provide numbers for all the Service Types. Zeros are acceptable.

- To maintain consistency with the patients and visits reported in UDS, do not report patients and visits for pharmacy services, or services outside the proposed scope of the project. Refer to the Scope of Project (https://bphc.hrsa.gov/compliance/scope-project) policy documents.

- The Patients and Visits by Service Type section does not display total values since an individual patient may be included in multiple Service Type categories.

- New and competing supplement applicants may enter zeros for Medical services (Both Patients and Visits) if the values for all other services are Zero.

3.1.3   Completing Form 1C - Documents on File

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

To complete Form 1C, provide the date of the last review/revision for each item listed. Select N/A if an item is not applicable, where available (**Figure 19, 1, 2, 3**). Click the Save and Continue button to proceed to the next form.

Figure 19: Form 1C - Documents on File

3.1.4   Completing Form 4 - Community Characteristics

Form 4 - Community Characteristics reports the current service area and target population data for the entire scope of the project (i.e., all sites). This form comprises the following sections:

- Race (**Figure 20**, **1**)
- Hispanic or Latino/a Ethnicity (**Figure 20**, **2**)
- Income as a Percent of Poverty Guideline (**Figure 20**, **3**)
- Principal Third-Party Medical Insurance (**Figure 20**, **4**)
- Special Populations and Select Population Characteristics (**Figure 20**, **5**)

Figure 20: Form 4: Community Characteristics

Form 4 - Community Characteristics

Note(s):
Data on race and/or ethnicity collected on this form will not be used as an awarding factor, but will be used to assess compliance of new applicants with current board composition (element c) in Chapter 20: Board Composition of the Compliance Manual.

▶ 00213954: JAGGER POST COUNTY TECHNICAL INSTITUTE   Due Date: 04/28/2023 (Due In: 25 Days) | Section Status: Not Started

▶ Resources 🔗

Fields with ★ are required

Race	Service Area Number	Service Area Percent	Target Population Number	Target Population Percent
★ Asian		0.00%		0.00%
★ Native Hawaiian		0.00%		0.00%
★ Other Pacific Islander		0.00%		0.00%
★ Black/African American		0.00%		0.00%
★ American Indian/Alaska Native		0.00%		0.00%
★ White		0.00%		0.00%
★ More than One Race		0.00%		0.00%
★ Unreported/Chose Not To Disclose Race (if applicable)		0.00%		0.00%
Total	0		0	

Click the **'Save and Calculate Total'** button to calculate and save the total Service Area numbers and Target Population numbers for all sections displayed on this form.　[Save and Calculate Total]

Hispanic or Latino/a Ethnicity	Service Area Number	Service Area Percent	Target Population Number	Target Population Percent
★ Hispanic or Latino/a		0.00%		0.00%
★ Non-Hispanic or Latino/a		0.00%		0.00%
★ Unreported/Chose Not To Disclose Race (if applicable)		0.00%		0.00%
Total	0		0	

Click the **'Save and Calculate Total'** button to calculate and save the total Service Area numbers and Target Population numbers for all sections displayed on this form.　[Save and Calculate Total]

Income as a Percent of Poverty Guideline	Service Area Number	Service Area Percent	Target Population Number	Target Population Percent
★ 100% and below		0.00%		0.00%
★ 101-200%		0.00%		0.00%
★ Over 200%		0.00%		0.00%
Total	0		0	

Click the **'Save and Calculate Total'** button to calculate and save the total Service Area numbers and Target Population numbers for all sections displayed on this form.　[Save and Calculate Total]

Principal Third Party Medical Insurance	Service Area Number	Service Area Percent	Target Population Number	Target Population Percent
★ Medicaid		0.00%		0.00%
★ Medicare		0.00%		0.00%
★ Other Public Insurance		0.00%		0.00%
★ Private Insurance		0.00%		0.00%
★ None/Uninsured		0.00%		0.00%
Total	0		0	

Click the **'Save and Calculate Total'** button to calculate and save the total Service Area numbers and Target Population numbers for all sections displayed on this form.　[Save and Calculate Total]

Special Populations and Select Population Characteristics	Service Area Number	Service Area Percent	Target Population Number	Target Population Percent
★ Migratory/Seasonal Agricultural Workers and Families		0.00%		0.00%
★ People Experiencing Homelessness		0.00%		0.00%
★ Residents of Public Housing		0.00%		0.00%
★ School Age Children		0.00%		0.00%
★ Veterans		0.00%		0.00%
★ Lesbian, Gay, Bisexual and Transgender		0.00%		0.00%
★ People Living with HIV		0.00%		0.00%
★ Individuals Best Served in a Language Other Than English		0.00%		0.00%
★ Other Please specify: Approximately 1/8 page (Max 200 Characters with spaces)		0.00%		0.00%

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

3.1.4.1 Completing the Form 4 Sections

To complete the **Race**, **Hispanic or Latino/a Ethnicity**, **Income as a Percent of Poverty Guideline**, and **Principal Third-Party Medical Insurance** sections (**Figure 20**, **1, 2, 3, 4**), enter the **Service Area Number** (**Figure 20**, **6**) and corresponding **Target Population Number** for each of the respective categories (**Figure 20**, **7**). To automatically calculate the Total Service Area Numbers and Total Target Population Numbers for all four sections, click the Save and Calculate **Total** button (**Figure 20**, **8**) under any of the sections.

IMPORTANT NOTES:

- Target Population data is a subset of Service Area data, and in most cases, is greater than the total number of patients projected on Form 1A. Patient data should not be used to report target population data since patients are typically a subset of all individuals targeted for service.

- If the target population includes a large number of transient individuals that are not included in the data set used for service area data (e.g., census data), adjust the service area numbers accordingly to ensure that the target population numbers are always less than or equal to the service area numbers.

- When entering data, the total Service Area Numbers and the total Target Population Numbers of the Race, Hispanic or Latino/a Ethnicity, Income as a Percent of Poverty Guideline, and Principal Third-Party Medical Insurance sections must be equal.

3.1.4.2 Completing the Special Populations and Select Population Characteristics Section

Under the Special Populations and Select Population Characteristics section (**Figure 21**), enter the **Service Area Number** and the corresponding **Target Population Number** for each special population group listed. After completing all the sections on **Form 4**, click the Save and Continue button to save your work and proceed to the next form.

Figure 21: Special Populations and Select Population Characteristics Section

IMPORTANT NOTES:

- If you select the subprograms related to special populations, i.e. MHC, HCH, and/or PHPC, in the **Budget Information – Section A–C** form of this application, you must provide a Service Area Number and Target Population Number that is greater than 0 for the following line items under the Special Populations section on **Form 4** as applicable: 'Migratory/Seasonal Agricultural Workers and Families,' 'People Experiencing Homelessness,' and 'Residents of Public Housing'.

- In the 'Other' row (**Figure 21**, **1**), specify a special population group that is not listed (if desired), and then enter the Service Area Number and the corresponding Target Population Number for the specified special population group.

- The Service Area Percentages and Target Population Percentages of the Special Population and Select Characteristics section are based on the respective totals from the other sections of the form.

3.2   Completing the Budget Information Section

3.2.1   Completing Form 2 – Staffing Profile

Form 2 - Staffing Profile reports personnel supported by the total budget (federal and non-federal funds) for the first budget year (12 months) of the proposed project for all sites included on **Form 5B: Service Sites.** This form is comprised of the following sections/subsections:

1. Staffing Positions by Major Service Category **sections**

   - Management and Support Personnel (**Figure 22**, **1**)
   - Facility and Non-Clinical Support Personnel (**Figure 22**, **2**)
   - Physicians (**Figure 22**, **3**)
   - Nurse Practitioners, Physician Assistants, and Certified Nurse Midwives (**Figure 22**, **4**)
   - Medical Care Services (**Figure 22**, **5**)
   - Dental (**Figure 22**, **6**)
   - Behavioral Health (Mental Health and Substance Use Disorder Services) (**Figure 23**, **7**)
   - Professional Services (**Figure 23**, **8**)
   - Vision Services (**Figure 23**, **9**)
   - Pharmacy Personnel (**Figure 23**, **10**)
   - Enabling Services (**Figure 23**, **11**)
   - Other Programs and Services (**Figure 23**, **12**)

2. Total FTEs (**Figure 23**, **13**)

Figure 22: Form 2- Staffing Profile

To Complete Form 2, follow the steps below:

1. In the Direct Hire FTEs column, provide the number of Full-Time Employees (FTEs) for each staffing position. Enter 0 if not applicable.

2. The Total row of the Total FTEs section displays the sum of 'Direct Hire FTEs' for the Staffing Positions for Major Service Categories. To calculate the totals, click the **Calculate** button (**Figure 23**, **14**).

3. In the Contract/Agreement FTEs column, select the relevant option if any position is staffed by a contracted FTE for agreements summarized in Attachment 7: Summary of Contracts and Agreements and/or included in contracts uploaded to **Form 8: Health Center Agreements**, as needed. (**Figure 23, 15**).

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

<div style="border:1px solid black; background-color:#ffff99; padding:10px;">

<u>IMPORTANT NOTES</u>

- Allocate staff time in the Direct Hire FTE column by function among the staff positions listed. An individual's full-time equivalent (FTE) should not be duplicated across positions. For example, a provider serving as a part-time family physician and a part-time Clinical Director should be listed in each respective category with the FTE allocated to each position (e.g., Clinical Director 0.3 (30%) FTE and family physician 0.7 (70%) FTE). Do not exceed 1.0 FTE for any individual. For position descriptions, refer to the UDS Reporting Manual.

- Volunteers must be recorded in the Direct Hire FTEs column.

- If a staffing profile is not listed, you may specify in the "Other" section, up to 40 characters, and provide value for Direst Hire FTEs (zeros are acceptable) or specify if it is Contract/Agreement FTEs.

- The Project Director/Chief Executive Officer (CEO) must be a Direct Hire FTE and may not be contracted.

</div>

Figure 23: Form 2- Staffing Profile continued…

3.2.2 Completing Form 3 - Income Analysis

Form 3: Income Analysis projects program income, by source, for Year 1 of the proposed period of performance. This form comprises the following sections:

1. Payer Category (**Figure 24**, **1**)

2. Comments/Explanatory Notes (**Figure 24**, **2**)

Figure 24: Form 3: Income Analysis

3.2.2.1   Completing the Payer Categories Section

The Payer Category section has the following parts:

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

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

1. In column a, provide the number of Patients by Primary Medical Insurance for each Payer Category in Part 1. Enter 0 if not applicable (**Figure 24**, **3**).

2. In column b, provide the number of Billable Visits that are greater than or equal to the number of Patients by Primary Medical Insurance (column (a)) for each Payer Category in Part 1. Enter 0 if not applicable (**Figure 24**, **4**).

3. In column c, provide the amount of Income per Visit for each Payer Category in Part 1. Enter 0 if not applicable. (**Figure 24**, **5**).

4. In column d, provide the amount of Projected Income for each Payer Category in Parts 1 and 2. Enter 0 if not applicable (**Figure 24**, **6**).

5. In column e, provide the amount of Prior FY Income in Parts 1 and 2. Refer to the Fiscal Year End Date selected in Form 1A of this application to provide this information. Enter 0 if not applicable (**Figure 24**, **7**).

6. Click the **Calculate Total** and Save button to calculate and save the values for each Payer Categories in Part 1. (**Figure 24**, **8**).

<div style="border:2px solid black; background:#ffffcc; padding:10px;">

IMPORTANT NOTES

- The number of Billable Visits in column b should be zero if the number of Patients by Primary Medical Insurance in column a for a Payer Category is zero.

- The value in the Projected Income (d) column should equal the value in the Billable Visits (b) column multiplied by the value in the Income per Visit (c) column. If these values are not equal, explain in the Comments/Explanatory Notes box.

- The Patients by Primary Medical Insurance (a), Billable Visits (b), and Income Per Visit (c) columns in Part 2 are disabled and set to 'N/A'.

</div>

7. Click the Calculate Total and Save button in the **Total Non-Federal (Non-Health Center Program) Income (Program Income Plus Other)** section to calculate and save the values for each Payer Category in Part 1 & 2. (**Figure 24**, **9**).

3.2.2.2   Completing the Comments/Explanatory Notes Section

In this section, enter any comments/explanations related to this form. If the value for any Payer Category in Projected Income (d) is not equal to the value obtained by multiplying Billable Visits (b) with Income per Visit (c), explain in this section. Justify each Payer Category for which these numbers are not equal. If these numbers are equal for each Payer Category, providing comments in this section is optional. Click the Save and Continue button to save your work and proceed to the next form.

3.3   Completing the Sites and Services Section

3.3.1   Completing Form 5A – Services Provided

Form 5A – Services Provided identifies how the required, additional, and specialty services will be provided by the applicant organization.

<div style="border:2px solid black; background:#ffffcc; padding:10px;">

IMPORTANT NOTES

On Form 5A: Services Provided, you must propose to make General Primary Medical Care available directly (Column I) and/or through formal written contractual agreements in which the health center pays for the service (Column II).

</div>

3.3.1.1 Completing Form 5A in a Competing Continuation Application

If your organization is submitting a competing continuation application, **Form 5A: Services Provided** is pre-populated with the services in your current Health Center Program scope that HRSA has on file for your organization and is non-editable.

Figure 25: Form 5A (Competing Continuation Application)

3.3.1.2 Completing Form 5A: Required Services Section

This section will be "Read-Only" for a competing continuation applicant. If the pre-populated data on the **Required Services** (**Figure 25**, **1**) tab does not reflect any recently approved scope changes, click the Refresh from Scope (**Figure 25**, **2**) button to refresh the data and display the approved changes. Click the Continue button to navigate to **Additional Services** section OR select the **Additional Services** tab (**Figure 25**, **3**).

3.3.1.3   Completing Form 5A: Additional Services Section

This section will be "Read-Only" for a competing continuation applicant. If the pre-populated data on the **Additional Services** tab 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 to navigate to **Specialty Services** section OR select the **Specialty Services** tab (**Figure 25**, **4**).

3.3.1.4   Completing Form 5A: Specialty Services Section

This section will be "Read-Only" for a competing continuation applicant. If the pre-populated data on the **Additional Services** tab 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 to save your work and proceed to **Form 5B – Service Sites**.

3.3.1.5   Completing Form 5A in New or Competing Supplement Application

If your organization is submitting either a new or competing supplement application, propose one or more service delivery methods for the following sections listed on this form:

1. Required Services (**Figure 26**, **1**)
2. Additional Services (**Figure 26**, **3**)
3. Specialty Services (**Figure 26**, **4**)

Figure 26: Form 5A (New or Competing Supplement Applications)

3.3.1.5.1   Completing Form 5A: Required Services Section

Use this form to specify how your organization provides the required services. HRSA permits organizations to provide required services directly, by contracting with another provider, or by referral to another provider. These service delivery methods differ according to the service provider and the payment source (Table 1).

Table 1: Modes of Service Provision

Service Delivery Methods	Your Organization Provides the Service	Your Organization Pays for the Service
Column I - Service provided directly by health center	Yes	Yes
Column II - Service provided by formal written contract/agreement	No	Yes

Service Delivery Methods	Your Organization Provides the Service	Your Organization Pays for the Service
Column III - Service provided by formal written referral arrangement	No	No

To specify service delivery methods, check one or more boxes to indicate the service delivery method(s) for the required services specific to the project proposed in this application. To view details about the service, hover over the information icon provided, if available, for that service (**Figure 26**, **2**). Click the Save and Continue button.

> **IMPORTANT NOTES:**
>
> - HCH required Substance Use Disorder Services cannot be selected as a service delivery method if HCH is not selected as a subprogram in the **Budget Information – Section A-C Budget Summary** section of this application. If HCH is selected as a subprogram, then you are required to select at least one service delivery method for 'HCH Required Substance Use Disorder Services.'
>
> - All referral arrangements/agreements for services noted on Form 5A as provided via Column II and/or III must be formal written contracts or agreements.
>
> - Competing supplement applicants: New Services proposed on Form 5A must be to support the new service area proposed in this application.
>
> - Competing supplement applicants: If this application is funded, all services on this form must be accessible to all patients in the resulting combined service area though the mode of service delivery may be different across sites.

3.3.1.6 Completing Form 5A: Specialty Services Section

New and competing supplement applicants cannot propose service delivery methods for specialty services in the SAC/SAC-AA application. You will see the message depicted in (**Figure 27**) when you access the Specialty Services section of **Form 5A**. Click the Continue button (**Figure 27, 1**) of this section to proceed to Form 5B: Service Sites.

Form 5A: Services Provided will be complete when the statuses of the Required Services, Additional Services, and Specialty Services sections are complete. The completed status of these sections is indicated with a green checkmark in the section tabs (**Figure 25**, **1**, **3**, **4).**

Figure 27: Form 5A, Services Provided - Specialty Services

IMPORTANT NOTE: You will be required to visit the Specialty Services section at least once to update the page status to Complete.

3.3.2 Completing Form 5B - Service Sites

Form 5B - Service Sites identifies the sites in your scope of the project. If your organization is submitting either a new or competing supplement application, you will be able to propose the following types of sites in this form:
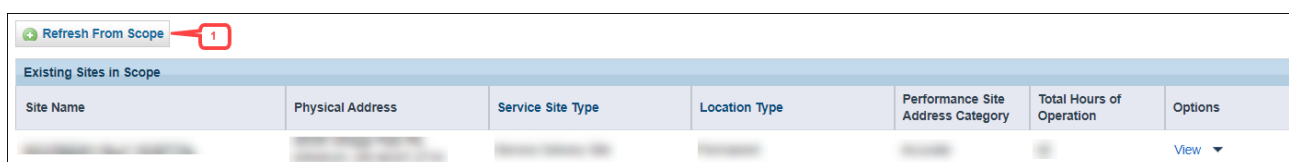
1. Service Delivery Site
2. Administrative/Service Delivery Site
3. Admin-only Site

This form is pre-populated and un-editable for competing continuation applicants since new sites cannot be proposed in competing continuation applications.

3.3.2.1   Completing Form 5B in a Competing Continuation Application

If you are submitting a competing continuation application, Form 5B is pre-populated with the sites in your current Health Center Program scope that HRSA has on file for your organization and is un-editable. You will be required to visit the form at least once to change the status of the form to complete.

Figure 28: Form 5B (Competing Continuation Application)

If the pre-populated data on **Form 5B** does not reflect any recently approved scope changes, click the Refresh from Scope button (**Figure 28, 1**) to refresh the data and display the approved changes.

3.3.2.2   Completing Form 5B in a New or Competing Supplement Application

If you are submitting a new or competing supplement application, you are required to propose at least one Service Delivery or an Administrative/Service Delivery site.

3.3.2.2.1   Proposing a New Site

To propose a new site, follow the steps below:

1. Click the Add New Site button (**Figure 29, 1**) provided above the Proposed Sites section. The system navigates to the Service Site Checklist page.

Figure 29: Form 5B – (New Application)

2. Answer the questions displayed on the **Service Site Checklist** page.

Figure 30: Service Site Checklist Page

IMPORTANT NOTES:

- If the answer to question 1 is 'No' (**Figure 30**, **1**), i.e., if the site being added is not an 'Admin-only' site, select 'Yes' for questions a through d, so that the site is qualified to be added to the application.

- Indicate whether the site being added is a Domestic Violence site by answering 'Yes' or 'No' to question 2 (**Figure 30**, **2**). A Domestic Violence site is a confidential site serving victims of domestic violence, and the site address cannot be published due to the necessity to protect the location of the domestic violence shelter. If the answer to question 1 is 'Yes' (i.e., if the site being added is an 'Admin-only' site), select 'Not Applicable' to question 2.

3. Click the Verify Qualification button (**Figure 30**, **3**). The system navigates to the **List of Pre-Registered Performance Sites at HRSA Level** page. All sites that are registered by your organization within EHB will be listed on this page.

4. Select a site from the list provided on this page and click its **Select Site Location** link (**Figure 31**, **1**).

Figure 31: List of Pre-Registered Performance Sites at the HRSA Level Page

IMPORTANT NOTES:

The Select Site Location link will be disabled (**Figure 32**, **1**) and you will be unable to select the site if it is:

- Already included in the current application.

- Already in your Health Center Program scope (competing supplement applicants).

- A Mobile site and you are trying to propose an 'Admin-only' site.

- A confidential site and you are trying to propose a non-confidential/non-domestic violence site.

- A non-confidential site and you are trying to propose a confidential/ domestic violence site.

Hovering over the disabled Select Site Location link will provide the reason the site is disabled (**Figure 32**, **2**).

Figure 32: Disabled Site Locations

IMPORTANT NOTE: If you wish to update the name of any site listed on this page, click the **Update the Registered Performance Site** link (**Figure 33**, **1**) and update the site name.

Figure 33: Update the Registered Performance Site Link

5. When you click the **Select Site Location** link of a site, the system navigates to the **Form 5B – Edit** page where you must provide all the required information for the site (**Figure 34**).

6. Zip codes are entered in the Service Area Zip Codes field 5 at a time. Once the user clicks the Save Zip Codes button, the 5 zip codes will be saved to the page and the user can add more, repeating this process as many times as necessary to enter all intended zip codes.

Figure 34: Form 5B – Update Site Page

IMPORTANT NOTES:

In the Form 5B Service Area Zip Codes field:

- Refer to the Service Area Announcement Table (SAAT), available at the SAC/SAC-AA technical assistance webpage (https://bphc.hrsa.gov/program-opportunities/sac), to determine the zip codes of at least 75 percent of patients served. Zip codes entered in this field will determine compliance with the relevant eligibility requirement.

- Enter zip codes for at least 75 percent of current patients served (i.e., The sum of zip code patient percentages from the SAAT for zip codes entered on Form 5B must be at least 75 percent).

- If the sum of all zip code patient percentages in the SAAT is less than 75 percent, enter all zip codes for the service area from the SAAT.

- Zip codes are entered in the Service Area Zip Codes field 5 at a time. Once the user clicks the Save Zip Codes button, the 5 zip codes will be saved to the page and the user can add more, repeating this process as many times as necessary to enter all intended zip codes.

7. After providing complete information on **Form 5B – Edit** page, click the Save and Continue button. **Form 5B – Service Sites** list page opens with the newly added site displayed in the **Proposed Site** section (**Figure 35**).

Figure 35: Newly Added Site Displayed Under Proposed Sites Section

IMPORTANT NOTES:

- The 'Physical Site Address' must be a verifiable physical street address.

- If you are requesting funding to target Community Health Center, Public Housing Primary Care, and/or Health Care for the Homeless populations (with or without Migrant Health Center) in the **Budget Summary form** within the standard section of this application, you must propose at least one Service Delivery site or Administrative/Service Delivery that has the Location Type as 'Permanent', and that is operating for at least 40 hours a week.

- If you are requesting funding to serve only Migrant Health Centers in the **Budget Summary form** within the standard section of this application, you must propose at least one Service Delivery site or Administrative/Service Delivery site that has Location Type as 'Permanent' or 'Seasonal,' and that is operating for at least 40 hours a week.

If there are no sites registered to your organization, or if you want to use a new location for the site you are adding in Form 5B, click the Register Performance Site button (**Figure 31**, **2**) and register your site using the Enterprise Site Repository (ESR) system by following the steps below:

1. On the Basic Information – Enter page, provide a site name, and select a site type from the following options: Fixed or Mobile. Click the Next Step button.

2. On the Address – Enter page, enter the physical address of the site, and click the Next Step button.

3. On the Register – Confirm page, the system displays the physical address you entered on the Address – Enter page along with the standardized format of the address. Select the option you want to proceed with and click the Confirm button.

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

3.3.2.3   Select a Site from Scope (Competing Supplement Applicants)

If you are a competing supplement applicant, after adding a new service delivery site or admin/service delivery site not in your current Health Center Program scope on file with HRSA for your organization, you will also be able to pick sites from your current Health Center Program scope. These are described in the following section:

3.3.2.4   To pick a site from your current Health Center Program scope

1. On **Form 5B – Service Sites** list page, click the Pick Site from Scope provided above the **Existing Sites from Scope** section (**Figure 36**, **1**).

Figure 36: Form 5B (Competing Supplement Application)

2. The system navigates to the **Select Site from Scope** page populated with the sites in your Health Center Program scope (**Figure 37**).

Figure 37: Select Site from Scope

3. Click the **Select this Site** link for the site you want to include in the form (**Figure 37**, **1**). **Form 5B – Service Sites** list page opens with the selected site displayed in the Existing Sites from the Scope section (**Figure 38**). After completing Form 5B, click the Save and Continue button to save your work and proceed to the next form.

Figure 38: Form 5B Showing Current Site in Scope

IMPORTANT NOTES:

The Select this Site link will be disabled (**Figure 39**, **1**), and you will not be able to select sites if it:

- It is already included in the current application.

- Has a 'Pending Verification' status in scope.

In these cases, hovering over the disabled Select Site Location link (**Figure 39**, **2**) will provide the reason the site is disabled.

Figure 39: Disabled Sites in Scope

3.3.3   Completing Form 5C - Other Activities/Locations

Form 5C – Other Activities/Locations identifies other activities or locations associated with your organization.

3.3.3.1   Completing Form 5C in a Competing Continuation Application

If your organization is submitting a competing continuation application, Form 5C is pre-populated with the activities/location's information in the current Health Center Program scope that HRSA has on file for your organization and is not editable. You will be required to visit this form at least once to change the status of the form to Complete.

Figure 40: Form 5C (Competing Continuation Applications)

If the pre-populated data on **Form 5C** does not reflect any recently approved scope changes, click the Refresh from Scope button to refresh the data and display the approved changes (**Figure 40**, **1**). After completing **Form 5C**, click the Save and Continue button to save your work and proceed to the next form.

3.3.3.2   Completing Form 5C in a New or a Competing Supplement Application

If your organization is submitting either a new or a competing supplement application, you may propose activities and locations in this form.

IMPORTANT NOTE: This is an optional form. If you do not want to propose any activities or locations in your application, you can click the Save and Continue button provided at the bottom of the form to complete it (**Figure 41**, **2**)

To add new activities or locations, follow these steps:

1. Click the Add New Activity/Location button provided at the top of the form (**Figure 41**, **1**).

Figure 41: Form 5C (New or Competing Supplement Applications)

2. The system navigates to the **Activity/Location** – **Add** page (**Figure 42**).

Figure 42: Activity/Location – Add page

3. Provide information in all fields on this page and click the Save and Continue button. The system navigates to the **Form 5C** list page, displaying the newly added activity on the form (**Figure 43**).

Figure 43: Activity/Location Information Added

4. Once the activity is added, it can be updated or deleted, as needed.

3.4 Completing Other Forms Section

3.4.1 Completing Form 6A – Current Board Member Characteristics

Form 6A - Current Board Member Characteristics provides information about your organization's current board members.

IMPORTANT NOTES:

- This form is optional if you selected 'Tribal Indian' or 'Urban Indian' as the **Business Entity** in **Form 1A: General Information Worksheet**. Click the Save and Continue button at the bottom of the page to proceed to the next form.

- If you chose a **Business Entity** other than 'Tribal Indian' or 'Urban Indian,' you must enter all required information on **Form 6A.**

- The minimum number of board members to be entered on **Form 6A** is **9** and the maximum number is **25**.

- If **Form 6A** is optional for you, but you choose to enter information, then you must enter all required information.

New applicants are required to list all current board members and provide the relevant details. For competing continuation or competing supplement applicants, the system will pre-populate the board member information from the last awarded Health Center Program application with Form 6A information. Applicants will have the option to update or delete pre-populated information and add new board members, as applicable.

Figure 44: Form 6A – Current Board Member Characteristics

1. To add information for a new board member, click the Add Board Member button. (**Figure 44**, **1**). The system navigates to the **Current Board Member - Add** page (**Figure 45**).

2. Provide the required board member information on this page. Click the Save and Continue button to save the information and navigate back to the **Form 6A** list page (**Figure 45, 1**), or the Save and Add New button to save the information and add another new board member record (**Figure 45, 2**).

Figure 45: Current Board Member – Add Page

3. Enter the gender, ethnicity, and race of board members who are patients of the health center in the **Patient Board Member(s) Classification** sections (**Figure 44**, **2**).

> **IMPORTANT NOTES:**
>
> - The totals of each **Patient Board Member Characteristics** section should be equal.
>
> - The total number of patient board members under each characteristic should be less than or equal to the total number of patient board members (Yes under the Health Center Patient column) listed in the **List of All Board Members** section.
>
> - Do not include board members that are not patients of the health center in this section.

4. If you selected Public (non-Tribal or Urban Indian) as the business entity in **Form 1A** of this application, then select 'Yes' or 'No' for the public organization/center-related question. If you selected a different business entity in **Form 1A**, then select 'N/A' for this question. If you answer 'Yes' to this question, ensure that the Co-applicant Agreement is included as **Attachment 6** in the Appendices form of this application.

5. After providing complete information on **Form 6A**, click the Save and Continue button to save the information and proceed to the next form.

3.4.2   Completing Form 6B – Request for Waiver of Board Member Requirements

Form 6B - Request for Waiver of Board Member Requirements provides information about waiver requests. Note that HRSA will not grant a waiver request if your organization currently receives or is applying for Community Health Center (CHC) funding.

3.4.2.1   Completing Form 6B When It is Not Applicable

Form 6B is not applicable and you will only see the message depicted (**Figure 46**) if any of these reasons are true:

- You selected 'Tribal' or 'Urban Indian' as the Business Entity in **Form 1A**.

- You are currently receiving Community Health Centers (CHC) funding, or you selected CHC as one of the subprograms in the **Budget Information: Section A - Budget Summary** form of this application.

You can proceed to the next form by clicking the Continue button at the bottom of the form to change the status to complete.

Figure 46: Form 6B – Not Applicable

3.4.2.2   Completing Form 6B When It Is Applicable

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

> **IMPORTANT NOTES:**
>
> Form 6B is only required if you have "selected" the following:
>
> You selected 'Private, non-profit (non-Tribal or Urban Indian)' or 'Public (non-Tribal or Urban Indian)' as the Business Entity in Form 1A OR You are currently receiving Health Care for the Homeless, Migrant Health Centers, Public Housing funding, or you selected HCH, MHC, or PH as one of the subprograms in the Budget Information: Section A - Budget Summary form of this application.

1. Indicate whether you are requesting a new waiver of the 51% patient majority governance requirement under the **New Waiver Request** section (**Figure 47**, **1**) or if you currently have a waiver in the **For Applicants With Previous Waiver** section (**Figure 47**, **2**).

Figure 47: Form 6B – Applicable

2. Answer the remaining questions on the form, as applicable.

IMPORTANT NOTES:

- Question 1 and Question 2a both cannot be marked 'Yes'.

- Select 'Yes' or 'No' for question 2a if you answered 'No' to question 1.

- Select 'Yes' or 'No' for question 2b if you answered 'Yes' to question 2a. Select 'N/A' for this question if you answered 'No' to question 2a.

- Questions 3a, 3b, and 4 are required if you answered 'Yes' to question 1 and/or question 2b.

3. After completing **Form 6B**, click the Save and Continue button to save your work and proceed to the next form.

3.4.3   Completing Form 8 – Health Center Agreements

Form 8 - Health Center Agreements indicates any agreements with 1) a parent, affiliate, or subsidiary organization; and/or 2) any current or proposed contracts with another organization to perform substantive programmatic work or sub-awards to carry out a portion of the proposed scope of the project, including a proposed site to be operated by a sub-recipient and/or contractor, as identified in Form 5B: Service Sites. This form comprises the following sections:

- Part I (**Figure 48**)
- Part II (**Figure 49**)

3.4.3.1   Completing Part I of Form 8

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

1. In Part, I, question 1 (**Figure 48**, **1**), Select '**Yes** 'if your organization has a parent, affiliate, or subsidiary organization. If selected Yes, please indicate Number of Parent Organizations, and/or Number of Affiliate Organizations, and/or Number of Subsidiary Organizations.

Figure 48: Form 8, Part I

2. Select '**Yes**' in question 2 (**Figure 48**, **2**), if you will utilize any current or planned contracts with another organization to perform substantive programmatic work or a sub-award to carry out a portion of your organization's approved scope of the project. If you select 'Yes,' complete 2a – 2c.

IMPORTANT NOTES: If any of the sites in **Form 5B: Service Sites** are being operated by a Subrecipient and/or Contractor, the system will auto-select 'Yes' for question 2 and make it non-editable.

3.4.3.2   Completing Part II of Form 8 – Adding Organization Agreement Details

If you answer 'Yes' to questions 1 and/or 2 in Part II, provide each agreement with external organizations as noted in Part I. If you select 'No' in questions 1 and 2, Part II is Not Applicable. The agreements will be organized by each organization. To add agreements, follow these steps:

1. Click the **Add Organization Agreement** button located above Part II (**Figure 49**, **1**).

Figure 49: Form 8, Part II

2. The system navigates to the **Organization Agreement - Add** page (**Figure 50**).

Figure 50: Organization Agreement – Add Page

3. Provide the required information for the agreement in the Organization Agreement Detail section on this page (**Figure 50**, **1**).

4. Upload at least one document related to the agreement in the Attachments section at the bottom of this page by clicking the **Attach File** button (**Figure 50**, **2**).

IMPORTANT NOTES:

- Before uploading a document for this agreement, rename the file to include the applicable organization's name e.g., '**CincinnatiHospital_MOA.docx.**'

- Part II will accept a maximum of five document uploads for 10 organizations. Additional documentation that exceeds this limit should be included in Attachment 13: Other Relevant Documents.

- Attachments to Form 8 will not count toward the 160-page limit for the application.

- A warning will be displayed if the number of attachments attached in Part II does not match with the number of Parent, Affiliate or Subsidiary organizations. However, this won't stop you from completing the form.

5. Click the Save and Continue button to return to the **Form 8: Health Center Agreements** list page**.** Following the steps described above, add organizations and corresponding agreements referenced in Part 1 up to the noted maximum.

6. After completing **Form 8**, click the Save and Continue button to save your work and proceed to the next form.

3.4.4   Completing Form 12 - Organization Contacts

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

New applicants must provide the requested contact information.

For competing continuation or competing supplement applications, the system will pre-populate the contact information of the organization contacts from the latest awarded Health Center Program grant funding application with **Form 12** information. Enter contact information for the Chief Executive Officer, Contact Person, Chief Medical Officer, Dental Director (if applicable), and Behavioral Health Director (if applicable) on this form (**Figure 51**)

Figure 51: Form 12 – Organization Contacts

1. Click the **Add/Update** link to add or update the information for each type of contact. For example, click **Add Chief Executive Officer** link to add a Chief Executive Officer. The system directs you to the data entry page for the corresponding contact (**Figure 52**).

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

   IMPORTANT NOTES:

> - The **Update** and the **Delete** link will be displayed only when you have added the contact information.
> - The 'Prefix' (e.g., Dr., Ms.) is a required field for the Chief Executive Officer

3. Enter the required information on this page.

Figure 52: Chief Executive Officer – Add Page

4. Click **Save** to save the information and remain on the same page or click the Save and Continue button to save the information and proceed to the **Form 12 – Organizations Contact** page to add information for the next contact.

5. After providing complete information on **Form 12**, click the Save and Continue button to save the information and proceed to the **Summary Page**.

3.5   Completing Other Information

The **Summary Page** form provides certifications regarding information entered in the application. To complete the Summary Page, the following four sections must be completed:

- Service Area (**Figure 53**, **1**)

- Patient Projection (**Figure 53**, **2**)

- Federal Request for Health Center Program Funding (**Figure 53**, **5**)

- Scope of Project: Sites and Services (**Figure 53**, **6**, **7**, and **8**)

- Scope of Project Certification (**Figure 53**, **9**)

- 120-day Compliance Achievement (**Figure 53**, **10**)

- Uniform Data System (UDS) Report Certification (**Figure 53**, **11**)

- Applicants for HCH and PHPC Funding: Supplement and Not Supplant Certification (**Figure 53**, **12**)

Figure 53: Summary Page

Summary Page

▶ Resources ↗

Fields with ★ are required

Service Area

1. What is the Service Area Announcement Table (SAAT) identifying information for the service area that you are proposing to serve?

Service Area ID #: _____

Service Area City: _____

State: [▾]

Patient Projection

2. What is the total unduplicated patient projection for calendar year 2025?
Note: If changes are required, revisit Form 1A ↗.

-

3. What is the Patient Target from the Service Area Announcement Table (SAAT) for the proposed service area?

0

4. Percent of the service area Patient Target proposed to be served in calendar year 2025.
Note: This value must be at least 75 percent for the application to be considered eligible for funding.

NaN%

5. ☐ By checking this box, I acknowledge that in addition to the total unduplicated patient projection made on Form 1A ↗ (see item 2 above), HRSA will track progress made toward the additional patient projections for any other funding awarded within my period of performance that can be monitored by December 31, 2025 (i.e., patient commitments from awarded applications, if any).

Federal Request for Health Center Program Funding

6. I am requesting the following types of Health Center funding:

ℹ️ **Note:**
Compare these values with those on the Service Area Announcement Table (SAAT) to ensure that you are proposing to serve all currently targeted populations and maintain the funding distribution. If changes are required, revisit the SF-424A, Section A ↗.

Funding Type	Fund Requested
Community Health Centers – CHC-330(e)	$0.00
Health Care for the Homeless – HCH-330(h)	$0.00
Migrant Health Centers – MHC-330(g)	$0.00
Public Housing Primary Care – PHPC-330(i)	$0.00
Total	$0.00

Note: Ensure this value does not exceed the Total Funding listed in the Service Area Announcement Table (SAAT) for the service area. If a funding reduction is required based on the patient projection (value between 75 and 94.9 percent in item 4 above), this figure should be lower than the value in the SAAT. See the Summary of Funding section of the NOFO for details.

Scope of Project: Sites and Services

7. I am proposing the following site(s): (New applicants and competing supplement applicants only)

Note: If changes are required, revisit Form 5B ↗.

Site Name	Site(s)	Site Physical Street Address	Service Site Type	Location Type	Service Area Zip Codes
No Site Added.					

★ 8. Sites Certification (New and competing supplement applicants only)

☐ By checking this box, I certify that all sites described in my application are included on Form 5B ↗ (as summarized above) and that all sites included on Form 5B ↗ (as summarized above) will be open and operational within 120 days of release of the Notice of Award (NoA).

9. Scope of Project Certification - Services (Competing continuation applicants only) - select only one option below

This section is not applicable to you, since you are submitting a new or competing supplement application.

10. Scope of Project Certification - Sites (Competing continuation applicants only) - select only one option below

This section is not applicable to you, since you are submitting a new or competing supplement application.

★ 11. 120 Day Compliance Achievement Plan Certification

☐ By checking this box, I certify that if my organization is noncompliant with any Health Center Program requirements, in accordance with Section 330(e)(1)(B), I will submit for HRSA's approval within 120 days of release of the Notice of Award (NoA) a Compliance Achievement Plan to come into compliance. I acknowledge that areas of noncompliance will be documented through the carryover of any unresolved, existing condition(s) from the current period of performance and/or the placement of new condition(s) on the award based on the review of this application. I also acknowledge that all conditions on my award must be addressed within the timeframes and by the due dates specified on my Health Center Program NoA(s) and that the Compliance Achievement Plan I submit must align with such timelines.

★ 12. Uniform Data System (UDS) Report Certification

☐ By checking this box, I certify that I have reviewed the UDS Resources ↗, including the most recent UDS Manual and understand that my organization will be required to report data on patients, services, staffing, and financing annually. I also acknowledge that failure to submit a complete report by the specified deadline may result in conditions or restrictions being placed on the Health Center Program award.

★ 13. Applicants for HCH and PHPC Funding: Supplement and Not Supplant Certification (New and competing supplement applicants only)

☑ Not Applicable. My organization is submitting a competing continuation application, or submitting a new or competing supplement application, but the organization is NOT requesting HCH and/or PHPC funding on the SF-424A.

☐ By checking this box, I certify that my organization will utilize HCH and/or PHPC grant funding to supplement and not supplant, the expenditures of the health center and the value of in-kind contributions for the delivery of services to these populations.

Describe, with specific examples, how you will utilize the requested federal funds to add new or expand existing services to individuals experiencing homelessness and/or residents of public housing within your service area, as well as how this is an increase or expansion of the services your organization was providing previously for these populations. (maximum 1,000 characters)
Approximately 1/2 page ℹ️ (Max 1000 Characters without spaces): **1000** Characters left.

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

3.5.1 Completing the Summary Page

1. Enter the 'Service Area Id #', 'City', and 'State' of the service area that you are proposing to serve, as indicated in the SAAT, available at the SAC/SAC-AA technical assistance webpage (https://bphc.hrsa.gov/program-opportunities/sac), (**Figure 53, 1**) to complete the Service Area section.

2. The total number of unduplicated patients projected to be served in calendar year 2025, in the Patient Projection section, will be pre-populated from the Unduplicated Patients and Visits by Population Type section of **Form 1A**.

3. Enter the Patient Target for the proposed service area, as indicated in the SAAT, available at the SAC/SAC-AA technical assistance webpage (https://bphc.hrsa.gov/program-opportunities/sac) (**Figure 53, 2**). The percentage of patients to be served by December 31, 2025, will auto-calculate (**Figure 53, 3**). **This value must be at least 75 percent.**

4. Certify that in addition to the total unduplicated patient projection made on **Form 1A**, patient projections from other funding awarded within the period of performance that can be monitored by December 31, 2025, will also be tracked. (**Figure 53, 4**). If you need to change the unduplicated patient projection, revisit Form 1A.

5. The information in the Federal Request for Health Center Program Funding section is pre-populated from Section A: Budget Summary of the Budget Information: Section A-C page of this application, and is displayed in a read-only format (**Figure 53, 5**). Compare the total Funding Request and request per population type in this section with the Total Funding and funding per population type in the SAAT, available at the SAC/SAC-AA technical assistance webpage (https://bphc.hrsa.gov/program-opportunities/sac), to ensure your eligibility. If you need to update the values displayed in this section, revisit the Standard Section of this application, and edit Section A - Budget Summary.

6. If you are submitting a new or a competing supplement application, items 7 and 8 (**Figure 53, 6,** and **7**) of the Summary Page form apply to you:

    a. Item 7 displays a table of all sites(s) included in Form 5B (**Figure 53, 6**). For additional changes, revisit Form 5B.

    b. Certify in Item 8 that all sites described in your application (and displayed in item 7) are included on Form 5B and will all be open and operational within 120 days of receipt of the Notice of Award (**Figure 53, 7**).

> **IMPORTANT NOTE:** Items 7 and 8 do not apply to you if you are submitting a competing continuation application.

7. If you are submitting a competing continuation application, items 9 and 10 of the Summary Page form apply to you:

    a. Certify in item 9, 'Scope of Project Certification – Services' that Form 5A: Services Provided of this application accurately reflects all services and service delivery methods included in your current approved scope of the project or that required changes have been submitted through the change in scope process (**Figure 53, 8**).

    b. Certify in item 10, 'Scope of Project Certification – Sites' that Form 5B: Service Sites of this application accurately reflects all sites included in your current approved scope of the project, or that required changes have been submitted through the change in scope process (**Figure 53, 9**).

8. Certify in Item 11 that if your organization is non-compliant with any Health Center Program requirements, following Section 330(e)(1)(B), you will submit for HRSA's approval within 120 days of the release of the Notice of Award (NoA) a Compliance Achievement Plan to come into compliance. You also acknowledge that you will document the areas of non-compliance through the carryover of any unresolved, existing condition(s) from the current period of performance and/or the placement of new condition(s) on the award based on the review of this application. You also acknowledge that you will address all conditions on your award within the specified timeframes and due dates on your Health Center Program NoA(s) and that the Compliance Achievement Plan that you submit must align with such timelines. (**Figure 53**, **10**)

9. Certify in item 12 that you have reviewed the UDS Resources, including the most recent UDS Manual, and understand that your organization will be required to report data on patients, services, staffing, and financing annually. You also acknowledge that failure to submit a complete report by the specified deadline may result in placing conditions or restrictions on the Health Center Program award. (**Figure 53**, **11**)

10. If you are a new or competing supplement applicant requesting HCH or PHPC funding, certify in item 13 that your organization will utilize HCH and/or PHPC grant funding to supplement and not supplant, the expenditures of the health center and the value of in-kind contributions for the delivery of services to these populations.(**Figure 53**, **12**)

> **IMPORTANT NOTES:**
>
> - Items 9 and 10 do not apply to you if you are submitting a new or competing supplement application (**Figure 53**, **8,** and **9**).
>
> - If you revisit Form 1A, Form 5A, or Form 5B and click the Refresh from Scope button AFTER the **Summary Page** form is already 'Complete,' the system will change the status of the **Summary Page** form to 'Not Complete' and you will be required to revisit the **Summary Page** to mark it as 'Complete' again.

4. Reviewing and Submitting the FY 2024 SAC/SAC-AA Application to HRSA

To review your application, follow the steps below:

1. Navigate to the standard section of the application using the **Grant Application** link in the navigation links displayed at the top of the **Summary Page** form.

2. On the **Application** - **Status Overview** page, click the **Review** link in the Review and Submit section of the left menu (**Figure 54**, **1**). The system navigates to the Review page.

Figure 54: Review Link

3. Verify the information displayed on the **Review** page.
4. If you are ready to apply to HRSA, click the Proceed to Submit button at the bottom of the **Review** page (**Figure 55**, **1**). The system navigates to the Submit page.

Figure 55: Review Page – Proceed to Submit

5. Click the **Submit to HRSA** button at the bottom of the **Submit** page. The system navigates to a confirmation page.

> **IMPORTANT NOTES:**
>
> - To submit the application, you must have the 'Submit' privilege. The Project Director (PD) must give this privilege to the Authorizing Official (AO).

- If you are not the AO, you will see a Submit to the AO button at the bottom of the Submit page. Click the button to notify the AO to submit the application to HRSA (**Figure 56, 1**).

Figure 56: Submit to AO

6. Answer the questions displayed under the Certifications and Acceptance section of the **Confirmation** page and click the Submit to HRSA button(**Figure 57**, **1**) to submit the application to HRSA.

Figure 57: Submit to HRSA

7. If you experience any problems with submitting the application in EHB, contact Health Center Program Support at 1-877-464-4772 or https://hrsa.force.com/support/s/