HRSA Electronic Handbooks (EHB)

FY 2019 New Access Points (NAP)

HRSA-19-080

User Guide for Applicants

Last updated on January 04, 2019

HRSA
Health Resources & Services Administration

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This user guide describes the steps you need to follow to submit a Fiscal Year (FY) 2019 New Access Points (NAP) application to the Health Resources and Services Administration (HRSA). This user guide does not replace the Notice of Funding Opportunity, which details the NAP program requirements and the instructions for application development. See the NAP technical assistance webpage at http://bphc.hrsa.gov/programopportunities/fundingopportunities/NAP for additional resources.

1. Starting the FY 2019 NAP Application

Complete and submit the FY 2019 NAP application by following a two-step process:

1. Locate the funding opportunity in Grants.gov, download the application package, and submit the required application forms in Grants.gov. To find the application package, search by the announcement number HRSA-19-080 in Grants.gov.
2. You must then validate, complete, and submit this application in the HRSA Electronic Handbooks (EHB). To validate the Grants.gov application, log into EHB and click on the **Grant Applications** link under the Tasks tab (**Figure 1**, **1**) and then click on the **Grants.Gov Application Pending Validation: Validate** link (**Figure 1**, **2**). You will need your Grants.gov and EHB tracking numbers (emailed after successful Grants.gov submission) (**Figure 2**).

IMPORTANT NOTE: If you do not have a username, you must register in EHB. Do not create duplicate accounts. If you experience log in issues or forget your password, contact Health Center Program Support at https://bphccommunications.secure.force.com/ContactBPHC/BPHC_Contact_Form or (877) 464-4772.

Figure 1: Grant Applications Link

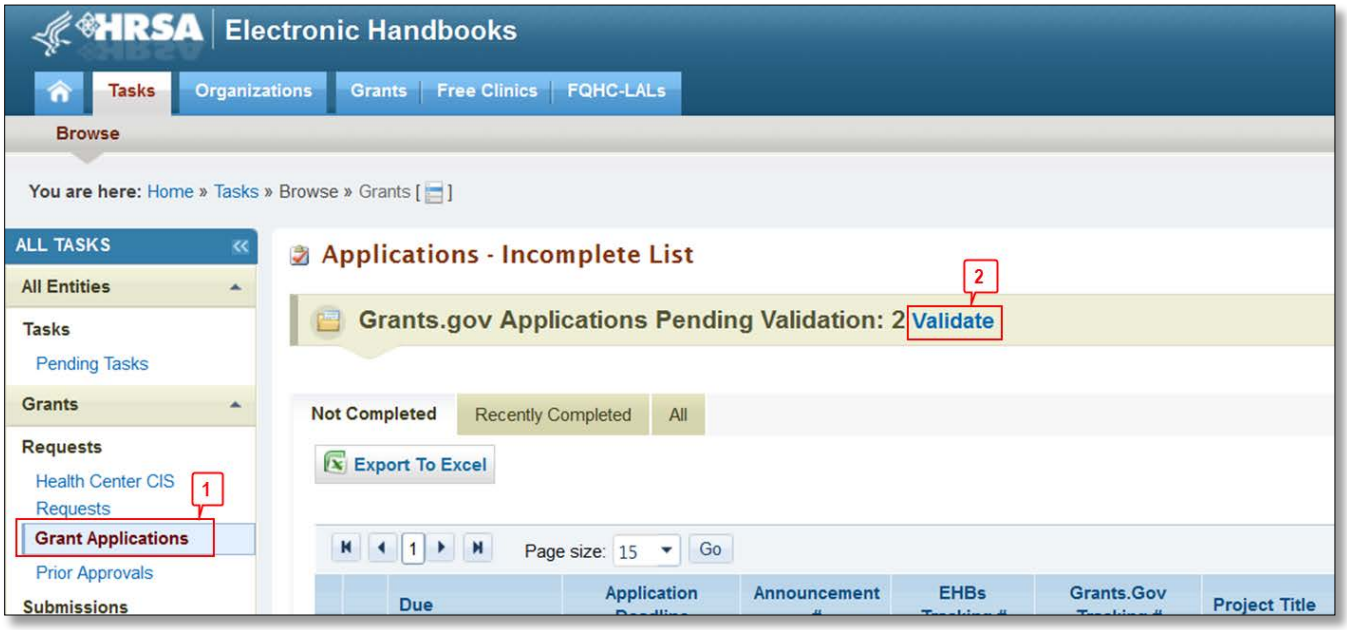


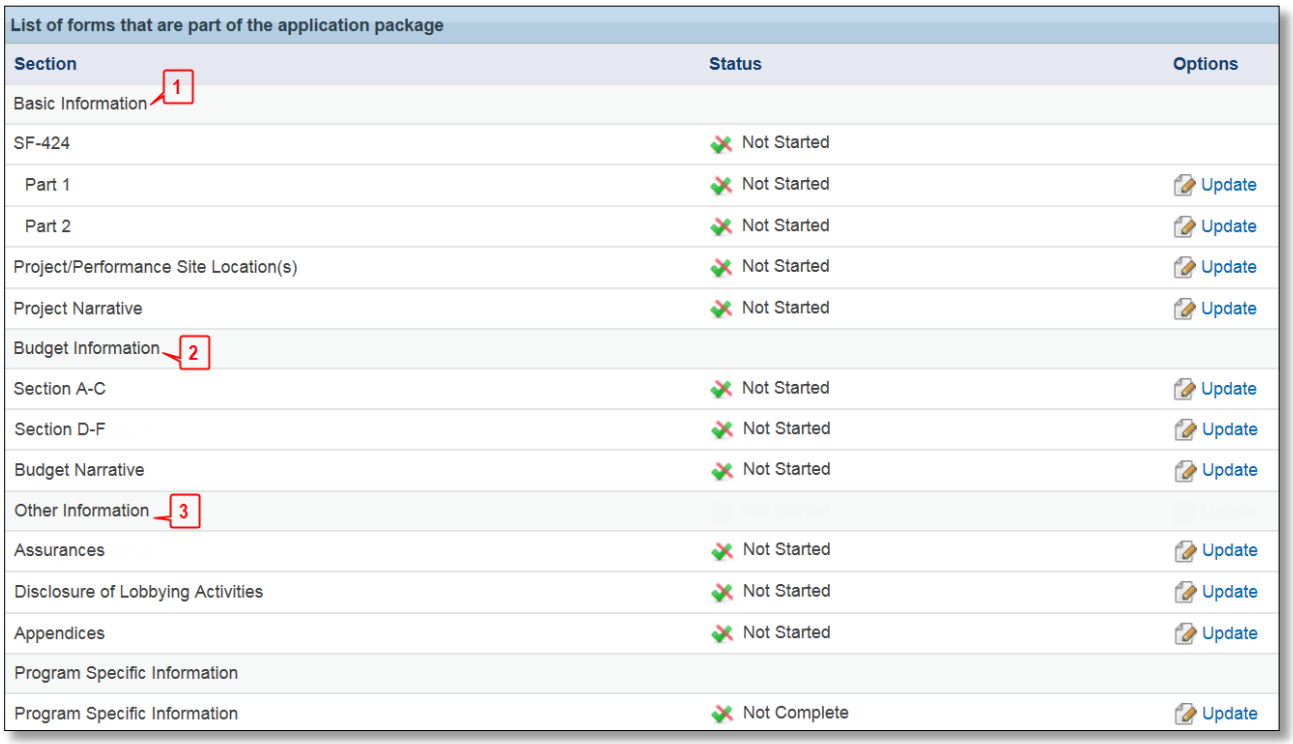
Figure 2: Validating your Grant.gov Application

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

Once the application is validated in EHB, you can access it in your pending tasks. To access the application in EHB, follow the steps below:

1. After logging into EHB, click the Tasks tab on the EHB **Home** page to navigate to the **Pending Tasks – List** page.
2. Locate the NAP application using the EHB application tracking number and click the **Start** link to begin working on the application in EHB.
    - The system opens the **Application - Status Overview** page of the application (**Figure 3**).

Figure 3: Application - Status Overview Page



List of forms that are part of the application package

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

The application consists of a standard section and a program specific section. You must complete the forms displayed in both sections to submit your application to HRSA. Click Update to access each section.

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

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

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

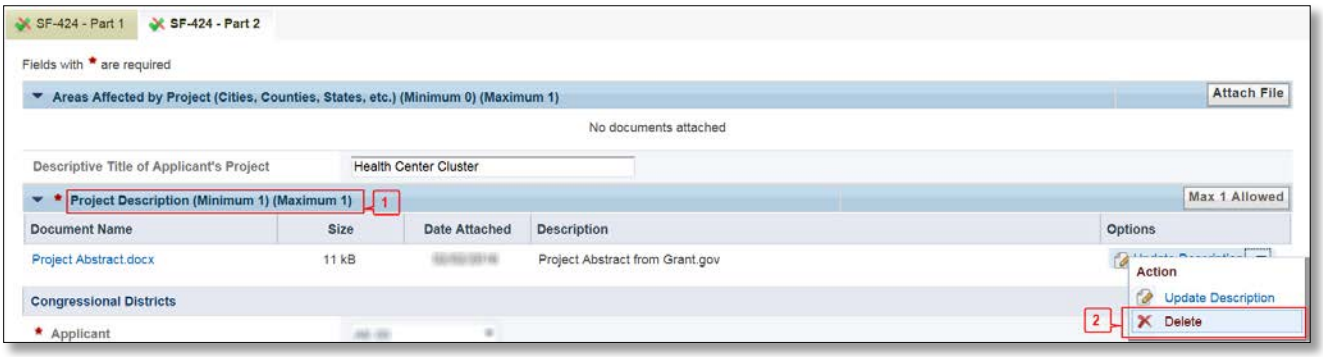
2.1 Completing the Basic Information Section

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 a star * are required for completion. This section consists of the following forms:

- The **SF-424 Part 1** form displays basic information about the application and the applicant organization.
- The **SF-424 Part 2** form displays information about the proposed project, including: the project title, project period, cities, counties, and Congressional districts affected by the project.
  - The Project Abstract has been imported from Grants.gov and placed under the Project Description section (**Figure 4**, **1**). You may update the abstract as necessary, by clicking the

arrow next to the **Update Description** link and selecting Delete to remove the Grants.gov version (**Figure 4**, **2**). Then upload an updated abstract by clicking Attach File.

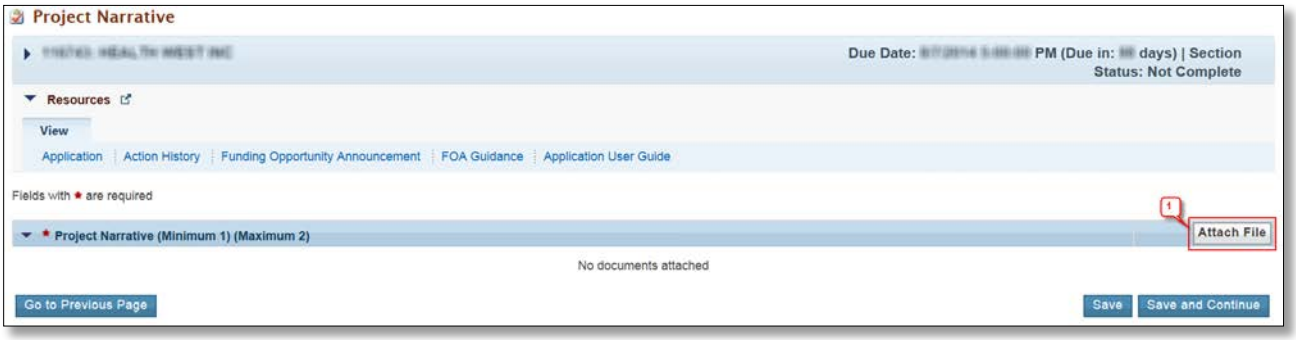
Figure 4: Project Description on SF-424 Part 2



- In the Congressional Districts field, select the congressional district where the applicant organization is located. Also select the congressional district where the new access point is located. If you need to include additional congressional districts, you may upload an attachment with the relevant information by clicking the Attach File button on the 'Additional Program/Project Congressional Districts' line.
- For the Proposed Project Period, enter 9/01/2019 to 8/31/2021.
- The Estimated Funding section will update automatically when edits are made to the Budget Information section.
- Refer to the HRSA SF-424 Two Tier Application Guide (http://www.hrsa.gov/grants/apply/applicationguide/sf424programspecificappguide.pdf) for details related to the Executive Order 12372 process.

- The **Project/Performance Site Location(s)** form, provided in Grants.gov, displays the site locations where you propose to provide services through the proposed NAP project. You may update the information provided from Grants.gov.
- In the **Project Narrative** form, attach the Project Narrative by clicking the Attach File button (**Figure 5**, **1**). See the FY 2019 NAP Notice of Funding Opportunity for detailed requirements for the Project Narrative.

Figure 5: Project Narrative



2.2 Completing the SF-424A Budget Information

For this section, you must complete the **Budget Information** Section A-C and D-F forms and provide a **Budget Justification Narrative**.

2.2.1 Budget Information – Section A-C

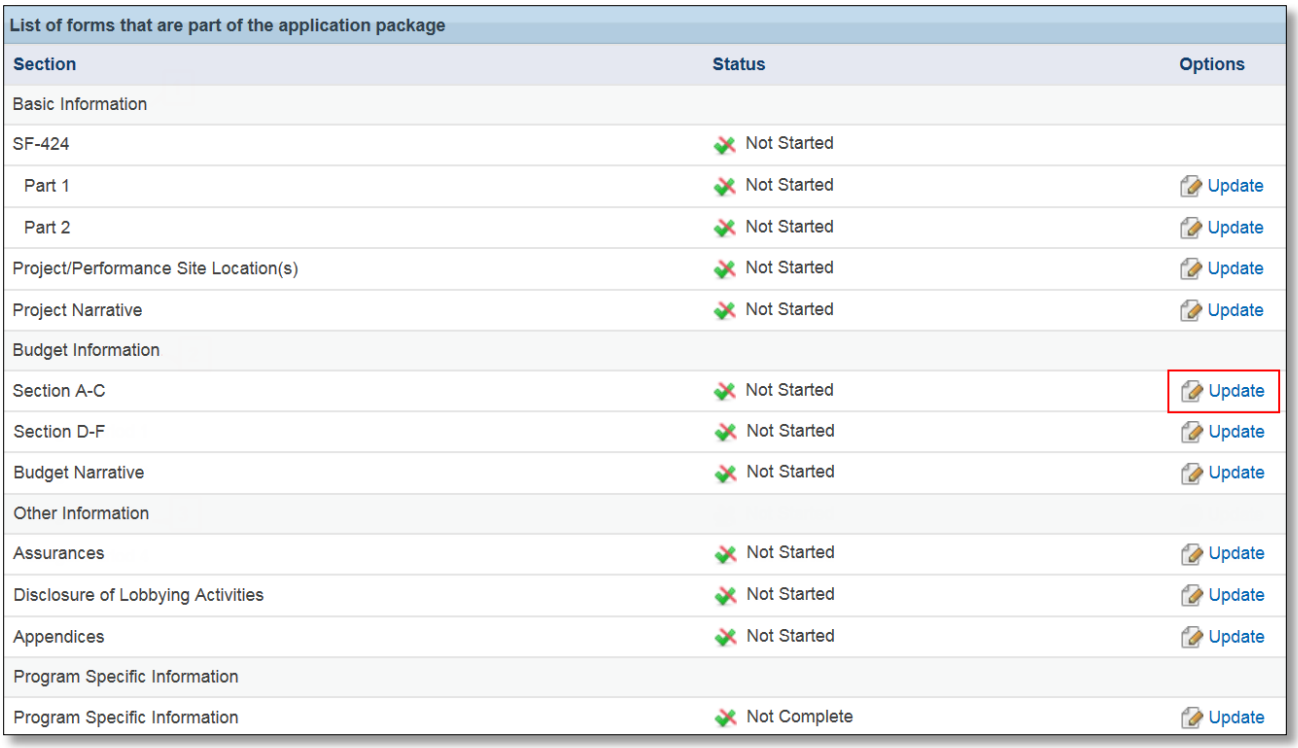
The **Budget Information – Section A-C** form consists of the following three sections:

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

To complete this form, follow the steps below:

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

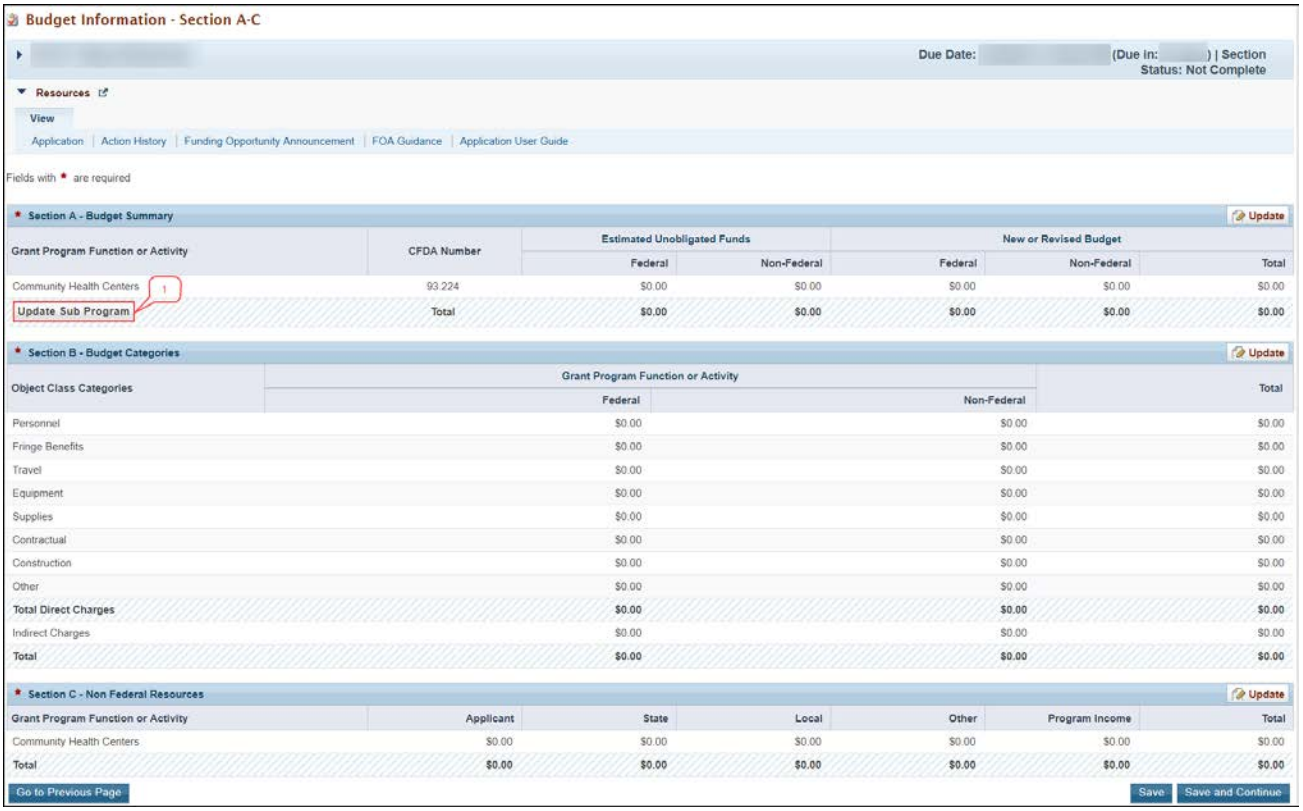
Figure 6: Budget Information Section A-C Update Link



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

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

Figure 7: Budget Information – Section A-C Page



2. Under **Section A – Budget Summary**, click the Update Sub Program button (**Figure 7**, **1**).
   - The **Sub Programs** – **Update** page opens (**Figure 8**).
   - Select or unselect the sub programs. Only select the programs for which you are requesting funding.
   - Click the Save and Continue button.
   - The **Budget Information – Section A-C** page re-opens showing the selected sub program(s) under the Section A – Budget Summary (**Figure 9**, **1**).

Figure 8: Sub Programs – Update Page

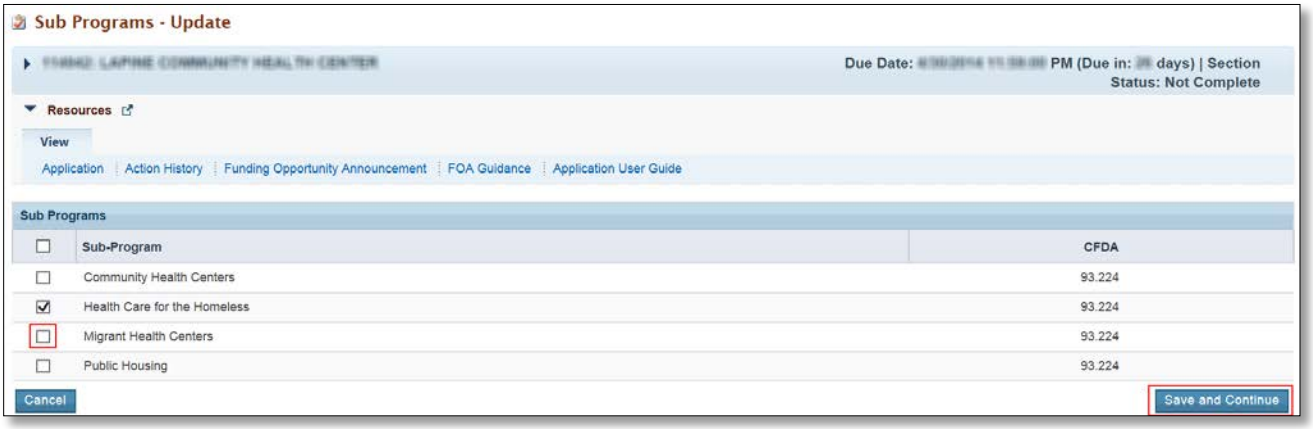
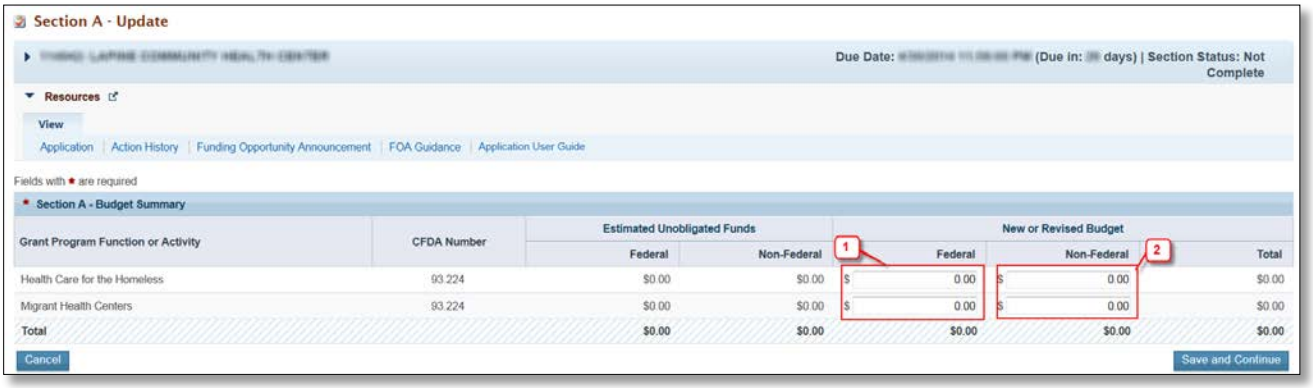


Figure 9: Section A – Budget Summary Showing Addition of Sub Program

3. To enter or update the budget information for each sub program, click the Update button displayed in the top right corner of the Section A – Budget Summary header (**Figure 9**, **2**).
   - The **Section A – Update** page opens.

Figure 10: Section A – Update Page



4. Under the **New or Revised Budget** section, in the Federal column, enter the amount of federal funds requested for the first 12-month period of the NAP project for each requested sub program (CHC, MHC, HCH, and/or PHPC) (**Figure 10**, **1**). In the Non-Federal column, enter the non-federal funds in the budget for the first 12-month period for each requested sub program (**Figure 10**, **2**). Do not enter amounts in the Estimated Unobligated Funds columns.

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

5. 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 11**).

Figure 11: Section A – Budget Summary Page after Update

Section A - Budget Summary — Update

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

6. In Section B – Budget Categories, provide the federal and non-federal funding distribution across object class categories for the first 12-month period. Click the Update button provided at the top right corner of the Section B header (**Figure 12**).

Figure 12: Section B – Budget Categories

Section B - Budget Categories — Update

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

   - The system navigates to the **Section B – Update** page (**Figure 13**).

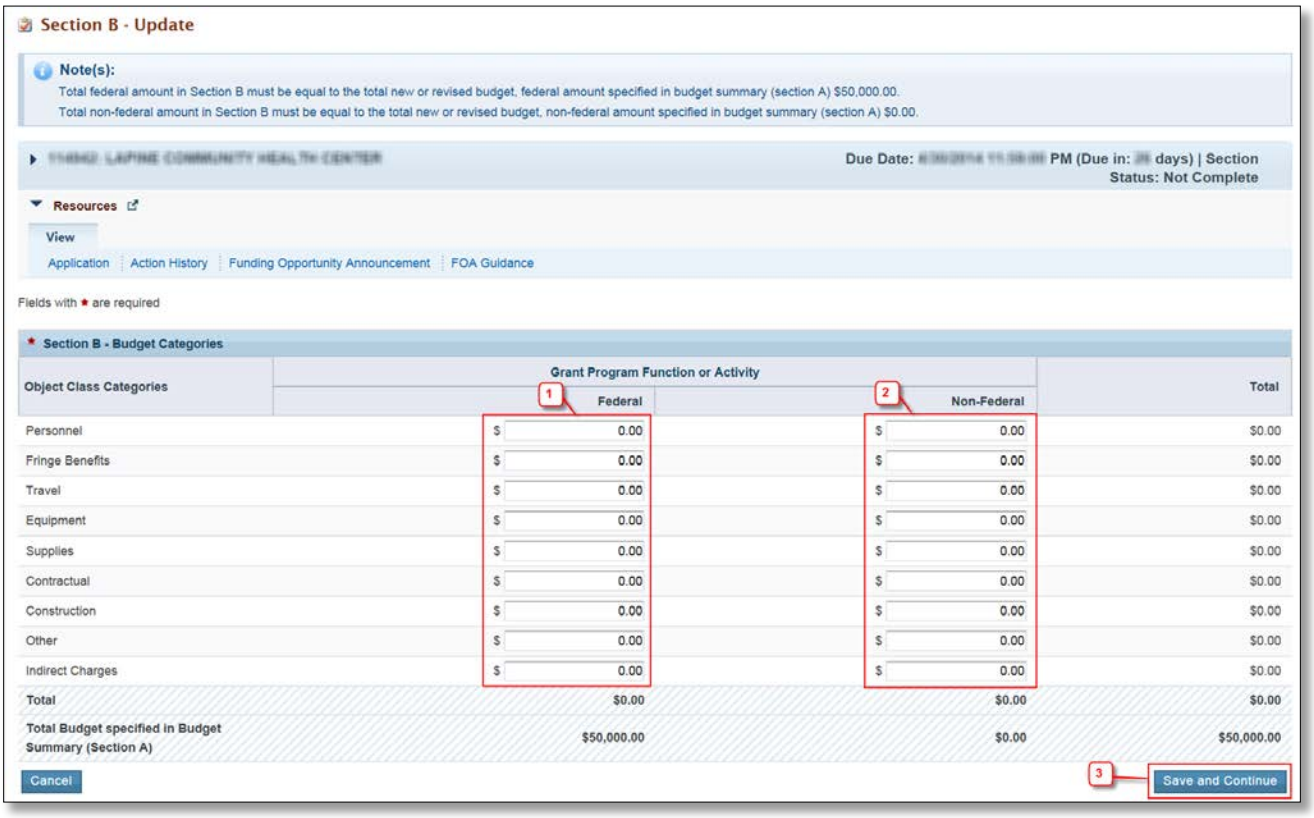
7. Enter the federal dollar amount for each applicable object class category under the Federal column (**Figure 13**, **1**).

   In Year 1 only, up to $150,000 may be requested for equipment (enter on the Equipment row) and/or minor alteration/renovation (enter on the Construction row). The one-time funding information entered in Form 1B: BPHC Funding Request Summary must be consistent with the request here in Section B of the SF-424A Budget Information form.

8. Similarly, enter the non-federal dollar amount for each applicable object class category under the Non-Federal column (**Figure 13**, **2**). Applicants must present the total budget for the NAP project,

which includes all non-grant funds (i.e., Non-Federal funding), including both program income and all other non-grant funding sources that support the NAP scope of project.

Figure 13: Section B – Update Page



IMPORTANT NOTES:

- The total federal amount in Section B – Budget Categories must be equal to the total new or revised federal budget amount specified in Section A – Budget Summary (no greater than $650,000).
- The total non-federal amount in Section B – Budget Categories must be equal to the total new or revised non-federal budget amount specified in Section A – Budget Summary.
- Adding/updating values in the Equipment and/or Construction categories will lead to specific selection options for the One Time Funding Request on Form 1B.

9. Click the Save and Continue button (**Figure 13**, **3**) to navigate to the **Budget Information – Section A-C** page (**Figure 7**).
10. In Section C – Non-Federal Resources, click the Update button in the top right corner of Section C header to distribute the non-federal budget amount specified in Section A – Budget Summary across the applicable non-federal resources (**Figure 14**, **1**). Include other non-NAP federal funds in the "other" category, if applicable. Program Income should be consistent with the Total Program Income (patient service revenue) presented in Form 3: Income Analysis.

Figure 14: Section C - Non-Federal Resources

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

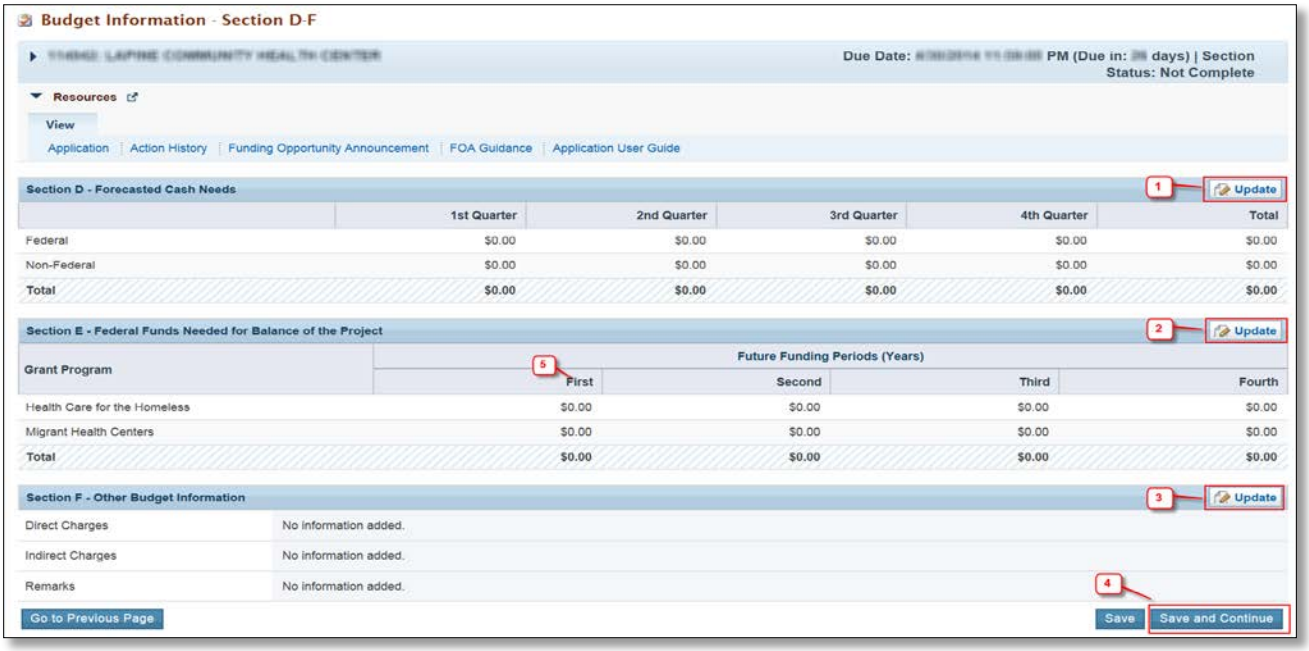
11. Click the Save and Continue button to proceed to the next form (**Figure 14**, **2**).

2.2.2 Budget Information – Section D-F

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

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

Figure 15: Budget Information – Section D-F



To complete this form, follow the steps below:

1. Section D – Forecasted Cash Needs is optional and may be left blank. However, you may enter the amount of cash needed by quarter during the first year for both the federal and non-federal request by clicking the Update button in the top right corner of Section D (**Figure 15**, **1**).

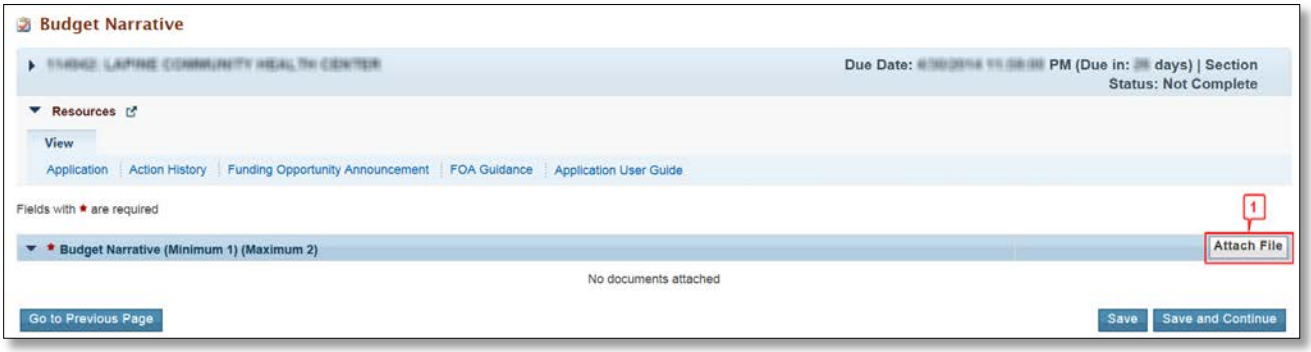
2. In Section E – Federal Funds Needed for Balance of the Project, click the Update button in the top right corner of Section E to request NAP funding for Budget Year 2 (**Figure 15**, **2**). Enter the NAP funding requested for Year 2 in the "First" column under Future Funding Periods (Years), broken down for each proposed type of Health Center Program funding (CHC, MHC, HCH, and/or PHPC). (**Figure 15**, **5**). The maximum amount that may be requested for Year 2 cannot exceed $650,000. The Second, Third, and Fourth year columns must remain $0.
3. In Section F – Other Budget Information, click the Update button provided in the top right corner of Section F to provide general information regarding direct and indirect charges (**Figure 15**, **3**). This section is optional.
4. Finally, click the Save and Continue button on the **Budget Information – Section D-F** to proceed to the next form (**Figure 15**, **4**).

2.2.3 Budget Narrative

Attach a budget narrative by clicking the Attach File button (**Figure 16**, **1**). Once completed, click the Save and Continue button to proceed to the next form.

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

Figure 16: Budget Narrative



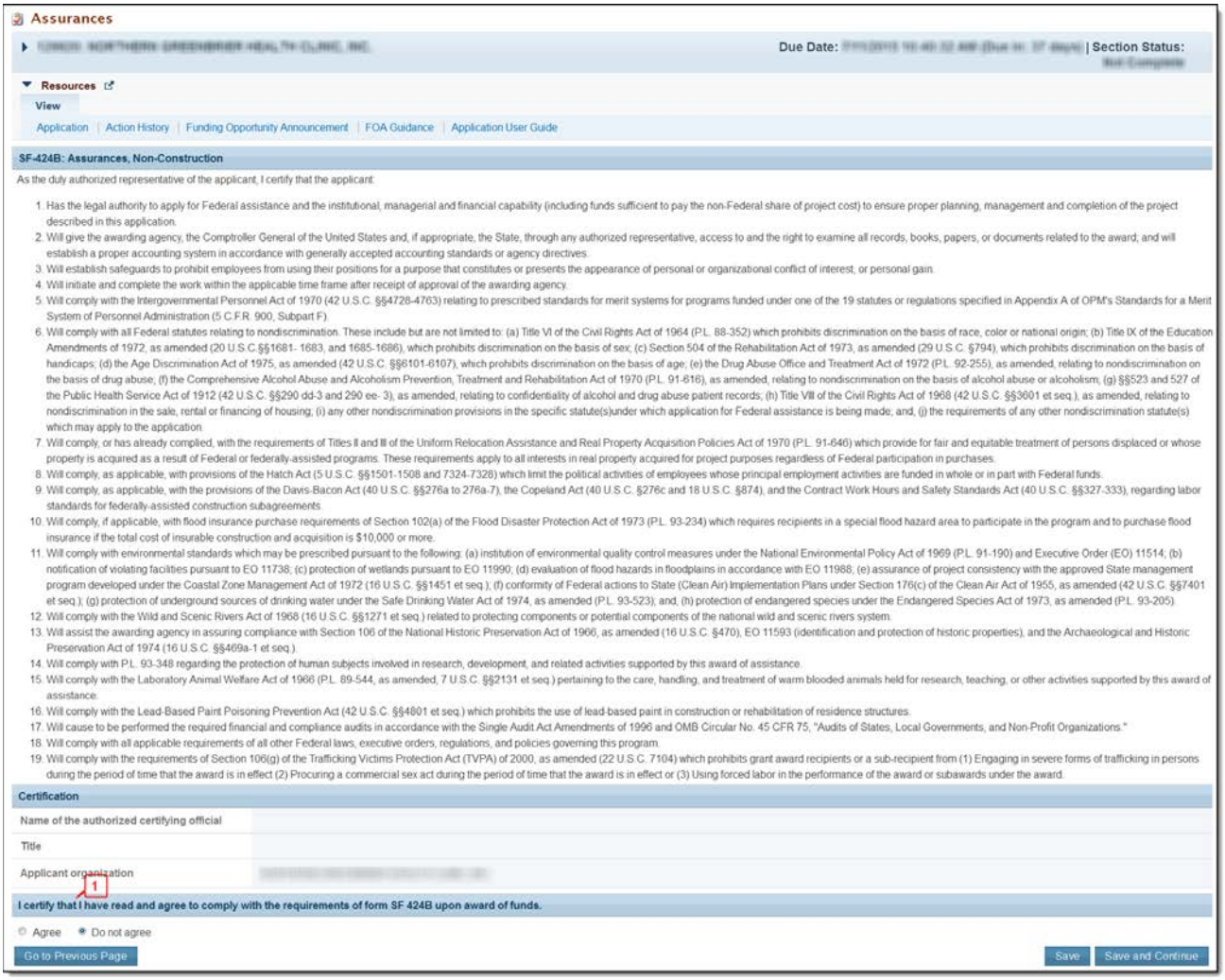
2.3 Completing the Other Information section

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

2.3.1 Completing the Assurances Form

The **Assurances** form verifies that you are aware of and agree to comply with all federal requirements should NAP funds be awarded. To complete this form, you must select 'Agree' on the certification question at the bottom of the form (**Figure 17**, **1**). The name of the Authorizing Official will prepopulate when the application is submitted. Click on the Save and Continue button to proceed to the **Disclosure of Lobbying Activities** form.

Figure 17: Assurances



2.3.2 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, the remainder of the form is optional. Click the Save and Continue button to proceed to the **Appendices** form.

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

2.3.3 Completing the Appendices Form

To complete the **Appendices** form, upload the following attachments by clicking the associated Attach File buttons:

- Attachment 1: Service Area Map and Table – required
- Attachment 2: Bylaws – required

- Attachment 3: Project Organizational Chart – required
- Attachment 4: Position Descriptions for Key Management Staff – required
- Attachment 5: Biographical Sketches for Key Management Staff – required
- Attachment 6: Co-Applicant Agreement – required for public center applicants that have a co-applicant board
- Attachment 7: Summary of Contracts and Agreements – as applicable
- Attachment 8: Sliding Fee Discount Schedule(s) – required
- Attachment 9: Collaboration Documentation – required
- Attachment 10: Articles of Incorporation – required for new applicants
- Attachment 11: Evidence of Nonprofit or Public Center Status – required for new applicants
- Attachment 12: Operational Plan – required
- Attachment 13: Floor Plans – required
- Attachment 14: Other Relevant Documents – as applicable

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

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

3. Completing the Program Specific Forms

1. 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 18**, **1**). Click the **Program Specific Information** link (**Figure 18**, **2**) under the Program Specific Information section in the left menu to open the **Status Overview** page for the Program Specific Information forms (**Figure 19**). Click the **Update** link to edit a form (**Figure 19**, **1**).

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

Figure 18: Left Navigation Menu

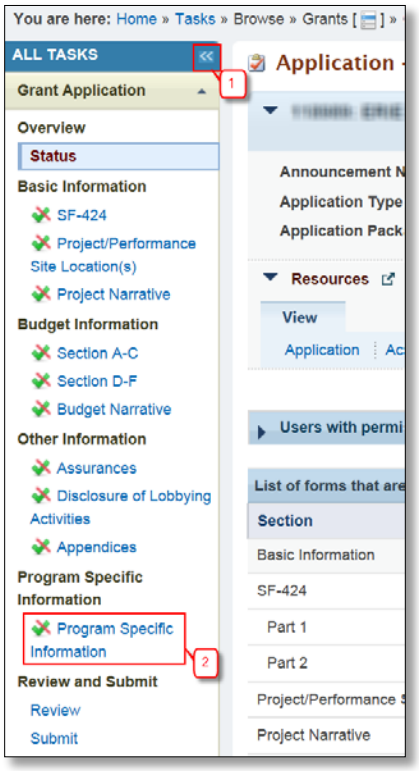
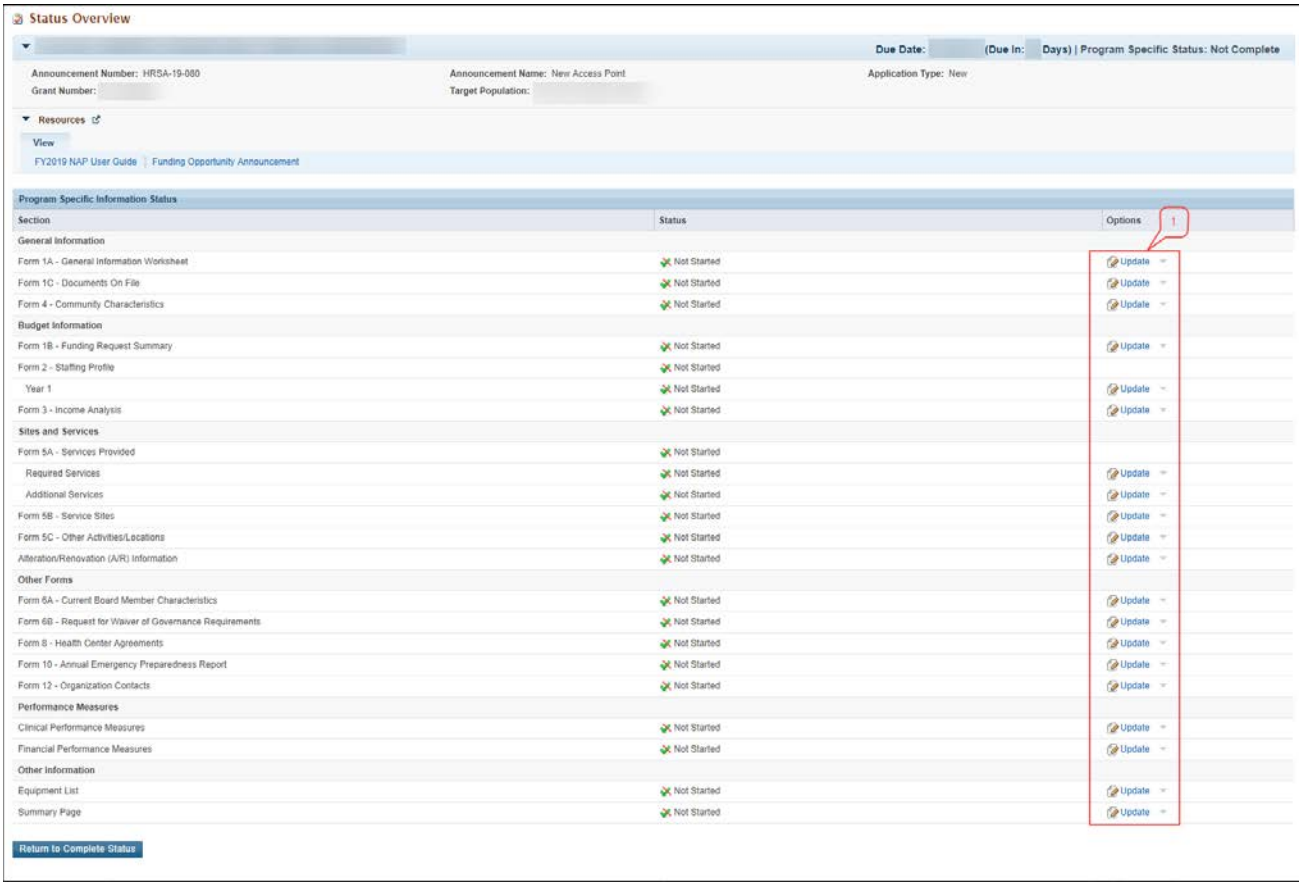


Figure 19: Status Overview Page for Program Specific Forms

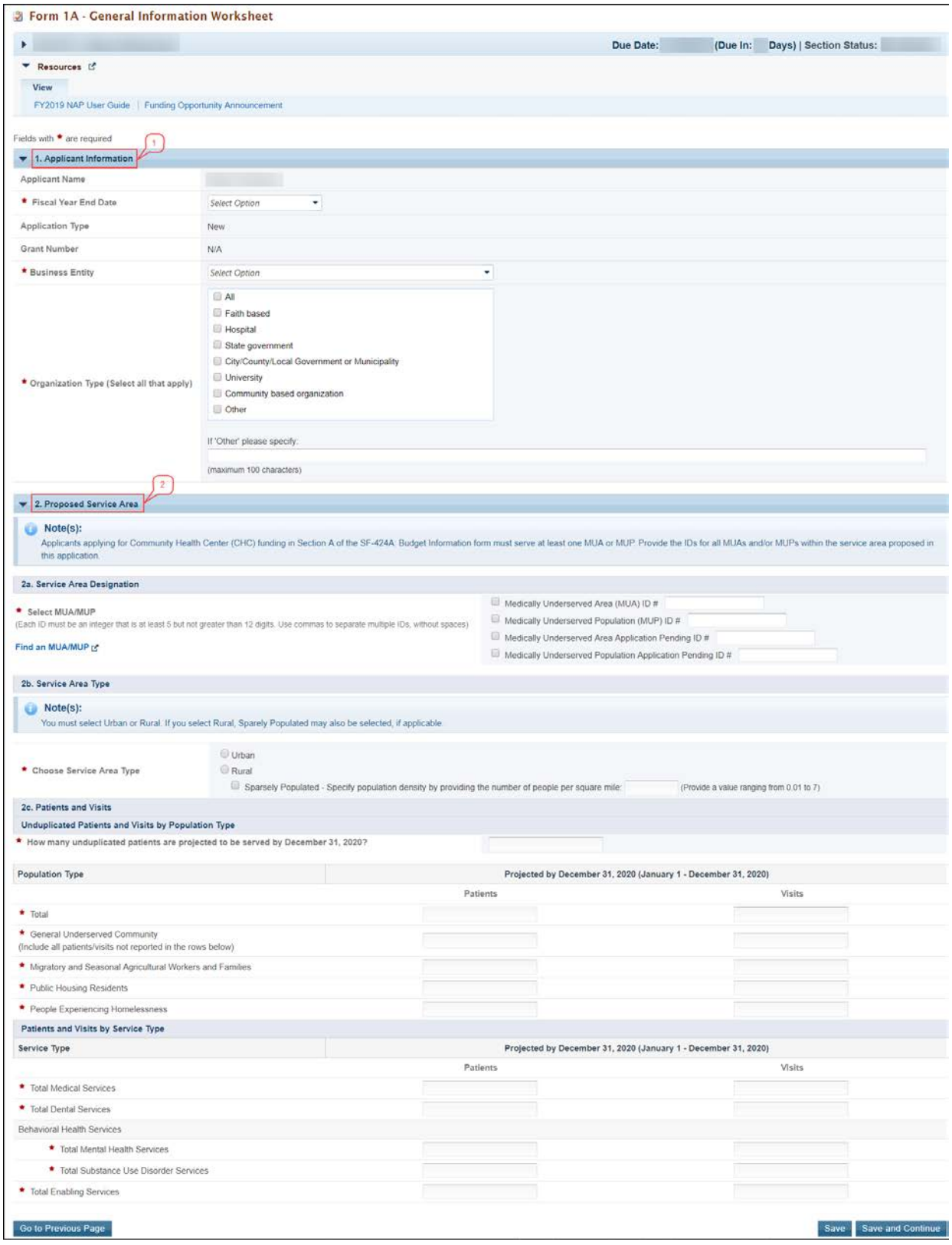


3.1 Form 1A: General Information Worksheet

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

- Applicant Information (**Figure 20**, **1**)
- Proposed Service Area (**Figure 20**, **2**)

Figure 20: Form 1A: General Information Worksheet



3.1.1 Completing the Applicant Information Section

The **Applicant Information** section is pre-populated with application and grant-related information, as applicable. Complete this section by providing information in the following required fields (**Figure 21**):

1. In the 'Fiscal Year End Date' field, select month and day of the applicant organization's fiscal year end date (e.g., June 30) to inform HRSA of the expected audit submission timeline in the Federal Audit Clearinghouse (https://harvester.census.gov/facweb/default.aspx).
2. Select one category in the 'Business Entity' field. 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.
3. Select one or more categories for the 'Organization Type.' If you choose to select 'Other' as one of the Organization Type values (**Figure 21**, **1**), you must specify the organization type.

Figure 21: Applicant Information Section

3.1.2 Completing the Proposed Service Area Section

The Proposed Service Area section is further divided into the following sub-sections:

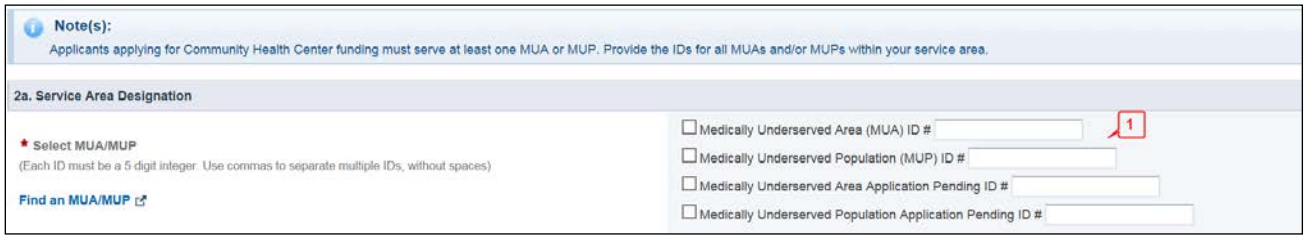
- 2a. Service Area Designation
- 2b. Service Area Type
- 2c. Patients and Visits
    - Unduplicated Patients and Visits by Population Type
    - Patients and Visits by Service Type

3.1.2.1 Service Area Designation

In the **Select MUA/MUP** field (**Figure 22**, **1**), select the options that best describe the designated service area you propose to serve. Enter ID number(s) for the MUA and/or MUP in the proposed service area. To find out if a designated MUA or MUP is located in your proposed service area, see https://data.hrsa.gov/tools/shortage-area/mua-find.

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

Figure 22: Service Area Designation



3.1.2.2 Service Area Type

In the **Service Area Type** section (**Figure 23**), 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 (values ranging from 0.01 to 7).

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

Figure 23: Service Area Type Section

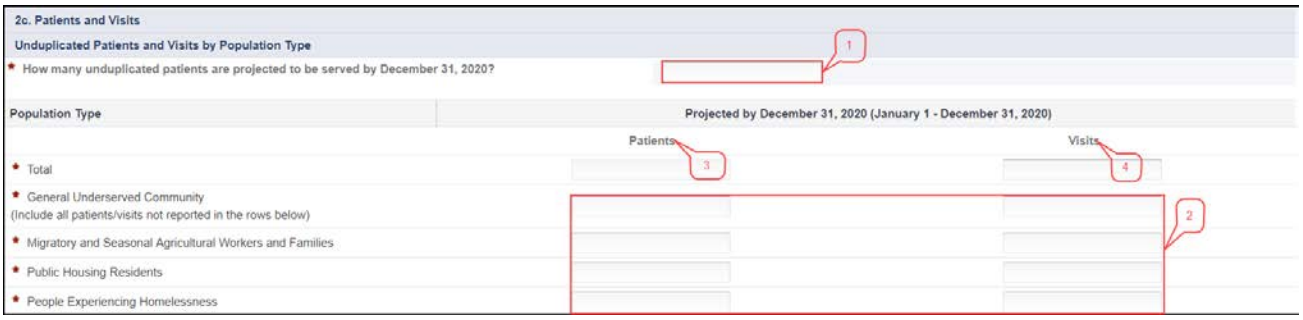
3.1.2.3 Patients and Visits

To complete this section, follow the steps below:

1. In the **Unduplicated Patients and Visits by Population Type** section, provide the total number of patients and visits projected to be served from January 1, 2020 to December 31, 2020 (**Figure 24**, **1**). The system will auto-populate the number in the Total row of the Patients column under the 'Projected by December 31, 2020 (January 1 - December 31, 2020)' heading (**Figure 24**, **3**) when you click the Save or Save and Continue button.

2. Provide the number of patients and visits that you project to serve annually under the 'Projected by December 31, 2020 (January 1 - December 31, 2020)' heading for each listed population type (**Figure 24**, **2**). Patients and visits must not be duplicated across the population types (i.e., an individual can only be counted once as a patient).

Figure 24: Unduplicated Patients and Visits by Population Type

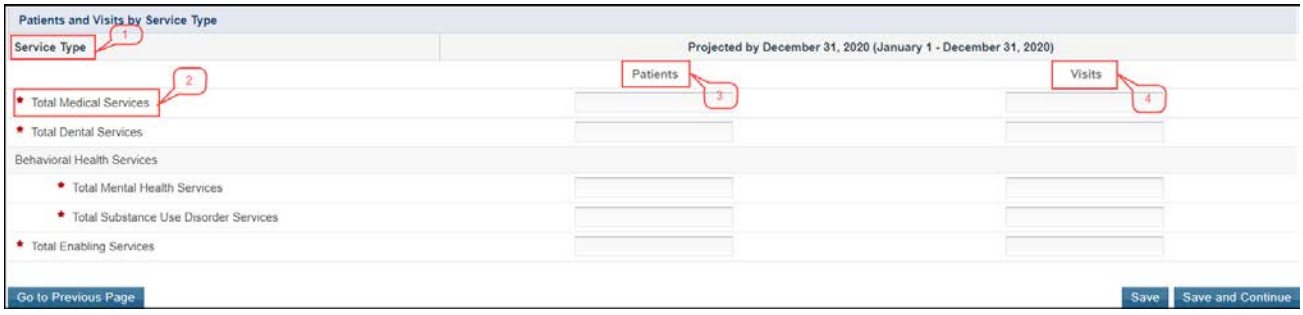


IMPORTANT NOTES:

- Projected values should include ONLY the number of new patients who are projected to receive services as a direct result of NAP funding from January 1, 2020 – December 31, 2020. Patient projections from this section will be added to the applicant's overall Patient Target, if funded.
- For the population types corresponding to the sub programs selected in Section A – Budget Summary form of this application, the number of patients in the Projected by December 31, 2020 column (**Figure 24**, **3**) must be greater than zero. For the remaining population types, zeroes are acceptable if there are no projected numbers.
- The number of projected visits (**Figure 24**, **4**) must be greater than or equal to the number of projected patients (**Figure 24**, **3**).
- The 'General Underserved Community' row should include all patients and visits not captured in the special populations rows.

3. In the **Patients and Visits by Service Type** section, provide the annual number of patients and visits that you project to serve from January 1, 2020 to December 31, 2020 for each applicable service type (**Figure 25**, **1**). An individual who receives multiple types of services should be counted once for each service type (e.g., once for medical and once for dental).

Figure 25: Patients and Visits by Service Type



IMPORTANT NOTES:

- For 'Total Medical Services' (**Figure 25**, **2**), the number of patients must be greater than the number of patients you provide for each of the 'Total Dental', 'Total Mental Health', 'Total Substance Abuse Services', and 'Total Enabling Services' service types.
- The number of projected visits (**Figure 25**, **4**) must be greater than or equal to the number of projected patients (**Figure 25**, **3**).
- The Patients and Visits by Service Type section does not have a row for total numbers, since an individual patient may be included in multiple service type categories.

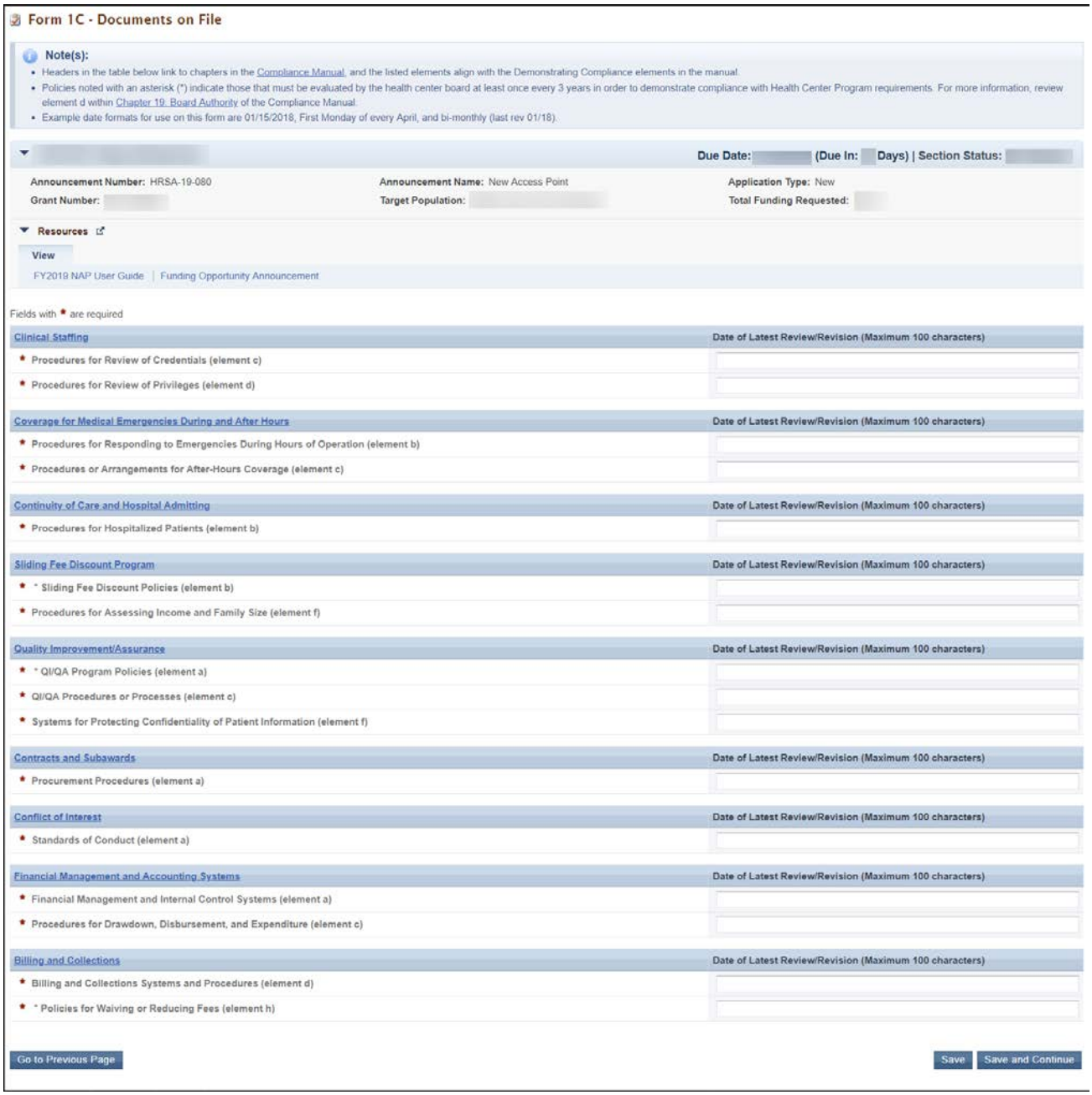
4. After completing all sections of **Form 1A**, click the Save and Continue button to save your work and proceed to the next form.

3.2 Form 1C: Documents on File

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

1. To complete **Form 1C**, enter the review/revision dates for each document listed on this form (Figure 26). The headings on Form 1C such as Clinical Staffing, etc., are also hyperlinks to the corresponding chapters of the Health Center Program Compliance Manual.

Figure 26: Form 1C: Documents on File



IMPORTANT NOTE: Examples of formats to provide dates on this form are 01/15/2019, First Monday of every April, bi-monthly (last rev 01/19).

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

3.3 Form 4: Community Characteristics

Form 4: Community Characteristics reports current service area and target population data for the NAP scope of the project (i.e. all NAP sites). "Service Area Population" refers to the entire population in the proposed service area.

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

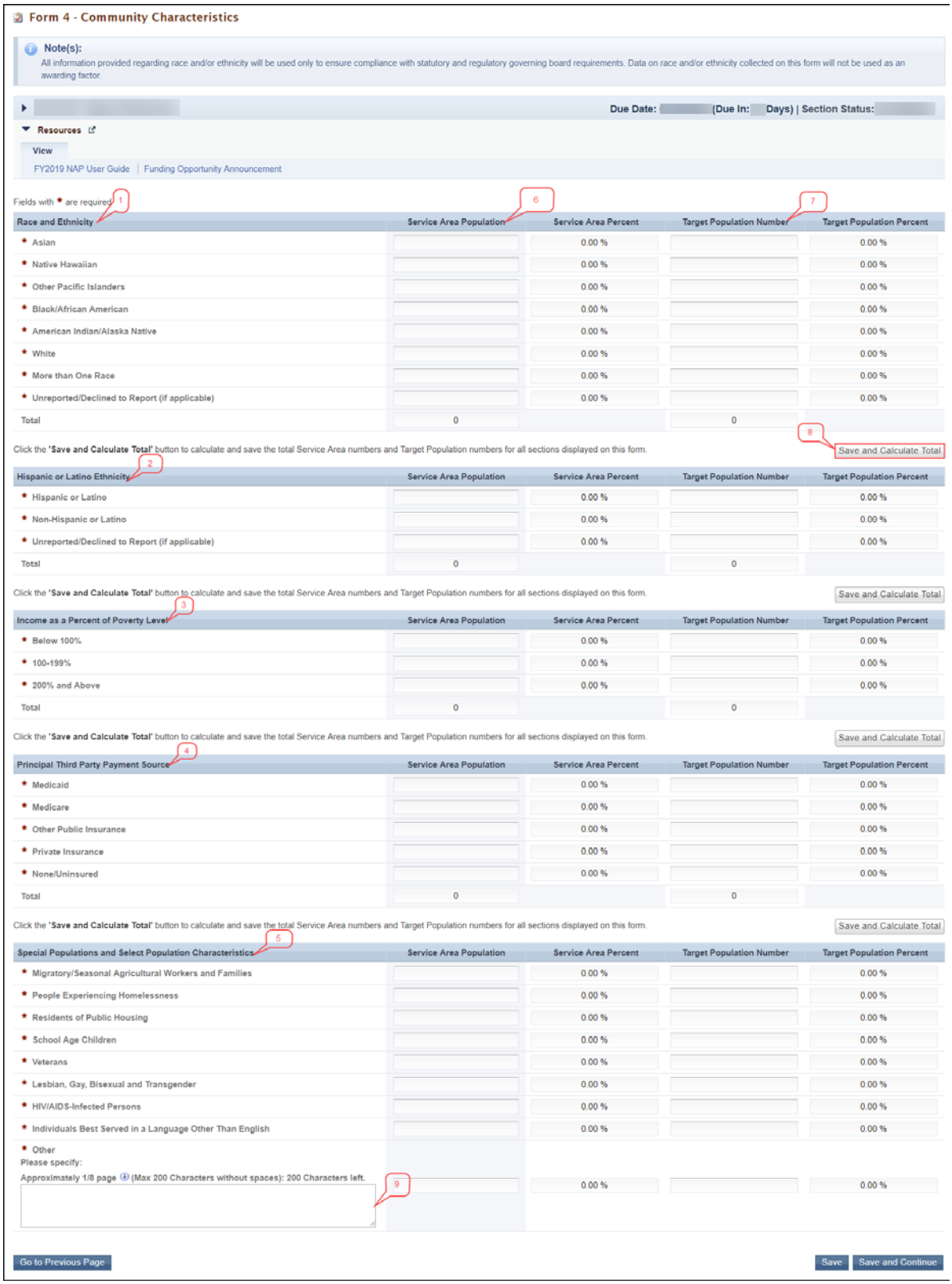
1. Enter the Service Area Population (**Figure 27**, **6**) and corresponding Target Population Number (**Figure 27**, **7**) for each of the following categories. Target Population data is a subset of Service Area Population data, and in most cases, is greater than the number of patients projected on 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.
    a. **Race and Ethnicity (Figure 27, 1)**
    b. **Hispanic or Latino Ethnicity** (**Figure 27**, **2**)
    c. **Income as a Percent of Poverty Level** (**Figure 27**, **3**)
    d. **Principal Third Party Payment Source** (**Figure 27**, **4**)

IMPORTANT NOTES:

- Information provided regarding race and/or ethnicity will be used only to ensure compliance with statutory and regulatory Governing Board requirements. Data on race and/or ethnicity collected on this form will not be used as an awarding factor.
- When entering data, the total Service Area Population Numbers for Race, Hispanic or Latino Ethnicity, Income as a Percent of Poverty Level, and Primary Third-Party Payment Source sections must be equal. Similarly, the total Target Population Numbers for Race, Hispanic or Latino Ethnicity, Income as a Percent of Poverty Level, and Primary Third-Party Payment Source sections must be equal.

2. To automatically calculate the Total Service Area Population Numbers and Total Target Population Numbers for all four sections, click on the Save and Calculate Total button (**Figure 27**, **8**) under any of the sections. The system will also auto-calculate the population percentages.
3. Under the **Special Populations and Select Population Characteristics** section (**Figure 27**, **5**), enter the Service Area Population and the corresponding Target Population Number for each population group listed. Individuals may be counted in multiple population groups, so the numbers in this section do not have to match those in the other sections of this form.

Figure 27: Form 4: Community Characteristics



IMPORTANT NOTES:

- If you select the sub programs 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 value greater than zero (0) for the Service Area Population and Target Population Number for the corresponding 'Migratory/Seasonal Agricultural Workers and Families,' 'Homeless,' and/or 'Residents of Public Housing' line item(s), as appropriate for your funding selection.
- In the '**Other'** row (**Figure 27**, **9**), you may specify a population group that is not listed (if desired), and then enter the Service Area Population and the corresponding Target Population Number for the specified population group.

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

3.4 Form 1B: Funding Request Summary

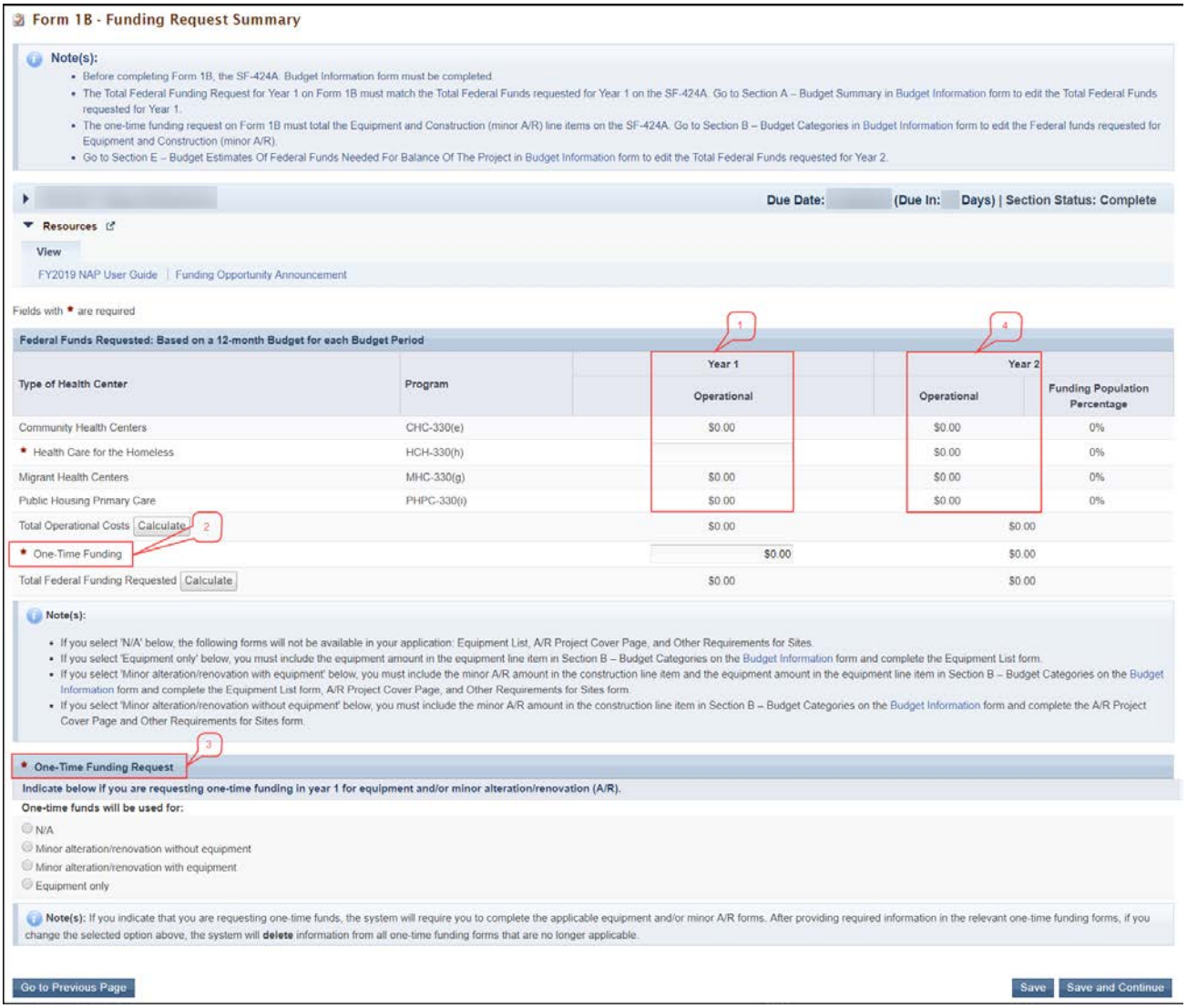
Form 1B: Funding Request Summary collects the funding request for the NAP application.

1. For each sub program you requested funding in Section A – Budget Summary, enter **Operational Funds** (**Figure 28**, **1**) for Year 1**.**
2. Enter an amount for **One-Time Funding** for Year 1 (**Figure 28**, **2**), if appropriate.
3. The combined total of the Operational Funds for each sub program and the One-Time Funding for Year 1 must equal to the Total Federal funds requested in the Section A – Budget Summary form.

IMPORTANT NOTES:

- Before completing this form, the SF-424A: Budget Information forms must be completed. You must request Operational Funds that are greater than $0 for every sub program you selected in the Section A – Budget Summary form in the standard section of this NAP application.
- You may request One-Time Funding for Year 1 of up to $150,000. If requested, the One-Time Funding amount must match the sum of the 'Equipment' and 'Construction' rows in the Section B – Budget Categories form in the standard section of this NAP application.
- The combined total of the Operational Funds and the One-Time Funding for Year 1 must not exceed the NAP maximum funding amount of $650,000.

Figure 28: Form 1B: Funding Request Summary



4. Click the **One-time funds will be used for:** radio button (**Figure 28**, **3**) that describes how you will use one-time funds if requested (Equipment only, Minor alteration/renovation with equipment, or Minor alteration/renovation without equipment). Select the "N/A" radio button if you are not requesting **One-Time Funding**.

IMPORTANT NOTES:

- If the **Equipment** line item and **Construction** line item in Section B - Budget Categories have a dollar value, then the only option that may be selected would be **"Minor A/R with equipment"** (**Figure 28**, **3**).
- If the **Equipment** line item has a dollar value and **Construction** line item does not have a dollar value in Section B - Budget Categories, then the only option that may be selected would be **"Equipment Only"** (**Figure 28**, **3**).
- If the **Equipment** line item does not have a dollar value and **Construction** line item has a dollar value in Section B - Budget Categories, then the only option that may be selected would be **"Minor A/R without equipment"** (**Figure 28**, **3**).
- If both the **Equipment** line item and **Construction** line item do not have any dollar value in Section B - Budget Categories, then the only option that may be selected would be **"N/A"** (**Figure 28**, **3**).

5. Year 2 **Operational Funds** in **Form 1B** will be pre-populated with the federal funds requested for the first future funding year in Section E - Budget Estimates of Federal Funds Needed for Balance of the Project (**Figure 28**, **4**).

IMPORTANT NOTES:

- In **Form 1B**, you will not be able to edit the information pre-populated from the standard section of the NAP application. If you need to edit this information, navigate to the SF-424A: Budget Information section of this application.
- Operational Funds requested for Year 2 for every sub program you selected in the Section A – Budget Summary form must be greater than $0.
- Total Operational Funds requested for Year 2 should not exceed the yearly NAP maximum funding amount of $650,000. You cannot request One-Time Funding for Year 2.

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

3.5 Form 2: Staffing Profile

Form 2: Staffing Profile reports the 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 has the following sections:

- Staffing Positions by Major Service Category
  - Key Management Staff/Administration (**Figure 29**, **1**)
  - Facility and Non-Clinical Support (**Figure 29**, **2**)
  - Physicians (**Figure 29**, **3**)
  - Nurse Practitioners, Physician Assistants, and Certified Nurse Midwives (**Figure 29**, **4**)
  - Medical (**Figure 29**, **5**)

- Dental (**Figure 29**, **6**)
- Behavioral Health (Mental Health and Substance Use Disorder) (**Figure 30**, **7**)
- Professional Services (**Figure 30**, **8**)
- Vision Services (**Figure 30**, **9**)
- Pharmacy Personnel (**Figure 30**, **10**)
- Enabling Services (**Figure 30**, **11**)
- Other Programs and Services (**Figure 30**, **12**)

- Total FTEs (**Figure 30**, **13**)

Figure 29: Form 2- Staffing Profile

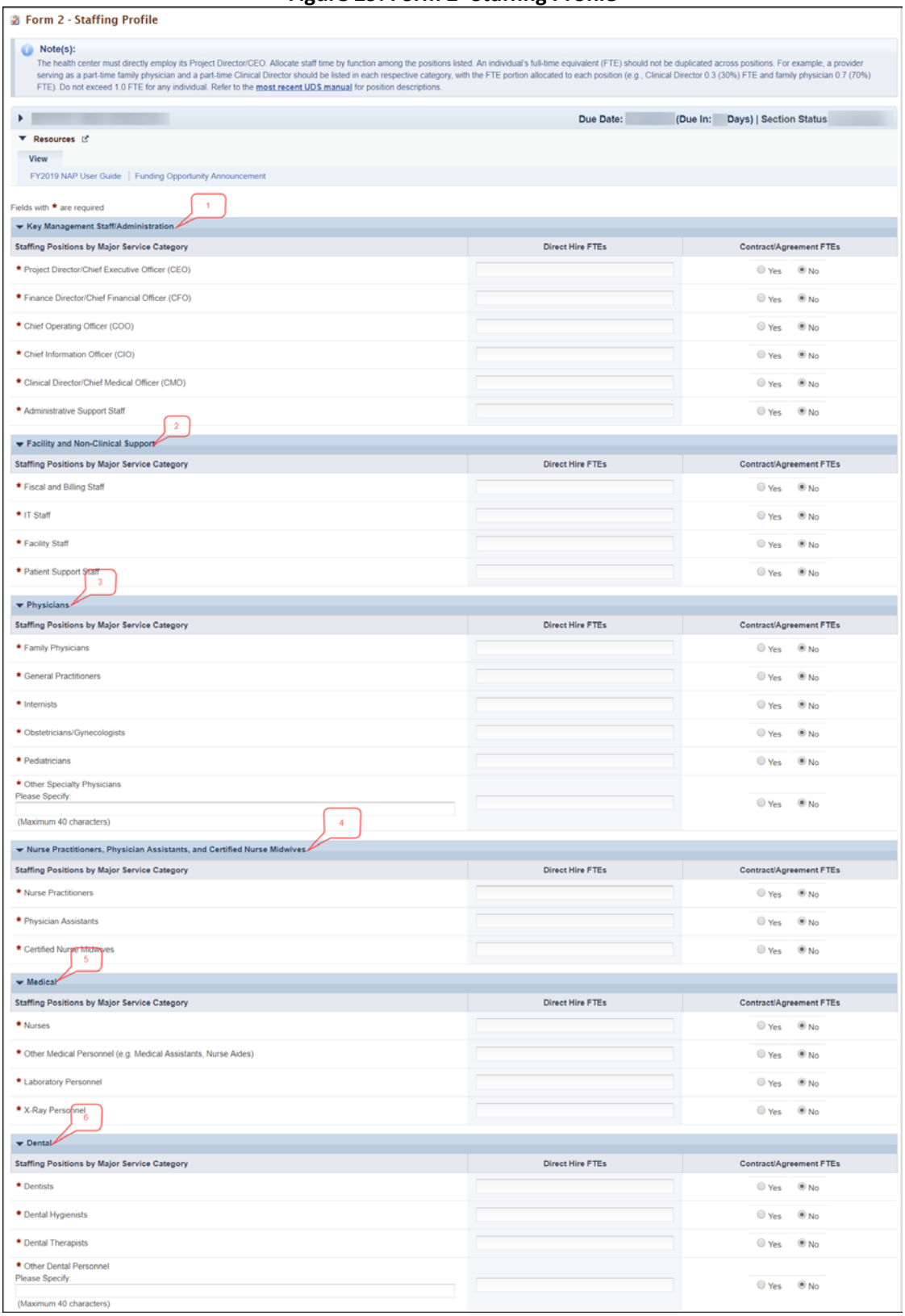
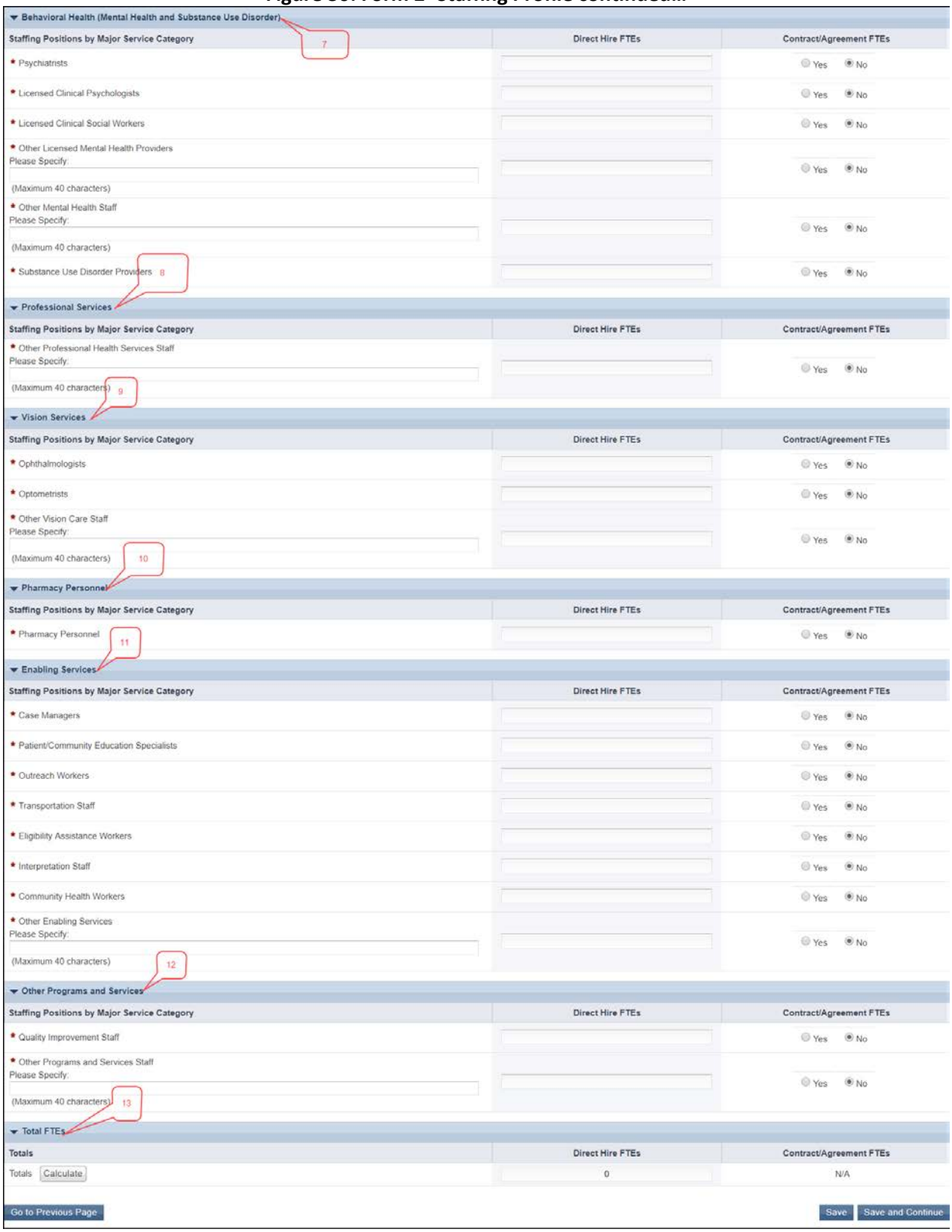


Figure 30: Form 2- Staffing Profile continued…



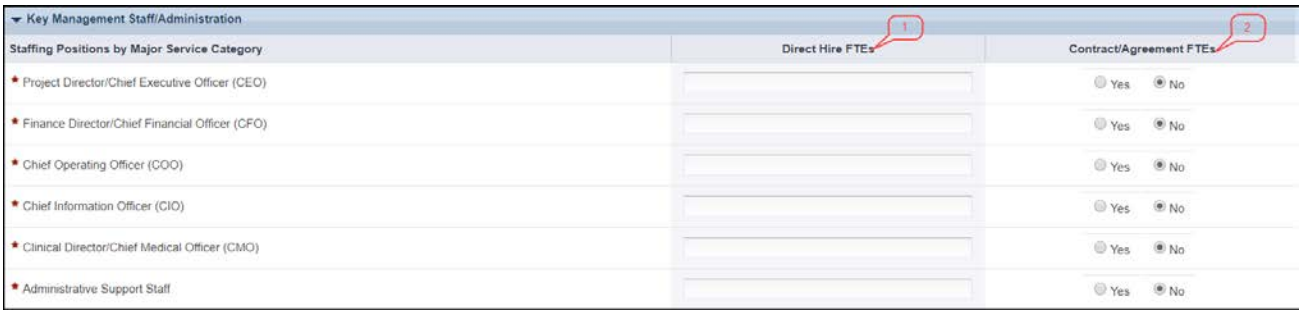
3.5.1 Completing Form 2: Staffing Profile

1. In the Direct Hire FTEs column, provide the number of Full Time Employees (FTEs) directly hired by the health center and volunteers for each staffing position. Enter zero (0) if not applicable (**Figure 31**, **1**).
2. In the Contract/Agreement FTEs column, indicate whether contracts are used for specific staff categories. (**Figure 31**, **2**). Positions marked Yes should align with Attachment 7: Summary of Contracts and Agreements and Form 5A: Services Provided, Column II.
3. If both direct hire staff and contracts are used, provide the number of Direct Hire FTEs only and check Yes in the Contract/Agreement FTEs column.

IMPORTANT NOTES:

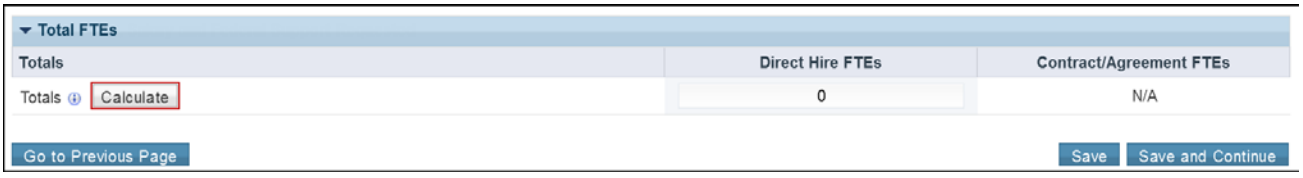
- Allocate staff time in the Direct Hire FTE column by function among the staff positions listed. An individual's FTE should not be duplicated across positions. For example, a provider serving as a part-time family physician and a part-time Clinical Director should be listed in each respective category with the FTE percentage allocated to each position (e.g., CMO 0.3 FTE and family physician 0.7 FTE). Do not exceed 1.0 FTE for any individual.
- For position descriptions, refer to the UDS Reporting Manual (https://bphc.hrsa.gov/sites/default/files/bphc/datareporting/reporting/2018-uds-reporting-manual.pdf
- The health center must directly employ its Project Director/CEO.

Figure 31: Direct Hire and Contract/Agreement FTEs columns



4. To calculate the total Direct Hire FTEs, click on the Calculate button (**Figure 32**).

Figure 32: Total FTEs



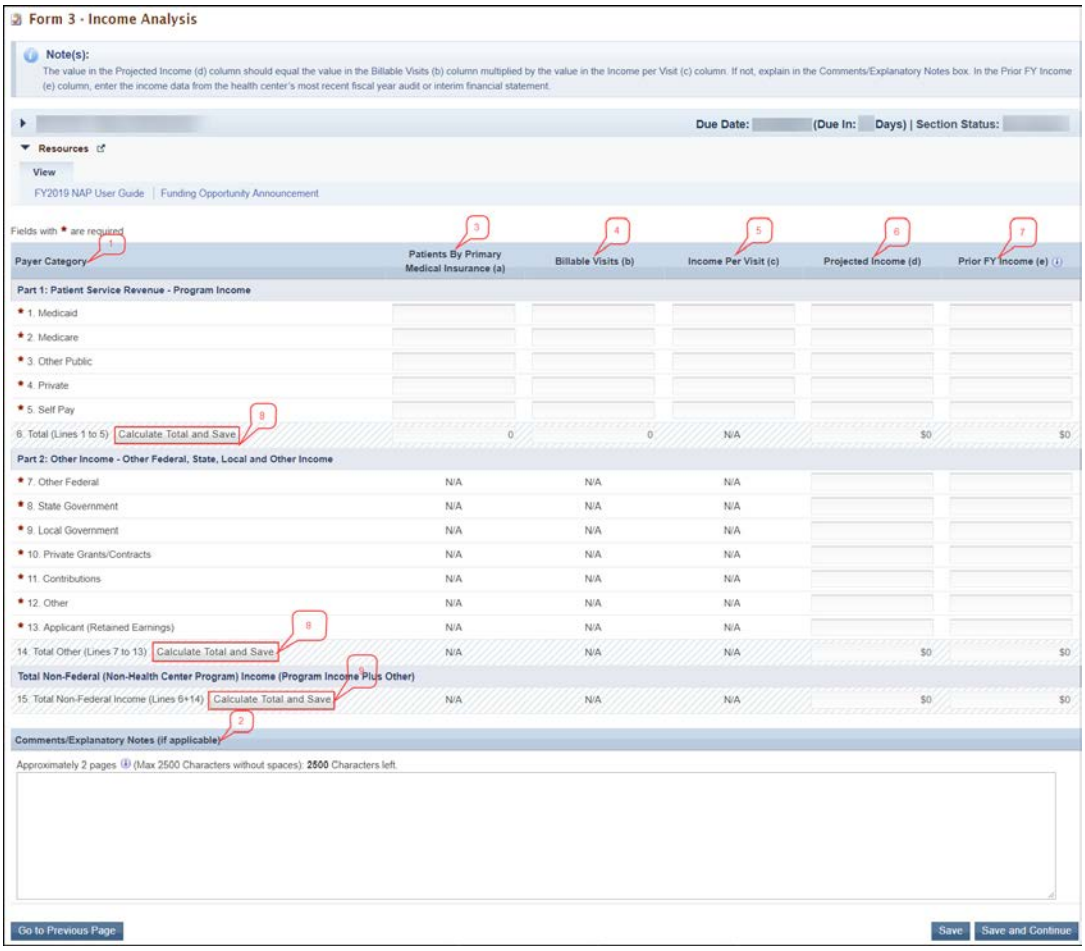
5. Click the Save and Continue button to save your work and proceed to the next form.

3.6 Form 3: Income Analysis

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

- Payer Category (**Figure 33**, **1**)
- Comments/Explanatory Notes (**Figure 33**, **2**)

Figure 33: Form 3: Income Analysis



3.6.1 Completing the Payer Category section

The Payer Category section has the following sub-sections:

- Part 1: Patient Service Revenue - Program Income
- Part 2: Other Income - Other Federal, State, Local and Other Income
- Total Non-Federal (Non-Health Center Program) Income (Program Income Plus Other)

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

1. In column (a), project the number of Patients by Primary Medical Insurance for each Payer Category in Part 1. Enter 0 if not applicable (**Figure 33**, **3**).
2. In column (b), project the number of Billable Visits for each Payer Category in Part 1. Billable Visits should be greater than or equal to the number of Patients by Primary Medical Insurance in column (a). Enter zero (0) if not applicable (**Figure 33**, **4**).
3. In column (c), provide the amount of Income per Visit for each Payer Category in Part 1. Enter zero (0) if not applicable. (**Figure 33**, **5**).
4. In column (d), calculate the amount of Projected Income for each Payer Category in Parts 1 and 2. Enter zero (0) if not applicable (**Figure 33**, **6**).
5. In column (e), provide the amount of Prior FY Income for each Payer Category in Parts 1 and 2. Enter zero (0) if not applicable (**Figure 33**, **7**).
6. Click the Calculate Total and Save button to calculate and save the values for each Payer Category in Parts 1 and 2. (**Figure 33**, **8**).

IMPORTANT NOTES:

- In the Patient Service Revenue - Program Income section, the value in the Projected Income (d) column should equal the value in the Billable Visits (b) column multiplied by the value in the Income per Visit (c) column. If not, provide an explanation in the Comments/Explanatory Notes box.
- The Patients by Primary Medical Insurance (a), Billable Visits (b) and Income Per Visit (c) columns in Part 2 are disabled and set to 'N/A'.

7. Click the Calculate Total and Save button in the **Total Non-Federal (Non-Health Center Program) Income (Program Income Plus Other)** section to calculate and save Total Non-Federal Income (**Figure 33**, **9**).

3.6.2 Completing the Comments/Explanatory Notes section

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

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

3.7 Form 5A: Services Provided

Form 5A – Services Provided identifies the services to be provided and how they will be provided by the applicant organization. You may provide required and additional services directly, by contracting with another provider, or by referral to another provider. These modes of service provision differ according to the service provider and the payment source (**Table 1**). See the Form 5A Column Descriptors at https://bphc.hrsa.gov/sites/default/files/bphc/programrequirements/scope/form5acolumndescriptors.pdf for descriptions and requirements for each of the three service delivery modes. All referral arrangements/agreements for services noted on Form 5A as provided via Column II and/or III must be formal written arrangements/agreements.

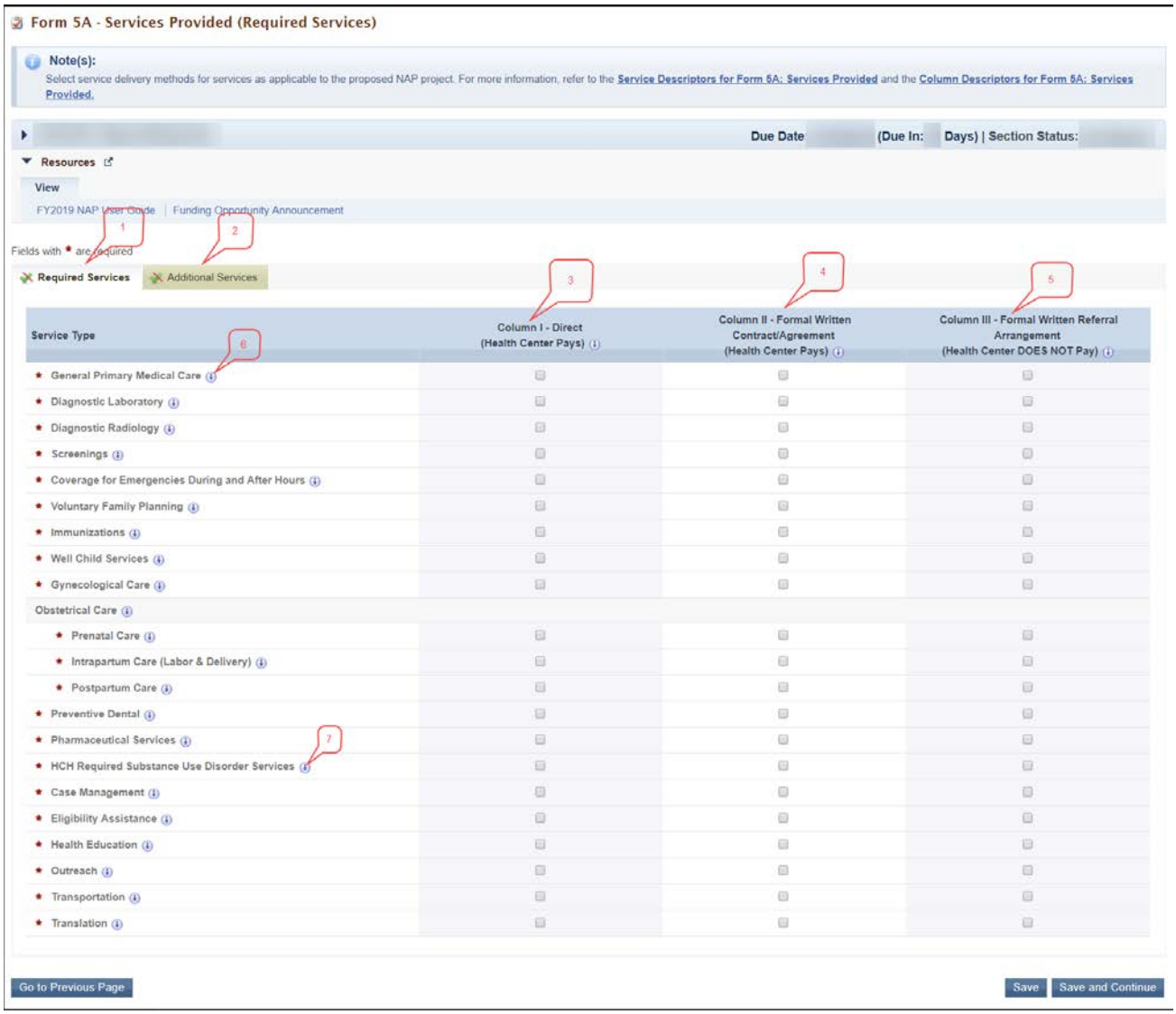
Table 1: Modes of Service Provision

Mode of Service Provision	Your Organization Provides the Service	Your Organization Pays for the Service
1. Column I – Service provided directly by health center (**Figure 34**, **3**)	Yes	Yes
2. Column II – Service provided by formal written contract/agreement (**Figure 34**, **4**)	No	Yes
3. Column III – Service provided by formal written referral arrangement (**Figure 34**, **5**)	No	No

Only one form is required regardless of the number of proposed sites. **Form 5A – Services Provided** has the following two sections:

- Required Services (**Figure 34**, **1**)
- Additional Services (**Figure 34**, **2**)

Figure 34: Form 5A – Services Provided (Required Services)



3.7.1 Completing the Required Services Section

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

1. Check one or more boxes to indicate the service delivery mode(s) for each of the required services as applicable to the proposed NAP project (**Figure 34**, **3**-**5**). See the Form 5A Service Descriptors at https://bphc.hrsa.gov/sites/default/files/bphc/programrequirements/scope/form5aservicedescriptors.pdf for descriptions of the general elements for all services.

2. Click the Save and Continue button to navigate to the **Additional Services** section OR click the Save button on the **Required Services** section and select the **Additional Services** tab (**Figure 34**, **2**).

IMPORTANT NOTES:

- You must select Column I and /or Column II for the 'General Primary Medical Care' (**Figure 34**, **6**) service row for your application to be eligible for funding.
- If you are applying to receive "Health Care for the Homeless" (HCH) sub program funding, as noted in the Budget Information: Section A - Budget Summary form, then you must select at least one service delivery method for the 'HCH Required Substance Use Disorder Services' service row (**Figure 34**, **7**) in the Required Services section. If you are not requesting HCH sub program funding, this row will be disabled in your application.

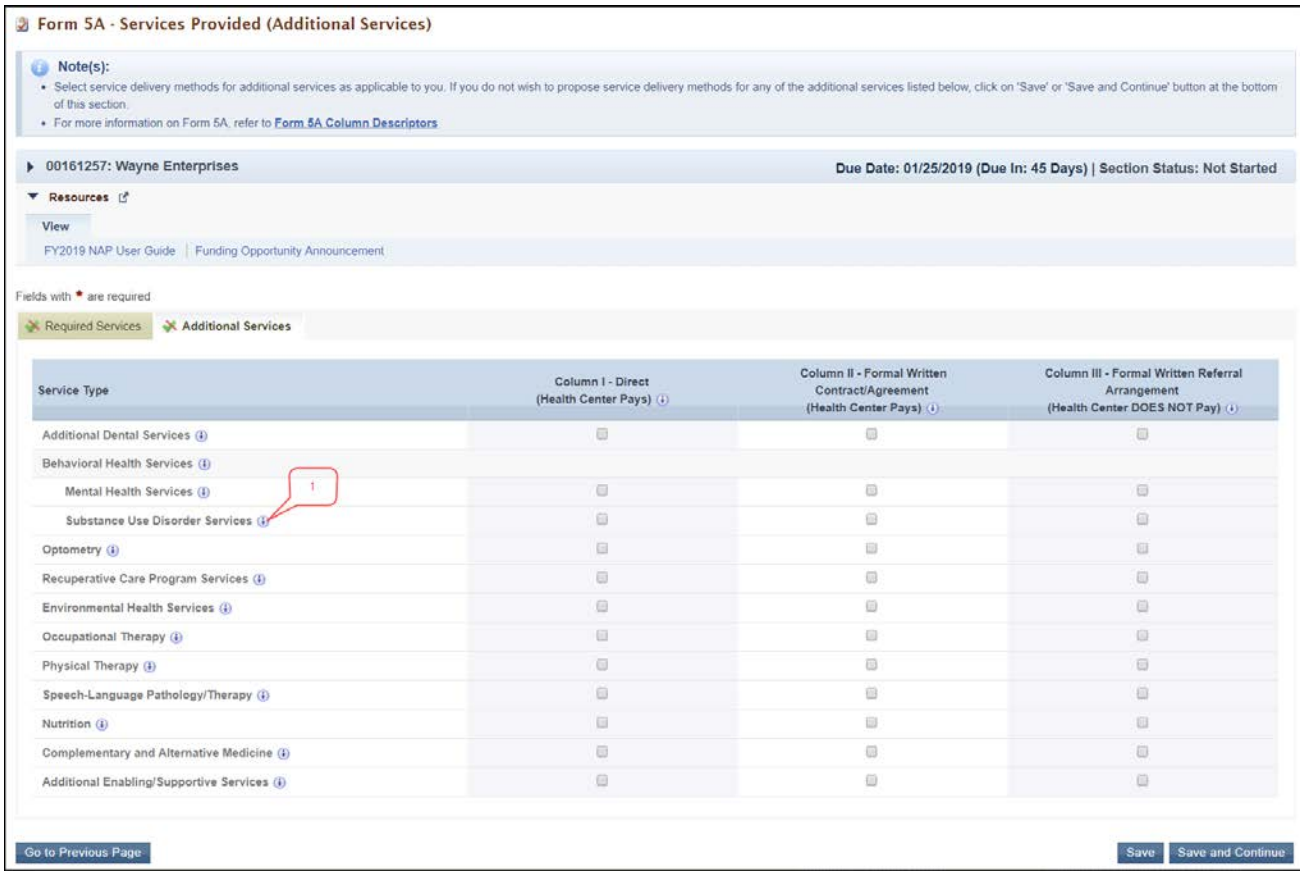
3.7.2 Completing the Additional Services Section

The Additional Services section of **Form 5A** is optional. You are not required to identify modes of provision for any additional services listed in this section. However, if you will provide additional services in scope through the proposed NAP project, follow the instructions below to complete this section of **Form 5A**:

1. Check one or more boxes to indicate the service delivery mode(s) for additional services as applicable to the proposed NAP project (**Figure 34**).

IMPORTANT NOTE: If you are not applying to receive HCH sub program funding, as noted in the Budget Information: Section A - Budget Summary form, you will not be able to select 'HCH Required Substance Use Disorder Services' in the Required Services section. However, you may select 'Substance Use Disorder Services' in the Additional Services section (**Figure 35**, **1**).

Figure 35: Form 5A – Services Provided (Additional Services)



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

3.8 Form 5B: Service Sites

Form 5B: Service Sites identifies the sites where you will provide services and/or perform administrative tasks for the NAP project.

You will be able to propose the following types of sites in this form:

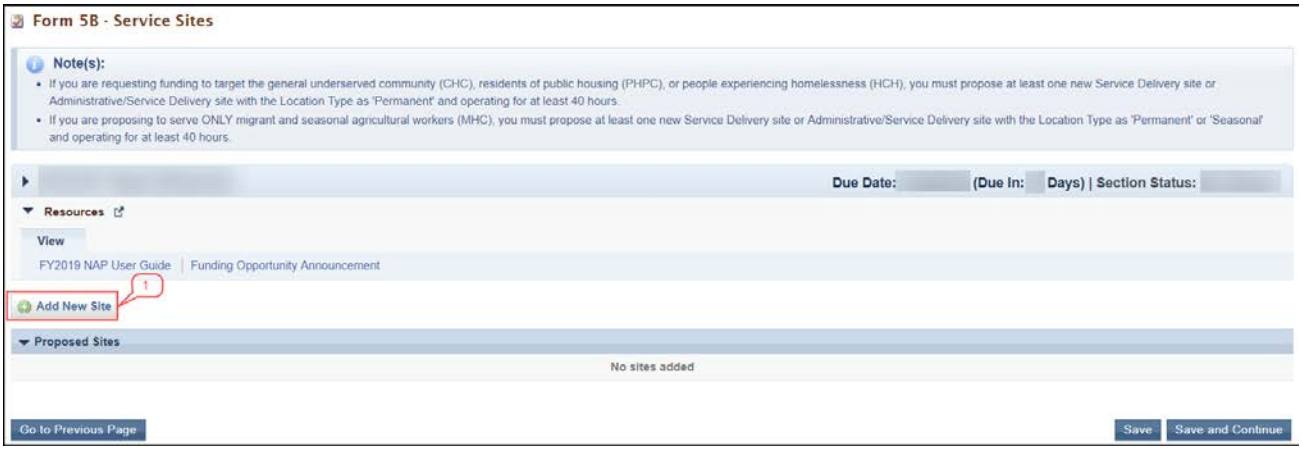
- Service Delivery Site
- Administrative/Service Delivery Site
- Admin-only Site

IMPORTANT NOTE: You are required to propose at least one 'Service Delivery' or 'Administrative/Service Delivery' site in the NAP application.

To propose a new site, follow the steps below:

1. Click the Add New Site button (**Figure 36**) provided above the **Proposed Sites** section.

Figure 36: Add New Site Button



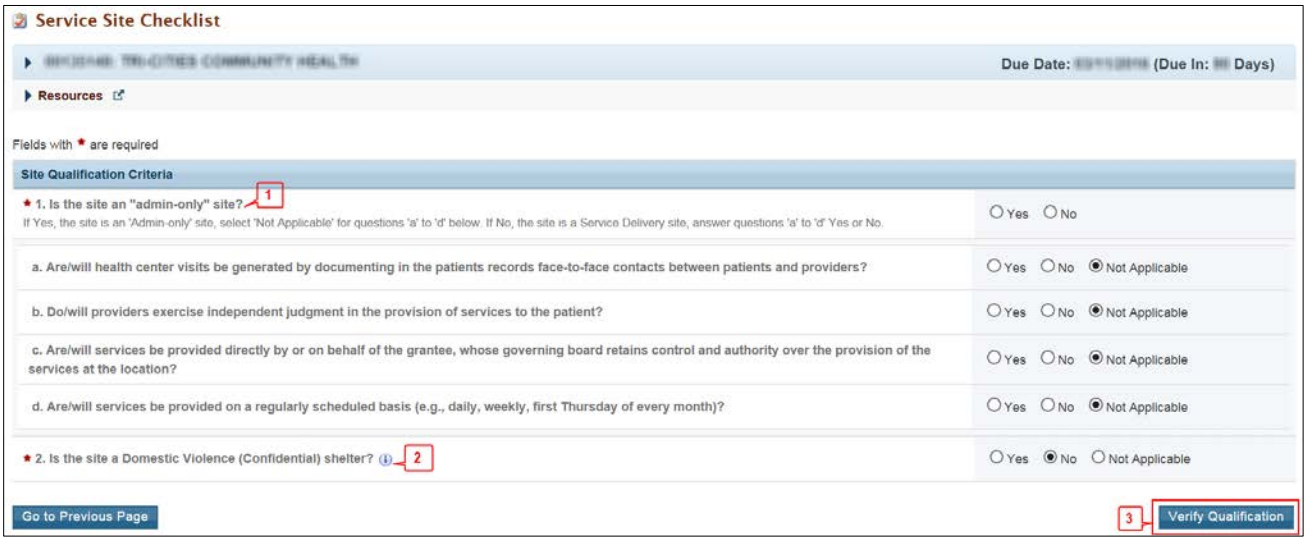
➢ The system navigates to the **Service Site Checklist** page.

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

IMPORTANT NOTES:

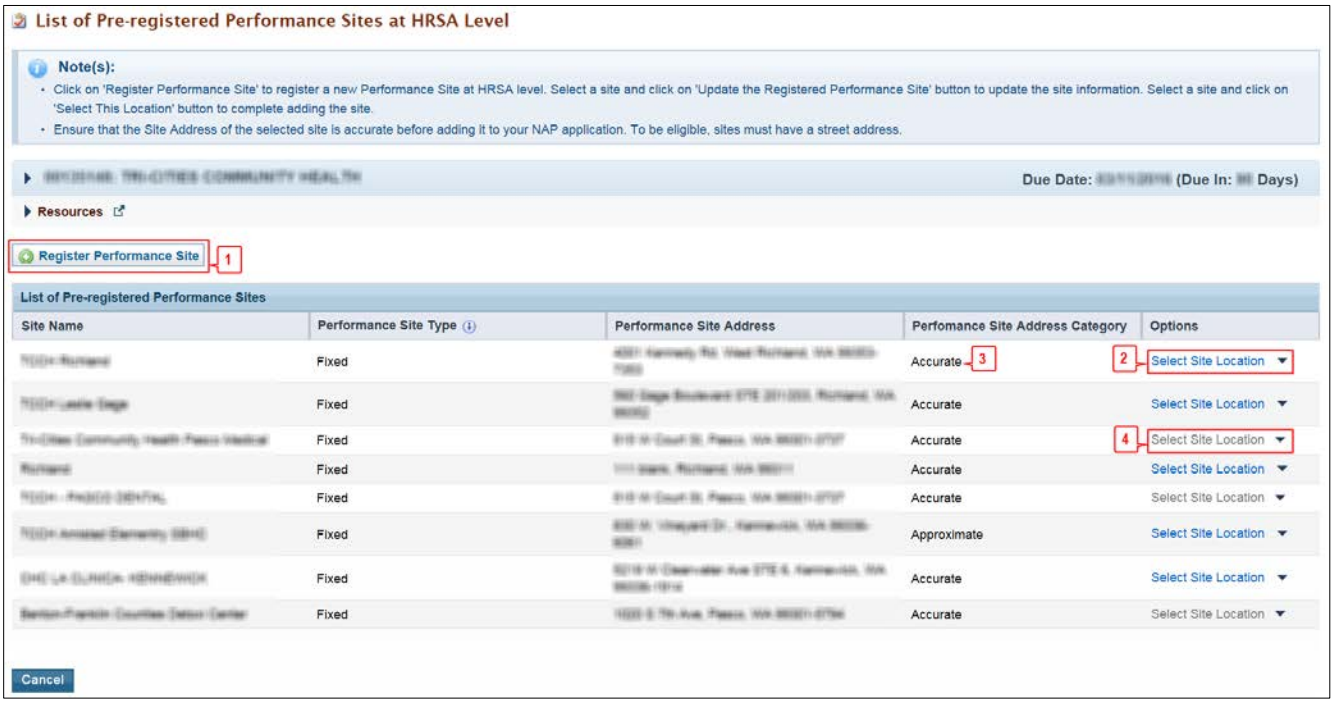
- The answer to question 1 must be 'No' (**Figure 37, 1**) if you will provide required or additional services at the site being added through your NAP application.
- To qualify as a service site, you must select 'Yes' for questions 'a' through 'd'.
- Indicate if the site being added is a domestic violence site by answering 'Yes' or 'No' to question 2 (**Figure 37, 2**). 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' (**Figure 37, 1**), i.e. if the site being added is an 'Admin-only' site, the remaining questions are not applicable.

Figure 37: Service Site Checklist page



3. Click the Verify Qualification button (**Figure 37**, **3**).
    - The system navigates to the **List of Pre-Registered Performance Sites at HRSA Level** page displaying all the sites that are registered by your organization within EHB.
4. To use a new location for the site you are proposing in **Form 5B**, click the Register Performance Site button (**Figure 38**, **1**) and register your site using the Enterprise Site Repository (ESR) system by following the steps below:
    - On the Basic Information – Enter page, provide a site name and select a site type from the following options: Fixed or Mobile. Click the Next Step button.
    - On the Address – Enter page, enter the physical address of the site. The NAP funding opportunity requires you to provide a verifiable physical street address when registering a new site for your application. Click the Next Step button.
    - On the Register – Confirm page, the system displays physical address you entered on the Address – Enter page along with the standardized format of the address. Select the option you want and click the Confirm button.
    - On the Register – Result page, click the Finish button to register the site to your organization.

Figure 38: List of Pre-Registered Performance Sites at HRSA Level page



5. Select a site for the NAP from the list of pre-registered performance sites and click its **Select Site Location** link (**Figure 38**, **2**). Standardized addresses will be listed as "Accurate" (**Figure 38**, **3**). If the address is "Approximate," ensure that the site address entered is a verifiable physical street address.

IMPORTANT NOTE: The system disables the **Select Site Location** link (**Figure 38**, **4**) for the sites under any of the categories mentioned below. You will not be able to select such a site location:

- If the site is already included in the current application.
- If the site is already in your Health Center Program scope or in another award recipient's Health Center Program scope with active or pending verification status.
- If the site is a Mobile site and applicant is trying to propose an "Admin-only" site.
- If the site is a confidential site and the applicant is trying to propose a non-confidential/non-domestic violence site.
- If the site is a non-confidential site and the applicant is trying to propose a confidential/domestic violence site.

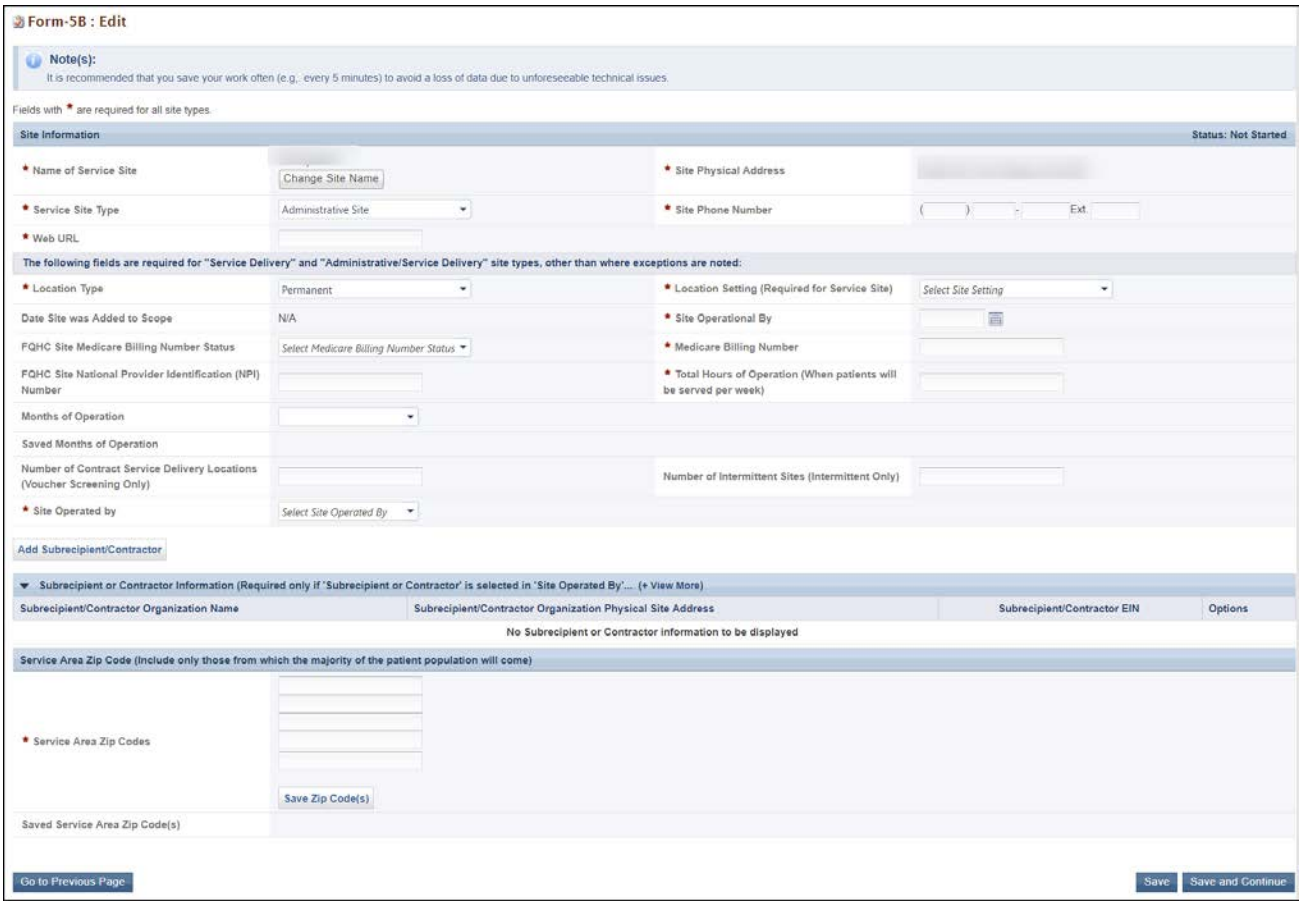
In any of these cases, the system provides you the reasons for which the site is disabled when you hover over the **Select Site Location** link (**Figure 38**, **4**).

6. If you wish to update the name of any site on the list of pre-registered performance sites, click the **Update the Registered Performance Site** link (**Figure 39**) and update the site name.

Figure 39: Update the Registered Performance Site link

7. 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 40**). Fields marked with an asterisk (*) are required.

Figure 40: Form 5B: Edit page



IMPORTANT NOTES:

- If you are proposing to serve Community Health Center, Public Housing Primary Care, and/or Health Care for the Homeless (with or without Migrant Health Center), you must propose at least one Service Delivery site or Administrative/Service Delivery site that has a Location Type as 'Permanent', and that operates for at least 40 hours a week.

- If you are requesting only Migrant Health Center funding (based on the sub program you selected in the Section A – Budget Summary form), you must propose at least one Service Delivery site or Administrative/Service Delivery site that has a Location Type as "Permanent" or "Seasonal," and that operates for at least 40 hours a week.

8. For Service Delivery sites, complete the form by following the steps below:
    - The name, address, and service site type populate from the list of pre-registered performance sites.
    - Select a Location Setting (i.e., all other clinic types, hospital, or school) and Location Type (i.e., permanent, seasonal, or mobile).
    - Enter the date that the site will be or became operational. The date must be no more than 120 days after the project start date.
    - Select the Medicare billing status and enter Medicare billing number, if applicable. Enter 'N/A' if you do not have a billing number.
    - Enter the total hours of operation per week for the site.
    - Select whether the site is operated by the health center/applicant, contractor, or subrecipient.
    - If the site is operated by a contractor or subrecipient, you must enter information about the operating organization.
    - Enter the zip codes for the NAP service area. After each five zip codes entered, click Save Zip Codes, to save and add more, if applicable.

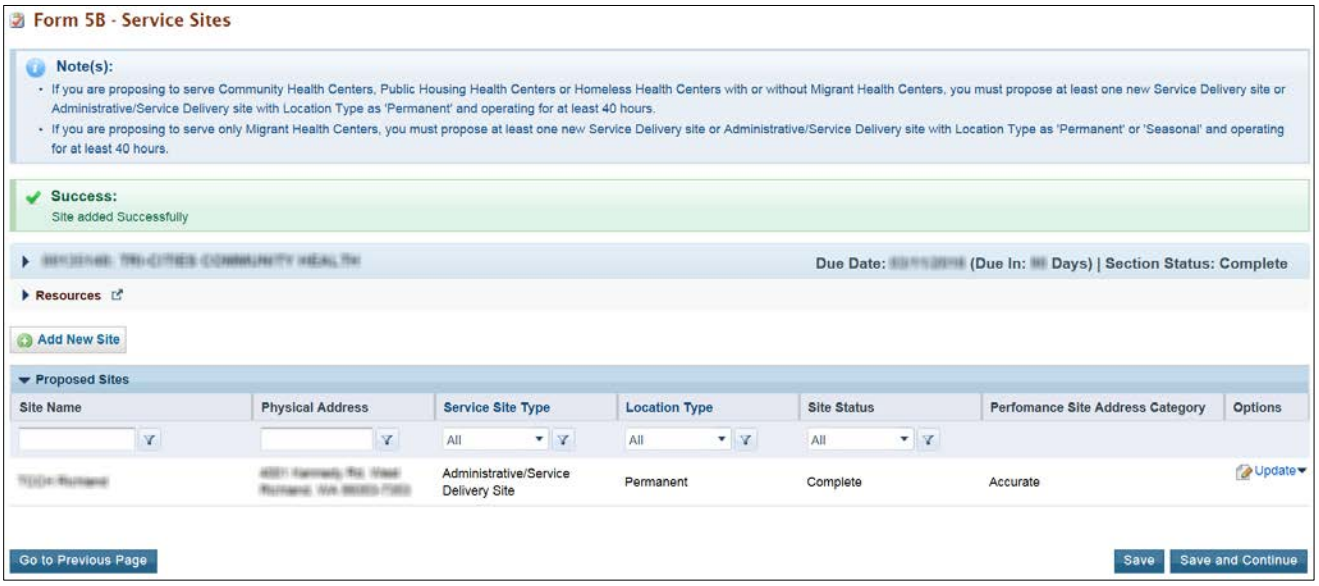
IMPORTANT NOTES:

- The zip codes entered in **Form 5B** will be used to calculate the Unmet Need Score for your application. See the NAP technical assistance webpage at http://bphc.hrsa.gov/programopportunities/fundingopportunities/NAP for additional information.

- You must add the zip code included in the physical address of the site in the Service Area Zip Codes field of **Form 5B: Edit** page**.**

9. After providing the 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 41**).

Figure 41: Newly added site displayed under Proposed Sites section



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

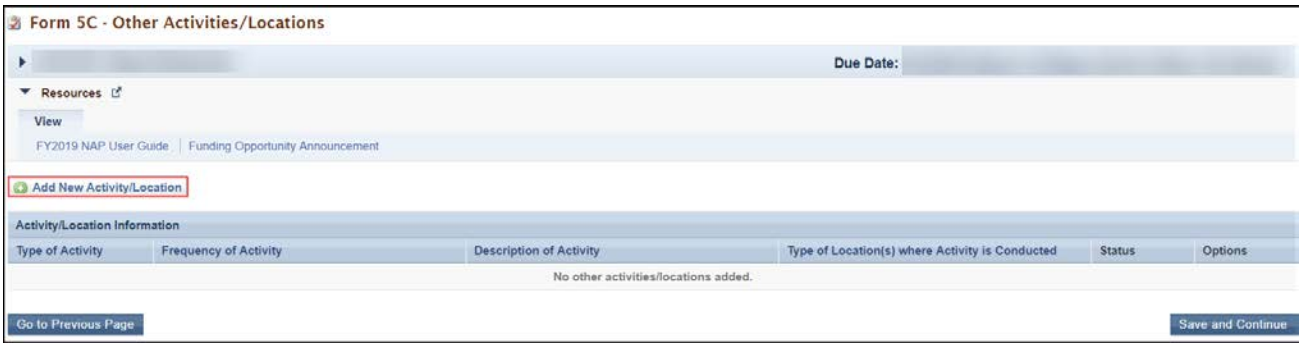
3.9 Form 5C: Other Activities/Locations

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

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

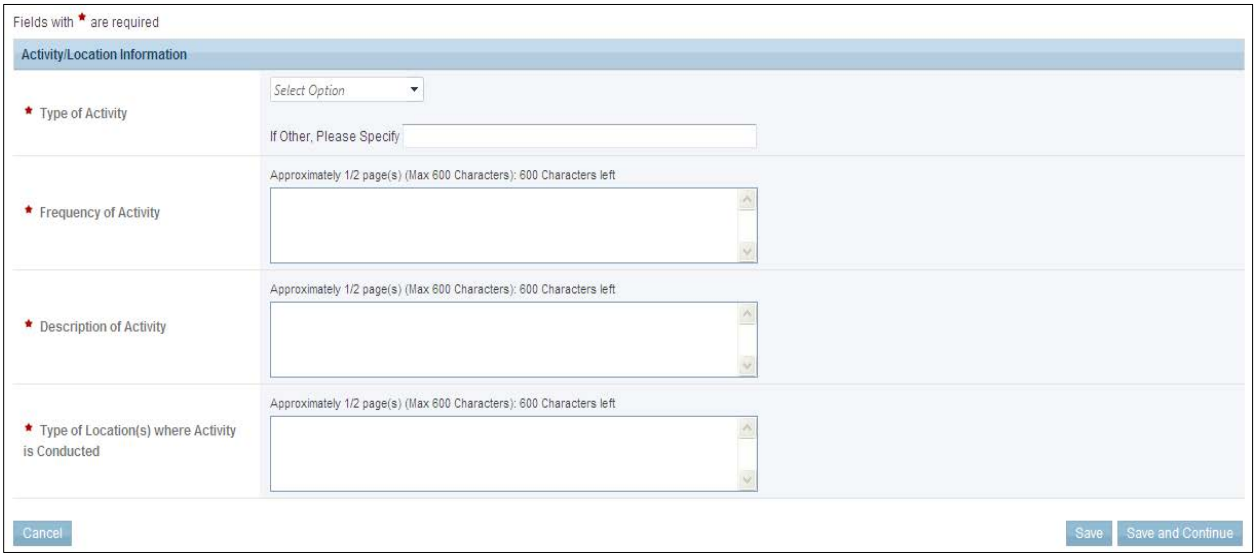
1. Click the Add New Activity/Location button provided at the top of the form (**Figure 42**).

Figure 42: Add New Activity/Location button



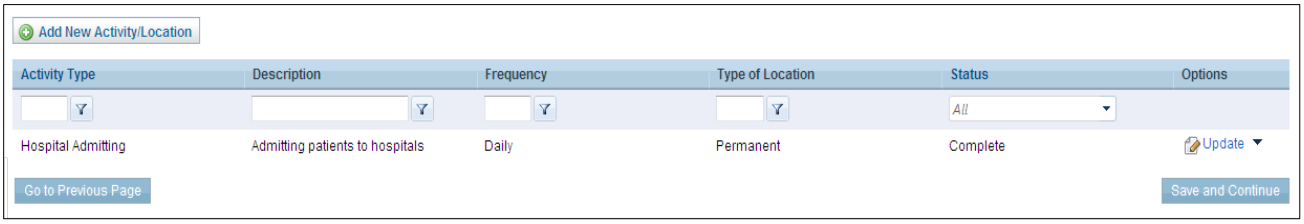
- The system navigates to the **Activity/Location - Add** page (**Figure 43**).

Figure 43: Activity/Location – Add page



2. Provide information in all the 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 44**). Once the activity is added, it can be updated or deleted as needed.

Figure 44: Activity/Location added



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

3.10 Alteration/Renovation (A/R) Information

IMPORTANT NOTES:

- If you requested One-Time Funding for Year 1 in Form 1B: Funding Request Summary and indicated that you will be using these funds for minor alteration/renovation (with or without equipment), you will be required to complete the Alteration/Renovation (A/R) Information page, consisting of the Alteration/Renovation (A/R) Project Cover Page and Other Requirements for Sites forms for at least one service site proposed in Form 5B: Service Sites of this NAP application.

- If you did not request One-Time Funding for minor alteration/renovation in Form 1B: Funding Request Summary, this form will not apply to you (**Figure 45**). If the form is not applicable to you, click the Continue button to proceed to the next form.

Figure 45: A/R Information Page – "Not Applicable" Message

When the **Alteration/Renovation (A/R) Information** page is applicable to you, the system populates all the 'Service Delivery' and 'Administrative/Service Delivery' sites you proposed in the Form 5B – Service Sites form of this NAP application (**Figure 46**, **1**). Any 'Administrative-only' sites proposed in Form 5B: Service Sites will *not* be listed on the A/R Information page because you cannot use one-time funds for alteration or renovation of an 'Administrative-only' site. Follow the steps below to complete this form:

Figure 46: A/R Information Page when Applicable

1. Answer whether you are requesting federal one-time funding for minor alteration/renovation at each site by clicking "Yes" or "No" (**Figure 46**, **2**).
2. For each site for which you clicked "Yes", click the Update button (**Figure 46**, **3**) to complete the Alteration/Renovation (A/R) Project Cover Page and Other Requirements for Sites forms (**Figure 47**).

IMPORTANT NOTES:

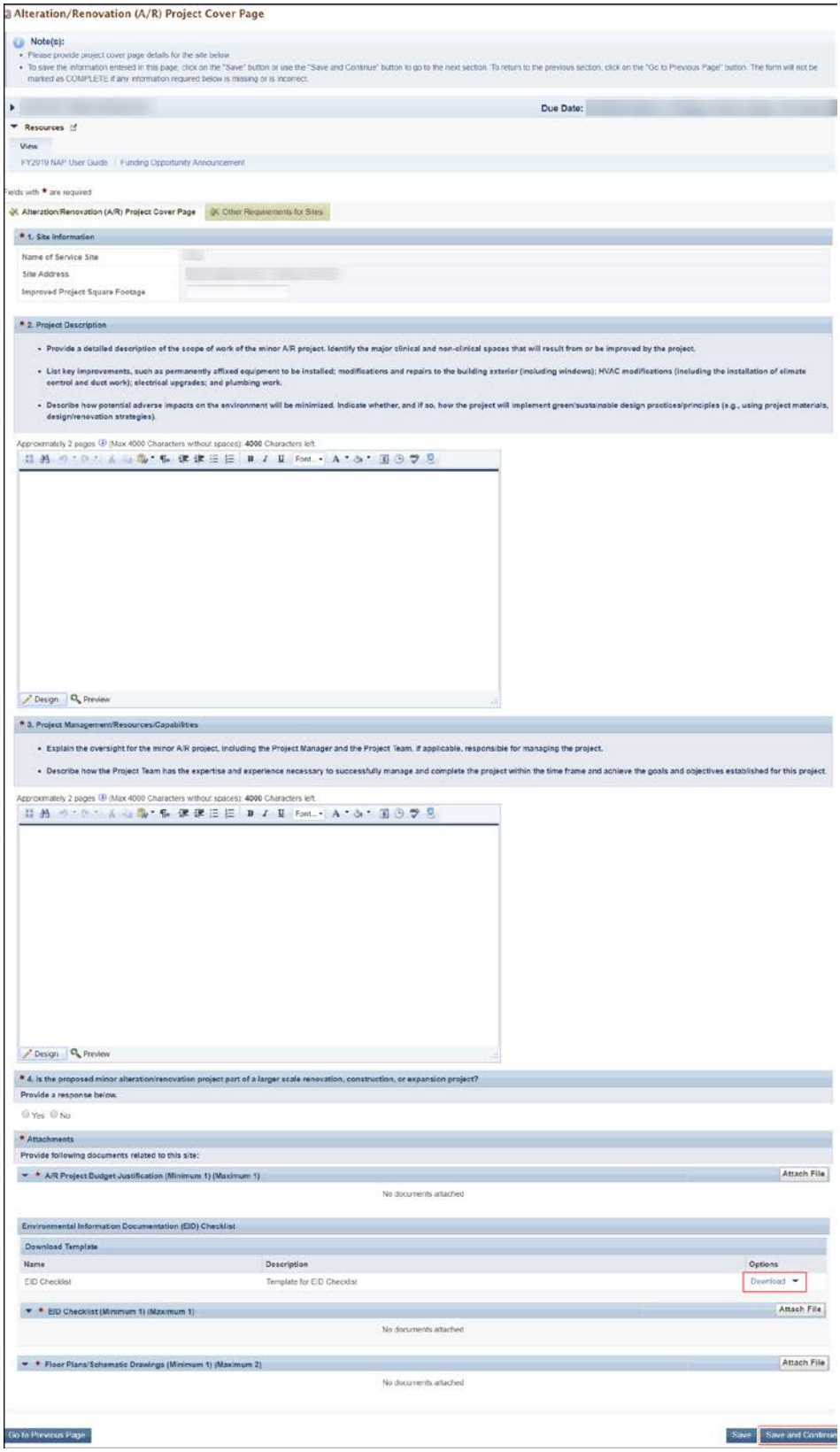
- If you requested One-Time Funding for Year 1 in Form 1B: Funding Request Summary and indicated that you will be using these funds for minor alteration and renovation, you must answer 'Yes' for the one-time funding question for at least one site listed on this form.
- You will be required to complete the Alteration/Renovation (A/R) Proposal Cover Page and Other Requirements for Sites forms for each site for which you answer 'Yes' for the one-time funding question.
- You will not be able to provide A/R information for sites for which you answer 'No' for the one-time funding question.

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

1. On the **A/R Project Cover Page**, answer all the questions and attach the documents as requested. Fields and attachments marked with an asterisk (*) are required.
2. After you have completed the **A/R Project Cover Page (Figure 47)**, click the Save and Continue button at the bottom of the screen to save your work and proceed to the **Other Requirements for Sites** section.

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

Figure 47: A/R Project Cover Page

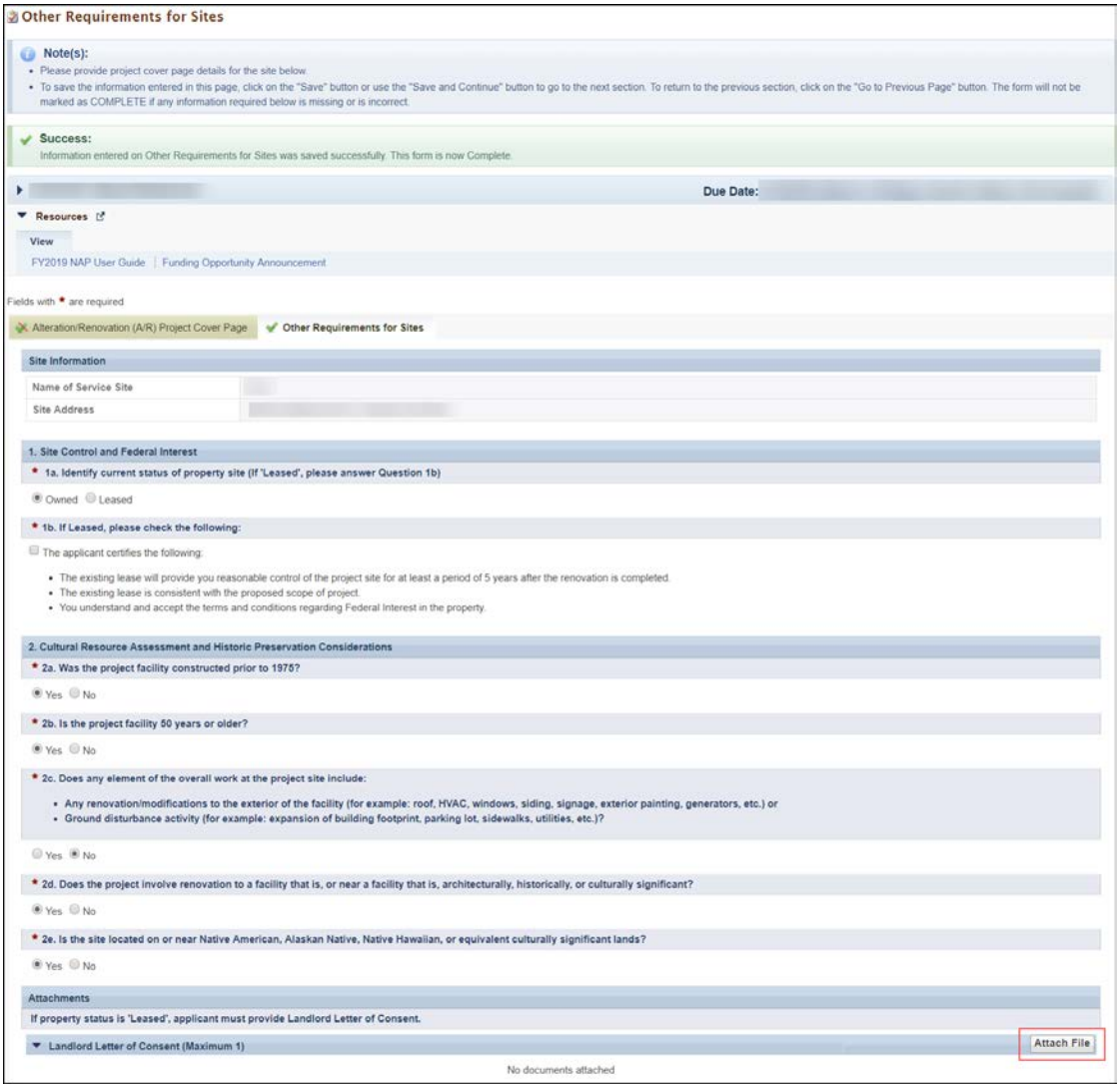


3.10.2 Other Requirements for Sites

Applicants requesting one-time funding for minor alteration/renovation must complete the **Other Requirements for Sites** form for each site where minor alteration/renovation activities will occur. This form addresses site control, federal interest, and cultural resources and historic preservation considerations related to the minor A/R project. To complete this form:

1. Answer all the questions on the form.
2. If the site is a leased property, you must attach a Landlord Letter of Consent in the Attachments section.
3. Click the Save and Continue button at the bottom of the form.
    - You will be returned to the **A/R Information Page** with the list of proposed sites.

Figure 48: Other Requirements for Sites



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

IMPORTANT NOTES:

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

3.11 Form 6A: Current Board Member Characteristics

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

IMPORTANT NOTES:

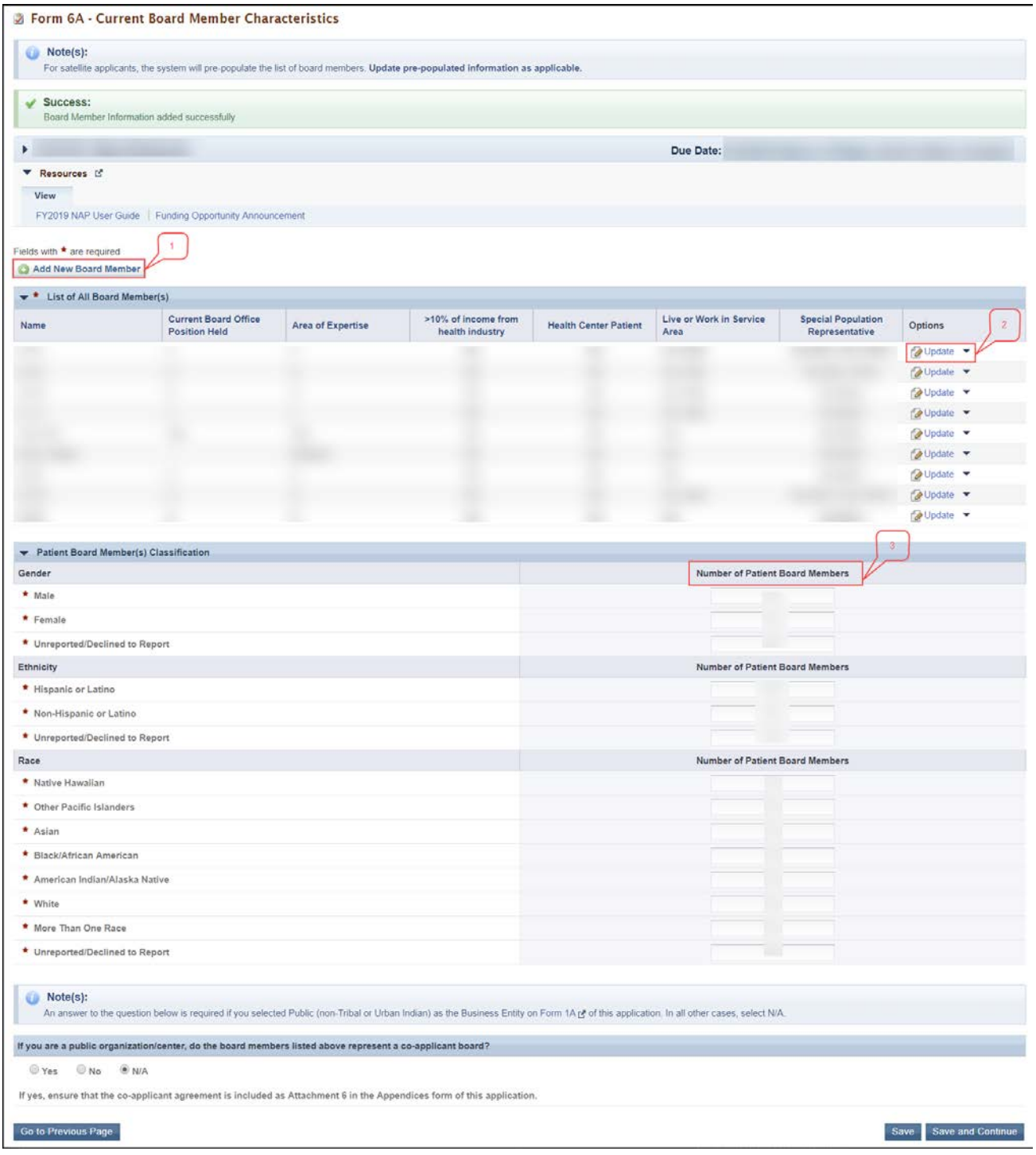
- This form is optional if you selected "Tribal" or "Urban Indian" as the Business Entity in Form 1A: General Information Worksheet. You can click the Save or the Save and Continue button at the bottom of the page to proceed to the next form.
- If you chose a Business Entity other than "Tribal" or "Urban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

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

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

1. To add information for a board member, click the Add New Board Member button (**Figure 49**, **1**). You must provide a minimum of 9 and maximum of 25 board members.

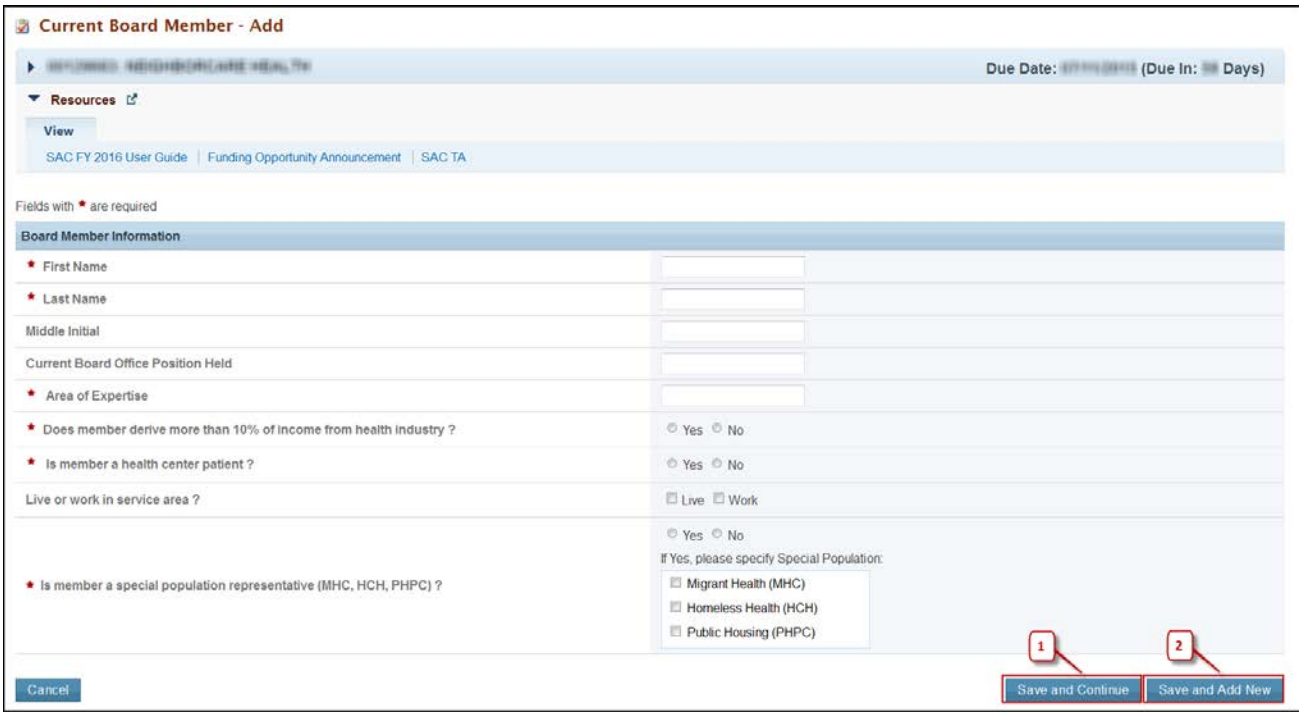
Figure 49: Form 6A Current Board Member Characteristics



- The system navigates to the **Current Board Member - Add** page (**Figure 50**).

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 50, 1**), or the Save and Add New button to save the information and add a new board member (**Figure 50, 2**).

Figure 50: Current Board Member – Add Page



3. To update or to delete information for any board member, click on **Update** or **Delete** link under the options column in the **List of All Board Members** section (**Figure 49**, **2**).
4. Enter the gender, ethnicity, and race of board members who are patients of the health center in the **Patient Board Member Classification** sections (**Figure 49**, **3**).

IMPORTANT NOTES:

- The totals of each Patient Board Member Classification section must be equal.
- The total number of patient board members under each classification section should be less than or equal to the total number of board members added in the List of All Board Members section.

5. If you selected Public (non-Tribal or Urban Indian) as the business entity in Form 1A: General Information Worksheet of this application, select 'Yes' or 'No' for the public organization/center related question. If you selected a different business entity in Form 1A, select 'N/A' for this question. If you answer 'Yes' to this question, ensure that the Co-applicant Agreement is included as **Attachment 6** in the **Appendices** form of this application.
6. After providing all the necessary information on **Form 6A**, click the Save and Continue button to save the information and proceed to the next form.

3.12 Form 6B: Request for Waiver of Governance Requirements

If you are proposing to serve only Migrant Health Center, Health Care for the Homeless, and/or Public Housing Primary Care, **Form 6B** is used to request a waiver of the 51% patient majority governance requirement. Note that HRSA will not grant a waiver request if your organization currently receives or is applying for Community Health Center (CHC) funding.

3.12.1 Completing Form 6B when it is not applicable

Form 6B will not be applicable in the following cases:

- You selected "Tribal" or "Urban Indian" as the Business Entity in Form 1A: General Information Worksheet.
- You are currently receiving Community Health Centers (CHC) funding, or you selected CHC as one of the sub programs in the Budget Information: Section A - Budget Summary form of this application.

If the form is not applicable to you, click the Continue button to proceed to the next form (**Figure 51, 1**).

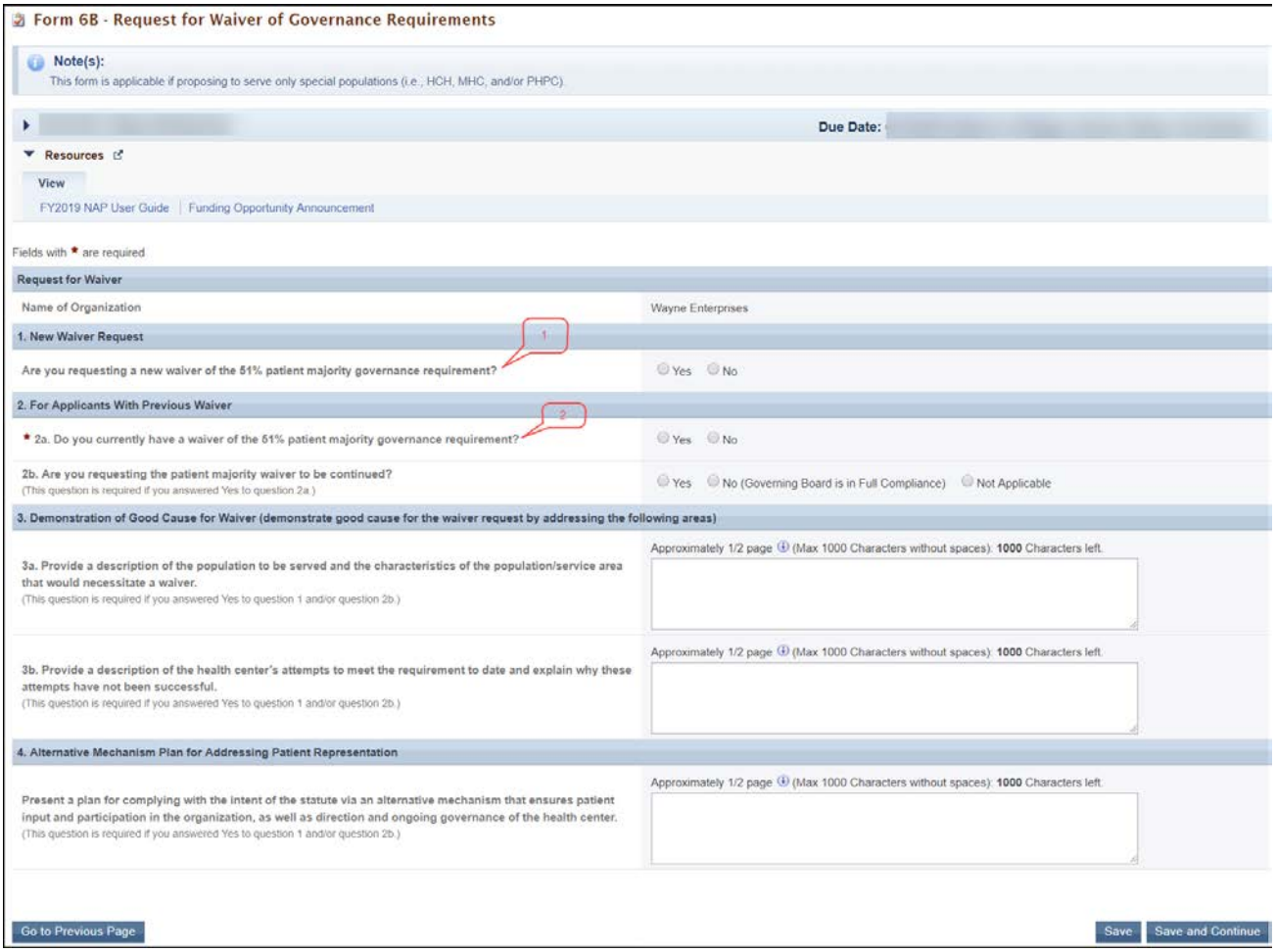
Figure 51: Form 6B: Request for Waiver of Governance Requirements – Not Applicable

3.12.2 Completing Form 6B when it is applicable

To complete **Form 6B** when it is applicable and necessary for your organization, follow the steps provided below:

1. Indicate whether you are requesting a new waiver of the 51% patient majority governance requirement under the **New Waiver Request** section (**Figure 52**, **1**) or if you currently have a waiver in the **For Applicants With Previous Waiver** section (**Figure 52**, **2**).

Figure 52: Form 6B: Request for Waiver of Governance Requirements – Applicable



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

3.13 Form 8: Health Center Agreements

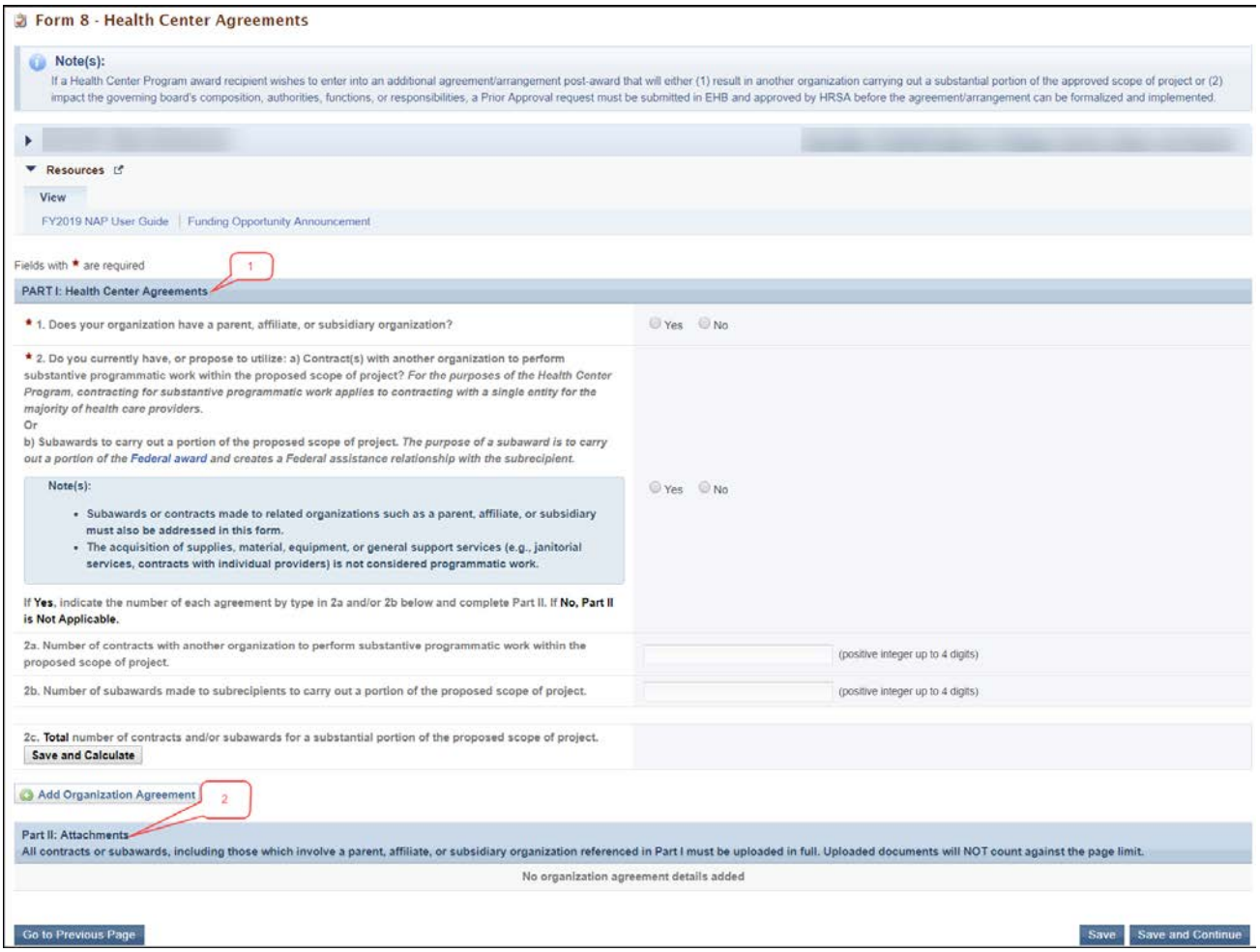
Form 8 indicates whether 1) you have a parent, affiliate, or subsidiary organization; and/or 2) you have or propose to utilize:

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

This form has the following sections:

- Part I: Health Center Agreements (**Figure 53**, **1**)
- Part II: Adding Organization Agreement details (**Figure 53**, **2**)

Figure 53: Form 8 – Health Center Agreements



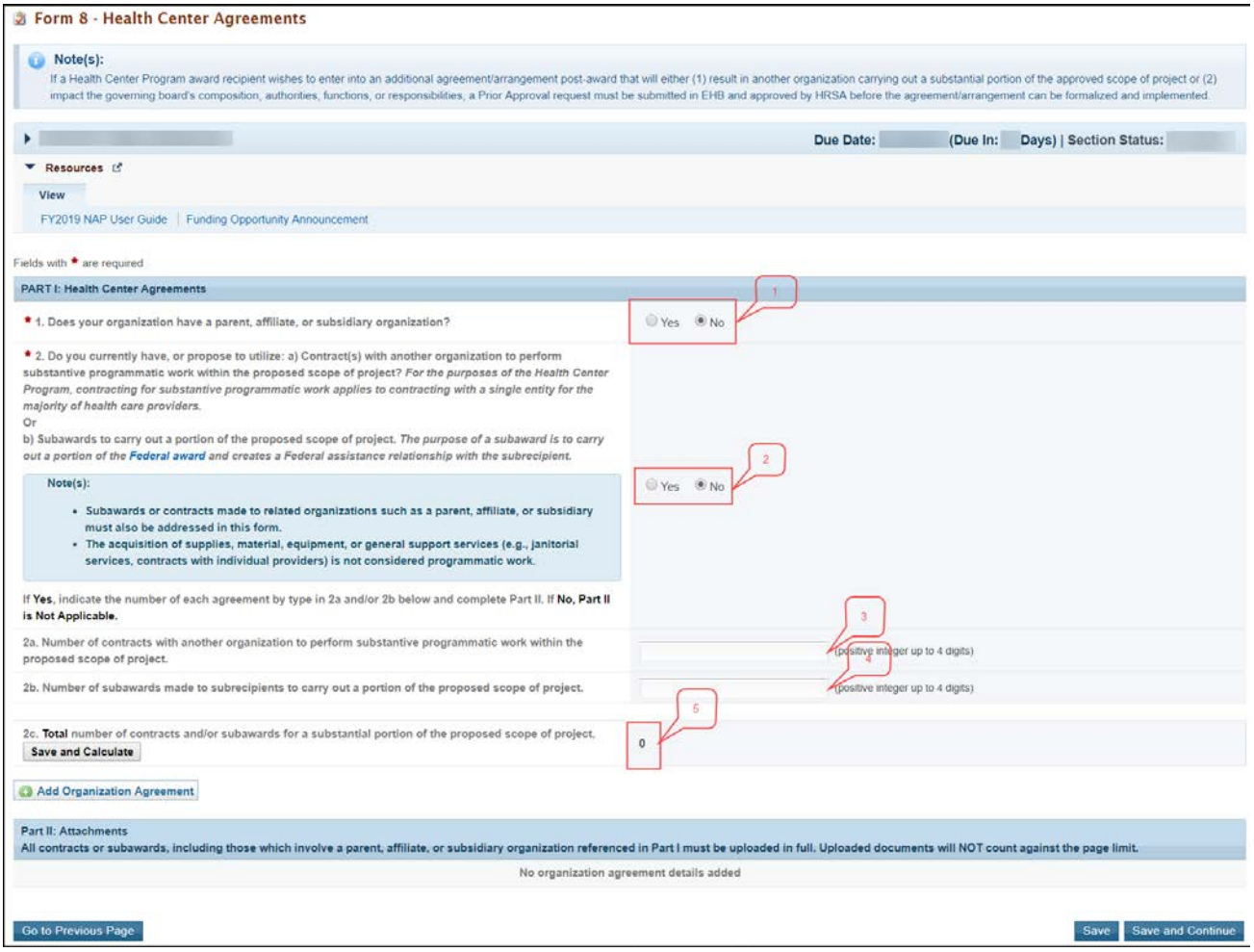
3.13.1 Completing Part I: Health Center Agreements

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

1. Answer question 1 (**Figure 54**, **1**) and question 2 (**Figure 54**, **2**). Select '**Yes'** for question 2 if any current or proposed agreements exist with another organization to perform substantive programmatic work within the scope of project. For the purposes of the Health Center Program, contracting for substantive programmatic work applies to contracting with a single entity for most of health care providers.

IMPORTANT NOTE: If any of the new sites proposed in Form 5B: Service Sites are being operated by a "Subrecipient" or a "Contractor", the system will set the answer for question 2 to 'Yes'.

Figure 54: Form 8, Part I



2. If 'Yes' was selected for question 2, complete questions 2a and 2b (**Figure 54**, **3-4**). Click Save and Calculate to show the total number of contracts or subawards in 2c (**Figure 54**, **5**).

3.13.2 Completing Part II: Adding Organization Agreement details

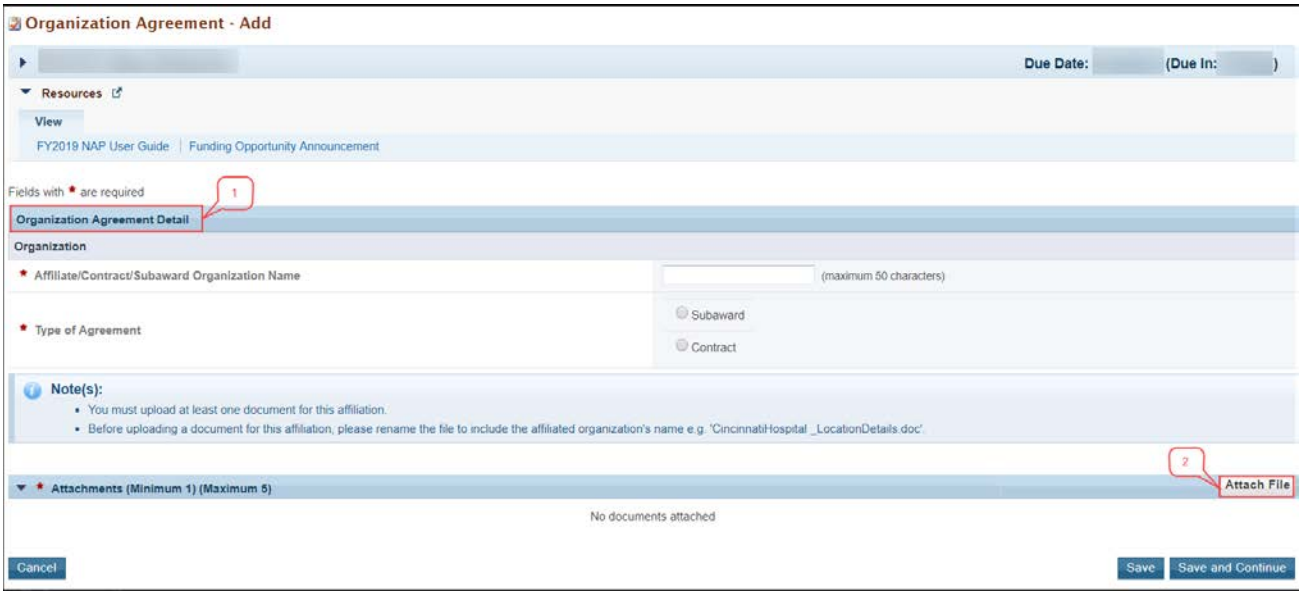
If you answered 'Yes' to questions 1 or 2, provide each agreement with external organizations as noted in Part I. The agreements will be organized by organization. To add agreements, follow the steps below:

1. Click the Add Organization Agreement button located above Part II (**Figure 55**, **1**).

Figure 55: Form 8, Part II

- The system navigates to the **Organization Agreement - Add** page (**Figure 56**).

Figure 56: Organization Agreement – Add page



2. Provide the required information for the agreement in the **Organization Agreement Detail** section on this page (**Figure 56**, **1**).
3. Under the **Attachments** section at the bottom of this page, click on the Attach File button (**Figure 56**, **2**) to upload at least one document related to the organization (i.e., the complete affiliation agreement, contract, and/or subaward).

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

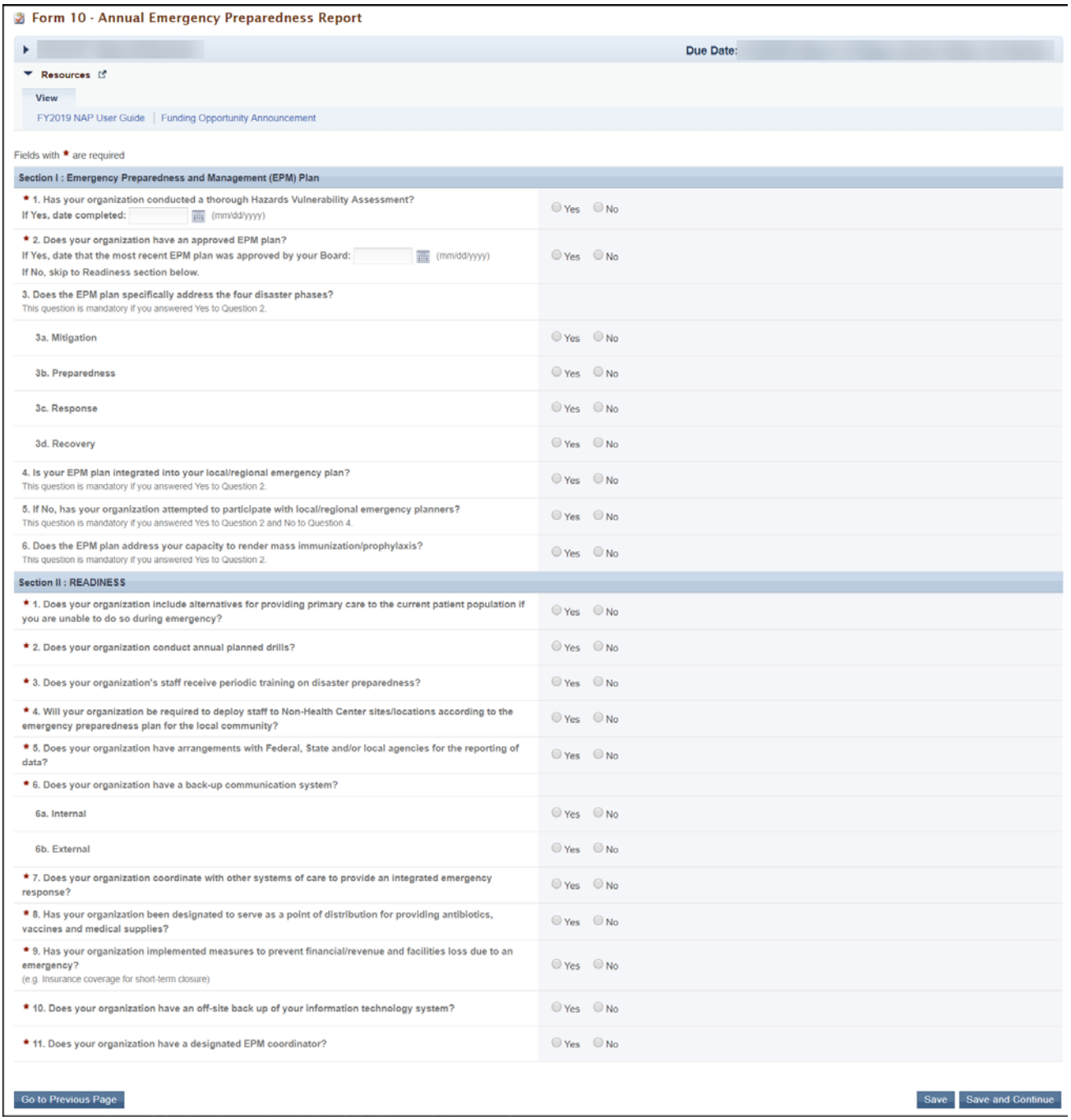
4. Click Save and Continue to return to **Form 8: Health Center Agreements** list page. Following the steps described above, add as many organizations and corresponding agreements as referenced in Part I. This form will accept a maximum of five document uploads for 10 organizations
5. After completing **Form 8**, click the Save and Continue button to save your work and proceed to the next form.

3.14 Form 10: Emergency Preparedness Report

Form 10: Emergency Preparedness Report assesses your organization's overall emergency readiness. To complete this form, follow the steps below:

1. Complete all sections of this form by selecting a 'Yes' or 'No' response for each question (**Figure 56**).
2. After completing **Form 10**, click the Save and Continue to save and proceed to the next form.

Figure 56: Form 10 –Emergency Preparedness Report



3.15 Form 12: Organization Contacts

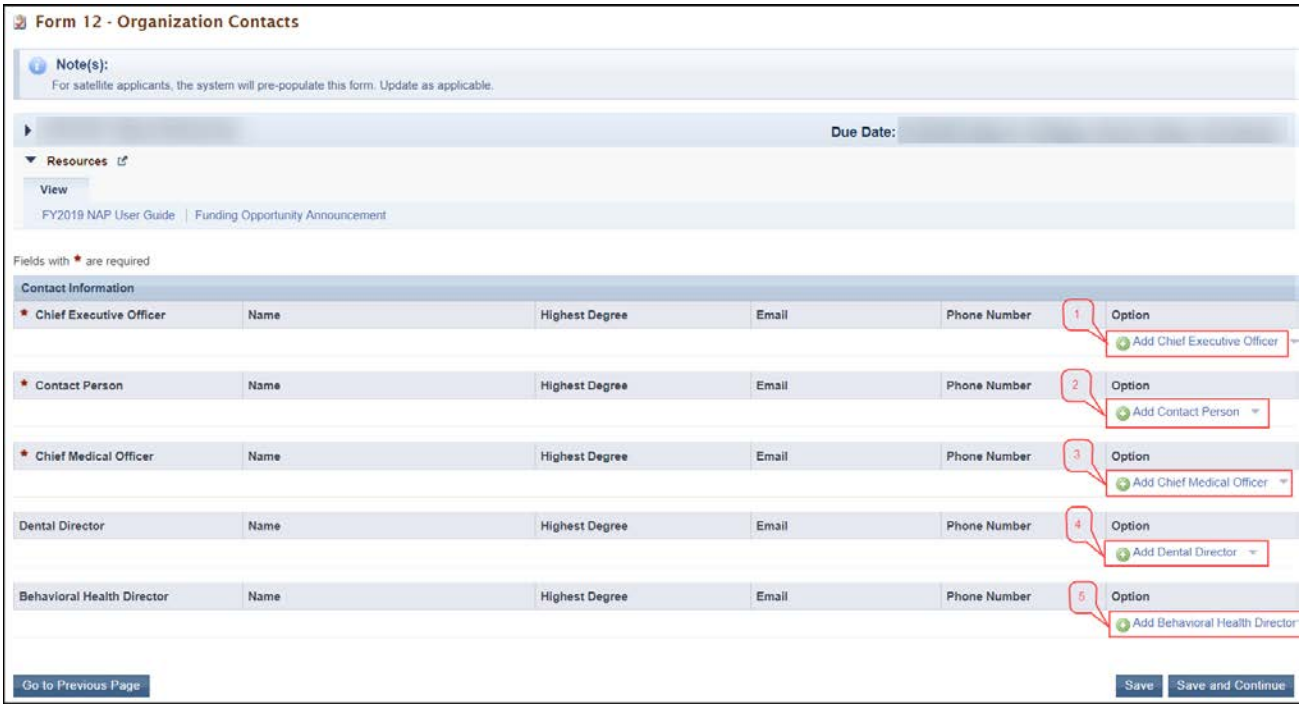
Use **Form 12: Organization Contacts** to provide contact information for the proposed project.

New applicants will provide the requested contact information. For existing award recipients submitting a satellite application, the system will pre-populate the contact information from the latest awarded Health Center Program application.

To complete this form, follow the steps below:

1. Enter contact information for the Chief Executive Officer, Contact Person, Chief Medical Officer, Dental Director (optional), and Behavioral Health Director (optional) by clicking on the Add button (**Figure 57**, **1, 2, 3, 4,5**).

Figure 57: Form 12 – Organization Contacts

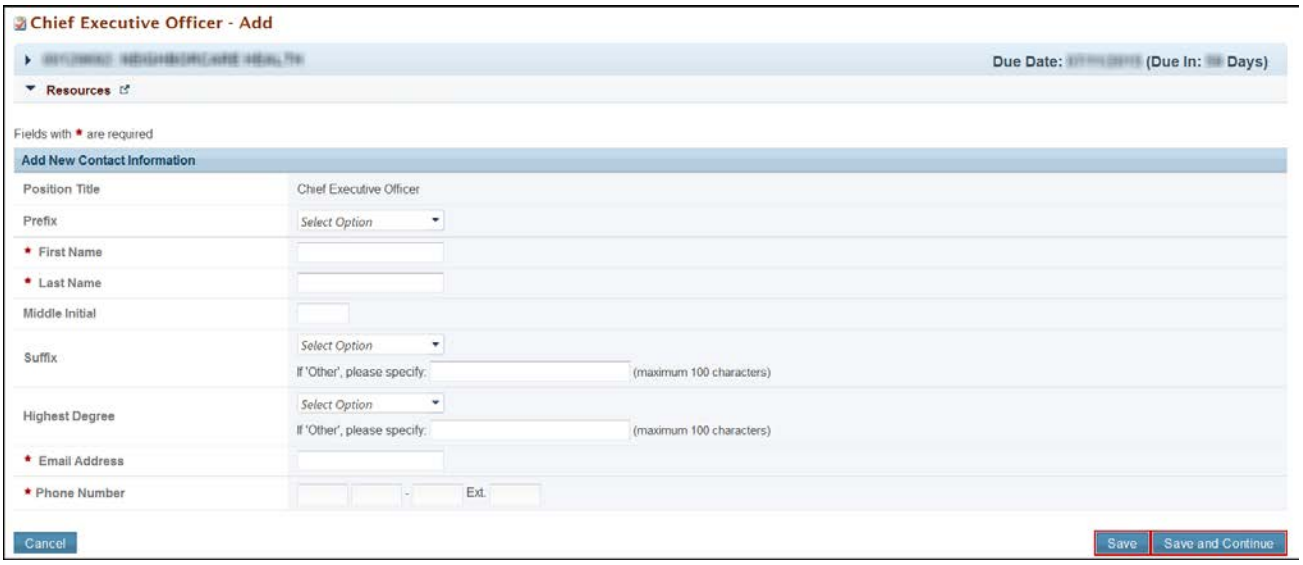


2. Click on the **Add/Update** link to add or update the information for each type of contact.
   - ➢ The system directs you to the data entry page for the corresponding contact.
3. To delete the contact information already provided, click on the **Delete** link under the options column.

IMPORTANT NOTE: The **Update** and the **Delete** links will be only displayed once you have added the contact information.

4. Enter the required information on this page.

Figure 58: Chief Executive Officer – Add page



5. Click Save to save the information and remain on the same page or click Save and Continue to save the information and proceed to the **Form 12: Organizations Contact** page to add information for the next contact.
6. After providing complete information on **Form 12**, click the Save and Continue button to save the information and proceed to the next form.

3.16 Clinical Performance Measures

The **Clinical Performance Measures** form collects the goals and performance measures for the NAP project.

IMPORTANT NOTE: See the NAP technical assistance webpage at http://bphc.hrsa.gov/programopportunities/fundingopportunities/NAP for more information on completing the **Clinical Performance Measures** form.

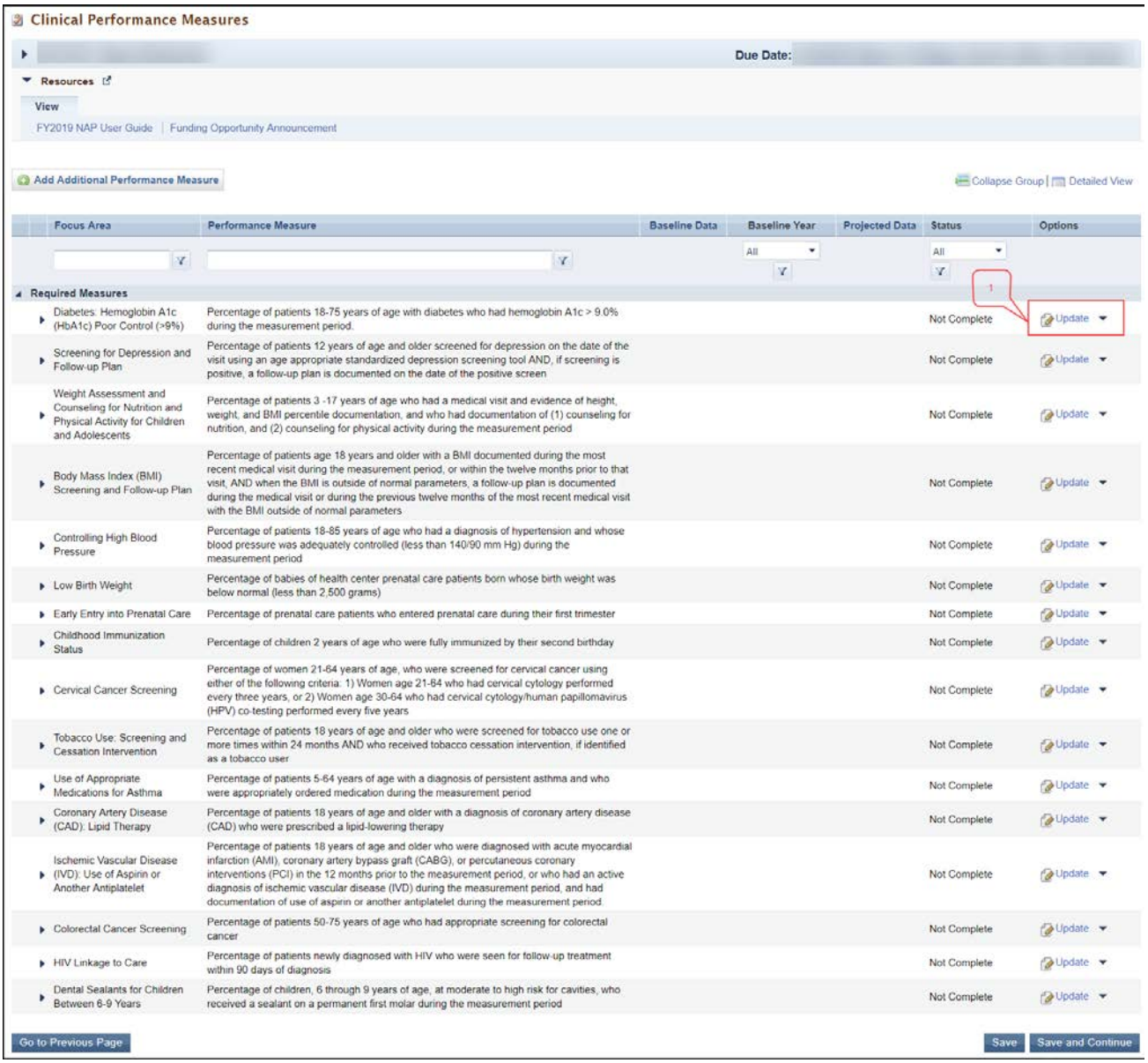
The **Clinical Performance Measures** form displays **Required Measures** and **Additional Measures**. The **Required Measures** are HRSA-defined measures; applicants are required to provide requested information for all required measures. **Additional Measures** are self-defined and optional.

3.16.1 Completing the Required Clinical Performance Measures

To complete this form:

1. Click on the **Update** link to start working on a performance measure (**Figure 59**, **1**).

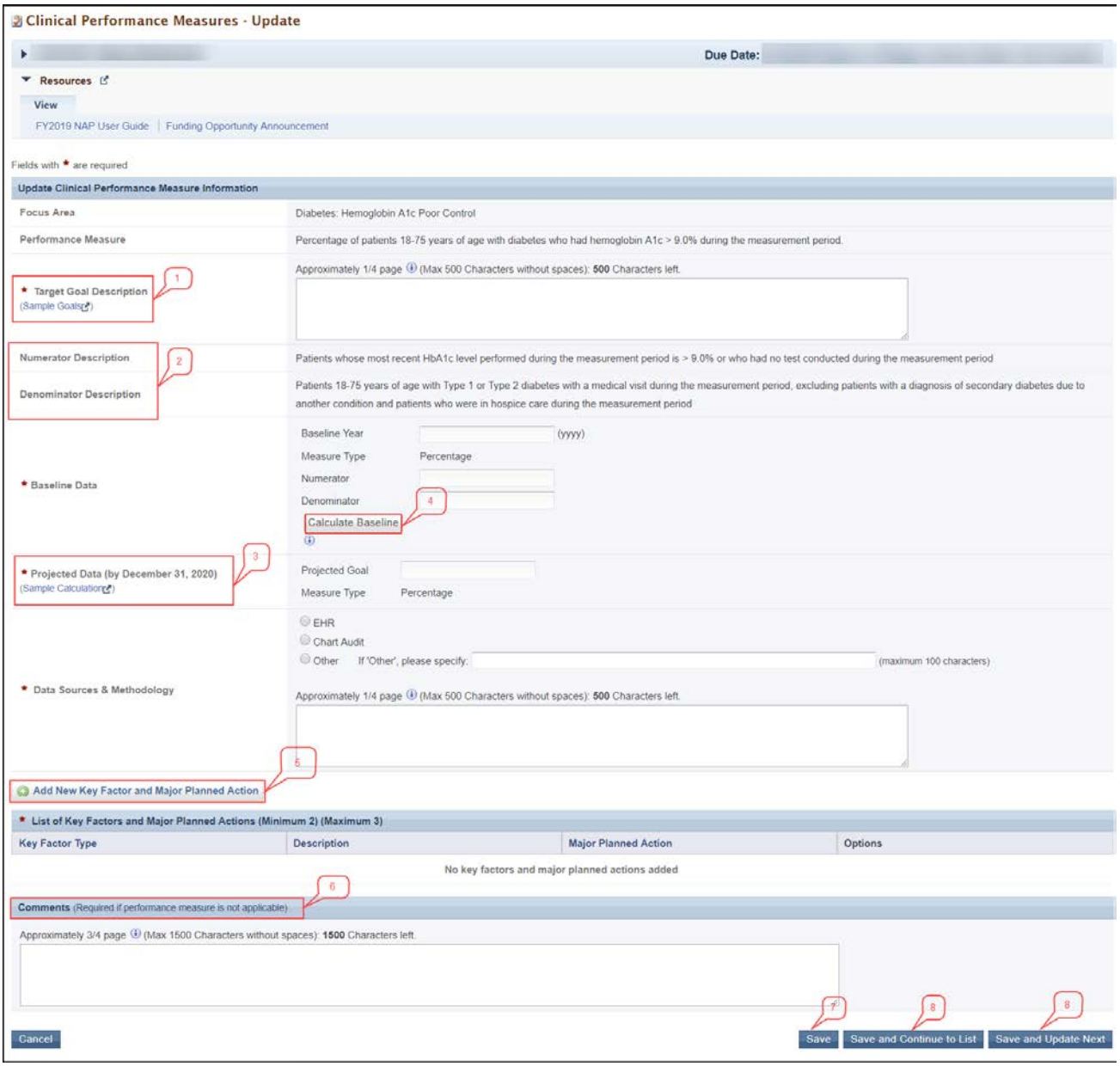
Figure 59: Clinical Performance Measures page



IMPORTANT NOTE: The **Clinical Performance Measures** form will be 'Complete' when the status of all required measures and additional measures are 'Complete'.

- The system navigates to the **Clinical Performance Measure – Update** page (**Figure 60**).

Figure 60: Clinical Performance Measure - Update page

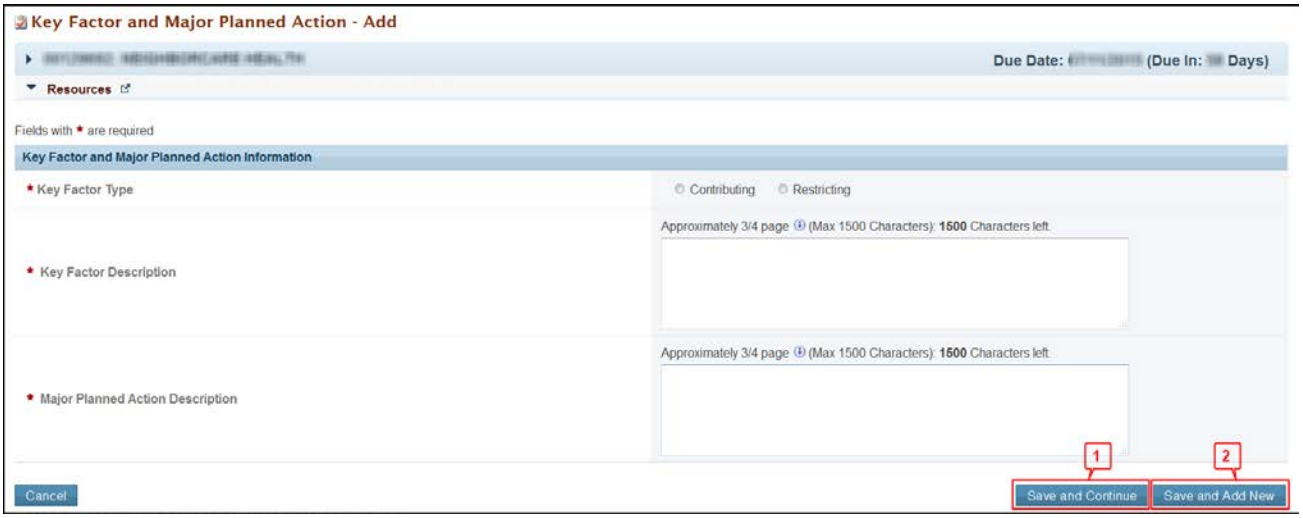


2. Provide a **Target Goal Description**, for each performance measure (**Figure 60**, **1**). For all required measures, the **Numerator** and **Denominator** descriptions are pre-populated (**Figure 60**, **2**).
3. For Baseline Data, enter the year of the data provided and the numerator and denominator values based on the descriptions given. Use the Calculate Baseline button to calculate the baseline percentage (**Figure 60**, **4**).
4. Enter the goal under **Projected Data (by December 31, 2020)** as a percentage (**Figure 60**, **3**).
5. Select 'EHR', "Chart Audit', or 'Other' as the **Data Source**. If 'Other' is selected, specify the data source. Describe the **Methodology** used to collect and analyze data.
6. Click on the Add New Key Factor and Major Planned Action button to add Key factors (**Figure 60**, **5**).

- The system navigates to the **Key Factor and Major Planned Action – Add** page (**Figure 61**).

7. Provide information for at least one restricting and one contributing Key Factor type.

Figure 61: Key Factors and Major Planned Action - Add page



8. Click the Save and Continue button (**Figure 61**, **1**) to save the information on this page and proceed to the **Clinical Performance Measures – Update** page, or click the Save and Add New button (**Figure 61**, **2**) to save the information on this page and proceed to add a new key factor.
9. Provide comments in the Comment field if needed (**Figure 60**, **6**).
10. Click on the Save button to save the information on this page (**Figure 60**, **7**). To go to the **Clinical Performance Measure – List** page, click on the Save and Continue to List button (**Figure 60**, **8**) or click on the Save and Update Next button to update the next performance measure in the list (**Figure 60**, **9**).

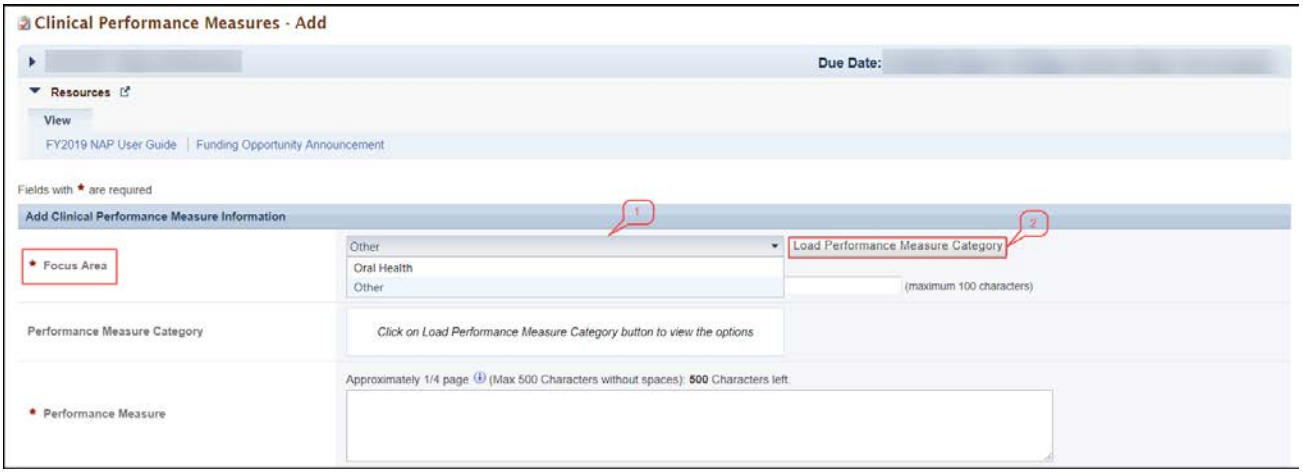
3.16.2 Adding Additional Performance Measures

To add an additional performance measure to your application, follow the steps below:

1. Click the Add Additional Performance Measure button at the top of the **Clinical Performance Measure – List** page.

- The **Add Clinical Performance Measure** page opens.

Figure 62: **Add Clinical Performance Measure**



2. Select a focus area from the drop-down menu (**Figure 62**, **1**).
3. Click on the Load Performance Measure Category button to load the performance measure categories (**Figure 62**, **2**).
4. Select one or more performance measure categories, as applicable.
5. Provide all the required information.
6. Click on the **Add New Key Factor** and **Major Planned Action** button to add **Key Factors**. Provide information for at least one restricting and one contributing **Key Factor** type.
7. Click on the Save button to save the information on this page. To go to the **Clinical Performance Measure – List** page, click on the Save and Continue button. The newly added measure will be listed under **Additional Measures** at the bottom of the page.
8. **Additional Measures** can be updated or deleted by using the **Update** and **Delete** links provided as options.
9. After completing all the Clinical Measures, click the Save and Continue button to save the information and proceed to the next form.

IMPORTANT NOTE: If applying for funds to target one or more special populations (i.e., MHC, HCH, PHPC) in addition to the general community, applicants must include at least one additional Clinical Performance Measure that addresses the unique health care needs of the special population(s).

3.17 Financial Performance Measures

The **Financial Performance Measures** form collects the goals and performance measures for the NAP project. It displays **Required Measures** and **Additional Measures**. The **Required Measures** are HRSA-defined measures; applicants are required to provide requested information for all required measures. **Additional Performance Measures** are self-defined and optional.

3.17.1 Completing the Required Measures

To complete this form:

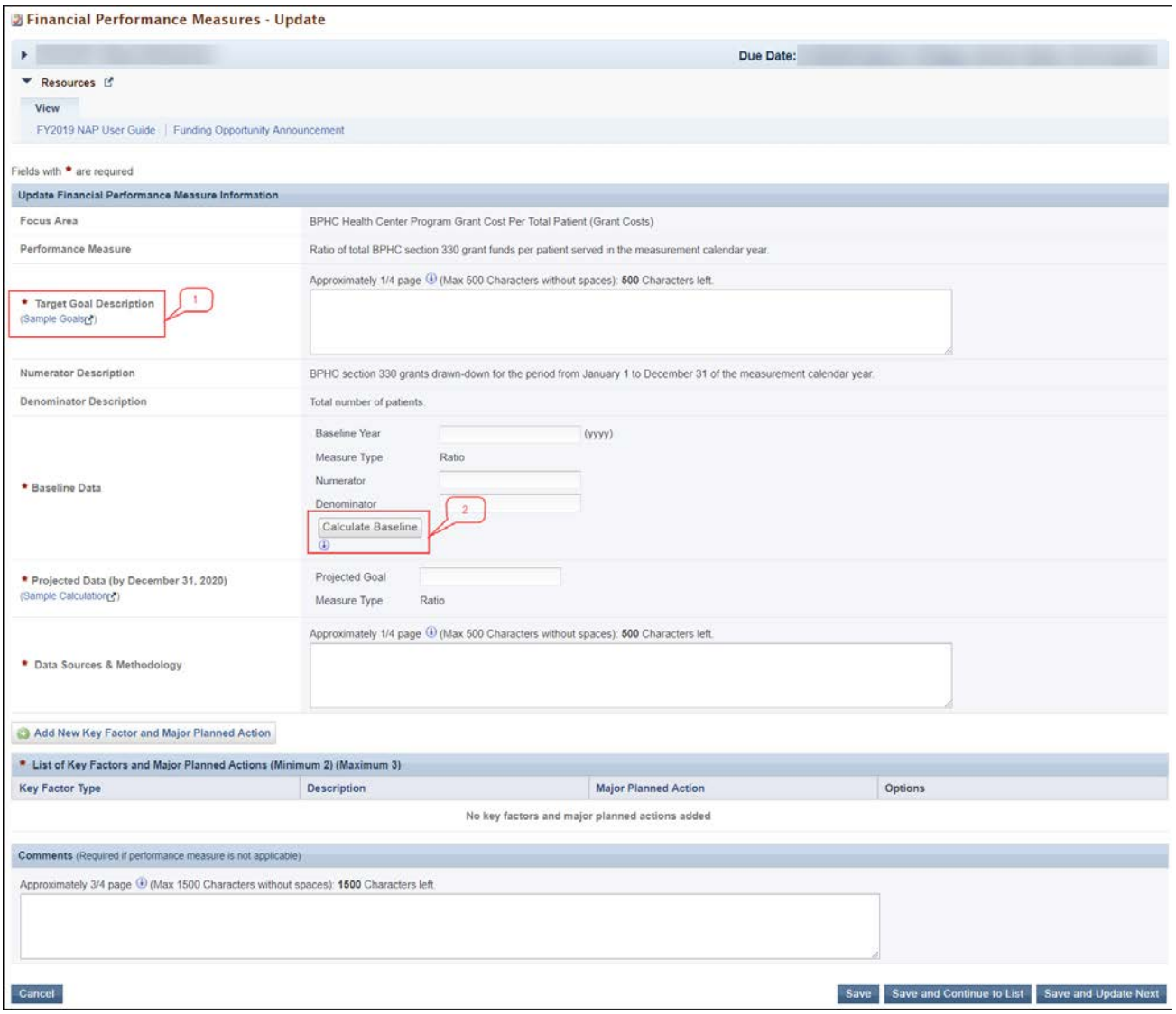
1. Click on the **Update** link to start working on a performance measure (**Figure 63**, **1**).

Figure 63: Financial Performance Measures – List page

IMPORTANT NOTE: The **Financial Performance Measures** form will be 'Complete' when the status of all required measures and additional measures are 'Complete'.

- The system navigates to the **Financial Performance Measure – Update** page (**Figure 64**).

Figure 64: Financial Performance Measure - Update Page



2. Provide a **Target Goal Description**, for each performance measure (**Figure 64**, **1**). For all required measures, the **Numerator** and **Denominator** descriptions are pre-populated.
3. For Baseline Data, enter the year of the data provided and the numerator and denominator values based on the descriptions given. Use the Calculate Baseline button to calculate the baseline data. (**Figure 64**, **2**)
4. Enter the goal under **Projected Data (by December 31, 2020)**.
5. Describe the **Data Sources & Methodology** used to collect and analyze data.
6. Click on the **Add New Key Factor** and **Major Planned Action** button to add **Key Factors**. Provide information for at least one restricting and one contributing Key Factor type.
7. Click the **Save and Return** to Performance Measure button to save the information on the **Key Factor and Major Planned Action - Add** page and proceed to the **Financial Performance Measures –**

Update page or click the Save and Add Another Key Factor button to save the key factor information you provided and proceed to add a new key factor.

8. Provide comments in the Comment field if needed.
9. Click on the Save button to save the information on this page. To go to the **Financial Performance Measures** page, click on the Save and Continue to List button or click on the Save and Update Next button to update the next performance measure in the list.

3.17.2 Adding Additional Performance Measures

To add an additional financial performance measure to your application, follow the steps below:

1. Click the Add Additional Performance Measure button on the Financial Performance Measures list page.
   - The **Financial Performance Measures – Add** page opens.
2. Select a focus area from the drop-down menu.
3. Provide all the required information.
4. To add the key factors, click on the Add New Kay Factor and Major Planned Action button. Provide information for at least one restricting and one contributing Key Factor type.
5. Click on the Save button to save the information on this page. To go to the performance measure list page, click on the Save and Continue button. The newly added measure will be listed under the **Additional Measures** at the bottom of the **Financial Performance Measures** page.
6. **Additional Measures** can be updated or deleted by using the **Update** and **Delete** links provided as options.
7. After completing all the **Financial Measures**, click the **Save and Continue** button to save the information and proceed to the next form.

3.18 Equipment List

The **Equipment List** form provides a line-item list of proposed equipment to be purchased with grant funds.

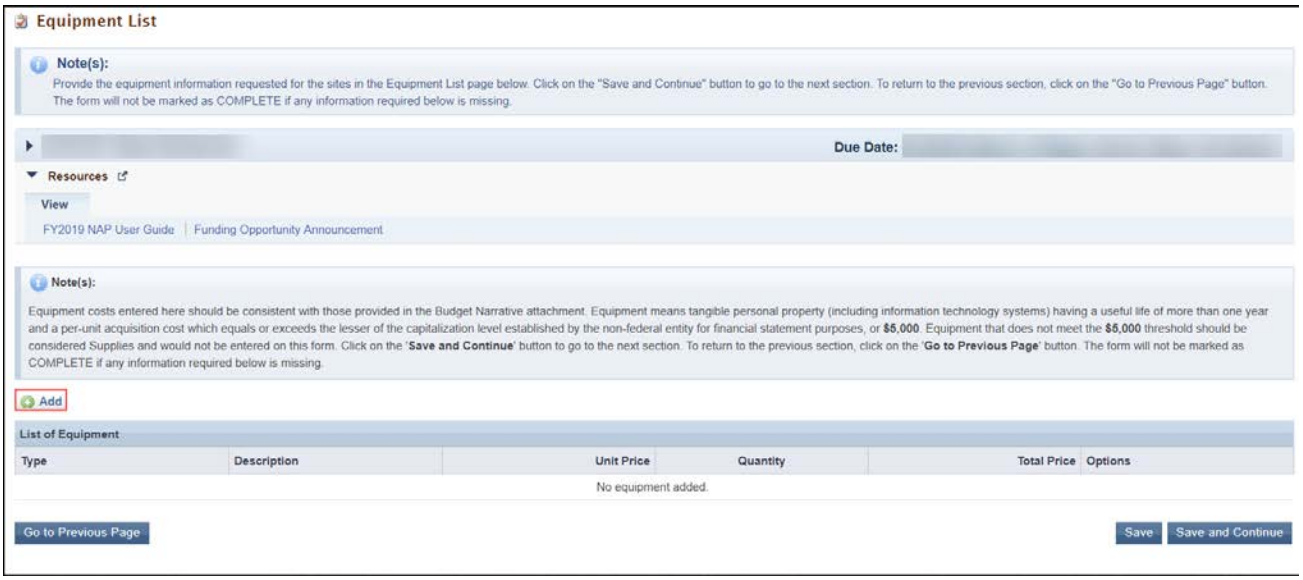
IMPORTANT NOTE: If you requested One-Time Funding for Year 1 in Form 1B: Funding Request Summary and indicated that you will be using these funds for 'Equipment only' or for 'Minor Alteration/Renovation with Equipment', you will be required to complete the **Equipment List** form. Otherwise, this form is not applicable (**Figure 65**). If the form is not applicable to you, click the Continue button to proceed to the next form.

Figure 65: Equipment List Page – Not Applicable

To complete this form when it is applicable, follow the steps below:

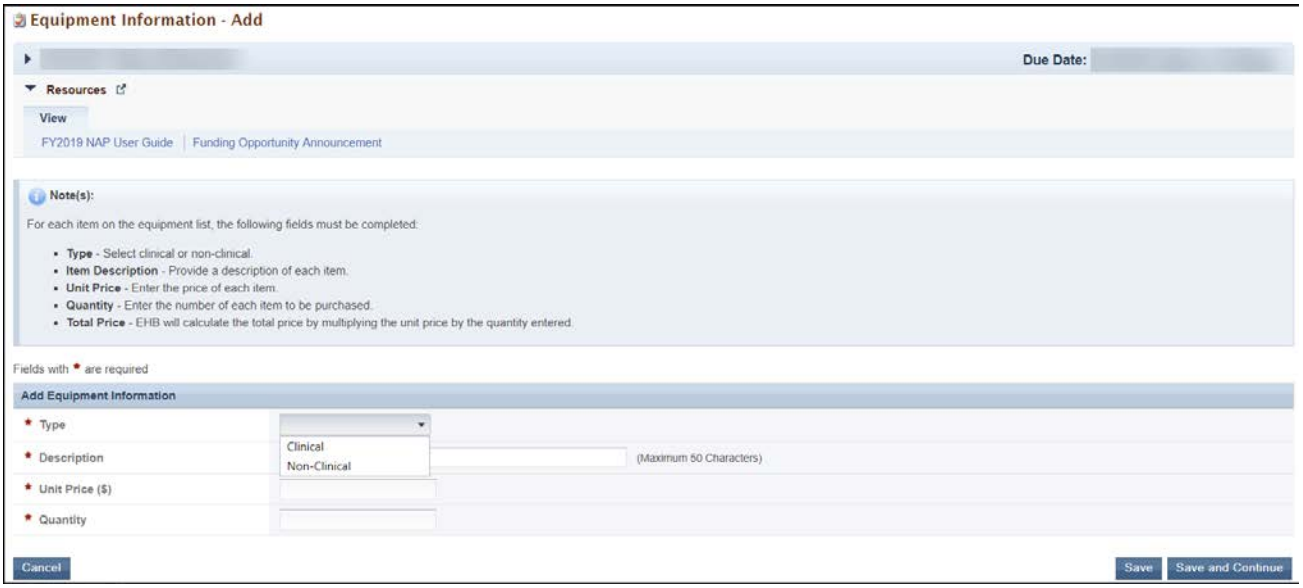
1. Click the Add button to add equipment (**Figure 66**).

Figure 66: Equipment List Page



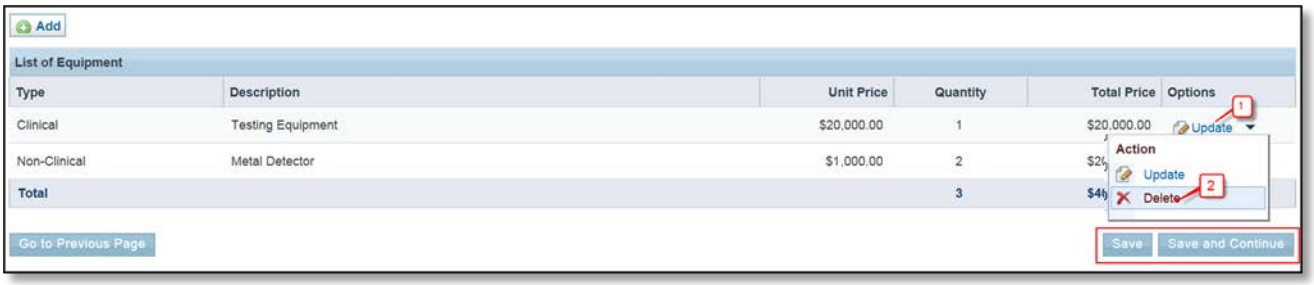
2. The system navigates to the **Equipment Information - Add Page** (**Figure 67**).

Figure 67: Equipment Information - Add Page



3. Select an equipment Type and enter the Description, Unit Price ($), and Quantity.
4. Click the Save and Continue button at the bottom of the screen. You will be returned to the **Equipment List** page (**Figure 68**).

Figure 68: Equipment List Page with Equipment Added



5. To edit an equipment list item, click on the **Update** link under the Options menu (**Figure 68, 1**). To delete an equipment item, click on the **Delete** link under the Options menu (**Figure 68, 2**).

IMPORTANT NOTE: Include equipment that equals or exceeds $5,000 per unit. Otherwise, equipment items that cost less than $5,000 each should not be included here and instead, listed under supplies in the budget.

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

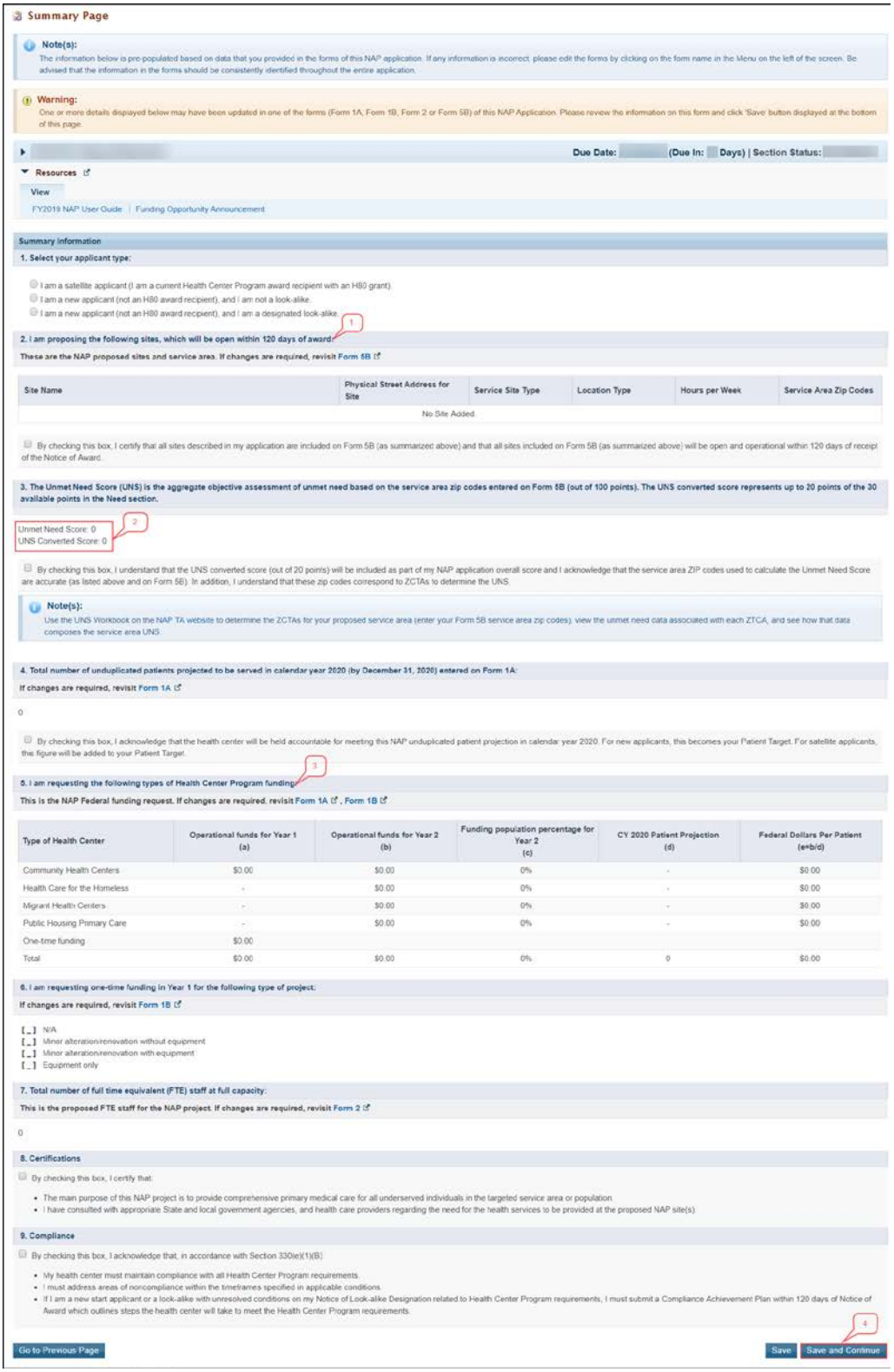
3.19 Summary Page

This form displays read-only information provided in the following program specific forms of the NAP application: Form 1A, Form 1B, Form 2 and Form 5B. You are required to acknowledge and certify application information.

1. Review the data displayed on the **Summary page** (**Figure 69**). If changes are required, edit the forms by clicking on the form name in the left navigation panel. Be advised that the information in the forms should be consistently identified throughout the entire application.
2. The site table under #2 lists site information for the proposed NAP sites, including the service area zip codes. (**Figure 69,1**).
3. The "Unmet Need Score" (UNS) will be calculated based on the service area zip codes listed in the table, from Form 5B: Service Sites. These zip codes correspond to Zip Code Tabulation Areas (ZCTAs) to determine the UNS. The **Summary Page** will display the UNS Score (out of 100) and the UNS Converted Score (**Figure 69,2**). The UNS Converted Score (out of 20 points) will be included as part of your NAP application overall score. Use the UNS Workbook on the NAP TA website to determine the ZCTAs for your proposed service area (enter your Form 5B service area zip codes), view the unmet need data associated with each ZTCA, and see how that data composes the service area UNS.
4. The funding table under #5 displays budget information for Year 1 and 2, and calculates the percentage of funding for each sub program, as well as the funding amount per patient (**Figure 69,3**).
5. When the form is complete, click the Save and Continue button (**Figure 69,4**).

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

Figure 69: Summary Page

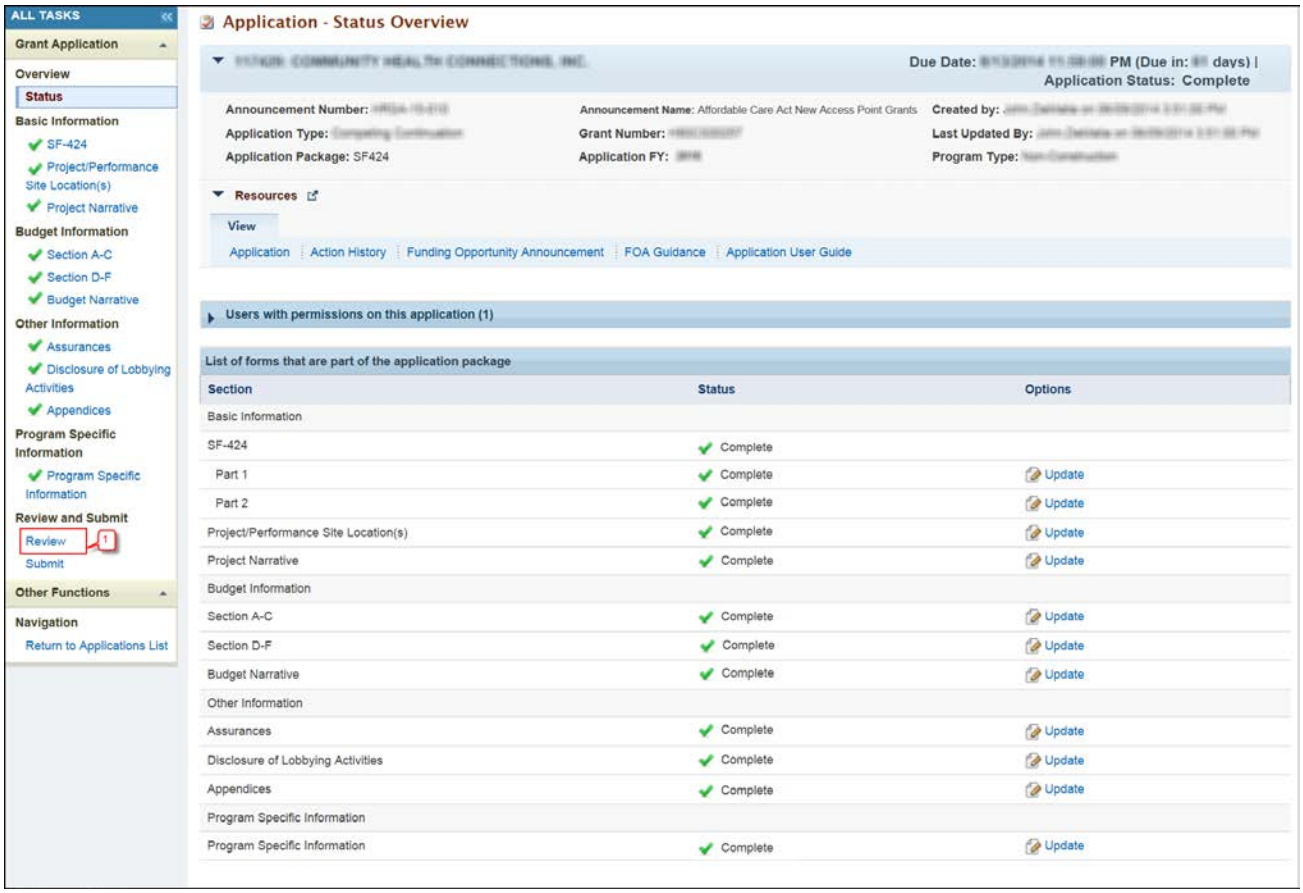


4. Reviewing and Submitting the FY 2019 NAP Application to HRSA

To review your application, follow the steps below:

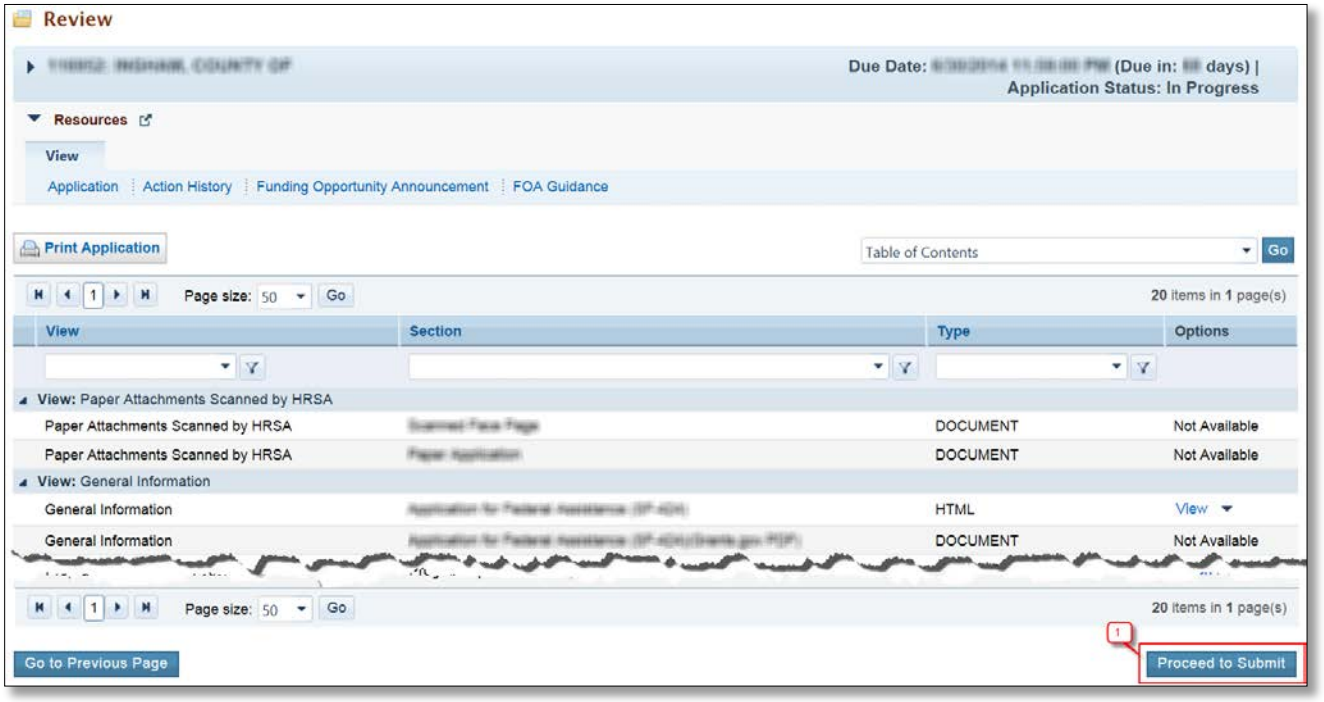
1. Navigate to the standard section of the application using the **Grant Application** link in the navigation links displayed at the top of the **Program Specific** forms.
   - On the **Application** - **Status Overview** page, click the **Review** link in the Review and Submit section of the left menu (**Figure 70, 1**). The system navigates to the **Review** page.

Figure 70: Review Link



2. Verify the information displayed on the **Review** page.
3. Once all sections indicate 'Complete', when you are ready to submit the application to HRSA, click the Proceed to Submit button at the bottom of the **Review** page (**Figure 71, 1**).

Figure 71: Review Page – Proceed to Submit



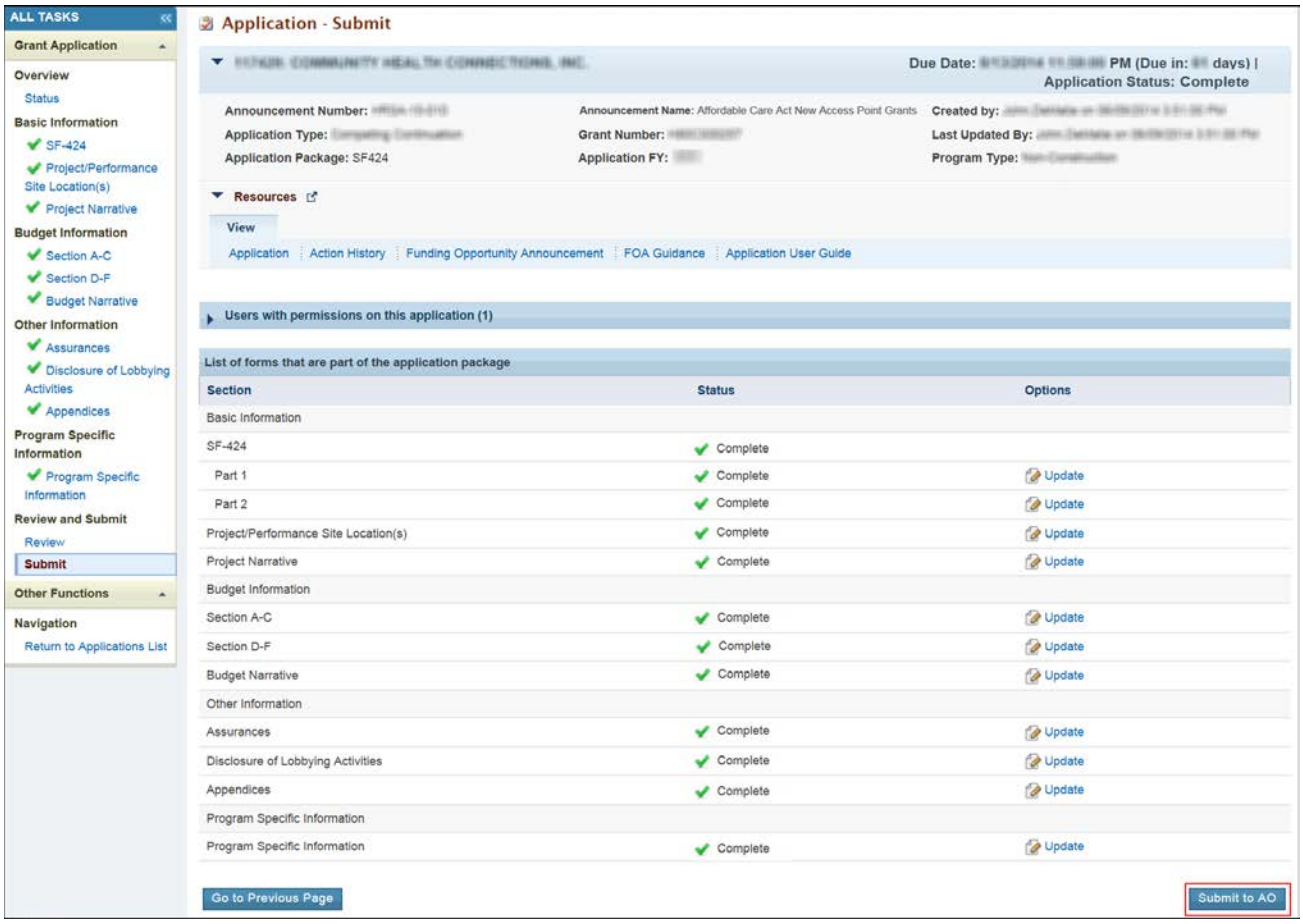
- The system navigates to the **Submit** page.

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

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 their action is required to submit the application to HRSA (**Figure 72**).
- Applicants are strongly encouraged to notify the AO directly and ensure that they leave adequate time for the AO to complete the submission process prior to the deadline.

Figure 72: Submit to AO



5. Answer the questions displayed under the Certifications and Acceptance section of the confirmation page and click the Submit Application button to submit the application to HRSA.
6. If you experience any technical issues (e.g. problems with submitting the application in EHB), contact the **Health Center Program Support** at 1-877-464-4772 (Monday – Friday, 8:30 AM - 5:30 PM ET) or send an email through the **Web Request Form** (http://www.hrsa.gov/about/contact/bphc.aspx).