

HRSA Electronic Handbooks (EHBs)

Fiscal Year (FY) 2020 Ending the HIV Epidemic- Primary Care HIV Prevention (PCHP) Supplemental Funding Opportunity

HRSA-20-091

User Guide for Applicants

Last updated on: October 15, 2019



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This user guide describes the steps to apply for Fiscal Year (FY) 2020 Ending the HIV Epidemic- Primary Care HIV Prevention supplemental funding in the HRSA Electronic Handbooks (EHBs) (funding opportunity announcement number HRSA-20-091). Use the guide with the PCHP Instructions and example forms, both available on the [PCHP technical assistance webpage](#), for complete application development and submission guidance.

1. Creating the PCHP Application

To create your PCHP application in EHBs, you will need the notification email sent by HRSA to the individuals listed as Authorizing Official (AO), Business Official (BO), and Project Director (PD) in your EHBs Health Center Program operational (H80) grant folder.

1. Click on the web link in the notification email. The system directs you to EHBs.
2. Enter your EHBs username and password, and click on the **[Login]** button.

Note:

- If you do not have a username, you must register in EHBs. Do not create duplicate accounts.
- If you experience login issues or forgot your password, contact Health Center Program Support for assistance through the [BPHC Contact Form](#) or 877-464-4772 Monday-Friday, 8:30 a.m. to 5:30 p.m. ET.

3. On the resulting **Grant Application – Create** page, enter the 4-digit eligibility code provided in the notification email (**Figure 1, 1**).

Figure 1: Grant Application – Create Page

4. Select “Revision (Supplemental)” as the Application Type (**Figure 1, 2**).
 5. Select “Increase” as the Revision Type (**Figure 1, 3**).
 6. Provide the H80 grant number under which you are submitting your PCHP application (**Figure 1, 4**).
 7. Click on the **[Continue]** button (**Figure 1, 5**).
- The system navigates to the **Select Sub Program(s)** page where your H80 grant’s sub-programs will be pre-selected. (**Figure 2**).

Figure 2: Select Sub Program(s) Page

Grant Application - Select Sub Program

Fields with * are required

Funding Cycle Information

Announcement Number: [text box]

Announcement name: [text box]

Program Name: Health Center Program

Program Type: Non-Construction

Application Deadline: [text box]

Select Sub Program(s)

Select	Program	CFDA
<input type="checkbox"/>	Community Health Centers	93.224
<input checked="" type="checkbox"/>	Health Care for the Homeless	93.224
<input type="checkbox"/>	Migrant Health Centers	93.224
<input type="checkbox"/>	Public Housing	93.224

Cancel Continue

8. Ensure that the sub-program selection on this page is accurate. If the sub-program selection does not align with your current H80 grant, adjust it by selecting or unselecting the relevant sub-programs as needed. Direct questions about your sub-programs to your H80 project officer.

Note:

- Health Center Program sub-program funding streams are: Community Health Centers (CHC), Migrant Health Centers (MHC), Health Care for the Homeless (HCH), and Public Housing Primary Care (PHPC).

9. Click on the **[Continue]** button on this page.

➤ The system creates your PCHP application and displays the EHBs Application Tracking Number.

10. Record the EHBs Application Tracking Number and click on the **[Continue]** button to start your application.

➤ The system navigates to the **Application – Status Overview** page.

2. Completing the Standard Section of the Application

1. For all Standard section forms, most required fields will be pre-populated with your organization’s information. Review and update as needed. For **Parts 1 and 2** of the **SF-424**, you are only required to complete the form sections indicated with a *.

Figure 3: Application – Status Overview Page

List of forms that are part of the application package		
Section	Status	Options
Basic Information		
SF-424	Not Started	 1
Part-1	Not Started	 1
Part-2	Not Started	 1
Budget Information		
Section A-C	Not Started	 2
Other Information		
Assurances	Not Started	 1
Appendices	Not Started	 1
Program Specific Information		
Program Specific Information	Not Started	 1

1. On the **Application – Status Overview** page, click on the **Update** link located beside Part 1 of the SF-424. (Figure 3, 1).
 2. You must upload a project description/abstract to “Project Description” in Part 2 of the SF-424. Refer to the PCHP Instructions for detailed guidance.
 3. If you need to include additional congressional districts when completing the “Congressional Districts” fields, you may upload an attachment with the relevant information by clicking on the **[Attach File]** button on the “Additional Program/Project Congressional Districts” line.
 4. For the Proposed Project Period, enter 4/1/2020 for the Start Date and 3/31/2022 for the End Date.
 5. For guidance on responding to questions under “State Executive Order 12372 Process,” see the Frequently Asked Questions available on the [PCHP technical assistance webpage](#).
 6. Click on the **[Save and Continue]** button on the **SF-424 – Part 2** form.
- The system navigates to the **Budget Information – Section A-C** form. You can also navigate there by returning to the **Application – Status Overview** page and clicking on the **Update** link for the **Section A-C** under the **Budget Information** section (Figure 3, 2).

Figure 4: Budget Information – Section A-C

* Section A - Budget Summary		Estimated Unobligated Funds		New or Revised Budget			 2
Grant Program Function or Activity	CFDA Number	Federal	Non-Federal	Federal	Non-Federal	Total	
Health Care for the Homeless	93.224	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
 1	Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
* Section C - Non Federal Resources		Applicant	State	Local	Other	Program Income	 3
Grant Program Function or Activity							Total
Health Care for the Homeless		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

[Go to Previous Page](#)
[Save](#) [Save and Continue](#)  4

7. Review the sub-program(s) displayed under **Section A – Budget Summary**. If changes are required to align with your current H80 grant, click on the **[Update Sub Program]** button and revise the selections as needed (Figure 4, 1). Direct questions about your sub-programs to your H80 project officer.

8. Click on the **[Update]** button on **Section A – Budget Summary** to add the New or Revised Budget amounts, federal and non-federal, as applicable (**Figure 4, 2**). Do not enter amounts for Estimated Unobligated Funds.
 - Federal funds must be requested in the same sub-program funding proportions as your existing H80 grant. Refer to your PCHP eligibility notification email for your maximum funding request amount and sub-program distribution.
 - Contact the PCHP technical assistance team using the [BPHC Contact Form](#) if you have questions about the funding amounts provided in the notification email.
9. If **Section A – Budget Summary** includes non-federal resources, you must complete **Section C- Non-Federal Resources**. Click on the **[Update]** button on **Section C – Non-Federal Resources** to add the resource type by sub-program (**Figure 4, 2**).
10. Once you complete the **Budget Information – Section A-C Form**, click on the **[Save and Continue]** button (**Figure 4, 4**) to proceed to the **Assurances Form**.
11. Complete the **Assurances Form** and click on the **[Save and Continue]** button to proceed to the **Appendices Form**.
12. To complete the **Appendices Form**, upload the the following attachments as applicable:
 - Attachment 1: Budget Narrative (required) (maximum 1 attachment)
 - Attachment 2: Negotiated Indirect Cost Rate Agreement (maximum 1 attachment)
 - Attachment 3: Memorandum of Understanding or Agreement (maximum 1 attachment)
 - Attachment 4: Year Two Equipment List Form (maximum 1 attachment)
 - Attachment 5: Other Relevant Documents (maximum 5 attachments)

Note:

 - Refer to the PCHP Instructions, the example Budget Narrative, and the sample Equipment List Form on the [PCHP technical assistance webpage](#) for guidance.
13. Click on the **[Save and Continue]** button to proceed to the Program Specific Information section of the application.

3. Completing the Program Specific Information Section of the Application

The PCHP application includes the following Program Specific forms:

Budget Information

- Federal Object Class Categories (FOCC) Form

Project Information

- Project Overview Form
- Project Plan Form
- Staffing Impact Form

Other

- Equipment List Form (as applicable)

Refer to the PCHP Instructions for detailed guidance, as well as the example forms available on the [PCHP technical assistance webpage](#). To complete each of the forms, first open the form by clicking on the **Update**

link under the “Options” menu on the **Status Overview** page (**Figure 5: Program Specific Information Status Overview, 1**). You may return to the **Status Overview** page at any time by selecting **[Status Overview]** from the information left menu (**Figure 6: Program Specific Left Menu, 1**).

Figure 5: Program Specific Information Status Overview

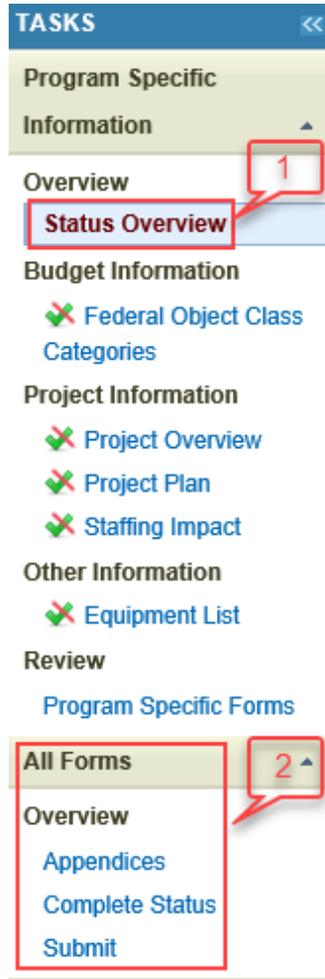
The screenshot displays the 'Status Overview' page. At the top, there are fields for 'Announcement Number', 'Announcement Name', 'Application Type: Revision (Supplemental)', 'Grant Number', 'Year 1 Total Federal Funding (Eligible/Requested)', and 'Year 2 Total Federal Funding (Eligible/Requested)'. Below these is a 'Resources' section with links for 'FY 2020 PCHP User Guide' and 'Funding Opportunity Announcement'. The main part of the page is a table titled 'Program Specific Information Status'.

Section	Status	Options
Budget Information		
Federal Object Class Categories	Not Started	Update
Project Information		
Project Overview	Not Started	Update
Project Plan	Not Started	Update
Staffing Impact	Not Started	Update
Other Information		
Equipment List	Not Started	Update

At the bottom left of the page, there is a button labeled 'Return to Complete Status'.

Navigate back to the Standard section of the application as needed via the All Forms section of the information left menu (**Figure 6: Program Specific Left Menu, 2**). Click on the **Appendices** link and then expand the left menu using the >> arrows to view all Standard section forms.

Figure 6: Program Specific Information Left Menu



3.1 Completing the Federal Object Class Categories Form

1. In the **Budget Categories** section, enter the federal and non-federal amounts for each Object Class Category (e.g., Personnel, Equipment, Contractual) (**Figure 7: Federal Object Class Categories Form, 1**) for year 1 and year 2.
2. Enter zero (“0”) if you will not request funds for a cost category. No category fields may be left blank.

Figure 7: Federal Object Class Categories Form

Federal Object Class Categories

Note(s):

- Total federal year one (1) costs presented on the Federal Object Class Categories Form must equal the total federal request on the SF-424A Budget Information Form.
- Total federal request amounts for year one (1) and year two (2) (sum of all object class categories) may not individually exceed the maximum funding request amount for your health center.
- Costs entered here should be consistent with those provided in the Budget Narrative attachment.
- Refer to Appendix B of the PCHP Instructions for detailed guidance on completing this form.

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

Announcement Number: Announcement Name: Application Type: Revision (Supplemental)

Grant Number: Year 1 Total Federal Funding (Eligible/Requested): Year 2 Total Federal Funding (Eligible/Requested):

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Fields with * are required

Budget Categories

Object Class Category	Year 1		Year 2		Total	
	Federal	Non-Federal	Federal	Non-Federal	Year 1	Year 2
a. Personnel					\$0.00	\$0.00
b. Fringe Benefits					\$0.00	\$0.00
c. Travel					\$0.00	\$0.00
d. Equipment					\$0.00	\$0.00
e. Supplies					\$0.00	\$0.00
f. Contractual					\$0.00	\$0.00
g. Other					\$0.00	\$0.00
h. Total Direct Charges (sum of a through g)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
(Calculate Total And Save)						
i. Indirect Charges					\$0.00	\$0.00
j. Total Budget Specified in this application (sum of h through i)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
(Calculate Total And Save)						

Go to Previous Page Save Save and Continue

Note:

- The Total Budget Specified- Federal amount (sum of all cost categories) may not exceed your eligible funding amount for each year (**Figure 7: Federal Object Class Categories Form, 2**).
- The amount for Year 1 in row j. Total Budget Specified - Federal must match the total requested on the **Budget Information – Section A – Budget Summary Form (Figure 7: Federal Object Class Categories Form, 3)**.
- If federal funding is requested in the Year 1 – federal equipment cost category (row d) (**Figure 7: Federal Object Class Categories Form, 4**), you must also subsequently complete the **Equipment List Form**.
 - If federal funding is requested in the Year 2 – federal Equipment cost category (row d) (**Figure 7: Federal Object Class Categories Form, 4**), you must also upload an Equipment List Form to “Attachment 4: Year Two Equipment List Form” on standard side on the **Appendices Form**. See the PCHP Instructions for detailed guidance.
- The request for federal funding for equipment may not exceed \$150,000 per year.
- If equipment is entered on the **Federal Object Class Categories Form**, upon saving, you will receive an error message stating that the Year 1 - federal equipment funding amount requested in the **Federal Object Class Categories Form** and the **Equipment List Form** must be equal. This error message will clear after you complete the **Equipment List Form** and revisit the **Federal Object Class Categories Form**.
 - Equipment means tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost that equals or exceeds the lesser of the capitalization level established by the non-federal entity for financial statement purposes, or \$5,000.

- Equipment that does not meet the \$5,000 threshold should be included in the “Supplies” cost category (row e).
 - If \$0 is entered for the equipment cost category, the **Equipment List Form** cannot be edited.
3. Click on the **[Save and Continue]** button to proceed to the **Project Overview Form**.

3.2 Completing the Project Overview Form

1. Provide estimates for the HIV Testing, PrEP Prescriptions, and Linkage to Treatment objectives as a result of PCHP-supported activities in calendar year 2020 (1/1/2020 through 12/31/2020) (**Figure 8: Project Overview Form, 1**). Estimates must be whole numbers greater than zero.
2. In the Health Center Scope of Project section, click on your Forms 5A, 5B, and 5C to determine if a Scope Adjustment or Change in Scope request will be necessary to implement your PCHP project.
3. If a change is needed to your Form 5A: Services Provided, respond ‘Yes’ to the Form 5A question (**Figure 8: Project Overview Form, 2**).
4. Describe all proposed Scope of Project changes in the narrative text box (**Figure 8: Project Overview Form, 3**). Up to 1,000 characters, counting spaces, are available in the comment box. In the Technical Assistance section, identify which technical assistance topic area(s) would support the successful implementation of your PCHP project (**Figure 8: Project Overview Form, 4**). At least one selection is required.
5. Describe any needs specific to the selected technical assistance topic area(s) in the Comment section (**Figure 8: Project Overview Form, 5**). You must provide a comment if you select “Other” and “My health center could provide peer support to others.” This field is open to all applicants, regardless of topic area selected. Up to 1,000 characters, counting spaces, are available in the comment box.
6. Click on the **[Save and Continue]** button to proceed to the **Project Plan Form**.

Figure 8: Project Overview Form

Project Overview

Due Date: [] (Due In: [] Days) | Section Status: []

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Fields with * are required

HIV Testing, PrEP Prescriptions, and Linkage to Treatment Estimates

- Provide estimates for each service as a result of PCHP-supported activities in calendar year 2020 (1/1/2020 through 12/31/2020).
- A response is required for each field.
- Your 2018 Uniform Data System (UDS) report data may help you establish 2020 estimates for the PCHP metrics.
- Click on the "i" information button next to the objective for resources describing the related PCHP metric.
- Estimates will NOT affect your Health Center Program operational grant (H80) patient target or your performance measure targets set through your last Service Area Competition application.
- Refer to Appendix B of the PCHP instructions for detailed guidance on completing this form.

PCHP Objective	PCHP Metric	2020 Estimate
Increase the number of patients tested for HIV ⓘ	Number of health center visits during which an HIV test was performed	[]
Increase the number of patients tested for HIV ⓘ	Number of patients tested for HIV	[]
Increase the number of patients tested for HIV ⓘ	Percentage of patients with a documented HIV test performed between the ages of 15 and 65 years	[]
For those who test negative for HIV, provide HIV prevention education, and prescribe and support the use of clinically indicated PrEP ⓘ	Number of patients who will receive a clinically-indicated PrEP prescription	[]
For those who test positive for HIV, link to treatment ⓘ	Percentage of patients newly diagnosed with HIV who were seen for follow-up treatment within 30 days of diagnosis	[]

Health Center Program Scope of Project

Review your current approved [Form 5A: Services Provided](#). Will a Scope Adjustment or Change in Scope request be necessary to ensure that all planned changes are on your Form 5A?

Yes, I reviewed my Form 5A and determined that my health center's proposed activities will require a Scope Adjustment or Change in Scope request to modify Form 5A.

No, I reviewed my Form 5A and determined that my health center's proposed activities will not require a Scope Adjustment or Change in Scope request to modify Form 5A.

Describe proposed changes to your Form 5A: [Service Provided](#), [Form 5B: Service Sites](#), and [Form 5C: Other Activities/Locations](#), and provide a timeline for requesting the necessary modifications below. (Up to 1,000 characters counting spaces)

[]

Technical Assistance

Technical assistance on the following topics would support the successful implementation of my PCHP project.

Select All That Apply

Using electronic health record data and health information technology enhancements to facilitate HIV prevention and clinical decision support

Building and sustaining community-based partnerships to support referrals for HIV prevention and treatment

Performing HIV prevention outreach to new patients and in-reach to existing patients

Supporting the use of PrEP, including prescribing, the use of prescription assistance programs, and PrEP navigators

Developing HIV testing and linkage to treatment policies and procedures

Evidence-based risk reduction strategies to decrease the likelihood of HIV infection and transmission

Treatment and harm reduction strategies for individuals with substance use disorders to decrease the likelihood of HIV infection and transmission

Telehealth in HIV prevention and treatment, including tele-PrEP

Addressing HIV prevention and treatment access barriers, such as trauma, stigma, housing, substance use disorders, mental health conditions, privacy, and health center personnel cultural competencies

Successful strategies to sustain integrated primary care and HIV programs

Other (please describe in a comment)

My health center could provide peer support to others (please describe in a comment)

Comment

As desired, describe needs specific to the selected topic area(s) or define other topic areas. (Up to 1,000 characters counting spaces)

[]

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

3.3 Completing the Project Plan Form

The **Project Plan Form** requires you to provide objectives for your PCHP project plan, the activities you will take to achieve them, and the related outputs. The **Project Plan Form** contains six required pre-populated objectives corresponding to the PCHP objectives. You must add, at minimum, two activities and two outputs with target completion dates for each of these six objectives.

In addition, you may add up to four other objectives to completely describe your PCHP project. Each objective must have at least two activities and two outputs with target completion dates. Refer to the PCHP Instructions and example Project Plan Form available on the [PCHP technical assistance webpage](#).

Figure 9: Project Plan Form

Project Plan List

Note(s):

- Each objective requires at least two (2) activities and two (2) outputs with a target date of accomplishment. Select "edit" to enter activities and outputs.
- The six (6) pre-populated objectives are required.
- You may propose up to four (4) additional objectives that should be specific, measurable, assignable, realistic and time-related (SMART).
- Refer to Appendix B of the PCHP Instructions for detailed guidance on completing this form.

Due Date: [] (Due In: [] Days) | Section Status: []

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Create Objective 3

Objectives	Activities	Outputs	Status	Actions 1
1. Engage new and existing patients in HIV prevention services, identifying those at risk for HIV using validated screening tools			Not Complete	Edit 1
2. Increase the number of patients tested for HIV			Not Complete	Edit
2a. For those who test negative for HIV, provide HIV prevention education, and prescribe and support the use of clinically indicated PrEP			Not Complete	Edit
2b. For those who test positive for HIV, link them to HIV treatment			Not Complete	Edit
3. Establish new and/or enhance existing partnerships with health departments, and community and faith-based organizations to support identification of at-risk individuals, testing, linkage to treatment, and other activities that will help achieve the PCHP purpose and objectives			Not Complete	Edit
4. Within eight months of award, add at least 0.5 full-time equivalent (FTE) personnel who will identify individuals for whom PrEP is clinically indicated and support their access to and use of PrEP			Not Complete	Edit 2

Go to Previous Page Save **Save and Continue** 2

1. To add activities or outputs to an objective, click on the **Edit** link (**Figure 9: Project Plan Form, 1**), which will take you to the **Manage Project Plan** page.
2. To create an activity (**Figure 10: Manage Project Plan Form, 1**), enter a succinct description of an action that will help achieve the objective (maximum 300 characters counting spaces) and click on the **[Add]** button (**Figure 10: Manage Project Plan Form, 2**). Repeat until all activities for the objective are added to the Activity field.
3. To create an output, first select the target completion date (must be on or after 4/1/2020) (**Figure 10: Manage Project Plan Form, 3**), then enter a succinct description of the result of one or more activities in the Output field (**Figure 10: Manage Project Plan Form, 4**) (maximum 300 characters counting spaces), and click on the **[Add]** button (**Figure 10: Manage Project Plan Form, 5**). Repeat until all outputs for the objective are added to the Output field.
4. Click on the **[Save and Continue]** button (**Figure 10: Manage Project Plan Form, 6**) to return to the **Project Plan List Form**. The saved completed objective should now be visible on the **Project Plan List Form**. Repeat steps 1 through 4 to create activities and outputs for the remaining pre-populated objectives.
5. To revise an objective's activities or outputs, click on the **[Edit]** button on the **Project Plan List Form** to return to the **Manage Project Plan Form**. Make necessary revisions and then click on the **[Save and Continue]** button (**Figure 10: Manage Project Plan Form, 6**) to return to the **Project Plan List Form**.
6. When all objectives are completely and correctly entered with the "Status" column showing "Complete," click on the **[Save and Continue]** button on the **Project Plan List Form** (**Figure 9: Project Plan Form, 2**) to proceed to the **Staffing Impact Form**.

Note:

- To create a new objective, click on the **[Create Objective]** button (**Figure 9: Project Plan List Form, 3**), which will take you to the **Manage Project Plan Form** where you can add an objective title and related activities, outputs and output target dates.
- The activities and outputs may not display in the same order that you entered them, or display in the same order each time that you reload the Project Plan Form. They will, however, consistently align with their related objective.

Figure 10: Manage Project Plan Form

Manage Project Plan

Note(s):

- An objective must be created before entering related activities and outputs.
- A target completion date must be entered to create an output.
- To change a saved activity or output, copy the text, then paste the copied text into the editable activity or output field, and update as necessary. Delete the activity or output you no longer need.
- To delete an activity or an output, select the checkbox next to that activity or output and click "Delete." You may delete more than one entry by selecting multiple activities or outputs.

Due Date: 10/15/2019 (Due In: 15 Days) | Section Status: Not Complete

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Fields with * are required

(Up to 300 characters counting spaces)

* Objective

(Up to 300 characters counting spaces)

* Activity

Add

Delete

Target Date: [calendar icon]

(Up to 300 characters counting spaces)

* Output

Add

Delete

Cancel Save Save and Continue

Callouts: 1 (Activity field), 2 (Add button), 3 (Target Date field), 4 (Output field), 5 (Add button), 6 (Save and Continue button)

3.4 Completing the Staffing Impact Form

The **Staffing Impact Form** requires you to identify all proposed personnel who will be supported by PCHP funding. You must propose to add at least 0.5 full-time equivalent (FTE) new direct hire staff and/or new contractors within eight months of award. Position descriptions are available in the [2019 UDS Manual](#).

1. Enter FTEs for “Direct Hire FTEs (Form 5A, Column I)” and/or “Contract/Agreement FTEs (Form 5A, Column II)” to be supported by PCHP funding for each personnel position. (**Figure 11: Staffing Impact Form, 1**).

2. Personnel fields for which you do not intend to add FTEs may be left blank.

Note:

- The sum of “Direct Hire FTEs (Form 5A, Column I)” and “Contract/Agreement FTEs (Form 5A, Column II)” must be equal to or greater than 0.5 FTE (**Figure 11: Staffing Impact Form, 2**).

3. Click on the [Save and Continue] button to proceed to the **Equipment List Form**.

Figure 11: Staffing Impact Form

Staffing Impact

Note(s):

- Enter all personnel FTEs (direct hire staff and contractor/agreement) that PCHP funds will support. Refer to the 2019 Uniform Data System Manual for staffing position definitions.
- You must propose an increase of at least 0.5 FTE personnel within eight (8) months of award.
- You may propose to add less than 0.5 FTE for any position as long as the sum of direct hire staff and contract/agreement FTEs is 0.5 or greater.
- Refer to Appendix B of the PCHP Instructions for detailed guidance on completing this form.

Due Date: [] (Due In: [] Days) | Section Status: []

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Fields with * are required

* Staffing Positions by Major Service Category	Direct Hire FTEs (Form 5A, Column I)	Contract/Agreement FTEs (Form 5A, Column II)
Enabling Services		
Case Managers (e.g., PrEP Navigators)	<input type="text"/>	<input type="text"/>
Patient/Community Education Specialists	<input type="text"/>	<input type="text"/>
Patient Advocates	<input type="text"/>	<input type="text"/>
Outreach Workers	<input type="text"/>	<input type="text"/>
Transportation Staff	<input type="text"/>	<input type="text"/>
Eligibility Assistance Workers	<input type="text"/>	<input type="text"/>
Interpretation Staff	<input type="text"/>	<input type="text"/>
Community Health Workers	<input type="text"/>	<input type="text"/>
Other Enabling Services Staff Please Specify: <input type="text"/> (Maximum 40 characters)	<input type="text"/>	<input type="text"/>
Physicians		
Family Physicians	<input type="text"/>	<input type="text"/>
General Practitioners	<input type="text"/>	<input type="text"/>
Internists	<input type="text"/>	<input type="text"/>
Obstetricians/Gynecologists	<input type="text"/>	<input type="text"/>
Pediatricians	<input type="text"/>	<input type="text"/>
Licensed medical residents	<input type="text"/>	<input type="text"/>

Nurse Practitioners, Physician Assistants, and Certified Nurse Midwives		
Nurse Practitioners	<input type="text"/>	<input type="text"/>
Physician Assistants	<input type="text"/>	<input type="text"/>
Certified Nurse Midwives	<input type="text"/>	<input type="text"/>
Medical		
Nurses	<input type="text"/>	<input type="text"/>
Other Medical Personnel (e.g. Medical Assistants, Nurse Aides) Please Specify: <input type="text"/> (Maximum 40 characters)	<input type="text"/>	<input type="text"/>
Laboratory Personnel	<input type="text"/>	<input type="text"/>
Mental Health		
Psychiatrists	<input type="text"/>	<input type="text"/>
Physicians (other than psychiatrists)	<input type="text"/>	<input type="text"/>
Nurse Practitioners	<input type="text"/>	<input type="text"/>
Physician Assistants	<input type="text"/>	<input type="text"/>
Certified Nurse Midwives	<input type="text"/>	<input type="text"/>
Nurses - psychiatric, mental health	<input type="text"/>	<input type="text"/>
Nurse Counselors	<input type="text"/>	<input type="text"/>
Licensed Clinical Psychologists	<input type="text"/>	<input type="text"/>
Licensed Clinical Social Workers	<input type="text"/>	<input type="text"/>
Family Therapists	<input type="text"/>	<input type="text"/>
Unlicensed Mental Health Providers, including trainees and certified staff	<input type="text"/>	<input type="text"/>
Other Licensed Substance Use Disorder Providers Please Specify: <input type="text"/> (Maximum 40 characters)	<input type="text"/>	<input type="text"/>
Other Mental Health Staff Please Specify: <input type="text"/> (Maximum 40 characters)	<input type="text"/>	<input type="text"/>
Substance Use Disorder		
Psychiatrists	<input type="text"/>	<input type="text"/>
Physicians (other than psychiatrists)	<input type="text"/>	<input type="text"/>
Nurse Practitioners	<input type="text"/>	<input type="text"/>
Physician Assistants	<input type="text"/>	<input type="text"/>
Certified Nurse Midwives	<input type="text"/>	<input type="text"/>
Nurse Counselors	<input type="text"/>	<input type="text"/>
Licensed Clinical Psychologists	<input type="text"/>	<input type="text"/>
Licensed Clinical Social Workers	<input type="text"/>	<input type="text"/>
Family Therapists	<input type="text"/>	<input type="text"/>
Alcohol and Drug Abuse Counselors	<input type="text"/>	<input type="text"/>
Other Licensed Substance Use Disorder Providers Please Specify: <input type="text"/> (Maximum 40 characters)	<input type="text"/>	<input type="text"/>
Professional Services		
Other Professional Health Services Staff Please Specify: <input type="text"/> (Maximum 40 characters)	<input type="text"/>	<input type="text"/>
Pharmacy		
Pharmacy Personnel	<input type="text"/>	<input type="text"/>
Other Programs and Services		
Quality Improvement Staff	<input type="text"/>	<input type="text"/>
Information Technology Staff	<input type="text"/>	<input type="text"/>
Patient Services Support Staff	<input type="text"/>	<input type="text"/>
Other Programs and Services Staff Please Specify: <input type="text"/> (Maximum 40 characters)	<input type="text"/>	<input type="text"/>
Subtotal	0	0
Total FTEs (direct hire + contract/agreement)	<input type="text" value="0"/>	<input type="text" value="0"/>

[Go to Previous Page](#)

[Save](#) [Save and Continue](#)

3.5 Completing the Equipment List Form

If you requested PCHP funding in the Year 1 – federal equipment cost category of the [Federal Object Class Categories Form](#) (row d), provide the required details in the **Equipment List Form** for each proposed equipment purchase in year 1. Equipment costs entered here should also be consistent with costs proposed in the **Budget Narrative** attachment.

Note:

- Year 2 - federal equipment costs entered into the [Federal Object Class Categories Form](#) (row d), should not be included in the **Equipment List Form**. These costs should be recorded in “Attachment 4: Year Two Equipment List Form” on the **Appendices Form**.
- If you did not request funding for equipment costs in the [Federal Object Class Categories Form](#) (row d), then the **Equipment List Form** does not apply to you and cannot be edited.

1. Click on the **[Add]** button ([Figure 12: Equipment List Form](#)) to proceed to the **Equipment Information - Add Form** ([Figure 13: Equipment Information - Add Form](#)).

Figure 12: Equipment List Form

Figure 13: Equipment Information - Add Form

2. Select equipment “Type,” either “Clinical” or “Non-Clinical” ([Figure 13: Equipment Information - Add Form, 1](#)).
3. Enter a brief narrative “Description” of the equipment item, up to 50 characters counting spaces.

4. Enter the “Unit Price (\$).” To be classified as equipment, the “Unit Price” must be at least \$5,000. Costs that are less than \$5,000 per unit should be listed as Supplies on the Federal Object Cost Categories Form (row e).
5. Enter the “Quantity” of units to be purchased.
6. Click on the **[Save and Continue]** button to return to the **Equipment List Form (Figure 14: Equipment List Form with Equipment Added)**.
7. To edit an equipment item, click on the **Update** link under the “Options” menu (**Figure 14: Equipment List Form with Equipment Added, 1**). To delete an equipment item, click on the **Delete** link under the “Options” menu (**Figure 14: Equipment List Form with Equipment Added, 2**).

Note:

- Year 1- federal equipment costs listed on the **Equipment List Form** and the **Federal Object Class Categories Form** must be equal. If they differ, upon saving the **Equipment List Form**, both forms’ statuses will become “not complete.” You must revise the **Equipment List Form** and/or return to the **Federal Object Class Categories Form** to make necessary revisions to make the equipment costs equal.
8. Click on the **[Save and Continue]** button to proceed to the **Program Specific Forms – Review** page.

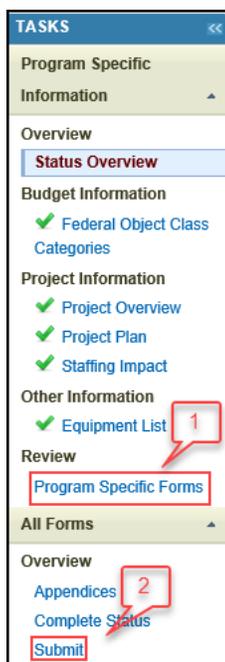
Figure 14: Equipment List Form with Equipment Added

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

4. Reviewing and Submitting the PCHP Application

1. Review the Program Specific forms to ensure that all information is accurate. Access each form by clicking on the **View** link under the “Options” menu in the form’s line. Alternately, you may access them through the **Program Specific Forms** link at the bottom of the left navigation menu (**Figure 15: Program Specific Information Section Review Program Specific Forms and Submit Links, 1**).
2. If you have Standard section forms that are incomplete, you will click on the **[Continue to Complete Status]** button to proceed to the **Application-Status Overview Page**. Forms that are incomplete or have errors will have a status of “Not Complete.” Click on the **Update** link under the “Options” menu to access each form requiring revision. Make necessary changes and click on the **[Save and Continue]** button.
3. When all Standard section and Program Specific forms are complete and accurate, click on the **Submit** link in the All Forms left navigation menu (**Figure 15: Program Specific Information Section Review Program Specific Forms and Submit Links, 2**).

Figure 15: Program Specific Information Section Review Program Specific Forms and Submit Links



4. The system navigates to the standard **Application – Submit** page and displays a **[Submit to HRSA]** button at the bottom of the page if both the Standard and Program Specific forms are complete.

Important Note: Only the Authorizing Official (AO) can submit the application to HRSA. If you are not the AO, the system will display a **[Submit to AO]** button instead of the **[Submit to HRSA]** button on the Application – Submit page. Click on this button to submit the application to the AO. The AO can then submit the application with the **[Submit to HRSA]** button.

You are strongly encouraged to notify the AO directly that the application is available for review. Ensure that you leave adequate time for the AO to complete the submission process before the application deadline.

5. To submit the application, click on the **[Submit to HRSA]** button.
6. On the resulting **Certification and Acceptances Form**, click the **[Submit Application]** button in the lower right corner of the form to confirm the submission of your PCHP application to HRSA.
7. If you experience any problems with submitting the application in EHBs, contact Health Center Program Support at 1-877-464-4772 (Monday – Friday, 8:30 a.m. - 5:30 p.m. ET). Or, send an email through the [BPHC Contact Form](#).