

**HRSA Electronic Handbook**

**Fiscal Year (FY) 2021**

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

**User Guide for Grant Applicants**

Last updated on June 15, 2020



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This user guide describes the steps to submit an FY 2021 Service Area Competition (SAC)/Service Area Competition-Additional Areas (SAC-AA) application to the Health Resources and Services Administration (HRSA).

## 1. Starting the FY 2021 SAC/SAC-AA Application

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

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

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

Once the application is validated in EHBs, access it in your **pending tasks**. To access the application in EHBs, follow the steps below:

1. After logging into EHBs, click the Tasks tab on the EHBs Home page to navigate to the **Pending Tasks – List** page.

**IMPORTANT NOTE:** If you do not have a username, you must register in EHBs. Do not create duplicate accounts. If you experience login issues or forget your password, contact the HRSA Contact Center (<http://www.hrsa.gov/about/contact/ehbhelp.aspx>) at (877) 464-4772.

2. Locate the FY 2021 SAC/SAC-AA application using the EHBs Application tracking number (e-mailed after successful Grants.gov submission) and click the **Start** link to begin working on the application in EHBs (if you have previously accessed the application, the **Start** link will be replaced with **Edit**).
  - The system opens the **Application - Status Overview** page of the application (**Figure 1**).

Figure 1: Accessing the Application - Status Overview Page

**Application - Status Overview**

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

Announcement Number: HRSA-21-002      Announcement Name: Service Area Competition      Created by: [Redacted]

Application Type: [Redacted]      Grant Number: [Redacted]      Last Updated By: [Redacted]

Application Package: SF424      Application FY: 2021      Program Type: Non-Construction

**Resources**

View

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

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

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

Section	Status	Options
Basic Information	Not Started	
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	Not Started	
Section A-C	Not Started	Update
Section D-F	Not Started	Update
Budget Narrative	Not Started	Update
Other Information	Not Started	
Disclosure of Lobbying Activities	Not Started	Update
Appendices	Not Started	Update
Program Specific Information	Not Complete	Update
Program Specific Information	Not Complete	Update

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

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

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

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

The Basic Information has been imported from Grants.gov and has undergone a data validation check. You may edit this information except for the Estimated Funding Section if necessary. This section consists of the following forms:

- The **SF-424 Part 1** form displays the basic application and applicant organization information.
- The **SF-424 Part 2** form displays project information including the project title, project periods, cities, counties, and Congressional districts affected by the project. The Project Abstract is attached

in this form, under Project Description. The abstract provided in Grants.gov can be deleted and an updated abstract can be attached. (Figure 2, 1).

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

The screenshot shows the 'SF-424 - Part 2' form. At the top right, there is a 'Due Date' field and a 'Section Status' field. Below this is a 'Resources' section with a 'View' button and links for 'Application', 'Action History', 'Funding Opportunity Announcement', 'FOA Guidance', and 'Application User Guide'. The main form area has a header 'Fields with \* are required'. There are two expandable sections: 'Areas Affected by Project (Cities, Counties, States, etc.) (Maximum 1)' and 'Project Description (Minimum 1) (Maximum 1)'. The 'Project Description' section is expanded, showing a text input field with 'Health Center Cluster' and an 'Attach File' button. A red callout box with the number '1' points to this button. Below the 'Project Description' section are 'Congressional Districts' dropdown menus for 'Applicant' and 'Program/Project'.

- The **Project/Performance Site Location(s)** form displays the administrative site locations and locations where you provide services. Complete this form for the location that you consider to be your main service delivery site.
- In the **Project Narrative** form, attach the Project Narrative by clicking the Attach File button (Figure 3, 1).

**Figure 3: Attach Project Narrative**

The screenshot shows the 'Project Narrative' form. At the top right, there is a 'Due Date' field and a 'Section Status' field. Below this is a 'Resources' section with a 'View' button and links for 'Application', 'Action History', 'Funding Opportunity Announcement', 'FOA Guidance', and 'Application User Guide'. The main form area has a header 'Fields with \* are required'. There is one expandable section: 'Project Narrative (Minimum 1) (Maximum 2)'. This section is expanded, showing a text input field and an 'Attach File' button. A red callout box with the number '1' points to this button. At the bottom of the form, there are buttons for 'Go to Previous Page', 'Save', and 'Save and Continue'.

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

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

### 2.1.1 Budget Information - Section A-C

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

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

To complete this form, follow the steps below:

1. Click the **Update** link for Section A-C on the **Application - Status Overview** page (Figure 4, 1).

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

The screenshot displays the 'Application - Status Overview' page. At the top, it shows application details: Announcement Number (HRSA-21-002), Announcement Name (Service Area Competition), Application Type (New), Grant Number (N/A), Application Package (SF424), Application FY (2021), Due Date, Application Status (In Progress), Created by, Last Updated By, and Program Type (Non-Construction). Below this is a 'Resources' section with links for Application, Action History, Funding Opportunity Announcement, FOA Guidance, and Application User Guide. A section titled 'Users with permissions on this application (1)' is also visible. The main part of the page is a table titled 'List of forms that are part of the application package' with columns for Section, Status, and Options. The 'Section A-C' row is highlighted, and its 'Update' link is enclosed in a red box with a callout bubble containing the number '1'.

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

2. The system navigates to the Budget Information – Section A-C form (Figure 5).

Figure 5: Budget Information – Section A-C Form

**Budget Information - Section A-C**

Resources

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

Fields with \* are required

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

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

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

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

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

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

Go to Previous Page Save Save and Continue

- Under Section A – Budget Summary, click the Update Sub Program button (Figure 5, 1).
  - The Sub Program – Update page opens (Figure 6).

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

**Sub Programs - Update**

Resources

View

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

Cancel Save and Continue

4. Select or unselect the subprograms. Only select the subprograms for which you are requesting funding (CHC, MHC, HCH, and/or PHPC – refer to section I.2 of the NOFO for details).
5. Click the Save and Continue button.
  - a. The **Budget Information – Section A-C** page re-opens showing the selected subprogram(s) under Section A – Budget Summary (**Figure 7, 1**).

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

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

Update

6. To enter or update the budget information for each subprogram, click the Update button displayed in the top right corner of Section A – Budget Summary header (**Figure 7, 2**).
- **Section A – Update** page opens (**Figure 8**).

**Figure 8: Section A – Update Page**

**Section A - Update**

Resources

View

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Fields with \* are required

Grant Program Function or Activity	CFDA Number	Estimated Unobligated Funds		New or Revised Budget		Total
		Federal	Non-Federal	Federal	Non-Federal	
Health Care for the Homeless	93.224	\$0.00	\$0.00	\$ 0.00	\$ 0.00	\$0.00
Migrant Health Centers	93.224	\$0.00	\$0.00	\$ 0.00	\$ 0.00	\$0.00
Total		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Cancel Save and Continue

- Under the New or Revised Budget section, enter the amount of federal funds (Figure 8, 1) and non-federal funds (Figure 8, 2) that you are requesting in the applicable column for the first 12-month budget period for each requested subprogram (CHC, MHC, HCH, and/or PHPC).

**IMPORTANT NOTES:**

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

- 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 9).

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

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

- Section B – Budget Categories, provide the Federal and Non-Federal funding distribution across object class categories for the first 12-month budget period. Click the Update button provided at the top right corner of the Section B header (Figure 10).

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

Section B - Budget Categories <span style="float: right;">Update</span>				
Object Class Categories	Grant Program Function or Activity		Total	
	Federal	Non-Federal		
Personnel	\$0.00	\$0.00	\$0.00	
Fringe Benefits	\$0.00	\$0.00	\$0.00	
Travel	\$0.00	\$0.00	\$0.00	
Equipment	\$0.00	\$0.00	\$0.00	
Supplies	\$0.00	\$0.00	\$0.00	
Contractual	\$0.00	\$0.00	\$0.00	
Construction	\$0.00	\$0.00	\$0.00	
Other	\$0.00	\$0.00	\$0.00	
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 11).

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

Figure 11: Section B – Update Page

**Section B - Update**

**Note(s):**  
 Total federal amount in Section B must be equal to the total new or revised budget, federal amount specified in budget summary (section A) \$50,000.00.  
 Total non-federal amount in Section B must be equal to the total new or revised budget, non-federal amount specified in budget summary (section A) \$0.00.

THINKS LAPINE COMMUNITY HEALTH CENTER Due Date: 8/30/2014 11:58:00 PM (Due in: 0 days) | Section Status: Not Complete

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

Fields with \* are required

**\* Section B - Budget Categories**

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

Cancel Save and Continue

**IMPORTANT NOTE:** The total federal and non-federal amounts in **Section B – Budget Categories** must be equal to the total new or revised federal and non-federal amounts in **Section A – Budget Summary** of the **Budget Information – Section A-C** page.

- Click the Save and Continue button (Figure 11, 3) to navigate to the **Budget Information – Section A-C** page (Figure 5).
- In **Section C – Non- Federal Resources**, enter the non-federal amount specified in **Section A – Budget Summary** across the applicable non-federal resources by clicking the Update button in the top right corner of the **Section C** header (Figure 12, 1).

Figure 12: Section C - Non- Federal Resources

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

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

Go to Previous Page Save Save and Continue

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

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

### 2.1.2 Budget Information – Section D-F

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

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

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

**Budget Information - Section D-F**

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

**Resources**

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**Section D - Forecasted Cash Needs** Update

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

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

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

**Section F - Other Budget Information** Update

Direct Charges: No information added.

Indirect Charges: No information added.

Remarks: No information added.

Go to Previous Page | Save | Save and Continue

To complete this form, follow the steps below:

1. Section D – Forecasted Cash Needs are optional and may be left blank. Enter the amount of cash needed by a quarter during the first year for both the Federal and Non-Federal rows by clicking the Update button in the top right corner of Section D (**Figure 13, 1**).
2. In Section E - Federal Funds Needed for Balance of the Project, enter the federal funds requested for each of the Future Funding Periods (Years) for each proposed subprogram by clicking the Update button in the top right corner of Section E (**Figure 13, 2**).

**IMPORTANT NOTES:**

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

3. In Section F – Other Budget Information, provide information regarding direct and indirect charges. You can also document any relevant comments or remarks in this section by clicking the Update button in the top right corner of Section F (Figure 13, 3).
4. Finally, click the Save and Continue button on the Budget Information – Section D-F to proceed (Figure 13, 4).

### 2.1.3 Budget Narrative

Attach the Budget Narrative by clicking the Attach File button (Figure 14, 1).

Figure 14: Budget Narrative

Once completed, click the Save and Continue button to proceed to the Disclosure of Lobbying Form (Figure 14, 2).

## 3. Completing the Disclosure of Lobbying Activities Form

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

## 4. Completing the Appendices Form

1. Upload the following attachments, as applicable, by clicking the associated Attach File button for each (Figure 15):
  - Attachment 1: Service Area Map and Table (required) (maximum 1 attachment)
  - Attachment 2: Bylaws (required) (maximum 1 attachment)
  - Attachment 3: Project Organizational Chart (required) (maximum 1 attachment)
  - Attachment 4: Position Descriptions for Key Management Staff (required) (maximum 1 attachment)
  - Attachment 5: Biographical Sketches for Key Management Staff (required) (maximum 1 attachment)
  - Attachment 6: Co-Applicant Agreement (required for public center applicants that have a co-applicant board) (as applicable) (maximum 1 attachment)
  - Attachment 7: Summary of Contracts and Agreements (as applicable) (maximum 1 attachment)
  - Attachment 8: Articles of Incorporation (as applicable) (maximum 1 attachment)
  - Attachment 9: Collaboration Documentation (required) (maximum 1 attachment)
  - Attachment 10: Sliding Fee Discount Schedule(s) (required) (maximum 1 attachment)
  - Attachment 11: Evidence of Nonprofit or Public Center Status (required) (maximum 1 attachment)

- Attachment 12: Operational Plan (as applicable) (maximum 1 attachment)
- Attachment 13: Other Relevant Documents (as applicable) (maximum 2 attachments)

**Figure 15: Appendices**

**Appendices**

Due Date: [ ] (Due in: [ ]) | Section Status: [ ]

**Resources**

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Attachment 1 - Service Area Map and Table (Minimum 1) (Maximum 1)	No documents attached	Attach File
Attachment 2 - Bylaws (Minimum 1) (Maximum 1)	No documents attached	Attach File
Attachment 3 - Project Organizational Chart (Minimum 1) (Maximum 1)	No documents attached	Attach File
Attachment 4 - Position Descriptions for Key Management Staff (Minimum 1) (Maximum 1)	No documents attached	Attach File
Attachment 5 - Biographical Sketches for Key Management Staff (Minimum 1) (Maximum 1)	No documents attached	Attach File
Attachment 6: Co-Applicant Agreement (required for public center applicants that have a co-applicant board) (as applicable) (Maximum 1)	No documents attached	Attach File
Attachment 7: Summary of Contracts and Agreements (as applicable) (Maximum 1)	No documents attached	Attach File
Attachment 8 - Articles of Incorporation ? Signed Seal Page (as applicable) (Maximum 1)	No documents attached	Attach File
Attachment 9 - Collaboration Documentation (Minimum 1) (Maximum 1)	No documents attached	Attach File
Attachment 10 - Sliding Fee Discount Schedule(s) (Minimum 1) (Maximum 1)	No documents attached	Attach File
Attachment 11 - Evidence of Nonprofit or Public Center Status (Minimum 1) (Maximum 1)	No documents attached	Attach File
Attachment 12 - Operational Plan (as applicable) (Maximum 1)	No documents attached	Attach File
Attachment 13 - Other Relevant Documents (as applicable) (Maximum 2)	No documents attached	Attach File

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

## 5. Completing the Program Specific Forms

1. Click the **Update** link for any form to start updating it or access the forms from the left side menu. Once completed, click the Save and Continue button to proceed to the next listed form ([Figure 16](#)).

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

Program Specific Information Status		
Section	Status	Options
<b>General Information</b>		
Form 1A - General Information Worksheet	Not Started	<a href="#">Update</a> -
Form 1C - Documents On File	Not Started	<a href="#">Update</a> -
Form 4 - Community Characteristics	Not Started	<a href="#">Update</a> -
<b>Budget Information</b>		
Form 2 - Staffing Profile	Not Started	<a href="#">Update</a> -
Form 3 - Income Analysis	Not Started	<a href="#">Update</a> -
<b>Sites and Services</b>		
Form 5A - Services Provided	Not Started	
Required Services	Not Started	<a href="#">Update</a> -
Additional Services	Not Started	<a href="#">Update</a> -
Specialty Services	Not Started	<a href="#">Update</a> -
Form 5B - Service Sites	Not Started	<a href="#">Update</a> -
Form 5C - Other Activities/Locations	Not Started	<a href="#">Update</a> -
<b>Other Forms</b>		
Form 6A - Current Board Member Characteristics	Not Started	<a href="#">Update</a> -
Form 6B - Request for Waiver of Board Member Requirements	Not Started	<a href="#">Update</a> -
Form 8 - Health Center Agreements	Not Started	<a href="#">Update</a> -
Form 12 - Organization Contacts	Not Started	<a href="#">Update</a> -
<b>Performance Measures</b>		
Clinical Performance Measures	Not Started	<a href="#">Update</a> -
Financial Performance Measures	Not Started	<a href="#">Update</a> -
<b>Other Information</b>		
Summary Page	Not Started	<a href="#">Update</a> -

[Return to Complete Status](#)

### 5.1 Form 1A: General Information Worksheet

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

- Applicant Information ([Figure 17, 1](#))
- Proposed Service Area ([Figure 17, 2](#))

Figure 17: Form 1A: General Information Worksheet

**Form 1A - General Information Worksheet**

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Fields with \* are required

**1 Applicant Information**

Applicant Name

\* Fiscal Year End Date: Select Option

Application Type: New

Grant Number: N/A

\* Business Entity (Select one option that aligns with the type entered in SAM.gov): Select Option

- All
- Faith based
- Hospital
- State government
- City/County/Local Government or Municipality
- University
- Community based organization
- Other

If "Other" please specify: \_\_\_\_\_  
 (maximum 100 characters)

**2 Proposed Service Area**

**Note(s):**  
 Applicants applying for Community Health Center (CHC) funding in Section A of the SF-424A Budget Information form must serve at least one MUA or MUP. Provide the IDs for all MUAs and/or MUPs within the service area proposed in this application.

**2a. Service Area Designation**

\* Select MUA/MUP (Each ID must be 3 to 12 digits. Use commas to separate multiple IDs, without spaces):  
 Find an MUA/MUP

- Medically Underserved Area (MUA) ID # \_\_\_\_\_
- Medically Underserved Population (MUP) ID # \_\_\_\_\_
- Medically Underserved Area Application Pending ID # \_\_\_\_\_
- Medically Underserved Population Application Pending ID # \_\_\_\_\_

**2b. Service Area Type**

**Note(s):**  
 You must select Urban or Rural. If you select Rural, Sparsely Populated may also be selected, if applicable.

\* Choose Service Area Type:
 

- Urban
- Rural
  - Sparsely Populated - Specify population density by providing the number of people per square mile: \_\_\_\_\_ (Provide a value ranging from 0.01 to 7)

**2c. Patients and Visits**

**Unduplicated Patients and Visits by Population Type**

**Note(s):**  
 Refer to the Patient Target in the Service Area Announcement Table (SAAT) for the service area proposed in this application to ensure your total unduplicated patient projection meets eligibility requirements. The SAAT is available at the SAC/SAC-AA Technical Assistance web site.

\* How many unduplicated patients are projected to be served by December 31, 2022?

Population Type	UDS / Baseline Value		Projected by December 31, 2022 (January 1 - December 31, 2022)	
	Patients	Visits	Patients	Visits
* Total				
* General Underserved Community (Include all patients/visits not reported in the rows below)				
* Migratory and Seasonal Agricultural Workers and Families				
* Public Housing Residents				
* People Experiencing Homelessness				

**Patients and Visits by Service Type**

Service Type	UDS / Baseline Value		Projected by December 31, 2022 (January 1 - December 31, 2022)	
	Patients	Visits	Patients	Visits
* Total Medical Services				
* Total Dental Services				
Behavioral Health Services				
* Total Mental Health Services				
* Total Substance Use Disorder Services				
* Total Vision Services				
* Total Enabling Services				

Go to Previous Page | Save | Save and Continue

### 5.1.1 Completing the Applicant Information Section

The **Applicant Information** section is pre-populated with the application and grant-related information, as applicable. Complete this section by providing information in the required fields (**Figure 18**).

#### **IMPORTANT NOTES:**

- Complete all the relevant information that is not pre-populated.
- H80 grant numbers will pre-populate for competing continuation and competing supplement applicants.
- Applicants may check only one category in the Business Entity section and it should align with the type entered in [SAM.gov](http://SAM.gov). An applicant that is a Tribal or Urban Indian entity and meets the definition for a public or private entity should select the Tribal or Urban Indian category.
- Applicants may select one or more categories for the Organization Type section.
- If you select 'Other' (**Figure 18, 1**) for the Organization Type, you must specify the organization type.

**Figure 18: Applicant Information Section**

Fields with \* are required.

1. Applicant Information

Applicant Name

\* Fiscal Year End Date: Select Option

Application Type: New

Grant Number: N/A

\* Business Entity (Select one option that aligns with the type entered in SAM.gov): Select Option

- All
- Faith based
- Hospital
- State government
- City/County/Local Government or Municipality
- University
- Community based organization
- Other

If 'Other' please specify: (maximum 100 characters)

### 5.1.2 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

### 5.1.2.1 Completing 2a. Service Area Designation

In the **Select MUA/MUP** field (Figure 19, 1), select the MUA and/or MUP designations (multiple selections are allowed) for the proposed service area and enter the identification number(s). Select the options that best describe the service area you propose to serve.

#### IMPORTANT NOTES:

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

Figure 19: Proposed Service Area section

2. Proposed Service Area

**Note(s):**  
Applicants applying for Community Health Center (CHC) funding in Section A of the SF-424A: Budget information form must serve at least one MUA or MUP. Provide the IDs for all MUAs and/or MUPs within the service area proposed in this application.

**2a. Service Area Designation** 1

Select MUA/MUP (Each ID must be an integer that is at least 5 but not greater than 12 digits. Use commas to separate multiple IDs, without spaces):

Find an MUA/MUP of:

Medically Underserved Area (MUA) ID # \_\_\_\_\_  
Medically Underserved Population (MUP) ID # \_\_\_\_\_  
Medically Underserved Area Application Pending ID # \_\_\_\_\_  
Medically Underserved Population Application Pending ID # \_\_\_\_\_

### 5.1.2.2 Completing 2b. Service Area Type

In the **Service Area Type** field (Figure 20), indicate whether the service area is Urban or Rural. If Rural is selected, then Sparsely Populated may also be selected. When Sparsely Populated is selected, also specify the population density by providing the number of people per square mile.

#### IMPORTANT NOTES:

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

Figure 20: Service Area Type

2b. Service Area Type

**Note(s):**  
You must select Urban or Rural. If you select Rural, Sparsely Populated may also be selected, if applicable.

Choose Service Area Type:

Urban  
 Rural  
 Sparsely Populated - Specify population density by providing the number of people per square mile: \_\_\_\_\_ (Provide a value ranging from 0.01 to 7)

### 5.1.2.3 Completing 2c. Patients and Visits

#### 5.1.2.3.1 Unduplicated Patients and Visits by Population Type

To complete this section, follow these steps:

1. Answer the question, 'How many unduplicated patients are projected to be served by December 31, 2022?' (Figure 21, 1)

2. The system will auto-populate the number in the Total row of the Patients column under the 'Projected by December 31, 2022 (January 1 - December 31, 2022)' heading. (Figure 21, 2) when you click the Save or Save and Continue button.
3. Provide the number of Patients and Visits under the UDS/Baseline Value heading and Visits under the Projected by December 31, 2022 (January 1 – December 31, 2022) heading in the Total row.
4. Provide the number of Patients and Visits under the UDS/Baseline Value heading for each Population Type listed. (Figure 21, 3). Patients and visits must not be duplicated across the Population Types.
5. Provide the number of Patients and Visits that you project to serve annually under the Projected by December 31, 2022 (January 1 – December 31, 2022) heading for each Population Type listed (Figure 21, 4). Patients and visits must not be duplicated across the Population Types.

**Figure 21: Unduplicated Patients and Visits by Population Type**

2c. Patients and Visits  
Unduplicated Patients and Visits by Population Type

**Note(s):**  
Refer to the Patient Target in the Service Area Announcement Table (SAAT) for the service area proposed in this application to ensure your total unduplicated patient projection meets eligibility requirements. The SAAT is available at the SAC/SAC-AA Technical Assistance web site.

\* How many unduplicated patients are projected to be served by December 31, 2022?

Population Type	UDS / Baseline Value		Projected by December 31, 2022 (January 1 - December 31, 2022)	
	Patients	Visits	Patients	Visits
* Total				
* General Underserved Community (include all patients/visits not reported in the rows below)				
* Migratory and Seasonal Agricultural Workers and Families				
* Public Housing Residents				
* People Experiencing Homelessness				

## **IMPORTANT NOTES:**

- The unduplicated patient projection for the calendar year 2022 (January 1 – December 31, 2022) must be at least 75 percent of the Patient Target in the Service Area Announcement Table (SAAT). Compare the total number of unduplicated patients projected to be served by December 31, 2022, with the Patient Target in the SAAT, available at the SAC (<https://bphc.hrsa.gov/program-opportunities/sac>) or SAC-AA (<https://bphc.hrsa.gov/program-opportunities/sac-aa>) Technical Assistance webpages, as applicable, for the service area proposed to ensure it meets eligibility requirements.

\*Review the SAAT Patient Target and the Summary of Funding section of the NOFO for Patient Target reduction details to ensure that the Patient Target and funding requests on the SF-424A are aligned. Other resources are available at the SAC or SAC-AA Technical Assistance websites, as applicable (<https://bphc.hrsa.gov/program-opportunities/sac> or <https://bphc.hrsa.gov/program-opportunities/sac-aa>).

- “UDS/Baseline Value” refers to the number of patients and visits for the proposed service at the time of application.
- If you are submitting a new application or a competing supplement application, data entered in the UDS/Baseline Value columns for patients and visits can be zero, even for the Population Types corresponding to the subprograms selected in the Budget Information form, [Section A – Budget Summary](#) section of this application.
- If you are submitting a competing continuation application:
  - Patient data under the UDS/Baseline Value heading is pre-populated from the Uniform Data System (UDS) for the Total and the Population Types corresponding to the subprograms selected in the Budget Information form, [Section A – Budget Summary](#) section of this application.
  - The Total Visits under the UDS/Baseline Value heading are pre-populated from the UDS. You must enter the number of visits for Population Types corresponding to the subprograms selected in the Budget Information form, [Section A – Budget Summary](#) section of this application. For the remaining Population Types, you may provide zeros if there are no projections. You may also provide data for the Population Types beyond those selected in the SF-424A.
- The number of patients and visits under the Projected by December 31, 2022, heading for each Population Type that corresponds to the subprograms selected in the Budget Information form, [Section A – Budget Summary](#) section of this application, should be greater than zero. For the remaining Population Types, you may provide zeros if there are no projections. You may also provide data for the Population Types beyond those selected in the SF-424A.
- The General Underserved Community row may include all patients/visits not captured in other Population Types.
- Across all Population Type categories, an individual can only be counted once as a patient.

### 5.1.2.3.2 Patients and Visits by Service Type

To complete this section, follow the steps below:

1. Provide the UDS/Baseline Value of Patients and Visits for each listed Service Type (Figure 22, 1, 2).
2. Provide the number of Patients and Visits that you project to serve by December 31, 2022 (Figure 22, 3).

Figure 22: Patients and Visits by Service Type

Service Type	UDS / Baseline Value		Projected by December 31, 2022 (January 1 - December 31, 2022)	
	Patients	Visits	Patients	Visits
* Total Medical Services				
* Total Dental Services				
Behavioral Health Services				
* Total Mental Health Services				
* Total Substance Use Disorder Services				
* Total Vision Services				
* Total Enabling Services				

#### IMPORTANT NOTES:

- You must project patients for each Service Type listed for the service area in the Service Area Announcement Table (SAAT), available at the SAC (<https://bphc.hrsa.gov/program-opportunities/sac>) or SAC-AA (<https://bphc.hrsa.gov/program-opportunities/sac-aa>) Technical Assistance webpages, as applicable, to ensure your application meets eligibility requirements.
- Project the number of patients and visits anticipated for each Service Type category for the calendar year 2022 (January 1 – December 31, 2022), at the current level of funding.
- To maintain consistency with the patients and visits reported in UDS, do not report patients and visits for pharmacy services, or services outside the proposed scope of the project. Refer to the Scope of Project (<https://bphc.hrsa.gov/programrequirements/scope.html>) policy documents.
- The Patients and Visits by Service Type section do not display total values, since an individual patient may be included in multiple Service Type categories.
- Providing numbers for all the Service Types is required. Zeros are acceptable.
- The new and supplemental applicants are allowed to enter Zeros for Medical services (Both Patients and Visits) if the values for all other services are Zero.

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

## 5.2 Form 1C: Documents on File

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

To complete Form 1C, follow the steps below:

1. Provide the date of the last review/revision for each item listed. Select N/A if an item is not applicable, where available (Figure 23, 1).
2. Click the Save and Continue button to proceed to the next form.

Figure 23: Form 1C - Documents on File

**Form 1C - Documents On File**

**Note(s):**  
Date of Last Review/Revision must use the date format of MM/DD/YYYY. This listing does not include all policy/procedure documents required to be maintained on file. Records demonstrating implementation of required policies and procedures must also be available for review.

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Fields with \* are required

Management and Finance	Date of Last Review/Revision (MM/DD/YYYY)	Not Applicable (N/A)
* Personnel policies, including selection and dismissal procedures, salary and benefit scales, employee grievance procedures, and equal opportunity practices.	<input type="text"/>	<input type="checkbox"/>
* Procurement procedures.	<input type="text"/>	<input type="checkbox"/>
* Standards of Conduct/Conflict of Interest policies/procedures.	<input type="text"/>	<input type="checkbox"/>
* Financial Management/Accounting and Internal Control policies and/or procedures to ensure awarded Health Center Program federal funds are not expended for restricted activities.	<input type="text"/>	<input type="checkbox"/>
* Financial Management/Accounting and Internal Control policies/procedures related to restrictions on the use of federal funds for the purchase of sterile needles or syringes for the hypodermic injection of any illegal drug. <sup>1</sup> (Only applicable if your organization provides syringe exchange services or is otherwise engaged in syringe service programs; otherwise, indicate as N/A).	<input type="text"/>	<input type="checkbox"/>
* Financial Management/Accounting and Internal Control policies/procedures related to restrictions on the use of federal funds to provide abortion services, except in cases of rape or incest or where there is a threat to the life of the mother. <sup>2</sup> (Only applicable if your organization provides abortion services; otherwise, indicate as N/A).	<input type="text"/>	<input type="checkbox"/>
* Billing and Collections policies/procedures, including those regarding waivers or fee reductions and refusal to pay.	<input type="text"/>	<input type="checkbox"/>
Services	Date of Last Review/Revision (MM/DD/YYYY)	Not Applicable (N/A)
* Credentialing/Privileging operating procedures.	<input type="text"/>	<input type="checkbox"/>
* Coverage for Medical Emergencies During and After Hours operating procedures.	<input type="text"/>	<input type="checkbox"/>
* Continuity of Care/Hospital Admitting operating procedures.	<input type="text"/>	<input type="checkbox"/>
* Sliding Fee Discount Program policies, operating procedures, and sliding fee schedule.	<input type="text"/>	<input type="checkbox"/>
* Quality Improvement/Assurance Program policies and operating procedures that address clinical services and management, patient safety, and confidentiality of patient records.	<input type="text"/>	<input type="checkbox"/>
Governance	Date of Last Review/Revision (MM/DD/YYYY)	Not Applicable (N/A)
* Governing Board Bylaws.	<input type="text"/>	<input type="checkbox"/>
* Co-Applicant Agreement (Only applicable to public entity health centers; otherwise, indicate as N/A.)	<input type="text"/>	<input type="checkbox"/>

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### 5.3 Form 4 - Community Characteristics

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

- Race ([Figure 24, 1](#))
- Hispanic or Latino Ethnicity ([Figure 24, 2](#))
- Income as a Percent of Poverty Guideline ([Figure 24, 3](#))
- Principal Third-Party Medical Insurance ([Figure 24, 4](#))
- Special Populations and Select Population Characteristics ([Figure 24, 5](#))

Figure 24: Form 4: Community Characteristics

**Form 4 - Community Characteristics**

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

**Resources**

Fields with \* are required

Race and Ethnicity	Service Area Number	Service Area Percent	Target Population Number	Target Population Percent
* Asian		0.00 %		0.00 %
* Native Hawaiian		0.00 %		0.00 %
* Other Pacific Islanders		0.00 %		0.00 %
* Black/African American		0.00 %		0.00 %
* American Indian/Alaska Native		0.00 %		0.00 %
* White		0.00 %		0.00 %
* More than One Race		0.00 %		0.00 %
* Unreported/Refused to Report		0.00 %		0.00 %
<b>Total</b>	0		0	

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

Hispanic or Latino Ethnicity	Service Area Number	Service Area Percent	Target Population Number	Target Population Percent
* Hispanic or Latino		0.00 %		0.00 %
* Non-Hispanic or Latino		0.00 %		0.00 %
* Unreported/Refused to Report		0.00 %		0.00 %
<b>Total</b>	0		0	

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

Income as a Percent of Poverty Guideline	Service Area Number	Service Area Percent	Target Population Number	Target Population Percent
* 100% and below		0.00 %		0.00 %
* 101-200%		0.00 %		0.00 %
* Over 200%		0.00 %		0.00 %
<b>Total</b>	0		0	

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

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

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

Special Populations and Select Population Characteristics	Service Area Number	Service Area Percent	Target Population Number	Target Population Percent
* Migratory/Seasonal Agricultural Workers and Families		0.00 %		0.00 %
* People Experiencing Homelessness		0.00 %		0.00 %
* Residents of Public Housing		0.00 %		0.00 %
* School Age Children		0.00 %		0.00 %
* Veterans		0.00 %		0.00 %
* Lesbian, Gay, Bisexual and Transgender		0.00 %		0.00 %
* People Living with HIV		0.00 %		0.00 %
* Individuals Best Served in a Language Other Than English		0.00 %		0.00 %
* Other		0.00 %		0.00 %

Please specify:  
Approximately 1/8 page (Max 200 Characters with spaces)

Go to Previous Page Save Save and Continue

### 5.3.1 Completing the Form 4 Sections

To complete the **Race, Hispanic or Latino Ethnicity, Income as a Percent of Poverty Guideline, and Principal Third-Party Medical Insurance** sections (Figure 24, 1, 2, 3, 4), enter the **Service Area Number** (Figure 24, 6) and corresponding **Target Population Number** for each of the respective categories (Figure 24, 7). To automatically calculate the Total Service Area Numbers and Total Target Population Numbers for all four sections, click the Save and Calculate Total button (Figure 24, 8) under any of the sections

#### **IMPORTANT NOTES:**

- Target Population data is a subset of Service Area data, and in most cases, is greater than the total number of patients projected on Form 1A. Patient data should not be used to report target population data since patients are typically a subset of all individuals targeted for service.
- If the target population includes a large number of transient individuals that are not included in the data set used for service area data (e.g., census data), adjust the service area numbers accordingly to ensure that the target population numbers are always less than or equal to the service area numbers.
- When entering data, the total Service Area Numbers and the total Target Population Numbers of the Race, Hispanic or Latino Ethnicity, Income as a Percent of Poverty Guideline, and Principal Third-Party Medical Insurance sections should be equal.

### 5.3.2 Completing the Special Populations and Select Population Characteristics Section

1. Under the Special Populations and Select Population Characteristics section (Figure 25), enter the **Service Area Number** and the corresponding **Target Population Number** for each special population group listed.

**Figure 25: Special Populations and Select Population Characteristics Section**

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

#### **IMPORTANT NOTES:**

- If you select the subprograms related to special populations, i.e. MHC, HCH and/or PHPC, in the **Budget Information – Section A–C** form of this application, you must provide a Service Area Number and Target Population Number that is greater than 0 for the following line items under the Special Populations section on **Form 4** as applicable: ‘Migratory/Seasonal Agricultural Workers and Families,’ ‘People Experiencing Homelessness,’ and ‘Residents of Public Housing’.
- In the ‘Other’ row (**Figure 25, 1**), specify a special population group that is not listed (if desired), and then enter the Service Area Number and the corresponding Target Population Number for the specified special population group.
- The Service Area Percentages and Target Population Percentages of the Special Population and Select Characteristics section are based on the respective totals from the other sections of the form.

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

#### **5.4 Form 2 – Staffing Profile**

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

Figure 26: Form 2- Staffing Profile

**Form 2 - Staffing Profile**

**Note(s):**  
The health center must directly employ its Project Director/CEO. Allocate staff time by function among the positions listed. An individual's full-time equivalent (FTE) should not be duplicated across positions. For example, a provider serving as a part-time family physician and a part-time Clinical Director should be listed in each respective category, with the FTE portion allocated to each position (e.g., Clinical Director 0.5 (50%) FTE and family physician 0.7 (70%) FTE). Do not exceed 1.0 FTE for any individual. Refer to the most recent UDS manual for position descriptions.

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Fields with \* are required

**1** **Key Management Staff/Administration**

Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
* Project Director/Chief Executive Officer (CEO)		<input type="radio"/> Yes <input checked="" type="radio"/> No
* Finance Director/Chief Financial Officer (CFO)		<input type="radio"/> Yes <input checked="" type="radio"/> No
* Chief Operating Officer (COO)		<input type="radio"/> Yes <input checked="" type="radio"/> No
* Chief Information Officer (CIO)		<input type="radio"/> Yes <input checked="" type="radio"/> No
* Clinical Director/Chief Medical Officer (CMO)		<input type="radio"/> Yes <input checked="" type="radio"/> No
* Administrative Support Staff		<input type="radio"/> Yes <input checked="" type="radio"/> No

**2** **Facility and Non-Clinical Support Staff**

Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
* Management and Support Staff		<input type="radio"/> Yes <input checked="" type="radio"/> No
* Fiscal and Billing Staff		<input type="radio"/> Yes <input checked="" type="radio"/> No
* IT Staff		<input type="radio"/> Yes <input checked="" type="radio"/> No
* Facility Staff		<input type="radio"/> Yes <input checked="" type="radio"/> No
* Patient Support Staff		<input type="radio"/> Yes <input checked="" type="radio"/> No

**3** **Physicians**

Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
* Family Physicians		<input type="radio"/> Yes <input checked="" type="radio"/> No
* General Practitioners		<input type="radio"/> Yes <input checked="" type="radio"/> No
* Internists		<input type="radio"/> Yes <input checked="" type="radio"/> No
* Obstetricians/Gynecologists		<input type="radio"/> Yes <input checked="" type="radio"/> No
* Pediatricians		<input type="radio"/> Yes <input checked="" type="radio"/> No
* Other Specialty Physicians		<input type="radio"/> Yes <input checked="" type="radio"/> No

**4** **Nurse Practitioners, Physician Assistants, and Certified Nurse Midwives**

Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
* Nurse Practitioners		<input type="radio"/> Yes <input checked="" type="radio"/> No
* Physician Assistants		<input type="radio"/> Yes <input checked="" type="radio"/> No
* Certified Nurse Midwives		<input type="radio"/> Yes <input checked="" type="radio"/> No

**5** **Medical**

Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
* Nurses		<input type="radio"/> Yes <input checked="" type="radio"/> No
* Other Medical Personnel (e.g. Medical Assistants, Nurse Aides)		<input type="radio"/> Yes <input checked="" type="radio"/> No
* Laboratory Personnel		<input type="radio"/> Yes <input checked="" type="radio"/> No
* X-Ray Personnel		<input type="radio"/> Yes <input checked="" type="radio"/> No

**6** **Dental**

Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
* Dentists		<input type="radio"/> Yes <input checked="" type="radio"/> No
* Dental Hygienists		<input type="radio"/> Yes <input checked="" type="radio"/> No
* Dental Therapists		<input type="radio"/> Yes <input checked="" type="radio"/> No
* Other Dental Personnel		<input type="radio"/> Yes <input checked="" type="radio"/> No

- Staffing Positions for Major Service Category sections
  - Key Management Staff/Administration (**Figure 26, 1**)
  - Facility and Non-Clinical Support (**Figure 26, 2**)
  - Physicians (**Figure 26, 3**)
  - Nurse Practitioners, Physician Assistants, and Certified Nurse Midwives (**Figure 26, 4**)
  - Medical (**Figure 26, 5**)
  - Dental (**Figure 26, 6**)
  - Behavioral Health (Mental Health and Substance Use Disorder) (**Figure 27, 7**)
  - Professional Services (**Figure 27, 8**)
  - Vision Services (**Figure 27, 9**)
  - Pharmacy Personnel (**Figure 27, 10**)
  - Enabling Services (**Figure 27, 11**)
  - Other Programs and Services (**Figure 27, 12**)
- Total FTEs (**Figure 27, 13**)

#### 5.4.1 Completing Form 2: Staffing Profile

1. In the Direct Hire FTEs column, provide the number of Full-Time Employees (FTEs) for each staffing position. Enter 0 if not applicable.
2. The Total row of the Total FTEs section displays the sum of 'Direct Hire FTEs' for the Staffing Positions for Major Service Categories. To calculate the totals, click the Calculate button (**Figure 27, 14**).
3. In the Contract/Agreement FTEs column, select the relevant option if any position is staffed by a contracted FTE for agreements summarized in Attachment 7: Summary of Contracts and Agreements and/or included in contracts uploaded to **Form 8: Health Center Agreements**, as needed. (**Figure 27, 15**).
4. Click the Save and Continue button to save your work and proceed to the next form.

#### **IMPORTANT NOTES**

- Allocate staff time in the Direct Hire FTE column by function among the staff positions listed. An individual's full-time equivalent (FTE) should not be duplicated across positions. For example, a provider serving as a part-time family physician and a part-time Clinical Director should be listed in each respective category with the FTE allocated to each position (e.g., Clinical Director 0.3 (30%) FTE and family physician 0.7 (70%) FTE). Do not exceed 1.0 FTE for any individual. For position descriptions, refer to the UDS Reporting Manual (<http://bphc.hrsa.gov/datareporting/reporting/2018udsmanual.pdf>).
- Volunteers must be recorded in the Direct Hire FTEs column.
- If a staffing profile is not listed, you may specify in the Other section, up to 40 characters, and provide value for Direct Hire FTEs (zeros are acceptable) or specify if its Contract/Agreement FTEs.

- The Project Director/chief executive officer (CEO) must be a Direct Hire FTE and may not be contracted.

Figure 27: Form 2- Staffing Profile continued...

Behavioral Health (Mental Health and Substance Use Disorder Services)		
Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
* Psychiatrists		<input type="radio"/> Yes <input checked="" type="radio"/> No
* Licensed Clinical Psychologists		<input type="radio"/> Yes <input checked="" type="radio"/> No
* Licensed Clinical Social Workers		<input type="radio"/> Yes <input checked="" type="radio"/> No
* Other Licensed Mental Health Providers		<input type="radio"/> Yes <input checked="" type="radio"/> No
* Other Mental Health Staff		<input type="radio"/> Yes <input checked="" type="radio"/> No
* Substance Use Disorder Providers		<input type="radio"/> Yes <input checked="" type="radio"/> No
Professional Services		
Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
* Other Professional Health Services Please Specify: (Maximum 40 characters)		<input type="radio"/> Yes <input checked="" type="radio"/> No
Vision Services		
Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
* Ophthalmologists		<input type="radio"/> Yes <input checked="" type="radio"/> No
* Optometrists		<input type="radio"/> Yes <input checked="" type="radio"/> No
* Other Vision Care Staff Please Specify: (Maximum 40 characters)		<input type="radio"/> Yes <input checked="" type="radio"/> No
Pharmacy Personnel		
Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
* Pharmacy Personnel		<input type="radio"/> Yes <input checked="" type="radio"/> No
Enabling Services		
Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
* Case Managers		<input type="radio"/> Yes <input checked="" type="radio"/> No
* Patient/Community Education Specialists		<input type="radio"/> Yes <input checked="" type="radio"/> No
* Outreach Workers		<input type="radio"/> Yes <input checked="" type="radio"/> No
* Transportation Staff		<input type="radio"/> Yes <input checked="" type="radio"/> No
* Eligibility Assistance Workers		<input type="radio"/> Yes <input checked="" type="radio"/> No
* Interpretation Staff		<input type="radio"/> Yes <input checked="" type="radio"/> No
* Community Health Workers		<input type="radio"/> Yes <input checked="" type="radio"/> No
* Other Enabling Services Please Specify: (Maximum 40 characters)		<input type="radio"/> Yes <input checked="" type="radio"/> No
Other Programs and Services		
Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
* Quality Improvement Staff		<input type="radio"/> Yes <input checked="" type="radio"/> No
* Other Programs and Services Please Specify: (Maximum 40 characters)		<input type="radio"/> Yes <input checked="" type="radio"/> No
Total FTEs		
Totals	Direct Hire FTEs	Contract/Agreement FTEs
Totals <input type="button" value="Calculate"/>	0	N/A

## 5.5 Form 3 - Income Analysis

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

1. Payer Category (**Figure 28, 1**)
2. Comments/Explanatory Notes (**Figure 28, 2**)

**Figure 28: Form 3: Income Analysis**

**Form 3 - Income Analysis**

**Note(s):**  
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, explain in the Comments/Explanatory Notes section. Refer to the Fiscal Year (FY) End Date selected in Form 1A of the application to provide the information in the Prior FY Income (e) column.

**Resources**  
View  
FY21 SAC User Guide | Funding Opportunity Announcement | SAC TA

Fields with \* are required

Payer Category	Patients By Primary Medical Insurance (a)	Billable Visits (b)	Income Per Visit (c)	Projected Income (d)	Prior FY Income (e) (1)
<b>Part 1: Patient Service Revenue - Program Income</b>					
* 1. Medicaid					
* 2. Medicare					
* 3. Other Public					
* 4. Private					
* 5. Self Pay					
6. Total (Lines 1 to 5)	0	0	N/A	\$0	\$0
<b>Part 2: Other Income - Other Federal, State, Local and Other Income</b>					
* 7. Other Federal	N/A	N/A	N/A		
* 8. State Government	N/A	N/A	N/A		
* 9. Local Government	N/A	N/A	N/A		
* 10. Private Grants/Contracts	N/A	N/A	N/A		
* 11. Contributions	N/A	N/A	N/A		
* 12. Other	N/A	N/A	N/A		
* 13. Applicant (Retained Earnings)	N/A	N/A	N/A		
14. Total Other (Lines 7 to 13)	N/A	N/A	N/A	\$0	\$0
<b>Total Non-Federal (Non-Health Center Program) Income (Program Income Plus Other)</b>					
15. Total Non-Federal Income (Lines 6+14)	N/A	N/A	N/A	\$0	\$0

**Comments/Explanatory Notes (if applicable)**  
Approximately 2 pages (Max 2500 Characters with spaces)

Go to Previous Page | Save | Save and Continue

### 5.5.1 Completing the Payer Categories Section

The Payer Category section is further divided into the following parts:

- 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, provide the number of Patients by Primary Medical Insurance for each Payer Category in Part 1. Enter 0 if not applicable (**Figure 28, 3**).
2. In column b, provide the number of Billable Visits that are greater than or equal to the number of Patients by Primary Medical Insurance (column (a)) for each Payer Category in Part 1. Enter 0 if not applicable (**Figure 28, 4**).
3. In column c, provide the amount of Income per Visit for each Payer Category in Part 1. Enter 0 if not applicable. (**Figure 28, 5**).
4. In column d, provide the amount of Projected Income for each Payer Category in Parts 1 and 2. Enter 0 if not applicable (**Figure 28, 6**).
5. In column e, provide the amount of Prior FY Income in Parts 1 and 2. Refer to the Fiscal Year End Date selected in **Form 1A** of this application to provide this information. Enter 0 if not applicable (**Figure 28, 7**).
6. Click the Calculate Total and Save button to calculate and save the values for each Payer Categories in Part 1. (**Figure 28, 8**).

#### **IMPORTANT NOTES**

- The number of Billable Visits in column b should be zero if the number of Patients by Primary Medical Insurance in column a for a Payer Category is zero.
- The value in the Projected Income (d) column should equal the value in the Billable Visits (b) column multiplied by the value in the Income per Visit (c) column. If these values are not equal, explain in the Comments/Explanatory Notes box.
- The Patients by Primary Medical Insurance (a), Billable Visits (b), and Income Per Visit (c) columns in Part 2 are disabled and set to 'N/A'.

7. Click the Calculate Total and Save button in the **Total Non-Federal (Non-Health Center Program) Income (Program Income Plus Other)** section to calculate and save the values for each Payer Category in Part 1 & 2. (**Figure 28, 9**).

### **5.5.2 Completing the Comments/Explanatory Notes Section**

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

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

## **5.6 Form 5A – Services Provided**

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

**IMPORTANT NOTES**

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

**5.6.1 Form 5A: Service Provided in a Competing Continuation Application**

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

**Figure 29: Form 5A (Competing Continuation Application)**

**Form 5A - Services Provided (Required Services)**

**Note(s):**

- Review the list of services retrieved from your scope on file as of [redacted]. If there was a recent change approved for your scope (e.g. through a Change in Scope application), click the 'Refresh From Scope' button below to get your most recent scope on file.
- For more information, refer to the [Service Descriptors for Form 5A: Services Provided](#) and the [Column Descriptors for Form 5A: Services Provided](#).

**Resources**

View  
 FY21 SAC User Guide | Funding Opportunity Announcement | SAC TA | Services in H80 Scope

Required Services
  Additional Services
  Specialty Services

Service Type	Column I - Direct (Health Center Pays) (1)	Column II - Formal Written Contract/Agreement (Health Center Pays) (1)	Column III - Formal Written Referral Arrangement (Health Center DOES NOT Pay) (1)
General Primary Medical Care (1)	[X]	[..]	[..]
Diagnostic Laboratory (1)	[X]	[X]	[..]
Diagnostic Radiology (1)	[..]	[..]	[X]
Screenings (1)	[X]	[..]	[X]
Coverage for Emergencies During and After Hours (1)	[X]	[X]	[..]
Voluntary Family Planning (1)	[X]	[..]	[..]
Immunizations (1)	[X]	[..]	[..]
Well Child Services (1)	[X]	[..]	[..]
Gynecological Care (1)	[X]	[..]	[X]
Obstetrical Care (1)			
Prenatal Care (1)	[X]	[..]	[X]
Intrapartum Care (Labor & Delivery) (1)	[..]	[..]	[X]
Postpartum Care (1)	[X]	[..]	[..]
Preventive Dental (1)	[X]	[..]	[..]
Pharmaceutical Services (1)	[X]	[X]	[..]
HCH Required Substance Use Disorder Services (1)	[..]	[..]	[..]
Case Management (1)	[X]	[..]	[..]
Eligibility Assistance (1)	[..]	[X]	[..]
Health Education (1)	[X]	[..]	[..]
Outreach (1)	[X]	[..]	[..]
Transportation (1)	[X]	[..]	[..]
Translation (1)	[..]	[X]	[..]

### 5.6.1.1 Completing Form 5A: Required Services Section

This section will be “Read-Only” for a competing continuation applicant:

1. If the pre-populated data on **Required Services** ([Figure 29, 1](#)) tab does not reflect any recently approved scope changes, click the **Refresh from Scope** ([Figure 29, 2](#)) button to refresh the data and display the approved changes.
2. Click the Continue button to navigate to **Additional Services** section OR select the **Additional Services** tab ([Figure 29, 3](#)).

### 5.6.1.2 Completing Form 5A: Additional Services Section

This section will be “Read-Only” for a competing continuation applicant:

1. If the pre-populated data on the **Additional Services** tab does not reflect any recently approved scope changes, click the **Refresh from Scope** button to refresh the data and display the approved changes.
2. Click the Continue button to navigate to **Specialty Services** section OR select the **Specialty Services** tab ([Figure 29, 4](#)).

### 5.6.1.3 6.6.1.2 Completing Form 5A: Specialty Services Section

This section will be “Read-Only” for a competing continuation applicant:

1. If the pre-populated data on the **Additional Services** tab does not reflect any recently approved scope changes, click the **Refresh from Scope** button to refresh the data and display the approved changes.
2. Click the Continue button to save your work and proceed to the **Form 5B – Service Sites**.

## 5.6.2 Form 5A in New or Competing Supplement Application

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

- Required Services ([Figure 30, 1](#))
- Additional Services ([Figure 30, 2](#))
- Specialty Services ([Figure 30, 3](#))

**Figure 30: Form 5A (New or Competing Supplement Applications)**

**Form 5A - Services Provided (Required Services)**

**Note(s):**

- Select service delivery methods for required services, as applicable to the proposed SAC/SAC-AA project
- For more information, refer to the [Service Descriptors for Form 5A: Services Provided](#) and the [Column Descriptors for Form 5A: Services Provided](#)

**Resources**

View  
 FY21 SAC User Guide | Funding Opportunity Announcement | SAC TA

Fields with \* are required

Required Services 
  Additional Services 
  Specialty Services

Service Type	Column I - Direct (Health Center Pays)	Column II - Formal Written Contract/Agreement (Health Center Pays)	Column III - Formal Written Referral Arrangement (Health Center DOES NOT Pay)
* General Primary Medical Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* Diagnostic Laboratory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* Diagnostic Radiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* Screenings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* Coverage for Emergencies During and After Hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* Voluntary Family Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* Immunizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* Well Child Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* Gynecological Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obstetrical Care			
* Prenatal Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* Intrapartum Care (Labor & Delivery)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* Postpartum Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* Preventive Dental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* Pharmaceutical Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* HCH Required Substance Use Disorder Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* Case Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* Eligibility Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* Health Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* Outreach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* Translation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Go to Previous Page Save Save and Continue

**5.6.2.1 Completing Form 5A: Required Services Section**

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

**Table 1: Modes of Service Provision**

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

To specify service delivery methods:

1. Check one or more boxes to indicate the service delivery method(s) for the required services specific to the project proposed in this application. To view details about service, hover over the information icon provided, if available, for that service (Figure 30, 4).
2. Click the Save and Continue button (Figure 30, 5).

**IMPORTANT NOTES:**

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

**5.6.2.2 Completing Form 5A: Specialty Services Section**

New and competing supplement applicants cannot propose service delivery methods for specialty services in the SAC/SAC-AA application. You will see the message depicted in (Figure 31) when you access the Specialty Services section of **Form 5A**. Click the Continue button (Figure 31, 1) of this section to proceed to Form 5B: Service Sites.

**Form 5A: Services Provided** will be complete when the statuses of the Required Services, Additional Services, and Specialty Services sections are complete. The completed status of these sections is indicated with a green checkmark in the section tabs (Figure 29, 1,3,4)

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

The screenshot shows the 'Form 5A - Services Provided (Specialty Services)' interface. At the top, there are navigation links for 'Resources', 'View', 'FY21 SAC User Guide', 'Funding Opportunity Announcement', and 'SAC TA'. Below this, there are three tabs: 'Required Services', 'Additional Services', and 'Specialty Services'. The 'Specialty Services' tab is selected and highlighted with a red box and a callout bubble containing the number '1'. A yellow warning banner is displayed below the tabs, stating: 'Warning: You cannot propose Specialty Services in a new or a competing supplement SAC application. Click on the "Continue" button to proceed.' At the bottom of the page, there are two buttons: 'Go to Previous Page' on the left and 'Continue' on the right.

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

## 5.7 Form 5B: Service Sites

**Form 5B: Service Sites** identifies the sites in your scope of the project. If your organization is submitting either a new or competing supplement application, you will be able to propose the following types of sites in this form:

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

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

### 5.7.1 Form 5B in a Competing Continuation Application

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

**Figure 28: Form 5B (Competing Continuation Application)**

The screenshot shows the 'Form 5B (Competing Continuation Application)' interface. At the top left, there is a 'Refresh From Scope' button with a callout bubble containing the number '1'. Below this is a table titled 'Existing Sites in Scope'. The table has columns for 'Site Name', 'Physical Address', 'Service Site Type', 'Location Type', 'Performance Site Address Category', and 'Options'. The 'Options' column has a 'View' dropdown menu. At the bottom of the page, there are two buttons: 'Go to Previous Page' on the left and 'Save' and 'Save and Continue' on the right.

If the pre-populated data on **Form 5B** does not reflect any recently approved scope changes, click the Refresh from Scope button to refresh the data and display the approved changes ([Figure 32, 1](#)).

### 5.7.2 Form 5B in a New or Competing Supplement Application

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

### 5.7.2.1 Proposing a New Site

To propose a new site, follow the steps below:

1. Click the Add New Site button (Figure 33, 1) provided above the Proposed Sites section.

Figure 29: Form 5B – (New Application)

The screenshot shows the 'Form 5B - Service Sites' interface. At the top, there is a 'Note(s)' section with instructions. Below that is a 'Resources' section with links to 'FY21 SAC User Guide', 'Funding Opportunity Announcement', and 'SAC TA'. The 'Proposed Sites' section is currently empty, showing 'No sites added'. A red circle with the number '1' highlights the 'Add New Site' button. At the bottom, there are buttons for 'Go to Previous Page', 'Save', and 'Save and Continue'.

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

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

Figure 30: Service Site Checklist Page

The screenshot shows the 'Service Site Checklist' page. It includes a 'Resources' section with links to 'FY21 SAC User Guide', 'Funding Opportunity Announcement', and 'SAC TA'. Below this is a section titled 'Site Qualification Criteria' with the following questions and options:

- 1. Is the site an "admin-only" site?  
If yes, the site is an "Admin-only" site, select "Not Applicable" for questions "a" to "d" below. If No, the site is a Service Delivery site, answer questions "a" to "d" Yes or No.  
Options:  Yes,  No (callout 1)
- a. Are/will health center visits be generated by documenting in the patients records face-to-face contacts between patients and providers?  
Options:  Yes,  No,  Not Applicable
- b. Do/will providers exercise independent judgment in the provision of services to the patient?  
Options:  Yes,  No,  Not Applicable
- c. Are/will services be provided directly by or on behalf of the grantee, whose governing board retains control and authority over the provision of the services at the location?  
Options:  Yes,  No,  Not Applicable
- d. Are/will services be provided on a regularly scheduled basis (e.g., daily, weekly, first Thursday of every month)?  
Options:  Yes,  No,  Not Applicable
- 2. Is the site a Domestic Violence (Confidential) shelter? (1)  
Options:  Yes,  No,  Not Applicable (callout 2)

At the bottom, there are buttons for 'Go to Previous Page' and 'Verify Qualification' (callout 3).

### IMPORTANT NOTES:

- If the answer to question 1 is 'No' (Figure 34, 1), i.e. if the site being added is not an 'Admin-only' site, select 'Yes' for questions a through d, so that the site is qualified to be added to the application.
- Indicate whether the site being added is a domestic violence site by answering 'Yes' or 'No' to question 2 (Figure 34, 2). A Domestic Violence site is a confidential site serving victims of domestic violence, and the site address cannot be published due to the necessity to protect the location of the domestic violence shelter. If the answer to question 1 is 'Yes' i.e. if the site being added is an 'Admin-only' site, select 'Not Applicable' to question 2

3. Click the Verify Qualification button (Figure 34, 3).

- The system navigates to the **List of Pre-Registered Performance Sites at HRSA Level** page. All sites that are registered by your organization within EHB will be listed on this page.

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

Site Name	Performance Site Type	Performance Site Address	Performance Site Address Category	Options
Anderson County Health Center	Fixed	10 Howard Avenue, Bristol, VT 05602	Approximate	Select Site Location
Bristol Area Health Center	Fixed	6 North VT 204/205A, VT 05602-1020	Accurate	Select Site Location
Greenwich Health Center	Fixed	Howard Avenue, Bristol, VT	Accurate	Select Site Location
Greenwich Health Center	Fixed	Howard Avenue, Bristol, VT 05602	Accurate	Select Site Location
Greenwich Health Center - Annex	Fixed	67 Pine Street, Building 4, Bristol, VT 05602	Approximate	Select Site Location
Greenwich Health Center	Fixed	67 Pine St, Bristol, VT 05602-1020	Accurate	Select Site Location

4. Select a site from the list provided on this page and click its **Select Site Location** link (Figure 35, 1).

### IMPORTANT NOTES:

The Select Site Location link will be disabled (Figure 36, 1) and you will be unable to select the site if it is:

- Already included in the current application.
- Already in your Health Center Program scope (competing supplement applicants).
- A Mobile site and you are trying to propose an 'Admin-only' site.
- A confidential site and you are trying to propose a non-confidential/non-domestic violence site.
- A non-confidential site and you are trying to propose a confidential/ domestic violence site.

Hovering over the disabled Select Site Location link will provide the reason why the site is disabled (Figure 36, 2).

**Figure 32: Disabled Site Locations**



**IMPORTANT NOTE:** If you wish to update the name of any site listed on this page, click the **Update the Registered Performance Site** link (Figure 37, 1) and update the site name.

**Figure 33: Update the Registered Performance Site Link**



5. When you click the **Select Site Location** link of a site, the system navigates to the **Form 5B – Edit** page where you must provide all the required information for the site (Figure 38).
6. Zipcodes are entered the Service Area Zip Codes field 5 at a time. Once the user clicks the Save Zip Codes Button, the 5-zip code will be saved to the page and the user can add more, repeating this process as many times as necessary to enter all intended zip codes.

Figure 38: Form 5B – Update Site Page

**IMPORTANT NOTES:**

In the Form 5B Service Area Zip Codes field:

- Refer to the Service Area Announcement Table (SAAT), available at the SAC (<https://bphc.hrsa.gov/program-opportunities/sac>) or SAC-AA (<https://bphc.hrsa.gov/program-opportunities/sac-aa>) Technical Assistance webpages, as applicable to determine the zip codes for the majority of patients served. Zipcodes entered in this field will determine compliance with the relevant eligibility requirement.
- Enter zip codes for at least 75 percent of current patients served. (i.e., The sum of zip code patient percentages from the SAAT for zip codes entered on Form 5B must be at least 75 percent).
- If the sum of all zip code patient percentages in the SAAT is less than 75 percent, enter all zip codes for the service area from the SAAT.

7. After providing complete information on **Form 5B – Edit** page, click the Save and Continue button.
  - **Form 5B – Service Sites** list page opens with the newly added site displayed in the **Proposed Site** section (**Figure 39**).

**Figure 39: Newly Added Site Displayed Under Proposed Sites Section**

Site Name	Physical Address	Service Site Type	Location Type	Site Status	Options
		Service Delivery Site	Permanent	In Progress	Update

**IMPORTANT NOTES:**

- The ‘Physical Site Address’ must be a verifiable physical street address.
- If you are requesting funding to target Community Health Center, Public Housing Primary Care, and/or Health Care for the Homeless populations (with or without Migrant Health Center) in the **Budget Summary form** within the standard section of this application, you must propose at least one Service Delivery site or Administrative/Service Delivery that has the Location Type as ‘Permanent’, and that is operating for at least 40 hours a week.
- If you are requesting funding to serve only Migrant Health Centers in the **Budget Summary form** within the standard section of this application, you must propose at least one Service Delivery site or Administrative/Service Delivery site that has Location Type as ‘Permanent’ or ‘Seasonal,’ and that is operating for at least 40 hours a week.

If there are no sites registered to your organization, or if you want to use a new location for the site you are adding in Form 5B, click the Register Performance Site button (Figure 35, 2) 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, and click the Next Step button.
- On the Register – Confirm page, the system displays the physical address you entered on the Address - Enter page along with the standardized format of the address. Select the option you want to proceed with and click the Confirm button.
- On the Register – Result page, click the Finish button to register the site to your organization.

**5.7.3 Select a Site from Scope (Competing Supplement Applicants)**

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

**5.7.3.1 To pick a site from your current Health Center Program scope**

- On **Form 5B – Service Sites** list page, click the Pick Site from Scope provided above the **Existing Sites from Scope** section (Figure 40, 1).

**Figure 40: Form 5B (Competing Supplement Application)**

- The system navigates to the **Select Site from Scope** page populated with the sites in your Health Center Program scope (Figure 41).

**Figure 41: Select Site from Scope**

Site Name	Site Address	Service Site Type	Location Type	Options
[Blurred]	[Blurred]	[Blurred]	[Blurred]	Select this Site
[Blurred]	[Blurred]	[Blurred]	[Blurred]	Select this Site
[Blurred]	[Blurred]	[Blurred]	[Blurred]	Select this Site
[Blurred]	[Blurred]	[Blurred]	[Blurred]	Select this Site
[Blurred]	[Blurred]	[Blurred]	[Blurred]	Select this Site

2. Click the **Select this Site** link for the site you want to include in the form (Figure 41, 1).
  - **Form 5B – Service Sites** list page opens with the selected site displayed in the Existing Sites from the Scope section (Figure 42).

**Figure 42: Form 5B Showing Current Site in Scope**

The screenshot shows a web interface for 'Existing Sites in Scope'. At the top, there is a button labeled 'Pick Site from Scope'. Below it is a table with the following columns: Site Name, Physical Address, Service Site Type, Location Type, and Options. The table contains one row with the following data: Site Name (partially obscured), Physical Address (partially obscured), Service Site Type: 'All', Location Type: 'All', and Options: 'Delete'. Below the table are buttons for 'Go to Previous Page', 'Save', and 'Save and Continue'.

**IMPORTANT NOTES:**

The Select this Site link will be disabled (Figure 43, 1), and you will not be able to select sites if it:

- It is already included in the current application.
- Has a 'Pending Verification' status in scope.

In these cases, hovering over the disabled Select Site Location link (Figure 43, 2) will provide the reason why the site is disabled.

**Figure 34: Disabled Sites in Scope**

The screenshot shows a web interface for 'Existing Sites in Scope'. It features a table with columns: Site Name, Site Address, Service Site Type, Location Type, and Options. The table contains two rows. The first row has Site Name (partially obscured), Site Address (partially obscured), Service Site Type: 'Service Delivery Site', Location Type: 'Permanent', and Options: 'Select this Site'. The second row has Site Name (partially obscured), Site Address (partially obscured), Service Site Type: 'Service Delivery Site', Location Type: 'P Pending Verification as of 03/15/2013', and Options: 'Select this Site'. A red box labeled '2' points to the 'P Pending Verification as of 03/15/2013' text, and another red box labeled '1' points to the 'Select this Site' link in the second row. A 'Cancel' button is located at the bottom left.

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

**5.8 Form 5C - Other Activities/Locations**

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

**5.8.1 Form 5C in a Competing Continuation Application**

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

**Figure 44: Form 5C (Competing Continuation Applications)**

**Form 5C - Other Activities/Locations**

**Note(s):**  
Review the list of activities and locations retrieved from your scope on file as of [Date]. If there was a recent change approved for your scope (e.g. through a Change In Scope application), click the 'Refresh From Scope' button below to get your most recent scope on file.

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**Refresh From Scope** (1)

Type of Activity	Frequency of Activity	Description of Activity	Type of Location(s) where Activity is Conducted
[Dropdown]	[Dropdown]	[Text]	[Dropdown]
[Dropdown]	[Dropdown]	[Text]	[Dropdown]
[Dropdown]	[Dropdown]	[Text]	[Dropdown]
[Dropdown]	[Dropdown]	[Text]	[Dropdown]

Go to Previous Page | Continue

If the pre-populated data on **Form 5C** does not reflect any recently approved scope changes, click the Refresh from Scope button to refresh the data and display the approved changes (**Figure 44, 1**).

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

### 5.8.2 Form 5C in a New or a Competing Supplement Application

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

**IMPORTANT NOTE:** This is an optional form. If you do not want to propose any activities or locations in your application, you can click the Save and Continue button provided at the bottom of the form to complete it (**Figure 45, 2**)

To add new activities or locations, follow these steps:

1. Click the Add New Activity/Location button provided at the top of the form (**Figure 45, 1**).

**Figure 45: Form 5C (New or Competing Supplement Applications)**

**Form 5C - Other Activities/Locations**

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**Add New Activity/Location** (1)

Type of Activity	Frequency of Activity	Description of Activity	Type of Location(s) where Activity is Conducted	Status	Options
No other activities/locations added.					

Go to Previous Page | Save and Continue

- The system navigates to the **Activity/Location - Add** page (**Figure 46**).

**Figure 46: Activity/Location – Add page**

Fields with \* are required

**Activity/Location Information**

\* Type of Activity Select Option  
If 'Other', please specify: \_\_\_\_\_ (maximum 100 characters)

\* Frequency of Activity  
Approximately 1/2 page (Max 600 Characters) 600 Characters left

\* Description of Activity  
Approximately 1/2 page (Max 600 Characters) 600 Characters left

\* Type of Location(s) where Activity is Conducted  
Approximately 1/2 page (Max 600 Characters) 600 Characters left

Cancel Save Save and Continue

2. Provide information in all fields on this page and click the Save and Continue button.
  - The system navigates to the **Form 5C** list page, displaying the newly added activity on the form (**Figure 47**).

**Figure 47: Activity/Location Information Added**

**Form 5C - Other Activities/Locations**

**Success:**  
Activity/Location added successfully

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**Add New Activity/Location**

Type of Activity	Frequency of Activity	Description of Activity	Type of Location(s) where Activity is Conducted	Status	Options
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	All	<input type="text"/>

Go to Previous Page Update Save and Continue

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

## 5.9 Form 6A – Current Board Member Characteristics

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

### **IMPORTANT NOTES:**

- This form is optional if you selected 'Tribal Indian' or 'Urban Indian' as the **Business Entity** in **Form 1A: General Information Worksheet**. Click the Save and Continue button at the bottom of the page to proceed to the next form.
- If you chose a **Business Entity** other than 'Tribal Indian' or 'Urban Indian,' you must enter all required information on **Form 6A**.
- The minimum number of board members to be entered on **Form 6A** is **9** and the maximum number is **25**.
- If **Form 6A** is optional for you, but you choose to enter information, then you must enter all required information.

New applicants are required to list all current board members and provide the relevant details.

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

Figure 48: Form 6A Current Board Member Characteristics

**Form 6A - Current Board Member Characteristics**

**Note(s):**  
Only include board members that are patients of the health center in the Patient Board Member Characteristics section.

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Fields with \* are required

**Add New Board Member** (1)

**List of All Board Member(s)**  
No board members added

Patient Board Member(s) Characteristics		Number of Patient Board Members
<b>Gender</b>		
* Male		
* Female		
* Unreported/Declined to Report		
<b>Ethnicity</b>		
* Hispanic or Latino		
* Non-Hispanic or Latino		
* Unreported/Declined to Report		
<b>Race</b>		
* Native Hawaiian		
* Other Pacific Islanders		
* Asian		
* Black/African American		
* American Indian/Alaska Native		
* White		
* More Than One Race		
* Unreported/Declined to Report		

**Note(s):**  
This question is ONLY required if you selected Public (non-Tribal or Urban Indian) as the Business Entity on Form 1A of this application. In all other cases, select N/A.

If you are a public organization/center, do the board members listed above represent a co-applicant board?

Yes  No  N/A

If yes, ensure that the co-applicant agreement is included as Attachment 6 in the Appendices form of this application.

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

1. To add information for a new board member, click the Add Board Member button. (Figure 48, 1)  
➤ The system navigates to the **Current Board Member - Add** page (Figure 49).
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 49, 1), or the Save and Add New button to save the information and add another new board member record (Figure 49, 2).

Figure 49: Current Board Member – Add Page

3. Enter the gender, ethnicity, and race of board members who are patients of the health center in the **Patient Board Member(s) Classification** sections (Figure 48, 2).

**IMPORTANT NOTES:**

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

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

### 5.10 Form 6B - Request for Waiver of Board Member Requirements

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

#### 5.10.1 Completing Form 6B When It is Not Applicable

**Form 6B** is not applicable and you will only see the message depicted (Figure 50) if any of these reasons are true:

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

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

**Figure 50: Form 6B – Not Applicable**

### 5.10.2 Completing Form 6B When It Is Applicable

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

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

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

Figure 51: Form 6B – Applicable

**Form 6B - Request for Waiver of Board Member Requirements**

**Note(s):**  
This form is applicable if proposing to serve only special populations (i.e., HCH, MHC, and/or PHPC).

**00173837: KNITS MOTORWORKS STATE BOARD OF NURSING** Due Date: 08/12/2020 (Due In: 117 Days) | Section Status: Not Started

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Fields with \* are required

**Request for Waiver**  
Name of Organization: KNITS MOTORWORKS STATE BOARD OF NURSING

**1. New Waiver Request**  
Are you requesting a new waiver of the 51% patient majority governance requirement?  Yes  No

**2. For Applicants With Previous Waiver**  
\* 2a. Do you currently have a waiver of the 51% patient majority governance requirement?  Yes  No  
2b. Are you requesting the patient majority waiver to be continued? (This question is required if you answered 'Yes' to question 2a.)  Yes  No (Governing Board is in Full Compliance)  Not Applicable

**3. Demonstration of Good Cause for Waiver (Demonstrate good cause for the waiver request by addressing the following areas)**  
3a. Provide a description of the population to be served and the characteristics of the population/service area that would necessitate a waiver. (This question is required if you answered Yes to question 1 and/or question 2b.)  
Approximately 1/2 page (Max 1000 Characters with spaces)

3b. Provide a description of the health center's attempts to meet the requirement to date and explain why these attempts have not been successful. (This question is required if you answered Yes to question 1 and/or question 2b.)  
Approximately 1/2 page (Max 1000 Characters with spaces)

**4. Alternative Mechanism Plan for Addressing Patient Representation**  
Present a plan for complying with the intent of the statute via an alternative mechanism that ensures patient input and participation in the organization, as well as direction and ongoing governance of the health center. (This question is required if you answered 'Yes' to question 1 and/or question 2b.)  
Approximately 1/2 page (Max 1000 Characters with spaces)

Go to Previous Page Save Save and Continue

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

**IMPORTANT NOTES:**

- Select 'Yes' or 'No' for question 2b if you answered 'Yes' to question 2a. Select 'N/A' for this question if you answered 'No' to question 2a.
- Questions 3a, 3b, and 4 are required if you answered 'Yes' to question 1 and/or question 2b.

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

## 5.11 Form 8 - Health Center Agreements

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

- Part I (Figure 52)
- Part II (Figure 53)

### 5.11.1 Completing Part I of Form 8

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

1. In Part I, question 1 (Figure 52, 1), Select 'Yes' if your organization has a parent, affiliate, or subsidiary organization.

Figure 52: Form 8, Part I

**Form 8 - Health Center Agreements**

**Note(s):**  
If a Health Center Program award recipient wishes to enter into an additional agreement/arrangement post-award that will either (1) result in another organization carrying out a substantial portion of the approved scope of project or (2) impact the governing board's composition, authorities, functions, or responsibilities, a Prior Approval request must be submitted in EHB and approved by HRSA before the agreement/arrangement can be formalized and implemented.

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Fields with \* are required

**PART I: Health Center Agreements**

1. Does your organization have a parent, affiliate, or subsidiary organization?  Yes  No

2. Do you currently have, or propose to utilize:

a) Contract(s) with another organization to perform substantive programmatic work within the proposed scope of project? *For the purposes of the Health Center Program, contracting for substantive programmatic work applies to contracting with a single entity for the majority of health care providers.*

Or

b) Subawards 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.*

**Note(s):**  
• Subawards or contracts made to related organizations such as a parent, affiliate, or subsidiary must be addressed in this form. The acquisition of supplies, material, equipment, or general support services (e.g., janitorial services, contracts with individual providers) is not considered programmatic work.

If **Yes**, indicate the number of each agreement by type in 2a and/or 2b below and complete Part II. If **No, Part II is Not Applicable.**

2a. Number of contracts with another organization to perform substantive programmatic work within the proposed scope of project. (A number up to 4 digits)

2b. Number of subawards made to subrecipients to carry out a portion of the proposed scope of project. (A number up to 4 digits)

2c. **Total** number of contracts and/or subawards for a substantial portion of the proposed scope of project.

**Save and Calculate**

**Add Organization Agreement**

**Part II: Attachments**  
All contracts or subawards, including those which involve a parent, affiliate, or subsidiary organization referenced in Part I must be uploaded in full. Uploaded documents will NOT count against the page limit.

No organization agreement details added

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

2. Select 'Yes' in question 2 (Figure 52, 2), if you will utilize any current or planned contracts with another organization to perform substantive programmatic work or a sub-award to carry out a portion of your organization's approved scope of the project. If 'Yes' is selected, complete 2a – 2c.

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

### 5.11.2 Completing Part II of Form 8 – Adding Organization Agreement Details

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

1. Click the Add Organization Agreement button located above Part II (Figure 53, 1).

Figure 53: Form 8, Part II

The screenshot shows the 'Part II: Attachments' section of a form. At the top left, there is a green button labeled 'Add Organization Agreement' with a plus icon. A red callout box with the number '1' points to this button. Below the button, there is a blue header bar with the text 'Part II: Attachments' and a sub-header 'All affiliations/contracts/subawards referenced in Part I must be uploaded in full. Uploaded documents will NOT count against the page limit'. Below this, there is a light blue box with the text 'No organization agreement details added'. At the bottom left, there is a 'Go to Previous Page' button, and at the bottom right, there are 'Save' and 'Save and Continue' buttons.

- The system navigates to the **Organization Agreement - Add** page (Figure 54).

Figure 54: Organization Agreement – Add Page

The screenshot shows the 'Organization Agreement - Add' page. At the top, there is a breadcrumb trail '00173837: KNITS MOTORWORKS STATE BOARD OF NURSING' and a 'Due Date: 08/12/2020 (Due In: 117 Days)'. Below this, there is a 'Resources' section with a 'View' button and links for 'FY21 SAC User Guide', 'Funding Opportunity Announcement', and 'SAC TA'. The main section is titled 'Organization Agreement Detail' and contains several fields: 'Organization' (with a red callout box '1' pointing to the title), 'Affiliate/Contract/Subaward Organization Name' (with a red asterisk indicating it is required), 'Type of Agreement' (with radio buttons for 'Affiliation Agreement', 'Subaward', and 'Contract'), and 'Note(s)' (with a blue plus icon and two bullet points: 'You must upload at least one document for this affiliation.' and 'Before uploading a document for this affiliation, please rename the file to include the affiliated organization's name e.g. 'Cincinnati@hospital\_locationDetails.doc''. At the bottom, there is an 'Attachments (Minimum 1) (Maximum 5)' section with a red asterisk and an 'Attach File' button (with a red callout box '2' pointing to it). At the bottom left, there is a 'Cancel' button, and at the bottom right, there are 'Save' and 'Save and Continue' buttons.

2. Provide the required information for the agreement in the Organization Agreement Detail section on this page (Figure 54, 1).
3. Upload at least one document related to the agreement in the Attachments section at the bottom of this page by clicking the Attach File button (Figure 54, 2).

### IMPORTANT NOTES:

- Before uploading a document for this agreement, rename the file to include the applicable organization’s name e.g., ‘CincinnatiHospital\_MOA.doc’.
- Part II will accept a maximum of five document uploads for 10 organizations. Additional documentation that exceeds this limit should be included in Attachment 13: Other Relevant Documents.
- Attachments to Form 8 will not count toward the 160-page limit for the application.

4. Click the Save and Continue button to return to the **Form 8: Health Center Agreements** list page. Following the steps described above, add organizations and corresponding agreements referenced in Part 1 up to the noted maximum.
5. After completing **Form 8**, click the Save and Continue button to save your work and proceed to the next form.

## 5.12 Form 12 - Organization Contacts

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

New applicants must provide the requested contact information.

For competing continuation or competing supplement applications, the system will pre-populate the contact information of the board members from the latest awarded Health Center Program grant funding application with **Form 12** information. Enter contact information for the Chief Executive Officer, Contact Person, Chief Medical Officer, Dental Director (if applicable), and Behavioral Health Director (if applicable) on this form ([Figure 55](#))

Figure 55: Form 12 – Organization Contacts

Contact Information	Name	Highest Degree	Email	Phone Number	Option
* Chief Executive Officer					Add Chief Executive Officer
* Contact Person					Add Contact Person
* Chief Medical Officer					Add Chief Medical Officer
Dental Director					Add Dental Director
Behavioral Health Director					Add Behavioral Health Director

1. Click the **Add/Update** link to add or update the information for each type of contact. For example, click **Add Chief Executive Officer** link to add a Chief Executive Officer.
  - The system directs you to the data entry page for the corresponding contact ([Figure 56](#)).

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

**IMPORTANT NOTES:**

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

- Enter the required information on this page.

**Figure 56: Chief Executive Officer – Add Page**

The screenshot shows a web form titled "Chief Executive Officer - Add". At the top right, there is a "Due Date:" field. Below the title, there is a "Resources" section with a "View" button and links for "FY21 SAC User Guide", "Funding Opportunity Announcement", and "SAC TA". A note states "Fields with \* are required". The main section is "Add New Contact Information" and contains the following fields:

- Position Title: Chief Executive Officer
- Prefix: Select Option (dropdown)
- First Name: [text input]
- Last Name: [text input]
- Middle Initial: [text input]
- Suffix: Select Option (dropdown) with a sub-field "If 'Other', please specify:" and a "(maximum 100 characters)" limit.
- Highest Degree: Select Option (dropdown) with a sub-field "If 'Other', please specify:" and a "(maximum 100 characters)" limit.
- Email: [text input]
- Phone Number: [text input] - [text input] Ext. [text input]

At the bottom of the form, there are three buttons: "Cancel", "Save", and "Save and Continue".

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

### 5.13 Clinical Performance Measures

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

**IMPORTANT NOTE:**

- Refer to Appendix A in the SAC/SAC-AA NOFO and the SAC or SAC-AA Technical Assistance website for more information on completing the **Clinical Performance Measures** form.
- The Required section lists three new clinical performance measures (Depression Remission at 12 Months, Breast Cancer Screening, and HIV Screening) and one revised clinical performance measure (HIV Linkage to Care). No information is available to prepopulate baseline information for the new and revised performance measures for competing continuation applicants.
- The Dental Sealants measure is the only measure for which the goal can be zero if services are not provided directly. In this instance, a self-defined Oral Health measure must be proposed.
- If you are submitting a new or competing supplement application, you must provide all information for all required performance measures listed in this form.

### 5.13.1 Completing the Required Clinical Performance Measures

1. Click the **Update** link to start working on a performance measure ([Figure 57, 1](#)).
  - The system navigates to the **Clinical Performance Measures – Update** page ([Figure 58](#)).

Figure 57: Clinical Performance Measures Page

**Clinical Performance Measures**

Due Date: \_\_\_\_\_

Resources

View

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Add Additional Performance Measure Collapse Group | Detailed View

Focus Area	Performance Measure	Baseline Data	Baseline Year	Projected Data	Status	Options
<b>Required Measures</b>						
▶ Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)	Percentage of patients age 18-75 years with diabetes who had hemoglobin A1c > 9.0% during the measurement period.		All		Not Complete	Update <span style="border: 1px solid red; border-radius: 50%; padding: 2px;">1</span>
▶ Screening for Depression and Follow-up Plan	Percentage of patients age 12 years and older screened for depression on the date of the visit using an age appropriate standardized depression screening tool AND, if the screening is positive, a follow-up plan is documented on the date of the positive screening.				Not Complete	Update
▶ Depression Remission at 12 Months	Percentage of adolescent patients 12 to 17 years of age and adult patients 18 years of age or older with major depression or dysthymia who reached remission 12 months (+/- 60 days) after an index event.				Not Complete	Update
▶ Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	Percentage of patients age 3-17 years who had a medical visit and evidence of height, weight, and BMI percentile documentation, and who had documentation of (1) counseling for nutrition, and (2) counseling for physical activity during the measurement period.				Not Complete	Update
▶ Body Mass Index (BMI) Screening and Follow-up Plan	Percentage of patients age 18 years and older with a BMI documented during the most recent visit or within the previous 12 months to that visit, AND when the BMI is outside of normal parameters, a follow-up plan is documented during the visit or during the previous 12 months of that visit. Normal Parameters: Age 18 years and older with a BMI greater than or equal to 18.5 and less than 25 kg/m <sup>2</sup>				Not Complete	Update
▶ Controlling High Blood Pressure	Percentage of patients age 18-85 years who had a diagnosis of hypertension and whose blood pressure was adequately controlled (less than 140/90 mm Hg) during the measurement period.				Not Complete	Update
▶ Low Birth Weight	Percentage of babies of health center prenatal care patients born whose birth weight was below normal (less than 2,500 grams)				Not Complete	Update
▶ Early Entry into Prenatal Care	Percentage of prenatal care patients who entered prenatal care during their first trimester.				Not Complete	Update
▶ Childhood Immunization Status	Percentage of children 2 years of age who had four diphtheria, tetanus, and acellular pertussis (DTaP); three polio (IPV), one measles, mumps, and rubella (MMR); three H influenza type B (HIB); three Hepatitis B (Hep B); one chicken pox (VZV); four pneumococcal conjugate (PCV); one Hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday.				Not Complete	Update
▶ Cervical Cancer Screening	Percentage of women age 21-64 years, who were screened for cervical cancer using either of the following criteria: 1) Women age 21-64 who had cervical cytology performed every three years, or 2) Women age 30-64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every five years.				Not Complete	Update
▶ Tobacco Use: Screening and Cessation Intervention	Percentage of patients age 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation intervention, if defined as a tobacco user.				Not Complete	Update
▶ Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	Percentage of the following patients - all considered at high risk of cardiovascular events - who were prescribed or were on statin therapy during the measurement period: <ul style="list-style-type: none"> <li>Adults age &gt;= 21 years who were previously diagnosed with, or currently have, an active diagnosis of clinical atherosclerotic cardiovascular disease (ASCVD), OR</li> <li>Adults age &gt;= 21 years who have ever had a fasting, or direct low-density lipoprotein cholesterol (LDL-C) level, &gt;= 190 mg/dL, or were previously diagnosed with, or currently have an active diagnosis of familial or pure hypercholesterolemia, OR</li> </ul> Adults age 40-75 years with a diagnosis of diabetes with a fasting or direct LDL-C level of 70-189 mg/dL.				Not Complete	Update
▶ Ischemic Vascular Disease (IVD). Use of Aspirin or Another Antiplatelet	Percentage of patients age 18 years and older who were diagnosed with acute myocardial infarction (AMI), coronary artery bypass graft (CABG), or percutaneous coronary interventions (PCI) in the 12 months prior to the measurement period, or who had an active diagnosis of ischemic vascular disease (IVD) during the measurement period, and had documentation of use of aspirin or another antiplatelet during the measurement period.				Not Complete	Update
▶ Colorectal Cancer Screening	Percentage of patients age 50-75 years who had appropriate screening for colorectal cancer.				Not Complete	Update
▶ Breast Cancer Screening	Percentage of women 50-74 years of age who had a mammogram to screen for breast cancer in the 27 months prior to the end of the measurement period.				Not Complete	Update
▶ HIV Screening	Percentage of patients age 15-65 at the start of the measurement period who were between 15-65 years old when tested for HIV.				Not Complete	Update
▶ HIV Linkage to Care	Percentage of patients newly diagnosed with HIV who were seen for follow-up treatment within 30 days of diagnosis.				Not Complete	Update
▶ Dental Sealants for Children between 6-9 Years	Percentage of children, age 6-9 years at moderate to high risk for caries who received a sealant on a permanent first molar during the measurement period.				Not Complete	Update

Go to Previous Page Save Save and Continue

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

Figure 58: Clinical Performance Measures - Update Page

2. Provide the Target Goal Description requested. To view examples of a Target Goal Description, click the **Sample Goals** link (Figure 58, 1).
3. Baseline Data comprises the following fields:
  - Baseline Year
  - Numerator
  - Denominator

The Calculate Baseline button will calculate the baseline data based on the numerator and denominator values entered (Figure 58, 2).

### IMPORTANT NOTES:

- If you are completing a new or competing supplement application, you must enter data in all Baseline Data fields
- If you are completing a competing continuation application:
  - Baseline data will pre-populate from the 2019 Uniform Data System (UDS) report.
  - If you would like to report more current baseline data, the information should be included in the Comments field.
- Baseline Data must be provided for fields that are not pre-populated.

4. If you are submitting a competing continuation application, provide progress on the performance measure since the application that initiated the current budget period (e.g., FY 2020 Budget Period Progress Report (BPR)). State if progress cannot be reported due to the measure being new or revised.

The Progress field does not apply to new and competing supplement applicants.

5. In the Projected Data field, enter the goal expected by December 31, 2022 ([Figure 58, 3](#)). Click the **Sample Calculation** link to see an example.
6. Select an appropriate response in the Data Sources & Methodology field. If 'Other' is selected, specify a name and description.
7. Click the Add New Key Factor and Major Planned Action button to add Key Factors ([Figure 58, 4](#)). Provide all the required information.
  - The system navigates to the Key Factor and Major Planned Action – Add page ([Figure 59](#)).
  - Click the Save and Continue button ([Figure 59, 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 59, 2](#)) to save the key factor information you provided and proceed to add a new key factor.

**Figure 59: Key Factors and Major Planned Action - Add Page**

Key Factor and Major Planned Action - Add

Due Date: [Date]

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Fields with \* are required

Key Factor and Major Planned Action Information

\* Key Factor Type  Contributing  Restricting

\* Key Factor Description

Approximately 3/4 Page (Max 1500 characters with spaces)

\* Major Planned Action Description

Approximately 3/4 Page (Max 1500 characters with spaces)

Cancel Save and Continue Save and Add New

**IMPORTANT NOTE:** Provide information for at least one restricting and one contributing Key Factor type. You can add a minimum of 2 and a maximum of 3 Key Factors.

8. Provide comments in the Comment fields, if needed (Figure 58, 5).
9. Click the Save button to save the information on this page (Figure 58, 6). To proceed to the **Clinical Performance Measure – List** page, click the Save and Continue to List button (Figure 58, 7) or click the Save and Update Next button to update the next performance measure (Figure 58, 8).

### 5.13.2 Adding Performance Measures

To add an ‘Additional’ performance measure to your application,

1. Click the Add Additional Performance Measure button on the Clinical Performance Measures form list page (Figure 57).
  - The **Add Clinical Performance Measures** page opens.

Figure 60: Add Clinical Performance Measures

2. Select a Focus Area from the drop-down menu (Figure 60, 1).
  - a. If you selected Oral Health as the focus area, click the Load Performance Measure Category (Figure 60, 2) button to select the categories that apply to you.
  - b. If you select Others as the focus area, specify the “Focus Area.” (Figure 60)
3. Provide the required information on this page. Refer to the steps in [5.13.1](#) Completing the Required Clinical Performance Measures to complete this form.
4. Click the Save button to save the information on this page. To proceed to the **Clinical Performance Measures** page, click the Save and Continue button. The newly added measure will be listed under the Additional Measures group on the **Clinical Performance Measures** page.
  - a. Newly added ‘Additional’ performance measures can be updated or deleted using the Update and Delete link provided as options.
  - b. Previously self-defined ‘Additional’ performance measures can be updated by using the Update link provided as options.
  - c. If previously self-defined “Additional” measures are no longer being tracked you can click update, select No and enter a comment.

## 5.14 Financial Performance Measures

The **Financial Performance Measures** form displays Required Measures and Additional Measures. Required Measures are HRSA-defined performance measures; applicants are required to provide the requested information for all measures listed under Required Measures.

Additional Measures are self-defined measures (these measures are optional).

Use this form to provide information about Financial Performance Measures.

### IMPORTANT NOTES:

- Refer to Appendix A in the SAC/SAC-AA NOFO and the SAC or SAC-AA Technical Assistance website, as applicable for more information on completing the **Financial Performance Measures** form.
- If you are submitting a competing continuation application, and if the 2019 UDS data is not available, there will be a note displayed on the top of the page to check back later once the UDS data is released.
- If you are submitting a new or competing supplement application, you must provide all information for all required performance measures listed in this form.

### 5.14.1 Completing the Required Financial Performance Measures

1. Click the Update link to start working on a performance measure (**Figure 61, 1**).
  - The system navigates to the **Financial Performance Measures – Update** page (**Figure 62**).

**Figure 61: Financial Performance Measures – List Page**

Focus Area	Performance Measure	Baseline Data	Baseline Year	Projected Data	Status	Options
			All		All	
<b>Required Measures</b>						
BPHC Health Center Program Grant Cost Per Total Patient (Grant Costs)	Ratio of total BPHC section 330 grant funds per patient served in the measurement calendar year.				Not Complete	Update
Total Cost Per Total Patient (Costs)	Ratio of total cost per patient served in the measurement calendar year.				Not Complete	Update
Medical Cost Per Medical Visit (Costs)	Ratio of total medical cost per medical visit in the measurement calendar year.				Not Complete	Update

### IMPORTANT NOTES:

- All required Financial Performance Measures will have a status of 'Not Complete'.
- The **Financial Performance Measures** form will become 'Complete' when the statuses of all required performance measures and additional performance measures are 'Complete'.

**Figure 62: Financial Performance Measure - Update Page**

2. Provide the Target Goal Description requested. (Figure 62, 1).
3. Baseline Data comprises the following fields:
  - Baseline Year
  - Numerator
  - Denominator

The Calculate Baseline button will calculate the baseline data based on the numerator and denominator values entered (Figure 62, 2).

#### **IMPORTANT NOTES:**

- If you are completing a new or competing supplement application, you must enter data in all Baseline Data fields
- If you are completing a competing continuation application:
  - Baseline data will pre-populate from the 2019 Uniform Data System (UDS) report.
  - If you would like to report more current baseline data, the information should be included in the Comments field.
- Baseline Data must be provided for fields that are not pre-populated.

4. If you are submitting a competing continuation application, provide progress on the performance measure (**Figure 62, 3**) since the application that initiated the current budget period (e.g., FY 2020 Budget Period Progress Report (BPR)).

The Progress field does not apply to new and competing supplement applicants.

5. In the Projected Data field, enter the data expected by December 31, 2022 (**Figure 62, 4**). Click the **Sample Calculation** link to see an example.
6. Select an appropriate response in the Data Sources & Methodology field.
7. Click the Add New Key Factor and Major Planned Action button to add key factors (**Figure 62, 5**). Provide all the required information.
8. Provide comments in the Comment field, if needed (**Figure 62, 6**).
9. Click the Save button to save the information on this page (**Figure 62, 7**). To proceed to the **Financial Performance Measure – List** page, click the Save and Continue to List button (**Figure 62, 8**) or click the Save and Update Next button (**Figure 62, 9**) to update the next performance measure.
  - The system navigates to the Key Factor and Major Planned Action – Add page (**Figure 63**).
  - Click the Save and Continue button (**Figure 63, 1**) to save the information on this page and proceed to the **Financial Performance Measures – Update** page, or click the Save and Add New button (**Figure 63, 2**) to save the key factor information and proceed to add a new key factor.

**Figure 63: Key Factors and Major Planned Action - Add Page**

**IMPORTANT NOTE:** Provide information for at least one restricting and one contributing Key Factor type.

### 5.14.2 Adding Performance Measures

To add an 'Additional' performance measure to your application:

1. Click the Add Additional Performance Measure button on the Financial Performance Measure form list page,
  - The **Financial Performance Measures – Add** page will open.
2. If 'Other' is selected, specify a name and description.
3. Provide the required information on this page. Refer to the steps in [6.13.1](#) Completing the Required Financial Performance Measures to complete this form.

Click the Save button to save the information on this page. To proceed to the **Financial Performance Measure** page, click the Save and Continue button. The newly added measure will be listed under the Additional Measures group on the **Financial Performance Measures** page.

- a. Newly added 'Additional' performance measures can be updated or deleted using the Update and Delete link provided as options.
- b. Previously self-defined 'Additional' performance measures can be updated by using the Update link provided as options.
- c. If previously self-defined "Additional" measures are no longer being tracked you can click update, select No and enter a comment.

## 5.15 Summary Page

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

- Service Area ([Figure 64, 1](#))
- Patient Projection ([Figure 64, 2](#))
- Federal Request for Health Center Program Funding ([Figure 64, 5](#))
- Scope of Project: Sites and Services ([Figure 64, 6, 7, and 8](#))
- Scope of Project Certification ([Figure 64, 9](#))

Figure 64: Summary Page

**Summary Page**

Due Date: \_\_\_\_\_

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Fields with \* are required

**Service Area**

1. What is the identification number in the Service Area Announcement Table of the service area that you are proposing to serve? 1

Service Area ID #: \_\_\_\_\_  
 Service Area City: \_\_\_\_\_  
 State: \_\_\_\_\_

**Patient Projection**

2. What is the total number of unduplicated patients projected to be served by December 31, 2022?  
 Note: If changes are required, revisit Form 1A. 2

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

4. Percent of the service area Patient Target proposed to be served by December 31, 2022. (This projection is for calendar year 2022.)  
 Note: The value must be at least 75 percent for the application to be considered eligible for funding.

5.  By checking this box, I acknowledge that in addition to the total unduplicated patient projection made on Form 1A (see item 2 above), I will also meet the additional patient projections for any other funding awarded within my period of performance that can be monitored by December 31, 2022 (i.e., patient commitments from awarded applications, if any). 4

**Federal Request for Health Center Program Funding**

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

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

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

Note: Ensure this value does not exceed the total annual federal request for funding under the Health Center Program that is available for the service area from the Service Area Announcement Table (Total Funding column). If a funding reduction is required based on the patient projection (value between 75 and 94.9 percent for item 4 above), this figure should be lower than the value in the Service Area Announcement Table. See the Summary of Funding section of the NOFO for details.

**Scope of Project: Sites and Services**

7. I am proposing the following new site(s): (New applicants and competing supplement applicants only) 5

This section is not applicable to you, since you are submitting a Competing Continuation application.

8. Sites Certification (New applicants and competing supplement applicants only) 6

This section is not applicable to you, since you are submitting a Competing Continuation application.

9. Scope of Project Certification - Services (Competing continuation applicants only) - select only one below 7

By checking this option, I certify that I have reviewed my Form 5A, Services Provided and it accurately reflects all services and service delivery methods included in my current approved scope of project.

By checking this option, I certify that I have reviewed my Form 5A, Services Provided and it requires changes that I have submitted through the change in scope process.

10. Scope of Project Certification - Sites (Competing continuation applicants only) - select only one below 8

By checking this option, I certify that I have reviewed my Form 5B, Service Sites and it accurately reflects all sites included in my current approved scope of project.

By checking this option, I certify that I have reviewed my Form 5B, Service Sites and it requires changes that I have submitted through the change in scope process.

11. 120 Day Compliance Achievement 9

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

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

### 5.15.1 Completing the Summary Page

1. Enter the 'Service Area Id #', 'City', and 'State' of the service area that you are proposing to serve, as indicated in the SAAT, available at the SAC (<https://bphc.hrsa.gov/program-opportunities/sac>) or SAC-AA (<https://bphc.hrsa.gov/program-opportunities/sac-aa>) Technical Assistance websites, as applicable, (**Figure 64, 1**) to complete the Service Area section.
2. The total number of unduplicated patients projected to be served in the calendar year 2022, in the Patient Projection section will be pre-populated from the Unduplicated Patients and Visits by Population Type section of **Form 1A**.
3. Enter the Patient Target for the proposed service area, as indicated in the SAAT, available at the SAC (<https://bphc.hrsa.gov/program-opportunities/sac>) or SAC-AA (<https://bphc.hrsa.gov/program-opportunities/sac-aa>) Technical Assistance websites, as applicable, (**Figure 64, 2**). The percentage of patients to be served by December 31, 2022, will auto-calculate (**Figure 64, 3**). **This value must be at least 75 percent.**
4. Certify that in addition to the total unduplicated patient projection made on **Form 1A**, patient projections from other funding awarded within the project period that can be monitored by December 31, 2022, will also be tracked. (**Figure 64, 4**). If you need to change the unduplicated patient projection, revisit Form 1A.
5. The information in the Federal Request for Health Center Program Funding section is pre-populated from [Section A: Budget Summary](#) of the Budget Information: [Section A-C](#) page of this application, and is displayed in a read-only format (**Figure 64, 5**). Compare the total Funding Request and request per population type in this section with the Total Funding and funding per population types in the SAAT, available at the SAC (<https://bphc.hrsa.gov/program-opportunities/sac>) or SAC-AA (<https://bphc.hrsa.gov/program-opportunities/sac-aa>) Technical Assistance websites, as applicable, to ensure your eligibility. If you need to make changes to the values displayed in this section, revisit the Standard Section of this application and edit the [Section A - Budget Summary](#).
6. If you are submitting a new or a competing supplement application, items 7 and 8 (**Figure 64, 6 and 7**) of the Summary Page form apply to you:
  - a. Item 7 displays a table of all site(s) included in [Form 5B](#) (**Figure 64, 6**). If changes are required, revisit [Form 5B](#).
  - b. Certify in Item 8 that all sites described in your application (and displayed in item 7) are included on [Form 5B](#) and will all be open and operational within 120 days of receipt of the Notice of Award (**Figure 64, 7**).

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

7. If you are submitting a competing continuation application, items 9 and 10 of the Summary Page form apply to you:
  - a. Certify in item 9, 'Scope of Project Certification – Services' that [Form 5A: Services Provided](#) of this application accurately reflects all services and service delivery methods included in your current approved scope of the project or that required changes have been submitted through the change in scope process (**Figure 64, 8**).

- b. Certify in item 10, 'Scope of Project Certification – Sites' that [Form 5B: Service Sites](#) of this application accurately reflects all sites included in your current approved scope of the project, or that required changes have been submitted through the change in scope process ([Figure 64, 9](#)).
8. Certify in Item 11 that if your organization is non-compliant with any Health Center Program requirements, following Section 330(e)(1)(B), you will submit for HRSA's approval within 120 days of receipt of the Notice of Award (NoA) a Compliance Achievement Plan to come into compliance. You also acknowledge that areas of non-compliance will be documented through the carryover of any unresolved, existing condition(s) from the current project period and/or the placement of new condition(s) on the award based on the review of this application. You also acknowledge that all conditions on your award must be addressed within the specified timeframes and due dates on your Health Center Program NoA(s) and that the Compliance Achievement Plan that you submit must align with such timelines. ([Figure 64, 10](#)).

**IMPORTANT NOTES:**

- Items 9 and 10 do not apply to you if you are submitting a new or competing supplement application ([Figure 64, 8](#), and [9](#)).
- If you revisit [Form 1A](#), [Form 5A](#) or [Form 5B](#) and click the Refresh from Scope button AFTER the **Summary Page** form is already 'Complete,' the system will change the status of the **Summary Page** form to 'Not Complete' and you will be required to revisit the **Summary Page** to mark it as 'Complete' again.

## 6. Reviewing and Submitting the FY 2021 SAC/SAC-AA Application to HRSA

To review your application, follow the steps below:

1. Navigate to the standard section of the application using the **Grant Application** link in the navigation links displayed at the top of the **Summary Page** form.
2. On the **Application - Status Overview** page, click the **Review** link in the Review and Submit section of the left menu ([Figure 65, 1](#)).

Figure 65: Review Link

The screenshot shows the 'Application - Status Overview' page. The left sidebar contains a navigation menu with the following sections: 'Grant Application', 'Overview', 'Status', 'Basic Information', 'Budget Information', 'Other Information', 'Program Specific Information', 'Review and Submit', and 'Navigation'. The 'Review and Submit' section is expanded, and the 'Review' link is highlighted with a red circle and the number '1'. The main content area displays the following information:

- Announcement Number:** HRSA-21-002
- Announcement Name:** Service Area Competition
- Created by:** [Redacted]
- Application Type:** [Redacted]
- Grant Number:** [Redacted]
- Last Updated By:** [Redacted]
- Application Package:** SF-424
- Application FY:** 2021
- Program Type:** Non-Construction

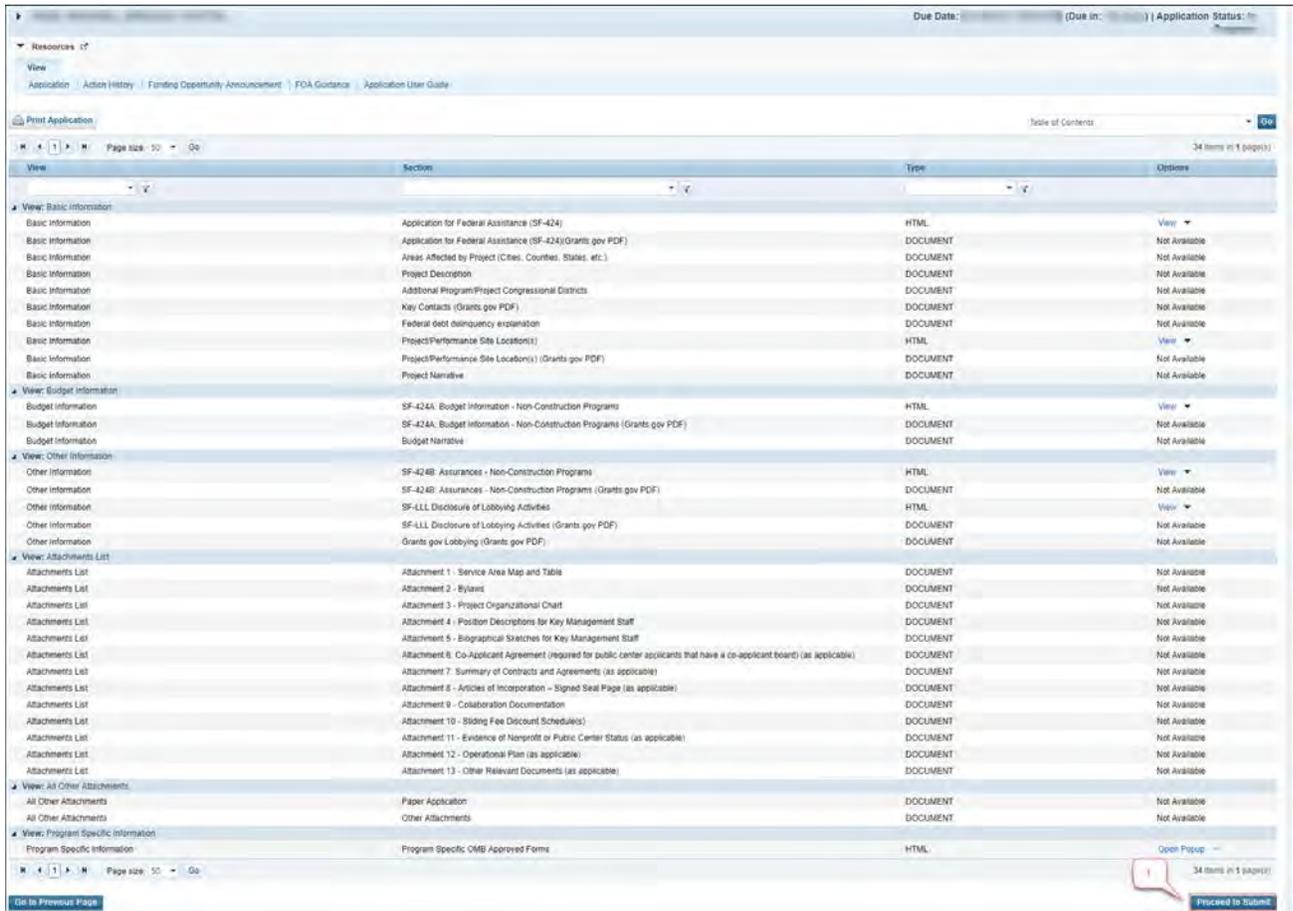
Below this information is a section titled 'Users with permissions on this application (1)'. Below that is a table titled 'List of forms that are part of the application package'.

Section	Status	Options
Basic Information	Not Started	Update
SF-424	Not Started	Update
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	Not Started	Update
Section A-C	Not Started	Update
Section D-F	Not Started	Update
Budget Narrative	Not Started	Update
Other Information	Not Started	Update
Disclosure of Lobbying Activities	Not Started	Update
Appendices	Not Started	Update
Program Specific Information	Not Complete	Update

➤ The system navigates to the **Review** page.

3. Verify the information displayed on the **Review** page.
4. If you are ready to apply HRSA, click the Proceed to Submit button at the bottom of the **Review** page (Figure 66, 1).

Figure 66: Review Page – Proceed to Submit



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

**IMPORTANT NOTES:**

- To submit an application, you must have the 'Submit' privilege. This privilege must be given by the Project Director (PD) to the Authorizing Official (AO).
- If you are not the AO, a Submit to the AO button will be displayed at the bottom of the Submit page. Click the button to notify the AO that the application can be submitted to HRSA (Figure 67, 1).

Figure 67: Submit to AO

The screenshot shows the 'Application - Submit' page. The left sidebar contains a navigation menu with the following sections: 'Grant Application', 'Overview', 'Basic Information' (with sub-items SF-424, Project/Performance Site Location(s), and Project Narrative), 'Budget Information' (with sub-items Section A-C, Section D-F, and Budget Narrative), 'Other Information' (with sub-items Assurances, Disclosure of Lobbying Activities, and Appendices), 'Program Specific Information' (with sub-item Program Specific Information), 'Review and Submit' (with sub-items Review and Submit), and 'Other Functions'. The main content area shows 'Resources' and 'Users with permissions on this application (2)'. A table titled 'List of forms that are part of the application package' is displayed with the following data:

Section	Status	Options
Basic Information		
SF-424	Complete	
Part 1	Complete	Update
Part 2	Complete	Update
Project/Performance Site Location(s)	Complete	Update
Project Narrative	Complete	Update
Budget Information		
Section A-C	Complete	Update
Section D-F	Complete	Update
Budget Narrative	Complete	Update
Other Information		
Assurances	Complete	Update
Disclosure of Lobbying Activities	Complete	Update
Appendices	Complete	Update
Program Specific Information	Complete	Update
Program Specific Information	Complete	Update

A 'Submit to AO' button is highlighted in the bottom right corner of the page.

6. 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.
7. If you experience any problems with submitting the application in EHB, contact Health Center Program Support at 1-877-464-4772 or [https://bphccommunications.secure.force.com/ContactBPHC/BPHC\\_Contact\\_Form](https://bphccommunications.secure.force.com/ContactBPHC/BPHC_Contact_Form).