

**HRSA Electronic Handbooks (EHBs)**

# **Fiscal Year (FY) 2021 Health Center Program Service Expansion - School Based Service Sites (SBSS)**

**HRSA-21-093**

**User Guide for Grant Applicants**

Last updated on January 25, 2021



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This user guide describes the steps to submit an FY 2021 Health Center Program Service Expansion - School Based Service Sites (SBSS) application in the HRSA Electronic Handbooks (EHBs) (funding opportunity announcement number HRSA-21-093). Use this guide with the SBSS notice of funding opportunity (NOFO) and example forms, both available on the [SBSS Technical Assistance webpage](#) for complete application development guidance.

For steps that have a corresponding image, the format (e.g., Figure 5, 1) will include a hyperlink to the figure, and a reference to the numbered box on the image pointing out where on the screen the user should perform the action.

## 1. Starting the FY 2021 SBSS Application

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

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

**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.

Log into EHBs and validate the application.

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

**Note:**

- If you do not have a username, you must register in EHBs. Do not create duplicate accounts.
  - If you experience login issues or forget your password, contact Health Center Program Support through the [BPHC Contact Form](#) or (877) 464-4772 Monday-Friday, 7:00 a.m. to 8:00 p.m. ET.
2. Locate the FY 2021 SBSS application using the EHBs application tracking number (e-mailed after successful Grants.gov submission) and click the **Start** link to begin working on the application in EHBs (if you previously accessed the application, the **Start** link will be replaced with **Edit**).
    - The system opens the **Application - Status Overview** page of the application ([Figure 1](#)).

**Figure 1: Accessing the Application - Status Overview Page**

**Application - Status Overview**

Due Date: (Due in: | Application Status: |

Announcement Number: HRSA-21-093      Announcement Name: Health Center Program Service Expansion - School-Based Service Sites      Created by: |

Application Type: New      Grant Number: N/A      Last Updated By: |

Application Package: SF-424      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	Update
Disclosure of Lobbying Activities	Not Started	Update
Appendices	Not Started	Update
Program Specific Information	Not Started	
Program Specific Information	Not Started	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 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, with the exception of the Estimated Funding Section. The Standard 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 period, and cities, counties, and Congressional districts affected by the project. The Project Abstract is attached in this form, under Project Description. The abstract imported from Grants.gov can be deleted and an updated abstract can be attached ([Figure 2, 1](#)). Refer to the SBSS NOFO for detailed guidance on the Project Abstract.

**Note:**

- While updating the application, click the **[Save]** button to save all your progress in the form and not continue to the next form. Click the **[Save and Continue]** button to save all your progress and proceed to the next form.

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

The screenshot shows the 'SF-424 - Part 2' application form. The 'Project Description' field is highlighted with a red box and a '1' in a red circle, with an 'Attach File' button next to it. Other fields include 'Areas Affected by Project', 'Descriptive Title of Applicant's Project' (with 'Health Center Cluster' entered), and 'Congressional Districts' (with 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 supported with SBSS funding. Complete this form for the location that you consider to be your main service delivery site (**Figure 3, 1**). While adding the site location, provide the zip code AND the city depending on the type of applicant selected in the application.

**Figure 3: Project/Performance Site Location(s)**

The screenshot shows the 'Project/Performance Site Location(s)' form. The 'Add a Project/Performance Site' button is highlighted with a red box and a '1' in a red circle. The form includes a 'Note(s)' section, a header for '183159: TRADERS NOVELTIES MEDICAL CENTER', and a table with columns for 'Organization Name', 'City', 'State', 'Primary Location', and 'Options'. The table is currently empty, and the text 'No Project/Performance site added.' is displayed below it.

- In the **Project Narrative** form, attach the Project Narrative by clicking the **[Attach File]** button (**Figure 4, 1**).

Figure 4: Attach Project Narrative

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

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
1. Click the **Update** link for Section A-C on the **Application - Status Overview** page ([Figure 5, 1](#)) to navigate to the **Budget Information – Section A-C** form ([Figure 6](#))

**Note:**

- If you clicked on [**Save and Continue**] when attaching your Project Narrative, the system will move you directly to Budget Information – Section A-C form ([Figure 5](#)) and you will not need to perform the above step.

Figure 5: Section A-C Update Link

The screenshot displays the 'Application - Status Overview' page. At the top, there is a header with 'Due Date: [redacted] (Due in: [redacted] days) | Application Status: [redacted]'. Below this, key information is provided: Announcement Number: HRSA-21-093, Announcement Name: Health Center Program Service Expansion - School-Based Service Sites, Grant Number: N/A, Application FY: 2021, Application Type: New, Application Package: SF-424, Program Type: Non-Construction, Created by: [redacted], and Last Updated By: [redacted].

Under the 'Resources' section, there are links for 'View', 'Application', 'Action History', 'Funding Opportunity Announcement', 'FOA Guidance', and 'Application User Guide'. Below that, it shows 'Users with permissions on this application (1)'. The main part of the page is a table titled 'List of forms that are part of the application package'.

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

2. Under Section A – Budget Summary, click the [Update Sub Program] button (Figure 6, 1) to navigate to the Sub Program – Update page (Figure 7).

Figure 6: Budget Information – Section A-C Form

**Budget Information - Section A-C**

Resources

View

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		
		Federal	Non-Federal	Federal	Non-Federal	Total
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

Figure 7: Sub Program – Update Page

**Sub Programs - Update**

Resources

View

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

**Sub Programs**

<input checked="" type="checkbox"/>	Sub-Program	CFDA
<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

3. Select or unselect the subprograms. Only select the subprograms for which you are requesting funding. Your selection should align with your current H80 grant. Direct questions about your subprograms to your H80 project officer.
  - Health Center Program subprogram funding streams are Community Health Centers (CHC), Migrant Health Centers (MHC), Health Care for the Homeless (HCH), and/or Public Housing Primary Care (PHPC).
4. Click the **[Save and Continue]** button and the **Budget Information – Section A-C** page re-opens showing the selected subprogram(s) under Section A – Budget Summary ([Figure 8, 1](#)).

**Figure 8: 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	93.527	\$0.00	\$0.00	\$150,000.00	\$10,000.00	\$160,000.00
Health Care for the Homeless	93.527	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Migrant Health Centers	93.527	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Public Housing	93.527	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Total</b>		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

5. 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 8, 2](#)) and the **Section A – Update** page will open ([Figure 9](#)).

**Figure 9: Section A – Update Page**

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
<b>Total</b>		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

6. Under the New or Revised Budget section, enter the amount of federal funds ([Figure 9, 1](#)) and non-federal funds ([Figure 9, 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)**.
  - Federal funds must be requested in the same subprogram funding proportions as your existing H80 grant.
7. Click the **[Save and Continue]** button to navigate back to the **Budget Information – Section A-C** page, which will display the updated New or Revised Budget under Section A – Budget Summary ([Figure 10](#)).

**Note:**

- The federal amount refers only to SBSS funding that you are requesting in this application, not all federal grant funding that you receive.
- The amount in the Total row of the Federal column must not exceed \$200,000.

**Figure 10: 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

8. In 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 at the top right corner of the Section B header ([Figure 11](#)) to navigate to the **Section B – Update** page ([Figure 12](#)).

**Figure 11: 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
<b>Total Direct Charges</b>	\$0.00	\$0.00		\$0.00
Indirect Charges	\$0.00	\$0.00		\$0.00
<b>Total</b>	\$0.00	\$0.00		\$0.00

9. Enter the federal amount ([Figure 12, 1](#)) and non-federal amount ([Figure 12, 2](#)) for each object class category under the Federal and Non-Federal columns, as applicable.

**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.
- Enter “0” in the Federal or Non-Federal columns of the Object Class Categories that are not applicable.

Figure 12: 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.

THAMES LAFRANCE COMMUNITY HEALTH CENTER Due Date: 6/30/2024 11:59:00 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

- Click the **[Save and Continue]** button (Figure 12, 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 13, 1).

**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.

Figure 13: 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

- Click on the **[Save]** button to save all your progress.
- Click the **[Save and Continue]** button to proceed to the next form (Figure 13, 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
1. Section D – Forecasted Cash Needs is optional and may be left blank. If you complete this section, enter the amount of cash needed by a quarter during year 1 in both the Federal and Non-Federal rows by clicking the **[Update]** button in the top right corner of Section D ([Figure 14, 1](#)).
  2. In Section E - Federal Funds Needed for Balance of the Project, enter the federal funds requested for year 2 funding for each proposed subprogram in the Future Funding Periods (Years) – The first column, by clicking the **[Update]** button in the top right corner of Section E ([Figure 14, 2](#)).

**Note:**

- The “First” column applies to budget year 2.
  - The “First” column must be completed to complete this application. The maximum funding that you can request for year 2 is \$200,000. This will be enforced on the Federal Object Class Categories Form. You will be required to update Section E if you enter more than \$200,000 here.
3. Section F – Other Budget Information, provide information about direct and indirect charges. You can also add any relevant comments or remarks in this section by clicking the **[Update]** button in the top right corner of Section F ([Figure 14, 3](#)).
  4. Click **[Save]** to save all your progress.
  5. Click the **[Save and Continue]** button on the Budget Information – Section D-F to proceed ([Figure 14, 4](#)).

**Figure 14: Budget Information – Section D-F**

**Budget Information - Section D-F**

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

**Resources**

View

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

**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.

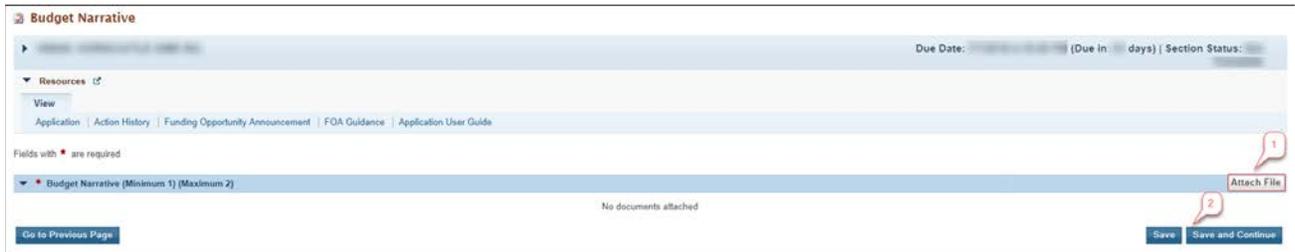
Remarks: No information added.

Go to Previous Page | Save | Save and Continue

### 2.1.3 Budget Narrative

Upload the Budget Narrative by clicking the **[Attach File]** button (Figure 15, 1). Once uploaded, click the **[Save]** button to save all your progress, and then click the **[Save and Continue]** button to proceed to the Disclosure of Lobbying Form (Figure 15, 2).

Figure 15: Budget Narrative

The screenshot shows the 'Budget Narrative' section of a web application. At the top, there's a header with 'Due Date' and 'Section Status'. Below that, a 'Resources' section contains a 'View' button and links for 'Application', 'Action History', 'Funding Opportunity Announcement', 'FOA Guidance', and 'Application User Guide'. A note states 'Fields with \* are required'. The main area is titled 'Budget Narrative (Minimum 1) (Maximum 2)' and shows 'No documents attached'. On the right side, there is an 'Attach File' button with a red callout bubble containing the number '1'. At the bottom right, there are 'Save' and 'Save and Continue' buttons, with a red callout bubble containing the number '2' pointing to the 'Save and Continue' button. A 'Go to Previous Page' button is located at the bottom left.

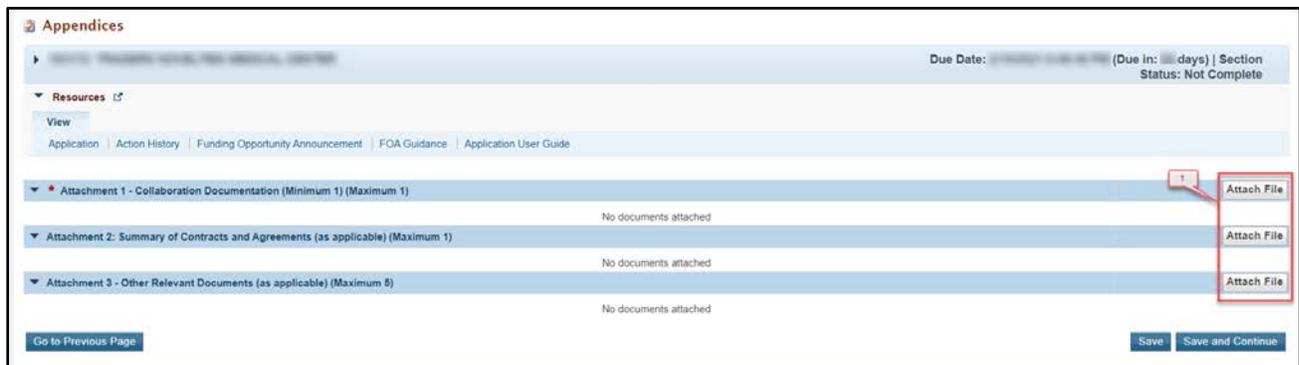
## 2.2 Completing the Disclosure of Lobbying Activities Form

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

## 2.3 Completing the Appendices Form

1. Upload the following attachments, as applicable, by clicking the associated **[Attach File]** button for each (Figure 16, 1):
  - Attachment 1: Collaboration Documentation (required) (maximum 1 attachment)
  - Attachment 2: Summary of Contracts and Agreements (as applicable) (maximum 1 attachment)
  - Attachment 3: Other Relevant Documents (as applicable) (maximum 5 attachments)

Figure 16: Appendices

The screenshot shows the 'Appendices' section of a web application. At the top, there's a header with 'Due Date' and 'Section Status: Not Complete'. Below that, a 'Resources' section contains a 'View' button and links for 'Application', 'Action History', 'Funding Opportunity Announcement', 'FOA Guidance', and 'Application User Guide'. The main area lists three attachment categories: 'Attachment 1 - Collaboration Documentation (Minimum 1) (Maximum 1)', 'Attachment 2: Summary of Contracts and Agreements (as applicable) (Maximum 1)', and 'Attachment 3 - Other Relevant Documents (as applicable) (Maximum 5)'. Each category shows 'No documents attached'. On the right side, there are three 'Attach File' buttons, with a red callout bubble containing the number '1' pointing to the top one. At the bottom right, there are 'Save' and 'Save and Continue' buttons. A 'Go to Previous Page' button is located at the bottom left.

2. After completing the **Appendices** form, click the **[Save]** button to save all your progress and then click the **[Save and Continue]** button to proceed to the **Program Specific Information – Status Overview** page.

### 3. Completing the Program Specific Section of the Application

1. Refer to the SBSS NOFO for detailed guidance, as well as the example forms available on the [SBSS Technical Assistance webpage](#). To complete each form, first, open the form by clicking the **Update** link under the “Options” menu ([Figure 17](#)).

The **Program Specific Section** page consists of the following four sections and corresponding forms:

- Project Information
  - Project Overview Form
- Budget Information
  - Federal Object Class Categories
  - Form 1B- Funding Request Summary
- Sites and Services
  - Form 5B – Service Sites
  - Alteration/Renovation (A/R) Information
- Other Information
  - Equipment List

**Note:**

- The forms have 3 different statuses: Not Started, Not Complete, & Complete. A form will be deemed ‘Not Started’ when it has not been opened or saved. A form will be deemed ‘Not Complete’ when it has been opened, partially filled out, or has validation issues. A form will be deemed ‘Complete’ when it has been successfully filled out with no errors.

**Figure 17: Status Overview Page for Program Specific Forms**

Section	Status	Options
<b>Project Information</b>		
Project Overview	Not Started	Update
<b>Budget Information</b>		
Federal Object Class Categories	Not Started	Update
Form 1B - Funding Request Summary	Not Started	Update
<b>Sites and Services</b>		
Form 5B - Service Sites	Not Started	Update
Alteration/Renovation (A/R) Information	Not Started	Update
<b>Other information</b>		
Equipment List	Not Started	Update
Year 1	Not Started	Update

#### 3.1 Project Overview Form

The **Project Overview Form** is comprised of four sections, Health Center Program Operational Grant Number, Work Plan, Health Center Program Scope of Project. Each section is required and must be completed to complete the form.

##### 3.1.1 Completing the Health Center Program Operational Grant Number Section

1. Enter the H80 grant number for your organization in the Health Center Program Operational Grant Number section ([Figure 18](#)).

**Note:**

- The Health Center Program Operational Grant Number is a mandatory field, and the application cannot be submitted if the H80 grant number is not updated or if the provided H80 grant number is not valid.

**Figure 18: Health Center Program Operational Grant Number**

Fields with \* are required

▼ Health Center Program Operational Grant Number

Provide your H80 grant number (Example H80CS00001)

You must provide your current H80 grant number to complete the application.

2. Proceed to the Project Work Plan section ([Figure 19](#)).

### 3.1.2 Completing the Project Work Plan Section

1. To add activities to the Work Plan, click the **[Add]** button ([Figure 19](#), 1).

**Figure 19: Work Plan**

▼ Project Work Plan

- Select as many focus areas, activity categories, and activity subcategories, and described as many activities, as necessary to fully outline your project work plan for proposed service expansion-related activities that you will conduct to increase the number of patients served at school-based service sites.
- The project work plan should include activities over the 2-year period of performance.
- Multiple selections for focus area, activity category, and activity subcategory are permitted.
- At a minimum, you must select at least one focus area, activity category, and subcategory.
- You can only describe one activity at a time, so you may need to select a single focus area, activity category, and/or activity subcategory multiple times to fully describe all planned activities in that area.

➕ Add

2. Select a focus area ([Figure 20](#), 1).
3. Select an activity category from the list of available activity categories ([Figure 21](#), 1). You must choose at least one activity for each focus area selected. You may choose multiple activity categories for a given focus area; however, they must be added one at a time. To do so, you should first complete ([Figure 21](#), 1-5) for a given activity category, press Save and Continue. You will then repeat the steps, completing ([Figure 21](#), 1-5) for individual activity category.
4. To create a custom activity, select “Other” and add a description of no more than 300 characters, including spaces, for the proposed activity ([Figure 21](#), 2). The maximum number of “Other” that can be added as a activity category for a selected Focus Area is 5.
5. Select an activity subcategory from the list of available activity subcategories ([Figure 21](#), 3). You must choose at least one activity subcategory for the activity category selected. You may choose multiple activity subcategories for each activity category; however, they must be added one at a time. To do so, you should first complete steps ([Figure 21](#), 1-5) with the activity category and activity subcategory selected, press Save and Continue. You will then repeat the steps, completing the ([Figure 21](#), 1-5) with the new activity subcategory selected.
6. To create a custom activity subcategory, select “Other” and add a description of no more than 75 characters including spaces, for the proposed activity ([Figure 21](#), 4). The maximum number of “Other” that can be added under as activity sub-category for a selected activity category is 5.

**Note:**

- The activity categories and activity subcategories selected in the Work Plan will be grouped by focus area and activities but will not maintain the order in which they are entered (i.e., if you are adding numbering to your “Other” activity text or the activity selection rationale text, this may not appear sequentially on the Project Overview Form).

**Figure 20: Add Activity (Focus Area)**

**Add Activity**

- Select at least one focus area, one activity category and one activity subcategory.
- Provide a description for each activity subcategory selected and explain how this will expand access to health center services and increase the number of patients who access comprehensive primary health care services through Health Center Program award recipients' service delivery sites located at schools. Examples of activities can be found on the SBSS TA webpage.
- You may add up to five "Other" activity categories and up to five "Other" activity subcategories should your planned activities not be described in the predefined lists.

Fields with \* are required

\* Focus Area

- General primary medical care
- Mental health
- Substance use disorder
- Oral health
- Vision
- Enabling

- Describe in the activity description each proposed activity as it relates to the selected Activity Subcategory, and how each will expand services to increase the number of patients served at school-based service sites ([Figure 21, 5](#)). Up to 1000 characters, including spaces, are available.
- Click the [**Save and Continue**] button to add the selected activity to your Work Plan.

**Figure 21: Add Activity (Activity Selection Rationale)**

\* Activity Category

- Increasing Workforce Capacity
- Increasing Organizational Capacity
- Enhancing Physical Infrastructure
- Enhancing Collaboration and Community Awareness
- Other

Please specify (Up to 75 characters with spaces)

\* Activity Subcategory

- Adding new site(s) (permanent or seasonal)
- Adding mobile unit(s)
- Executing minor alteration/renovation (A/R)
- Other

Please specify (Up to 125 characters with spaces)

\* Activity Description

1,000 characters with spaces (Approximately 1/2 page)

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

- Proceed to the Health Center Program Scope of Project section ([Figure 22](#))

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

- In the Health Center Scope of Project section, determine if a Scope Adjustment or Change in Scope request will be necessary to implement your SBSS project. For the questions about Forms 5A and 5C, select Yes or No based on if an update will be necessary for the respective scope form ([Figure 22, 1](#)).
- If you select yes for Form 5A and/or 5C, describe the proposed changes in the comment box below the respective question ([Figure 22, 2](#)).

**Note:**

- You will be able to add new sites in the Form 5B ([Figure 25](#)).
- Click on the [**Save**] button to save all your progress.
  - Click the [**Save and Continue**] button to proceed to the **FOCC form**.

Figure 22: Health Center Program Scope of Project

The screenshot displays two identical sections of a web form. Each section is titled "Health Center Program Scope of Project" and contains the following elements:

- A question: "Review your current approved Form 5A: Services Provided located in your EHBs folder. Will a Scope Adjustment or Change in Scope request be necessary to ensure that all proposed services are on your Form 5A?"
- A sub-question: "My health center's proposed activities will require a Scope Adjustment or Change in Scope request to modify Form 5A."
- A text input field: "Describe proposed changes to your Form 5A: Services Provided, and provide a timeline for requesting the necessary modifications. (Up to 500 characters with spaces)"
- A "Select One Option" dropdown menu with radio buttons for "Yes" and "No".

Callout 1 points to the "Select One Option" dropdown menu. Callout 2 points to the text input field.

### 3.2 Federal Object Class Categories Form

To complete the Federal Object Class Categories form, enter the federal and non-federal amounts for each Object Class Category (e.g., Personnel, Equipment, Contractual), in the Budget Categories section. The federal amount requested must match the **Budget Information – Section E – First** column from the standard forms.

#### 3.2.1 Completing the Federal Object Class Categories Form

1. In the Budget Categories section, enter the federal and non-federal amounts for each Object Class Category (e.g., Personnel, Supplies) for Year 2. ([Figure 23, 1](#)).

**Figure 23: Federal Object Class Categories Form**

**Federal Object Class Categories**

**Note(s):**

- Enter federal and non-federal expenses by object class category for all proposed SBSS activities and purchases for Year 2.
- Federal costs should only reflect SBSS funds, do not include other federal awards.
- Annual total federal request amount (sum of all object class categories) may not exceed \$200,000.
- Equipment and Alteration/Restoration costs cannot be requested in Year 2.
- Total federal costs presented on this form must equal the total federal new or revised budget costs on section E of the SF-424A Budget Information Form.
- Costs entered here should be consistent with Year 2 costs in the Budget Narrative attachment.

Announcement Number: HRSA-21-093      Announcement Name: Health Center Program Service Expansion - School-Based Service Sites      Application Type: New

Activity Code: H2E

**Resources**

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Fields with \* are required

Object Class Category	Federal	Non-Federal	Total
a. Personnel			\$0
b. Fringe Benefits			\$0
c. Travel			\$0
d. Supplies			\$0
e. Contractual			\$0
f. Other			\$0
g. Total Direct Charges (sum of a - f) <input type="button" value="Calculate Total And Save"/>	\$0	\$0	\$0
h. Indirect Charges			\$0
i. Total Budget Specified in This Application (sum of g - h) <input type="button" value="Calculate Total And Save"/>	\$0	\$0	\$0

2. Enter zero (“0”) if you will not request funds for a cost category. No category fields may be left blank.

**Note:**

- The amount in row i. Total Budget Specified - Federal (Figure 23, 2) must match the federal new or revised budget total requested on the **Budget Information – Section E – Budget Estimates of Federal Funds Needed for Balance of Project**.
- The amount for in row i. Total Budget Specified – Federal (sum of all cost categories) may not exceed \$200,000 (Figure 23, 2).
- You cannot request funds for Equipment or Construction costs in Year 2.

3. Click on the **[Save]** button to save all your progress.

4. Click on the **[Save and Continue]** button to proceed to **Form 1B**.

### 3.3 Form 1B – Funding Request Summary

**Form 1B** confirms the funding request and is used to request one-time funding (which should also appear in the Budget Information Section A form in the Equipment and/or Construction rows). The SBSS Federal Funds Request (Figure 24, 1) is pre-populated from the **Budget Information – Section A, New or Revised Budget, Federal total** (Figure 9, 1).

#### 3.3.1 Completing Form 1B:

1. Select the appropriate option in the One-Time Funding Request section based on the intended use of the requested SBSS funds (Figure 24, 1).

**Note:**

- **Equipment Only:** If funds were requested for the “Equipment” category, but not for the “Construction” category in **Section B – Budget Categories (Figure 11)**, then select the “Equipment Only” option (**Figure 24, 2**).
  - **Minor alteration/renovation with equipment:** If funds were requested for the “Equipment” and “Construction” categories in **Section B – Budget Categories (Figure 11)**, then select the “Minor alteration/renovation with equipment” option (**Figure 24, 3**).
  - **Minor alteration/renovation without equipment:** If funds were requested for the “Construction” category, but not for the “Equipment” category in **Section B – Budget Categories (Figure 11)**, then select the “Minor alteration/renovation without equipment” option (**Figure 24, 4**).
  - **N/A:** If funds were not requested for both the “Construction” and “Equipment” categories in **Section B – Budget Categories (Figure 11)**, then select the “N/A” option (**Figure 24, 5**).
2. Indicate if you are proposing to add a new site to the scope (mobile site or permanent site) in this application (**Figure 24, 6**). If Yes is selected, Form 5B must be completed.
  3. Click on the **[Save]** button to save all your progress.
  4. Click on the **[Save and Continue]** button to proceed to Form 5B.

**Figure 24: Form 1B: Funding Request Summary: Federal Funds Requested**

**Form 1B - Funding Request Summary**

00183159: TRADERS NOVELTIES MEDICAL CENTER Due Date: 02/19/2021 (Due In: 58 Days) | Section Status: Complete

**Resources**

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Fields with \* are required

**Notes:**

- Before completing Form 1B, the SF-424A: Budget Information form must be completed.
- The Total Federal Funding Request for Year 1 on Form 1B must match the Total Federal Funds requested for Year 1 on the SF-424A: Budget Information form. If necessary, go to Section A – Budget Summary in the Budget Information form to edit the Total Federal Funds requested for year 1, not to exceed \$200,000.
- The one-time funding request on Form 1B must total the combined value of the Equipment and Construction (minor A/R) line items on the SF-424A (not to exceed \$150,000). If necessary, go to Section B – Budget Categories in the Budget Information form to edit the Federal funds requested for Equipment and Construction (minor A/R).
- Equipment and Construction (minor A/R) costs are only allowable in Year 1 and must not exceed \$150,000.
- Go to Section E – Budget Estimates Of Federal Funds Needed For Balance Of The Project in the Budget Information form to edit the Total Federal Funds requested for year 2 (listed as First in Section E).

**SBSS Federal Funds Request**

**Notes:**

- If you select 'N/A' below, the following forms will not be available in your application: Equipment List, A/R Project Cover Page, and Other Requirements for Sites.
- If you select 'Equipment only' below, you must:
  - Include a funding request amount in the equipment line item in Section B – Budget Categories on the Budget Information form, and
  - Complete the Equipment List form.
- If you select 'Minor alteration/renovation with equipment' below, you must:
  - Include a minor A/R funding request amount in the construction line item in Section B – Budget Categories on the Budget Information form,
  - Include a funding request amount in the equipment line item in Section B – Budget Categories on the Budget Information form, and
  - Complete the following forms: Equipment List, A/R Project Cover Page, and Other Requirements for Sites.
- If you select 'Minor alteration/renovation without equipment' below, you must:
  - Include a minor A/R funding request in the construction line item in Section B – Budget Categories on the Budget Information form, and
  - Complete the A/R Project Cover Page and Other Requirements for Sites form.

**\* One-Time Funding Request**

Indicate below if you are requesting one-time funding in year 1 for equipment and/or minor alteration/renovation (A/R). Select the most applicable option for your total project.

One-time funds will be used:

Equipment only

Minor alteration/renovation with equipment

Minor alteration/renovation without equipment

N/A

**Note:** If you indicate that you are requesting one-time funds, the system will require you to complete the applicable equipment and/or minor A/R forms. After providing required information in the relevant one-time funding forms, if you change the selected option above, the system will delete information from all one-time funding forms that are no longer applicable.

**\* Are you proposing to add a new service delivery site in this application?**

Yes  No

**Note:** If you select "Yes" above to indicate that you are proposing a new site, the system will require you to complete Form 5B: Service Sites. If you change your selected option from "Yes" to "No" after completing Form 5B: Service Sites with information about your new proposed school-based service site(s), the system will delete all information from Form 5B.

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

## 3.4 Form 5B - Service Sites

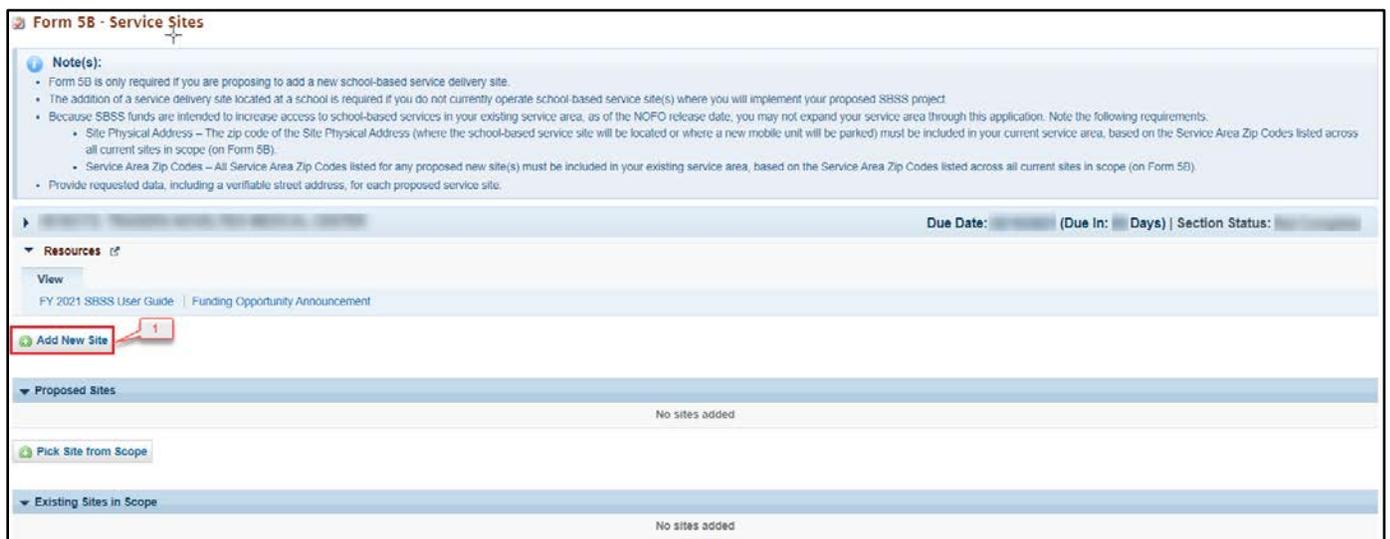
**Form 5B: Service Sites** enables you to add the site(s) to your SBSS application where SBSS funds will be used. If you are proposing a new permanent or mobile site in this application, you must complete Form 5B. Form 5B is also used to designate the site at which alterations/renovations will occur if requested (see [section 4.4.2](#)).

### 3.4.1 Proposing a New Site

If you answer “Yes” for 'Are you proposing to add a new service delivery site in this application?' in **Form 1B**, you must complete Form 5B to provide information on the new site that you are adding to the scope.

1. To propose a new site, click the **[Add New Site]** button ([Figure 25, 1](#)).

**Figure 25: Form 5B: Services Sites**



2. The system navigates to the **Service Site Checklist** page ([Figure 26](#)). Answer the questions displayed on the **Service Site Checklist** page.

**Note:**

- If the site being added is not an ‘Admin-only’ site i.e., the site is a service delivery site, the answer to question 1 is ‘No’ ([Figure 26, 1](#)).
- To qualify as a service site, you must select ‘Yes’ for questions ‘a’ through ‘d’.
- Indicate whether the site being added is a domestic violence site by answering ‘Yes’ or ‘No’ to question 2 ([Figure 26, 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.
- You may not add an ‘Admin-only’ site in this application.

Figure 26: Service Site Checklist

Service Site Checklist

Due Date: (Due In: Days)

Resources

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Fields with \* are required

**1** Site Qualification Criteria

\* 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.

Yes  No

a. Are/will health center visits be generated by documenting in the patients records face-to-face contacts between patients and providers?  Yes  No  Not Applicable

b. Do/will providers exercise independent judgment in the provision of services to the patient?  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?  Yes  No  Not Applicable

d. Are/will services be provided on a regularly scheduled basis (e.g., daily, weekly, first Thursday of every month)?  Yes  No  Not Applicable

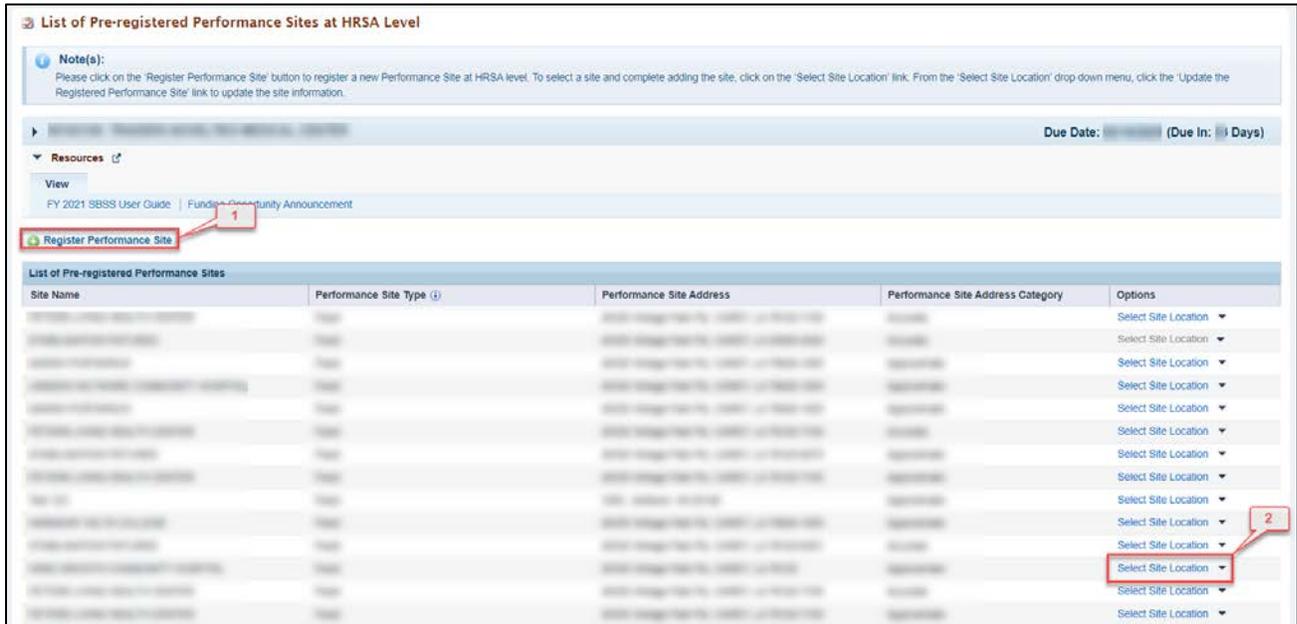
\* 2. Is the site a Domestic Violence (Confidential) shelter? **2**  Yes  No  Not Applicable

**3** Verify Qualification

Go to Previous Page

3. Click the [Verify Qualification] button (Figure 26, 3). The system will navigate to the **List of Pre-Registered Performance Sites at HRSA Level** page (all of the sites that are registered by your organization within EHBs will be listed here).
4. To add a new site, click the [Register Performance Site] button (Figure 27, 1) and register your site by following the steps below:
  - I. On the Basic Information – Enter page, provide a site name, and select a site type from the following options: Fixed, Mobile. Click the [Next Step] button.
  - II. On the Address – Enter page, enter the physical address of the site, and click the Next Step button. The zip code of a new permanent site address and/or the address at which a mobile van is parked must be limited to your service area zip codes as listed on Form 5B in the scope of the project.
  - III. 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. Verify the site details and click the [Confirm] button.
  - IV. On the Register – Result page, click the Finish button to register the site to your organization.

**Figure 27: List of Pre-Registered Performance Sites at HRSA Level page**



5. Once the site is registered, select the site from the list of pre-registered sites by clicking on the **[Select Site Location]** link to provide additional information on the new site (Figure 27, 2).
6. 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 new site (Figure 28).

**Note:**

- Site Physical Address – The zip code of the Site Physical Address (where the new permanent site is located or where the mobile unit is parked) must be included in your current service area (based on the Service Area zip codes listed across all current sites in scope on Form 5B).
- If the Location Type is selected as Permanent (Figure 28, 1), all the months of operation should be checked (Figure 28, 2).
- Service Area Zip Codes – All service area zip codes listed for the proposed site(s) must be included in your current service area (based on the service area zip codes listed across all current sites in scope on Form 5B. Update the zip codes and click the **[Save Zip Code(s)]** (Figure 28, 3) button to save the zip codes.



Figure 29: Form 5B – Service Sites

**Form 5B - Service Sites**

**Note(s):**

- Form 5B is only required if you are proposing to add a new school-based service delivery site
- The addition of a service delivery site located at a school is required if you do not currently operate school-based service site(s) where you will implement your proposed SBSS project.
- Because SBSS funds are intended to increase access to school-based services in your existing service area, as of the NOFO release date, you may not expand your service area through this application. Note the following requirements:
  - Site Physical Address – The zip code of the Site Physical Address (where the school-based service site will be located or where a new mobile unit will be parked) must be included in your current service area, based on the Service Area Zip Codes listed across all current sites in scope (on Form 5B).
  - Service Area Zip Codes – All Service Area Zip Codes listed for any proposed new site(s) must be included in your existing service area, based on the Service Area Zip Codes listed across all current sites in scope (on Form 5B).
- Provide requested data, including a verifiable street address, for each proposed service site.

**00183172: TRADERS NOVELTIES MEDICAL CENTER** Due Date: 02/19/2021 (Due In: 58 Days) | Section Status: Not Complete

**Resources**

**View**

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**Add New Site**

**Proposed Sites**

No sites added

**Pick Site from Scope**

**Existing Sites in Scope**

No sites added

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

- The system navigates to the **Select Site from the Scope** page populated with the sites in your H80 scope (Figure 30).

Figure 30: Select Site from Scope

**Select Site from Scope**

**00183159: TRADERS NOVELTIES MEDICAL CENTER** Due Date: 02/19/2021 (Due In: 53 Days)

**Resources**

**View**

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**Existing Sites from Scope**

Site Name	Site Address	Service Site Type	Location Type	Options
				Select this Site
				Select this Site
				Select this Site
				Select this Site

**Cancel**

- Click the **[Select this Site]** link for the site you want to include for alteration/renovation (Figure 30). The system will return you to the **Form 5B – Service Sites** list page.
- Form 5B** will be locked and cannot be edited for sites in scope. After choosing the site(s) at which alteration/renovation will take place, click the **[Save]** button to save all your progress and then click on the **[Save and Continue]** button to save your work and proceed to the **A/R Information** form.

### 3.5 Alteration/Renovation (A/R) Information

If you are requesting funding for minor alteration/renovation (with or without moveable equipment), you must complete the Alteration/Renovation (A/R) Project Site Cover Page and Other Requirements for Sites forms in EHBs for each site where minor alteration/renovation is proposed.

- For each site(s) where alteration/renovation will take place, select Yes in the **are you requesting Federal one-time funding for minor alteration/renovation at this site?** (Figure 31, 1).

Note:

- The **Alteration/Renovation (A/R) Information** page will prepopulate both new sites as well as

existing sites from Form 5B.

2. Click on the **[Update]** link (Figure 31, 2) for each site to complete the **Alteration/Renovation (A/R) Project Cover Page** (Figure 32) and the **Other Requirements for Sites** (Figure 33) for each site.

**Figure 31: Alteration/Renovation (A/R) Information page**

The screenshot displays the 'Alteration/Renovation (A/R) Information' page. At the top, there are fields for 'Due Date', '(Due In: Days)', and 'Section Status:'. Below this is a 'Resources' section with links for 'View', 'FY 2021 SBSS User Guide', and 'Funding Opportunity Announcement'. A 'Note(s)' section contains a message: 'Select site(s) for which you are requesting one-time Funding for alteration/renovation. Click the 'Update' link to provide the required A/R project information.' The main part of the page is a table titled 'Select site' with the following columns: 'Site Name', 'Physical Address', 'Are you requesting federal one-time funding for minor alteration/renovation at this site?', and 'Status'. The first row shows two radio buttons for 'Yes' and 'No', and the status is 'Not Started'. The second row also shows two radio buttons for 'Yes' and 'No', and the status is 'Not Started'. Red boxes highlight the radio buttons in the first row (labeled '1') and the 'Update' dropdown menus in the second row (labeled '2'). At the bottom left is a 'Go to Previous Page' button, and at the bottom right are 'Save' and 'Save and Continue' buttons.

### 3.5.1 Completing Alteration/Renovation (A/R) Project Cover Page

1. Complete the questions on the **Alteration/Renovation (A/R) Project Cover Page** and provide the required attachments (Figure 32).
2. Click on the **[Save]** button to save all your progress.
3. Click on the **[Save and Continue]** button to proceed to the **Other Requirements for Sites** form (Figure 33).

Figure 32: Alteration/Renovation (A/R) Project Cover page

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

**Notes:**

- Please provide A/R information for the site below.
- To save the information entered on this page, click on the "Save" button or use the "Save and Continue" button to go to the next section. To return to the previous section, click on the "Go to Previous Page" button. The form will not be marked as COMPLETE if any information required below is missing or is incorrect.

Due Date: 02/19/2021 (Due In: 63 Days) | Section Status: Not Started

**Resources:** 2

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Fields with \* are required

**Alteration/Renovation (A/R) Project Cover Page** **Other Requirements for Sites**

**1. Site Information**

Name of Service Site:

Site Address:

Improved Project Square Footage:

**2. Project Description**

- Provide a detailed description of the scope of work of the minor A/R project. Identify the major clinical and non-clinical spaces that will result from or be improved by the project.
- List key improvements, such as permanently affixed equipment to be installed; modifications and repairs to the building exterior (including windows); HVAC modifications (including the installation of climate control and duct work); electrical upgrades; and plumbing work.
- Describe how potential adverse impacts on the environment will be minimized. Indicate whether, and if so, how the project will implement green/sustainable design practices/principles (e.g., using project materials, design/renovation strategies).

Approximately 2 pages (Max 4000 Characters without spaces) 4000 Characters left

**3. Project Management/Resources/Capabilities**

- Explain the oversight for the minor A/R project, including the Project Manager and the Project Team, if applicable, responsible for managing the project.
- Describe how the Project Team has the expertise and experience necessary to successfully manage and complete the project within the time frame and achieve the goals and objectives established for this project.

Approximately 2 pages (Max 4000 Characters without spaces) 4000 Characters left

**4. Is the proposed minor alteration/renovation project part of a larger scale renovation, construction, or expansion project?**

Provide a response below.

Yes  No

**Attachments**

Provide following Documents related to this site:

**A/R Project Budget Justification (Minimum 1) (Maximum 1)**  No documents attached

**Environmental Information Documentation (EID) Checklist**

Name	Description	Options
EID Checklist	Template for EID Checklist	Download

**EID Checklist (Minimum 1) (Maximum 1)**  No documents attached

**Floor Plans Schematic Drawings (Minimum 1) (Maximum 2)**  No documents attached

### 3.5.2 Completing the Other Requirements for Sites Form

If you are requesting one-time funding for minor alteration/renovation, you must complete the **Other Requirements for Sites** form. This form addresses site control, federal interest, and cultural resources, and historic preservation considerations related to the project.

1. Identify whether the site is owned or leased ([Figure 33, 1](#)).
2. Answer the questions (2a, 2b, 2c, 2d, and 2e) under Cultural Resource Assessment and Historic Preservation Considerations ([Figure 33, 2](#)).
3. If the site is leased property, you must attach a Landlord Letter of Consent and Property Information documents for performing alteration/renovation on the site in the Attachments section. ([Figure 33, 3](#)). If the site is owned, do not upload a Landlord Letter of Consent.

**Figure 33: Other Requirements for Sites**

The screenshot shows the 'Other Requirements for Sites' form. At the top, there is a 'Note(s)' section with instructions. Below that, the 'Resources' section is visible. The main form area is divided into sections: 'Site Information', '1. Site Control and Federal Interest', '2. Cultural Resource Assessment and Historic Preservation Considerations', and 'Attachments'. Callout 1 points to the 'Site Address' field. Callout 2 points to the '1b. If Leased, please check the following:' section. Callout 3 points to the '2e. Is the site located on or adjacent to...' question. The 'Attachments' section shows a table for 'Property Information' with columns for Document Name, Size, Date Attached, Description, and Options. The table is currently empty.

**Other Requirements for Sites**

**Note(s):**

- Please provide A/R information for the site below.
- To save the information entered in this page, click on the "Save" button or use the "Save and Continue" button to go to the next section. To return to the previous section, click on the "Go to Previous Page" button. The form will not be marked as COMPLETE if any information required below is missing or is incorrect.

**Resources**

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Fields with \* are required

Alteration/Renovation (A/R) Project Cover Page **Other Requirements for Sites**

**Site Information**

Name of Service Site  
Site Address

**1. Site Control and Federal Interest**

1a. Identify current status of property site (If "Leased", please answer Question 1b)

Owned  Leased

1b. If Leased, please check the following:

The applicant certifies the following:

- The existing lease will provide you reasonable control of the project site.
- The existing lease is consistent with the proposed scope of project.
- We understand and accept the terms and conditions regarding federal interest in the property.

**2. Cultural Resource Assessment and Historic Preservation Considerations**

2a. Was the project facility constructed prior to 1975?

Yes  No

2b. Is the project facility 50 years or older?

Yes  No

2c. Does any element of the overall work at the project site include:

- Any renovation/modifications to the exterior of the facility (e.g., roof, HVAC, windows, siding, signage, exterior painting, generators) or
- Ground disturbance activity (e.g., expansion of building footprint, parking lot, sidewalks, utilities)?

Yes  No

2d. Does the project involve renovation to a facility that is, or near a facility that is, architecturally, historically, or culturally significant?

Yes  No

2e. Is the site located on or adjacent to Native American, Alaskan Native, Native Hawaiian, or equivalent culturally significant lands?

Yes  No

**Attachments**

If property status is "Leased", applicant must provide Landlord Letter of Consent.

Landlord Letter of Consent (Maximum 1) Attach File

No documents attached

If property status is "Leased" or "Owned" please provide Property Information.

Property Information (Minimum 1) (Maximum 1) Max 1 Allowed

Document Name	Size	Date Attached	Description	Options
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4. Click on the **[Save]** button to save all your progress.
5. Click on **[Save and Continue]** to go back to the **Alteration/Renovation (A/R) Project Cover Page**.
6. Click on the **[Save and Continue]** button to proceed to the **Equipment List Form**

### 3.6 Equipment List Forms

If you did not request to use SBSS funding for equipment in year 1 in the **SF-424A Section B – Budget Categories** ([Figure 6](#)), then the **Equipment List Form – Year 1** tab ([Figure 34, 1](#)) does not apply to you and should not be edited. The total equipment price on the **Equipment List Form – Year 1** tab ([Figure 34, 1](#)) must equal the federal year 1 equipment costs on the **SF-424A Section B – Budget Categories** ([Figure 6](#)) form.

#### 3.6.1 Completing the Equipment List Forms

1. Click on the **[Add]** button ([Figure 34, 1](#)) to proceed to the Equipment Information - Add Form ([Figure 35](#)).

Figure 34: Equipment List Forms

The screenshot shows the 'Equipment List' interface. At the top, there are fields for 'Due Date' and 'Section Status'. Below that, there's a 'Resources' section with a 'View' button and links to 'FY 2021 SBSS User Guide' and 'Funding Opportunity Announcement'. The main section is titled 'Year 1' and contains a 'Note(s)' section with several bullet points. Below the notes, there is an 'Add' button highlighted with a red box and a '1' in a red circle. Underneath the 'Add' button is a table titled 'List of Equipment' with columns for 'Type', 'Description', 'Unit Price', 'Quantity', 'Total Price', and 'Options'. The table currently shows 'No equipment added.' At the bottom, there are 'Go to Previous Page', 'Save', and 'Save and Continue' buttons.

Figure 35: Equipment Information - Add

The screenshot shows the 'Equipment Information - Add' form. At the top, there are fields for 'Due Date' and 'Section Status'. Below that, there's a 'Resources' section with a 'View' button and links to 'FY 2021 SBSS User Guide' and 'Funding Opportunity Announcement'. The main section is titled 'Add Equipment Information' and contains several fields: 'Year' (set to 1), 'Type' (a dropdown menu highlighted with a red box), 'Description' (a text field with a '(Maximum 50 Characters)' label), 'Unit Price (\$)', and 'Quantity'. At the bottom, there are 'Cancel', 'Save', and 'Save and Continue' buttons.

2. Select the equipment type, either “Clinical” or “Non-Clinical” ([Figure 35](#)).
3. Enter a brief narrative description of the equipment item, up to 50 characters, including spaces.
4. Enter the unit price (\$). To be classified as equipment, the unit price must be at least \$5,000. Costs that are less than \$5,000 per unit should be listed as Supplies on the Federal Object Cost Categories Form (row e).

5. Enter the number of units to be purchased.
6. Click on the **[Save]** button to save all your progress.
7. Click on the **[Save and Continue]** button to return to the **Equipment List Form**.
8. To edit an equipment item, click on the **Update** link under the Options menu ([Figure 36, 1](#)). To delete an equipment item, click on the **Delete** link under the Options menu ([Figure 36, 2](#)).
9. Click on the **[Save]** button to save all your progress.
10. Click on the **[Save and Continue]** button to proceed to the **Program Specific Forms – Review** page.

**Figure 36: Equipment List with Equipment Added**

Type	Description	Unit Price	Quantity	Total Price	Options
Clinical	EHR Software Upgrade	\$10,000.00	3	\$30,000.00	Update (1)
Clinical	Server	\$5,000.00	4	\$20,000.00	Delete (2)
<b>Total</b>			<b>7</b>	<b>\$50,000.00</b>	

## 4. Reviewing and Submitting the FY 2021 SBSS Application to HRSA

1. Review the Program Specific forms to ensure that all information is accurate. Access each form by clicking on the **View** link under the Options menu for each form ([Figure 37, 1](#)).

**Figure 37: Program Specific Forms - Review**

Section	Type	Options
View: Project Information	HTML	View (1)
View: Budget Information	HTML	View
View: Sites and Services	HTML	View
View: Other Information	HTML	View

2. If you have Standard section forms that are incomplete, click the **[Continue to Complete Status]** button ([Figure 37, 2](#)) to proceed to the **Application - Status Overview** Page. Forms that are incomplete or have errors will have a status of “Not Complete.” Click on the **Update** link under the Options menu to access each form requiring revision. Make the necessary changes until all forms are marked “Complete.”
3. When all Standard section and Program Specific forms are complete and accurate, click the **[Submit]** button ([Figure 37, 3](#)) on the Program Specific Left Menu to proceed to the **Application – Submit** page.
4. Click the **[Submit to HRSA]** button ([Figure 38, 1](#)) on the **Application – Submit** page.
  - 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 38: Application - Submit

The screenshot shows the 'Application - Submit' page. On the left is a sidebar with a tree view of application sections. The main area has a header with 'Due Date' and 'Application Status'. Below that is a 'Resources' section with tabs for 'View', 'Action History', 'Funding Opportunity Announcement', 'FOA Guidance', and 'Application User Guide'. A section titled 'Users with permissions on this application (1)' is visible. The primary feature is a table 'List of forms that are part of the application package' with columns for 'Section', 'Status', and 'Options'. All listed sections are marked as 'Complete'. A 'Submit to HRSA' button is located at the bottom right, highlighted with a red box and a callout '1'.

Section	Status	Options
Basic Information	Complete	
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		
Disclosure of Lobbying Activities	Complete	Update
Appendices	Complete	Update
Program Specific Information	Complete	Update

5. Answer the questions displayed under the Certifications and Acceptance section of the **Confirmation** page and click the **[Submit Application]** button to submit the application to HRSA.
6. If you experience any problems with submitting the application in EHBs, contact Health Center Program Support at 1-877-464-4772 or through the [BPHC Contact Form](#).