

HRSA Electronic Handbooks

NCC FY 2012 Progress Report User Guide for BPHC

User Guide for Applicants

Last updated on: June 8, 2011



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1. Introduction

1.1. Document Purpose and Scope

The purpose of this document is to provide applicants with detailed instructions for using the HRSA Electronic Handbook (EHB) to complete a Noncompeting Progress Report for their grant.

1.2. Document Organization and Version Control

This document contains the following sections:

Section	Description
Register with the HRSA Electronic Handbooks	Describes how to register with the HRSA Electronic Handbooks, log into HRSA Electronic Handbooks, and navigate the Progress Report.
Get Started with the HRSA Electronic Handbooks	Describes how to log in to HRSA Electronic Handbooks and access the Progress Report.
Complete the Standard Forms (SF-PPR)	Describes the steps necessary to complete the Standard Form sections of the Progress Report in the Electronic Handbooks.
Complete the Program Specific Information Forms	Describes the steps necessary to complete the Program Specific Information sections of the Progress Report in the Electronic Handbooks.
Appendices	Describes how to attach standard documents that your grant program requires.
Review a Progress Report	Describes how to review a Progress Report to ensure that all information is accurate before submitting the Progress Report to HRSA.
Submit a Progress Report	Describes the steps necessary to submit the Progress Report to HRSA.
Customer Support	Provides contact information to address technical and programmatic questions.
Frequently Asked Questions	Provides answers to frequently asked questions by various categories.

Revision History

Date	Reason for change(s)	Author(s)
05/27/2010	Original document	REI - Ed Molin
06/10/2010	Removed generic material (i.e., SF-PPR and Budget Forms), and re-structured it to change scope of manual to only discuss BPHC Program Specific Information.	REI - Ed Molin
07/15/2010	Combined this document with generic NCC Progress Report User Guide (for H80 Grants). Included Log in, Standard Forms, and other sections of the NCC Progress Report User Guide (for H80 Grants) that were previously not contained in this document.	
03/29/2011	Updated document to reflect new Budget Details forms; eliminated Budget Summary and Budget Categories.	REI - Ed Molin
5/9/2011	Revised document to reflect new functions and fields. Organized document into more sections.	REI – Demetrio Ford

2. Register with the HRSA Electronic Handbooks

Before you begin your Progress Report, you need to register with the HRSA Electronic Handbooks (EHBs) to complete the Noncompeting Progress Report. Registration allows HRSA to collect consistent information from all users, avoid collection of redundant information, and identify each system user uniquely.

You are required to register with HRSA EHBs **once** for each organization you represent.

For detailed registration information, see *HRSA's Electronic Submission User Guide* (<http://www.hrsa.gov/grants/userguide.htm>).

For assistance in registering with HRSA EHBs, call 877-GO4-HRSA (877-464-4772) or 301-998-7373 between 9:00 am and 5:30 pm ET or email callcenter@hrsa.gov.

If you are a new user in a grantee organization, you need to:

1. Create an individual account in the system to get appropriate access.
Go to <https://grants.hrsa.gov/webexternal/home.asp> and click **Registration** in the left side menu for registration guidance.
2. Associate your account with your grantee organization.
Use your 10-digit grant number from Box 4b of the Notice of Award to search for your organization.

To work on and submit the Progress Report within the EHBs, request that your Project Director assign the following access rights as permitted by your role:

- Edit Noncompeting Continuation
- Submit Noncompeting Continuation

3. Get Started with the HRSA Electronic Handbooks

3.1. Session Time Limit

Your session will remain active for 30 minutes after your last activity. Save your work every five minutes to avoid losing information.

3.2. Log In to the HRSA Electronic Handbooks

1. Point your browser to <https://grants.hrsa.gov/webexternal/login.asp>.
2. Enter your username and password.

Figure 1: Log In Fields

3. Click Login.
4. The Grants Home Page (Figure 2) opens.

Figure 2: Grants Home Page

3.3. How to Access the Progress Report

To access the Progress Report:

1. On the Grants Home Page, click the [View Portfolio](#) link under the Grants Portfolio heading on the left side menu (Figure 3).

Figure 3: View Portfolio Link on the Left Side Menu



- The View Portfolio Page (Figure 4) will be displayed.
2. Choose the appropriate grant record and click the [Open Grant Handbook](#) link.

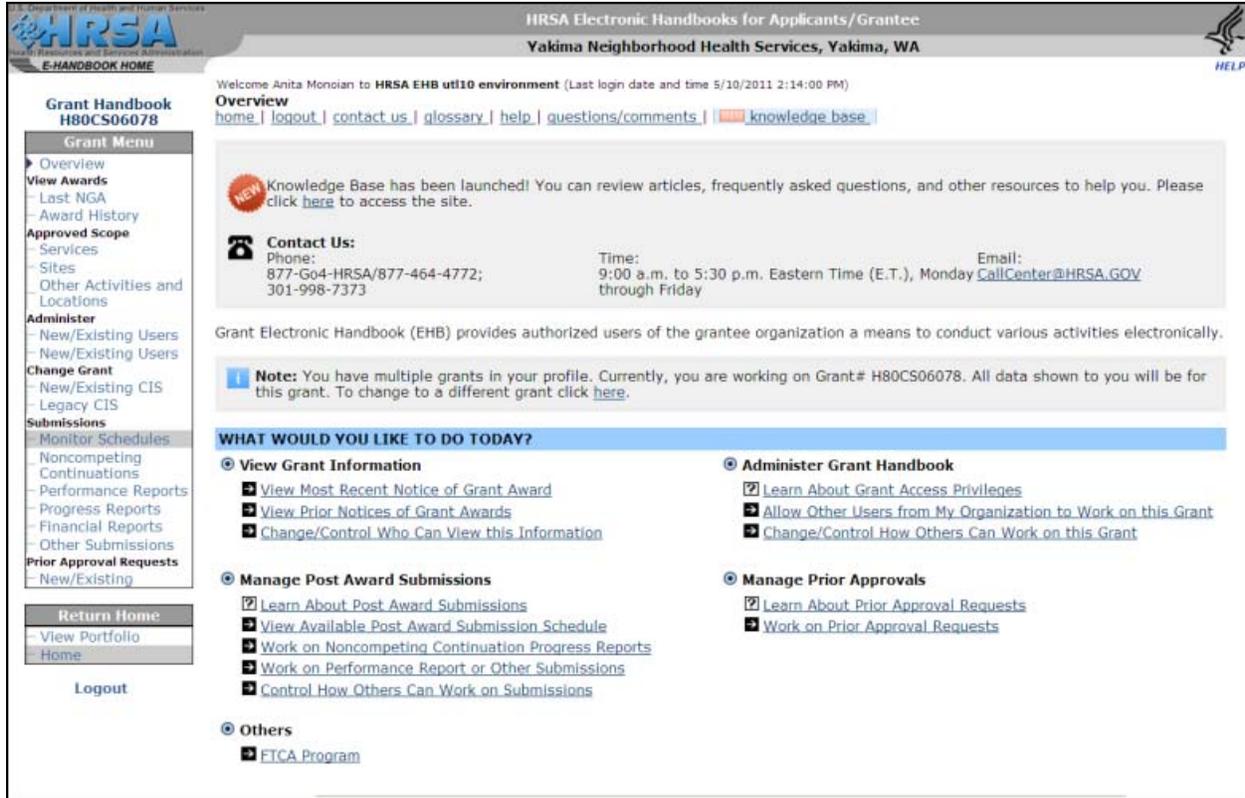
Figure 4: View Portfolio Page

GRANTS LIST			
H80CS06078:Health Center Cluster			Last Award Issued on: 04/03/2011
Project Period	9/1/2005-4/30/2016	Budget Period	5/1/2011-4/30/2012
CRS EIN	1910928817A1	Number of Support Years	7
Project Director	Anita Monoian, Email: reitester1@hotmail.com, Phone: (509) 574-5555		Open Grant Handbook
Grant Contact	Shelia Burks, Email: reitester1@hotmail.com, Phone: (301) 443-6452		
Program Contact	Kathy Shafer, Email: reitester1@hotmail.com, Phone: (301) 594-0823		
H8BCS11674:ARRA - Increased Demand for Services			Last Award Issued on: 09/18/2009
Project Period	3/27/2009-3/26/2011	Budget Period	3/27/2009-3/26/2011
CRS EIN	1910928817A1	Number of Support Years	1
Project Director	Anita Monoian, Email: reitester1@hotmail.com, Phone: (509) 574-5550		Open Grant Handbook
Grant Contact	Shelia Burks, Email: reitester1@hotmail.com, Phone: (301) 443-6452		
Program Contact	Karen Cook, Email: reitester1@hotmail.com, Phone: (301) 301-3628		

- The Overview Page for the Grant Handbook (Figure 5) will be displayed.

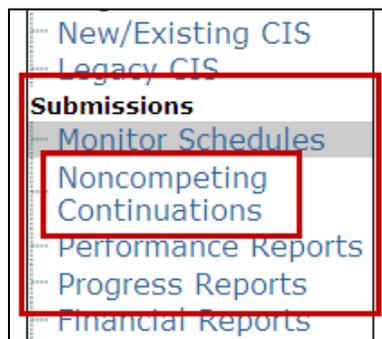
The Grant Number appears in the upper left hand corner.

Figure 5: Grant Overview Page



3. Click the [Noncompeting Continuations](#) link under the Submissions heading on the left side menu (Figure 6).

Figure 6: Noncompeting Continuations Link



- The Noncompeting Continuations Page will be displayed (Figure 7).
- 4. Click the [Start Submission](#) (or [Edit Submission](#)) link corresponding to the progress report that you want to enter.

Figure 7: Noncompeting Continuation Page

Displaying 1-1 of 1 Search

NONCOMPETING CONTINUATION

Input Parameters: ([Show Parameters](#))

Noncompeting Continuation Progress Report		Schedule Status: Not Started	
Type	Noncompeting Continuations	Due Date	7/31/2011 5:00:00 PM Due In: 82 days
Available Date	5/2/2011	Submission Tracking Number	00090993
Reporting Cycle	Budget Period Start Date	Reporting Period	05/01/2012
Online Submission	Yes (Preferred)	Submission Status	Not Started
Started by:			
Start Submission		Click Start Submission	

Page 1

After you start a Progress Report, you will see an Edit Submission link instead of the Start Submission link.

- The NCC Progress Report Process Status Page (Figure 8) will be displayed.

Figure 8: NCC Progress Report Process Status Page

STATUS OVERVIEW

NCC PROGRESS REPORT PROCESS STATUS

Deadline	Jul 31 2011 5:00PM (You have 80 days to complete and submit the application.)
Created On	5/4/2011 10:47:31 AM
Last Updated By	Anita Monoian on 5/11/2011 9:30:51 AM
View: NCC Progress Report Program Instructions NCC User Guide	

Users with Permissions on NCC Request ([Show Details](#))

Section	Action	Status
Basic Information		
SF-PPR	Update	COMPLETE
SF-PPR-2 (Cover Page Continuation)	Update	COMPLETE
Budget Information		
Budget Details		
Support Year 1	Update	COMPLETE
Budget Narrative	Update	COMPLETE
Other Information		
Program Specific Information	Update	COMPLETE
Appendices	Update	COMPLETE

5. Click the [Update](#) link or click the form's name under Basic Information or Program Specific Information in the left side menu (Figure 9).
 - The form you selected opens.

Figure 9: Click the Update Link or the Form Name

The table below shows the status of the progress report. The progress report is currently **INCOMPLETE** and cannot be submitted in it's current state.

STATUS OVERVIEW		
NCC PROGRESS REPORT PROCESS STATUS		
Deadline	Jul 31 2011 5:00PM (You have 82 days to complete and submit the application.)	
Created On	5/4/2011 10:47:31 AM	
Last Updated By	N/A	
View: NCC Progress Report Program Instructions NCC User Guide		
Users with Permissions on NCC Request (Show Details)		
Section	Action	Status
Basic Information		
SF-PPR	Update	NOT STARTED
SF-PPR-2 (Cover Page Continuation)	Update	NOT STARTED

3.4. Navigation

Use the navigation menu (Figure 10) on the left side of the screen to access the Standard Forms and Program Specific Information Forms.

Figure 10: Left Side Menu

Progress Report Tracking# 00090993

Progress Report Process

Overview

- [-] Status
- Basic Information**
- SF-PPR
- [-] SF-PPR-2
- Budget Information**
- [-] Budget Details
- [-] Budget Narrative
- Program Specific Information**
- [-] Program Specific Information
- Other Information**
- [-] Appendices
- Review and Submit**
- [-] Review
- [-] Submit

Return Home

- [-] View Portfolio
- [-] Home

Logout

4. Complete the Standard Forms (SF-PPR)

When you open your Progress Report, the first screen that appears is the NCC Progress Report Process Status Page, which shows the sections of the SF-PPR (Figure 11).

Figure 11: NCC Progress Report Process Status

STATUS OVERVIEW		
NCC PROGRESS REPORT PROCESS STATUS		
Deadline	Jul 31 2011 5:00PM (You have 80 days to complete and submit the application.)	
Created On	5/4/2011 10:47:31 AM	
Last Updated By	Anita Monoian on 5/11/2011 9:30:51 AM	
View: NCC Progress Report Program Instructions NCC User Guide		
Users with Permissions on NCC Request (Show Details)		
Section	Action	Status
Basic Information		
SF-PPR	Update	COMPLETE
SF-PPR-2 (Cover Page Continuation)	Update	COMPLETE
Budget Information		
Budget Details		
Support Year 1	Update	COMPLETE
Budget Narrative	Update	COMPLETE
Other Information		
Program Specific Information	Update	COMPLETE
Appendices	Update	COMPLETE

The NCC Progress Report Process Status Page shows the status of

- Each SF-PPR form
- The budget forms
- The Program Specific Information forms

You cannot submit your Progress Report until you complete all forms in all sections.

For the purpose of this document, the left-side menu will be used to access each form. However, as noted above, you can access any SF-PPR or budget form by returning to the Status Page (for Progress Report), and clicking its [Update](#) link.

4.1. Basic Information: SF-PPR

The SF-PPR Form contains basic information about your grantee organization and is the cover page for the progress report. By default, the information will be pre-populated from the information in the application that started the last budget period, including the Authorizing Official(s) designated for the grant.

1. Click [SF-PPR](#) on the Progress Report left side menu to access the SF-PPR Form (Figure 12).

Figure 12: SF-PPR Form

Fields marked with an asterisk (*) are required.

SF-PPR

Status: Not Started

Grantee Organization Information

Federal Grant or Other Identifying Number Assigned by Federal Agency	H80CS06078
DUNS Number	060048550
Employer Identification Number (EIN)	910928817
Recipient Organization Name	Yakima Neighborhood Health Services
Recipient Organization Address	12 S 8th St , Yakima Washington 98901-3020
CRS Entity Identification Number	
Recipient Identifying Number or Account Number	90993
Reporting Period End Date	04/30/2016
Final Report	<input type="radio"/> Yes <input checked="" type="radio"/> No

Authorizing Official(AO) Contact Information

***Authorizing Official (AO)**

Select	Title of Position	Name	Phone	Email
<input checked="" type="radio"/>	Authorizing Official	Anita D Monolan	(509)574-5550	reitester1@hotmail.com

You can perform the following functions on the screen:

- [Change selected Authorizing Official \(AO\)](#) (on page 18)
- [Add an AO](#) (on page 19)
- [Update the AO information](#) (on page 21)
- [Delete an AO](#) (on page 21)

Change the Selected Authorizing Official

To change the selected Authorizing Official,

1. Select an AO and click **Add/Change AO** in the Authorizing Official (AO) Contact Information area of the SF-PPR form (Figure 13).

Figure 13: Authorizing Official Contact Information Area

*Authorizing Official (AO)				
Select	Title of Position	Name	Phone	Email
<input checked="" type="radio"/>	Authorizing Official	Anita D Monoian	(509)574-5550	reitester1@hotmail.com
		Add/Change AO	Update Information	Delete AO

2. Select the user to be designated as the AO, if more than one user is listed.
3. Click **Add Selected Person as AO** on the Choose AO to Add Screen.

Figure 14: Choose AO to Add Screen

CHOOSE AO TO ADD				
Select	Name	UserName	Email	Last Login Date
<input type="radio"/>	Ms. Anita D Monoian	anitamonoian	reitester1@hotmail.com	5/10/2011 2:14:00 PM
		Add Selected Person as AO		
Go Back		Request a New AO		

- The SF-PPR Contact Information Page (Figure 15) will be displayed for the selected user, listing the current contact information.

Figure 15: SF-PPR Contact Information Page (for existing HRSA user)

Fields marked with an asterisk(*) are required.

CONTACT INFORMATION	
Title	<input type="text"/>
Prefix	<input type="text"/>
*Last Name	<input type="text"/>
*First Name	<input type="text"/>
Middle Initial	<input type="text"/>
Suffix	<input type="text"/>
Organization Affiliation	<input type="text"/>
*Mailing Address (Required) More Information	
Mailstop Code (Internal Routing)	<input type="text"/>
Division / Department Name	<input type="text"/>
Select an option (Street Address or PO Box Only or Rural Route)	
Number	*Name
<input type="text"/>	<input type="text"/>
*Street Address	<input type="text"/>

4. Revise the contact information, if necessary. Fields marked with an asterisk (*) are required.
5. Click **Save and Continue** to save your information and return to the SF-PPR Form.

The user that you added will be listed as the Authorizing Official.

Add an Authorizing Official

To add an Authorizing Official,

1. Click **Add/Change AO** on the SF-PPR Form.
2. Click **Request a New AO** on the Choose AO to Add Screen

Figure 16: Choose AO to Add Screen

CHOOSE AO TO ADD				
Select	Name	UserName	Email	Last Login Date
<input type="radio"/>	Ms. Anita D Monoian	anitamonoian	reitester1@hotmail.com	5/10/2011 2:14:00 PM
<input type="button" value="Add Selected Person as AO"/>				
<input type="button" value="Go Back"/>		<input type="button" value="Request a New AO"/>		

- The Notify AO Page (Figure 17) will be displayed, to allow you to enter name and email address information into a pre-formatted email, requesting the HRSA employee to register in the HRSA EHB.

Figure 17: Notify AO Page

Fields marked with an asterisk(*) are required.

Notify AO	
*First Name:	<input type="text"/>
*Last Name:	<input type="text"/>
*Email Address:	<input type="text"/>
Subject:	Registration Request
Message:	<p>This email has been sent to you because Anita Monoian has indicated that you are the Authorizing Official (AO) for the following organization.</p> <p>Name: Yakima Neighborhood Health Services Address: 12 S 8th St Yakima, WA, 98901-3020 Registered AOs: Anita Monoian</p> <p>Anita Monoian has created an application for the above organization. You are required to review and submit this application to HRSA. In order to do this, you must register with HRSA following the instructions given below.</p> <ol style="list-style-type: none"> 1. Log on to the HRSA EHBs website https://hrsaut10.relsys.com/webExternal/ 2. Click on the registration link on the left hand side menu. 3. Enter your name and contact information, choose to register the organization and select the Authorizing Official (AO) role. Complete the registration by following the instructions. 4. Click on 'Continue to Register Organization' and search for your organization using the name provided above. In case there are multiple matches, please use the complete organization information given above to select the correct organization from the results. <p>After your registration process is complete, please notify the creator of the application, so your name can be chosen as the AO for his/her application.</p> <p>If you have any questions, please contact HRSA Call Center at CallCenter@HRSA.GOV.</p>
Additional Comments:	<input type="text"/>
<input type="button" value="Cancel"/> <input type="button" value="Continue"/>	

3. Complete the form and click **Continue**.

- The Notify AO Confirmation Page will be displayed (Figure 18).

Figure 18: Notify AO Confirmation Page

This is a confirmation page! To notify the prospective AO via an email, you MUST click on the "Continue" button. To cancel the action, click on the "Cancel" button.

Notify AO Confirmation	
First Name:	Miranda
Last Name:	Portman
Email Address:	mp@yakima.com
Subject:	Registration Request
Message:	<p>This email has been sent to you because Anita Monoian has indicated that you are the Authorizing Official (AO) for the following organization.</p> <p>Name: Yakima Neighborhood Health Services Address: 12 S 8th St Yakima, WA, 98901-3020 Registered AOs: Anita Monoian</p> <p>Anita Monoian has created an application for the above organization. You are required to review and submit this application to HRSA. In order to do this, you must register with HRSA following the instructions given below.</p> <ol style="list-style-type: none"> 1. Log on to the HRSA EHBs website https://hrsaut10.reisys.com/webExternal/ 2. Click on the registration link on the left hand side menu. 3. Enter your name and contact information, choose to register the organization and select the Authorizing Official (AO) role. Complete the registration by following the instructions. 4. Click on 'Continue to Register Organization' and search for your organization using the name provided above. In case there are multiple matches, please use the complete organization information given above to select the correct organization from the results. <p>After your registration process is complete, please notify the creator of the application, so your name can be chosen as the AO for his/her application.</p> <p>If you have any questions, please contact HRSA Call Center at CallCenter@HRSA.GOV.</p>
Additional Comments:	

Cancel Continue

4. Click **Continue**.
- You will be returned to the SF-PPR Form (Figure 12).
5. The email displayed in the Notify AO Confirmation Page (Figure 18) will be sent, requesting the employee to register in the HRSA EHB.

After the HRSA employee registers within the EHB, you must return to the SF-PPR Form (Figure 12) and click **Add/Change AO** to display the SF-PPR Add Authorizing Official Form (Figure 13). The HRSA employee will now be listed on the screen to allow you to [select him/her as an AO](#).

Update the Authorizing Official Information

To update the AO information,

1. Select an AO and click **Update Information**.

Select	Title of Position	Name	Phone	Email
<input checked="" type="radio"/>	Authorizing Official	Anita D Monoian	(509)574-5550	reitester1@hotmail.com

Buttons: Add/Change AO, **Update Information**, Delete AO

- The SF-PPR Contact Information Page (Figure 15) will be displayed, listing the user's current contact information.
2. Verify and revise the contact information, as necessary.
 3. Click **Save and Continue** to save your information and return to the SF-PPR Form.

Delete an Authorizing Official

To delete an AO,

1. Select an Authorizing Official and click **Delete AO**.

Select	Title of Position	Name	Phone	Email
<input checked="" type="radio"/>	Authorizing Official	Anita D Monoian	(509)574-5550	reitester1@hotmail.com

Buttons: Add/Change AO, Update Information, **Delete AO**

- You will be returned to the SF-PPR Form. The AO that you deleted will not be listed under the Name column.
2. If you are satisfied with the information on the screen, click **Save and Continue** to save your work and proceed to the next form.

4.2. Basic Information: SF-PPR-2

The SF-PPR-2 Form is a continuation of the SF-PPR Form. It contains information about the grant for which you are creating or updating the progress report. By default, the information will be pre-populated from the information in the application that started the last budget period. This includes the Department Name, Division Name, and the Point of Contact (POC) registered for the grant.

If a Point of Contact (POC) was not added in the application that initiated the last budget period, the system will list the Project Director (PD), Business Official (BO), and Authorizing Official (AO) from the application, so that one of them can be selected as a POC (see Add/Change POC below).

In addition, the system will pre-populate the list of areas affected from all the awarded applications in the last budget period.

Click [SF-PPR-2](#) on the Progress Report left side menu to access the SF-PPR-2 (Cover Page Continuation) Form (Figure 19), if it is not already displayed.

Figure 19: SF-PPR-2 (Cover Page Continuation) Form

[NCC User Guide](#)

Fields marked with an asterisk (*) are required.

SF-PPR-2 (COVER PAGE CONTINUATION) Status: **Not Started**

Supplemental Continuation of SF-PPR Cover Page

Department Name	<input type="text"/>			
Division Name	<input type="text"/>			
Name of Federal Agency	Health Resources and Service Administration			
Funding Opportunity Number	5-H80-12-001			
Funding Opportunity Title	Non-Competing Continuation			
Areas Affected by Project (Cities, County, State, etc.)	List Areas Affected			
	<table border="1"> <thead> <tr> <th>Area Type</th> <th>Affected Area(s)</th> </tr> </thead> <tbody> <tr> <td>13</td> <td>Other</td> </tr> </tbody> </table>	Area Type	Affected Area(s)	13
Area Type	Affected Area(s)			
13	Other			

Point of Contact (POC) Information

*Point of Contact (POC)				
Select	Title of Position	Name	Phone	Email
<input checked="" type="radio"/>	Point of Contact	Anita D Monoian	(509)574-5550	reitester1@hotmail.com

Review the Supplemental Continuation of the SF-PPR Cover Page.

You can perform the following functions on the screen:

- [Modify Department Name or Division Name](#)
- [Add or Change Point of Contact](#)
- [Update Point of Contact Information](#) (on page 23)
- [Delete Point of Contact](#) (on page 23)

Modify the Department Name or Division Name

To modify the Department Name or Division Name, enter a new Department Name or Division Name in the appropriate fields.

Add or Change the Point of Contact

To add or change the Point of Contact,

1. Select a Point of Contact and click **Add/Change POC** in the Point of Contact Information area.

Figure 20: Add/Change POC

Point of Contact (POC) Information

*Point of Contact (POC)				
Select	Title of Position	Name	Phone	Email
<input checked="" type="radio"/>	Point of Contact	Anita D Monoian	(509)574-5550	reitester1@hotmail.com

Figure 21: SF-PPR-2 Add Point of Contact Form

These are the current POC(s) with submit applications privilege. Please choose the person that you want to Add as POC for this application and click on the "Add Selected Person as POC". If you do not find the name of the person you wish to Add, click on the "Request A New POC" Button. To return to the previous section, click on the "Go Back" Button.

CHOOSE POC TO ADD		
Select	Name	Email
<input type="radio"/>	Anita D Monoian	reitester1@hotmail.com
<input type="radio"/>	Anita D Monolian	reitester1@hotmail.com
<input type="radio"/>	Anita D Monoian	reitester1@hotmail.com
<input type="radio"/>	Anita Monoian	reitester1@hotmail.com

3. Select the person to be designated as the POC, if more than one user is listed.
4. Click .
- The SF-PPR Contact Information Page (Figure 15) will be displayed, listing the current contact information for the selected POC.

If you click , the SF-PPR Contact Information Page (Figure 15) will also be displayed. However, all the fields will be blank as you will need to provide the information for the new POC.

5. Verify and revise the contact information, as necessary.
 6. Click to save your information and return to the SF-PPR-2 (Cover Page Continuation) Form (Figure 19).
- The user that you added will be listed as a Point of Contact.

Update the Point of Contact Information

To update the Point of Contact information,

1. Select a POC and click .
- The SF-PPR Contact Information Page (Figure 15) will be displayed.
2. Verify and revise the contact information, as necessary.
3. Click to save your information and return to the SF-PPR-2 (Cover Page Continuation) Form (Figure 19).

Delete the Point of Contact

To delete the point of contact,

1. Select a Point of Contact, and click .
- You will be returned to the SF-PPR-2 (Cover Page Continuation) Form (Figure 19).

The POC that you deleted will not be listed under the Name column.

If you are satisfied with the information on the screen, click to save your work and proceed to the next form.

4.3. Budget Information: Budget Details

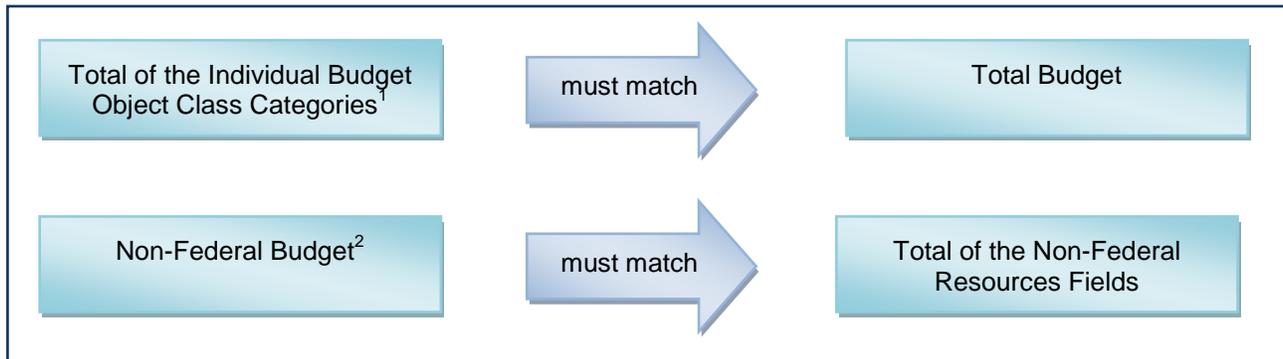
The Budget Details Form allows you to specify the budget information for the upcoming budget period (future Support Year) of the grant. The Budget Details Form consists of the following sections:

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

The Recommended Federal Budget portion of the total budget for the future Support Year of the grant is pre-populated from Section 13 of the last Notice of Award, which lists the recommended future Federal funding support amounts. The Federal portion of the budget for the future Support Year cannot be updated to an amount that is different from the recommended amount in the last Notice of Award.

Observe the following business rules (Figure 22) to complete the Budget Details Form for the future Support Year:

Figure 22: Business Rules for the Budget Details Form



- 1 The total of the individual Budget Object Class Categories in Section B (Budget Categories) must match the Total Budget specified in Section A (Budget Summary).
- 2 Non-Federal Budget must match Total of the Non-Federal Resources Fields.

Complete Section A first in case you need to make any changes to the types of funding (CHC, MHC, HCH, PHPC).

To complete the Budget Details Form,

1. Click [Budget Details](#) on the Progress Report left side menu to access the Budget Details Form for future Support Year 1 (Figure 23), if it is not already displayed.

Figure 23: Budget Details Form

Support Year 1
Not Started

Recommended Federal Budget (from Last NGA): **\$1,100,922.00**

BUDGET INFORMATION - Support Year 1 Support Year 1

Status: Not Started

Section A - Budget Summary

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

Section B - Budget Categories

Object Class Categories	Grant Program Function or Activity			Total
	Community Health Centers	Health Care for the Homeless	Migrant Health Centers	
Personnel	\$0.00	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00	\$0.00
Total Direct Charges	\$0.00	\$0.00	\$0.00	\$0.00
Indirect Charges	\$0.00	\$0.00	\$0.00	\$0.00
Total:	\$0.00	\$0.00	\$0.00	\$0.00

Section C - Non Federal Resources

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
Total:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Use this form to update:

- Sub Programs
- Budget Summary
- Budget Categories
- Non-Federal Resources

Update Sub Programs

To update Sub Programs,

1. Click Update Sub Program in the Budget Summary (Section A) area of the Budget Details Form (Figure 24).

Figure 24: Budget Details Form, Section A

Section A - Budget Summary				
Grant Program Function or Activity	CFDA Number	New or Revised Budget		
		Federal	Non-Federal	Total
Community Health Centers	93.224	\$0.00	\$0.00	\$0.00
Health Care for the Homeless	93.224	\$0.00	\$0.00	\$0.00
Migrant Health Centers	93.224	\$0.00	\$0.00	\$0.00
Total:		\$0.00	\$0.00	\$0.00

- The Update Sub Program(s) Form (Figure 25) will be displayed.

Figure 25: Update Sub Program(s) Form

Select Sub Program(s)		
Select	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

2. Select or deselect the checkboxes for the sub programs, as necessary.
 In the progress report, grantees should not seek funding for any sub program for which they are not receiving federal funds.
3. Click **Continue**.
 - You will be returned to the Budget Details Form for the selected Support Year. The sub programs listed in Section A, Section B, and Section C will reflect your changes.

Update Budget Summary

To update the Budget Summary:

1. Click **Update** at the bottom of Section A on the Budget Details Form (Figure 26).

Figure 26: Budget Details Form, Section A

Section A - Budget Summary				
Grant Program Function or Activity	CFDA Number	New or Revised Budget		
		Federal	Non-Federal	Total
Community Health Centers	93.224	\$100.00	\$100.00	\$200.00
Health Care for the Homeless	93.224	\$200.00	\$200.00	\$400.00
Migrant Health Centers	93.224	\$300.00	\$300.00	\$600.00
Public Housing	93.224	\$400.00	\$400.00	\$800.00
Update Sub Program		Total:	\$1,000.00	\$1,000.00
				\$2,000.00

- The Update Budget Summary Form (Figure 27) will be displayed for the selected Support Year.

Figure 27: Update Budget Summary Form

Fields marked with an asterisk(*) are required.

UPDATE BUDGET INFORMATION - Support Year 1				
*Section A - Budget Summary				
Grant Program Function or Activity	CFDA Number	New or Revised Budget		
		Federal	Non-Federal	Total
Community Health Centers	93.224	\$ 100.00	\$ 100.00	\$200.00
Health Care for the Homeless	93.224	\$ 200.00	\$ 200.00	\$400.00
Migrant Health Centers	93.224	\$ 300.00	\$ 300.00	\$600.00
Public Housing	93.224	\$ 400.00	\$ 400.00	\$800.00
Total:		\$1,000.00	\$1,000.00	\$2,000.00

2. Update the Federal or the Non-Federal information, as allowed.
 3. Click **Save and Continue**.
- You will be returned to the Budget Details Form. The Budget Summary information will reflect your changes.

Update the Budget Categories

To update the budget categories,

1. Click **Update** at the bottom of Section B (Figure 28).

Figure 28: Budget Details Form, Section B

Section B - Budget Categories				
Object Class Categories	Grant Program Function or Activity			Total
	Community Health Centers	Health Care for the Homeless	Migrant Health Centers	
Personnel	\$0.00	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00	\$0.00
Total Direct Charges	\$0.00	\$0.00	\$0.00	\$0.00
Indirect Charges	\$0.00	\$0.00	\$0.00	\$0.00
Total:	\$0.00	\$0.00	\$0.00	\$0.00

- The Update Budget Information Form (Figure 29) will be displayed for the selected Support Year.

Figure 29: Update Budget Information Form

UPDATE BUDGET INFORMATION - Support Year 1				
*Section B - Budget Categories				
Object Class Categories	Grant Program Function or Activity			Total
	Community Health Centers	Health Care for the Homeless	Migrant Health Centers	
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	
Total	<input type="button" value="Calculate Total"/>	\$ 0.00	\$ 0.00	\$ 0.00
Total Budget specified in Budget Summary		\$0.00	\$0.00	\$0.00

You *must* enter information in the Budget Object Class Categories, so that the total of all the categories equals the amount in the Total Budget specified in Budget Summary.

2. Click **Save and Continue**.
 - You will be returned to the Budget Details Form for the selected Support Year (Figure 23).

The Budget Categories information will reflect your changes.

Update Non-Federal Resources

To update Non-Federal Resources,

1. Click **Update** at the bottom of Section C on the Budget Details Form.

Figure 30: Budget Details Form, Section C

Section C - Non Federal Resources						
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
Total:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Update						

- The Update Non-Federal Resources Form (Figure 31) will be displayed for the selected Support Year.

Figure 31: Update Non-Federal Resources Form

UPDATE BUDGET INFORMATION - Support Year 1						
*Section C - Non Federal Resources						
Grant Program Function or Activity	Total(Budget Summary)	Applicant	State	Local	Other	Program Income
Community Health Centers	\$100.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Health Care for the Homeless	\$200.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Migrant Health Centers	\$300.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Public Housing	\$400.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total:	\$1,800.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

2. Update the Non-Federal fields, as appropriate.
3. Click **Save and Continue**.
 - You will be returned to the Budget Details Form. The Non-Federal Resources information will reflect your changes.

When you are finished updating the Budget Details Form for the selected Support Year, click **Save and Continue** to save your work and proceed to the next form.

4.4. Budget Information: Budget Narrative

The Budget Narrative Form allows you to upload attachments (maximum of two) that provide a justification for your budget. (For more information regarding the budget narrative description, refer to the Instructions for Preparing and Submitting the FY 2012 Health Center Program Budget Period Progress Report.)

1. Click **Budget Narrative** on the Progress Report Process left side menu (Figure 32) to access the Budget Narrative Form (Figure 33), if it is not already displayed.

Figure 32: Budget Narrative Link on the Progress Report Process Menu

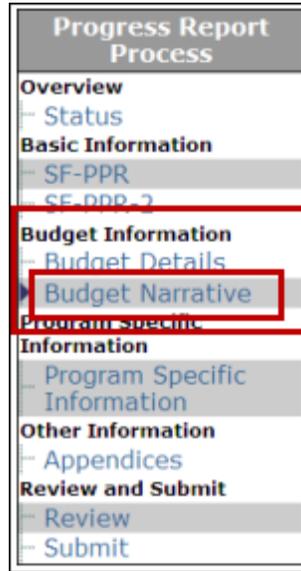


Figure 33: Budget Narrative Form

Fields marked with an asterisk (*) are required.

BUDGET NARRATIVE Status: Not Started

***Attachment(s) (Maximum two (2) attachments)**

Select	Purpose	Document Name	Size	Uploaded By	Description
No attached document exists.					
<input type="button" value="Attach"/>					

- To attach a budget narrative document, click .
- When you are finished attaching the document(s), click to save your work and proceed to the next form.

5. Complete the Program Specific Information Forms

To enter or revise Program Specific Information,

1. Click the [Program Specific Information](#) link on the left side menu (Figure 34) or click the [Update](#) link under Other Information on the NCC Progress Report Process Status page (Figure 35).

Figure 34: Program Specific Information Link on the Left Side Menu

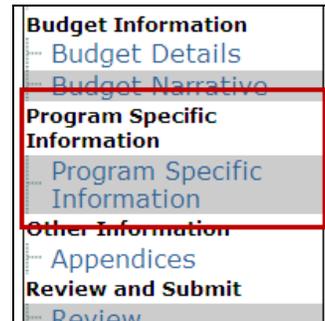


Figure 35: Update Link on the NCC Progress Report Process Status Page

Summary		Status
Basic Information		
SF-PPR	Update	NOT COMPLETE
SF-PPR-2 (Cover Page Continuation)	Update	NOT STARTED
Budget Information		
Budget Details		
Support Year 1	Update	NOT COMPLETE
Budget Narrative	Update	NOT STARTED
Other Information		
Program Specific Information	Update	NOT STARTED
Appendices	Update	COMPLETE

- The Program Specific Information Status (Figure 36) will be displayed.

Figure 36: Program Specific Information Status Page

Fields marked with an asterisk (*) are required.

STATUS OVERVIEW		
View Resources		
NCC FY 2012 User Guide		
PROGRAM SPECIFIC INFORMATION STATUS		
Section	Action	Status
General Information		
Form 1A: General Information Worksheet	Update	COMPLETE
Budget Information		
Form 1C: Documents On File	Update	COMPLETE
Form 2: Staffing Profile	Update	COMPLETE
Form 3: Income Analysis	Update	COMPLETE
Sites and Services		
Form 5A: Services Provided		
Required Services	Update	COMPLETE
Additional Services	Update	COMPLETE
Form 5B: Service Sites	Update	COMPLETE
Form 5C: Other Activities/Locations	Update	COMPLETE

The Program Specific Information Status shows the status of each program specific form.

In order to submit your Progress Report, you must complete all the Program Specific Information forms listed on this screen (*in addition to* all the forms listed on the Status Page for Progress Report screen).

For the balance of this document, when you are instructed to “open Form...,” use the left side menu or click [Update](#) on the Program Specific Information Form.

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, patient, and visit projections presented in the project description and other forms. The following instructions are intended to clarify the information to be reported in each section of the form.

1. Open [Form 1A](#) (Figure 37). Fields marked with an asterisk (*) are required.

Figure 37: Form 1A: General Information Worksheet

Fields marked with an asterisk (*) are required.

GENERAL INFORMATION			
Form 1A: General Information Worksheet			Status: NOT COMPLETE
1. Applicant Information			
Applicant Name	Yakima Neighborhood Health Services, Yakima, WA		
*Fiscal Year End Date	Last Day of January ▼		
Application Type	Noncompeting Continuation	Existing Grantee	Yes
Grant Number	H80CS06078	BHCMIS ID	N/A
*Business Entity	<input type="radio"/> Tribal <input type="radio"/> Urban Indian <input type="radio"/> Private, non-profit (non-Tribal or Urban Indian) <input type="radio"/> Public (non-Tribal or Urban Indian)		
*Organization Type	<input type="checkbox"/> Faith based <input type="checkbox"/> Hospital <input type="checkbox"/> State government <input type="checkbox"/> City/County/Local Government or Municipality <input type="checkbox"/> University <input type="checkbox"/> Community based organization <input type="checkbox"/> Other - Specify: <input type="text"/>		
2. Proposed Service Area			
Applicants applying for Community Health funding must provide at least one designated service area ID under an MUA or MUP.			

2. Under Applicant Information (Figure 38), select your business entity and the organization type which best describe your organization. (Multiple selections are allowed for the organization type, but not for the business entity.)

Figure 38: Applicant Information Section of Form 1 A

1. Applicant Information			
Applicant Name	Yakima Neighborhood Health Services, Yakima, WA		
*Fiscal Year End Date	Last Day of <input type="text" value="January"/>		
Application Type	Noncompeting Continuation	Existing Grantee	Yes
Grant Number	H80CS06078	BHCMIS ID	N/A
*Business Entity	<input type="radio"/> Tribal <input type="radio"/> Urban Indian <input type="radio"/> Private, non-profit (non-Tribal or Urban Indian) <input type="radio"/> Public (non-Tribal or Urban Indian)		
*Organization Type	<input type="checkbox"/> Faith based <input type="checkbox"/> Hospital <input type="checkbox"/> State government <input type="checkbox"/> City/County/Local Government or Municipality <input type="checkbox"/> University <input type="checkbox"/> Community based organization <input type="checkbox"/> Other - Specify: <input type="text"/>		

- Under Proposed Service Area (Figure 39), select the option(s) which best describes the designated service area you propose to serve. (Multiple selections are allowed.)

Figure 39: Proposed Service Area Section of Form 1A

2. Proposed Service Area	
Applicants applying for Community Health funding must provide at least one designated service area ID under an MUA or MUP.	
*2a. Target Population and Service Area Designation (Use commas to separate multiple IDs) Find a MUA/MUP	Population Types: <input checked="" type="checkbox"/> Serving Section 330(e) - Community Health Centers <input checked="" type="checkbox"/> Serving Section 330(g) - Migrant Health Centers <input checked="" type="checkbox"/> Serving Section 330(h) - Homeless Health Centers <input checked="" type="checkbox"/> Serving Section 330(i) - Public Housing Health Centers Select one or more MUA/MUP options, as applicable: <input type="checkbox"/> Medically Underserved Area (MUA): (ID# <input type="text"/>) <input type="checkbox"/> Medically Underserved Population (MUP): (ID# <input type="text"/>) <input type="checkbox"/> MUA Application Pending: (ID# <input type="text"/>) <input type="checkbox"/> MUP Application Pending: (ID# <input type="text"/>)
*2b. Service Area Type	<input type="radio"/> Urban <input type="radio"/> Rural <input type="radio"/> Sparsely Populated - Specify population density by providing the number of people per square mile: <input type="text"/>

You must provide Service Area ID(s) for the selected option(s) if you are applying for General Community funding. Also select whether the target population type is urban, rural, or sparsely populated. If your proposed service area is sparsely populated, specify the population density by providing the number of people per square mile.

A Sparsely Populated Area is defined as a geographical area with seven people or less per square mile for the entire service area.

- Under Target Population and Provider Information (Figure 40), report the aggregate data for all of the sites included in the proposed project. Report the number of provider FTEs by staff type.

Figure 40: Target Population and Provider Information Section (top) of Form 1A

*2c. Target Population and Provider Information		
Target Population Information	Current Number	Projected at End of Project Period
Total Service Area Population	<input type="text"/>	N/A
Total Target Population	<input type="text"/>	N/A
Total FTE Medical Providers	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
Total FTE Dental Providers	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
Total FTE Behavioral Health Providers	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
Total FTE Substance Abuse Service Providers	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
Total FTE Enabling Service Providers	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>

5. Under Patients and Visits By Service Type (Figure 41), report the current number of patients and visits. Please note that these numbers may be different than what was reported in the most recent submission to the Uniform Data System due to additional funding and/or change in scope. Similarly, provide the corresponding number expected at the end of the project period.

Several tables request both current and projected information. "Current" refers to the number of patients or visits at the time of Progress Report. "Number at End of Year 1" refers to the number of patients or visits anticipated by the end of the upcoming budget period. "Projected at End of Project Period" refers to the number of patients or visits anticipated by the end of the project period at the current level of funding.

Visits are defined to include a documented, face-to-face contact between a patient and a provider who exercises independent judgment in the provision of services to the individual. To be included as an encounter, services rendered must be documented.

Since patients must have at least one documented visit, it is not possible for the number of patients to exceed the number of visits.

Figure 41: Patients and Visits By Service Type

* Patients and Visits by Service Type				
Service Type	Current Number		Projected at End of Project Period	
	Patients	Visits	Patients	Visits
Total Medical	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Total Dental	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Total Behavioral Health	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Total Substance Abuse	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Total Enabling Services	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

This form does not allow you to leave any field blank. Zero is acceptable if there is no information.

- Under Patients and Visits By Population Type (Figure 42), report the current number of patients and visits. Please note that these numbers may be different than what was reported in the most recent submission to the Uniform Data System due to additional funding and/or change in scope. Similarly, provide the corresponding number expected at the end of Year 1 and the end of the project period.

Figure 42: Patients and Visits By Population Type

* Patients and Visits by Population Type								
Population Type	Current Number		Number at End of Year 1		Number After Year 2		Number at End of Project Period	
	Patients	Visits	Patients	Visits	Patients	Visits	Patients	Visits
General Community	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	N/A	N/A	<input type="text" value="0"/>	<input type="text" value="0"/>
Migrant/Seasonal Farm Workers	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	N/A	N/A	<input type="text" value="0"/>	<input type="text" value="0"/>
Public Housing Residents	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	N/A	N/A	<input type="text" value="0"/>	<input type="text" value="0"/>
Homeless Persons	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	N/A	N/A	<input type="text" value="0"/>	<input type="text" value="0"/>
Total (Click 'Save' to calculate)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	N/A	N/A	<input type="text" value="0"/>	<input type="text" value="0"/>

- Click **Save and Continue** at the bottom of Form 1A: General Information Worksheet when you have finished your entries 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 at your organization. You are to provide the date on which each document was last revised.

- Open [Form 1C](#) (Figure 43).

Figure 43: Form 1C: Documents on File

Fields marked with an asterisk (*) are required.

DOCUMENTS ON FILE	
Form 1C: Documents On File Status: NOT COMPLETE	
MANAGEMENT AND FINANCE	DATE OF LATEST REVIEW/REVISION
*Personnel Policies and Procedures, including Conflict of Interest Policies and Procedures	<input type="text"/>
*Data Collection and/or Management Information Systems	<input type="text"/>
*Billing, Discount, Credit, and Collection Policies and Procedures	<input type="text"/>
*Sliding Fee Discount Policies and Procedures	<input type="text"/>
*Procurement Policies and Procedures	<input type="text"/>
*Emergency Preparedness and Management Plan	<input type="text"/>
*Fee Schedule/Schedule of Charges	<input type="text"/>
*Discount Schedule	<input type="text"/>
*Financial Management/Accounting and Internal Control Policies and Procedures	<input type="text"/>
*Corporate Compliance Plan	<input type="text"/>
Click "Save" button to save all information within this page. <input type="button" value="Save"/>	
SERVICES	DATE OF LATEST REVIEW/REVISION
*HIPAA-Compliant Patient Confidentiality Policies and Procedures	<input type="text"/>
*Clinical Protocols/Clinical Care Policies and Procedures	<input type="text"/>

- Enter the requested document review/revision dates. Fields marked with an asterisk (*) are required.

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

5.3. Form 2: Staffing Profile

Form 2: Staffing Profile reports personnel salaries supported by the total budget for the upcoming budget period. Refer to the Instructions for Preparing and Submitting the FY 2012 Health Center Program Budget Period Progress Report for more information on filling out Form 2.

- Open [Form 2](#) (Figure 44).

Figure 44: Form 2: Staffing Profile

Fields marked with an asterisk (*) are required.

STAFFING PROFILE			
Form 2: Staffing Profile			Status: NOT COMPLETE
ADMINISTRATION	TOTAL FTEs (a)	AVERAGE ANNUAL SALARY OF POSITION (b)	TOTAL SALARY (a * b)
*Executive Director / CEO	0.00	\$0.00	\$0.00
*Finance Director (Fiscal Officer) / CFO	0.00	\$0.00	\$0.00
*Chief Operating Officer / COO	0.00	\$0.00	\$0.00
*Chief Information Officer / CIO	0.00	\$0.00	\$0.00
*Administrative Support Staff	0.00	\$0.00	\$0.00
Click "Save" button to save all information within this page.			Save
MEDICAL STAFF	TOTAL FTEs (a)	AVERAGE ANNUAL SALARY OF POSITION (b)	TOTAL SALARY (a * b)
*Medical/Clinical Director	0.00	\$0.00	\$0.00
*Family Physicians	0.00	\$0.00	\$0.00
*General Practitioners	0.00	\$0.00	\$0.00
*Internists	0.00	\$0.00	\$0.00

This form does not allow you to leave any field blank. Zero is acceptable if there is no information.

- Enter the information into the form. Fields marked with an asterisk (*) are required.
- Under Administration (Figure 45), enter the number of employees for each job title and the corresponding salary. The Total Salary column will auto-calculate when you press the tab key or click the **Save** button.

Figure 45: Administration Section of Form 2

ADMINISTRATION	TOTAL FTEs (a)	ANNUAL SALARY OF POSITION (b)	TOTAL SALARY (a*b)
*Executive Director / CEO	1.00	\$60000.00	\$60000.00
*Finance Director (Fiscal Officer) / CFO	1.00	\$59500.00	\$59500.00
*Chief Operating Officer / COO	1.00	\$59000.00	\$59000.00
*Chief Information Officer / CIO	1.00	\$55000.00	\$55000.00
*Administrative Support Staff	1.00	\$50000.00	\$50000.00
Click "Save" button to save all information within this page.			Save

- Under Medical Staff (Figure 46), enter the number of employees for each job title and the corresponding salary. The Total Salary column will auto-calculate when you press the Tab key or click the **Save** button.

Figure 46: Medical Staff Section of Form 2

MEDICAL STAFF	TOTAL FTEs (a)	AVERAGE ANNUAL SALARY OF POSITION (b)	TOTAL SALARY (a * b)
*Medical/Clinical Director	0.00	\$0.00	\$0.00
*Family Physicians	0.00	\$0.00	\$0.00
*General Practitioners	0.00	\$0.00	\$0.00
*Internists	0.00	\$0.00	\$0.00
*OB/GYNs	0.00	\$0.00	\$0.00
*Pediatricians	0.00	\$0.00	\$0.00
*Other Specialty Physicians Please Specify: _____	0.00	\$0.00	\$0.00
*Physician Assistants/Nurse Practitioners	0.00	\$0.00	\$0.00
*Certified Nurse Midwives	0.00	\$0.00	\$0.00
*Nurses (RNs, LVNs, LPNs)	0.00	\$0.00	\$0.00
*Pharmacist, Pharmacy Support, Technicians	0.00	\$0.00	\$0.00
*Other Medical Personnel Please Specify: _____	0.00	\$0.00	\$0.00
*Laboratory Personnel (Lab Technicians)	0.00	\$0.00	\$0.00
*X-Ray Personnel	0.00	\$0.00	\$0.00
*Clinical Support Staff (Medical Assistants, etc)	0.00	\$0.00	\$0.00
*Volunteer Clinical Providers (Medical and Dental)	0.00	N/A	N/A

Click "Save" button to save all information within this page. Save

- Under Dental, Behavioral Health, and Enabling Staff (Figure 47), enter the number of employees for each job title and the corresponding salary. The Total Salary column will auto-calculate when you press the Tab key or click the **Save** button.

Figure 47: Dental, Behavioral Health, and Enabling Staff Section of Form 2

DENTAL, BEHAVIORAL HEALTH AND ENABLING STAFF	TOTAL FTEs (a)	AVERAGE ANNUAL SALARY OF POSITION (b)	TOTAL SALARY (a * b)
DENTAL STAFF			
*Dentists	0.00	\$0.00	\$0.00
*Dental Hygienists	0.00	\$0.00	\$0.00
*Dental Assistants, Aides, Technicians	0.00	\$0.00	\$0.00
BEHAVIORAL HEALTH STAFF			
*Behavioral Health Specialists (BH Provider)	0.00	\$0.00	\$0.00
*Alcohol and Substance Abuse Specialists	0.00	\$0.00	\$0.00
*Psychiatrists	0.00	\$0.00	\$0.00
*Psychologists	0.00	\$0.00	\$0.00
ENABLING STAFF			
*Patient Education Specialists (Health Educators)	0.00	\$0.00	\$0.00
*Case Managers	0.00	\$0.00	\$0.00
*Outreach (Outreach Staff)	0.00	\$0.00	\$0.00
*Other Enabling Personnel Please Specify: _____	0.00	\$0.00	\$0.00

Click "Save" button to save all information within this page. Save

- Under Other Staff (Figure 48), enter the number of employees for the Other Professional Staff and Other Staff line items, then enter the corresponding salary. The Total Salary column will calculate automatically when you press the tab key or click the **Save** button. The Total Salary field displays the sum of 'Total Salary' for Administration, Medical, Dental, Behavioral Health, Enabling, and Other Staff categories.

Figure 48: Other Staff Section of Form 2

OTHER STAFF	TOTAL FTEs (a)	AVERAGE ANNUAL SALARY OF POSITION (b)	TOTAL SALARY (a * b)
*Other Professional Staff (Please list the staff below and discuss details in program narrative) (maximum 200 characters)	0.00	\$0.00	\$0.00
*Other Staff (Please list the staff below and discuss details in program narrative) (maximum 200 characters)	0.00	\$0.00	\$0.00
SALARY	TOTAL FTEs	AVERAGE ANNUAL SALARY OF POSITION	TOTAL SALARY
Salary Total (This field displays the sum of 'Total Salary' for Administration, Medical, Dental, Behavioral Health, Enabling, and Other Staff categories)	N/A	N/A	\$0.00

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

5.4. Form 3: Income Analysis

Form 3: Income Analysis projects program income, by source, for the proposed project period.

- Click [Form 3](#) (Figure 49).

Figure 49: Form 3: Income Analysis

Fields marked with an asterisk (*) are required.

INCOME ANALYSIS

Form 3: Income Analysis Status: **COMPLETE**

Note: Instead of using the attached MS Word template, you can attach income analysis in MS Excel format as long as you provide all information being sought in the MS Word template.

Fields marked with an asterisk(*) are required.

Download Template		
Template Name	Template Description	Action
Income Analysis Form	Template for Income Analysis Form	Download

Income Analysis Form (Maximum One (1) Attachment)				
Select	Purpose	Document Name	Size	Uploaded By
<input checked="" type="radio"/>	Income Analysis Form	Form 3 - Income Analysis.doc	84 KB	Anita Monoian on 5/12/2011 8:21:32 AM
<input type="button" value="Delete"/>				

- Click the [Download](#) link in the Download Template section (Figure 50) to download the Income Analysis.

Figure 50: Document Download and Upload Sections of Form 3

Fields marked with an asterisk (*) are required.

INCOME ANALYSIS

Form 3: Income Analysis Status: **NOT COMPLETE**

Note: Instead of using the attached MS Word template, you can attach income analysis in MS Excel format as long as you provide all information being sought in the MS Word template.

Fields marked with an asterisk(*) are required.

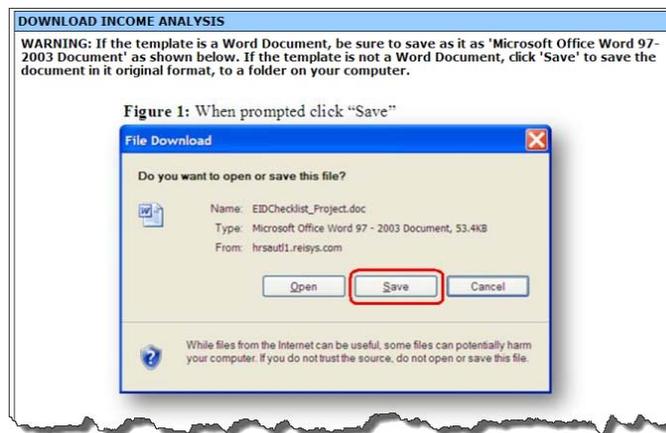
Download Template		
Template Name	Template Description	Action
Income Analysis	Template for Income Analysis	Download

Income Analysis (Maximum One (1) Attachment)

Select	Purpose	Document Name	Size	Uploaded By
No attached document exists.				
<input type="button" value="Attach"/>				

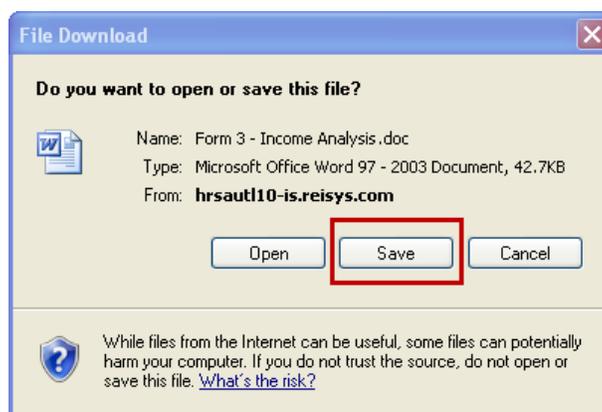
- The next page provides guidance for downloading the Income Analysis (Figure 51).

Figure 51: Instructions for Downloading the Income Analysis



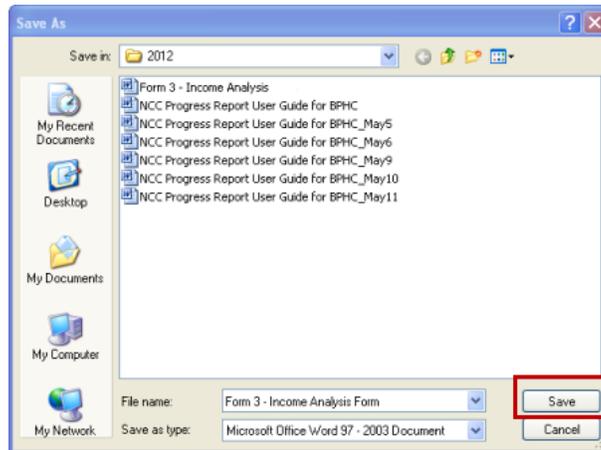
3. Click **Continue** at the bottom of this page.
4. Click **Save** on the File Download Dialog Box (Figure 52) to save the document to a folder on your computer.

Figure 52: File Download Dialog Box

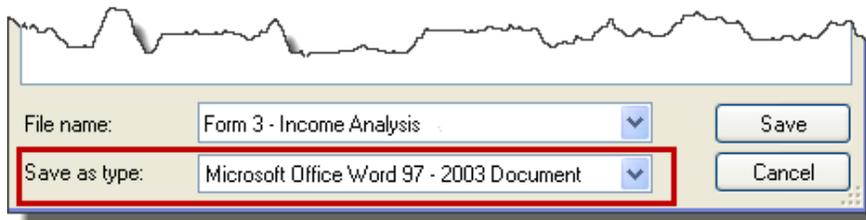


- The Save As dialog box will be displayed (Figure 53).

Figure 53: Save As Dialog Box



5. Save the document in Microsoft Word 97-2003 (.doc) format.



6. Click **Close** on the Download Warning Screen.
7. Complete the Income Analysis document (Figure 54).

Instead of using the Microsoft Word template, you can export the Income Analysis to Microsoft Excel, as long as you provide all the information that the template asks for.

Figure 54: Income Analysis

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration		FOR HRSA USE ONLY						
FORM 3: INCOME ANALYSIS		Applicant Name		Yakima Neighborhood Health Services				
		Grant Number		Application Tracking		Number		
		H80CS06078		00090993				
PART 1: NON FEDERAL SHARE, PROGRAM INCOME								
Payor Category	Number Of Visits	Average Charge Per Visit	Gross Charges (a * b) / (c)	Average Adjustment Per Visit	Net Charges (Amount Billed) [c - (a * d)]	Collection Rate (%)	Projected Income (e * f)	Actual Accrued Income Past 12 Months
	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
PROJECTED FEE FOR SERVICE INCOME								
1a. Medicaid: Medical								
1b. Medicaid: EPSDT (if different from medical rate)								
1c. Medicaid: Dental								
1d. Medicaid: BH SA								
1e. Medicaid: Other Fee for Service								
	Subtotal: Medicaid							
2a. Medicare: All inclusive FOHC rate								
2b. Medicare: Other Fee for Service								
	Subtotal: Medicare							
3a. Private Insurance (Medical)								
3b. Private Insurance (Dental)								
3c. Private Insurance (BH SA)								
	Subtotal: Private							
4a. Self-Pay: 100% Charge, No Discount (Medical)								

After you complete the document, be sure to save it in Microsoft Word 97 – 2003 format.

8. Click **Attach** in the Income Analysis section of Form 3 (Figure 55) to upload the Income Analysis Form as an attachment.

Figure 55: Document Upload Area of Form 3

Fields marked with an asterisk (*) are required.

INCOME ANALYSIS

Form 3: Income Analysis **Status:**

Note: Instead of using the attached MS Word template, you can attach income analysis in MS Excel format as long as you provide all information being sought in the MS Word template.

Fields marked with an asterisk (*) are required.

Download Template

Template Name	Template Description	Action
Income Analysis	Template for Income Analysis	Download

Income Analysis (Maximum One (1) Attachment)

Select	Purpose	Document Name	Size	Uploaded By
No attached document exists.				
<input type="button" value="Attach"/>				

- The Attach Document Screen will be displayed.

Figure 56: Attach Document Screen

Fields marked with an asterisk (*) are required.

ATTACH DOCUMENT

*Purpose: Income Analysis (Max 1)

*Document:
(Allowable Document Types: doc,rtf,txt,wpd,pdf,xls,jpg,jpeg,xfd)
 (Allowable Document Size: 20 MB)

Attached Document(s)

Purpose	Document Name	Size	Uploaded By
No attached document exists.			

9. Click the **Browse** button.
 - The Choose File to Upload dialog box will be displayed.
10. Browse to the file and select it.
11. Click **Open**.
 - The file name will now appear in the Document field of the Attach Document Screen.
12. On the Attach Document Screen, click **Attach Document**.

Fields marked with an asterisk (*) are required.

ATTACH DOCUMENT

*Purpose: Income Analysis (Max 1)

*Document:
(Allowable Document Types: doc,rtf,txt,wpd,pdf,xls,jpg,jpeg,xfd)
 (Allowable Document Size: 20 MB)

Attached Document(s)

Purpose	Document Name	Size	Uploaded By
No attached document exists.			

- The attached document will appear in the Attached Document(s) list (Figure 57).

Figure 57: Attached Document(s) Area of the Attach Document Page

Attached Document(s)			
Purpose	Document Name	Size	Uploaded By
Income Analysis	Form 3 - Income Analysis.doc	42.76 KB	Anita Monoian on 5/11/2011 11:57:02 AM

[Acceptable Use Policy](#)

- Click **Finished Attaching** (Figure 58).

Figure 58: Attached Document(s) Area Showing Finished Attaching Button

Attached Document(s)			
Purpose	Document Name	Size	Uploaded By
Income Analysis Form	Form 3 - Income Analysis.doc	84 KB	Anita Monoian on 5/12/2011 8:21:32 AM

[Acceptable Use Policy](#)

- You will be returned to Form 3: Income Analysis. The attached document will be listed under the Income Analysis Form heading.

- Click **Save and Continue** on Form 3: Income Analysis to save your work and proceed to the next form.

5.5. Form 5A: Services Provided – Required Services

Forms 5 A, 5B, and 5C will be pre-populated from your current scope on file. Information will be read-only.

- Click [Form 5A](#) (Figure 59).

Figure 59: Form 5A: Services Provided – Required Services

Fields marked with an asterisk (*) are required.

SERVICES PROVIDED - REQUIRED SERVICES Form 5A: Required Services Go

Form 5A: Required Services Status: COMPLETE

Please review the list of required services retrieved from your scope on file as of 5/11/2011 12:51:21 PM. If there was a recent change approved for your scope (e.g. through a Change In Scope application), please click the "Refresh" button below to get your most recent scope on file.

SERVICE TYPE	MODE OF SERVICE PROVISION		
	DIRECT BY APPLICANT	FORMAL WRITTEN CONTRACT/AGREEMENT (Applicant pays for service)	FORMAL WRITTEN REFERRAL ARRANGEMENT/ARRANGEMENTS (Applicant DOES NOT pay)
Clinical Services			
General Primary Medical Care	[X]	[]	[]
Diagnostic Laboratory	[X]	[X]	[]
Diagnostic X-Ray	[X]	[X]	[]
Screenings			
• Cancer	[X]	[]	[]
• Communicable Diseases	[X]	[]	[]
• Cholesterol	[X]	[]	[]

- Click **Refresh Scope** (Figure 60) if Form 5A does not reflect the latest scope that BPHC has on file.

- You will see a list of services that are part of your current scope. The date and time when the scope was last refreshed will be displayed when you click **Refresh Scope**.

Figure 60: Refresh Scope for Required Services

Please review the list of required services retrieved from your scope on file as of **5/11/2011 12:51:21 PM**. If there was a recent change approved for your scope (e.g. through a Change In Scope application), please click the "Refresh" button below to get your most recent scope on file.

Refresh Scope

3. Click the **Continue** button to progress to the Additional Services page.

5.6. Form 5A: Services Provided – Additional Services

The Additional Services page (Figure 61) is pre-populated with the additional services and their existing delivery mechanism(s) from the latest scope that BPHC has on file.

Figure 61: Form 5 A: Services Provided – Additional Services

✔ Information entered on the 'SERVICES PROVIDED - REQUIRED SERVICES' page was saved successfully. The Section status is COMPLETE.

Fields marked with an asterisk (*) are required.

SERVICES PROVIDED - ADDITIONAL SERVICES Form 5A: Additional Services **Go**

Form 5A: Additional Services Status: **COMPLETE**

Please review the list of optional services retrieved from your scope on file as of **5/11/2011 12:57:30 PM**. If there was a recent change approved for your scope (e.g. through a Change In Scope application), please click the "Refresh" button below to get your most recent scope on file.

Refresh Scope

Additional Services Currently Offered by Applicant			
SERVICE TYPE	MODE OF SERVICE PROVISION		
	DIRECT BY APPLICANT	FORMAL WRITTEN CONTRACT/AGREEMENT (Applicant pays for service)	FORMAL WRITTEN REFERRAL ARRANGEMENT/AGREEMENT (Applicant DOES NOT pay)
Clinical Services			
Dental Services - Restorative	X		
Dental Services - Emergency	X		
Behavioral Health - Treatment/Counseling	X		
Behavioral Health - Development Screening	X	X	
Non Clinical Services			
WIC	X		
Nutrition (not WIC)	X		

Go to Previous Page **Continue**

If Form 5A does not reflect the latest scope that BPHC has on file, click the **Refresh Scope** button to update the list of services. The date and time when the scope was last refreshed will be displayed when you click **Refresh Scope**.

Figure 62: Refresh Scope for Additional Services

Use the Additional Services dropdown menu to toggle between the Additional Services and Required Services forms.

Click the Continue button to proceed to Form 5B.

5.7. Form 5B: Service Sites

Form 5B is pre-populated with the list of service site(s) from the latest scope that BPHC has on file.

1. Open [Form 5B](#) (Figure 63).

Figure 63: Form 5B: Service Sites

Existing Sites in Scope			
YNHS at Comprehensive Mental Health (BPS-H80-010049)			
Physical Address	402 S 4th Ave , Yakima, WA 98902-3546	Mailing Address	Same as Physical Address
Action: View			
YAKIMA NEIGHBORHOOD HEALTH SVS (BPS-H80-004541)			
Physical Address	617 Scoon Rd , Sunnyside, WA 98944-1031	Mailing Address	Post Office Box 2605 Yakima WA 98907-2605
Action: View			
YNHS @ TRIUMPH TREATMNT SVS (TTS) (BPS-H80-000618)			
Physical Address	102 S Naches Ave , Yakima, WA 98901-2947	Mailing Address	102 South Naches Avenue Yakima WA 98901-2947
Action: View			
YAKIMA NEIGHBORHOOD HEALTH SERVICES (BPS-H80-005555)			
Physical Address	12 SOUTH EIGHT STREET , YAKIMA, WA 98901	Mailing Address	12 South Eight Street Yakima WA 98901-3020
Action: View			

If Form 5B does not reflect the latest scope that BPHC has on file, click the **Refresh Scope** button to update the list of sites. The date and time when the scope was last refreshed will be displayed when you click **Refresh Scope**.

View Service Sites

1. Click the **View** link on Form 5B: Service Sites to view information for a site.

Figure 64: View Link for a Site on Form 5B

Existing Sites in Scope			
YNHS at Comprehensive Mental Health (BPS-H80-010049)			
Physical Address	402 S 4th Ave , Yakima, WA 98902-3546	Mailing Address	Same as Physical Address
Action: View			

- A read-only version of the Service Site Information (Figure 65) will be displayed in a pop-up window.

Figure 65: Read-Only Version of Service Site Information for Form 5B Page

FORM 5B: SITES			
		As of 5/12/2011 9:16:18 AM OMB No.: 0915-0285 Expiration Date: 10/31/2013	
DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration FORM 5B: SERVICE SITES (In BPHC Records As of 5/11/2011 1:18:05 PM)		FOR HRSA USE ONLY	
		Application Tracking Number	Grant Number
		00090993	H80CS06078
YNHS at Comprehensive Mental Health (BPS-H80-010049)		Action Status: Picked from Scope	
Name of Service Site	YNHS at Comprehensive Mental Health	Service Site Type	Service Delivery Site
Location Type	Permanent	Location Setting (Required for Service Site Only)	All Other Clinic Types
Number of Contract Service Delivery Locations (Voucher Screening Only)	0	Number of Intermittent Sites (Intermittent Only)	0
Web URL			
Site Operated by	<input checked="" type="checkbox"/> Grantee <input type="checkbox"/> Sub-Recipient <input type="checkbox"/> Contractor		
Organization			
Organization Name	Not Applicable		
Address (Physical)			
Address (Mailing)			
EIN			
View			
Date Site was Opened	9/15/2010	Date Site was Added to Scope	10/7/2010
Site Operational By	12/1/2010	Medicare Billing Number	applied for
Medicaid Billing Number	7047228	Medicaid Pharmacy Billing Number	
Phone Number		Administration Phone	

- Click **Close Window** to close the pop-up window and return to Form 5B: Service Sites.
- Click **Continue** at the bottom of Form 5B to proceed to Form 5C.

5.8. Form 5C: Other Activities/Locations

Form 5C is pre-populated with the list of other activities and locations from the latest scope that BPHC has on file.

- Open **Form 5C** (Figure 66).

Figure 66: Form 5C: Other Activities/Locations

Fields marked with an asterisk (*) are required.

OTHER ACTIVITIES/LOCATIONS

Form 5C: Other Activities/Locations Status: **COMPLETE**

Please review the list of other activities and locations retrieved from your scope on file as of **5/11/2011 1:28:58 PM**. If there was a recent change approved for your scope (e.g. through a Change In Scope application), please click the "Refresh" button below to get your most recent scope on file.

List of Activities/Locations

Medical Rounds			
Description of Activity	YNHS has several patients in need of skilled nursing and/or long term care. A physician or nurse practitioner makes rounds to the nursing home where the patient is residing.	Frequency of Activity	Varies, typically once a week.
Action: View			
Hospital Admitting			
Description of Activity	Admission of YNHS patients by YNHS physicians; and shared assignment by hospital staff of people without doctors who present to hospital (condition of hospital bylaws that physicians share in this rotation).	Frequency of Activity	Daily
Action: View			
Other - Transportation			
Description of Activity	Transportation provided for patients	Frequency of Activity	Daily
Action: View			
Portable Clinical Care			
Description of Activity	"KidScreen" is a health & development screening event. This is an outreach partnership between YNHS, school districts and other social service partners aimed to identify children not connected to the health or education community. YNHS provides EPSDT exams and immunizations.	Frequency of Activity	1-2 days Monthly
Action: View			

If Form 5C does not reflect the latest scope that BPHC has on file, click **Refresh Scope** to update the list of activities and locations. The date and time when the scope was last refreshed will be displayed when you click **Refresh Scope**.

- Click the [View](#) link on Form 5C: Other Activities/Locations to view information about an activity or location.

Medical Rounds			
Description of Activity	YNHS has several patients in need of skilled nursing and/or long term care. A physician or nurse practitioner makes rounds to the nursing home where the patient is residing.	Frequency of Activity	Varies, typically once a week.
Action: View			

- The Activity/Location Pop-Up Screen (Figure 67) will be displayed in a pop-up window.

Figure 67: Activity/Location Pop-Up Screen

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration FORM 5C: OTHER ACTIVITIES/LOCATIONS (In BPHC Records As of 5/11/2011 1:28:58 PM)		As of 5/11/2011 1:39:27 PM OMB No.: 0915-0285 Expiration Date: 10/31/2013	
		FOR HRSA USE ONLY	
	Application Tracking Number	Grant Number	
	00090993	H80CS06078	
ACTIVITY/LOCATION #1			
Type of Activity	Medical Rounds		
Frequency of Activity	Varies, typically once a week.		
Description of Activity	YNHS has several patients in need of skilled nursing and/or long term care. A physician or nurse practitioner makes rounds to the nursing home where the patient is residing.		
Type of Location(s) where Activity is Conducted	Nursing Home		
<input type="button" value="Close Window"/>			

- Click to close the pop-up window and return to Form 5C: Other Activities/Locations.
- Click at the bottom of Form 5C to proceed to the next form.

5.9. Form 6A: Current Board Member Characteristics

Use Form 6A to define your organization type and supply information about your organization's board of directors.

1. Open [Form 6A](#) (Figure 68).

Figure 68: Form 6A: Current Board Member Characteristics

Fields marked with an asterisk (*) are required.

CURRENT BOARD MEMBER CHARACTERISTICS

Form 6A: Current Board Member Characteristics Status: **NOT COMPLETE**

***Organization Type**

Is your organization a tribal entity?

Yes No

If your answer to above question is 'Yes', you are exempted from filling this form.

Select	#	Board Member Name	Board Office Held	Area of Expertise	Health Center Patient	Live or Work in Service Area	Years of Continuous Board Service	Special Population Representative
<input type="button" value="Add"/>								

Gender	Number of Board Members
Male	<input type="text" value="0"/>
Female	<input type="text" value="0"/>
Ethnicity	Number of Board Members
Hispanic or Latino	<input type="text" value="0"/>
Non-Hispanic or Latino	<input type="text" value="0"/>
Race	Number of Board Members
White	<input type="text" value="0"/>
Native Hawaiian or Other Pacific Islander	<input type="text" value="0"/>
Black/African American	<input type="text" value="0"/>
American Indian or Alaska Native	<input type="text" value="0"/>
Asian	<input type="text" value="0"/>
More Than One Race	<input type="text" value="0"/>

2. Answer the Organization Type question.

Figure 69: Organization Type Area of Form 6A

***Organization Type**

Is your organization a tribal entity?

Yes No

If your answer to above question is 'Yes', you are exempted from filling this form.

If your organization is not a tribal entity, you need to list all current members of the board of directors and provide information about each member, including the office held and area of expertise.

It is strongly recommended that you save your work frequently while completing this form.

3. Click to add individual board members.

You must list a minimum of nine and a maximum of 25 board members.

Figure 70: Board Members Area of Form 6A

List of Board Member(s)								
Select	#	Board Member Name	Board Office Held	Area of Expertise	Health Center Patient	Live or Work in Service Area	Years of Continuous Board Service	Special Population Representative
				<input type="button" value="Add"/>				

- The Add Board Member Information Page (Figure 71) will be displayed.

Figure 71: Add Board Member Information Page

Fields marked with an asterisk (*) are required.

ADD BOARD MEMBER INFORMATION	
Add Board Member Information	
*First Name	<input type="text"/>
*Last Name	<input type="text"/>
Middle Initial	<input type="text"/>
*Board Office Held	<input type="text"/>
*Area of Expertise	<input type="text"/>
*Does member derive more than 10% of income from health industry	<input type="radio"/> Yes <input type="radio"/> No
*Is member a health center patient	<input type="radio"/> Yes <input type="radio"/> No
Live or work in service area	<input type="checkbox"/> Live <input type="checkbox"/> Work
*Years of continuous board service	<input type="text"/>
	<input type="radio"/> Yes <input type="radio"/> No
*Is member a special population representative (MHC, HCH, PHPC)	If Yes, please specify Special Population: <input type="checkbox"/> MHC <input type="checkbox"/> HCH <input type="checkbox"/> PHPC

4. Enter the required information and click . Fields marked with an asterisk (*) are required.
- You will be returned to Current Board Member Characteristics of Form 6A. The board member you added will be listed under the List of Board Member(s).
5. Repeat the 'Add Board Member' process to add additional board members.
6. After you finish adding the board members, enter the Board Member counts found on the bottom half of the form.

The total number of board members for each category (gender, ethnicity, and race) must be equal to the number of board members that were previously added.

Figure 72: Board Member Counts on Form 6A

Gender	Number of Board Members
Male	<input type="text" value="0"/>
Female	<input type="text" value="0"/>
Ethnicity	Number of Board Members
Hispanic or Latino	<input type="text" value="0"/>
Non-Hispanic or Latino	<input type="text" value="0"/>
Race	Number of Board Members
White	<input type="text" value="0"/>
Native Hawaiian or Other Pacific Islander	<input type="text" value="0"/>
Black/African American	<input type="text" value="0"/>
American Indian or Alaska Native	<input type="text" value="0"/>
Asian	<input type="text" value="0"/>
More Than One Race	<input type="text" value="0"/>

- Click **Save and Continue** to save your work and proceed to Form 10.

5.10. Form 10: Annual Emergency Preparedness Report

The Annual Emergency Preparedness Report assesses your organization's Emergency Preparedness and Management Plan and its overall emergency readiness. It also helps HRSA determine your organization's technical assistance, training, and resource needs.

- Click [Form 10](#) (Figure 73).

Figure 73: Form 10: Annual Emergency Preparedness Report

Fields marked with an asterisk (*) are required.

ANNUAL EMERGENCY PREPAREDNESS REPORT	
Form 10: Annual Emergency Preparedness Report	Status: NOT COMPLETE
SECTION I - EMERGENCY PREPAREDNESS AND MANAGEMENT PLAN	
*1. Has your organization conducted a thorough Hazards Vulnerability Assessment? If Yes, date completed: <input type="text"/> (Format: mm/dd/yyyy)	<input type="radio"/> Yes <input type="radio"/> No
*2. Does your organization have an approved EPM plan? If Yes, date most recent EPM plan was approved by your Board. Date: <input type="text"/> (Format: mm/dd/yyyy) If No, skip to Readiness section below.	<input type="radio"/> Yes <input type="radio"/> No
*3. Does the EPM plan specifically address the four disaster phases? (This question is mandatory if you answered Yes to Question 2.)	
3a. Mitigation	<input type="radio"/> Yes <input type="radio"/> No
3b. Preparedness	<input type="radio"/> Yes <input type="radio"/> No
3c. Response	<input type="radio"/> Yes <input type="radio"/> No
3d. Recovery	<input type="radio"/> Yes <input type="radio"/> No
*4. Is your EPM plan integrated into your local/regional emergency plan? (This question is mandatory if you answered Yes to Question 2.)	<input type="radio"/> Yes <input type="radio"/> No
*5. If no, has your organization attempted to participate with local/regional emergency planners? (This question is mandatory if you answered Yes to Question 2 and No to Question 4.)	<input type="radio"/> Yes <input type="radio"/> No
*6. Does the EPM plan address your capacity to render mass immunization/prophylaxis? (This question is mandatory if you answered Yes to Question 2.)	<input type="radio"/> Yes <input type="radio"/> No

- Select Yes or No for each question in each section of the form (Figure 74 and Figure 75). Fields marked with an asterisk (*) are required.

3. Click **Save and Continue** to proceed to Form 12.

Figure 74: Form 10, Emergency Preparedness and Management Plan

SECTION I - EMERGENCY PREPAREDNESS AND MANAGEMENT PLAN	Yes No
*1. Has your organization conducted a thorough Hazards Vulnerability Assessment? If Yes, date completed: <input type="text"/> (Format: mm/dd/yyyy)	<input type="radio"/> Yes <input type="radio"/> No
*2. Does your organization have an approved EPM plan? If Yes, date most recent EPM plan was approved by your Board. Date: <input type="text"/> (Format: mm/dd/yyyy) If No, skip to Readiness section below.	<input type="radio"/> Yes <input type="radio"/> No
* 3. Does the EPM plan specifically address the four disaster phases? (This question is mandatory if you answered Yes to Question 2.)	
3a. Mitigation	<input type="radio"/> Yes <input type="radio"/> No
3b. Preparedness	<input type="radio"/> Yes <input type="radio"/> No
3c. Response	<input type="radio"/> Yes <input type="radio"/> No
3d. Recovery	<input type="radio"/> Yes <input type="radio"/> No
*4. Is your EPM plan integrated into your local/regional emergency plan? (This question is mandatory if you answered Yes to Question 2.)	<input type="radio"/> Yes <input type="radio"/> No
*5. If no, has your organization attempted to participate with local/regional emergency planners? (This question is mandatory if you answered Yes to Question 2 and No to Question 4.)	<input type="radio"/> Yes <input type="radio"/> No
*6. Does the EPM plan address your capacity to render mass immunization/prophylaxis? (This question is mandatory if you answered Yes to Question 2.)	<input type="radio"/> Yes <input type="radio"/> No

Figure 75: Form 10, Readiness

*SECTION II - READINESS	Yes No
1. Does your organization include alternatives for providing primary care to your current patient population if you are unable to do so during emergency?	<input type="radio"/> Yes <input type="radio"/> No
2. Does your organization conduct annual planned drills?	<input type="radio"/> Yes <input type="radio"/> No
3. Does your organization's staff receive periodic training on disaster preparedness?	<input type="radio"/> Yes <input type="radio"/> No
4. Will your organization be required to deploy staff to Non-Health Center sites/locations according to the emergency preparedness plan for local community?	<input type="radio"/> Yes <input type="radio"/> No
5. Does your organization have arrangements with Federal, State, and/or local agencies for the reporting of data?	<input type="radio"/> Yes <input type="radio"/> No
6. Does your organization have a back up communication system?	
6a. Internal	<input type="radio"/> Yes <input type="radio"/> No
6b. External	<input type="radio"/> Yes <input type="radio"/> No
7. Does your organization coordinate with other systems of care to provide an integrated emergency response?	<input type="radio"/> Yes <input type="radio"/> No
8. Has your organization been designated to serve as a point of distribution (POD) for providing antibiotics, vaccines, and medical supplies?	<input type="radio"/> Yes <input type="radio"/> No
9. Has your organization implemented measures to prevent financial/revenue and facilities loss due to an emergency? (e.g., insurance coverage for short-term closure)	<input type="radio"/> Yes <input type="radio"/> No
10. Does your organization have an off-site back up of your information technology system?	<input type="radio"/> Yes <input type="radio"/> No
11. Does your organization have a designated EPM coordinator?	<input type="radio"/> Yes <input type="radio"/> No

5.11. Form 12: Organization Contacts

Use Form 12: Organization Contacts to list contact information in your current project scope.

1. Open [Form 12](#) (Figure 76).

Figure 76: Form 12: Organization Contacts

Enter a medical director, dental director (optional), chief executive officer, and contact person. The contact person must be the primary communications liaison for any program specific information being submitted as part of this Progress Report. Fields marked with an asterisk (*) are required.

2. Click an Add... button to add or update the information for each type of contact. For example, click [Add Medical Director](#) to add a medical director.

Figure 77: Click an Add... Button to Add a Contact

- The Contact Information Page (Figure 78) will be displayed for the contact you are adding.
3. Enter the information on the page. Fields marked with an asterisk (*) are required.

Figure 78: Contact Information Page for Form 12

Fields marked with an asterisk (*) are required.

CONTACT INFORMATION	
*Position Title	Medical Director
Prefix	Select One
*Last Name	<input type="text"/>
*First Name	<input type="text"/>
Middle Initial	<input type="text"/>
Suffix	Select One If 'Other', please specify <input type="text"/>
Highest Degree	Select One If 'Other', please specify <input type="text"/>
Contact Address	
*Email Address	<input type="text"/>
*Phone Number	(<input type="text"/>) <input type="text"/> - <input type="text"/> Ext: <input type="text"/>

Go Back Save and Continue

- Click **Save and Continue** to save your work for each type of contact and return to Form 12: Organization Contacts.
- Click **Save and Continue** for Form 12 to save your work and proceed to the Clinical Performance Measures form.

5.12. Clinical Performance Measures

Use this form to provide information about your Clinical Performance Measures. Refer to the Instructions for Preparing and Submitting the FY 2012 Health Center Program Budget Period Progress Report for more information on filling out Clinical Performance Measures.

- Open the [Clinical Performance Measures](#) (Figure 79)

Figure 79: Clinical Performance Measures Form

Fields marked with an asterisk (*) are required.

CLINICAL PERFORMANCE MEASURES		Status: COMPLETE																																						
Clinical Performance Measures																																								
Project Period		<input type="button" value="Save"/>																																						
*Start Date (mm/dd/yyyy)	05/03/2010	*End Date (mm/dd/yyyy)																																						
<table border="1"> <thead> <tr> <th colspan="2">*Standard Measures</th> </tr> </thead> <tbody> <tr> <td colspan="2">Performance Measure: Percentage of diabetic patients whose HbA1c levels are less than or equal to 9 percent. Status: Complete</td> </tr> <tr> <td>Focus Area</td> <td>Diabetes</td> <td>Goal Description</td> <td>By the end of the project period increase the % of adult patients with Type I or Type II diabetes whose most recent HbA1c is less than or equal to 9% from baseline percentage of 71.43% to 80%.</td> </tr> <tr> <td>Baseline Data</td> <td>72.65% (Baseline Year: 2009)</td> <td>Projected Data</td> <td>80.00%</td> </tr> <tr> <td colspan="4">Action: View Update</td> </tr> <tr> <td colspan="4">Note: The performance measure details are pre-populated from SAC FY 2011 application submitted by grantee.</td> </tr> <tr> <td colspan="2">Performance Measure: Percentage of adult patients with diagnosed hypertension whose most recent blood pressure was less than 140/90. Status: Complete</td> </tr> <tr> <td>Focus Area</td> <td>Cardiovascular Disease</td> <td>Goal Description</td> <td>By the end of the project period increase the % of adult patients age 18 years and older with diagnosed hypertension whose blood pressure was less than 140/90 (adequate control) from 61.4% baseline to 63%.</td> </tr> <tr> <td>Baseline Data</td> <td>62.62% (Baseline Year: 2009)</td> <td>Projected Data</td> <td>63.00%</td> </tr> <tr> <td colspan="4">Action: View Update</td> </tr> <tr> <td colspan="4">Note: The performance measure details are pre-populated from SAC FY 2011 application submitted by grantee.</td> </tr> </tbody> </table>			*Standard Measures		Performance Measure: Percentage of diabetic patients whose HbA1c levels are less than or equal to 9 percent. Status: Complete		Focus Area	Diabetes	Goal Description	By the end of the project period increase the % of adult patients with Type I or Type II diabetes whose most recent HbA1c is less than or equal to 9% from baseline percentage of 71.43% to 80%.	Baseline Data	72.65% (Baseline Year: 2009)	Projected Data	80.00%	Action: View Update				Note: The performance measure details are pre-populated from SAC FY 2011 application submitted by grantee.				Performance Measure: Percentage of adult patients with diagnosed hypertension whose most recent blood pressure was less than 140/90. Status: Complete		Focus Area	Cardiovascular Disease	Goal Description	By the end of the project period increase the % of adult patients age 18 years and older with diagnosed hypertension whose blood pressure was less than 140/90 (adequate control) from 61.4% baseline to 63%.	Baseline Data	62.62% (Baseline Year: 2009)	Projected Data	63.00%	Action: View Update				Note: The performance measure details are pre-populated from SAC FY 2011 application submitted by grantee.			
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Action: View Update																																								
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Baseline Data	62.62% (Baseline Year: 2009)	Projected Data	63.00%																																					
Action: View Update																																								
Note: The performance measure details are pre-populated from SAC FY 2011 application submitted by grantee.																																								

- Enter the Project Period (Figure 80). Please refer to your latest Notice of Award to determine your project period.

Figure 80: Project Period Fields

Fields marked with an asterisk (*) are required.

CLINICAL PERFORMANCE MEASURES			
Clinical Performance Measures			Status: COMPLETE
Project Period			
*Start Date (mm/dd/yyyy)	05/03/2010	*End Date (mm/dd/yyyy)	06/01/2011
			<input type="button" value="Save"/>

The system will synchronize the project period dates between Clinical Performance Measures and Financial Performance Measures as soon as they are updated in either of the two forms. Changes made to dates in one form will be reflected in other form.

The data [except progress toward goal] for all standard performance measures will be pre-populated from the application awarded in the last project or budget period where the measure was first proposed. The data for Progress Toward Goal will be prepopulated from the latest UDS submission which was accepted by BPHC for your organization.

Oral Health and Behavioral Health Measures will be pre-populated from all applications where they were proposed. These measures will be listed under Standard Measures or Other Measures, as per their corresponding applications.

You may enter or modify the performance measures as follows:

- [Update a Performance Measure](#)
- [View a Performance Measure](#)
- [Add a Performance Measure](#)
- [Delete a Performance Measure](#)
- [Mark a Performance Measure as a Duplicate](#)
- [Undo a Duplicated Performance Measure](#)
- [Update a Duplicated Performance Measure](#)

Update a Performance Measure

1. Click the [Update](#) link to enter or update the information for a performance measure.

Figure 81: Update a Performance Measure

*Standard Measures			
Performance Measure: Percentage of diabetic patients whose HbA1c levels are less than or equal to 9 percent.			Status: Complete
Focus Area	Diabetes	Goal Description	By the end of the project period increase the % of adult patients with Type I or Type II diabetes whose most recent HbA1c is less than or equal to 9% from baseline percentage of 71.43% to 80%.
Baseline Data	72.65% (Baseline Year: 2009)	Projected Data	80.00%
Action: View Update			
Note: The performance measure details are pre-populated from SAC FY 2011 application submitted by grantee.			

- The Update Clinical Performance Measure Information Page (Figure 82) will be displayed for the performance measure.

Figure 82: Update Clinical Performance Measure Information

Fields marked with an asterisk (*) are required.

UPDATE CLINICAL PERFORMANCE MEASURE INFORMATION	
Status: COMPLETE	
Update Clinical Performance Measure Information	
Focus Area	Diabetes
*Is this Performance Measure applicable to your Organization?	Yes <input type="button" value="v"/> <small>(If No, provide explanation in 'Comments' area at bottom of this form)</small>
Performance Measure	Percentage of diabetic patients whose HbA1c levels are less than or equal to 9 percent.
*Target Goal Description <small>(Sample Goals)</small>	<small>(maximum 500 characters)</small> By the end of the project period increase the % of adult patients with Type I or Type II diabetes whose most recent HbA1c is less than or equal to 9% from baseline percentage of 71.43% to 80%.
Click "Save" button to save all information within this page. <input type="button" value="Save"/>	

- Complete the Update Clinical Performance Measure details for the performance measure. Fields marked with an asterisk (*) are required.

When you update the performance measure for either the Oral Health or Behavioral Health focus areas, you must select a Performance Measure Category from the dropdown list. Figure 83 shows you the Performance Measure Category options for the Oral Health Focus Area.

Figure 83: Performance Measure Category for the Oral Health Focus Area

Update Clinical Performance Measure Information	
Focus Area	Oral Health
*Performance Measure Category	(Select one or more categories for Oral/Behavioral measures. To select multiple values, hold the Ctrl key and then select from the list.) Emergency Services Oral Exams Restorative Services Oral Surgery If 'Other', Please specify

- When you are finished entering all the details, click **Save and Continue** at the bottom of the form.
 - You will be returned to the main Clinical Performance Measures Form.

The performance measure you entered will be completed (Figure 84).

Figure 84: Clinical Performance Measures (Completed Performance Measure Section)

Performance Measure: Percentage of diabetic patients whose HbA1c levels are less than or equal to 9 percent.				Status: Complete
Focus Area	Diabetes	Goal Description	By the end of the project period increase the % of adult patients with Type I or Type II diabetes whose most recent HbA1c is less than or equal to 9% from baseline percentage of 71.43% to 80%.	
Baseline Data	72.65% (Baseline Year: 2009)	Projected Data	80.00%	
Action: View Update				
Note: The performance measure details are pre-populated from SAC FY 2011 application submitted by grantee.				

[View a Performance Measure](#)

1. Click the [View](#) link to see a pop-up screen displaying the details of the performance measure.

Figure 85: View Performance Measure Information

Performance Measure: Percentage of diabetic patients whose HbA1c levels are less than or equal to 9 percent.		Status: Complete	
Focus Area	Diabetes	Goal Description	By the end of the project period increase the % of adult patients with Type I or Type II diabetes whose most recent HbA1c is less than or equal to 9% from baseline percentage of 71.43% to 80%.
Baseline Data	72.65% (Baseline Year: 2009)	Projected Data	80.00%
Action View Update			
Note: The performance measure details are pre-populated from SAC FY 2011 application submitted by grantee.			

- A read only version of the Performance Measure will be displayed (Figure 86).

Figure 86: View of Clinical Performance Measure

As of 5/12/2011 10:05:28 AM
 OMB No.: 0915-0285 Expiration Date: 10/31/2013

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration CLINICAL PERFORMANCE MEASURES	FOR HRSA USE ONLY	
	Application Tracking Number	Grant Number
	00090993	H80CS06078
	Project Period	05/03/2010 - 06/01/2011

Focus Area: Diabetes

Performance Measure: Percentage of diabetic patients whose HbA1c levels are less than or equal to 9 percent.	
Is this Performance Measure Applicable to your Organization?	Yes
Performance Measure Categories	Not Applicable
Target Goal Description	By the end of the project period increase the % of adult patients with Type I or Type II diabetes whose most recent HbA1c is less than or equal to 9% from baseline percentage of 71.43% to 80%.
Numerator Description	Number of adult patients age 18 to 75 years with a diagnosis of Type 1 or Type 2 diabetes whose most recent hemoglobin A1c level during the measurement year is less than or equal to 9% among those patients in the denominator.

2. Click [Close Window](#) to close the pop-up screen and return to the main Clinical Performance Measures Form.

Add a Performance Measure

You are required to provide information in all Performance Measure fields. If any performance measure listed is not applicable, you must provide an explanation in the comment field for that measure.

1. Click [Add Performance Measure](#), in the Other Measures section, at the bottom of the Clinical Performance Measures Form (Figure 87) to add a performance measure and enter its details.

Figure 87: Clinical Performance Measures Form (Bottom of Screen)

- The Add Clinical Performance Measure Information Page (Figure 88) will be displayed.

Figure 88: Add Clinical Performance Measure Information Page

2. Enter the requested information on the Add Clinical Performance Measure Information Page. Fields marked with an asterisk (*) are required.

The Add Clinical Performance Measure Information Page always contains a dropdown for Performance Measure Categories. However, you must only select categories if your Focus Area is Oral or Behavior Health.

3. Click **Save and Continue** at the bottom of the screen after you have completed all fields.
 - You will be returned to the Clinical Performance Measures Form.

A summary of the Clinical Performance Measure information you entered will be listed as a new performance measure in the Other Measures section (Figure 89), at the bottom of the form.

Figure 89: Other Measures Section of Clinical Performance Measures Form

Other Measures			
Performance Measure: Test			Status: Complete
Focus Area	Cancer	Goal Description	Test
Baseline Data	26.97% (Baseline Year: 2010)	Projected Data	75.00%
Action: View Update Delete			

Delete a Performance Measure

1. Click the [Delete](#) link if it appears under a Performance Measure that you added (Figure 90) to delete the Performance Measure.

Figure 90: Performance Measure with Delete Link

Other Measures			
Performance Measure: Test			Status: Complete
Focus Area	Cancer	Goal Description	Test
Baseline Data	26.97% (Baseline Year: 2010)	Projected Data	75.00%
Action: View Update Delete			

- The Delete Confirmation Page for Clinical Performance Measure Page will be displayed (Figure 91), to allow you to confirm the deletion.

Figure 91: Delete Confirmation Page for Clinical Performance Measure Page

Fields marked with an asterisk (*) are required.

DELETE CLINICAL PERFORMANCE MEASURES INFORMATION

Performance Measure: Test			
Focus Area	Cancer	Goal Description	Test
Baseline Data	26.97 % (Baseline Year: 2010)	Projected Data	75.00 %
View: Performance Measure Details			

2. Click to confirm the deletion.
 - You will be returned to the Clinical Performance Measures Form.

The Performance Measure you deleted will no longer be listed.

Mark a Performance Measure as a Duplicate

1. Click the [Mark as Duplicate](#) link if it appears under a Performance Measure, to resolve any Clinical Performance Measure duplications (Figure 92).

Figure 92: Clinical Performance Measures Duplications

Other Measures			
Performance Measure: Percentage of adult patients with a Body Mass Index of greater than or equal to 30 who receive weight counseling/treatment.			Status: Not Complete
Focus Area	Diabetes	Goal Description	By 2013, increase to 85% of adult patients with a Body Mass Index > 30 who have weight counseling/treatment.
Baseline Data	68.42% (Baseline Year: 2009)	Projected Data	85.00%
Action: View Update Mark as Duplicate			
Note: The performance measure details are pre-populated from BPR FY 2010 application submitted by grantee.			
Performance Measure: Percentage of diabetic patients whose HbA1c levels are less than or equal to 7 percent.			Status: Not Complete
Focus Area	Diabetes	Goal Description	By 2013, increase to 50% adult patients with Type 1 or 2 diabetes whose most recent HbA1c is < 7% (under control).
Baseline Data	25.71% (Baseline Year: 2008)	Projected Data	50.00%
Action: View Update Mark as Duplicate			
Note: The performance measure details are pre-populated from BPR FY 2010 application submitted by grantee.			
Performance Measure: Percentage of children and adolescent patients with a Body Mass Index of greater than or equal to 30 who receive weight counseling/treatment.			Status: Not Complete
Focus Area	Diabetes	Goal Description	By 2013, increase to 85% of children and adolescent patients with a Body Mass Index > 30 who have weight counseling/treatment.
Baseline Data	66.67% (Baseline Year: 2009)	Projected Data	85.00%
Action: View Update Mark as Duplicate			
Note: The performance measure details are pre-populated from BPR FY 2010 application submitted by grantee.			

- The Mark Clinical Performance Measure as Duplicate Page (Figure 93) will be displayed.

Figure 93: Mark Clinical Performance Measure as Duplicate Page

2. Review the duplicated Performance Measures options vs. the Performance Measure listed at the top of the screen and select the one that is a duplicate.
3. Enter a justification in the Comments box, and click **Save and Continue**.
 - You will be returned to the Clinical Performance Measures Form.

The Performance Measure that you selected as a duplicate will no longer contain a [Mark as Duplicate](#) link. Instead, there will be two other links: [Undo Duplicate](#) and [Update Duplicate Information](#).

Undo a Duplicated Performance Measure

1. Click an [Undo Duplicate](#) link if it appears under a Performance Measure that you marked as a duplicate (Figure 94), to unmark the Performance Measure as a duplicate.

This link will only appear on Performance Measures that have been marked as a duplicate.

Figure 94: Performance Measure with Duplicate Information - Related Links

Performance Measure: Percentage of diabetic patients whose HbA1c levels are less than or equal to 7 percent.			Status: Marked as Duplicate
Focus Area	Diabetes	Goal Description	By 2013, increase to 50% adult patients with Type 1 or 2 diabetes whose most recent HbA1c is < 7% (under control).
Baseline Data	25.71% (Baseline Year: 2008)	Projected Data	50.00%
Action: View Undo Duplicate Update Duplicate Information			

- The **Clinical Performance Measures Form** will be redisplayed.

The Performance Measure will no longer have an [Undo Duplicate](#) link.

Update a Duplicated Performance Measure

1. Click an [Update Duplicate Information](#) link if it appears under a Performance Measure that you marked as a duplicate (Figure 94), to change the duplicated Performance Measure.

This link will only appear on Performance Measures that have been marked as a duplicate.

- The Update Duplicate Information Page (Figure 95) will be displayed.

Figure 95: Update Duplicate Information Page

The screenshot shows the HRSA BPR Progress Report for FY 2011. The page title is "H80:Health Center Cluster (93.224) BPR Progress Report for FY 2011". The user is Linda Potts, last login on 6/15/2010 at 12:35:00 PM. The page is titled "UPDATE DUPLICATE INFORMATION".

The main content area displays a table of performance measures:

Performance Measure	Percentage of diabetic patients whose HbA1c levels are less than or equal to 7 percent.
Measure Proposed In	BPR FY 2010 (Application Tracking#: 69460)
Numerator Description	Number of adult patients age 18 to 75 years with a diagnosis of Type 1 or Type 2 d... (Show Details)
Denominator Description	Number of adult patients age 18 to 75 years as of December 31 of the measurement y... (Show Details)

Below the table, there is a section for selecting a duplicate measure:

Please identify the performance measure from the ones listed below, which is the duplicate of the performance measure listed above. Justification comments are required if a performance measure is selected.

<input checked="" type="radio"/> Performance Measure	Percentage of adult patients with a Body Mass Index of greater than or equal to 30... (Show Details)
Measure Proposed In	BPR FY 2010 (Application Tracking#: 69460)
Numerator Description	Number of adult patients age 18 to 75 years of age with a BMI > 30 who received... (Show Details)
Denominator Description	Number of adult patients age 18 to 75 years as of December 31 of the measurement y... (Show Details)
<input type="radio"/> Performance Measure	Percentage of children and adolescent patients with a Body Mass Index of greater t... (Show Details)
Measure Proposed In	BPR FY 2010 (Application Tracking#: 69460)
Numerator Description	Number of children and adolescents 17 years of age and under with a BMI > 30 wh... (Show Details)
Denominator Description	Number of children and adolescents 17 years of age and under as of December 31 of ... (Show Details)

At the bottom, there is a "Justification" section:

*Justification (maximum 500 characters)

Comments: This is my justification

Buttons at the bottom: "Go to Previous Page" and "Save and Continue".

At this point you can:

- Select another Performance Measure as the duplicate
 - Modify the justification comments
2. Click the [Save and Continue](#) button when you are finished.
- You will be returned to the Clinical Performance Measures Form.
3. After you have completed working with all the Clinical Performance Measures, click [Save and Continue](#) to save your work and proceed to the next form.

5.13. Financial Performance Measures

Use this form to provide information about your Financial Performance Measures. Refer to the Instructions for Preparing and Submitting the FY 2012 Health Center Program Budget Period Progress Report for more information on filling out Financial Performance Measures.

1. Click the [Financial Performance Measures](#) link on the Program Specific Information side menu to access this form (Figure 96), if it is not already displayed.

The data for all standard performance measures will be populated from the application awarded in the last project or budget period where the measure was first proposed.

2. Enter the Project Period.

Figure 96: Financial Performance Measures

Fields marked with an asterisk (*) are required.

FINANCIAL PERFORMANCE MEASURES Status:

Financial Performance Measures Status:

Project Period

*Start Date (mm/dd/yyyy)	*End Date (mm/dd/yyyy)
05/03/2010	06/01/2011

***Standard Measures**

Performance Measure: Total cost per patient.		Status:	
Focus Area	Costs	Goal Description	Maintain total cost per patient at or below \$600.00 at the end of the project period.
Baseline Data	742.63 (Ratio) (Baseline Year: 2009)	Projected Data	600.00 (Ratio)

Action: [View](#) | [Update](#)

Note: The performance measure details are pre-populated from SAC FY 2011 application submitted by grantee.

Performance Measure: Medical cost per medical visit		Status:	
Focus Area	Costs	Goal Description	By the end of the project period maintain cost per encounter or...

The system will synchronize the project period dates between Clinical Performance Measures and Financial Performance Measures as soon as they are updated in either of the two forms. Changes made to dates in one form will be reflected in other form.

You may enter or modify the performance measure information as follows:

- [Update a Performance Measure](#)
- [View a Performance Measure](#)
- [Add a Performance Measure](#)
- [Delete a Performance Measure](#)
- [Mark a Performance Measure as a Duplicate](#)
- [Undo a Duplicated Performance Measure](#)
- [Update a Duplicated Performance Measure](#)

Update a Performance Measure

1. Click an [Update](#) link to enter or update the information for each performance measure.

Update a Performance Measure

1. Click an [Update](#) link to enter or update the information for each performance measure.

Figure 97: Financial Performance Measures

Performance Measure: Total cost per patient.			Status: Complete
Focus Area	Costs	Goal Description	Maintain total cost per patient at or below \$600.00 at the end of the project period.
Baseline Data	742.63 (Ratio) (Baseline Year: 2009)	Projected Data	600.00 (Ratio)
Action: View Update			
Note: The performance measure details are pre-populated from SAC FY 2011 application submitted by grantee.			

- The Update Financial Performance Measure Information Page (Figure 98) will be displayed for the performance measure.
2. Complete the Update Financial Performance Measure Information details for the performance measure. All of the fields marked with an asterisk (*) are required.

Figure 98: Update Financial Performance Measure Information Page

Fields marked with an asterisk (*) are required.

UPDATE FINANCIAL PERFORMANCE MEASURE INFORMATION		Status: COMPLETE
Update Financial Performance Measure Information		
Focus Area	Costs	
*Is this Performance Measure applicable to your Organization?	Yes <input type="button" value="v"/> <small>(If No, provide explanation in 'Comments' area at bottom of this form)</small>	
Performance Measure	Total cost per patient.	
*Target Goal Description <small>(Sample Goals)</small>	<small>(maximum 500 characters)</small> Maintain total cost per patient at or below \$600.00 at the end of the project period.	
Click "Save" button to save all information within this page. <input type="button" value="Save"/>		
Numerator Description <small>(Examples)</small>	Total accrued cost before donations and after allocation of overhead.	
Denominator Description <small>(Examples)</small>	Total number of patients.	
Baseline Year	<input type="text"/>	<input type="text"/>

3. When you are finished entering all the details, click **Save and Continue** at the bottom of the form.
 - You will be returned to the main Financial Performance Measures Form (Figure 96). The performance measure you updated will be completed (Figure 99).

Figure 99: Financial Performance Measures (Completed Performance Measure Section)

Performance Measure: Total cost per patient.			Status: Complete
Focus Area	Costs	Goal Description	Our Target Goal Description
Baseline Data	0.55 (Ratio) (Baseline Year: 2010)	Projected Data	65.00 (Ratio)
Action: View Update			

You are required to enter or update all Performance Measures. If any performance measured listed is not applicable, an explanation is required in the comment field for that measure.

View a Performance Measure

1. Click the [View](#) link to see a pop-up screen displaying the details of the performance measure.
 - A read-only version of the Performance Measure will be displayed (Figure 100).

Figure 100: View of Financial Performance Measure

[Close Window](#)

BUSINESS PLAN

As of 6/15/2010 5:44:03 PM

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration FINANCIAL PERFORMANCE MEASURES	FOR HRSA USE ONLY <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Tracking Number</td> <td style="width: 50%;">Grant Number</td> </tr> <tr> <td style="text-align: center;">00082004</td> <td style="text-align: center;">H80CS00289</td> </tr> <tr> <td>Project Period</td> <td style="text-align: center;">-</td> </tr> </table>	Application Tracking Number	Grant Number	00082004	H80CS00289	Project Period	-
Application Tracking Number	Grant Number						
00082004	H80CS00289						
Project Period	-						

Focus Area: Costs

Performance Measure: Total cost per patient.			
Is this Performance Measure Applicable to your Organization?	Yes		
Performance Measure Categories	Not Applicable		
Target Goal Description	By 2014, maintain rate of increase in total cost per patient to 5% per year.		
Numerator Description	Total accrued cost before donations and after allocation of overhead.		
Denominator Description	Total number of patients.		
Baseline Data	Baseline Year: 2007 Measure Type: Ratio Numerator: 5583917.00 Denominator: 21716.00 Calculated Baseline: 257.13 (Ratio)	Projected Data (by End of Project Period)	328.17 (Ratio)
Data Source & Methodology	2007 UDS data for baseline		
Progress Towards Goal	Quantitative: 411.23 (Ratio) Qualitative:		
Comments			

[Close Window](#)

2. Click Close Window to close the pop-up screen and return to the main Financial Performance Measures Form (Figure 96).

Add a Performance Measure

1. Click **Add Performance Measure**, in the Other Measures section (Figure 101), to add a performance measure.

Figure 101: Financial Performance Measures

The screenshot shows a web form with a section titled "Other Measures". Inside this section, the text "No Other Performance Measure(s) Specified" is displayed. Below this text, a button labeled "Add Performance Measure" is highlighted with a red rectangular border. At the bottom of the form, there are three buttons: "Go to Previous Page", "Save", and "Save and Continue".

2. The Add Financial Performance Measure Information Page (Figure 102) will be displayed. Fields marked with an asterisk (*) are required.

Figure 102: Add Financial Performance Measure Information Page

The screenshot shows the "ADD FINANCIAL PERFORMANCE MEASURE INFORMATION" page. At the top, it states "Fields marked with an asterisk (*) are required." The form has a "Status:" label on the right. The main section is titled "Add Financial Performance Measure Information" and contains three required fields:

- *Focus Area:** A dropdown menu with "Select One" and a text input field with the prompt "If 'Other', Please specify" and a "(maximum 500 characters)" note.
- *Performance Measure:** A text input field with a "(maximum 500 characters)" note.
- *Target Goal Description (Sample Goals):** A text input field with a "(maximum 500 characters)" note.

3. Enter the requested information on the Add Financial Performance Measure Information Page. Fields marked with an asterisk (*) are required.

You are required to provide information in all Performance Measure fields.

4. Click **Save and Continue** at the bottom of the screen after you have completed all fields.
 - You will be returned to the Financial Performance Measures Form (Figure 96).

A summary of the Financial Performance Measures information you entered will be listed as a new performance measure in the Other Measures section (Figure 103), at the bottom of the form.

Figure 103: Other Measures Section of Financial Measures Form

Other Measures			
Performance Measure: Rate of Increase in Cost per Encounter			Status: Complete
Focus Area	Financial Viability	Goal Description	By End of Project Period, maintain rate of increase in cost per encounter To: 2%
Baseline Data	60.00% (Baseline Year: 2010)	Projected Data	65.00%
Action: View Update Delete			
<input type="button" value="Add Performance Measure"/>			
<input type="button" value="Go to Previous Page"/>		<input type="button" value="Save"/>	<input type="button" value="Save and Continue"/>

Delete a Performance Measure

1. Click the [Delete](#) link if it appears under a Performance Measure that you added (Figure 104) to delete the Performance Measure.

Figure 104: Performance Measure with Delete Link

Performance Measure: Rate of Increase in Cost per Encounter				Status: Complete
Focus Area	Financial Viability	Goal Description	By End of Project Period, maintain rate of increase in cost per encounter To: 2%	
Baseline Data	60.00% (Baseline Year: 2010)	Projected Data	65.00%	
Action: View Update Delete				

- The Delete Confirmation Page for Financial Performance Measure will be displayed (Figure 105) to allow you to confirm the deletion.

Figure 105: Delete Confirmation Page for Financial Performance Measure

Fields marked with an asterisk (*) are required.

DELETE FINANCIAL PERFORMANCE MEASURES INFORMATION			
Performance Measure: Rate of Increase in Cost per Encounter			
Focus Area	Financial Viability	Goal Description	By End of Project Period, maintain rate of increase in cost per encounter To: 2%
Baseline Data	60.00 % (Baseline Year: 2010)	Projected Data	65.00 %
View: Performance Measure Details			
<input type="button" value="Cancel"/>		<input type="button" value="Confirm Delete"/>	

2. Click to confirm the deletion.
 - You will be returned to the Financial Performance Measures Form (Figure 96).

The Performance Measure you deleted will no longer be listed.

Mark a Performance Measure as a Duplicate

1. Click the [Mark as Duplicate](#) link if it appears under a Performance Measure, to resolve any Financial Performance Measure duplications (Figure 106).

Figure 106: Financial Performance Measures Duplications

Performance Measure: turnover rate		Status: Not Complete	
Focus Area	Human Resources	Goal Description	reduce overall turnover rate
Baseline Data	31.90% (Baseline Year: 2008)	Projected Data	22.00%
Action: View Update Mark as Duplicate			
Note: The performance measure details are pre-populated from BPR FY 2010 application submitted by grantee.			

Performance Measure: turnover rate		Status: Not Complete	
Focus Area	Human Resources	Goal Description	reduce turnover rate of new hires
Baseline Data	15.10% (Baseline Year: 2008)	Projected Data	15.00%
Action: View Update Mark as Duplicate			
Note: The performance measure details are pre-populated from BPR FY 2010 application submitted by grantee.			

2. The Mark Performance Measure as Duplicate Page (Figure 107) will be displayed.

Figure 107: Mark Performance Measure as Duplicate Page

The screenshot shows the HRSA BPR Progress Report for FY 2011 interface. The main content area is titled "MARK PERFORMANCE MEASURE AS DUPLICATE". It contains the following sections:

- Performance Measure: turnover rate** (selected):

Measure Proposed In	BPR FY 2010 (Application Tracking#: 69460)
Numerator Description	FTE terminations under one year of employment
Denominator Description	Total Active Employee FTEs
- Performance Measure: average provider longevity** (unselected):

Measure Proposed In	BPR FY 2010 (Application Tracking#: 69460)
Numerator Description	total months on staff for employee providers divided by 12
Denominator Description	FTE equivalent of active employee providers
- *Justification**: A text area for "Comments" with a note "(maximum 500 characters)".

Navigation buttons at the bottom include "Go to Previous Page" and "Save and Continue".

3. Compare the duplicated Performance Measures to the Performance Measure listed at the top of the screen and select the duplicate.
 4. Enter a justification in the Comments box, and click **Save and Continue**.
- You will be returned to the Financial Performance Measures Form (Figure 96).

The Performance Measure that you selected as a duplicate will no longer contain a [Mark as Duplicate](#) link. Instead, there will be two other links: [Undo Duplicate](#) and [Update Duplicate Information](#).

Undo a Duplicated Performance Measure

1. Click the [Undo Duplicate](#) link if it appears under a Performance Measure that you marked as a duplicate (Figure 108), to unmark the Performance Measure as a duplicate.

This link will only appear on Performance Measures that have been marked as a duplicate.

Figure 108: Performance Measure with Duplicate Information - Related Links

Performance Measure: turnover rate			Status: Marked as Duplicate
Focus Area	Human Resources	Goal Description	reduce turnover rate of new hires
Baseline Data	15.10% (Baseline Year: 2008)	Projected Data	15.00%
Action: View Undo Duplicate Update Duplicate Information			

2. The Financial Performance Measures Form (Figure 96) will be redisplayed.

The Performance Measure will no longer have an [Undo Duplicate](#) link.

Update a Duplicated Performance Measure

1. Click the [Update Duplicate Information](#) link if it appears under a Performance Measure that you marked as a duplicate (Figure 108), to change the duplicated Performance Measure.

This link will only appear on Performance Measures that have been marked as a duplicate.

- The Update Duplicate Information Page (Figure 109) will be displayed.

Figure 109: Update Duplicate Information Page

U.S. Department of Health and Human Services
HRSA
 Health Resources and Services Administration
 E-HANDBOOK HOME

H80:Health Center Cluster (93.224)
 BPR Progress Report for FY 2011

Welcome Linda Potts (Last login date and time 6/15/2010 12:35:00 PM) --Tools Menu-- Go

Financial Performance Measures
[home](#) | [help](#) | [questions/comments](#)

Provide information in this form. Please refer to the instructions document for more information on filling out Financial Performance Measures form.

Fields marked with an asterisk (*) are required.

UPDATE DUPLICATE INFORMATION

Performance Measure: turnover rate	
Measure Proposed In	BPR FY 2010 (Application Tracking#: 69460)
Numerator Description	FTE terminations under one year of employment
Denominator Description	Total Active Employee FTEs

Please identify the performance measure from the ones listed below, which is the duplicate of the performance measure listed above. Justification comments are required if a performance measure is selected.

<input checked="" type="radio"/>	Performance Measure: turnover rate
Measure Proposed In	BPR FY 2010 (Application Tracking#: 69460)
Numerator Description	Total FTE terminations in fiscal year period
Denominator Description	Total FTEs of active employees in the fiscal period
<input type="radio"/>	Performance Measure: average provider longevity
Measure Proposed In	BPR FY 2010 (Application Tracking#: 69460)
Numerator Description	total months on staff for employee providers divided by 12
Denominator Description	FTE equivalent of active employee providers

***Justification**

(maximum 500 characters)
 Comments: This duplicate is justified.

Go to Previous Page Save and Continue

2. At this point you can:
 - Select another Performance Measure as the duplicate
 - Modify the justification comments
3. Click the **Save and Continue** button when you are finished.
 - You will be returned to the Financial Performance Measures Form (Figure 96).
4. After you have completed working with all the Financial Performance Measures, click **Save and Continue** on the Financial Performance Measures Form (Figure 96) to save your work and proceed to the next form.

6. Appendices

The Appendices section allows you to attach standard documents that your grant program requires when you submit your Progress Report.

1. Click the Appendices link on the Progress Report Process side menu (Figure 110) to access the Appendices Form (Figure 111), if it is not already displayed.

Figure 110: Appendices Link on the Progress Report Process Menu

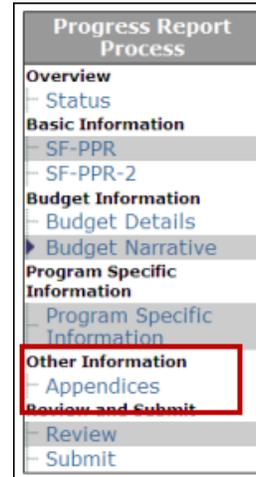


Figure 111: Appendices Form

The screenshot shows the "APPENDICES" form. At the top right, it says "Status: Not Started". Below this is a table titled "Attached Documents" with columns: Select, Purpose, Document Name, Size, Uploaded By, and Description. The table is empty and contains the text "No attached document exists." Below the table is an "Attach" button. At the bottom of the form are buttons for "Go to Previous Page", "Save", and "Save and Continue".

2. Click Attach .
 - The Attach Document (for Appendices) Page (Figure 112) will be displayed.

Figure 112: Attach Document (for Appendices) Page

The screenshot shows the "ATTACH DOCUMENT" form. It has three main sections:

- *Purpose:** A dropdown menu with "Select Purpose" selected.
- *Document:** A text input field with a "Browse..." button. Below it, it says "(Allowable Document Type(s): doc,rtf,txt,wpd,pdf,xls,jpg,jpeg,xfd,docx,xlsx) (Allowable Document Size: 20 MB)".
- Description:** A text area with a maximum of 500 characters.

 At the bottom left is a "Go Back" button, and at the bottom right are "Attach Document" and "Finished Attaching" buttons. Below these is a table titled "Attached Document(s)" with columns: Purpose, Document Name, Size, Uploaded By, and Description. The table is empty and contains the text "No attached document exists."

3. Select a purpose from the Purpose dropdown menu.

Figure 113: Purpose Dropdown Menu on the Attach Document Screen

Fields marked with an asterisk (*) are required.

ATTACH DOCUMENT

* Purpose: Select Purpose

* Document: Select Purpose

Description (Maximum 500 characters):

Program Narrative Update (Max 1)
 Service Area Map (Max 1)
 Organizational Chart (Max 1)
 Position Descriptions for Key Management Staff (Max 1)
 Biographical Sketches for Key Management Staff (Max 1)
 Action Plan Summary (Max 1)
 Other Relevant Documents (Max 1)
 Attachment 8 (Max 1)
 Attachment 9 (Max 1)
 Attachment 10 (Max 1)
 Attachment 11 (Max 1)
 Attachment 12 (Max 1)
 Attachment 13 (Max 1)
 Attachment 14 (Max 1)
 Attachment 15 (Max 1)

Go Back

Attached Document(s)

Only one attachment is allowed per purpose. Once you select a purpose, you cannot attach another document and select the same purpose.

4. Click Browse.
5. Enter a description of the document you are attaching.
6. Click Attach Document to attach the document.
- The Attach Document (for Appendices) Page will be redisplayed, listing the document you attached under the heading Attached Document(s) (Figure 114).

Figure 114: Attached Document(s) Area of the Appendices Form

Finished Attaching

Attached Document(s)				
Purpose	Document Name	Size	Uploaded By	Description
Program Narrative Update	NCC Progress Report User Guide for BPHC.doc	13.12 MB	Anita Monoian on 5/11/2011 9:16:56 AM	

7. Repeat [Steps 2 through 5](#) to attach any other documents.
8. When you have completed attaching all documents, click Finished Attaching.
- The Appendices Form will be re-displayed (Figure 115), listing the documents you just attached.

Figure 115: Appendices Form Showing Attached Documents

NCC User Guide

APPENDICES

Status: **Not Started**

Attached Documents					
Select	Purpose	Document Name	Size	Uploaded By	Description
<input checked="" type="radio"/>	Program Narrative Update	NCC Progress Report User Guide for BPHC.doc	13.12 MB	Anita Monoian on 5/11/2011 9:16:56 AM	

Attach Update Description Delete

Go to Previous Page Save Save and Continue

At this point, you can:

- Click a document name to view it.
- Click **Attach** to attach additional documents.
- Select a document and click **Update Description** to change the document's description on the Update Description Page (Figure 116).
- Select a document and click **Delete** to delete the selected attachment.

When you are finished with your attachments, click **Save and Continue** to save the information and return to the Status Page (for Progress Report).

Figure 116: Update Description Page

UPDATE DESCRIPTION				
New Description (Maximum 500 characters)				
<input type="button" value="Cancel"/>		<input type="button" value="Update Description"/>		
Attached Document				
Purpose	Document Name	Size	Uploaded By	Description
Program Narrative Update	NCC Progress Report User Guide for BPHC.doc	13.12 MB	Anita Monoian on 5/11/2011 9:16:56 AM	

7. Review a Progress Report

7.1. Review Standard Forms (SF-PPR)

The NCC Progress Report Process Status shows the completion status for the Standard Forms (SF-PPR and SF-PPR-2), Program Specific Information forms, Attachments, and Budget Information. Click [Status](#) under the Overview heading to go to the NCC Progress Report Process Status page (Figure 118).

Figure 117: Status Link

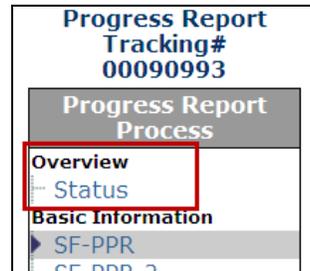
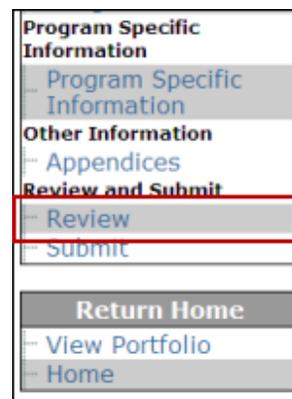


Figure 118: Status Overview Page for the Entire Progress Report

STATUS OVERVIEW		
NCC PROGRESS REPORT PROCESS STATUS		
Deadline	Jul 31 2011 5:00PM (You have 80 days to complete and submit the application.)	
Created On	5/4/2011 10:47:31 AM	
Last Updated By	Anita Monoian on 5/11/2011 9:30:51 AM	
View: NCC Progress Report Program Instructions NCC User Guide		
Users with Permissions on NCC Request (Show Details)		
Section	Action	Status
Basic Information		
SF-PPR	Update	COMPLETE
SF-PPR-2 (Cover Page Continuation)	Update	COMPLETE
Budget Information		
Budget Details		COMPLETE
Support Year 1	Update	COMPLETE
Budget Narrative	Update	COMPLETE
Other Information		
Program Specific Information	Update	COMPLETE
Appendices	Update	COMPLETE

To view or print any Progress Report form, click [Review](#) in the Review and Submit section in the left side menu (Figure 119).

Figure 119: Review Link



- The Review Page for Entire Progress Report (Figure 120) will open.

This page lists all sections in the Progress Report. Use the links and buttons on this page to perform the following actions:

- Click a [View](#) link in the Action column to open a section.
- Click [Print](#) to get a printable version of the Table of Contents.
- Click [Print All HTML Forms](#) to print all forms that are HTML.
- Click a [View](#) link for a document to view and print an attachment.
- Click [Proceed to Submit](#) to go to the Submit Page.

Figure 120: Review Page for Entire Progress Report

The progress report has not been submitted to HRSA as yet.

The following is the table of contents of the progress report. Click on "Print" button for a printable version of this page. For a printable version of all the HTML forms (forms only, no attachments), click on "Print All HTML Forms" button. You must print each attachment individually.

To print the entire progress report (HTML forms and attachments), you must download the progress report to your machine. Please read associated important instructions BEFORE you use this feature.

[NCC User Guide](#)

[Print](#) [Print All HTML Forms](#)

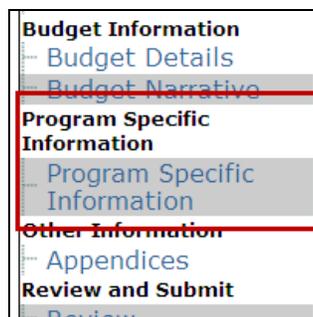
TABLE OF CONTENTS			Table of Contents	Go
Section	Type	Action		
Basic Information				
SF-PPR	HTML	View		
SF-PPR-2 (Cover Page Continuation)	HTML	View		
Budget Information				
SF-424A Budget Information (Standard Form)	HTML	View		
SF-424A Community Health Centers	HTML	View		
SF-424A Health Care for the Homeless	HTML	View		
SF-424A Migrant Health Centers	HTML	View		
SF-424A Public Housing	HTML	View		
SF-424A School Based Health Center	HTML	View		
Budget Narrative	DOCUMENT	Not Available		
Appendices				
Attachment 1 - Program Narrative Update (NCC Progress Report User Guide for BPHC.doc)	DOCUMENT	View		
Attachment 2 -Service Area Map	DOCUMENT	Not Available		
Attachment 3 -Organizational Chart	DOCUMENT	Not Available		
Attachment 4 -Position Descriptions for Key Management Staff	DOCUMENT	Not Available		
Attachment 5 -Biographical Sketches for Key Management Staff	DOCUMENT	Not Available		
Attachment 6 -Action Plan Summary	DOCUMENT	Not Available		
Attachment 7 -Other Relevant Documents	DOCUMENT	Not Available		
Attachment 8	DOCUMENT	Not Available		
Attachment 9	DOCUMENT	Not Available		
Attachment 10	DOCUMENT	Not Available		
Attachment 11	DOCUMENT	Not Available		
Attachment 12	DOCUMENT	Not Available		
Attachment 13	DOCUMENT	Not Available		
Attachment 14	DOCUMENT	Not Available		
Attachment 15	DOCUMENT	Not Available		
Program Specific Information				
Program Specific OMB Approved Forms	HTML	View		

[Proceed To Submit](#)

7.2. Review Program Specific Information

The status and review pages are provided as a convenient place from which you can check the completion status, as well as view or print, your Program Specific Information.

To view the status of the Program Specific Information, click [Program Specific Information](#) in the left side menu of the Status Overview Page for the Entire Progress Report.



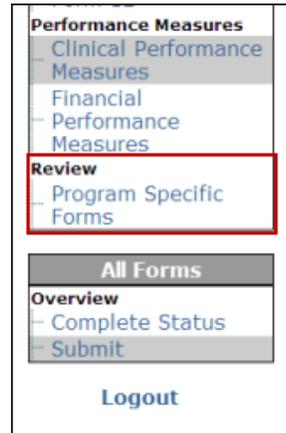
- The Status Overview Page for Program Specific Information (Figure 121) will open.

Figure 121: Status Overview Page for Program Specific Information

Fields marked with an asterisk (*) are required.

STATUS OVERVIEW		
PROGRAM SPECIFIC INFORMATION STATUS		
Section	Action	Status
General Information		
Form 1A: General Information Worksheet	Update	COMPLETE
Budget Information		
Form 1C: Documents On File	Update	COMPLETE
Form 2: Proposed Staff Profile	Update	COMPLETE
Form 3: Income Analysis Form	Update	COMPLETE
Sites and Services		
Form 5A: Services Provided		
Required Services	Update	COMPLETE
Additional Services	Update	COMPLETE
Form 5B: Service Sites	Update	COMPLETE
Form 5C: Other Activities/Locations	Update	COMPLETE
Other Forms		
Form 6A: Current Board Member Characteristics	Update	COMPLETE
Form 10: Annual Emergency Preparedness Report	Update	COMPLETE
Form 12: Organization contacts	Update	COMPLETE
Performance Measures		
Clinical Performance Measures	Update	COMPLETE
Financial Performance Measures	Update	COMPLETE

To view or print Program Specific Information, click [Program Specific Forms](#) under the Review heading on the side menu.



- The Program Specific Information Review Page will open (Figure 122).

This page lists all Program Specific Information forms in the Progress Report. Use the links and buttons on this page to perform the follow actions:

- Click the [View](#) links in the Action column to view any form.
- Click [Print](#) to get a printable version of the Table of Contents.
- Click [Print All HTML Forms](#) to print all Program Specific Information forms.
- Click a [View](#) link for a document to view and print an attachment.

Figure 122: Program Specific Information Review Page

The following is the table of contents for the program specific forms within the current application. Click "Print" button for a printable version of this page. For a printa... ([Show Full Instruction](#))

Note: 'Print All HTML Forms' button will print all program specific HTML forms only.

TABLE OF CONTENTS			Table of Contents	Go
Section	Type	Action		
Program Specific Information				
Form 1A: General Information Worksheet	HTML	View		
Form 1C: Documents On File	HTML	View		
Form 2: Staffing Profile	HTML	View		
Form 3: Income Analysis (Form 3 - Income Analysis.doc)	DOCUMENT	View		
Form 5A: Required Services Provided	HTML	View		
Form 5A: Additional Services Provided	HTML	View		
Form 5B: Sites	HTML	View		
Form 5C: Other Activities/Locations	HTML	View		
Form 6A: Board Member Characteristics	HTML	View		
Form 10: Annual Emergency Preparedness Report	HTML	View		
Form 12: Organization Contacts	HTML	View		
Clinical Performance Measures	HTML	View		
Financial Performance Measures	HTML	View		

8. Submit a Progress Report

When the status of all Standard Forms and Program Specific Forms is complete, you are ready to submit your Progress Report to HRSA.

To submit the Progress Report, you must have the **Submit Noncompeting Continuation** access rights.

To submit your Progress Report,

1. Click [Submit](#) under Review and Submit on the left side menu to start the Submit Progress Report process.



- The Submit Page (Figure 123) will be displayed.

Figure 123: Submit Page

SUBMIT REQUEST		
NCC PROGRESS REPORT PROCESS STATUS		
Deadline	Jul 31 2011 5:00PM (You have 80 days to complete and submit the application.)	
Created On	5/4/2011 10:47:31 AM	
Last Updated By	Anita Monoian on 5/11/2011 9:30:51 AM	
View: NCC Progress Report Program Instructions NCC User Guide		
Section	Action	Status
Basic Information		
SF-PPR	Update	COMPLETE
SF-PPR-2 (Cover Page Continuation)	Update	COMPLETE
Budget Information		
Budget Details		COMPLETE
Support Year 1	Update	COMPLETE
Budget Narrative	Update	COMPLETE
Other Information		
Program Specific Information	Update	COMPLETE
Appendices	Update	COMPLETE

2. Click the **Submit to HRSA** button.

- The Submit – NCC Progress Report Certification Page (Figure 124) will be displayed.

Figure 124: Submit – NCC Progress Report Certification Page

U.S. Department of Health and Human Services
HRSA
 Health Resources and Services Administration
 E-HANDBOOK HOME

H80: Budget Period Renewal (93.224)
 SF-PPR for FY 2011

Welcome Melinda Binder to HRSA EHB utl6 environment (Last login date and time 5/26/2010 5:16:00 PM)
Submit
[home](#) | [logout](#) | [contact us](#) | [glossary](#) | [help](#) | [questions/comments](#)

Note: This is a confirmation page! You MUST click on the appropriate button to complete your action..

You have chosen to submit this report to HRSA. Please check the box to electronically sign the Noncompeting Continuation (NCC) Progress Report. Click on the 'Submit Report' button below to submit the report. If you do not wish to submit the (NCC) Progress Report at this time, click on the 'Cancel' button to return to the previous screen.

Fields marked with an asterisk (*) are required.

***NCC PROGRESS REPORT CERTIFICATION**

I certify to the best of my knowledge and belief that the information provided in this progress report is true and correct. [View Report](#)

Please check the box to electronically sign the NCC Progress Report

[Cancel](#) [Submit Report](#)

3. Check the box to electronically sign the Progress Report.
 4. Click the [Submit Report](#) button to submit your Progress Report to HRSA.
- The NCC Progress Report Confirmation Page (Figure 125) will be displayed.

Figure 125: NCC Progress Report Confirmation Page

U.S. Department of Health and Human Services
HRSA
 Health Resources and Services Administration
 E-HANDBOOK HOME

H80: Budget Period Renewal (93.224)
 SF-PPR for FY 2011

Welcome Melinda Binder to HRSA EHB utl6 environment (Last login date and time 5/26/2010 5:16:00 PM)
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[Print](#)

✓ NCC Progress Report was successfully submitted and received by HRSA.

The tracking number for your submission is listed below. Please keep record of the tracking number for future reference.

Your progress report will now be sent for review. During this process you may be contacted by the reviewer for additional questions related to your submission. All such questions will be directed to the contact person that you have specified in your progress report.

All technical/system issues should be directed to the BPHC helpline at 877-Go4-HRSA/877-464-4772;301-998-7373 or Email at CallCenter@HRSA.GOV from 9:00 a.m. to 5:30 p.m. Eastern Time (E.T.), Monday through Friday

Submitted on Date and Time	5/26/2010 8:49:30 PM
Submitted By	Melinda Binder
Tracking Number	00082004

[Go To Noncompeting Continuation List Page](#)

5. Take note of the Tracking Number.

Click the **Print** button to print the confirmation page.

6. Click the **Go to Noncompeting Continuation List Page** to go to the Noncompeting Continuations Page to view additional grants for which you can begin or edit Progress Reports.

8.1. Submit a Change-Requested Progress Report

HRSA sends you a Change Request Email (Figure 126) if your Progress Report needs to be revised.

Figure 126: Change-Request Email

From: reitester1@hotmail.com [mailto:reitester1@hotmail.com]
Sent: Tuesday, June 15, 2010 1:23 PM
To: Vaibhavi Patel
Subject: Noncompeting Continuation for Grant # H80CS00289- Change Requested by HRSA

A Change Request for Noncompeting Continuation has been requested by HRSA. Following are the details:

Grant Number : H80CS00289
Grantee Name : COLUMBIA ROAD HEALTH SERVICES, DC

Tracking Number: 00082004
Budget Period: 12/1/2010-11/30/2011

Submitted on: 06/30/2010

Following Comments were added by the HRSA Reviewer for your information:
Please change the budget summary.

This deliverable can be accessed in the EHBs by clicking the following link:
<https://hrsautl5.reisys.com/webExternal/PostAward/deliverables.asp?deliverableTypeCode=3&DeliverableScheduleStatus=1,2,4>

This Request will also be available in EHBs from the "Noncompeting Continuations" under Submissions sections of the Grant Hand Book. If you have any questions, please contact your project officer (PO).

For any questions regarding online submission, please contact the call center at 877-Go4-HRSA/877-464-4772/301-998-7373 or Email at CallCenter@HRSA.GOV.

NOTE: This is a system generated message. Please do not respond to this message.
The mail was generated in the Development environment

To revise your Progress Report,

1. On the HRSA EHB Home (Welcome) Page, click the [View Portfolio](#) link under the Grants Portfolio heading on the left side menu.
2. The View Portfolio Page (Figure 127) will be displayed.

Figure 127: View Portfolio Page

GRANTS LIST			
H80CS06078:Health Center Cluster		Last Award Issued on: 04/03/2011	
Project Period	9/1/2005-4/30/2016	Budget Period	5/1/2011-4/30/2012
CRS EIN	1910928817A1	Number of Support Years	7
Project Director	Anita Monoian, Email: reitester1@hotmail.com, Phone: (509) 574-5550		Open Grant Handbook
Grant Contact	Shelia Burks, Email: reitester1@hotmail.com, Phone: (301) 443-6452		
Program Contact	Kathy Shafer, Email: reitester1@hotmail.com, Phone: (301) 301-3623		
H8BCS11674:ARRA - Increased Demand for Services		Last Award Issued on: 09/18/2009	
Project Period	3/27/2009-3/26/2011	Budget Period	3/27/2009-3/26/2011
CRS EIN	1910928817A1	Number of Support Years	1
Project Director	Anita Monoian, Email: reitester1@hotmail.com, Phone: (509) 574-5550		Open Grant Handbook
Grant Contact	Shelia Burks, Email: reitester1@hotmail.com, Phone: (301) 443-6452		
Program Contact	Karen Cook, Email: reitester1@hotmail.com, Phone: (301) 301-3628		

3. Click the [Open Grant Handbook](#) link for the grant number that was noted in the *Change-Request Email* (Figure 126).
 - The Grant Handbook welcome page opens.
4. Click the [Noncompeting Continuations](#) link under the Submissions heading on the left side menu.
5. The Noncompeting Continuations Page (Figure 128) will be displayed.

The Schedule Status for the *Change-Requested* Progress Report states **Change Requested** at the top of its Progress Report information table.

Figure 128: Noncompeting Continuations Page

HRSA Electronic Handbooks for Applicants/Grantee
 COLUMBIA ROAD HEALTH SERVICES, WASHINGTON, DC

Welcome Carla Pellerin to HRSA EHB utls environment (Last login date and time 6/30/2010 12:41:00 PM)

Noncompeting Continuations
[home](#) | [logout](#) | [contact us](#) | [glossary](#) | [help](#) | [questions/comments](#)

Following is the list of noncompeting continuation applications. To search through noncompeting continuation applications, click on the "Search" button.

Displaying 1-1 of 1

NONCOMPETING CONTINUATION			
Input Parameters: (Show Parameters)			Schedule Status: Change requested
Type	Noncompeting Continuations	Due Date	7/1/2010 Due In: 1 days
Available Date	6/3/2010 7:01:46 PM	Submission Tracking Number	00082004
Reporting Cycle	Budget Period Start Date	Reporting Period	12/01/2010
Online Submission	Yes (Preferred)	Submission Status	Change Requested
Started by	Carla Pellerin on 6/9/2010 2:13:31 PM	Submitted by	Carla Pellerin on 6/30/2010 8:24:42 AM
Submit Submission Edit Submission View Submission			

Page 1

[Acceptable Use Policy](#)

Once you click the [Edit Submission](#) link, and you return to this page, the Schedule Status will change to **In Progress**.

6. Click the [Edit Submission](#) link for the Progress report that corresponds to the tracking number noted in the *Change-Request Email* (Figure 126).
 7. The Status Page (for Progress Report) (Figure 8) will be displayed.
 8. Click the [Update](#) link for the section you need to revise, as per the HRSA reviewer's comments in the Change Request Email (Figure 126).
- The corresponding page will be displayed.

Refer to [Standard Forms \(SF-PPR\)](#) (on page 16) for instructions on entering the information.

9. Click the [Update](#) link next to Program Specific Information to enter or revise any of the program specific forms.
- The Status Page (for Program Specific Information) will be displayed (Figure 36).

Refer to [Program Specific Information](#) for instructions on re-submitting the Progress Report.

10. Submit the revised Progress Report.

8.2. Cancelled Change Requests

A HRSA reviewer may cancel (or override) a change request after you have resubmitted a change-requested Progress Report or if you have not responded to a previous change request in a timely manner.

If a HRSA reviewer cancels your Change Request, you will not be able to revise it. HRSA will review the last Progress Report that you submitted.

HRSA sends you a Change Request Cancellation Email if your change request is cancelled (Figure 129).

Figure 129: Sample Change-Request Cancellation Email

From: reitester1@hotmail.com [mailto:reitester1@hotmail.com]
Sent: Tuesday, June 15, 2010 1:23 PM
To: Vaibhavi Patel
Subject: Noncompeting Continuation for Grant #H80CS00289- Change Requested by HRSA

A Change Request for Noncompeting Continuation has been cancelled by HRSA. You will no longer be able to update this request. Following are the details:

Grant Number : H80CS00289
Grantee Name: COLUMBIA ROAD HEALTH SERVICES, DC

Tracking Number: 00082004
Budget Period: 12/1/2010-11/30/2011

Submitted on: 06/30/2010

Following Comments were added by the HRSA Reviewer for your information:

This Request will also be available in EHBs from the "Noncompeting Continuations" under Submissions sections of the Grant Hand Book. If you have any questions, please contact your Project Officer (PO).

For any questions regarding online submission, please contact the call center at 877-Go4-HRSA/877-464-4772/301-998-7373 or Email at CallCenter@HRSA.GOV.

NOTE: This is a system generated message. Please do not respond to this message.

The mail was generated in the Development environment

After you receive this email, you will not be able to revise the Progress Report, but you will be able to view it. Since the Progress Report is in a submitted status, you will have to search for it before you can view it.

1. Follow [Steps 1 – 5](#) in [Submit a Change-Requested Progress Reports](#).
2. The Noncompeting Continuations Page (Figure 130) will be displayed.

A message indicates that records matching your search criteria were not found, but you may continue to the next step.

3. Click the button.
 - The Search Parameters Page (Figure 131) will be displayed.

Figure 130: Noncompeting Continuations Page

U.S. Department of Health and Human Services
HRSA
 Health Resources and Services Administration
 E-HANDBOOK HOME

HRSA Electronic Handbooks for Applicants/Grantee
 COLUMBIA ROAD HEALTH SERVICES, WASHINGTON, DC

Welcome Carla Pellerin to HRSA EHB utI5 environment (Last login date and time 6/30/2010 12:41:00 PM)

Noncompeting Continuations
[home](#) | [logout](#) | [contact us](#) | [glossary](#) | [help](#) | [questions/comments](#)

Following is the list of noncompeting continuation applications. To search through noncompeting continuation applications, click on the "Search" button.

NONCOMPETING CONTINUATION

Input Parameters: ([Show Parameters](#))

No records were found matching the search criteria listed above. Click on the 'Search' button to refine the criteria.

[Acceptable Use Policy](#)

[Return Home](#)
[View Portfolio](#)
[Home](#)

[Logout](#)

Figure 131: Search Parameters Page

U.S. Department of Health and Human Services
HRSA
 Health Resources and Services Administration
 E-HANDBOOK HOME

HRSA Electronic Handbooks for Applicants/Grantee
 COLUMBIA ROAD HEALTH SERVICES, WASHINGTON, DC

Welcome Carla Pellerin to HRSA EHB utI5 environment (Last login date and time 6/30/2010 12:41:00 PM)

Noncompeting Continuations
[home](#) | [logout](#) | [contact us](#) | [glossary](#) | [help](#) | [questions/comments](#)

Enter the criteria to be used to search for noncompeting continuation applications and their corresponding statuses. Once done, click on the "Search" button.

NONCOMPETING CONTINUATION

Search Parameters

Schedule Status (To select multiple, hold the Ctrl key and then select from the list.)	<input type="button" value="All"/> <input type="button" value="Not Started"/> <input type="button" value="In Progress"/> <input type="button" value="Submitted"/>
Submission Due Date	From (mm/dd/yyyy): MM/DD/YYYY <input type="text"/> / <input type="text"/> / <input type="text"/> To (mm/dd/yyyy): MM/DD/YYYY <input type="text"/> / <input type="text"/> / <input type="text"/>
Submission Coming up within (days)	<input type="button" value="All"/>
Reporting Cycle (To select multiple, hold the Ctrl key and then select from the list.)	<input type="button" value="All"/> <input type="button" value="Budget Period"/> <input type="button" value="Project Period"/> <input type="button" value="Fiscal Year"/>
Results per Page	<input type="button" value="10"/>

[Return Home](#)
[View Portfolio](#)
[Home](#)

[Logout](#)

4. Select *All* for Schedule Status and click the **Search** button.
- The Noncompeting Continuations Page (Figure 132) will be displayed, listing all your Progress Reports, *including* the submitted reports.

Figure 132: Noncompeting Continuations Page

U.S. Department of Health and Human Services
HRSA
 Health Resources and Services Administration
 E-HANDBOOK HOME

HRSA Electronic Handbooks for Applicants/Grantee
 COLUMBIA ROAD HEALTH SERVICES, WASHINGTON, DC

Welcome Carla Pellerin to HRSA EHB ut15 environment (Last login date and time 6/30/2010 12:41:00 PM)
Noncompeting Continuations
[home](#) | [logout](#) | [contact us](#) | [glossary](#) | [help](#) | [questions/comments](#)

Following is the list of noncompeting continuation applications. To search through noncompeting continuation applications, click on the "Search" button.

Displaying 1-3 of 3

NONCOMPETING CONTINUATION

Input Parameters: ([Show Parameters](#))

Noncompeting Continuation Progress Report		Schedule Status: Submitted	
Type	Noncompeting Continuations	Due Date	7/1/2010
Available Date	6/3/2010 7:01:46 PM	Submission Tracking Number	00078615
Reporting Cycle	Budget Period Start Date	Reporting Period	12/01/2010
Online Submission	Yes (Preferred)	Submission Status	Change Requested(Overridden)
Started by	Carla Pellerin on 6/9/2010 2:13:31 PM	Submitted by	Carla Pellerin on 6/30/2010 2:05:21 PM
View Submission			

Noncompeting Continuation Application		Schedule Status: Submitted	
Type	Noncompeting Continuations	Due Date	8/1/2008 8:00:00 PM
Available Date	7/16/2008 1:41:50 PM	Submission Tracking Number	00054803
Reporting Cycle	Budget Period Start Date	Reporting Period	12/01/2008
Online Submission	Yes (Required)	Submission Status	Submitted to HRSA
Started by	Carla Pellerin on 7/24/2008 9:04:30 AM	Submitted by	Carla Pellerin on 7/31/2008 5:39:27 PM
View Submission			

Noncompeting Continuation Application		Schedule Status: Submitted	
Type	Noncompeting Continuations	Due Date	8/3/2007 8:00:00 PM
Available Date	7/27/2007 10:50:57 AM	Submission Tracking Number	00045821
Reporting Cycle	Budget Period Start Date	Reporting Period	12/01/2007
Online Submission	Yes (Required)	Submission Status	Submitted to HRSA
Started by	Temesheia Wade on 8/1/2007 4:35:40 PM	Submitted by	Temesheia Wade on 8/3/2007 1:10:42 PM
View Submission			

Page 1

5. Click the [View Submission](#) link for the Progress Report that corresponds to the tracking number noted in the *Change-Request Cancellation Email* (Figure 129).
6. The Review Page for Entire Progress Report will open in a Table of Content format (Figure 120).

This page will NOT contain a **Proceed to Submit** button.

7. You can now perform the following actions:
 - Use the [View](#) links in the Action column to view any section.
 - Click **Print** to get a printable version of the Table of Contents.
 - Click **Print All HTML Forms** to print all forms that are HTML (i.e., forms not completed using attachments). Attachments can be printed by clicking on individual [View](#) link and then printing the document.

9. Customer Support

Use your Progress Report Tracking Number for all correspondence.

9.1. BPHC Help Desk

For assistance with completing Standard and Program Specific forms within the application, contact BPHC Help Desk:

- By Email: BPHCHelpline@hrsa.gov
- OR
- By Phone: 1-877-974-BPHC (2742) (8:30 am to 5:30 pm ET)

DO NOT call the BPHC Help Desk for any questions on the Instructions for Preparing and Submitting the FY 2012 Health Center Program Budget Period Progress Report or programmatic questions that you might have when completing your application.

9.2. HRSA Call Center

For assistance with registering in HRSA EHBs, or access/password related issues, call the HRSA Call Center:

- By Phone: 877-GO4-HRSA (877-464-4772) or 301-998-7373 (between 9:00 am to 5:30 pm ET)
- OR
- By Email: callcenter@hrsa.gov

Visit HRSA EHBs for additional online help.

- Go to: <https://grants.hrsa.gov/webexternal/home.asp>
- Click on 'Help'

DO NOT call the Call Center for any questions on the Instructions for Preparing and Submitting the FY 2012 Health Center Program Budget Period Progress Report or programmatic questions that you might have when completing your application.

9.3. HRSA Program Support

For any questions on the Instructions for Preparing and Submitting the FY 2012 Health Center Program Budget Period Progress Report or programmatic questions that you might have when completing your application, contact the Program Point of Contact within Bureau of Primary Health Care (BPHC) Office of Policy and Program Development (OPPD) as noted within the Instructions for Preparing and Submitting the FY 2012 Health Center Program Budget Period Progress Report.

- By Phone: 301-594-4300
- OR
- By Email: BPHCBPR@hrsa.gov

10. Frequently Asked Questions

10.1. Software

10.1.1 What are the software requirements for HRSA EHBs?

System Requirements

- Internet Explorer 6 and later or Netscape 4.72 and later
- Internet browser settings that permit pop-ups
- Viewers for Microsoft Word and Adobe PDF

10.1.2 Are HRSA EHBs compliant with Section 508?

HRSA EHBs are compliant with Section 508 requirements for the visually impaired.

10.1.3 What are the system requirements for using HRSA EHBs on a Macintosh computer?

Mac users are requested to download the latest version of Netscape for their operating system version. It is recommended that Safari 1.2.4 and later or Netscape v7.2 and above be used.

Note that Internet Explorer (IE) for Mac has known issues with SSL and Microsoft is no longer supporting IE for Mac. HRSA EHBs do not work on IE for Mac.

In addition, to view attachments such as Word and PDF, you will need appropriate viewers.

10.1.4 What are the software requirements for GAAM?

Refer to the software requirements for HRSA EHBs. In addition, you will need Microsoft Word to complete GAAM unstructured forms.

10.1.5 What document types can I upload?

The following document types are supported in HRSA EHBs:

- .DOC - Microsoft Word
- .RTF - Rich Text Format
- .TXT - Text
- .WPD - Word Perfect Document
- .PDF - Adobe Portable Document Format
- .XLS - Microsoft Excel

HRSA EHBs currently do not support Microsoft Office 2007 formats (e.g., .docx, .xlsx).