

HRSA Electronic Handbook

Fiscal Year (FY) 2016

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

User Guide for Grant Applicants

Last updated on: September 2, 2015



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This user guide describes the steps you need to follow to submit an FY 2016 Service Area Competition (SAC)/Service Area Competition-Additional Area(s) (SAC-AA) application to the Health Resources and Services Administration (HRSA).

1. Starting the FY 2016 SAC/SAC-AA Application

You can complete and submit the application by following a 2-step process:

1. In the first step, you must find the funding opportunity in Grants.gov, download the application package, and submit the completed application in Grants.gov.
2. In the second step, you must validate, complete, and submit this application in the HRSA Electronic Handbook (EHB).

IMPORTANT NOTE: Refer to the **HRSA Electronic Two-Tier Submission User Guide** (<http://www.hrsa.gov/grants/apply/applicationguide/sf424programspecificappguide.pdf>) for more details related to submitting the application in Grants.gov and validating it in EHB.

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

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

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

2. Locate the FY 2016 SAC/SAC-AA application using the EHB Application tracking number (e-mailed after successful Grants.gov submission) and click the **Start** link to begin working on the application in EHB.
 - The system opens the **Application - Status Overview** page of the application (**Figure 1**).

Figure 1: Accessing the Application - Status Overview Page

List of forms that are part of the application package		
Section	Status	Options
Basic Information 1		
SF-424	✘ Not Started	
Part 1	✘ Not Started	Update
Part 2	✘ Not Started	Update
Project/Performance Site Location(s)	✘ Not Started	Update
Project Narrative	✘ Not Started	Update
Budget Information 2		
Section A-C	✘ Not Started	Update
Section D-F	✘ Not Started	Update
Budget Narrative	✘ Not Started	Update
Other Information 3		
Assurances	✘ Not Started	Update
Disclosure of Lobbying Activities	✘ Not Started	Update
Appendices	✘ Not Started	Update
Program Specific Information		
Program Specific Information	✘ Not Started	Update

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

2. Completing the standard SF-424 section of the application

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

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

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

- The **SF-424 Part 1** form displays the basic application and applicant organization information.
- The **SF-424 Part 2** form displays project information including the project title, project periods, cities, counties, and Congressional districts affected by the project. The project abstract is attached in this form, under Project Description ([Figure 2, 1](#)).

Figure 2: Attach Project Description on SF-424 Part 2

The screenshot shows the SF-424 Part 2 form. At the top, there are tabs for 'SF-424 - Part 1' and 'SF-424 - Part 2'. Below the tabs, a message states 'Fields with * are required'. The form contains two main sections: 'Areas Affected by Project (Cities, Counties, States, etc.) (Minimum 0) (Maximum 1)' and 'Project Description (Minimum 0) (Maximum 1)'. The 'Project Description' section is currently empty, showing 'No documents attached'. An 'Attach File' button is located to the right of the 'Project Description' section, and it is highlighted with a red box and a callout bubble containing the number '1'.

- The **Project/Performance Site Location(s)** form, provided in Grants.gov, displays the locations where you provide services. You may also add Site Location(s) in this form.
- In the **Project Narrative** form, attach the project narrative by clicking on the Attach file button (**Figure 3, 1**).

Figure 3: Attach Project Narrative

The screenshot shows the 'Project Narrative' form. At the top, there is a header with 'Project Narrative' and a 'Due Date: 8/22/2016 5:00:00 PM (Due in: 88 days) | Section Status: Not Complete'. Below the header, there is a 'Resources' section with a 'View' button and links for 'Application', 'Action History', 'Funding Opportunity Announcement', 'FOA Guidance', and 'Application User Guide'. The main form area contains a 'Project Narrative (Minimum 1) (Maximum 2)' field, which is currently empty and shows 'No documents attached'. An 'Attach File' button is located to the right of the 'Project Narrative' field, and it is highlighted with a red box and a callout bubble containing the number '1'. At the bottom of the form, there are buttons for 'Go to Previous Page', 'Save', and 'Save and Continue'.

2.1 Completing the Budget Information (SF-424A)

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

2.1.1 Budget Information - Section A-C

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

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

To complete this form, follow the steps below:

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

Figure 4: Section A-C Update Link

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

- The system navigates to the **Budget Information – Section A-C** form ([Figure 5](#)).

Figure 5: Budget Information – Section A-C Page

Budget Information - Section A-C

ORGANIZATION: COMMUNITY HEALTH CONNECTIONS, INC. Due Date: 8/15/2016 11:00:00 PM (Due in: 0 days) | Section Status: Not Complete

Resources

View

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

Fields with * are required

*** Section A - Budget Summary** Update

Grant Program Function or Activity	CFDA Number	Estimated Unobligated Funds		New or Revised Budget		
		Federal	Non-Federal	Federal	Non-Federal	Total
Community Health Centers	93.224	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Health Care for the Homeless	93.224	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Migrant Health Centers	93.224	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Public Housing	93.224	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Update Sub Program 1	Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

*** Section B - Budget Categories** Update

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

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

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

Go to Previous Page Save Save and Continue

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

Figure 6: Sub Programs – Update Page

3. Select or de-select the sub programs. Only select the programs for which you are requesting funding.
4. Click the Save and Continue button.
 - a. The **Budget Information – Section A-C** page re-opens showing the selected sub program(s) under the Section A – Budget Summary (**Figure 7, 1**).

Figure 7: Section A – Budget Summary Showing Addition of Sub program

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

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

Figure 8: Section A – Update Page

6. Under the New or Revised Budget section, enter the amount of federal funds requested for the first 12-month budget period for each requested sub program (CHC, MHC, HCH, and/or PHPC) (**Figure 8**,

1). In the Non-federal Resources column, enter the non-federal funds in the budget for the first 12-month budget period for each requested sub program (Figure 8, 2).

IMPORTANT NOTE:

- Only Competing Supplement or Competing Continuation applicants shall provide estimated amounts in Federal and Non Federal Columns of Estimated Unobligated funds which will remain unobligated at the end of the grant funding period, only if the Federal grantor agency instructions provide for this. Otherwise, leave these columns blank.
- The federal amount refers only to Health Center Program funding requested, not all federal grant funding that an applicant receives.

7. Click the Save and Continue button.

➤ The **Budget Information – Section A-C** page re-opens displaying the updated New or Revised Budget under Section A – Budget Summary (Figure 9).

Figure 9: Section A – Budget Summary Page after update

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

8. In Section B – Budget Category, you must provide the federal and non-federal funding distribution across object class categories for the first 12-month budget period. Click the Update button provided at the top right corner of the Section B header (Figure 10).

Figure 10: Section B – Budget Category

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

➤ The system navigates to the **Section B – Update** page (Figure 11).

9. Enter the federal dollar amount for each applicable object class category under the Federal column (Figure 11, 1).
10. Similarly, enter the non-federal dollar amount for each applicable object class category under the Non-Federal column (Figure 11, 2).

Figure 11: Section B – Update Page

Section B - Update

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

THINKS LAFINE COMMUNITY HEALTH CENTER Due Date: 8/30/2016 11:59:00 PM (Due in: 0 days) | Section Status: Not Complete

Resources

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Fields with * are required

*** Section B - Budget Categories**

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

Cancel Save and Continue

IMPORTANT NOTES:

- The total federal amount in Section B – Budget Category must be equal to the total new or revised federal budget amount specified in Section A – Budget Summary of the **Budget Information – Section A-C** page.
- The total non-federal amount in Section B – Budget Category must be equal to the total new or revised non-federal budget amount specified in Section A – Budget Summary of the **Budget Information – Section A-C** page.

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

Figure 12: Section C - Non Federal Resources

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

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

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

2.1.2 Budget Information – Section D-F

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

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

Figure 13: Budget Information – Section D-F

Section D - Forecasted Cash Needs

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

Section E - Federal Funds Needed for Balance of the Project

Grant Program	Future Funding Periods (Years)			
	First	Second	Third	Fourth
Health Care for the Homeless	\$0.00	\$0.00	\$0.00	\$0.00
Migrant Health Centers	\$0.00	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00	\$0.00

Section F - Other Budget Information

Direct Charges: No information added.
 Indirect Charges: No information added.
 Remarks: No information added.

To complete this form, follow the steps below:

1. Section D – Forecasted Cash Needs is optional and may be left blank. However, you may enter the amount of cash needed by quarter during the first year for both the federal and non-federal request. Click the Update button provided in the top right corner of Section D to do so (Figure 13, 1).

2. In Section E - Federal Funds Needed for Balance of the Project, enter the federal funds requested for the Future Funding Periods (Years) for each proposed sub program (Figure 13, 5). Click the Update button provided in the top right corner of Section E to do so (Figure 13, 2).
3. In Section F – Other Budget Information, you may provide information regarding direct and indirect charges. You can also document any relevant comments or remarks in this section. Click the Update button provided in the top right corner of Section F to do so (Figure 13, 3).
4. Finally, click the Save and Continue button on the Budget Information – Section D-F to proceed (Figure 13, 4).

2.1.3 Budget Justification Narrative

Attach a budget justification narrative by clicking on the Attach file button shown in Figure 14.

Figure 14: Budget Justification Narrative

Once completed, click on the Save and Continue button to proceed to the **Assurances** page.

3. Completing the Assurances Form

To complete this form you must click the Agree button (Figure 15: Assurances Figure 15) and click on Save and Continue button to proceed to the **Disclosure of Lobbying Activities** form.

Figure 15: Assurances

Assurances
Due Date: 11/13/2015 10:40:32 AM (Due in: 37 days) | Section Status: Not Complete

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SF-424B: Assurances, Non-Construction

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327.333), regarding labor standards for federally-assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4901 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. 45 CFR 75, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.
19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

Certification

Name of the authorized certifying official

Title

Applicant organization

I certify that I have read and agree to comply with the requirements of form SF-424B upon award of funds.

Agree Do not agree

Go to Previous Page
Save Save and Continue

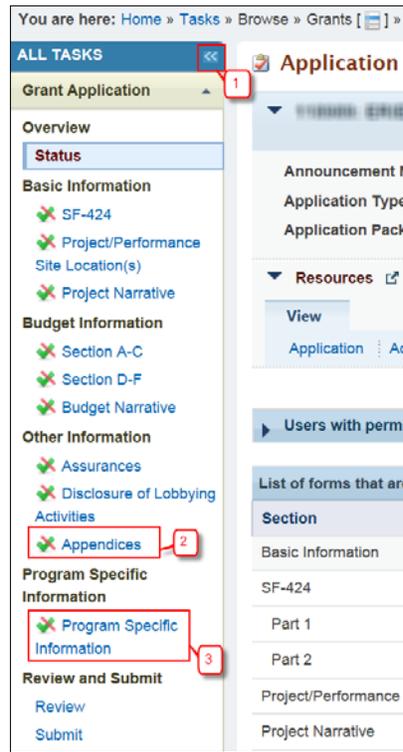
4. Completing the Disclosure of Lobbying Activities Form

The applicant must provide all details on the Disclosure of Lobbying Activities form to proceed to the Appendices form.

5. Completing the Appendices Form

1. Expand the left navigation menu if not already expanded by clicking the double arrows displayed near the form name at the top of the page (**Figure 16, 1**). Click on the **Appendices** link (**Figure 16, 2**) to navigate to the **Appendices** form.

Figure 16: Left Navigation Menu



2. Upload the following standard attachments by clicking the associated Attach File buttons:
 - Attachment 1: Service Area Map and Table (required)
 - Attachment 2: Corporate Bylaws (required)
 - Attachment 3: Project Organizational Chart (required)
 - Attachment 4: Position Descriptions for Key Management Staff (required)
 - Attachment 5: Biographical Sketches for Key Management Staff (required)
 - Attachment 6: Co-Applicant Agreement (required for public center applicants that have a co-applicant board) (as applicable)
 - Attachment 7: Summary of Contracts and Agreements (as applicable)
 - Attachment 8: Articles of Incorporation – Signed Seal Page (as applicable)
 - Attachment 9: Letters of Support (required)
 - Attachment 10: Sliding Fee Discount Schedule(s) (required)
 - Attachment 11: Evidence of Nonprofit or Public Center Status (as applicable)
 - Attachment 12: Floor Plans (as applicable)
 - Attachment 13: Implementation Plan (as applicable)
 - Attachment 14: Other Relevant Documents (as applicable)
3. After completing the **Appendices** form, click the Save and Continue button to proceed to the **Program Specific Information – Status Overview** page.

6. Completing the Program Specific Forms

1. Expand the left navigation menu if not already expanded by clicking the double arrows displayed near the form name at the top of the page (Figure 16, 1). Click the [Program Specific Information](#) link (Figure 16, 3) under the Program Specific Information section in the left menu to open the **Status Overview** page for the Program Specific Information forms (Figure 17). Click the [Update](#) link to edit a form.

IMPORTANT NOTE: Click on the [Update](#) link for any form to start updating it. Once completed, click on the Save and Continue button to proceed to the next listed form.

Figure 17: Status Overview Page for Program Specific Forms

Section	Status	Options
General Information		
Form 1A - General Information Worksheet	✔ Complete	Update ▼
Form 1C - Documents On File	✘ Not Started	Update ▼
Form 4 - Community Characteristics	✘ Not Complete	Update ▼
Budget Information		
Form 2 - Staffing Profile	✘ Not Started	Update ▼
Form 3 - Income Analysis	✘ Not Started	Update ▼
Sites and Services		
Form 5A - Services Provided	✘ Not Started	
Required Services	✘ Not Started	Update ▼
Additional Services	✘ Not Started	Update ▼
Form 5B - Service Sites	✘ Not Complete	Update ▼
Form 5C - Other Activities/Locations	✘ Not Started	Update ▼
Other Forms		
Form 6A - Current Board Member Characteristics	✘ Not Started	Update ▼
Form 6B - Request for Waiver of Board Member Requirements	✘ Not Started	Update ▼
Form 8 - Health Center Agreements	✘ Not Complete	Update ▼
Form 10 - Emergency Preparedness Report	✘ Not Started	Update ▼
Form 12 - Organization Contacts	✘ Not Started	Update ▼
Performance Measures		
Clinical Performance Measures	✘ Not Complete	Update ▼
Financial Performance Measures	✘ Not Started	Update ▼
Other Information		
Summary Page	✘ Not Started	Update ▼

6.1 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. This form comprises the following sections:

1. [Applicant Information](#) (Figure 18, 1)
2. [Proposed Service Area](#) (Figure 18, 2)

Figure 18: Form 1A: General Information Worksheet

Form 1A - General Information Worksheet
Due Date: 08/29/2016 (Due In: 17 Days) | Section Status: Complete

Resources

View

[SAC FY 2016 User Guide](#) | [Funding Opportunity Announcement](#) | [SAC TA](#)

Fields with * are required

1. Applicant Information

Applicant Name: TRIBAL COMMUNITY HEALTH

Fields with * are required

Fiscal Year End Date: February 28/29

Application Type: New

Existing Grantee: No

Grant Number: N/A

* Business Entity: Tribal

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

* Organization Type (Select all that apply)

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

2. Proposed Service Area

Note(s):
Applicants applying for Community Health Center funding must serve at least one MUA or MUP. Provide the IDs for all MUAs and/or MUPs within your service area.

2a. Service Area Designation

* Select MUA/MUP (Each ID must be a 5 digit integer. Use commas to separate multiple IDs, without spaces)

[Find an MUA/MUP](#)

Medically Underserved Area (MUA) ID #: _____

Medically Underserved Population (MUP) ID #: _____

Medically Underserved Area Application Pending ID #: _____

Medically Underserved Population Application Pending ID #: _____

2b. Service Area Type

* Choose Service Area Type

Urban

Rural

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

2c. Patients and Visits

Patients and Visits by Service Type

Service Type	UDS / Baseline Value		Projected by December 31, 2017 (January 1 – December 31, 2017)	
	Patients	Visits	Patients	Visits
* Total Medical Services	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
* Total Dental Services	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Behavioral Health Services				
* Total Mental Health Services	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
* Total Substance Abuse Services	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
* Total Enabling Services	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Unduplicated Patients and Visits by Population Type

Population Type	UDS / Baseline Value		Projected by December 31, 2017 (January 1 – December 31, 2017)	
	Patients	Visits	Patients	Visits
* Total	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
* General Underserved Community (Report all patients/visits not reported in the rows below)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
* Migratory and Seasonal Agricultural Workers	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
* Public Housing Residents	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
* People Experiencing Homelessness	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

[Go to Previous Page](#)

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

6.1.1 Completing the Applicant Information section

The **Applicant Information** section is pre-populated with application and grant-related information, as applicable. Complete this section by providing information in the required fields (**Figure 19**).

IMPORTANT NOTE:

- Complete all relevant information that is not pre-populated.
- Grant numbers will pre-populate for Competing Continuation applicants and Competing Supplement applicants.
- Use the Fiscal Year End Date field to note the month and day in which the applicant organization’s fiscal year ends (e.g., June 30) to help HRSA know when to expect the audit submission in the **Federal Audit Clearinghouse** (<https://harvester.census.gov/facweb/default.aspx>)
- Applicants may check only one category in the Business Entity section. An applicant that is a Tribal or Urban Indian entity and also meets the definition for a public or private entity should select the Tribal or Urban Indian category.
- Applicants may select one or more category for the Organization Type section
- If you choose to select ‘Other’ as one of the Organization Type values (**Figure 19, 1**), you must specify the organization type.

Figure 19: Applicant Information section

1. Applicant Information

Applicant Name: CARE FOR THE HOMELESS

* Fiscal Year End Date: Select Option

Application Type: Revision (Supplemental)

Existing Grantee: New

Grant Number: NEW GRANT

* Business Entity: Select Option

* Organization Type (Select all that apply)

- All
- Faith based
- Hospital
- State government
- City/County/Local Government or Municipality
- University
- Community based organization
- Other **1**

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

6.1.2 Completing Proposed Service Area section

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

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

6.1.2.1 Completing 2a. Service Area Designation section

In the **Select MUA/MUP** field (**Figure 20, 1**), select the option(s) that best describe the designated service area you are proposing to serve, multiple selections are allowed.

IMPORTANT NOTES:

- Applicants applying for CHC funding **MUST** serve at least one Medically Underserved Area (MUA) or Medically Underserved Population (MUP).
- Select the MUA and/or MUP designations for the proposed service area and enter the identification number(s)
- For inquiries regarding MUAs or MUPs, visit the **Shortage Designation website** (<http://hrsa.gov/shortage>) or call 1 888 275-4772 (option 1 then option 2), or contact the Shortage Designation Branch at sdb@hrsa.gov or 301-594-0816.

Figure 20: Proposed Service Area section

2. Proposed Service Area

Note(s): Applicants applying for Community Health Center (CHC) funding must serve at least one MUA or MUP. Provide the IDs for all MUAs and/or MUPs within your service area.

2a. Service Area Designation

* Select MUA/MUP (Each ID must be a 5 digit integer. Use commas to separate multiple IDs, without spaces)

Find an MUA/MUP

Medically Underserved Area (MUA) ID #

Medically Underserved Population (MUP) ID #

Medically Underserved Area Application Pending ID #

Medically Underserved Population Application Pending ID #

6.1.2.2 Completing 2b. Service Area Type section

In the **Service Area Type** field (**Figure 21**), indicate whether the service area is urban, rural, or sparsely populated. If sparsely populated is selected, specify the population density by providing the number of people per square mile.

IMPORTANT NOTE:

- If sparsely populated is selected, provide the number of people per square mile (values must range from .01 to 7).
- For information about rural populations, visit the **Office of Rural Health Policy's website** (http://www.hrsa.gov/ruralhealth/policy/definition_of_rural.html).

Figure 21: Service Area Type section

2b. Service Area Type

* Choose Service Area Type

Urban

Rural

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

6.1.2.3 Completing 2c. Patients and Visits

6.1.2.3.1 Patients and Visits by Service Type

To complete this section, follow the steps below:

1. Provide the UDS/Baseline Value of patients and visits for each listed Service Type (**Figure 22, 1**).

IMPORTANT NOTE:

- “UDS/Baseline Value” refers to the number of patients and visits for the proposed service area at the time of application.
- New or Competing Supplement Applicants: Provide the number of UDS/Baseline Value patients and visits within each Service Type category. An individual who receives multiple types of services should be counted once for each Service Type (e.g., once for medical and once for dental).

2. Provide the number of patients and visits for each listed Service Type that you project to serve by December 31, 2017 (**Figure 22, 2**).

Figure 22: Patients and Visits by Service Type

Service Type	UDS / Baseline Value ¹		Projected by December 31, 2017 (January 1 – December 31, 2017) ²	
	Patients	Visits	Patients	Visits
• Total Medical Services				
• Total Dental Services				
Behavioral Health Services				
• Total Mental Health Services				
• Total Substance Abuse Services				
• Total Enabling Services				

IMPORTANT NOTES:

- Project the number of patients and visits anticipated within each service type category by December 31, 2017 at the current level of funding. In general, HRSA does not expect the number of patients and visits to decline over time. Competing Supplement applicants should not include patients served through current Health Center Program funding.
- To maintain consistency with the patients and visits reported in UDS, do not report patients and visits for vision or pharmacy services, or services outside the proposed scope of project. Refer to the **Scope of Project** (<http://bphc.hrsa.gov/programrequirements/scope.html>) policy documents.
- The Patients and Visits by Service Type section does not have a row for total numbers, since an individual patient may be included in multiple Service Type categories.
- Providing numbers for all the Service Types is required, zeroes are acceptable.

6.1.2.3.2 Unduplicated Patients and Visits by Population Type

To complete this section, follow these steps:

1. Provide the total unduplicated number of patients and visits for the UDS/Baseline Value columns and the **Projected by December 31, 2017 (January 1 – December 31, 2017)** columns in the Total row. The system will validate the total number upon clicking the Save or Save and Continue button.
2. Provide the UDS/Baseline Value of patients and visits for each listed Population Type. (**Figure 23, 1**).
3. Provide the number of patients and visits that you project to serve by December 31, 2017 for each listed Population Type. (**Figure 23, 2**).

IMPORTANT NOTES:

- If your organization is submitting a New application or a Competing Supplement application:
 - Data entered in the UDS/Baseline Value columns for patients and visits can be zero even for the Population Types corresponding to the sub programs selected in the Budget Information form, [Section A – Budget Summary](#) section of this application.
 - For the Population Types corresponding to the sub programs selected in the Budget Information form, [Section A – Budget Summary](#) section of this application, the numbers of patients and visits in the Projected by December 31, 2017 (January 1 – December 31, 2017) column should be greater than zero. For the remaining Population Types, you may provide zeroes if there are no projections. Applicants may also provide data for Population Types beyond those selected in the Budget Information form, [Section A – Budget Summary](#) section.
 - If your organization is submitting a Competing Continuation application:
 - For the Population Types corresponding to the sub programs selected in the Budget Information form, [Section A – Budget Summary](#) section of this application, the numbers of patients and visits in the UDS/Baseline Value are pre-populated from the Uniform Data System (UDS) and the Projected by December 31, 2017 (January 1 – December 31, 2017) columns should be greater than zero; zeroes are not acceptable.
 - Compare the Total Unduplicated Patients Projected by December 31, 2017 (January 1 – December 31, 2017) with the Patient Target number in the **Service Area Announcement Table (SAAT)**, available at the **SAC Technical Assistance (SAC TA)** website (<http://bphc.hrsa.gov/programopportunities/fundingopportunities/SAC/index.html>) or the **SAC-AA TA web site** (<http://bphc.hrsa.gov/programopportunities/fundingopportunities/sac-aa/index.html>), as applicable for the service area proposed to ensure the Total Unduplicated Patient Projection meets eligibility requirements.
- * The Unduplicated Patient Projection must be at least 75% of the Patient Target in the **SAAT**.
- ** Review the service area Patient Target in the **SAAT** and the Summary of Funding section of the FOA for funding reduction details to ensure that the Patient Target and funding request are aligned. The **SAAT** and other resources are available at the **SAC TA website** (<http://bphc.hrsa.gov/programopportunities/fundingopportunities/SAC/index.html>) or the **SAC-AA TA web site** (<http://bphc.hrsa.gov/programopportunities/fundingopportunities/sac-aa/index.html>), as applicable.
- The General Underserved Community row may include all patients/visits not captured in other Population Types.
 - Provide the number of current patients and visits for each Population Type category. Across Population Type categories, an individual can only be counted once as a patient.

Figure 23: Unduplicated Patients and Visits by Population Type

Unduplicated Patients and Visits by Population Type				
Population Type	UDS / Baseline Value ¹		Projected by December 31, 2017 (January 1 – December 31, 2017) ²	
	Patients	Visits	Patients ³	Visits
* Total	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
* General Underserved Community (Report all patients/visits not reported in the rows below)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
* Migratory and Seasonal Agricultural Workers	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
* Public Housing Residents	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
* People Experiencing Homelessness	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

6.2 Form 1C: Documents on File

Form 1C - Documents on File displays a list of documents to be maintained by your organization. You are required to provide the date that each document was last reviewed or revised.

Figure 24: Form 1C - Documents on File

Form 1C - Documents on File

Note(s):
Examples of formats that you can use to provide dates on this form are: 01/15/2013, First Monday of every April, bi-monthly (last rev 01/13).

Due Date: 01/15/2013 (Due In: 0 Days) | Section Status: Not Started

Resources

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Fields with * are required

Need	Date of Latest Review/Revision (Maximum 100 characters)
* Needs Assessment (Program Requirement 1)	
Management and Finance	
* Personnel Policies and/or Procedures, including related Conflict of Interest Provisions (Program Requirements 3, 9, 17, and 19)	
* Data Collection and Confidentiality (Clinical and Financial) Policies and/or Procedures (Program Requirements 8 and 16)	
* Billing and Collection Policies and/or Procedures and Schedule of Fees for Services (Program Requirement 13 and Policy Information Notice 2014-02)	
* Procurement Policies and/or Procedures, including related Conflict of Interest Provisions (Program Requirements 10, 12, and 19)	
* Emergency Preparedness and Management Plan (Policy Information Notice 2007-15)	
* Financial Management/Accounting and Internal Control Policies and/or Procedures (Program Requirements 10 and 12 and Policy Information Notice 2013-01)	
* Contracts and/or Subrecipient Agreements, as applicable (Program Requirement 10)	
Services	
* Sliding Fee Discount Program Policies and/or Procedures (Program Requirement 7 and Policy Information Notice 2014-02)	
* Clinical Protocols/Clinical Care Policies and/or Procedures (Program Requirements 2, 6, and 8)	
* Patient Grievance Policies and/or Procedures (Program Requirements 8 and 17)	
* Quality Improvement and Quality Assurance Plan, including Incident Reporting System and Risk Management Policies and/or Procedures (Program Requirement 8)	
* Malpractice Coverage Plan - e.g., FTCA Coverage for deemed grantees or other malpractice coverage (Program Requirement 8 and FTCA Health Center Policy Manual)	
* Credentialing and Privileging Policies and/or Procedures (Program Requirement 3 and Policy Information Notices 2001-16 and 2002-22)	
* After-Hours Coverage Policies and/or Procedures (Program Requirements 4 and 5)	
* Hospital Admitting Privileges Documentation and/or Arrangements (Program Requirement 6)	
Governance	
* Organizational/Board Bylaws, including Conflict of Interest Provisions for Board Members (Program Requirements 17, 18, and 19 and Policy Information Notice 2014-01)	
* Co-Applicant Agreement, if a public agency (Program Requirement 17 and Policy Information Notice 2014-01)	

Go to Previous Page Save Save and Continue

1. To complete **Form 1C**, enter the requested review/revision dates for each document listed on this form (**Figure 24**).

IMPORTANT NOTE: Examples of formats to provide dates on this form are: 01/15/2013, First Monday of every April, bi-monthly (last rev 01/13).

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

6.3 Form 4 - Community Characteristics

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

1. [Race](#) (**Figure 25, 1**)

2. [Hispanic or Latino Ethnicity](#) (Figure 25, 2)
3. [Income as a Percent of Poverty Level](#) (Figure 25, 3)
4. [Primary Third Party Payment Source](#) (Figure 25, 4)
5. [Special Populations](#) (Figure 25, 5)

Figure 25: Form 4: Community Characteristics

Form 4 - Community Characteristics

Note(s):
The Service Area Percent and Target Population Percent will auto-calculate in EHB and can only be viewed on the read-only version of the form under Review Program Specific Forms in the left side menu.

Due Date: 07/15/2016 (Due In: 10 Days) | Section Status: Not Started

Resources

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Fields with * are required

Race 1

	Service Area Number	Target Population Number
* Native Hawaiian		
* Other Pacific Islanders		
* Asian		
* Black/African American		
* American Indian/Alaska Native		
* White		
* More than One Race		
* Unreported/Declined to Report (if applicable)		
Total	0	0

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

Hispanic or Latino Ethnicity 2

	Service Area Number	Target Population Number
* Hispanic or Latino		
* Non-Hispanic or Latino		
* Unreported/Declined to Report (if applicable)		
Total	0	0

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

Income as a Percent of Poverty Level 3

	Service Area Number	Target Population Number
* Below 100%		
* 100-199%		
* 200% and Above		
* Unknown		
Total	0	0

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

Primary Third Party Payment Source 4

	Service Area Number	Target Population Number
* Medicaid		
* Medicare		
* Other Public Insurance		
* Private Insurance		
* None/Uninsured		
Total	0	0

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

Special Populations 5

	Service Area Number	Target Population Number
* Migratory/Seasonal Agricultural Workers and Families		
* Homeless		
* Residents of Public Housing		
* Lesbian, Gay, Bisexual and Transgender		
* HIV/AIDS-Infected Persons		
* Persons with Behavioral Health/Substance Abuse Needs		
* School Age Children		
* Infants Birth to 2 Years of Age		
* Women Age 25-44		
* Persons Age 65 and Older		
* Other		

Please specify:
Approximately 1/8 page (Max 200 Characters): 200 Characters left.

Go to Previous Page Save Save and Continue

6.3.1 Completing the Race, Hispanic or Latino Ethnicity, Income as a Percent of Poverty Level, and Primary Third Party Payment Source sections

To complete the **Race, Hispanic or Latino Ethnicity, Income as a Percent of Poverty Level, and Primary Third Party Payment Source** sections (Figure 25, 1, 2, 3, 4), enter the **Service Area Number** (Figure 25, 6) and corresponding **Target Population Number** for each of the respective category (Figure 25, 7).

IMPORTANT NOTES:

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

In order to automatically calculate the Total Service Area Numbers and Total Target Population Numbers for all four sections, click on the Save and Continue Calculate Total button (Figure 25, 8) under any of the sections.

6.3.2 Completing the Special Populations section

- Under the **Special Populations** section (Figure 26), enter the **Service Area Number** and the corresponding **Target Population Number** for each special population group listed.

Figure 26: Special Populations section

Special Populations	Service Area Number	Target Population Number
* Migratory/Seasonal Agricultural Workers and Families	<input type="text"/>	<input type="text"/>
* Homeless	<input type="text"/>	<input type="text"/>
* Residents of Public Housing	<input type="text"/>	<input type="text"/>
* Lesbian, Gay, Bisexual, and Transgender	<input type="text"/>	<input type="text"/>
* HIV/AIDS-Infected Persons	<input type="text"/>	<input type="text"/>
* Persons with Behavioral Health/Substance Abuse Needs	<input type="text"/>	<input type="text"/>
* School Age Children	<input type="text"/>	<input type="text"/>
* Infants Birth to 2 Years of Age	<input type="text"/>	<input type="text"/>
* Women Age 25-44	<input type="text"/>	<input type="text"/>
* Persons Age 65 and Older	<input type="text"/>	<input type="text"/>
* Other 1	<input type="text"/>	<input type="text"/>
Please Specify: Approximately 1/4 page(s) (Max 200 Characters): 200 Characters left	<input type="text"/>	<input type="text"/>

IMPORTANT NOTES:

- If you select the sub programs related to special populations, i.e. MHC, HCH and/or PHPC, in the **Budget Information – Section A–C** form of this application, you must provide the Service Area Number and Target Population Number that is greater than 0 for the following line items under the Special

Populations section on **Form 4** as applicable: 'Migratory/Seasonal Agricultural Workers and Families,' 'Homeless,' and 'Residents of Public Housing'.

- In the 'Other' row (**Figure 26, 1**), specify a special population group that is not listed (if desired), and then enter the Service Area Number and the corresponding Target Population Number for the specified special population group.
- Individuals may be counted in multiple special population groups, so the numbers in this section do not have to match those in the other sections of this form.
- The applicant can view the calculations in the Review – Program Specific Forms section prior to submitting an application

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

6.4 Form 2 – Staffing Profile

Form 2: Staffing Profile reports personnel supported by the total budget for the first budget year (12 months) of the proposed project for all sites included on [Form 5B: Service Sites](#). This form comprises of the following sections:

1. [Staffing Positions by Major Service Category](#) sections
 - Administration/Management (**Figure 27, 1**)
 - Facility and Non-Clinical Support Staff (**Figure 27, 2**)
 - Physicians (**Figure 27, 3**)
 - NP, PA, and CNMs (**Figure 27, 4**)
 - Medical (**Figure 27, 5**)
 - Dental Services (**Figure 27, 6**)
 - Behavioral Health (Mental Health and Substance Abuse) (**Figure 28, 7**)
 - Professional Services (**Figure 28, 8**)
 - Vision Services (**Figure 28, 9**)
 - Pharmacy Personnel (**Figure 28, 10**)
 - Enabling Services (**Figure 28, 11**)
 - Other Programs and Services (**Figure 28, 12**)
2. [Total FTEs](#) (**Figure 28, 13**)

Figure 27: Form 2- Staffing Profile

Form 2 - Staffing Profile

Note(s):

- Allocate staff time by function among the staff positions listed. An individual's full-time equivalent (FTE) should not be duplicated across positions. For example, a provider serving as a part-time family physician and a part time medical director should be listed in each respective category, with the FTE percentage allocated to each position (e.g., CMO 30% FTE and family physician 70% FTE). Do not exceed 100% FTE for any individual. Refer to the [2014 UDS manual](#) for position descriptions.

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

Resources

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Fields with * are required

1 Administration/Management

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

2 Facility and Non-Clinical Support Staff

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

3 Physicians

Staffing Positions for Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
* Family Physicians	<input type="text"/>	<input type="radio"/> Yes <input checked="" type="radio"/> No
* General Practitioners	<input type="text"/>	<input type="radio"/> Yes <input checked="" type="radio"/> No
* Internist	<input type="text"/>	<input type="radio"/> Yes <input checked="" type="radio"/> No
* Obstetrician/Gynecologist	<input type="text"/>	<input type="radio"/> Yes <input checked="" type="radio"/> No
* Pediatricians	<input type="text"/>	<input type="radio"/> Yes <input checked="" type="radio"/> No
* Other Specialty Physicians Please Specify: <input type="text"/> (Maximum 40 characters)	<input type="text"/>	<input type="radio"/> Yes <input checked="" type="radio"/> No

4 NP, PA, and CNMs

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

5 Medical

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

6 Dental Services

Staffing Positions for Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
* Dentists	<input type="text"/>	<input type="radio"/> Yes <input checked="" type="radio"/> No
* Dental Hygienists	<input type="text"/>	<input type="radio"/> Yes <input checked="" type="radio"/> No
* Dental Assistants, Aides, Technicians	<input type="text"/>	<input type="radio"/> Yes <input checked="" type="radio"/> No

Figure 28: Form 2- Staffing Profile continued...

Behavioral Health (Mental Health and Substance Abuse) 7		
Staffing Positions for Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
* Psychiatrists	<input type="text"/>	<input type="radio"/> Yes <input checked="" type="radio"/> No
* Licensed Clinical Psychologists	<input type="text"/>	<input type="radio"/> Yes <input checked="" type="radio"/> No
* Licensed Clinical Social Workers	<input type="text"/>	<input type="radio"/> Yes <input checked="" type="radio"/> No
* Other Mental Health Staff Please Specify: <input type="text"/> (Maximum 40 characters)	<input type="text"/>	<input type="radio"/> Yes <input checked="" type="radio"/> No
* Other Licensed Mental Health Providers Please Specify: <input type="text"/> (Maximum 40 characters)	<input type="text"/>	<input type="radio"/> Yes <input checked="" type="radio"/> No
* Substance Abuse Providers	<input type="text"/>	<input type="radio"/> Yes <input checked="" type="radio"/> No
Professional Services 8		
Staffing Positions for Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
* Other Professional Health Services Staff Please Specify: <input type="text"/> (Maximum 40 characters)	<input type="text"/>	<input type="radio"/> Yes <input checked="" type="radio"/> No
Vision Services 9		
Staffing Positions for Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
* Ophthalmologists	<input type="text"/>	<input type="radio"/> Yes <input checked="" type="radio"/> No
* Optometrists	<input type="text"/>	<input type="radio"/> Yes <input checked="" type="radio"/> No
* Other Vision Care Staff Please Specify: <input type="text"/> (Maximum 40 characters)	<input type="text"/>	<input type="radio"/> Yes <input checked="" type="radio"/> No
Pharmacy Personnel 10		
Staffing Positions for Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
* Pharmacy Personnel	<input type="text"/>	<input type="radio"/> Yes <input checked="" type="radio"/> No
Enabling Services 11		
Staffing Positions for Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
* Case Managers	<input type="text"/>	<input type="radio"/> Yes <input checked="" type="radio"/> No
* Patient/Community Education Specialists	<input type="text"/>	<input type="radio"/> Yes <input checked="" type="radio"/> No
* Outreach Workers	<input type="text"/>	<input type="radio"/> Yes <input checked="" type="radio"/> No
* Transportation Staff	<input type="text"/>	<input type="radio"/> Yes <input checked="" type="radio"/> No
* Eligibility Assistance Workers	<input type="text"/>	<input type="radio"/> Yes <input checked="" type="radio"/> No
* Interpretation Staff	<input type="text"/>	<input type="radio"/> Yes <input checked="" type="radio"/> No
* Other Enabling Services Staff Please Specify: <input type="text"/> (Maximum 40 characters)	<input type="text"/>	<input type="radio"/> Yes <input checked="" type="radio"/> No
Other Programs and Services 12		
Staffing Positions for Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
* Other Programs and Services Staff Please Specify: <input type="text"/> (Maximum 40 characters)	<input type="text"/>	<input type="radio"/> Yes <input checked="" type="radio"/> No
Total FTEs 13		
Totals	Direct Hire FTEs	Contract/Agreement FTEs
Totals <input type="button" value="Calculate"/>	0	N/A

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6.4.1 Completing the Staffing Positions by Major Service Category related sections

1. In the Direct Hire FTEs column, provide the number of Full Time Equivalent (FTEs) for each staffing position. Enter 0 if not applicable (Figure 29, 1).
2. In the Contract/Agreement FTEs column, select the relevant option to indicate if contracts are utilized to ensure access to any provider categories, as needed. (Figure 29, 2).

IMPORTANT NOTES:

- Allocate staff time in the Direct Hire FTE column by function among the staff positions listed. An individual’s full-time equivalent (FTE) should not be duplicated across positions. For example, a provider serving as a part-time family physician and a part-time Clinical Director should be listed in each respective category with the FTE percentage allocated to each position (e.g., CMO 30% FTE and family physician 70% FTE). Do not exceed 100% FTE for any individual. For position descriptions, refer to the **UDS Reporting Manual** (<http://bphc.hrsa.gov/datareporting/reporting/2014udsmanual.pdf>)
- Volunteers must be recorded in the Direct Hire FTEs column

Figure 29: Direct Hire and Contract/Agreement FTEs columns

Administration/Management		
Staffing Positions for Major Service Category	Direct Hire FTEs 1	Contract/Agreement FTEs 2
• Executive Director/CEO	<input type="text"/>	<input type="radio"/> Yes <input checked="" type="radio"/> No
• Finance Director/Chief Fiscal Officer/CFO	<input type="text"/>	<input type="radio"/> Yes <input checked="" type="radio"/> No
• Chief Operating Officer/COO	<input type="text"/>	<input type="radio"/> Yes <input checked="" type="radio"/> No
• Chief Information Officer/CIO	<input type="text"/>	<input type="radio"/> Yes <input checked="" type="radio"/> No
• Clinical Director/Chief Medical Officer/CMO	<input type="text"/>	<input type="radio"/> Yes <input checked="" type="radio"/> No
• Administrative Support Staff	<input type="text"/>	<input type="radio"/> Yes <input checked="" type="radio"/> No
Facility and Non-Clinical Support Staff		
Staffing Positions for Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
• Fiscal and Billing Staff	<input type="text"/>	<input type="radio"/> Yes <input checked="" type="radio"/> No
• IT Staff	<input type="text"/>	<input type="radio"/> Yes <input checked="" type="radio"/> No
• Facility Staff	<input type="text"/>	<input type="radio"/> Yes <input checked="" type="radio"/> No
• Patient Support Staff	<input type="text"/>	<input type="radio"/> Yes <input checked="" type="radio"/> No

6.4.2 Completing the Total FTEs section

This row displays the sum of ‘Direct Hire FTEs’ for the Staffing Positions by Major Service Category.

1. To calculate the totals, click on the Calculate button (Figure 30).

Figure 30: Total FTEs

Total FTEs		
Totals	Direct Hire FTEs	Contract/Agreement FTEs
Totals Calculate	0	N/A
Go to Previous Page		Save Save and Continue

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

6.5 Form 3 - Income Analysis

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

1. [Payer Category](#) (Figure 31, 1)
2. [Comments/Explanatory Notes](#) (Figure 31, 2)

Figure 31: Form 3: Income Analysis

Form 3 - Income Analysis

Note(s):
The value in the Projected Income (d) column should equal the value in the Billable Visits (b) column multiplied by the value in the Income per Visit (c) column. If not, explain in the Comments/Explanatory Notes box.

Due Date: 10/15/2016 (Due In: 30 Days) | Section Status: Not Started

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* are required

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

Comments/Explanatory Notes (if applicable)

Approximately 2 pages (Max 2500 Characters): 2500 Characters left

Go to Previous Page | Save | Save and Continue

6.5.1 Completing the Payer Category section

The Payer Category section is further divided into the following sub-sections:

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

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

1. In column (a), provide the number of Patients by Primary Medical Insurance for each Payer Category in Part 1. Enter 0 if not applicable (**Figure 31, 3**).
2. In column (b), provide the number of Billable Visits that is greater than or equal to the number of Patients by Primary Medical Insurance(i.e., column (a)) for each Payer Category in Part 1. Enter 0 if not applicable (**Figure 31, 4**).
3. In column (c), provide the amount of Income per Visit for each Payer Category in Part 1. Enter 0 if not applicable. (**Figure 31, 5**).
4. In column (d), provide the amount of Projected Income for each Payer Category in Parts 1 and 2. Enter 0 if not applicable (**Figure 31, 6**).
5. In column (e), provide the amount of Prior FY Income in Parts 1 and 2. Refer to the Fiscal Year End Date selected in [Form 1A](#) of this application to provide this information. Enter 0 if not applicable (**Figure 31, 7**).
6. Click the Calculate Total and Save button to calculate and save the values for each Payer Category in Parts 1 and 2. (**Figure 31, 8**).

IMPORTANT NOTES:

- The number of Billable Visits in column (b) should be 0 if the number of Patients by Primary Medical Insurance in column (a) for a Payer Category is 0.
- The value in the Projected Income (d) column should equal the value in the Billable Visits (b) column multiplied by the value in the Income per Visit (c) column. If these values are not equal, provide an explanation in the [Comments/Explanatory Notes](#) box.
- The **Patients By Primary Medical Insurance (a)**, **Billable Visits (b)** and **Income Per Visit (c)** columns in Part 2 are disabled and set to 'N/A'.

7. Click the Calculate Total and Save button in the **Total Non-Federal (Non-Health Center Program) Income (Program Income plus Other)** section to calculate and save the total of values for each Payer Category in Parts 1 & 2. (**Figure 31, 9**).

6.5.2 Completing the Comments/Explanatory Notes section

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

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

6.6 Form 5A – Services Provided

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

6.6.1 Form 5A in a New or a Competing Supplement application

If your organization is submitting either a New or Competing Supplement application, propose one or more service delivery methods for the following services listed on this form:

- [Required Services](#) (Figure 32, 1)
- [Additional Services](#) (Figure 32, 2)

Figure 32: Form 5A (New or Competing Supplement applications)

Form 5A - Services Provided (Required Services)

Note(s):
Select service delivery methods for required services as applicable to the proposed SAC project.

Due Date: 12/31/2016 (Due In: 99 Days) | Section Status: Not Started

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Fields with * are required

Required Services Additional Services

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

Go to Previous Page Save Save and Continue

6.6.1.1 Completing Form 5A: Required Services Section

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

Table 1: Modes of Service Provision

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

To specify service delivery methods:

1. Check one or more boxes to indicate the service delivery method(s) for required services as applicable to the project proposed in this application. To view details about a service, hover over the information icon provided, if available, for that service ([Figure 32, 3](#)).
2. Click the Save and Continue button to navigate to the **Additional Services** section OR click the Save button on the **Required Services** Section and select the **Additional Services** tab ([Figure 32, 2](#)).

IMPORTANT NOTES:

- You cannot select a service delivery method for ‘HCH Required Substance Abuse Services’ if you have not selected HCH as a sub program in the Budget Information – [Section A-C Budget Summary](#) section of this application. If you selected HCH as a sub program then you are required to select at least one service delivery method for ‘HCH Required Substance Abuse Services’.
- Only one form is required regardless of the number of proposed sites.
- New services proposed on Form 5A in this application must be added to support the new service area proposed in this application and, if this application is funded, must be accessible to patient’s at all current sites in scope, though the mode of service delivery may be different across sites.
- All services in your current scope of project must be accessible to patients at any sites proposed in this application, though the mode of service delivery (Column I, II, or III) may be different across sites.

6.6.1.2 Completing Form 5A: Additional Services Section

Use this form to identify additional services that your organization provides.

IMPORTANT NOTES:

- This is an optional section. You are not required to identify service delivery methods for any additional services listed in this section.
- You can complete this section by clicking the Save or Save and Continue button located at the bottom of the form.

If you wish to propose an additional service,

1. Indicate the service delivery method(s) for the desired additional service ([Figure 33](#)).

Figure 33: Form 5A, Services Provided - Additional Services

Form 5A - Services Provided (Additional Services)

Note(s):
Select service delivery methods for additional services as applicable to you. If you do not wish to propose service delivery methods for any of the additional services listed below, click on 'Save' or 'Save and Continue' button at the bottom of this section.

Due Date: 07/15/2016 (Due In: 30 Days) | Section Status: Not Started

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Fields with * are required

Required Services **Additional Services**

Service Type	Direct (Health Center Pays) ⓘ	Formal Written Contract/Agreement (Health Center Pays) ⓘ	Formal Written Referral Arrangement (Health Center DOES NOT pay) ⓘ
Additional Dental Services ⓘ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavioral Health Services ⓘ			
Mental Health Services ⓘ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Abuse Services ⓘ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Optometry ⓘ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recuperative Care Program Services ⓘ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environmental Health Services ⓘ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occupational Therapy ⓘ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Therapy ⓘ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speech-Language Pathology/Therapy ⓘ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutrition ⓘ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Complementary and Alternative Medicine ⓘ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional Enabling/Supportive Services ⓘ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Go to Previous Page Save Save and Continue

- Click the Save and Continue button to navigate to Form 5B: Service Sites OR click the Save button on the Additional Services Section.

6.6.2 Form 5A: Service Sites in a Competing Continuation application

If your organization is submitting a Competing Continuation application, **Form 5A: Service Sites** is pre-populated with the services in the current Health Center Program scope that HRSA has on file for your organization and is non-editable. You will be required to visit the Required Services and Additional Services sections at least once in order to change the status of the form to Complete.

If the pre-populated data on **Form 5A** does not reflect any recent approved scope changes, click the Refresh from Scope button to refresh the data and display the approved changes. (Figure 34, 1).

Figure 34: Form 5A (Competing Continuation application)

Form 5A - Services Provided (Required Services)

Note(s):
Review the list of services retrieved from your scope on file as of '05/12/2015 05:23:10 PM'. If there was a recent change approved for your scope (e.g. through a Change In Scope application), click the 'Refresh From Scope' button below to get your most recent scope on file.

RESOURCES: MEDICARE/CLINIC HEALTH Due Date: 07/31/2015 (Due In: 30 Days) | Section Status: Not Complete

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Required Services **Additional Services**

Refresh from Scope ¹

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

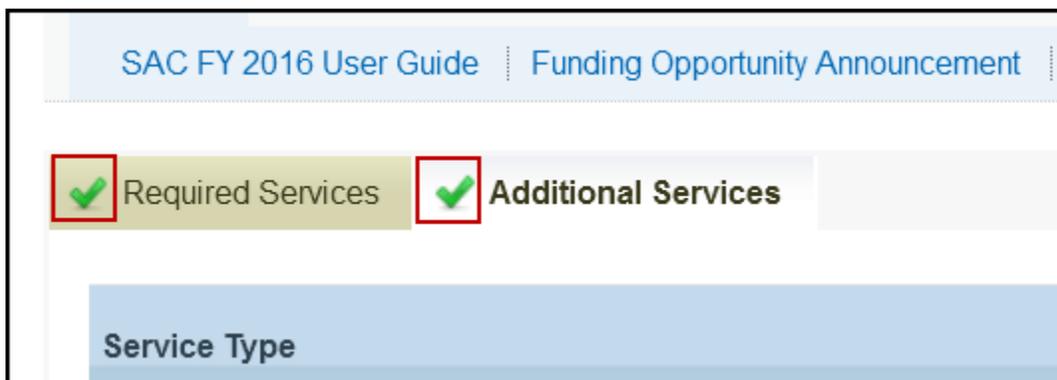
Go to Previous Page Continue

6.6.3 Saving and Proceeding to next form

Form 5A: Services provided will be complete when the statuses of the **Required Services** and **Additional Services** sections are complete. The completed status of these sections is indicated with a green tick mark (

 icon) in the section tabs (Figure 35).

Figure 35: Completed Required and Additional sections



The screenshot shows a web interface for a funding opportunity announcement. At the top, there is a header with the text "SAC FY 2016 User Guide" and "Funding Opportunity Announcement" separated by a vertical line. Below the header, there are two main sections: "Required Services" and "Additional Services". Both sections have a green checkmark icon to their left, indicating they are completed. Below these sections, there is a blue bar with the text "Service Type".

After completing all the sections on **Form 5A**, click the Save and Continue button (or Continue button in Competing Continuation applications) to save your work and proceed to the next form.

6.7 Form 5B: Service Sites

Form 5B: Service Sites identifies the sites in your proposed project. If your organization is submitting either a New or Competing Supplement application, you will be able to propose the following types of sites in this form:

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

If your organization is submitting a Competing Continuation application, you will not be able to propose new sites in this form.

6.7.1 Form 5B in a New Application

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

6.7.1.1 Proposing a New Site

To propose a new site, follow the steps below:

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

Figure 36: Form 5B – (New Application)

Form 5B - Service Sites

Note(s):

- If you are proposing to serve Community Health Centers, Public Housing Health Centers or Homeless Health Centers with or without Migrant Health Centers, you must propose at least one new Service Delivery site or Administrative/Service Delivery site with Location Type as 'Permanent' and operating for at least 40 hours.
- If you are proposing to serve only Migrant Health Centers, you must propose at least one new Service Delivery site or Administrative/Service Delivery site with Location Type as 'Permanent' or 'Seasonal' and operating for at least 40 hours.

Due Date: 07/19/2016 (Due In: 00 Days) | Section Status: Not Started

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Add New Site

Proposed Sites

No sites added

Go to Previous Page | Save | Save and Continue

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

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

Figure 37: Service Site Checklist page

Service Site Checklist

Due Date: 07/19/2016 (Due In: 00 Days)

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Fields with * are required

Site Qualification Criteria

* 1. Is the site an "admin-only" site? **1**

If Yes, the site is an 'Admin-only' site, select 'Not Applicable' for questions 'a' to 'd' below. If No, the site is a Service Delivery site, answer questions 'a' to 'd' Yes or No.

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

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

c. Are/will services be provided directly by or on behalf of the grantee, whose governing board retains control and authority over the provision of the services at the location? Yes No Not Applicable

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

* 2. Is the site a Domestic Violence (Confidential) shelter? **2**

Yes No Not Applicable

Go to Previous Page | **Verify Qualification** **3**

IMPORTANT NOTES:

- If the answer to question 1 is 'No' (Figure 37, 1), i.e. if the site being added is not an 'Admin-only' site,
 - Select 'Yes' for questions 'a' through 'd' so that the site is qualified to be added to the application, AND
 - Indicate whether the site being added is a domestic violence site by answering 'Yes' or 'No' to question 2 (Figure 37, 2). A Domestic Violence site is a confidential site serving victims of domestic violence, and the site address cannot be published due to the necessity to protect the location of the domestic violence shelter.
- If the answer to question 1 is 'Yes' (Figure 37, 1), i.e. if the site being added is an 'Admin-only' site, select 'Not Applicable' to question 2.

3. Click the Verify Qualification button (Figure 37, 3).
 - The system navigates to the **List of Pre-registered Performance Sites at HRSA Level** page. All of the sites that are registered by your organization within EHB will be listed on this page.
4. If there are no sites registered to your organization, or if you want to use a new location for the site you are adding in Form 5B, click the Register Performance Site button (Figure 38, 1) and register your site using the Enterprise Site Repository (ESR) system by following the steps below:
 - On the Basic Information – Enter page, provide a site name and select a site type from the following options: Fixed, Mobile. Click the Next Step button.
 - On the Address – Enter page, enter the physical address of the site and click the Next Step button.
 - On the Register – Confirm page, the system displays the physical address you entered on the Address – Enter page along with the standardized format of the address. Select the option you want to proceed with and click the Confirm button.
5. On the Register – Result page, click the Finish button to finally register the site to your organization.

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

List of Pre-registered Performance Sites at HRSA Level

Note(s):
Please click on 'Register Performance Site' to register a new Performance Site at HRSA level. Select a site and click on 'Update the Registered Performance Site' button to update the site information. Select a site and click on 'Select This Location' button to complete adding the site.

Due Date: 07/19/2016 (Due In: 9 Days)

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Register Performance Site

Site Name	Performance Site Type	Performance Site Address	Performance Site Address Category	Options
Registration Health at St. Vincent de Paul Riverside	Fixed	11000 ALABAMA AVE N, SEATTLE, WA 98108-1001	Accurate	Select Site Location
Registration Health at St. Vincent de Paul Central	Fixed	10200 ALABAMA AVE N, SEATTLE, WA, 98108-1001	Accurate	Select Site Location

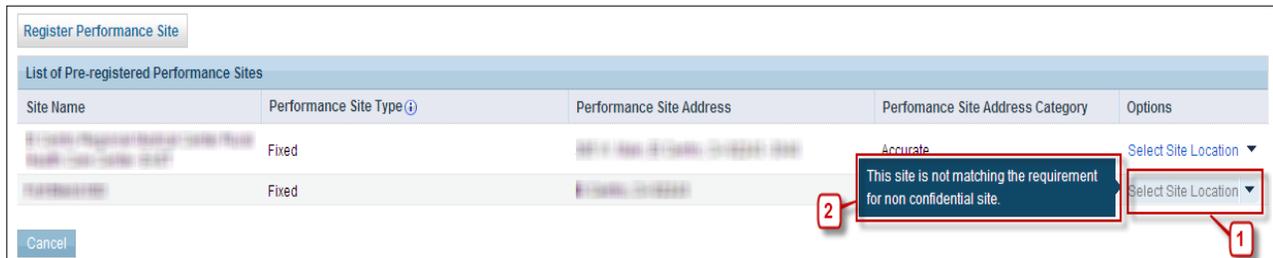
6. Select a site from the list provided on this page and click its **Select Site Location** link (Figure 38, 2).

IMPORTANT NOTES: The **Select Site Location** link will be disabled and you will not be able to select the site (Figure 39, 1) if the site:

- is already included in the current application.
- is already in your Health Center Program scope (Competing Supplement applicants).
- is a Mobile site and the you trying to propose an “Admin-only” site.
- is a confidential site and youth are trying to propose a non-confidential/non-domestic violence site.
- is a non-confidential site and you are trying to propose a confidential/ domestic violence site.

In these cases, hovering over the disabled **Select Site Location** link (Figure 39, 2) will provide the reason why the site is disabled.

Figure 39: Disabled Site Locations



IMPORTANT NOTE: If you wish to update the name of any site listed on this page, click on **Update the Registered Performance Site** link (Figure 40) and update the site name.

Figure 40: Update the Registered Performance Site link



7. When you click the **Select Site Location** link of a site, the system navigates to the **Form 5B – Edit** page where you must provide all the required information for the site (Figure 41).

Figure 41: Form 5B – Update Site page

Form-5B : Edit

Note(s):
 Site information has been migrated to the updated Form 5B. Per the guidance provided in PAL 2014-#2 and using the Form 5B Instructions, you should fill out the two new fields on the form and update other fields if needed. Allowable updates are described in the SAV Allowable Updates. Please Save before moving on to the next section.
 It is recommended that you save your work often (e.g. every 5 minutes) to avoid a loss of data due to unforeseeable technical issues.

Fields with * are required for all site types.

Site Information Status: Not Started

* Site Name [Change Site Name](#) * Physical Site Address

* Site Type * Site Phone Number () Ext.

* Web URL

The following fields are required for "Service Delivery" and "Administrative/Service Delivery" site types, other than where exceptions are noted:

* Location Type * Site Setting

Date Site was Added to Scope * Site Operational Date

* FQHC Site Medicare Billing Number Status FQHC Site Medicare Billing Number (Required if "This site has a Medicare billing number" is selected in 'FQHC Site Medicare Billing Number Status' field) e.g. 12345 OR 123456

FQHC Site National Provider Identification (NPI) Number (Optional field) e.g. 1234567890 * Total Hours of Operation (when Patients will be Served per Week)

Months of Operation

Saved Months of Operation

Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type) Number of Intermittent Sites (Required only for 'Intermittent' Site Type)

* Site Operated by

[Add Subrecipient/Contractor](#)

Subrecipient or Contractor Information (Required only if 'Subrecipient or Contractor' is selected in 'Site Operated By'... [\(+ View More\)](#))

Subrecipient/Contractor Organization Name	Subrecipient/Contractor Organization Physical Site Address	Subrecipient/Contractor EIN	Options
No Subrecipient or Contractor information to be displayed			

Service Area Zip Code (Include only those from which the majority of the patient population will come)

* Service Area Zip Codes

[Save Zip Code\(s\)](#)

Saved Service Area Zip Code(s)

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

IMPORTANT NOTE: Zip codes entered in the Service Area Zip Codes field must be those where at least 75 percent of the current patients within the service area reside. Refer to the SAAT, available at the SAC TA website (<http://bphc.hrsa.gov/programopportunities/fundingopportunities/SAC/index.html>) or the SAC-AA TA web site (<http://bphc.hrsa.gov/programopportunities/fundingopportunities/sac-aa/index.html>), as applicable. Zip codes entered in this field will determine compliance with Eligibility Requirement 3b.

8. After providing complete information on **Form 5B – Edit** page, click the Save and Continue button.

- **Form 5B – Service Sites** list page opens with the newly added site displayed in the **Proposed Site** section (**Figure 42**).

Figure 42: Newly added site displayed under Proposed Sites section

Site Name	Physical Address	Service Site Type	Location Type	Site Status	Options
	12345 Main St, Suite 100, City, State, ZIP	Service Delivery Site	Permanent	In Progress	Update

IMPORTANT NOTES:

- If you are proposing to serve Community Health Center, Public Housing Primary Care, and/or Health Care for the Homeless (with or without Migrant Health Center) in the Budget Summary form within the standard section of this application, you must propose at least one Service Delivery site or Administrative/Service Delivery that has the Location Type as ‘Permanent’, and that is operating for at least 40 hours a week.
- If you are proposing to serve only Migrant Health Centers in the Budget Summary form within the standard section of this application, you must propose at least one Service Delivery site or Administrative/Service Delivery site that has Location Type as “Permanent” or “Seasonal,” and that is operating for at least 40 hours a week.

1.

6.7.2 Form 5B in a Competing Supplement application

If your organization is submitting a Competing Supplement application, you are required to propose at least one new Service Delivery or an Administrative/Service Delivery site. To add a new site under the Proposed Sites section, follow the steps described in section 6.7.1.1, [Proposing a New Site](#).

In addition to proposing new sites in the form, you will also be able to pick sites from your current Health Center Program scope. The steps to pick a site from your scope are described in the following section:

6.7.2.1 Pick a Site from Scope

1. On **Form 5B – Service Sites** list page, click the Pick Site from Scope button provided above the **Existing Sites from Scope** section (**Figure 43, 1**).

Figure 43: Form 5B (Competing Supplement application)

- The system navigates to the **Select Site from Scope** page populated with the sites in your H80 scope (Figure 44).

Figure 44: Select Site from Scope

Site Name	Site Address	Service Site Type	Location Type	Options
[Redacted]	[Redacted]	Service Delivery Site	Permanent	Select this Site
[Redacted]	[Redacted]	Service Delivery Site	Seasonal	Select this Site

2. Click the **Select this Site** link for the site you want to include in the form (Figure 44, 1).
 - **Form 5B – Service Sites** list page opens with the selected site displayed in the **Existing Sites from Scope** section (Figure 45).

Figure 45: Form 5B Showing Current Site in Scope

The screenshot shows a web interface for 'Existing Sites in Scope'. At the top left is a button labeled 'Pick Site from Scope'. Below it is a table with columns: Site Name, Physical Address, Service Site Type, Location Type, and Options. The first row shows a site with 'Service Delivery Site' as the Service Site Type and 'Permanent' as the Location Type. A 'Delete' button with a red 'X' icon is in the Options column. At the bottom left is a 'Go to Previous Page' button, and at the bottom right are 'Save' and 'Save and Continue' buttons.

IMPORTANT NOTES: The **Select this Site** link will be disabled (Figure 46, 1), and you will not be able to select sites if the site falls under any of the following category:

- If the site is already included in the current application.
- If the site has a 'Pending Verification' status in scope.

In these cases, hovering over the disabled **Select Site Location** link (Figure 46, 2) will provide the reason why the site is disabled.

Figure 46: Disabled sites in Scope

This screenshot shows a table of 'Existing Site from Scope'. The columns are Site Name, Site Address, Service Site Type, Location Type, and Options. The first row shows a 'Service Delivery Site' with 'Permanent' location type and a 'Select this Site' link. The second row shows a 'Service Delivery Site' with 'Pending Verification as of 03/15/2013' location type and a disabled 'Select this Site' link. A red box labeled '2' highlights the 'Pending Verification as of 03/15/2013' text, and another red box labeled '1' highlights the disabled 'Select this Site' link. A 'Cancel' button is at the bottom left.

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

6.7.3 Form 5B in a Competing Continuation application

If your organization is submitting a Competing Continuation application, **Form 5B** is pre-populated with the sites in the current Health Center Program scope that HRSA has on file for your organization.

Form 5B will be non-editable. You will be required to visit the form at least once in order to change the status of the form to Complete.

Figure 47: Form 5B (Competing Continuation application)

If the pre-populated data on **Form 5B** does not reflect any recent approved scope changes, click the Refresh from Scope button to refresh the data and display the approved changes (**Figure 47, 1**).

6.8 Form 5C - Other Activities/Locations

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

6.8.1 Form 5C in a New or a Competing Supplement application

If your organization is submitting either a New or a Competing Supplement application, you may propose activities and locations in this form.

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

To add new activities or locations, follow these steps:

1. Click the Add New Activity/Location button provided at the top of the form (**Figure 48, 1**).

Figure 48: Form 5C (New or Competing Supplement applications)

- The system navigates to the **Activity/Location - Add** page (Figure 49).

Figure 49: Activity/Location – Add page

2. Provide information in all the fields on this page and click the Save and Continue button.

- The system navigates to the **Form 5C** list page displaying the newly added activity on the form (Figure 50).

Figure 50: Activity/Location Information added

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

6.8.2 Form 5C in a Competing Continuation application

If your organization is submitting a Competing Continuation application, **Form 5C** is pre-populated with the activities/locations Information in the current Health Center Program scope that HRSA has on file for your

organization and is non-editable. You will be required to visit this form at least once in order to change the status of the form to Complete.

Figure 51: Form 5C (Competing Continuation applications)

Form 5C - Other Activities/Locations

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

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Refresh From Scope 1

Type of Activity	Frequency of Activity	Description of Activity	Type of Location(s) where Activity is Conducted
General care, health education, outreach	Services are provided weekly at eight sites.	In our most recent Change of Scope, we continued the many services we offer into one location within the region. In discussion with the Project Office, we are recommending an increase in the number of sites that can occur over the course of a project period in the locations where services are provided.	Shelters, schools, day care centers and other facilities serving homeless families and individuals.
Non-Clinical Outreach	Eligible outreach and enrollment activities occur on a weekly basis.	In this Change of Scope, we have continued the many eligible outreach sites we are eligible to offer and enrollment. This is in order to handle the many changes that can occur over the course of a project period in the locations where outreach is conducted and needs are assessed with enrollment.	Outreach and enrollment activities take place in our service area all around health housing, health, outreach, outreach and enrollment centers, health and community care and places of worship.

Go to Previous Page | Continue

If the pre-populated data on **Form 5C** does not reflect any recent approved scope changes, click the Refresh from Scope button to refresh the data and display the approved changes (**Figure 51, 1**).

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

6.9 Form 6A – Current Board Member Characteristics

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

IMPORTANT NOTES:

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

- If **Form 6A** is optional for you, but you choose to enter information, then you must enter all required information.

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

For existing grantees submitting Competing Continuation or Competing Supplement applications, the system will pre-populate the board member information from the last awarded Health Center Program application with Form 6A information. Applicants will have the option to update or delete the pre-populated information and add new board members, as applicable.

Figure 52: Form 6A Current Board Member Characteristics

Form 6A - Current Board Member Characteristics

Note(s):
The List of Board Members displayed below is pre-populated from the latest awarded Health Center Program application/progress report.

Due Date: 07/15/2016 (Due In: 0 Days) | Section Status: Not Started

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Fields with * are required

Add New Board Member 1

List of All Board Member(s)

Name	Current Board Office Position Held	Area of Expertise	>10% of income from health industry	Health Center Patient	Live or Work in Service Area	Special Population Representative	Options
Wj Brown		Graduate Student	No	Yes	Live, Work	No	Update 2
Jessie Ryan		President of Planned Parenthood of Washington	Yes	Yes	Live, Work	No	Update
Tom Brown	Treasurer	CEO of First Millennium Cancer Research Center	Yes	No	Live, Work	No	Update
Sandra Wilson		Independent Health Care Consultant	Yes	No	Live, Work	No	Update
Cliff Shelton		Independent Attorney	No	No		No	Update
Mark Rubin	Vice-Chair	CEO of Good Health Fund	Yes	No	Work	No	Update
Jason Lambert	Chair	Chief of Medicine at Virginia Mason Medical Center	Yes	No	Live, Work	No	Update
Rob Overton		Independent CPA	No	Yes		No	Update
George Foster		National Independent Consultant with	No	Yes	Live, Work	No	Update
William Clark	Secretary	Independent Attorney and Author	No	Yes		No	Update
Mark Lee		Small Business Owner	No	Yes	Live, Work	No	Update
David Probst		Consultant for OIG and	No	Yes	Live	Yes (PHPG)	Update
Frankie Alexander		VP of Business Strategy and Marketing at Boeing	No	No		No	Update
Nancy Martin		Independent Small Business Owner	No	Yes	Work	No	Update

Patient Board Member(s) Classification 3

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

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

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

Yes No N/A

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

Go to Previous Page Save Save and Continue

1. To add the board member information, click the Add Board Member button on this form. (Figure 52, 1)
 - The system navigates to the **Current Board Member - Add** page (Figure 53).
2. Provide the required board member information on this page. Click the Save and Continue button to save the information and navigate back to the **Form 6A** list page (Figure 53, 1), or the Save and Add New button to save the information and add a new board member record (Figure 53, 2).

Figure 53: Current Board Member – Add Page

3. To update or to delete information for any board member, click the **Update** or **Delete** link under the options column in the **List of All Board Members** section (Figure 52, 2). You must provide a minimum of 9 and maximum of 25 board members.
4. Enter the gender, ethnicity and race of board members who are patients of the health center in the **Patient Board Member Classification** sections (Figure 52, 3).

IMPORTANT NOTES:

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

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

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

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

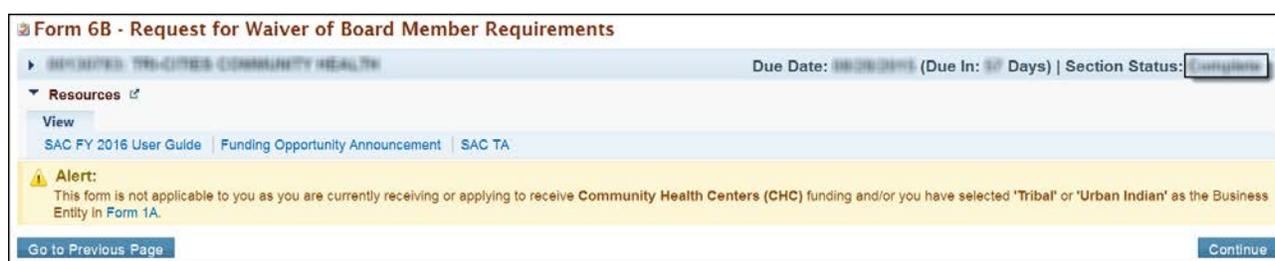
6.10.1 Completing Form 6B when it is not applicable

Form 6B will not be applicable and you will only see the message depicted in [Figure 54](#) if any of these reasons is true:

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

You can proceed to the next form by clicking on the Continue button provided at the bottom of the form to complete it ([Figure 54, 1](#)).

Figure 54: Form 6B – Not Applicable



The screenshot shows the top portion of a web form titled "Form 6B - Request for Waiver of Board Member Requirements". The breadcrumb trail is "HOME > TRIBAL/URBAN INDIAN > COMMUNITY HEALTH". The due date is "08/28/2016 (Due In: 37 Days)" and the section status is "Incomplete". Under the "Resources" section, there are links for "View", "SAC FY 2016 User Guide", "Funding Opportunity Announcement", and "SAC TA". A yellow alert box contains the following text: "Alert: This form is not applicable to you as you are currently receiving or applying to receive Community Health Centers (CHC) funding and/or you have selected 'Tribal' or 'Urban Indian' as the Business Entity in Form 1A." At the bottom of the form, there are two buttons: "Go to Previous Page" and "Continue".

6.10.2 Completing Form 6B when it is applicable

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

1. Indicate whether you are requesting a new waiver of the 51% patient majority governance requirement under the **New Waiver Request** section ([Figure 55, 1](#)). If you currently have a waiver in the **For Applicants With Previous Waiver** section ([Figure 55, 2](#)),

Figure 55: Form 6B – Applicable

Form 6B - Request for Waiver of Board Member Requirements

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

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Fields with * are required

1. New Waiver Request

Name of Organization 1 NEIGHBORCARE HEALTH

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

2. For Applicants With Previous Waiver

* 2a. Do you currently have a waiver of the 51% patient majority governance requirement? 2 Yes No

2b. Are you requesting the patient majority waiver to be continued? Yes No (Governing Board is in Full Compliance) Not Applicable
(This question is required if you answered 'Yes' to question 2a.)

3. Demonstration of Good Cause for Waiver (demonstrate good cause for the waiver request by addressing the following areas)

3a. Provide a description of the population to be served and the characteristics of the population/service area that would necessitate a waiver.
(This question is required if you answered 'Yes' to question 1 and/or question 2b.)

Approximately 1/2 page (Max 1000 Characters): 1000 Characters left.

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

Approximately 1/2 page (Max 1000 Characters): 1000 Characters left.

4. Alternative Mechanism Plan for Addressing Patient Representation

4a. Present a plan for complying with the intent of the statute via an alternative mechanism that ensures patient input and participation in the organization, as well as direction and ongoing governance of the health center.
(This question is required if you answered 'Yes' to question 1 and/or question 2b.)

Approximately 1/2 page (Max 1000 Characters): 1000 Characters left.

Go to Previous Page Save Save and Continue

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

IMPORTANT NOTES:

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

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

6.11 Form 8 - Health Center Agreements

Form 8 indicates whether you have or propose to make 1) any agreements with a parent, affiliate, or subsidiary organization and/or 2) any sub-awards to subrecipients and/or contract with another organization to carry out a substantial portion of the proposed scope of project, including a proposed site to be operated by a subrecipient or contractor, as identified in Form 5B: Service Sites. This form comprises of the following sections:

1. [Part I \(Figure 56, 1\)](#)
2. [Part II \(Figure 56, 2\)](#)

Figure 56: Form 8 – Health Center Agreements

Form 8 - Health Center Agreements

Note(s):
When a health center grantee wishes to establish an agreement/arrangement in the future that will either (1) result in another organization carrying out a substantial portion of the approved scope of project or (2) impact the governing board's composition, authorities, functions, or responsibilities, a Prior Approval request must be submitted in EHB and approved by HRSA before the agreement/arrangement can be formalized and implemented.

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Fields with * are required

PART I Health Center Agreements

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

* 2. Do you have, or propose to make as part of this application any subawards to subrecipients and/or will you contract with another organization to carry out a substantial portion of the proposed scope of project? Contracts for a substantial portion of the award include contracting for the majority of core primary care services and/or health center key management positions (e.g., Chief Executive Officer (CEO), Chief Financial Officer (CFO), Chief Medical Officer (CMO)).

Note(s):

- Subawards or contracts made to related organizations such as a parent, affiliate, or subsidiary must also be addressed in this form.
- This form excludes contracts for the acquisition of supplies, material, equipment, or general support services (e.g., janitorial services, contracts with individual providers).

2a. Number of contracts for a substantial portion of the proposed scope of project for any of the following: the majority of core primary care services and/or health center key management positions (e.g., Chief Executive Officer (CEO), Chief Financial Officer (CFO), Chief Medical Officer (CMO)) (positive integer up to 4 digits)

2b. Number of subrecipients that will carry out a substantial portion of the proposed scope of project via a subaward (positive integer up to 4 digits)

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

Save and Calculate

Add Organization Agreement

Part II: Attachments
All affiliations/contracts/subawards referenced in Part I must be uploaded in full. Uploaded documents will NOT count against the page limit

No organization agreement details added

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

6.11.1 Completing Part I of Form 8

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

1. In Part I, question 1 ([Figure 57, 1](#)), inform HRSA if the applicant organization has a parent, affiliate, or subsidiary organization.

IMPORTANT NOTE: If any of the new sites proposed in [Form 5B: Service Sites](#) will be operated by a “Subrecipient” or a “Contractor”, the system will set the answer for question 1 to ‘Yes’ and make it non-editable.

Figure 57: Form 8, Part I

Fields with * are required

PART I Health Center Agreements

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

* 2. Do you have, or propose to make as part of this application any subawards to subrecipients and/or will you contract with another organization to carry out a substantial portion of the proposed scope of project? Contracts for a substantial portion of the award include contracting for the majority of core primary care services and/or health center key management positions (e.g., Chief Executive Officer (CEO), Chief Financial Officer (CFO), Chief Medical Officer (CMO)).

Note(s):

- Subawards or contracts made to related organizations such as a parent, affiliate, or subsidiary must also be addressed in this form.
- This form excludes contracts for the acquisition of supplies, material, equipment, or general support services (e.g., janitorial services, contracts with individual providers).

2a. Number of contracts for a substantial portion of the proposed scope of project for any of the following: the majority of core primary care services and/or health center key management positions (e.g., Chief Executive Officer (CEO), Chief Financial Officer (CFO), Chief Medical Officer (CMO)) (positive integer up to 4 digits)

2b. Number of subrecipients that will carry out a substantial portion of the proposed scope of project via a subaward (positive integer up to 4 digits)

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

Save and Calculate

2. Select 'Yes' in question 2 (Figure 57, 2), if there are any current or proposed sub-awards to subrecipients or contracts with another organization to carry out a substantial portion of the proposed scope of project. If 'Yes' was selected, complete 2a – 2c.

6.11.2 Completing Part II of Form 8 – Adding Organization Agreement details

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

1. Click the Add Organization Agreement button located above Part II (Figure 58, 1).

Figure 58: Form 8, Part II

Add Organization Agreement

Part II: Attachments
All affiliations/contracts/subawards referenced in Part I must be uploaded in full. Uploaded documents will NOT count against the page limit

No organization agreement details added

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

- The system navigates to the **Organization Agreement - Add** page (Figure 59).

Figure 59: Organization Agreement – Add page

2. Provide the required information for the agreement in the **Organization Agreement Detail** section on this page (Figure 59, 1).
3. Upload at least one document related to the agreement in the **Attachments** section at the bottom of this page by clicking the Attach File button (Figure 59, 2).

IMPORTANT NOTES:

- Before uploading a document for this affiliation, rename the file to include the affiliated organization’s name e.g., “**CincinnatiHospital_MOA.doc**”.
- Part II will accept a maximum of five document uploads for 10 organizations. Additional documentation that exceeds this limit should be included in Attachment 14: Other Relevant Documents

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

6.12 Form 10: Emergency Preparedness Report

The **Emergency Preparedness Report** assesses your organization’s overall emergency readiness.

1. Complete the sections of this form by selecting a ‘Yes’ or ‘No’ response (Figure 60).

- After providing complete information on **Form 10**, click the Save and Continue to save the information and proceed to the next form.

Figure 60: Form 10 –Emergency Preparedness Report

Form 10 - Emergency Preparedness Report

Due Date: 07/14/2015 (Due in: 37 Days) | Section Status: Not Started

Resources

Fields with * are required

Section I : Emergency Preparedness and Management Plan

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

Section II : Readiness

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

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

6.13 Form 12- Organization Contacts

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

New applicants will provide the requested contact information.

For existing grantees submitting a Competing Continuation or a Competing Supplement application, the system will pre-populate the board member information from the latest awarded H80 application with **Form 12** information.

Enter contact information for the Chief Executive Officer, Contact Person, Clinical Director, and Dental Director (optional) on this form. (Figure 61, 1, 2, 3, 4)

Figure 61: Form 12 – Organization Contacts

The screenshot shows the 'Form 12 - Organization Contacts' interface. At the top, there is a header with 'Due Date: 8/7/2016 (Due In: 8 Days)' and 'Section Status: Not Started'. Below this is a 'Resources' section with links for 'SAC FY 2016 User Guide', 'Funding Opportunity Announcement', and 'SAC TA'. A note states 'Fields with * are required'. The main section is a table titled 'Contact Information' with the following columns: Name, Highest Degree, Email, Phone Number, and Option. There are four rows, each representing a different contact role: Chief Executive Officer, Contact Person, Clinical Director, and Dental Director. Each row has a red box with a number (1, 2, 3, 4) pointing to the 'Option' column, which contains a green plus icon and a dropdown menu with the text 'Add [Role Name]'. At the bottom of the form, there are buttons for 'Go to Previous Page', 'Save', and 'Save and Continue'.

1. Click the **Add/Update** link to add or update the information for each type of contact. For example, click **Add Chief Executive Officer** to add a Chief Executive Officer.
 - The system directs you to the data entry page (Figure 62) for the corresponding contact.
2. To delete the contact information already provided, click on the **Delete** link under the options column.

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

3. Enter the required information on this page.

Figure 62: Chief Executive Officer – Add page

The screenshot shows a web form titled "Chief Executive Officer - Add". At the top right, it displays "Due Date: 12/31/2016 (Due In: 8 Days)". Below this is a "Resources" section with a "View" button and links for "SAC FY 2016 User Guide", "Funding Opportunity Announcement", and "SAC TA". A note states "Fields with * are required". The main form area is titled "Add New Contact Information" and contains the following fields: Position Title (text input with "Chief Executive Officer"), Prefix (dropdown menu with "Select Option"), First Name (text input with asterisk), Last Name (text input with asterisk), Middle Initial (text input), Suffix (dropdown menu with "Select Option" and a text input for "If 'Other', please specify:" with a "(maximum 100 characters)" note), Highest Degree (dropdown menu with "Select Option" and a text input for "If 'Other', please specify:" with a "(maximum 100 characters)" note), Email Address (text input with asterisk), and Phone Number (text input with asterisk, split into area code, number, and extension). At the bottom, there are "Cancel", "Save", and "Save and Continue" buttons.

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

6.14 Clinical Performance Measures

Use this form to provide information about Clinical Performance Measures.

IMPORTANT NOTE:

- Refer to the SAC/SAC-AA Funding Opportunity Announcement for more information on completing the **Clinical Performance Measures** form.
- A new required **Oral Health** performance measure focused on the use of sealants in children ages 6-9 years at elevated risk for cavities has been added.
- The Diabetes Clinical Performance Measure has been revised to adult patients with **HbA1c levels > 9 percent**.
- The New **HIV Cases with Timely Follow-up** performance measure has been renamed **HIV Linkage to Care**.

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

Other Measures are additional measures that applicants may wish to add in this application. The addition of Other Measures is optional.

6.14.1 Completing the Required Clinical Performance Measures for New and Competing Supplement applications

If you are submitting a 'New' or 'Competing Supplement' application, then you must provide information for all the required performance measures listed in this form.

Figure 63: Clinical Performance Measures page (New or Competing Supplement application)

The screenshot displays the 'Clinical Performance Measures' page for '00129692: NEIGHBORCARE HEALTH'. The 'Project Period' section includes fields for 'Start Date (mm/dd/yyyy)' and 'End Date (mm/dd/yyyy)', both marked with a red '1'. A calendar icon, marked with a red '2', is used to select dates. Below this is a table of 'Standard Measures' with columns for 'Focus Area', 'Performance Measure', 'Baseline Year', 'Projected Data', 'Status', and 'Options'. The 'Status' column shows 'Not Complete' for all measures, and the 'Options' column contains an 'Update' button for each, marked with a red '3'. The table lists various measures such as Diabetes, Cardiovascular Disease, Cancer, Prenatal Health, Perinatal Health, Child Health, Oral Health, Weight Assessment and Counseling for Children and Adolescents, Adult Weight Screening and Follow-Up, Tobacco Use Screening and Cessation, Asthma - Pharmacological Therapy, Coronary Artery Disease (CAD) Lipid Therapy, Ischemic Vascular Disease (IVD): Aspirin Therapy, Colorectal Cancer Screening, HIV Linkage to Care, and Depression Screening and Follow Up.

To complete this form:

1. In the **Project Period** section, provide the Project Period Start Date and the Project Period End Date in 'MM/DD/YYYY' format. (Figure 63, 1)

IMPORTANT NOTE: The project period is the total time for which the applicant requests funding for up to three years.

2. Click on the Calendar icon (Figure 63, 2) to select the Project Period Start Date and End Date.

IMPORTANT NOTES:

- All the required performance measures will have a status of 'Not Complete'.
- The Clinical Performance Measures form will be 'Complete' when the status of all required performance measures and additional measures is 'Complete'.

1. Click on the **Update** link to start working on a performance measure (Figure 63, 3).
 - The system navigates to the **Clinical Performance Measure – Update** page (Figure 64).

Figure 64: Clinical Performance Measure - Update page

Clinical Performance Measures - Update

Due Date: 12/31/2016 (Due In: 90 Days) | Section Status: Not Complete

Resources

View
SAC FY 2016 User Guide | Funding Opportunity Announcement | SAC TA

Fields with * are required

Update Clinical Performance Measure Information

Focus Area: Diabetes

Is this performance measure applicable to your organization?: Yes

Performance Measure: Proportion of adult patients with a diagnosis of Type I or Type II diabetes whose hemoglobin A1c (HbA1c) was greater than 9% at the time of the last reading in the measurement year.

Approximately 1/4 page (Max 500 Characters): 500 Characters left

1. Target Goal Description (Sample Goals)

2. Numerator Description (Examples) / Denominator Description (Examples)

3. Projected Data (by End of Project Period) (Sample Calculation)

4. Calculate Baseline

5. Add New Key Factor and Major Planned Action

6. Comments (Required if performance measure is not applicable)

7. Cancel

8. Save / Save and Continue to List / Save and Update Next

Baseline Year: (yyyy)
Measure Type: Percentage
Numerator:
Denominator:
Projected Data:
Measure Type: Percentage
EHR
Chart Audit
Other If 'Other', please specify: (maximum 100 characters)

Key Factor Type	Description	Major Planned Action	Options
No key factors and major planned actions added			

2. To view examples of a **Target Goal Description**, click on the **Sample Goals** link (Figure 64, 1). To view examples for **Numerator** and **Denominator** descriptions, click on the **Examples** link (Figure 64, 2). Similarly, to view examples of a **Projected Data (by December 17, 2017)**, click on the **Sample Calculation** link (Figure 64, 3).
3. The Calculate Baseline button will calculate the baseline data based on the numerator and denominator values provided (Figure 64, 4).
4. In the **Data Source and Methodology** section, select an appropriate response for the source of the data (if 'Others' is selected specify a name) and provide a patient record description in the text box (up to 500 characters).
5. Click on the Add New Key Factor and Major Planned Action button to add Key factors (Figure 64, 5).
 - The system navigates to the **Key Factor and Major Planned Action – Add** page (Figure 65).
6. Provide all the required information.

Figure 65: Key Factors and Major Planned Action - Add page

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

7. Click the Save and Continue button (Figure 65, 1) to save the information on this page and proceed to the **Clinical Performance Measures – Update** page, or click the Save and Add New button (Figure 65, 2) to save the key factor information provided and proceed to add a new key factor.
8. Provide comments in the Comment field, if needed (Figure 64, 6).
9. Click the Save button to save the information on this page (Figure 64, 7). To proceed to the **Clinical Performance Measure – List** page, click on the Save and Continue to List button (Figure 64, 8) or click on the Save and Update Next button to update the next performance measure (Figure 64, 9).

6.14.2 Completing the Required Clinical Performance Measures for Competing Continuation applications

If you are submitting a Competing Continuation application, the system will pre-populate most of the information you provided for these performance measures from your latest SAC/New Access Point (NAP)/BPR submission and 2014 Uniform Data System (UDS) report (Figure 66).

IMPORTANT NOTES:

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

Figure 66: Clinical Performance Measures page (Competing Continuation application)

Clinical Performance Measures - List

Due Date: 07/30/2016 (Due In: 0 Days) | Section Status: **Not Started**

Resources

View

SAC FY 2016 User Guide | Funding Opportunity Announcement | SAC TA

Project Period

Start Date (mm/dd/yyyy)

End Date (mm/dd/yyyy)

[Add Other Performance Measure](#) [Collapse Group](#) | [Detailed View](#)

Focus Area	Performance Measure	Baseline Data	Baseline Year	Projected Data	Status	Options
<input type="text"/>	<input type="text"/>		All <input type="text"/>		All <input type="text"/>	
Standard Measures						
Diabetes	Proportion of adult patients with a diagnosis of Type I or Type II diabetes whose hemoglobin A1c (HbA1c) was greater than 9% at the time of the last reading in the measurement year.		2014		Not Complete	Update
Cardiovascular Disease	Proportion of adult patients with diagnosed hypertension whose blood pressure was less than 140/90 (adequate control) at the time of the last reading.	66.90%	2014		Not Complete	Update
Cancer	Percentage of women 21-64 years of age who received one or more Pap tests to screen for cervical cancer.	49.99%	2014		Not Complete	Update
Prenatal Health	Proportion of prenatal care patients who entered treatment during their first trimester.	82.97%	2014		Not Complete	Update
Perinatal Health	Proportion of patients born to health center patients whose birth weight was below normal (less than 2,500 grams).	6.39%	2014		Not Complete	Update
Child Health	Percentage of children with their 3rd birthday during the measurement year who are fully immunized before their 3rd birthday.	38.58%	2014		Not Complete	Update
Oral Health (Treatment Plan Completion Rate)	Percent of established patients with dental treatment plan initiated and completed within a 12 month period.	56.64%	2011		Not Complete	Update
Weight Assessment and Counseling for Children and Adolescents	Percentage of patients aged 2 until 17 who had evidence of BMI percentile documentation AND who had documentation of counseling for nutrition AND who had documentation of counseling for physical activity during the measurement year.	24.64%	2014		Not Complete	Update
Adult Weight Screening and Follow-Up	Percentage of patients aged 18 and older with a documented BMI during the most recent visit or within the 6 months prior to that visit AND when the BMI is outside of normal parameters a follow-up plan is documented.	37.18%	2014		Not Complete	Update
Tobacco Use Screening and Cessation	Percentage of patients age 18 years and older who were screened for tobacco use at least once during the measurement year or prior year AND who received cessation counseling intervention and/or pharmacotherapy if identified as a tobacco user.				Not Complete (Not Applicable)	Update
Asthma - Pharmacological Therapy	Percentage of patients aged 5 through 40 with a diagnosis of mild, moderate, or severe persistent asthma who received or were prescribed accepted pharmacologic therapy.	50.77%	2014		Not Complete	Update
Coronary Artery Disease (CAD): Lipid Therapy	Percentage of patients age 18 years and older with a diagnosis of CAD prescribed a lipid lowering therapy during the measurement year.	76.81%	2014		Not Complete (Not Applicable)	Update
Ischemic Vascular Disease (IVD): Aspirin Therapy	Percentage of patients aged 18 years and older who were discharged alive for acute myocardial infarction (AMI) or coronary artery bypass graft (CABG) or percutaneous transluminal coronary angioplasty (PTCA) from January 1 to November 1 of the prior year OR who had a diagnosis of ischemic vascular disease (IVD) during the measurement year or prior year who had documentation of use of aspirin or another antithrombotic.	63.85%	2014		Not Complete (Not Applicable)	Update
Colorectal Cancer Screening	Percentage of patients age 50 to 75 years who had appropriate screening for colorectal cancer.	41.08%	2014		Not Complete	Update
HIV Linkage to Care	Percentage of newly diagnosed HIV patients who had a medical visit for HIV care within 90 days of first-ever HIV diagnosis.				Not Complete (Not Applicable)	Update
Depression Screening and Follow Up	Percentage of patients aged 12 and older screened for clinical depression using an age appropriate standardized tool AND follow-up plan documented.				Not Complete (Not Applicable)	Update
Other Measures						
Diabetes	Percent of adult patients age 18 to 75 years with a diagnosis of Type 1 or Type 2 diabetes whose most recent HbA1c level during the measurement year is less than or equal to 9%.	62.11%	2011		Not Complete	Update

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

To complete this form, follow the steps below:

1. In the **Project Period** section, provide the Project Period Start Date and the Project Period End Date in 'MM/DD/YYYY' format.

IMPORTANT NOTE: The project period is the total time for which the applicant requests funding for up to three years.

2. Click on the **Update** link to provide the requested details for all the performance measures.
 - The system opens the **Clinical Performance Measure - Update** page.

Figure 67: Clinical Performance Measure - Update page for Competing Continuation application

Clinical Performance Measures - Update

Note(s):
Baseline data is pre-populated from the 2014 UDS Report.

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

Resources
View
SAC FY 2016 User Guide | Funding Opportunity Announcement | SAC TA

Fields with * are required

Update Clinical Performance Measure Information

Focus Area: HIV Linkage to Care

Is this performance measure applicable to your organization? Yes

Performance Measure: Percentage of newly diagnosed HIV patients who had a medical visit for HIV care within 90 days of first-ever HIV diagnosis.

Approximately 1/4 page (Max 500 Characters): 500 Characters left

Target Goal Description (Sample Goals) 1

Numerator Description (Examples)

Number of patients in the denominator who had a medical visit for HIV care within 90 days of first-ever HIV diagnosis.

Denominator Description (Examples)

Number of patients first diagnosed with HIV between October 1 of the prior year through September 30th of the current measurement year.

Baseline Data

Baseline Year	2014	(yyyy)
Measure Type	Percentage	
Numerator	1.31	
Denominator	1.71	
Calculate Baseline		
	76.61%	

2

Approximately 3/4 page (Max 1500 Characters): 1500 Characters left

Progress Competing continuation applicants area MUST use this field to provide information regarding progress since the application that initiated the budget period. 3

Projected Data (by End of Project Period) (Sample Calculation) 4

Projected Data:

Measure Type: Percentage

EHR
 Chart Audit
 Other If 'Other', please specify: (maximum 100 characters)

Data Sources & Methodology

Approximately 1/4 page (Max 500 Characters): 500 Characters left

Add New Key Factor and Major Planned Action 5

List of Key Factors and Major Planned Actions (Minimum 2) (Maximum 3)

Key Factor Type	Description	Major Planned Action	Options
No key factors and major planned actions added			

Comments (Required if performance measure is not applicable)

Approximately 3/4 page (Max 1500 Characters): 1500 Characters left

Cancel Save Save and Continue to List Save and Update Next

3. Provide the Target Goal Description requested (Figure 67, 1). For a sample goal description, click on the **Sample Goals** link.
4. The following fields related to Baseline Data will be pre-populated (Figure 67, 2)
 - Baseline Year

- Numerator
- Denominator

IMPORTANT NOTES:

- Baseline data will be pre-populated and non-editable for all Required Measures, except the new Oral Health measure, which will be pre-populated but editable.
- Behavioral Health measures from previous applications will be pre-populated under the **Other Measures** section.
- If grantees would like to report more current baseline data, this information should be included in the Comments field.

5. Provide progress on the performance measure (**Figure 67, 3**).
6. In the Projected Data field, enter the goal expected by December 31, 2017 (**Figure 67, 4**). Click the **Sample Calculation** link to see an example of the calculation you need to perform to complete this field.
7. Click on the Add New Key Factor and Major Planned Action button to add Key Factors (**Figure 67, 5**).

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

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

6.14.2.1 Marking a Measure as Duplicate

If there are multiple/duplicate measures listed, you will be able to see a link that reads **Mark as Duplicate**, you can mark the performance measure as a duplicate.

1. Click the **Mark as Duplicate** link (**Figure 68**).

Figure 68: Mark as Duplicate link

▶ Oral Health (Fluoride Treatment - Adult or Child)	Pediatric dental users age 2-18 that have had a fluoride treatment during the measurement period	50.88%	2006	Not Action Update Mark as Duplicate View Performance Measure
▶ Oral Health (Fluoride Treatment - Adult or Child)	Pediatric dental users age 2-18 that have had a fluoride treatment during the measurement period	49.95%	2010	
▶ Weight Assessment and Counseling for Children and Adolescents	Percentage of patients aged 2 until 17 who had evidence of BMI percentile documentation AND who had documentation of counseling for nutrition AND who had documentation of counseling for physical activity during the measurement year.	72.86%	2014	

- The system displays the **Clinical Performance Measures - Mark as Duplicate** page.

Figure 69: Clinical Performance Measures - Mark as Duplicate page

Clinical Performance Measures - Mark As Duplicate

Due Date: 10/15/2016 (Due In: 11 Days)

Resources

View
SAC FY 2016 User Guide | Funding Opportunity Announcement | SAC TA

Performance Measure selected to be marked as duplicate

Performance Measure	Measure Proposed In	Application Tracking Number	Numerator Description	Denominator Description
Pediatric dental users age 2-18 that have had a fluoride treatment during the measurement period			All pediatric dental users age 2-18 that have had one fluoride treatment within the measurement period	Pediatric dental users age 2-18 seen during the measurement period

Please identify the performance measure from the ones listed below, which is the duplicate of the performance measure listed above

Select Performance Measure	Measure Proposed In	Application Tracking Number	Numerator Description	Denominator Description
<input type="radio"/> Pediatric dental users age 2-18 that have had a fluoride treatment during the measurement period			All pediatric dental users age 2-18 that have had one fluoride treatment within the measurement period	Pediatric dental users age 2-18 seen during the measurement period

Justification Comments

Approximately 1/4 page (Max 500 Characters): 500 Characters left.

Cancel Save and Continue

2. Compare the duplicated performance measure's options to the performance measure listed at the top of the screen and select the duplicate. (Figure 69, 1)
3. Provide justification comments for the performance measure marked as a duplicate and click the Save and Continue button. (Figure 69, 2)

IMPORTANT NOTE: 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**.

6.14.2.2 Undo a Duplicated Performance Measure

To unmark the performance measure as a duplicate, click the **Undo Duplicate** link (Figure 70, 1).

Figure 70: Undo/Update Duplicate links

Oral Health (Fluoride Treatment - Adult or Child)	Pediatric dental users age 2-18 that have had a fluoride treatment during the measurement period	50.88%	2006	Marked as Undo Duplicate Action Update Duplicate Information Undo Duplicate View Performance Measure
Oral Health (Fluoride Treatment - Adult or Child)	Pediatric dental users age 2-18 that have had a fluoride treatment during the measurement period	49.95%	2010	
Weight Assessment and Counseling for Children and Adolescents	Percentage of patients aged 2 until 17 who had evidence of BMI percentile documentation AND who had documentation of counseling for nutrition AND who had documentation of counseling for physical activity during the measurement year.	72.86%	2014	

6.14.2.3 Update a Duplicated Performance Measure

To change a duplicated performance measure,

1. Click the **Update Duplicate Information** link (Figure 70, 2)
 - Select another performance measure as the duplicate.
 - Modify the justification comments.
2. Click the Save and Continue button when you are finished.
 - The system navigates back to the **Clinical Performance Measures** page.

6.14.3 Adding an Other Performance Measure

To add an 'Other' performance measure to your application,

1. Click the Add Other Performance Measure button on the Clinical Performance Measure form list page.
 - The **Add Clinical Performance Measure** page opens.

Figure 71: Add Clinical Performance Measure

2. Select a focus area from the drop-down menu (Figure 71, 1).
3. If your focus area is Oral Health or Behavioral Health, click on the Load Performance Measure Category button to load the performance measure category (Figure 71, 2). Otherwise, selecting Performance Measure Category is not applicable for you.
4. Select one or more performance measure category, as applicable.
5. Provide the required information on this page.
6. Click on the Add New Key Factor and Major Planned Action button to add Key Factors.

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

7. Click on the Save button to save the information on this page. To proceed to the performance measure page, click on the Save and Continue button. The newly added measure will be listed under the **Other Measures** group on the **Clinical Performance Measures** page.
8. Newly added 'Other' measures can be updated or deleted by using the **Update** and **Delete** links provided as options.

6.15 Financial Performance Measures

Use this form to provide information about Financial Performance Measures.

IMPORTANT NOTE:

- Refer to the SAC/SAC-AA Funding Opportunity Announcement for more information on completing the **Financial Performance Measures** form.
- A Health Center Program Grant Cost per Patient performance measure is new in FY 2016.

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

Other Measures are additional measures that an applicant may wish to add in this application. Addition of these measures is optional.

6.15.1 Completing the Required Financial Performance Measures for New and Competing Supplement applications

If you are submitting a ‘New’ or a ‘Competing Supplement’ application, then you must provide information for all the required Financial Performance Measures listed in this form.

Figure 72: Financial Performance Measures – List page (New or Supplemental Application)

IMPORTANT NOTES:

- All the required Financial Performance Measures will have a status of ‘Not Complete’.
- The **Financial Performance Measures** form will become ‘Complete’ when the statuses of all the Required Financial Performance Measures and Other Measures are ‘Complete’.

In order to complete this form, follow the steps below:

1. Provide the Project Period Start date and the Project Period End date in the Project Period section of the form in the ‘MM/DD/YYYY’ format.

IMPORTANT NOTE: The project period is the total time for which the applicant requests support up to three years.

The system will synchronize the project period dates between the **Clinical Performance Measures** and **Financial Performance Measures** forms. Changes made to dates in one form are reflected in the other form.

2. Click on the **Update** link to start working on a performance measure (Figure 72, 1).
 - The system navigates to the **Financial Performance Measure – Update** page.

Figure 73: Financial Performance Measure - Update Page

Financial Performance Measures - Update

Due Date: 9/7/16 (Due In: 0 Days) | Section Status: Not Complete

Resources

View
SAC FY 2016 User Guide | Funding Opportunity Announcement | SAC TA

Fields with * are required

Update Financial Performance Measure Information

Focus Area: Costs

Is this performance measure applicable to your organization?: Yes

Performance Measure: Total cost per patient.

Approximately 1/4 page (Max 500 Characters): 500 Characters left

* Target Goal Description (Sample Goals)

* Numerator Description (Examples): Total accrued cost before donations and after allocation of overhead.

Denominator Description (Examples): Total unduplicated patients for the period from January 1 to December 31 of the calendar measurement year.

* Baseline Data

Baseline Year: (yyyy)

Measure Type: Ratio

Numerator: []

Denominator: []

Calculate Baseline

* Projected Data (by End of Project Period) (Sample Calculation): Projected Data [] Measure Type: Ratio

Approximately 1/4 page (Max 500 Characters): 500 Characters left

* Data Sources & Methodology

Add New Key Factor and Major Planned Action

* List of Key Factors and Major Planned Actions (Minimum 2) (Maximum 3)

Key Factor Type	Description	Major Planned Action	Options
No key factors and major planned actions added			

Comments (Required if performance measure is not applicable)

Approximately 3/4 page (Max 1500 Characters): 1500 Characters left

Cancel Save Save and Continue to List Save and Update Next

- To view examples of a Target Goal Description, click on the **Sample Goals** link (Figure 73, 1). To view examples of Numerator and Denominator descriptions, click on the **Examples** link.
- The Calculate Baseline button will calculate the baseline data based on the numerator and denominator values provided. (Figure 73, 2)
- Click on the Add New Key Factor and Major Planned Action button to add Key Factors.

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

- Click the Save and Return to Performance Measure button to save the information on the **Key Factor and Major Planned Action - Add** page and proceed to the **Financial Performance Measures – Update**

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

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

6.15.2 Completing the Required Financial Performance Measures for Competing Continuation applications

If you are submitting a Competing Continuation application, then the system will pre-populate most of the information you provided for these performance measures from your latest SAC/NAP/BPR submission and 2014 Uniform Data System (UDS) report.

IMPORTANT NOTES:

- All the required performance measures' statuses will be 'Not Complete'.
- The **Financial Performance Measures** form will become 'Complete' when the statuses of all the Required Performance Measures and Other measures are 'Complete'.

Figure 74: Financial Performance Measure (Competing Continuation application)

Financial Performance Measures - List

Note(s):
For a given performance measure the baseline data, if available, is being pre-populated from the UDS 2014 Report submitted by the grantee.

Due Date: 07/31/2016 (Due In: 0 Days) | Section Status: Not Started

Resources

View
SAC FY 2016 User Guide | Funding Opportunity Announcement | SAC TA

Fields with * are required

Project Period

* Start Date (mm/dd/yyyy)

* End Date (mm/dd/yyyy)

Add Other Performance Measure

Focus Area	Performance Measure	Baseline Data	Baseline Year	Projected Data	Status	Options
			All		All	
Standard Measures						
Costs	Total cost per patient	94.86 : 1 Ratio	2014		Not Complete	Update
Costs	Medical cost per medical visit	183.54 : 1 Ratio	2014		Not Complete	Update
Grant Costs	Health Center Program Grant Cost Per Patient				Not Complete	Update

Go to Previous Page

Save Save and Continue

To complete this form, follow the steps below:

1. In the **Project Period** section, provide the Project Period Start Date and the Project Period End Date in 'MM/DD/YYYY' format.

IMPORTANT NOTE: The project period is the total time for which the applicant requests funding for up to three years.

The system will synchronize the project period dates between the **Clinical Performance Measures** and **Financial Performance Measures** forms. Changes made to dates in one form are reflected in the other form.

2. Click on the **Update** link to provide the requested details for all the performance measures (Figure 74, 1).
 - The system navigates to the **Financial Performance Measures - Update** page.

Figure 75: Financial Performance Measure - Update Page

Financial Performance Measures - Update

Note(s):

- Baseline data is pre-populated from the 2014 UDS Report.
- Baseline data is pre-populated from the 2014 UDS Report, and Data Source and Methodology is pre-populated from the Health Center Program application/progress report that initiated the current budget period.

Due Date: 07/01/2016 (Due In: Days) | Section Status: New - Completed

Resources

View

SAC FY 2016 User Guide | Funding Opportunity Announcement | SAC TA

Fields with * are required

Update Financial Performance Measure Information

Focus Area: Costs

Is this performance measure applicable to your organization?: Yes

Performance Measure: Total cost per patient.

Approximately 1/4 page (Max 500 Characters): 500 Characters left.

* Target Goal Description (Sample Goals) **1**

* Numerator Description (Examples)

Denominator Description (Examples)

Baseline Data

Baseline Year	2014 (yyyy)	2
Measure Type	Ratio	
Numerator	5,228,580	
Denominator	55,118	
Calculate Baseline		
		94.86 : 1 Ratio

Approximately 3/4 page (Max 1500 Characters): 1500 Characters left.

* Progress Competing continuation applicants area MUST use this field to provide information regarding progress since the application that initiated the budget period. **3**

* Projected Data (by End of Project Period) (Sample Calculation) **4**

Projected Data

Measure Type: Ratio

Approximately 1/4 page (Max 500 Characters): 451 Characters left.

* Data Sources & Methodology

UDS summary and Neighborcare financial statements

Add New Key Factor and Major Planned Action **5**

* List of Key Factors and Major Planned Actions (Minimum 2) (Maximum 3)

Key Factor Type	Description	Major Planned Action	Options
No key factors and major planned actions added			

Comments (Required if performance measure is not applicable)

Approximately 3/4 page (Max 1500 Characters): 1500 Characters left.

Cancel Save Save and Continue to List Save and Update Next

3. Provide the Target Goal Description requested. For a sample goal description, click on the **Sample Goals** link (Figure 75, 1).

4. For the financial performance measure with Focus Area – ‘Costs’, the following fields will be pre-populated ([Figure 75, 2](#)).
 - Baseline Year
 - Numerator
 - Denominator

IMPORTANT NOTES:

- The baseline data will be pre-populated and non-editable for all required measures.
 - There can be scenarios when there is no baseline data to pre-populate for certain required measures. In these cases, Baseline Data fields will be disabled and grantees will not be required to provide any information.
5. Provide information regarding progress since the application that initiated the budget period ([Figure 75, 3](#)).
 6. In the Projected Data field, enter the goal expected by December 31, 2017 ([Figure 75, 4](#)). Click the **Sample Calculation** link to see an example of the calculation you need to perform to complete this field.
 7. Click the Add New Key Factor and Major Planned Action button to add Key Factors ([Figure 75, 5](#)).

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

8. Click on the Save button to save the information on this page. To proceed to the **Financial Performance Measure – List** page, click on the Save and Continue to List button or click on the Save and Update Next button to update the next performance measure.

6.15.2.1 Marking a Measure as Duplicate

When you see a link that reads Mark as Duplicate in the action links, you can mark the performance measure as a duplicate. Refer to [Section 6.14.2.1](#) for more details.

6.15.2.2 Undo Duplicate Performance Measure

When you see a link that reads Undo Duplicate, you can mark the performance measure as a duplicate. Refer to [Section 6.14.2.2](#) for more details.

6.15.3 Adding Other Performance Measures

To add an ‘Other’ performance measure to your application, follow the steps below:

1. Click the Add Other Performance Measure button on the Financial Performance Measures form list page.
 - The **Financial Performance Measures – Add** page opens.
2. Provide the required information on this page.
3. To add the key factors, click on the Add New Key Factor and Major Planned Action button.

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

4. Click on the Save button to save the information on this page. To proceed to the performance measure list page, click on the Save and Continue button. The newly added measure will be listed under the Other Measures group on the **Financial Performance Measures - List** page.
5. For the newly added other performance measures, the system will provide a **Delete** link.

6.16 Summary Page

The **Summary Page** form provides a read-only view of BPHC identified fields from certain forms of this FY 2016 SAC/SAC-AA application. To complete the **Summary Page** form, the following four sections must be completed:

1. Service Area (**Figure 76, 1**)
2. Patient Projection (**Figure 76, 2**)
3. Federal Request for Health Center Program Funding (**Figure 76, 5**)
4. Scope of Project: Sites and Services (**Figure 76, 6**)

Figure 76: Summary Page

Summary Page

00129692: NEIGHBORCARE HEALTH Due Date: 07/11/2015 (Due In: 58 Days) | Section Status: Not Started

Resources

View
[SAC FY 2016 User Guide](#) | [Funding Opportunity Announcement](#) | [SAC TA](#)

Fields with * are required

Service Area

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

Service Area ID #: 1
 Service Area City:
 State:

Patient Projection

2. What is the total number of unduplicated patients projected to be served by December 31, 2017?
 Note: If changes are required, revisit Form 1A.

3. What is the Patient Target from the Service Area Announcement Table for the proposed service area?
 2

4. Percent of the service area Patient Target proposed to be served by December 31, 2017.
 Note: The value must be at least 75 percent for the application to be considered eligible for funding.
 3

5. By checking this box, I acknowledge that in addition to the total unduplicated patient service projection made on Form 1A (see Item 2 above), I will also meet the additional patient projections for any other funding awarded within my project period that can be monitored by December 31, 2017 (i.e., patient commitments from awarded applications, if any). 4

Federal Request for Health Center Program Funding

6. I am requesting the following types of Health Center funding:
 Note: Compare these values with those on the SF-424A, Section A.

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

Note: Ensure this value does not exceed the total annual federal section 330 funding available for the service area from the Service Area Announcement Table (Total Funding column). If a funding reduction is required based on the patient projection (value between 75 and 94.9 percent for item 4 above), this figure should be lower than the value in the Service Area Announcement Table. 5

Scope of Project: Sites and Services

7. I am proposing the following new site(s): (New applicants and current grantees applying for a new service area only)
 Note: If changes are required, revisit Form 5B.

Site Name	New Site or Site Currently in Scope	Physical Street Address for Site	Service Site Type	Location Type	Service Area Zip Codes
Neighborhood Health at 25 Woodrow Wilson Plaza, Newark, NJ	New Site	2500 Woodrow Wilson Blvd, 07102, NJ	Service Delivery Site	Planned	07102

8. Sites Certification (New applicants and current grantees applying for a new service area only)
 By checking this box, I certify that all sites described in my application are included on Form 5B (as summarized above) and that all sites included on Form 5B (as summarized above) will be open and operational within 120 days of Notice of Award. 7

9. Scope of Project Certification – Services (Grantees applying to continue serving their current service area only) – select only one below
 This section is not applicable to you as you are submitting either a New or a Supplemental application. 8

10. Scope of Project Certification – Sites (Grantees applying to continue serving their current service area only) – select only one below
 This section is not applicable to you as you are submitting either a New or a Supplemental application.

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

6.16.1 Completing the Summary Page

1. Enter the three digit identification number, city, and state of the service area that you are proposing to serve, as indicated on the SAAT (Figure 76, 1) to complete the Service Area section. Refer to the SAAT, available at the **SAC TA website** (<http://bphc.hrsa.gov/programopportunities/fundingopportunities/SAC/index.html>) or the **SAC-AA TA web site** (<http://bphc.hrsa.gov/programopportunities/fundingopportunities/sac-aa/index.html>), as applicable.
2. The total number of unduplicated patients projected to be served by December 31, 2017 in the Patient Projection section will be pre-populated from the Total row of the Unduplicated Patients and Visits by Population Type section of [Form 1A: General Information Worksheet](#).

3. Enter the Patient Target for the proposed service area, as indicated on the **SAAT (Figure 76, 2)**. The percentage of patients to be served by December 31, 2017 will auto-calculate (**Figure 76, 3**). Refer to the SAAT , available at the **SAC TA website** (<http://bphc.hrsa.gov/programopportunities/fundingopportunities/SAC/index.html>) or the **SAC-AA TA web site** (<http://bphc.hrsa.gov/programopportunities/fundingopportunities/sac-aa/index.html>), as applicable.
4. Certify that in addition to the total Unduplicated Patient Projections made on [Form 1A: General Information Worksheet](#), patient projections from other funding that can be monitored by December 31, 2017 will also be met (**Figure 76, 4**).
5. The information in the **Federal Request for Health Center Program Funding** section of the **Summary Page** is pre-populated from Section A: Budget Summary of the Budget Information: [Section A-C](#) page of this application, and is displayed in a read-only format (**Figure 76, 5**). Compare the total amount in this section with the Total Funding amount on the **SAAT** to ensure your eligibility. If you need to make changes to the values displayed in this section, revisit the Standard Section of this application and edit the [Section A - Budget Summary](#). Refer to the SAAT , available at the **SAC TA website** (<http://bphc.hrsa.gov/programopportunities/fundingopportunities/SAC/index.html>) or the **SAC-AA TA web site** (<http://bphc.hrsa.gov/programopportunities/fundingopportunities/sac-aa/index.html>), as applicable.
6. If you are submitting a New or a Competing Supplement application, question 7 and 8 (**Figure 76, 6 and 7**) of the Summary Page form are applicable to you:
 - a. Question 7 displays a table of all site(s) included in [Form 5B](#) (**Figure 76, 6**). If changes are required, revisit [Form 5B](#).
 - b. Certify in question 8 that all sites described in your application (and displayed in question 7 of this **Summary Page**) are included on [Form 5B](#) and will all be open and operational within 120 days of Notice of Award (**Figure 76, 7**).

IMPORTANT NOTE: Questions 7 and 8 are not applicable to you if you are submitting a Competing Continuation application (**Figure 76, 6 and 7**).

7. If you are submitting a Competing Continuation application, questions 9 and 10 of the Summary Page form are applicable to you:
 - a. Certify in question 9, 'Scope of Project Certification – Services' that Form [5A: Services Provided](#) of this application accurately reflects all services and service delivery methods included in your current approved scope of project or that required changes have been submitted through the change in scope process (**Figure 76, 8**).
 - b. Certify in question 10, 'Scope of Project Certification – Sites' that [Form 5B: Service Sites](#) of this application accurately reflects all sites included in your current approved scope of project, or that required changes have been submitted through the change in scope process (**Figure 76, 8**).

IMPORTANT NOTES:

- Questions 9 and 10 are not applicable to you if you are submitting a New or Competing Supplement application (**Figure 76, 8**).
- If you revisit [Form 1A](#), [Form 5A](#) or [Form 5B](#) and click on the Refresh from Scope button in Form 5A and/or 5B AFTER the **Summary Page** form is already 'Complete,' the system will change the status of the

Summary Page to 'Not Complete' and you will be required to revisit the **Summary Page** in order to mark it as 'Complete' once again.

7. Reviewing and Submitting the FY 2016 SAC/SAC-AA Application to HRSA

To review your application, follow the steps below:

1. Navigate to the standard section of the application using the **Grant Application** link in the navigation links displayed at the top of the **Summary Page** form.
2. On the **Application - Status Overview** page, click the **Review** link in the Review and Submit section of the left menu (**Figure 77, 1**).

Figure 77: Review link

Application - Status Overview

STATUS: COMMUNITY HEALTH CONNECTIONS, INC. Due Date: 8/13/2016 11:59:59 PM (Due in: 89 days) | Application Status: Complete

Announcement Number: HRSA-15-210 Announcement Name: Service Area Competition Created by: John Daniels on 08/09/2016 2:31:58 PM
Application Type: Competing Continuation Grant Number: HRSA-15-210-00107 Last Updated By: John Daniels on 08/09/2016 2:31:58 PM
Application Package: SF424 Application FY: 2016 Program Type: Non-Construction

Resources

View

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

Users with permissions on this application (1)

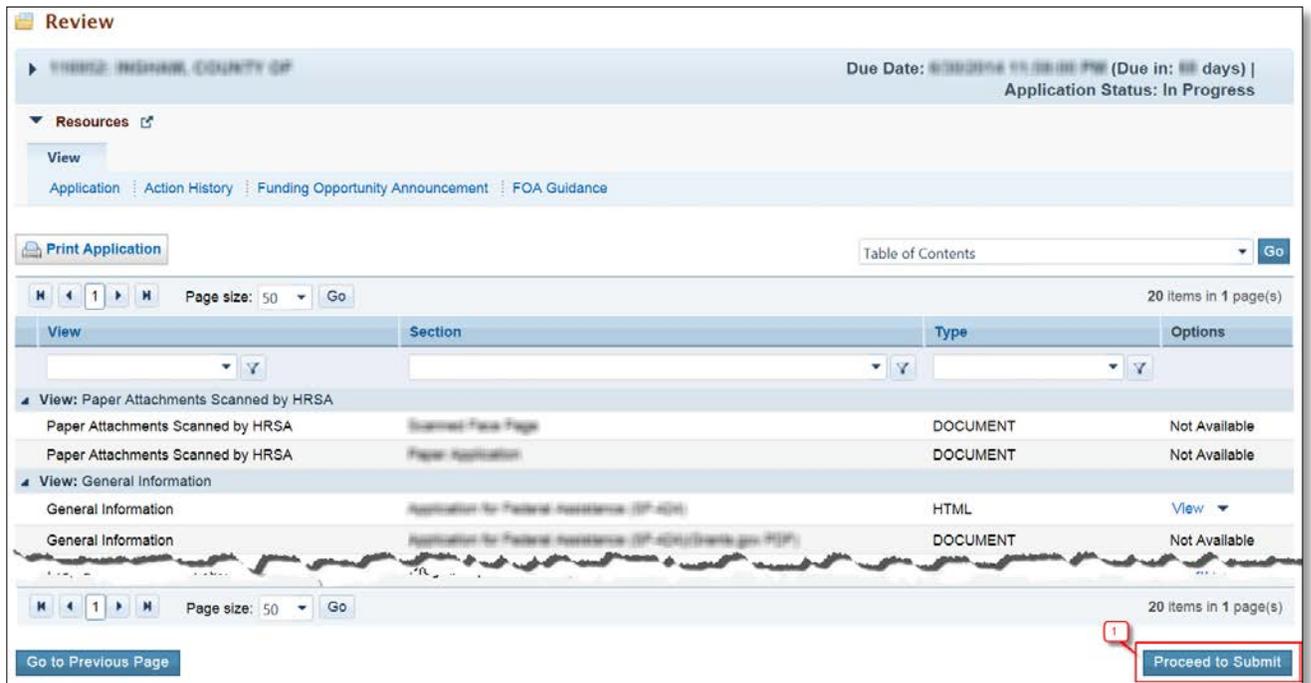
List of forms that are part of the application package

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

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

3. Verify the information displayed on the **Review** page.
4. If you are ready to submit the application to HRSA, click the Proceed to Submit button at the bottom of the **Review** page (**Figure 78, 1**).

Figure 78: Review Page – Proceed to Submit



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

IMPORTANT NOTES: To submit an application, you must have the 'Submit' privilege. This privilege must be given by the Project Director (PD) to the Authorizing Official (AO) or designee.

If you are not the AO, a Submit to AO button will be displayed at the bottom of the Submit page. Click the button to notify the AO that the application can be submitted to HRSA (Figure 79).

Figure 79: Submit to AO

Application - Submit

HAROLD COMMUNITY HEALTH CONNECTIONS, INC. Due Date: 01/30/2016 11:59:59 PM (Due in: 0 days) | Application Status: Complete

Announcement Number: HHS-15-210 Announcement Name: Service Area Competition Created by: John Daniels on 01/29/2016 3:31:58 PM
 Application Type: Competing Continuation Grant Number: HHS-15-210P Last Updated By: John Daniels on 01/29/2016 3:31:58 PM
 Application Package: SF424 Application FY: 2016 Program Type: Non-Continuation

Resources

View

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

Users with permissions on this application (1)

List of forms that are part of the application package

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

Go to Previous Page **Submit to AO**

6. Answer the questions displayed under the Certifications and Acceptance section of the confirmation page and click the Submit to Application button to submit the application to HRSA.
7. If you experience any problems with submitting the application in EHB, contact the BPHC Helpline at 1-877-974-2742 or <http://www.hrsa.gov/about/contact/bphc.aspx>.