

HRSA Electronic Handbooks

FQHC Look-Alike

Renewal of Designation Application

User Guide for Applicants

Last updated on: October 13, 2011



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1. Introduction

1.1. Document Purpose and Scope

The purpose of this document is to provide detailed instructions to help applicants complete their FQHC LAL applications in HRSA Electronic Handbooks (EHBs).

This document is not meant to replace program guidance documents; applicants are directed to follow program guidance documents for all programmatic questions.

1.2. Document Organization

This document contains the following sections:

Section	Description
Before You Begin	Provides information applicants need to know before they submit an application.
Get Started with the HRSA Electronic Handbooks	Describes how to log in to the HRSA Electronic Handbooks and begin the FQHC LAL application process.
Complete the Application Forms	Describes the steps necessary to complete the Application Forms of the FQHC LAL application in the Electronic Handbooks.
Review the Application	Describes how to review a FQHC LAL application to ensure that all information is accurate before submitting the application to HRSA.
Submit the Application	Describes the steps necessary to submit the FQHC LAL application to HRSA.
Customer Support	Provides contact information to address technical and programmatic questions.
Frequently Asked Questions	Provides answers to frequently asked questions by various categories.

2. Before You Begin

2.1. Register with the HRSA Electronic Handbooks

The project director must register with the HRSA Electronic Handbooks (EHBs) to complete the FQHC LAL application in HRSA EHBs. Registration allows HRSA to collect consistent information from all users, avoid collection of redundant information, and uniquely identify each system user uniquely.

Registration within HRSA EHBs is a two-step process. In the first step, each user from an organization must create individual system accounts. In the second step, the users must associate themselves with the appropriate FQHC Look-Alike organization.

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

3. Get Started with the HRSA Electronic Handbooks

3.1. Log In

To log in to the HRSA EHBs,

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

Figure 1: HRSA EHBs Login Screen

3. Click **Login**.
 - The HRSA EHBs Home page (Figure 2) opens.

Figure 2: HRSA EHBs Home Page

3.2. Session Time Limit

When you open a page in the HRSA Electronic Handbooks (EHBs), your session will remain active for 30 minutes after your last activity. Save your work every five minutes to avoid losing information.

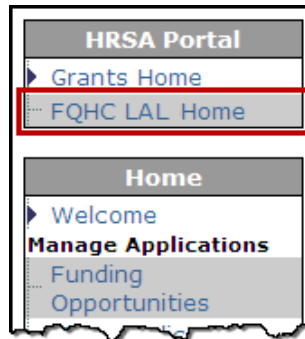
4. Portfolio Management

To view and complete the Renewal of Designation, the designation must be registered in your Portfolio.

To add a Designation to your portfolio:

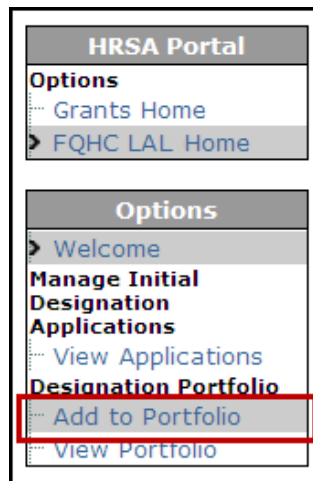
1. From the **Left Side** menu, click [FQHC LAL Home](#) (Figure 3).

Figure 3: Home Page Left Side Menu



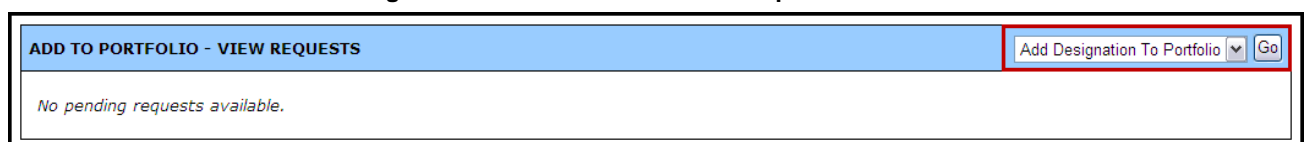
2. On the **Left Side** menu, under Options, click [View Portfolio](#).
 - If your designation is not listed in your portfolio, proceed to Step 3.
 - If your designation is listed on the resulting **FQHC Look-Alike Designation** page, then go to **Section 5: Access the Designation**, and proceed with Step 3.
3. On the **Left Side** menu, under **Options**, click [Add to Portfolio](#) (Figure 4).

Figure 4: FQHC LA Home Left Side Menu



- The **Add to Portfolio – View Requests** page (Figure 5) opens.

Figure 5: Add to Portfolio - View Requests



4. On the **Add to Portfolio – View Requests** page, click [Go](#).

- The **Designation Portfolio Registration** page opens (Figure 6).

Figure 6: Designation Portfolio Registration Page

- You may select either:
 - I am a FQHC Look-Alike Project Director.
 - I would like to request access to the designation as “Other User”.

If you are the project director for this Designation, select ***‘I am a FQHC Look-Alike Project Director’*** and proceed to Section 4.1.

If you are not the project director for this Designation and would like to request access to this designation, select ***‘I would like to request access to this designation as “Other User”’*** and proceed to Section 4.2.

4.1. I am a FQHC Look-Alike Project Director

The project director is listed in the **FQHC LAL Notice of Look-Alike Designation**. There can only be one project director per designation. The following is a process of verification of you as the project director, and the registration of the designation in your Portfolio.

To add this designation to your Portfolio as the project director:

- Select the ***‘I am a FQHC Look-Alike Project Director’*** radio button, and click **Guide Me**.
 - The **Designation Portfolio Registration** page refreshes (Figure 7) with your selection expanded.

Figure 7: Designation Portfolio Registration - Proceed with Portfolio Registration

2. Enter the **LAL Number**, and click **Proceed with Portfolio Designation**.
- The **Verify Project Director Identity** page (Figure 8) opens.

Figure 8: Verify Project Director Identity Page

VERIFY PROJECT DIRECTOR IDENTITY

LAL DESIGNATION : Syracuse Community Health Center, SYRACUSE, NY:
 Project Director: Robert Cowart **Status: Not Registered**

Functional Role
 Authorizing Official

NAME VALIDATION STATUS		
Project Director Name on the Designation Notice	Project Director Name in EHB's Profile	Status
Robert Cowart	Robert Cowart	Validated

ENTER THE FOLLOWING INFORMATION FROM NOTICE OF LOOK-ALIKE DESIGNATION

* FQHC Look-Alike designation notice issue date for LAL000000 (mm/dd/yyyy)

CERTIFICATION

I, Robert Cowart, certify that I am the Project Director for FQHC Look-Alike LAL000000.

- The **Project Director - Status**:
 - a. If **Not Registered** – Proceed with the verification process.
 - b. If **Registered** – This LAL Designation is already registered with your portfolio.
 - i. Cancel this page and proceed to the next section
- The **Name Validation Status**:
 - c. If **Validated** – You are listed as the project director for the Designation.
 - d. If **Not Validated** – The system does not recognize you as the project director.
 - i. The **Enter the Following Information From Notice of Look-Alike Designation** section and the **Certification** section will not show on this page.
 - ii. Click **Cancel** to close the window and return to the previous page.
3. In the **Enter The Following Information From Notice of Look-Alike Designation** section, enter the notice issue date for this designation.
4. In the **Certification** section, check the box to certify that you are the project director.
5. Click **Continue**.
- The **Addition of Designation – Successful** page (Figure 9) opens, displaying a message stating that the addition of the designation was recorded successfully, showing a **Status of Registered**.

Figure 9: Addition Of Designation - Successful Page

Your request to add the following to your portfolio as project director was recorded successfully.

ADDITION OF DESIGNATION - SUCCESSFUL

LAL000000 : Syracuse Community Health Center, SYRACUSE, NY:
 Project Director: Robert Cowart **Status: Registered**

6. To continue to view your portfolio, click **Proceed to View Portfolio**.

4.2. I would like to request access to this designation as “Other User”

This option allows a member of the organization who is not the project director, to request access to the designation and register it within their Portfolio.

To Request Access to this Designation as “Other User” follow these steps:

1. From the **Designation Portfolio Registration** page (Figure 6), select **‘I would like to request access to this designation as “Other User”.’**
2. Click **Guide Me**.
 - The **Designation Portfolio Registration** page (Figure 10) refreshes with the selected field expanded.

Figure 10: Designation Portfolio Registration - Other User Request

The screenshot shows the 'DESIGNATION PORTFOLIO REGISTRATION' page. At the top, it displays 'REGISTERED ROLE - AUTHORIZING OFFICIAL' with fields for 'FQHC Look-Alike Name' (CITY OF CHICAGO DEPARTMENT OF PUBLIC HEALTH), 'EIN', 'DUNS', and 'HOW-HQID'. Below this, a message asks the user to choose an option. Two radio buttons are present: 'I am a FQHC Look-Alike Project Director' (unselected) and 'I would like to request access to this designation as "Other User"' (selected). A note explains that the user will request permissions and enter comments, which will be forwarded to the Project Director for approval. A red box highlights the 'Request Permission from PD' button. A 'Guide Me' button is located at the bottom right.

3. Read the **Note:** and then to proceed with the request, click **Request Permission from PD**.
 - The **Request Access From Project Director** page (Figure 11) opens.

Figure 11: Request Access From Project Director

The screenshot shows the 'REQUEST ACCESS FROM PROJECT DIRECTOR' page. It features a table with the following data:

Select	LAL Number	Project Director Name	Registered
<input type="checkbox"/>	LAL00000	Michael Colucci	Yes

Below the table is a section titled 'ENTER YOUR COMMENTS' with a text area labeled '*Comments'. At the bottom left is a 'Go Back' button, and at the bottom right is a 'Continue' button, both highlighted with red boxes.

If the project director shows **Not Registered** your request will not be processed. Click [Go Back](#) and try again after the project director has registered this designation.

4. Select the project director by checking the box.
5. Add your comments in the field provided (required).
6. Click [Continue](#) to proceed.
- The **Request Access From Project Director** page refreshes with a message that your request has been forwarded to the PD successfully.

Figure 12: Request Access From Project Director - Successfully Forwarded

Your request to add the following designation(s) to your portfolio as other staff was successful and has been forwarded to the PD. The designation(s) will be added to your portfolio once the PD approves your request.

REQUEST ACCESS FROM PROJECT DIRECTOR			
Registered Organization Role - Employee			
Designation Name	CITY OF CHICAGO DEPARTMENT OF PUBLIC HEALTH		
CRS-EIN	00000000	DUNS	00000000
An email was sent to the Project Director for each designation listed below.			
Sent Requests			
Designation Number	PD Name	PD Registered	
LAL000000	Michael Ducho	Yes	
Proceed to add another Designation		Proceed to View Portfolio	

[Proceed to View Portfolio](#) will take you to the list of Designations in your Portfolio, note that this Designation will not be incorporated into your portfolio until the project director approves your request.

7. To add another Designation to your Portfolio, click [Proceed to add another Designation](#).
- The **Add to Portfolio – View Requests** page opens listing your request showing a status of Pending Approval.

Figure 13: Add to Portfolio - View Requests - Pending Approval

ADD TO PORTFOLIO - VIEW REQUESTS	Add Designation To Portfolio Go
LAL000000: FQHC LOOK-ALIKE	Status: Pending Approval
View Action History	

8. Click on the [View Action History](#) link to track the progress of the pending approval.
9. To add another designation to your portfolio, click [Go](#).

4.3. Change of Designation Project Director

There may be an instance when an Organization's Designation project director changes. A notification to HRSA is given and the change is made in the system. Here are the steps necessary to make the change complete:

1. Once the change has been made in the system, HRSA will notify the new project director for the designation.
2. The new project director will need to follow the steps laid out in **Section 4: Portfolio** and **Section 4.1: I am a FQHC Look-Alike Project Director**.

On the **Verify Project Directory Identity** page (Figure 8), the **Status:** will show **Registered**. Ignore that message and continue to add the issue date verification, check the Certification checkbox, and click **Continue**.

- The **Addition Of Designation – Successful** page (Figure 9) will open displaying the new project director with a **Status: Registered**.

The former project director will be automatically changed to 'Other User' status by the system.

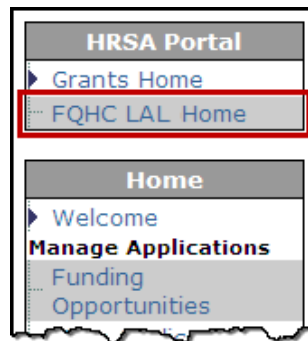
5. Access the Designation

To access a FQHC LAL Designation it must first be registered with your Portfolio. You must be the project director, or you must have edit access privileges granted to you by the project director for the designation. (See **Section 6: Administer New/Existing Users**)

The following steps describe the process of accessing your FQHC LAL Designation:

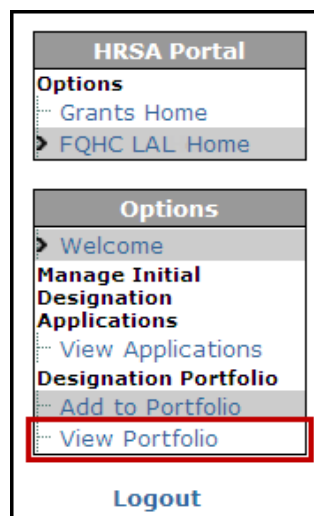
1. On the **HRSA EHBs Home** page (Figure 2), select **FQHC LAL Home** under **HRSA Portal** (Figure 14) on the **Left Side** menu.

Figure 14: Left Side Menu - FQHC LAL Home Link



2. On the **Left Side** menu of the subsequent page, under **Designation Portfolio** (Figure 15), select **View Portfolio**.

Figure 15: Left Side Menu - View Portfolio Link



- The **FQHC Look-Alike Designation** page (Figure 16) opens, listing the **Designation**.

Figure 16: FQHC Look-Alike Designation

FQHC LOOK-ALIKE DESIGNATION			
LAL DESIGNATION: FQHC LOOK-ALIKE			
Designation Period	01/01/2011 - 01/31/2012	Annual Certification Period	01/01/2011 - 01/31/2012
EIN	XXXXXXXXXX		Open Designation Handbook
Project Director	MOTASH CHELTON, MCHLTON1@hotmail.com, XXXXXXXXXX		
Program Contact			

You may have more than one designation listed on this page.

- To open the desired FQHC Look-Alike Designation, click on the [Open Designation Handbook](#) link.
- The **FQHC LAL Handbook Overview** page opens for your Designation (Figure 17).

Figure 17: FQHC LAL Handbook - Overview Page

The **Left Side** menu contains links to all the activities you, as project director, can perform.

If you are not a project director, and you do not see links to activities you need to perform, you may not have been granted access to those activities. (See **Section 4.2: I would like to request access to this designation as “Other User”** to request access.)

- To configure user access to this Designation proceed to the next section.
- To proceed with the Renewal of Designation Application process, go to **Section 7: Access the Application**.

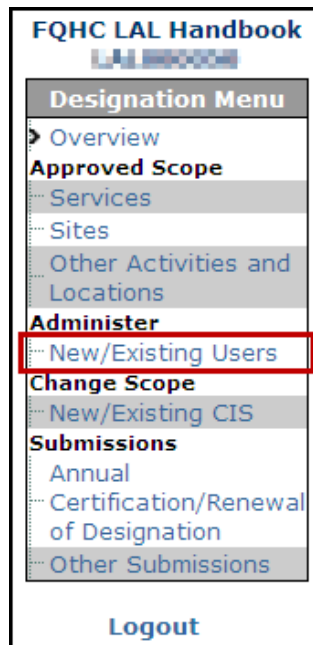
6. Administer New/Existing Users

Administer New/Existing Users gives the project director, the ability to manage user access to your designation.

Administer New/Existing Users is only available to the project director. For all other users, the [New/Existing Users](#) link will not be shown on the Left Side menu.

1. From the **FQHC LAL Handbook**, in the Left Side menu under **Administer**, click the [New/Existing Users](#) link.

Figure 18: FQHC LAL Handbook - Left Side Menu



- The **Administer Users** page (Figure 19) opens with a prepopulated list of users from your organization.
2. To search for users in your organization, click . To sort the list by [New Users](#) or [Existing Users](#), click the appropriate link.

When performing a search from one of the Filtered pages, ([New Users](#); [Existing Users](#)) the search results will be displayed in the [All Users](#) view.

Figure 19: Administer Users Page

The screenshot shows the 'ADMINISTER USERS' interface. At the top right is a 'Search' button. Below the title bar, there are 'Input Parameters' and search filters. Three user profiles are listed, each with a 'Portfolio Association Status' and a set of action buttons.

ADMINISTER USERS		Search
Input Parameters: (Hide Parameters) First Name LIKE: All; Last Name LIKE: All; User Name LIKE: All; Email LIKE: All; Functional Role: All; Results Per Page: 5		
All Users New Users Existing Users		
[User Name] (Portfolio Association Status)		Portfolio Association Status: None
Functional Role	Employee	<input type="button" value="Grant Access"/> <input type="button" value="Go"/>
Email	[Email Address]	
Phone	[Phone Number]	
Privileges	None	
View Action History		
[User Name] (Portfolio Association Status)		Portfolio Association Status: New User
Functional Role	Business Official	<input type="button" value="Update Privileges"/> <input type="button" value="Go"/>
Email	[Email Address]	
Phone	[Phone Number]	
Privileges	None	
View Action History		
[User Name] (Portfolio Association Status)		Portfolio Association Status: Existing User
Functional Role	Employee	<input type="button" value="Update Privileges"/> <input type="button" value="Go"/>
Email	[Email Address]	
Phone	[Phone Number]	
Privileges	View Annual Certification/Renewal of Designation, Edit Annual Certification/Renewal of Designation, Submit Annual Certification/Renewal of Designation, View Other Submission, Edit Other Submission, Submit Other Submission, View Change in Scope, Edit Change in Scope, Submit Change in Scope, Create Change in Scope	
View Action History		

The **Administer Users** page categorizes the registered users according to the following three **Portfolio Associations**:

- **None** – This is an organization member that has not requested or has not been granted access to the designation. The project director can **Grant Access** to this user without a formal request by the user.
- **New User** – This is an organization member that has requested access through the Add to Portfolio process (See **Section 4: Portfolio**), but has not yet been granted access. The project director can **Update Privileges** for this user to respond to their access request.
- **Existing User** – This is an organization member that has been granted access to the designation, and the list of Privileges will also be listed in the **Privileges** field. The project director can **Update Privileges** to this user by adding or removing existing privileges.

To **Administer User Access** to the FQHC LAL Designation for members of your organization:

3. For a member with a New User Status, click **Go** next to Update Privileges drop-down box.
- The **Users-Update Privileges** page opens (Figure 20) displaying the Current Privileges of the user.

For those with new user status, the **Current Privileges** will show no current privileges.

Figure 20: Users - Update Privileges Page

Users - Update Privileges

ANATRA LOVELL, Ph.D. (anatravel@hrsa.gov)

Functional Role	Employee		
Email	anatravel@hrsa.gov	Phone	(301) 740-6666

[View Action History](#)

Privileges

Current Privileges

<input type="checkbox"/> View Annual Certification/Renewal of Designation	<input type="checkbox"/> Edit Annual Certification/Renewal of Designation	<input type="checkbox"/> Submit Annual Certification/Renewal of Designation
<input type="checkbox"/> View Other Submission	<input type="checkbox"/> Edit Other Submission	<input type="checkbox"/> Submit Other Submission
<input type="checkbox"/> View Change in Scope	<input type="checkbox"/> Edit Change in Scope	<input type="checkbox"/> Submit Change in Scope
<input type="checkbox"/> Create Change in Scope		

Modify Privileges

<input type="checkbox"/> View Annual Certification/Renewal of Designation	<input type="checkbox"/> Edit Annual Certification/Renewal of Designation	<input type="checkbox"/> Submit Annual Certification/Renewal of Designation
<input type="checkbox"/> View Other Submission	<input type="checkbox"/> Edit Other Submission	<input type="checkbox"/> Submit Other Submission
<input type="checkbox"/> View Change in Scope	<input type="checkbox"/> Edit Change in Scope	<input type="checkbox"/> Submit Change in Scope
<input type="checkbox"/> Create Change in Scope		

Additional Comments

To	ANATRA LOVELL, Ph.D. (anatravel@hrsa.gov)
Comments	Maximum line(s) allowed approximately: 5 (500 character(s) remaining)
Body	<input checked="" type="checkbox"/> Notify Selected User of this action.

- Click on [View Action History](#) to read the comments entered when the user requested this access.
- In the **Modify Privileges** section, check the appropriate checkboxes to grant the user the requested/approved access to the designation.

The **Modify Privileges** section is organized by View privileges; Edit privileges; and Submit privileges. To grant Edit privileges to a user, they must also have View privilege for that activity. To grant Submit privileges to a user, they must also have View and Edit privileges for that activity.

- Once the desired privileges have been checked, add any **Additional Comments** in the **Comments** field provided. These comments will be added to the standard notification email sent to the user.

To remove privileges for an existing user, uncheck the appropriate checkboxes. To revoke all privileges, uncheck all checkboxes.

- Click .

- A confirmation page (Figure 21) will open showing the selections made and the body of the notification email that will be sent to the user upon confirmation.

Figure 21: Users - Update Privileges Page - Confirmation

Users - Update Privileges

Blanca Robinson [48-000000]

Functional Role	Business Official		
Email	blanca.rob@hhs.gov	Phone	(111)-799-8888

[View Action History](#)

Create Change in Scope

Selected Privileges

<input checked="" type="checkbox"/> View Annual Certification/Renewal of Designation	<input type="checkbox"/> Edit Annual Certification/Renewal of Designation	<input type="checkbox"/> Submit Annual Certification/Renewal of Designation
<input type="checkbox"/> View Other Submission	<input type="checkbox"/> Edit Other Submission	<input type="checkbox"/> Submit Other Submission
<input type="checkbox"/> View Change in Scope	<input type="checkbox"/> Edit Change in Scope	<input type="checkbox"/> Submit Change in Scope
<input type="checkbox"/> Create Change in Scope		

Comments

To	Blanca Robinson (48-000000)
Comments	Dear User, The Project Director of the LAL Handbook (LAL-000000) has made the following changes to your handbook access. This could be result of your request to access the handbook or a PD initiated action. The following are the changes to your Handbook Access:- LAL Number: LAL-000000 Project Director Name: Michael Collins Privileges Granted: View Annual Certification/Renewal of Designation Privileges Revoked: None Additional Comments: I have given you View Access to the designation. Please request further access if you need it.
Notification	<input checked="" type="checkbox"/> Notify Selected User of this action.

8. Review the page and click **Confirm**.

- The **Administer Users** page will reopen displaying an “Information saved successfully.” message. The updated privileges will be listed for the user (Figure 22).

Figure 22: Update Privileges - Information Saved Successfully

Information saved successfully.

ADMINISTER USERS

Input Parameters: (Hide Parameters)
 First Name LIKE: All; Last Name LIKE: All; User Name LIKE: All; Email LIKE: All; Functional Role: All; Results Per Page: 5

All Users | [New Users](#) | [Existing Users](#)

ANATRA LOWE, Ph.D. (Lowel.ign@hhs.gov)		Portfolio Association Status: Existing User
Functional Role	Employee	
Email	anatra.lowe@hhs.gov	
Phone	(111)-799-8888	
Privileges	View Annual Certification/Renewal of Designation	

[View Action History](#)

Update Privileges

7. Access the Application

If the FQHC Look-Alike Designation has been added to your Portfolio, the Renewal of Designation Application for that Designation can be accessed 180 days prior to the designation period end date.

To access the Renewal of Designation application:

1. From the **FQHC LAL Handbook Overview** page (Figure 17), under **Submissions**, click the [Annual Certification/Renewal of Designation](#) link.
 - The **Certification/Renewal** page opens (Figure 23).

Figure 23: Certification/Renewal Page

The screenshot shows the HRSA Electronic Handbooks for FQHC Look-Alikes Program interface. The page title is "Annual Certification/Renewal of Designation". The left sidebar contains a "Designation Menu" with options like Overview, Approved Scope, Services, Sites, Other Activities and Locations, Administrator, Change Scope, and Submissions. The main content area displays a table for "CERTIFICATION/RENEWAL" with a "Renewal of Designation" section. The table includes fields for Due Date, Available Date, Started By, Submission Status, Submission Tracking Number, and Submitted By. The "Submission Status" is "In Progress". Below the table are links for "View", "Edit", and "Submit".

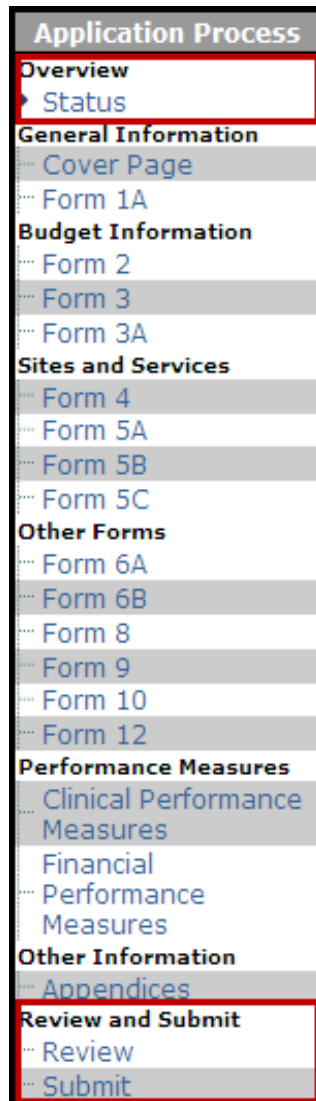
From the **Certification/Renewal** page you may:

- a. View the Renewal of Designation application.
 - b. Edit the Renewal of Designation application.
 - c. Submit the Renewal of Designation application when completed.
2. To begin the Renewal Application process, click on the [Edit](#) link.
 - The **Renewal of Designation Status Overview** page opens (Figure 24).

Figure 24: Renewal of Designation - Status Overview Page

STATUS OVERVIEW		
Section	Action	Status
General Information		
Cover Page	Update	NOT COMPLETE
Form 1A: General Information Worksheet	Update	NOT COMPLETE
Budget Information		
Form 2: Staffing Profile	Update	NOT COMPLETE
Financial Performance Measures	Update	NOT COMPLETE
Other Information		
Appendices	Update	NOT COMPLETE

Figure 25: Left Side Menu



Use the **Left Side** navigation menu (Figure 25) to access the forms in your FQHC LAL Renewal of Designation application.

Under **Overview**:

- Click [Status](#) to go to the Status Overview Page for the Entire Application.

Under **Review and Submit**

- Click [Review](#) to go to the **Review Page** for Entire Application.
- Click [Submit](#) to initiate the Submit to HRSA process.

Throughout this document, when you are instructed to “Open Form..,” use the left side menu or click Update on the **Renewal of Designation Status Overview** page (Figure 24) for the line item.

Throughout the forms, fields marked with an asterisk (*) are required.

8. Complete the Application Forms

8.1. Cover Page

The first form to complete is the **Cover Page**, which displays the pre-populated organization information and provides an opportunity to:

- Edit your EIN
- Add or change the Authorizing Official (AO)
- Request a new person register as the AO
- Update the existing AO information
- Remove an existing AO

To open the cover page:

1. From the **Status Overview** page (Figure 24), in the **Left Side** menu (Figure 25), click the **Cover Page** link.
 - The Cover Page (Figure 26) will open displaying the pre-populated organization information, and AO contact information.

Figure 26: Cover Page

COVER PAGE		Status: NOT COMPLETE	
Cover Page			
Federal Agency and Organization Element to Which Report is Submitted	Health Resources and Services Administration (HRSA)		
Identifying Number Assigned by Federal Agency	LAL000050		
EIN	<input type="text" value=""/>		
Applicant Organization (Name and complete address including zip code)	CITY OF CHICAGO DEPARTMENT OF PUBLIC HEALTH 300 SOUTH STATE STREET CHICAGO, IL 60604-1708		
AO Contact Information			
*Authorizing Official (AO)			
Title of Position	Name	Phone	Email
	name chetan	(773) 334-2889	name@hrsa.gov
<input type="button" value="Add/Change AO"/> <input type="button" value="Update Information"/> <input type="button" value="Delete AO"/>			
<input type="button" value="Go to Previous Page"/>		<input type="button" value="Save"/>	<input type="button" value="Save and Continue"/>

8.1.1 Add or Change the Authorizing Official

- To add or change the AO for this application, click on **Add/Change AO**.
- The **Choose Person to Add** page opens (Figure 27).

Figure 27: Choose Person to Add Page

Select	Name	Email
<input checked="" type="radio"/>	Jeff Singer	reitester1@hotmail.com
<input type="radio"/>	Jeff Singer	reitester1@hotmail.com

Add Selected Person

Go Back Request New AO

- Select a person from the list, and click **Add Selected Person**.
- The **Contact Information** page opens (Figure 28).

Figure 28: Contact Information Page

Contact Information

Title: President & CEO
 Prefix: Select One
 *First Name: Jeff
 *Last Name: Singer
 Middle Initial:
 Suffix: Select One If 'Other', please specify
 Highest Degree: MSW If 'Other', please specify
 Organization Affiliation:
Contact Address
 *Email Address: reitester1@hotmail.com
 *Phone Number: () - Ext:
 Fax Number: () -
***Mailing Address (Required)**
 Mailstop Code (Internal Routing):
 Division / Department Name:
 Company:
 Select an option (Street Address or PO Box Only or Rural Route)
 Number *Name
 (Used only for Rural Routes)
 *State: (Required if City is specified)
 *Zip Code Lookup: (Required if City is not specified)

Go Back **Save and Continue**

3. Complete the information in the form (fields with * are required), and when complete click **Save and Continue**.
 - The **Cover Page** will open, with the “Information saved successfully” message displayed.

8.1.2 Request A New Authorizing Official (AO)

If the AO is not listed it will be necessary to request a new AO. To request a person register as the AO:

1. From the **Choose Person to Add** page (Figure 29), click **Request New AO**.

Figure 29: Choose Person To Add: Request New AO

- The **Contact Information: Notify AO** page (Figure 30) will open.

Figure 30: Contact Information: Notify AO Page

2. Fill in the required information, add any additional comments, and click **Continue**.
 - The **Contact Information: Notify AO Confirmation** page opens.
3. Review the information and click **Confirm** to send this notification to this person with instructions on how to register themselves as the Authorizing Official for your organization.

- You are returned to the **Choose Person to Add** page, with “The email was sent successfully” message displayed.

When the newly requested AO has been registered successfully, that person will be listed on the **Choose Person To Add** page. Follow Steps 2-3 in Section 8.1.1 to add them to your organization as the AO.

8.1.3 Delete the Authorizing Official

1. To delete an Authorizing Official click **Delete AO** on the **Cover Page** (Figure 26).
 - A **Delete AO Confirmation** page will open.
2. Select **Confirm Delete** to remove the configured AO from your application.
 - The Cover Page will refresh with the AO removed from the cover page. An error message will appear stating “The Authorizing Official (AO) is not assigned.” To complete this form, you must assign another AO for your organization, by following Steps 1-3 in Section 8.1.1.
3. When you have completed the **Cover Page**, click **Save and Continue** to proceed to the next form.

8.2. Form 1A: General Information Worksheet

Form 1A: General Information Worksheet provides a summary of information related to the applicant, service area, patients served, and patient visits.

1. Open [Form 1A](#) (Figure 31).

Figure 31: Form 1A: General Information Worksheet

GENERAL INFORMATION		Form 1A: General Information Worksheet		Status: NOT COMPLETE					
1. Applicant Information									
Applicant Name	HEALTH CARE FOR THE HOMELESS								
*Fiscal Year End Date	Last Day of <input type="text" value="Select One"/>								
Application Type	Renewal of Designation								
*Business Entity	<input type="radio"/> Tribal <input type="radio"/> Urban Indian <input type="radio"/> Private, non-profit (non-Tribal or Urban Indian) <input type="radio"/> Public (non-Tribal or Urban Indian)								
*Organization Type (Select all that apply)	<input type="checkbox"/> Faith based <input type="checkbox"/> Hospital <input type="checkbox"/> State government <input type="checkbox"/> City/County/Local Government or Municipality <input type="checkbox"/> University <input type="checkbox"/> Community based organization <input type="checkbox"/> Other - Specify: <input type="text"/>								
2. Service Area									
Applicants applying for Community Health designation must provide at least one designated service area ID under an MUA or MUP.									
Select one or more population type:									
<input type="checkbox"/> Serving Section 330 (E) - General Community <input type="checkbox"/> Serving Section 330 (G) - Migrant Health Centers <input type="checkbox"/> Serving Section 330 (H) - Homeless Health Centers									
Total Substance Abuse	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>				
Total Enabling Services	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>				
*Patients and Visits by Population Type									
Population Type	Current Number		Number at End of Year 1		Number After Year 2		Number at End of Project Period		
	Patients	Visits	Patients	Visits	Patients	Visits	Patients	Visits	
General Community	<input type="text" value="0"/>	<input type="text" value="0"/>	N/A	N/A	N/A	N/A	<input type="text" value="0"/>	<input type="text" value="0"/>	
Migrant/Seasonal Farm Workers	<input type="text" value="0"/>	<input type="text" value="0"/>	N/A	N/A	N/A	N/A	<input type="text" value="0"/>	<input type="text" value="0"/>	
Public Housing Residents	<input type="text" value="0"/>	<input type="text" value="0"/>	N/A	N/A	N/A	N/A	<input type="text" value="0"/>	<input type="text" value="0"/>	
Homeless Persons	<input type="text" value="0"/>	<input type="text" value="0"/>	N/A	N/A	N/A	N/A	<input type="text" value="0"/>	<input type="text" value="0"/>	
Total (Click 'Save' to calculate)	<input type="text" value="0"/>	<input type="text" value="0"/>	N/A	N/A	N/A	N/A	<input type="text" value="0"/>	<input type="text" value="0"/>	
<input type="button" value="Go to Previous Page"/>		<input type="button" value="Save"/>		<input type="button" value="Save and Continue"/>					

- Under **1. Applicant Information**, use the drop-down menu to select the month in which your organization’s fiscal year ends. Then select the **Business Entity** and **Organization Type** which best describes your organization. Multiple selections are allowed for **Organization Type**, but not for **Business Entity**.

Figure 32: Form 1A: Section 1. Applicant Information

1. Applicant Information	
Applicant Name	HEALTH CARE FOR THE HOMELESS
*Fiscal Year End Date	Last Day of <input type="text" value="Select One"/>
Application Type	Renewal of Designation
*Business Entity	<input type="radio"/> Tribal <input type="radio"/> Urban Indian <input type="radio"/> Private, non-profit (non-Tribal or Urban Indian) <input type="radio"/> Public (non-Tribal or Urban Indian)
*Organization Type (Select all that apply)	<input type="checkbox"/> Faith based <input type="checkbox"/> Hospital <input type="checkbox"/> State government <input type="checkbox"/> City/County/Local Government or Municipality <input type="checkbox"/> University <input type="checkbox"/> Community based organization <input type="checkbox"/> Other - Specify: <input type="text"/>

- Under **2. Service Area**, in section **2a. Target Population and Service Area Designation**, select the option(s) that best describe the designated service areas you propose to serve. (Multiple selections are allowed.) You must provide one or more Service Area ID#(s) for the selected option(s)..

Figure 33: Form 1A: Section 2. Service Area: 2a. Target Population

2. Service Area	
Applicants applying for Community Health designation must provide at least one designated service area ID under an MUA or MUP.	
*2a. Target Population and Service Area Designation (Use commas to separate multiple IDs) Find a MUA/MUP	Select one or more population type: <input type="checkbox"/> Serving Section 330 (E) - General Community <input type="checkbox"/> Serving Section 330 (G) - Migrant Health Centers <input type="checkbox"/> Serving Section 330 (H) - Homeless Health Centers <input type="checkbox"/> Serving Section 330 (I) - Public Housing Health Centers
	Select one or more MUA/MUP options, as applicable: <input type="checkbox"/> Medically Underserved Area (ID# <input type="text"/>) <input type="checkbox"/> Medically Underserved Population (ID# <input type="text"/>) <input type="checkbox"/> Medically Underserved Area Application Pending (ID# <input type="text"/>) <input type="checkbox"/> Medically Underserved Population Application Pending (ID# <input type="text"/>)

- Under **2b. Service Area Type** (Figure 34) indicate whether the service area is urban, rural, or sparsely populated. If your service area is sparsely populated, specify the population density by providing the number of people per square mile.

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

Figure 34: Form 1A: Section 2b. Service Area Type

*2b. Service Area Type	<input type="radio"/> Urban <input type="radio"/> Rural <input type="radio"/> Sparsely populated If Sparsely populated, specify population density in number of people per square mile: <input type="text"/>
------------------------	---

5. Under **2c: Target Population and Provider Information** (Figure 35), report the aggregate data for all of the sites included in the FQHC LAL scope. Report the number of provider full-time equivalents (FTE) by staff type.

Figure 35: Form 1A: Section 2c. Target Population Information

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

Several tables request both current and projected information. “Current” refers to the number of patients and visits for the service area at the time of application. “Projected at Full Capacity” refers to the number of patients and visits you anticipate serving by the end of the designation period (Up to five years).

6. Under **Patients and Visits by Service Type** (Figure 36) and **Patients and Visits by Population Type** (Figure 37), report current numbers of patients and visits. Similarly, provide the corresponding numbers you project at full capacity.

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

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

Figure 36: Form 1A: Section 2c. Patients and Visits by Service Type

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

Figure 37: Form 1A: Section 2c. Patients and Visits by Population Type

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

Fields in this form cannot be left blank. If there is no information, a zero is acceptable.

- Click **Save and Continue** (Figure 31) to save your work and proceed to the next form.

8.3. Form 2: Staffing Profile

Form 2: Staffing Profile reports personnel salaries supported by the total budget for the FQHC LAL. Provide staffing profile information for Year 1 only.

1. Open [Form 2](#).

Fields on this form cannot be left blank. If there is no applicable information, a zero is acceptable.

- The **Form 2: Staffing Profile** page will open showing:
 - a. The **Administration** section (Figure 38)
 - b. The **Medical Staff** section (Figure 39)
 - c. The **Dental, Behavioral Health and Enabling Staff** section (Figure 40)
 - d. The **Other Staff** section (Figure 41)
 - e. The **Total Salary** section (Figure 42)

Use the button at the end of each section to be sure your work is saved and not lost due to the 30 minute system activity time out.

2. Under the **Administration** section (Figure 38), enter the number of employees for each job title and the corresponding average annual salary.

In this section and the following sections, the Total Salary column will auto-calculate when you press the tab key or the button.

Figure 38: Form 2: Staffing Profile - Administration

STAFFING PROFILE			
Form 2: Staffing Profile			Status: NOT COMPLETE
ADMINISTRATION	TOTAL FTES (a)	AVERAGE ANNUAL SALARY OF POSITION (b)	TOTAL SALARY (a * b)
*Executive Director / CEO	<input type="text" value="0.00"/>	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>
*Finance Director (Fiscal Officer) / CFO	<input type="text" value="0.00"/>	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>
*Chief Operating Officer / COO	<input type="text" value="0.00"/>	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>
*Chief Information Officer / CIO	<input type="text" value="0.00"/>	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>
*Administrative Support Staff	<input type="text" value="0.00"/>	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>
Click "Save" button to save all information within this page.			<input type="button" value="Save"/>

3. Under the **Medical Staff** section (Figure 39), enter the number of employees for each job title and the corresponding salary. If more than one FTE occupies a job title, use the average of salaries for that position.

Figure 39: Form 2 - Medical Staff

MEDICAL STAFF	TOTAL FTES (a)	AVERAGE ANNUAL SALARY OF POSITION (b)	TOTAL SALARY (a * b)
*Medical/Clinical Director	<input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>
*Family Physicians	<input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>
*General Practitioners	<input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>
*Internists	<input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>
*OB/GYNs	<input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>
*Pediatricians	<input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>
*Other Specialty Physicians Please Specify: <input type="text"/>	<input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>
*Physician Assistants/Nurse Practitioners	<input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>
*Certified Nurse Midwives	<input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>
*Nurses (RNs, LVNs, LPNs)	<input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>
*Pharmacist, Pharmacy Support, Technicians	<input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>
*Other Medical Personnel Please Specify: <input type="text"/>	<input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>
*Laboratory Personnel (Lab Technicians)	<input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>
*X-Ray Personnel	<input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>
*Clinical Support Staff (Medical Assistants, etc)	<input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>
*Volunteer Clinical Providers (Medical and Dental)	<input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>
Click "Save" button to save all information within this page.			<input type="button" value="Save"/>

4. Under the **Dental, Behavioral Health and Enabling Staff** section (Figure 40), enter the number of employees for each job title and the corresponding salary. If more than one FTE occupies a job title, use the average of salaries for that position.

Figure 40: Form 2 - Dental, Behavioral Health and Enabling Staff

DENTAL, BEHAVIORAL HEALTH AND ENABLING STAFF	TOTAL FTES (a)	AVERAGE ANNUAL SALARY OF POSITION (b)	TOTAL SALARY (a * b)
DENTAL STAFF			
*Dentists	<input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>
*Dental Hygienists	<input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>
*Dental Assistants, Aides, Technicians	<input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>
BEHAVIORAL HEALTH STAFF			
*Behavioral Health Specialists (BH Provider)	<input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>
*Alcohol and Substance Abuse Specialists	<input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>
*Psychiatrists	<input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>
*Psychologists	<input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>
ENABLING STAFF			
*Patient Education Specialists(Health Educators)	<input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>
*Case Managers	<input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>
*Outreach (Outreach Staff)	<input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>
*Other Enabling Personnel Please Specify: <input type="text"/>	<input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>
Click "Save" button to save all information within this page.			<input type="button" value="Save"/>

- Under the **Other Staff** section (Figure 41), enter the number of employees for **Other Professional Staff** and **Other Staff** then enter the corresponding salary. If more than one FTE occupies a job title, use the average of salaries for that position.

Figure 41: Form 2 - Other Staff

OTHER STAFF	TOTAL FTES (a)	AVERAGE ANNUAL SALARY OF POSITION (b)	TOTAL SALARY (a * b)
*Other Professional Staff (Please list the staff below and discuss details in program narrative) (maximum 200 characters) <input type="text"/>	0.00	\$0.00	\$0.00
*Other Staff (Please list the staff below and discuss details in program narrative) (maximum 200 characters) <input type="text"/>	0.00	\$0.00	\$0.00

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

- The **Salary** section (Figure 42) displays the sum of **Total Salary** for **Administration, Medical, Dental, Behavioral Health, Enabling, and Other Staff** categories.

Figure 42: Form 2 - Total Salary

TOTAL SALARY	TOTAL FTES	AVERAGE ANNUAL SALARY OF POSITION	TOTAL SALARY
Salary Total (This field displays the sum of 'Total Salary' for Administration, Medical, Dental, Behavioral Health, Enabling and Other Staff Categories)	0.00	\$0.00	\$0.00

Go to Previous Page
Save
Save and Continue

- Click Save and Continue at the bottom of the **Form 2: Staffing Profile** page to save your work and proceed to the next form.

8.4. Form 3: Income Analysis

Form 3: Income Analysis projects program income by source for the upcoming certification period; a one year period.

1. Open [Form 3](#) (Figure 43).

Figure 43: Form 3: Income Analysis Form

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

Fields marked with an asterisk (*) are required.

INCOME ANALYSIS FORM

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

Fields marked with an asterisk(*) are required.

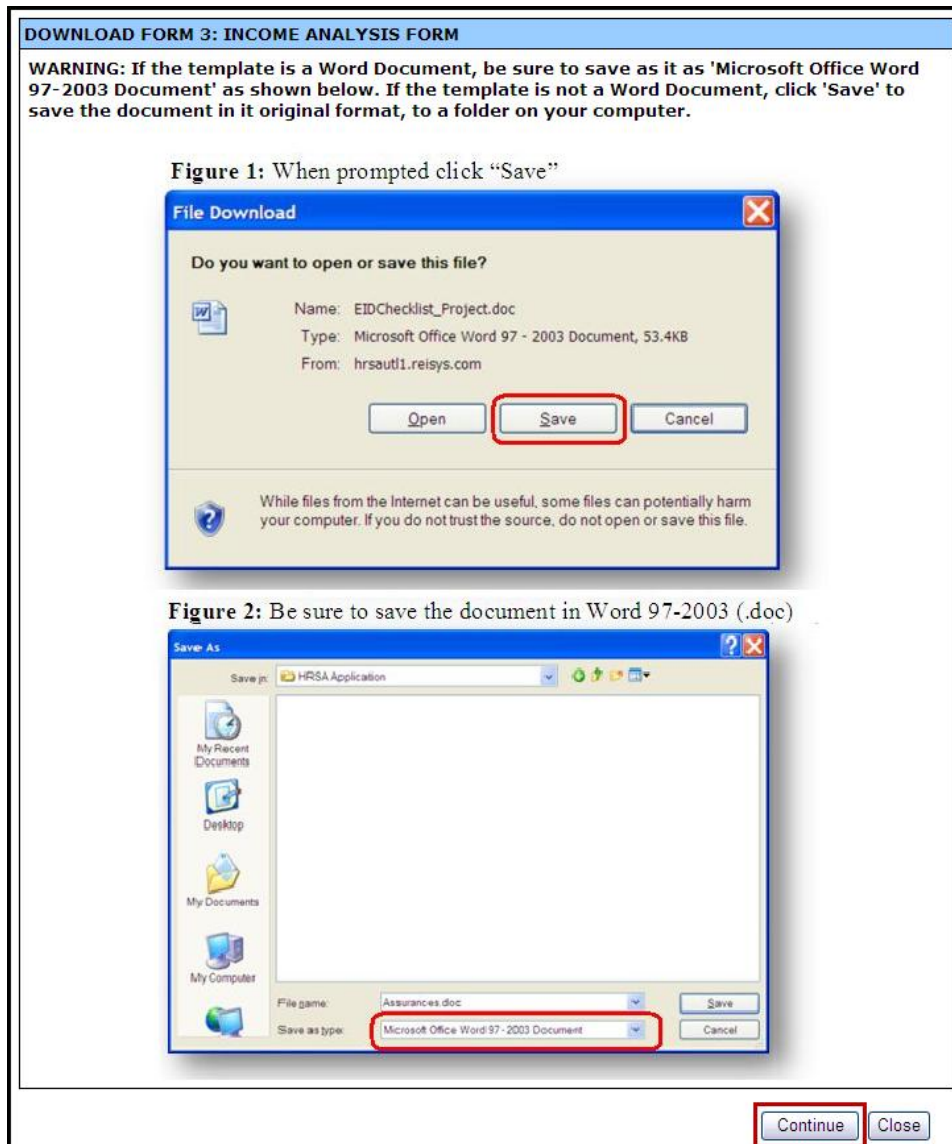
Download Template		
Template Name	Template Description	Action
Form 3: Income Analysis Form	Template for Income Analysis Form	Download

*Income Analysis Form (Maximum One (1) Attachment)			
Select	Document Name	Size	Uploaded By
No attached document exists.			
<input type="button" value="Attach"/>			

2. Click the [Download](#) link in the **Download Template** section to download the form.
 - The **Download Form 3: Income Analysis Form** page (Figure 44) will open in a new window. This page provides guidance for downloading and saving the Income Analysis form.

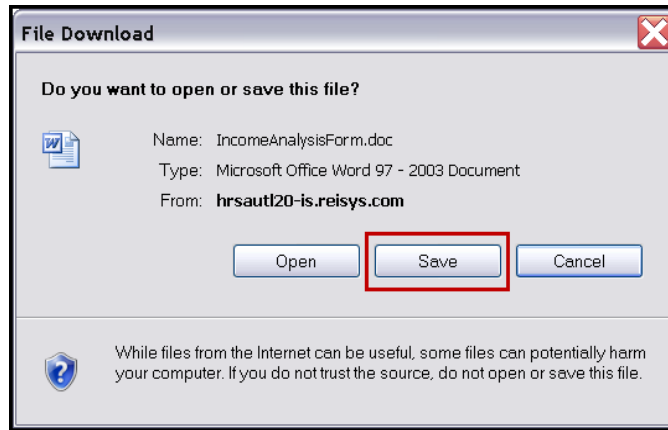
Instead of using the Microsoft Word template as described in the following steps, you can export the Income Analysis to Microsoft Excel, as long as you provide all the information in the template.

Figure 44: Download Form 3 Instruction Page



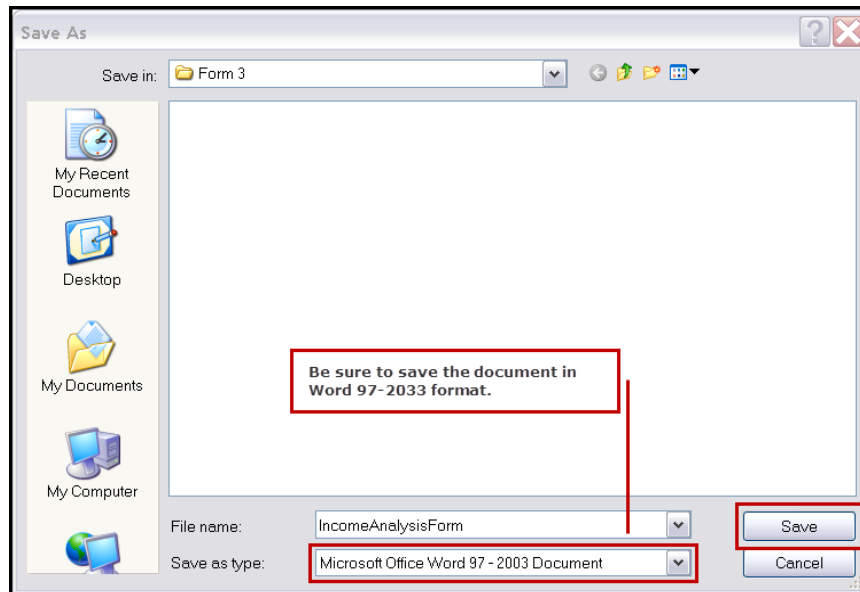
3. Review the instructions, then click **Continue**.
 - A **File Download** dialog box (Figure 45) will be displayed.

Figure 45: File Download Dialog Box



4. Click the **Save** button to save the document to a folder on your computer.
 - The **Save As** Windows dialog box will be displayed (Figure 46).

Figure 46: Save As Dialog Box



5. Click **Save** to save the document.
 - A **Download Complete** window will open.
6. Click **Open Folder** to open the folder containing the downloaded document.
7. Click **Close** on the **Download Form 3: Income Analysis Form** instructions screen.
8. Open the **Income Analysis** file (Figure 47) from the location where you saved it.

Figure 47: Form 3: Income Analysis - Downloaded Document Template

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration		FOR HRSA USE ONLY						
FORM 3: INCOME ANALYSIS FORM		Applicant Name		HEALTH CARE FOR THE HOMELESS				
		LAL Number	LAL000	Application Tracking Number	000000			
PART 1: NON FEDERAL SHARE, PROGRAM INCOME								
Payor Category	Number Of Visits	Average Charge Per Visit	Gross Charges (a * b)=(c)	Average Adjustment Per Visit	Net Charges (Amount Billed) [c-(a*d)]	Collection Rate (%)	Projected Income (e * f)	Actual Accrued Income Past 12 Months
	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
PROJECTED FEE FOR SERVICE INCOME								
1a. Medicaid: Medical								
1b. Medicaid: EPSDT (if different from medical rate)								
1c. Medicaid: Dental								
1d. Medicaid: BH SA								
1e. Medicaid: Other Fee for Service								
1. Subtotal: Medicaid								
2a. Medicare: All Inclusive FQHC Rate								
2b. Medicare: Other Fee for Service								
2. Subtotal: Medicare								
3a. Private Insurance (Medical)								
3b. Private Insurance (Dental)								
3c. Private Insurance (BH SA)								
3. Subtotal: Private								
4a. Self Pay 100% Charge, No Discount								

9. Complete the **Income Analysis** form.
10. Save the completed document.
11. Return to **Form 3: Income Analysis** in the HRSA EHBs.

Figure 48: Form 3: Income Analysis - Attach

Fields marked with an asterisk (*) are required.

INCOME ANALYSIS

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

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

Fields marked with an asterisk(*) are required.

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

Income Analysis (Maximum One (1) Attachment)				
Select	Purpose	Document Name	Size	Uploaded By
No attached document exists.				
<input type="button" value="Attach"/>				

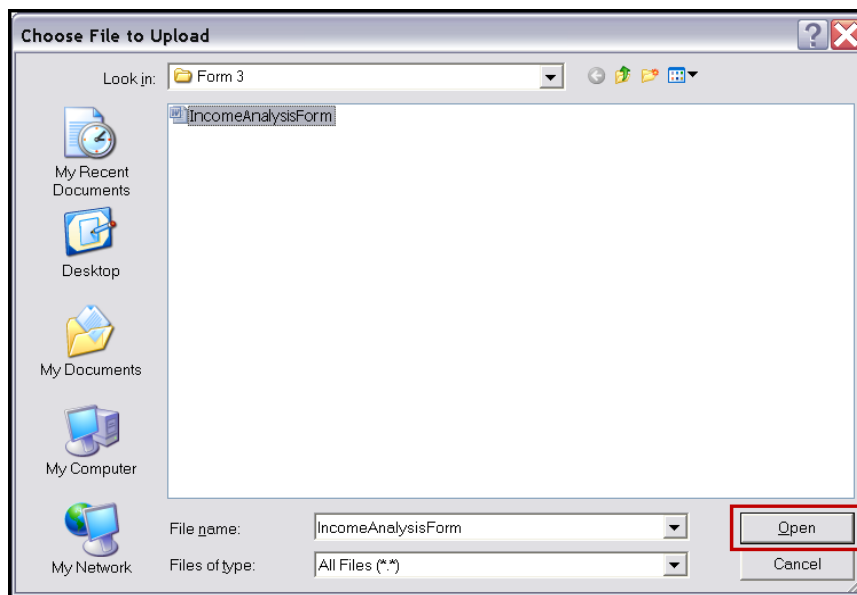
12. Click in **Form 3: Income Analysis** section (Figure 48) to upload your completed Income Analysis document.
 - The **Attach Document** screen will be displayed (Figure 49).

Figure 49: Attach Document Screen - Browse

13. Click the **Browse** button.

- The **Choose File to Upload** dialog box opens (Figure 50).

Figure 50: Choose File to Upload Dialog Box



14. Navigate to the file you wish to upload and click **Open**.

- The file name will now appear in the **Document** field of the **Attach Document** screen (Figure 51).

Figure 51: Attach Document Screen - File Selected

Fields marked with an asterisk(*) are required.

ATTACH DOCUMENT

*Document (Supporting Documents)\Form 3\IncomeAnalysisForm.doc
 (Allowable Document Type(s): doc,docx,rtf,txt,wpd,pdf,xls,jpg,jpeg,xfd)
 (Allowable Document Size: 20 MB)

Attached Document(s)

Purpose	Document Name	Size	Uploaded By
No attached document exists.			

15. On the **Attach Document** screen (Figure 51), click **Attach Document**.
 - The attached document will appear in the **Attached Document(s)** list (Figure 52).

Figure 52: Attached Document(s)

Attachment saved successfully.

ATTACH DOCUMENT

Fields marked with an asterisk(*) are required.

ATTACH DOCUMENT

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

Attached Document(s)

Purpose	Document Name	Size	Uploaded By
Income Analysis Form	IncomeAnalysisForm.doc	42.83 KB	Form3: Form on 07/28/2011 11:08:00 PM

16. Click **Finished Attaching**.
 - You will be returned to **Form 3: Income Analysis**. The attached document will be listed under the **Income Analysis Form** heading.

To update the uploaded Income Analysis form, you must first make the necessary changes to the downloaded document on your computer. On the **Form3: Income Analysis** page, click **Delete** to remove the uploaded document; click **Confirm Delete** on the subsequent screen. Once the document has been successfully deleted, follow Steps 11-16 above to upload the updated Income Analysis Form from your computer.

17. After you have reviewed your work, click **Save and Continue** on **Form 3: Income Analysis** to save your work and proceed to the next form.

8.5. Form 3A: FQHC Look-Alike Budget Information

Form 3A: FQHC Look-Alike Budget Information reports budget information for the program, functions and activities for the first year of operation under the FQHC LAL designation.

1. Open [Form 3A](#) (Figure 53).

Figure 53: Form 3A: FQHC Look-Alike Budget Information

FQHC LOOK-ALIKE BUDGET FORM					
Form 3A: FQHC Look-Alike Budget Information					Status: NOT COMPLETE
	FQHC Look-Alike PROGRAM, FUNCTION OR ACTIVITY, Year 1				Total
	Community Health Centers (CHC - 330(e))	Migrant Health Centers (MHC -330(g))	Health Care for Homeless (HCH - 330(h))	Public Housing Primary Care (PHPC -330(i))	
1. Expenses					
a. Personnel	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
b. Fringe Benefits	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
c. Travel	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
d. Equipment	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
e. Supplies	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
f. Contractual	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
g. Construction	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
h. Other	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
i. Total Direct Charges (sum of a through h)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
j. Indirect Charges	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
k. Total Expenses (sum of i and j)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
2. Revenue					
a. Applicant	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
b. Federal	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
c. State	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
d. Local	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
e. Other	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
f. Program Income	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
g. Total Revenue (sum of a through f)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

Go to Previous Page Save Save and Continue

2. Enter applicable budget information for **1. Expenses** and **2. Revenue** in the fields provided under the appropriate Program, Function, or Activity:

- a. **Community Health Centers (CHC-330(e))**
- b. **Migrant Health Centers (MHC-330(g))**
- c. **Health Care for Homeless (HCH-330(h))**
- d. **Public Housing Primary Care (PHPC-330(i))**

- Do not complete the columns for Migrant Health Center, Health Care for the Homeless, or Public Housing Primary Care unless you have a special population designation.

As you enter amounts in the form the indicated “sum(s)” will be calculated automatically in each section.

3. When complete and you have reviewed your work, click Save and Continue and proceed to the next form.

8.6. 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).

1. Open [Form 4](#).

Use the **Save** button at the end of each section to be sure your work is saved and not lost due to the 30 minute system activity time out.

2. Enter the number of patients for each item in the service area and the corresponding target population for each item under the section headings:
 - a. Race (Figure 54)
 - b. Hispanic or Latino Identity (Figure 55)
 - c. Income as a Percent of Poverty Level (Figure 56)
 - d. Primary Third Party Payment Source (Figure 57)
 - e. Special Population (Figure 58)

The Service Area and Target Population totals should be equal across all tables, except for the Special Population totals, where individuals may be counted in multiple categories.

Figure 54: Form 4 - Race

COMMUNITY CHARACTERISTICS		
Form 4: Community Characteristics		Status: NOT COMPLETE
RACE	SERVICE AREA #	TARGET POPULATION #
*Native Hawaiian	<input type="text" value="0"/>	<input type="text" value="0"/>
*Other Pacific Islander	<input type="text" value="0"/>	<input type="text" value="0"/>
*Asian	<input type="text" value="0"/>	<input type="text" value="0"/>
*Black/African American	<input type="text" value="0"/>	<input type="text" value="0"/>
*American Indian/Alaskan Native	<input type="text" value="0"/>	<input type="text" value="0"/>
*White	<input type="text" value="0"/>	<input type="text" value="0"/>
*More than One Race	<input type="text" value="0"/>	<input type="text" value="0"/>
*Unreported/Refused to report (if applicable)	<input type="text" value="0"/>	<input type="text" value="0"/>
Total:	<input type="text" value="0"/>	<input type="text" value="0"/>
Click "Save" button to save all information within this page.		<input type="button" value="Save"/>

Figure 55: Form 4 - Hispanic or Latino Identity

HISPANIC OR LATINO IDENTITY	SERVICE AREA #	TARGET POPULATION #
*Hispanic or Latino	<input type="text" value="0"/>	<input type="text" value="0"/>
*Non-Hispanic or Latino	<input type="text" value="0"/>	<input type="text" value="0"/>
*Unreported/Refused to report	<input type="text" value="0"/>	<input type="text" value="0"/>
Total:	<input type="text" value="0"/>	<input type="text" value="0"/>
Click "Save" button to save all information within this page.		<input type="button" value="Save"/>

Figure 56: Form 4 - Income as Percent of Poverty Level

INCOME AS A PERCENT OF POVERTY LEVEL	SERVICE AREA #	TARGET POPULATION #
*Below 100%	<input type="text" value="0"/>	<input type="text" value="0"/>
*100-199%	<input type="text" value="0"/>	<input type="text" value="0"/>
*200% and Above	<input type="text" value="0"/>	<input type="text" value="0"/>
*Unknown	<input type="text" value="0"/>	<input type="text" value="0"/>
Total:	<input type="text" value="0"/>	<input type="text" value="0"/>

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

Figure 57: Form 4 - Primary Third Party Payment

PRIMARY THIRD PARTY PAYMENT SOURCE	SERVICE AREA #	TARGET POPULATION #
*Medicaid/Capitated	<input type="text" value="0"/>	<input type="text" value="0"/>
*Medicaid/Not Capitated	<input type="text" value="0"/>	<input type="text" value="0"/>
*Medicare	<input type="text" value="0"/>	<input type="text" value="0"/>
*Other Public Insurance	<input type="text" value="0"/>	<input type="text" value="0"/>
*Private Insurance, Including Capitation	<input type="text" value="0"/>	<input type="text" value="0"/>
*None/Uninsured	<input type="text" value="0"/>	<input type="text" value="0"/>
Total:	<input type="text" value="0"/>	<input type="text" value="0"/>

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

Figure 58: Form 4 - Special Population

SPECIAL POPULATION	SERVICE AREA #	TARGET POPULATION #
*Migrant/Seasonal Farmworkers and Families	<input type="text" value="0"/>	<input type="text" value="0"/>
*Homeless	<input type="text" value="0"/>	<input type="text" value="0"/>
*Residents of Public Housing	<input type="text" value="0"/>	<input type="text" value="0"/>
*HIV/AIDS-Infected Persons	<input type="text" value="0"/>	<input type="text" value="0"/>
*Persons with Behavioral Health/Substance Abuse Needs	<input type="text" value="0"/>	<input type="text" value="0"/>
*School Age Children	<input type="text" value="0"/>	<input type="text" value="0"/>
*Infants Birth to 2 Years of Age	<input type="text" value="0"/>	<input type="text" value="0"/>
*Women Age 25-44	<input type="text" value="0"/>	<input type="text" value="0"/>
*Persons Age 65 and Older	<input type="text" value="0"/>	<input type="text" value="0"/>
*Other Please specify: (maximum 200 characters)	<input type="text" value="0"/>	<input type="text" value="0"/>
*Lesbian, Gay, Bisexual and Transgender	<input type="text" value="0"/>	<input type="text" value="0"/>
Total:	<input type="text" value="0"/>	<input type="text" value="0"/>

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

8.7. Form 5A: Services Provided

8.7.1 Form 5A: Required Services

Use this form to view 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 modes of service provision differ according to the service provider and the payment source (Table 1).

Table 1: Modes of Service Provision

Mode of Service Provision	Your Organization	
	Provides the Service	Pays for the Service
Direct by applicant	Yes	Yes
Formal written contract or agreement	No	Yes
Formal written referral arrangement	No	No

To view service delivery modes:

1. Open [Form 5A](#) (Figure 59).
 - This is a read-only form displaying the list of required services and their corresponding mode(s) of service provision in your organization's current scope. To change or update any of these services, you are required to follow the Change In Scope (CIS) application process.

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

SERVICE TYPE	MODE OF SERVICE PROVISION		
	I. DIRECT BY APPLICANT	II. FORMAL WRITTEN CONTRACT/AGREEMENT (Applicant pays for service)	III. FORMAL WRITTEN REFERRAL ARRANGEMENT/AGREEMENT (Applicant DOES NOT pay)
Clinical Services			
General Primary Medical Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diagnostic Laboratory	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Diagnostic X-Ray	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Screenings			
• Cancer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Communicable Diseases	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Eligibility Assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Education	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outreach	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Translation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Abuse Services (Required for HCH Programs)			
• Harm/Risk Reduction (e.g. educational materials, nicotine gum/patches)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Buttons: Go to Previous Page, Save, Save and Continue

2. Click [Save and Continue](#) to proceed to the **Additional Services** section of Form 5A.

8.7.2 Form 5A: Additional Services

Use this form to view how your organization provides additional services.

- To continue to form **5A: Additional Services**, select **Form 5A: Additional Services** from the drop-down menu on **Form 5A: Required Services**, and click **Go** (Figure 60).

Figure 60: Form 5A: Services Provided - Drop-Down Menu

SERVICE TYPE	MODE OF SERVICE PROVISION		
	I. DIRECT BY APPLICANT	II. FORMAL WRITTEN CONTRACT/AGREEMENT (Applicant pays for service)	III. FORMAL WRITTEN REFERRAL ARRANGEMENT/AGREEMENT (Applicant DOES NOT pay)
Clinical Services			
General Primary Medical Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Organizations are required to provide behavioral health and substance abuse services, either directly or through formal written referral arrangements/agreements with other providers. These services are listed on the **Services Provided - Additional Services** page of Form 5A (Figure 61). To change or update any of these services, you are required to follow the Change In Scope (CIS) application process.

Figure 61: Form 5A: Additional Services

SERVICE TYPE	MODE OF SERVICE PROVISION		
	I. DIRECT BY APPLICANT	II. FORMAL WRITTEN CONTRACT/AGREEMENT (Applicant pays for service)	III. FORMAL WRITTEN REFERRAL ARRANGEMENT/AGREEMENT (Applicant DOES NOT pay)
Clinical Services			
Urgent Medical care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental Services - Restorative	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental Services - Emergency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavioral Health - Treatment/Counseling	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Behavioral Health - Development Screening	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Behavioral Health - 24-Hour Crisis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Substance Abuse Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Recuperative Care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Environmental Health Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational Health - Screening for Infectious Diseases	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational Health - Injury Prevention Programs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational Therapy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

- Click **Save and Continue** to proceed to Form 5B.

8.8. Form 5B: Service Sites

Use this form to view your site information and/or update non-essential attributes of the site in your current scope.

8.8.1 View Site Information

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

Figure 62: Form 5B: Service Sites Page

SERVICE SITES			
Form 5B: Service Sites			Status: NOT COMPLETE
Sites			
New Dimension in Health Care (ID: BPS-LAL-010495)			Status: In Progress
Physical Address	400 NORTH ST ALBANY, NY 12208	Mailing Address	Not Available
Action: View Update			
Go to Previous Page		Save	Save and Continue

2. To view your site information click on the [View](#) link.
 - A new window will open displaying a read only view of your site information.

Figure 63: View Service Sites

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration		FOR HRSA USE ONLY	
Form 5B: Service Sites		Application Tracking Number	LAL Number
New Dimension in Health Care - Site Information		00000000000000000000	LAL000000000000
Name of Service Site		New Dimension in Health Care	Action Status: Populated from Scope
Location Type	Permanent	Service Site Type	Service Delivery Site
Number of Contract Service Delivery Locations (Voucher Screening Only)		Location Setting (Required for Service Site Only)	All Other Clinic Types
Area (City)		Number of Intermittent Sites (Intermittent Only)	
Population Type		Service Area (Service Area)	
Operational Schedule		Calendar Schedule	
Total Hours of Operation when Patients will be Served per Week (include extended hours)		Months of Operation	

3. To print this information, click [Print](#).
4. To close the window, click [Close Window](#).

8.8.2 Update Site Information

Use the **Update Site** page to revise the site’s information as necessary.

Direct Self Update Attributes and Project Officer (PO) Monitored Self Update attributes can be updated in Form 5B. Essential attributes can be updated only through a Formal CIS.

1. On the Service Sites page (Figure 64), click the [Update](#) link.

Figure 64: Service Sites - Update

The screenshot shows the 'SERVICE SITES' page with a status of 'NOT COMPLETE'. It features a table with one site entry: 'New Dimension in Health Care (DB: BPO-LAL-004100)' with a status of 'In Progress'. The table has columns for 'Physical Address' (481 Canal St, Amsterdam, NY 12013) and 'Mailing Address' (Not Available). Below the table, there are 'View' and 'Update' buttons, with 'Update' highlighted in red. At the bottom, there are buttons for 'Go to Previous Page', 'Save', and 'Save and Continue'.

- The Update Site page opens (Figure 65).

With the **Update Site** page open:

2. Update the **Service Site Information** (Figure 65)

Figure 65: Update Site - Service Site Information

The screenshot shows the 'UPDATE SITE' page with a status of 'In Progress'. It contains a form titled 'Service Site Information' with the following fields:

- *Name of Service Site: New Dimension in Health Care. A 'Change Site Name' button is highlighted with a red box.
- Service Site Type: Service Delivery Site
- *Location Type: Permanent (dropdown menu)
- Number of Contract Service Delivery Locations (Voucher Screening Only): [text input]
- Number of Intermittent Sites (Intermittent Only): [text input]
- *Web URL: [text input]
- *Site Operated by: Applicant Sub-recipient Contractor

 At the bottom, there is a 'Save' button and a note: 'Click "Save" button to save all information within this page.'

- a. Click **Change Site Name** to change the name of the service site.
 - b. Select a location type from the **Location Type** drop-down menu.
 - c. Enter the number of contract service delivery locations.
 - d. Enter the number of intermittent sites.
 - e. Enter your organization’s web address.
3. Indicate whether your site is operated by your **Organization**, a **Sub-Recipient**, or a **Contractor**.

Use the **Save** button at the end of each section to be sure your work is saved and not lost due to the 30 minute system activity time out.

- If your site is operated by a sub-recipient or a contractor, click **Add** to provide the organization's information (Figure 66).

Figure 66: Update Site - Add Organization Information

If Sub-recipient or Contractor selected in the previous question, give organization information below:				
Organization Name	Address (Physical)	Address (Mailing)	EIN	Comments
No organization has been added.				
<input type="button" value="Add"/>				

- Provide information about your location (Figure 67):

Figure 67: Update Site - Location Setting

Location Setting (Required for Service Site)	All Other Clinic Types <input type="button" value="v"/>
Date Site was Opened	
Date Site was Added to Scope	1/24/2011
Site Operational By	
*Medicare Billing Number (Maximum 50 characters)	<input type="text"/>
*Medicaid Billing Number (Maximum 50 characters)	<input type="text"/>
Medicaid Pharmacy Billing Number (Maximum 50 characters)	<input type="text"/>

- Enter the **Medicare Billing Number**
- Enter the **Medicaid Billing Number**
- Enter the **Medicaid Pharmacy Billing**

- Revise your site's phone number, administration phone number and fax number (Figure 68).

Figure 68: Update Site - Contact Information

Contact Information	
*Site Phone Number	(<input type="text"/>) <input type="text"/> - <input type="text"/> Ext: <input type="text"/>
*Administration Phone Number	(<input type="text"/>) <input type="text"/> - <input type="text"/> Ext: <input type="text"/>
*Site Fax Number	(<input type="text"/>) <input type="text"/> - <input type="text"/>
Click " Save " button to save all information within this page. <input type="button" value="Save"/>	

- Your sites Physical Address cannot be updated (Figure 69).

Figure 69: Update Site - Change Location

Physical Location Address	
Street Address Line 1	400 North 3rd
City	Anniston, AL
State	AL
Zip Code	36810

- If your organization's mailing address is not the same as its physical address, please provide the mailing address (Figure 70).

Figure 70: Update Site - Add Mailing Address

Mailing Address (Optional) More Information	
Mailstop Code (Internal Routing)	<input type="text"/>
Division / Department Name	<input type="text"/>
Company	<input type="text"/>
Select an option (Street Address or PO Box Only or Rural Route)	
<input checked="" type="radio"/> * Street Address	Number <input type="text"/> *Name <input type="text"/> Select one Number <input type="text"/>
<input type="radio"/> *PO Box Only	*Number <input type="text"/>
<input type="radio"/> *Rural Route	*Type <input type="text"/> *Number <input type="text"/> *Box <input type="text"/>
*City	<input type="text"/> (Required if Zip is not specified)
Urbanization	<input type="text"/> (Used only for Puerto Rico(PR))
*State	<input type="text"/> (Required if City is specified)
*Zip Code Lookup	<input type="text"/> - <input type="text"/> (Required if City is not specified)
Click "Save" button to save all information within this page. <input type="button" value="Save"/>	

- To modify the zip codes and census tracts where the majority of the site's patients live or work (Figure 71):

Figure 71: Update Site - Add Service Area Zip Codes

Service Area Information	
Service Area Zip Codes (Required for Service Site Only)	
Select	Zip Codes
No Zip code(s) have been added.	
<input type="button" value="Add"/>	
Service Area Census Tracts	
Select	Census Tracts
No census tract(s) have been added.	
<input type="button" value="Add"/>	
*Population Type	<input type="text" value="Choose Population Type"/>

- Click to add a Zip Code to the list.
- Select urban, rural, or sparsely populated from the **Choose Population Type** drop-down menu to describe the site's service area population.

10. Use the drop-down menus and fields under **Site Operation Scheduling** to indicate when your site offers services (Figure 72):

Figure 72: Update Site - Add Service Area Population Type

Site Operation Scheduling (when service is offered)

*Operational Schedule Choose Operational Schedule

*Calendar Schedule Choose Calendar Schedule

Total Hours of Operation when Patients will be Served per Week (include extended hours)

Months of Operation

Select	From	To
No month(s) of operation have been added.		

Add

Cancel Save Save and Continue

- a. Select full-time or part-time from the **Choose Operational Schedule** dropdown menu.
 - b. Select year-round or seasonal from the **Choose Calendar Schedule** dropdown menu.
11. Provide the total number of hours per week that the site will serve patients
12. Click **Add** under **Months of Operation** to identify and modify the months of the year that the site will operate.
13. Click **Save and Continue**.
- The **Service Sites** page refreshes (Figure 73) with a Status of **Complete**.

Figure 73: Update Site - Site Addition Complete

Site Information saved successfully.

SERVICE SITES

Form 5B: Service Sites Status: **NOT COMPLETE**

Sites

Crest London County (ID: 876-LAL-881728) Status: COMPLETE			
Physical Address	100 Adams Blvd. Lynch City, TN 37778	Mailing Address	Not Available
Action: View Update			
Crest Nashville County (ID: 876-LAL-880043) Status: COMPLETE			
Physical Address	13720 Chapman Hwy Seymour, TN 37865-4763	Mailing Address	Not Available
Action: View Update			

Go to Previous Page Save Save and Continue

14. When all desired sites have been updated, click **Save and Continue** to proceed to the next form.

8.9. Form 5C: View Other Activities/Locations

Use this form to view other activities or locations.

This form is a view only form. You still must save it to mark the form as complete. Click **Save and Continue** (Figure 74) to mark it as complete and proceed to the next form.

To view an activity/location:

1. Open [Form 5C](#) (Figure 74).

Figure 74: Form 5C: List of Activities/Locations - View

OTHER ACTIVITY / LOCATIONS			
Form 5C: Other Activities/Locations			Status: NOT COMPLETE
List of Activities/Locations			
Medical Rounds Status: Complete			
Description of Activity	general medical rounds	Frequency of Activity	Physician does medical rounds at local nursing homes several days per week.
Action: View			
Home Visits Status: Complete			
Description of Activity	Physician visits to CHS patient's homes to administer care as needed.	Frequency of Activity	PRN - very infrequently
Action: View			
Go to Previous Page		Save	Save and Continue

2. Click [View](#) to see a summary of the activity (Figure 75).

Figure 75: Activity/Location Summary

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration		FOR HRSA USE ONLY	
Form 5C: Other Activities/Locations		Application Tracking Number	LAL Number
		000000-11	LAL000111
ACTIVITY/LOCATION			
Type of Activity	Medical Rounds		
Frequency of Activity	Physician does medical rounds at local nursing homes several days per week.		
Description of Activity	general medical rounds		
Type of Location(s) where Activity is Conducted	nursing homes		
Close Window			

3. Click **Close Window** to close the Activity/Location Summary window.
4. Click **Save and Continue** to proceed to the next form.

8.10. Form 6A: Current Board Member Characteristics

Form 6A provides information about your organization’s current board members.

8.10.1 To Add a Board Member

To add information about board members:

1. Open [Form 6A](#) (Figure 76).

Figure 76: Form 6A: Current Board Member Characteristics

2. Under **Organization Type**, select “Yes” or “No” to answer the question, “Is your organization and tribal entity?”

If you answer “Yes”, you are not required to complete the remainder of Form 6A. Form 6A is not required for tribal entity applicants.

Click the **Save and Continue** button to proceed to Form 6B.

3. If you answered “No” to the tribal entity question, click **Add** to add board members (Figure 76).
 - The **Add Board Member Information** page will open.
4. Complete the **Add Board Member Information** page (Figure 77).

Figure 77: Form 6A: Add Board Member Information

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

- Click **Save and Continue** to return to the **Current Board Members Characteristics** page with the new board member added.

Repeat steps 3-5 for each board member in your organization. Please provide information on a minimum of 9 and a maximum of 25 board members.

- Enter the Board member's **Gender**, **Ethnicity**, and **Race** in the **Number of Board Members** fields (Figure 78). You must enter a number in each field; enter zero if applicable.

This section is a summary of the gender, ethnicity, and race of the board members. Enter the total number of board members that match each of the listed criteria.

Figure 78: Form 6A: Board Members Gender; Ethnicity; Race

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

8.10.2 Update Board Member Information

When the addition of a board member is complete, you can update each entry as follows:

1. Select the board member and click **Update** (Figure 79).

Figure 79: Update Link on a Board Member Listing

List of Board Member(s)								
Select	#	Board Member Name	Board Office Held	Area of Expertise	Health Center Patient	Live or Work in Service Area	Years of Continuous Board Service	Special Population Representative
<input type="radio"/>	1	Harold Smith	Chairman	Health Science 1	No	Live, Work	10	
				<input type="button" value="Add"/>	<input type="button" value="Update"/>	<input type="button" value="Delete"/>		

¹Member derives more than 10% of income from health industry.

- The **Update Board Member Information** page will be displayed (Figure 80).

Figure 80: Update Board Member Information

UPDATE BOARD MEMBER INFORMATION

Board Member Information	
*First Name	<input type="text" value="Harold"/>
*Last Name	<input type="text" value="Smith"/>
Middle Initial	<input type="text"/>
*Board Office Held	<input type="text" value="Chairman"/>
*Area of Expertise	<input type="text" value="Health Research"/>
*Does member derive more than 10% of income from health industry?	<input checked="" type="radio"/> Yes <input type="radio"/> No
	<input type="checkbox"/> HCH <input type="checkbox"/> PHPC

2. Update the board member information as desired and click **Save and Continue**.

8.10.3 Delete a Board Member

To delete a Board Member from the List of Board Members:

1. Select a board member, and click **Delete** (Figure 81).

Figure 81: Delete Link on a Board Member Listing

List of Board Member(s)								
Select	#	Board Member Name	Board Office Held	Area of Expertise	Health Center Patient	Live or Work in Service Area	Years of Continuous Board Service	Special Population Representative
<input type="radio"/>	1	Harold Smith	Chairman	Health Science ¹	No	Live, Work	10	

¹Member derives more than 10% of income from health industry.

- The Delete Board Member Information page opens.

Figure 82: Confirm Delete Board Member

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

DELETE BOARD MEMBER INFORMATION						
Board Member Name	Board Office Held	Area of Expertise	Health Center Patient	Live or Work in Service Area	Years of Continuous Board Service	Special Population Representative
Harold Smith	Chairman	Health Science ¹	No	Live, Work	10.00	

¹Member derives more than 10% of income from health industry.

2. Click **Confirm Delete**.
 - The Current Board Member Characteristics page opens with the board member removed from the list of current board members.

If you Add or Delete a board member, don't forget to update the Gender, Ethnicity, Race table appropriately.

3. When all board members have been added, modified, and/or deleted, and you have updated the Gender, Ethnicity, and Race table, click **Save and Continue** (Figure 78) to proceed to the next form.

8.11. Form 6B: Request for Waiver of Governance Requirements

Form 6B elicits information about governance waiver requests. All applicants must complete the first question. Please note that HRSA will not consider a waiver request from organizations seeking designation as a Community Health Center. Only organizations that exclusively serve a special population can request a waiver.

To request a waiver of governance requirements:

1. Open [Form 6B](#) (Figure 83).

Figure 83: Form 6B: Request for Waiver of Governance Requirements - Section 1

REQUEST FOR WAIVER OF GOVERNANCE REQUIREMENTS	
Form 6B: Request for Waiver of Governance Requirements	Status: NOT COMPLETE
1. Request for Waiver	
Name of Organization	HEALTH CARE FOR THE HOMELESS
*1a. Are you requesting a waiver of governance requirements?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Applicable
<i>If you answered 'Yes' to the above question, then please answer all applicable questions given below.</i>	

2. In Section 1, indicate whether you are requesting a waiver.
 - a. If you answered **'Yes'**, proceed to Section 2 – 4 and complete all required fields.
 - b. If you answered **'No'**, click **Save and Continue** at the bottom of this page to proceed to the next form.
 - c. Select **'Not Applicable'** if your organization is seeking designation as a Community Health Center or if you are a tribal entity. Click **Save and Continue** to proceed to the next form.
3. In Section 2, provide information about previous waivers.

Figure 84: Form 6B: Request for Waiver of Governance Requirements - Section 2

2. For Applicants with Previous Waiver Approval	
2a. Nature of Items Currently Approved to be Waived	<input type="checkbox"/> 51 Percent Patient Majority <input type="checkbox"/> Monthly Meetings
2b. Are you requesting the waiver to be continued?	<input type="radio"/> Yes (Complete Next Question) <input type="radio"/> No (Governing Board is in Full Compliance) <input type="radio"/> N/A
*2c. Is your waiver request based on arrangements that are different from your original request? (Answer to this question is mandatory, if you answer 'Yes' to Question 2b.)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A

4. In Section 3, provide information the nature of a new waiver request.

Figure 85: Form 6B: Request for Waiver of Governance Requirements - Section 3

3. New Waiver Request	
*3a. Nature of Items for New Waiver Request (Answer to this question is mandatory, if you answer 'Yes' to Question 1a.)	<input type="checkbox"/> 51 Percent Patient Majority <input type="checkbox"/> Monthly Meetings

5. In Section 4, describe the alternative strategies in place that will assure consumer/patient participation and/or regular oversight in the direction and ongoing governance of your organization.

Figure 86: Form 6B: Request for Waiver of Governance Requirements - Section 4

4. All Organizations Requesting Waiver: Describe the appropriate alternative strategies in place that will assure consumer/patient participation and/or regular oversight in the direction and ongoing governance of the organization.	
*4a. Strategy 1 (Answer to this question is mandatory, if you answer 'Yes' to Question 1a.)	Maximum line(s) allowed approximately: 5 (500 character(s) remaining) <input type="text"/>
4b. Strategy 2	Maximum line(s) allowed approximately: 5 (500 character(s) remaining) <input type="text"/>
4c. Other Strategies	Maximum line(s) allowed approximately: 5 (500 character(s) remaining) <input type="text"/>

- When you have completed all required fields, click Save and Continue to proceed to the next form.

8.12. Form 8: Health Center Agreements

Form 8: Health Center Agreements provides information on agreements between your organization and other providers whereby other organizations provide a substantial number of services, sites, and/or activities in support of your organization or which impact your organization's board composition, authorities, function or responsibilities.

Please only provide agreements with other providers for a substantial number of services, site, and/or activities. Click **Save and Continue** (Figure 99) to mark it as complete and proceed to the next form. (This form must be saved to mark it as complete)

To identify **Health Center Agreements**:

1. Open [Form 8](#), and complete:
 - a. Part I (Figure 87)
 - b. Part II, Question 1 (Figure 88)
 - c. Part II, Question 2 (Figure 89)
 - d. Part II, Question 3 (Figure 90) (Optional)
 - e. Part III (Figure 91)
2. In Part I (Figure 87), Question 1, indicate if you have any current or proposed agreements with another organization to carry out a substantial portion of your scope of project.

Figure 87: Form 8: Part I - Question 1

Note: When a FQHC Look-Alike 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.

HEALTH CENTER AFFILIATION CERTIFICATION/CHECKLIST

Form 8: Health Center Affiliation Certification/Checklist **Status: NOT COMPLETE**

PART I	
<p>*1. Do you have, or propose to establish as part of this application, an agreement with another organization to carry out a substantial portion of the approved scope of project?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>If "Yes", indicate the number of each agreement type in 2a and/or 2b below and complete Parts II and III. If "No", skip to Part II.</p>	
2a. Contract for a substantial portion of the proposed scope of project for any of the following: core primary care providers, health center staff (other than providers), Chief Medical Officer (CMO), or Chief Financial Officer (CFO).	<input style="width: 100px; height: 20px;" type="text"/>
2b. Memorandum of Understanding (MOU)/Agreement (MOA) for substantial portion of the proposed scope of project via a sub-recipient/sub-award arrangement.	<input style="width: 100px; height: 20px;" type="text"/>

If you answered "Yes" to Question 1, indicate the number of each agreement type in Questions 2a or 2b. If No, proceed to Part II.

3. In Part II, Question 1 (Figure 88), complete the Governance Checklist to determine if any affiliations or agreements limit or compromise the board's authorities, functions, and/or responsibilities.

Figure 88: Form 8: Part II - Governance Checklist

PART II		
*1. Governance Checklist	Yes	No
Does the health center affirm that the board exercises the authorities, legislative and regulatory mandated functions, and responsibilities listed below, without limitation or compromise due to an affiliation or agreement with another entity?		
determines board composition	<input type="radio"/>	<input type="radio"/>
determines executive committee function and composition	<input type="radio"/>	<input type="radio"/>
selection of board chairperson	<input type="radio"/>	<input type="radio"/>
selection of board members	<input type="radio"/>	<input type="radio"/>
strategic planning	<input type="radio"/>	<input type="radio"/>
approval of the center's annual budget	<input type="radio"/>	<input type="radio"/>
directly employs, selects/dismisses, and evaluates the CEO/Executive Director	<input type="radio"/>	<input type="radio"/>
adoption of policies and procedures for personnel and financial management	<input type="radio"/>	<input type="radio"/>
establishes center priorities	<input type="radio"/>	<input type="radio"/>
establishes eligibility requirements for partial payment of services	<input type="radio"/>	<input type="radio"/>
provides for an independent audit	<input type="radio"/>	<input type="radio"/>
evaluation of center activities	<input type="radio"/>	<input type="radio"/>
adoption of center's health care policies, including scope and availability of services, location, hours of operation, and quality of care audit procedures	<input type="radio"/>	<input type="radio"/>
establishes a conflict of interest policy	<input type="radio"/>	<input type="radio"/>

If you answer "No" to any Governance Checklist item, you must answer "Yes" to Part II, Question 2.

4. In Part II, Question 2 (Figure 89), indicate if you have any current or proposed agreements that affect the composition, authorities, functions, or responsibilities of your organization's board.

Figure 89: Form 8: Part II - Question 2

<p>*2. Do you have, or propose to establish as part of this application, an agreement/arrangement (provided in Part I or otherwise) that impacts the applicant's governing board composition, authorities, functions, or responsibilities?</p> <p>The Governance Checklist above can help you determine the answer to this question. A No response to any Governance Checklist item should result in a Yes response to this question.</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>If "Yes", indicate the number of such agreements/arrangements in question 3 below and complete Part III.</p>
--

If you answer "Yes" to Question 2, specify the number of such agreements in Question 3 and proceed to complete Part III.

Figure 90: Form 8: Part II - Question 3

<p>3. Agreement/arrangement that impacts the health center's governing board composition, authorities, functions, or responsibilities (e.g., parent subsidiary model, bilateral board representation, outside nomination of board members, joint committees).</p> <p>Note: Examples of compromising arrangements include overriding approval or veto authority by another entity, dual majority requirements, and super-majority requirements.</p>	<input type="text"/>
---	----------------------

If you answered Yes to Part I, Question 1 or Part II, Question 2, proceed to Part III.

5. In Part III (Figure 91), provide information about each health center agreement noted in Part I and Part II. Click **Add Organization Affiliation**.

Figure 91: Form 8: Part III: Organization Affiliation

- The Health Center Affiliation Certification/Checklist page opens.

6. In the **Add Organization Agreement** section:
 - a. Enter the **Organization Name** and **Organization EIN** (Employer Identification Number) for the organization with which you have the agreement (Figure 92).

Figure 92: Form 8: Part III: Add Organization Affiliation

- b. Enter the organization's **Physical Location Address** (Figure 93).

Figure 93: Form 8: Part III: Add Organization Affiliation: Physical Address

- c. Provide the history of each agreement (Figure 94). This may include the purpose of each agreement and how it has changed over time.

Figure 94: Form 8: Part III: Add Organization Affiliation: Explain History

<p>*Explain the history of each agreement/arrangement that impacts the health center's governing board composition, authorities, functions, or responsibilities, (e.g., why it was entered into, how it has changed over time). If not applicable for this agreement/arrangement, write "n/a".</p>	<p>Maximum line(s) allowed approximately: 5 (500 character(s) remaining)</p> <div style="border: 1px solid gray; height: 50px;"></div>
--	--

- In the **Attachments** section (Figure 95), click **Attach** to upload agreements with this organization.

Figure 95: Form 8: Part III: Add Organization Affiliation: Attach Documentation

Attachments

Note: Before uploading a document for this affiliation, please rename the file to include the affiliated organization's name e.g. 'CincinnatiHospital_LocationDetails.doc'.

Other Attachment(s) (Maximum Five (5) Attachment(s))					
Select	Purpose	Document Name	Size	Uploaded By	Description
No attached document exists.					
<input type="button" value="Attach"/>					

All agreement/arrangement documents must be uploaded in full.

- The **Attach Document** screen (Figure 96) will be displayed.

Figure 96: Form 8: Part III: Add Organization Affiliation - Browse

ATTACH DOCUMENT

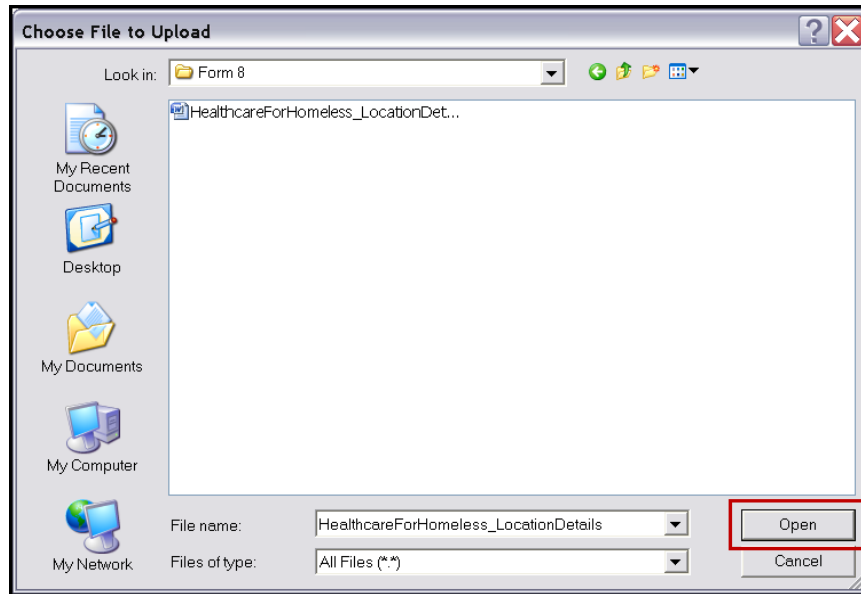
Fields marked with an asterisk(*) are required.

ATTACH DOCUMENT	
*Purpose	Form 8 Other Documents (Max 5)
*Document	<input type="button" value="Browse..."/> <small>(Allowable Document Type(s): doc, docx, rtf, txt, wpd, pdf, xls, xlsx, jpg, jpeg, xid) (Allowable Document Size: 20 MB)</small>
Description (Maximum 500 characters)	<div style="border: 1px solid gray; height: 30px;"></div>

Attached Document(s)				
Purpose	Document Name	Size	Uploaded By	Description
No attached document exists.				

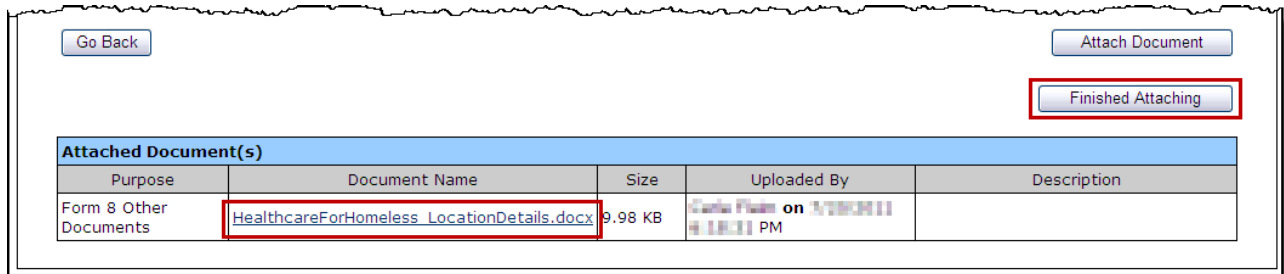
- Click **Browse**.
 - The **Choose File to Upload** dialog box will be displayed.

Figure 97: Choose File to Upload



9. Select the desired file.
10. Click **Open**.
 - The file name will now appear in the **Document Name** field on the **Attach Document** screen.
11. Click **Attach Document**.
 - The attached document will appear in the **Attached Document(s)** list (Figure 98).

Figure 98: Form 8: Part III: Attached Documents



12. Click **Finished Attaching**.
 - The **Health Center Affiliation** page refreshes with the uploaded document listed.

Figure 99: Form 8: Attachments Uploaded

Attachments

Note: Before uploading a document for this affiliation, please rename the file to include the affiliated organization's name e.g. 'CincinnatiHospital_LocationDetails.doc'.

Other Attachment(s) (Maximum Five (5) Attachment(s))					
Select	Purpose	Document Name	Size	Uploaded By	Description
<input checked="" type="checkbox"/>	Form 8 Other Documents	HealthcareForHomeless_LocationDetails.docx	9.98 KB	CSH User on 1/20/2013 11:01:33 AM	

13. Repeat Steps 7-12 until all affiliations are attached (organized by affiliated organization).
 - a. To update an attachment description, select the desired attachment and click .
 - b. To delete an attachment, select the desired attachment and click .
14. Click to proceed to the next form.

8.13. Form 9: Need for Assistance Worksheet

Form 9 provides information about Core Barriers, Core Health Indicators and Other Health Indicators.

To toggle between the 3 Sections of this form choose a Section from the drop-down menu and click **Go** (Figure 100).

Figure 100: Need For Assistance Worksheet - Section Dropdown

8.13.1 Form 9: Section I: Core Barriers

Form 9, Section I is used to provide information about core barriers to health care access for the target population within your geographic service area.

You must provide information on three of the four Core Barriers listed in Section I. For those you will report on, respond “Yes” to the question, “Is this Core Barrier Applicable?”

To Complete Section I: Core Barriers:

1. Open [Form 9](#) and in **Section I: Core Barriers**, complete 3 of the following sections:
 - a. The **Population to one FTE Primary Care Physician Ratio**.
 - b. The **Percent of Population at or Below 200 Percent of Poverty**.
 - c. The **Percent of Population Uninsured**.
 - d. The **Distance (miles) OR Travel Time (minutes) to Nearest Primary Care Provider Accepting New Patients and/or Uninsured**.

Since all Core Barriers have the same question and similar fields to complete, follow the steps in **Population to One FTE Primary Care Physician Ratio**, for all Core Barriers.

2. Open [Form 9](#), Section I (Figure 101) and provide information about your target population’s Core Barriers for each core health indicator:

Figure 101: Form 9: Section I: Population to One FTE Primary Care Physician Ratio

The screenshot shows a web-based form titled "NEED FOR ASSISTANCE WORKSHEET - CORE BARRIERS" with a sub-header "Section I: Core Barriers" and a "Go" button. Below this is "Form 9 - Section I: Core Barriers" with a status indicator "Status: NOT COMPLETE".

The first section is "Population to ONE FTE Primary Care Physician Ratio". It contains:

- *Is this Core Barrier Applicable? with radio buttons for Yes and No.
- *Data Response: A text input field followed by "Ratio" and another text input field followed by "**Year to which Data Apply". A note below says "(Note: Enter a number upto 2 decimals.)".
- *Data Source: A text input field with a character limit of 200.
- Methodology Utilized/Data Source Description/Other (Optional): A text input field with a character limit of 500.
- *Identify Target Population for Data: A text input field with a character limit of 100.

The second section is "Percent of population at or below 200 Percent of Poverty". It contains:

- *Is this Core Barrier Applicable? with radio buttons for Yes and No.
- *Data Response: A text input field followed by "Ratio" and another text input field followed by "**Year to which Data Apply".
- *Identify Target Population for Data: A text input field with a character limit of 100.

At the bottom of the form are three buttons: "Go to Previous Page", "Save", and "Save and Continue". The "Save and Continue" button is highlighted with a red border.

- a. Answer the question, “Is this Core Barrier Applicable?”
- b. Enter a number as the Data Response. (This response type will change according to the Core Barrier you are providing information for)

For more information on completing this step, please refer to the NFA Worksheet found by clicking the Form 9 Instructions link in the header of this page.

- c. Enter the year in which the data applies.
 - d. Enter the data source.
 - e. Provide the methodology utilized/data source description that your organization used to collect/extrapolate this data.
 - f. Identify your organization’s target population on which the data is based.
3. Repeat Steps 2: a-f for other applicable Core Barriers so that three of the four Core Barriers have been completed.
 4. Click Save and Continue to proceed to the next section of this form.

8.13.2 Form 9: Section II: Core Health Indicators

Use Form 9, Section II to provide information about one Core Health Indicator for each of the following categories:

- Diabetes
- Cardiovascular Disease
- Cancer
- Prenatal and Perinatal Health
- Child Health
- Behavioral and Oral Health

To provide information about the core health indicators:

1. Open [Form 9](#), Section II (Figure 102), and provide information about your target population's Core Health Indicators.

Figure 102: Form 9: Section II: Core Health Indicators - Diabetes

The screenshot shows a web-based form titled "NEED FOR ASSISTANCE WORKSHEET - CORE HEALTH INDICATORS". The current section is "Section II: Core Health Indicators" and the status is "NOT COMPLETE". The form is for "Form 9: Core Health Indicators (Section II)".

The "Diabetes" section contains the following fields:

- *Core Health Indicator:** A dropdown menu with "Select One" selected.
- *Data Response:** A text box for "If 'Other', please specify:" and a dropdown menu with "Select One" selected.
- *Data Source:** A text box with a character count: "Maximum line(s) allowed approximately: 2 (200 character(s) remaining)".
- Methodology Utilized/Data Source Description/Other (Optional):** A text box with a character count: "Maximum line(s) allowed approximately: 5 (500 character(s) remaining)".
- *Identify Target Population for Data:** A text box with a character count: "Maximum line(s) allowed approximately: 1 (100 character(s) remaining)".

The "Cardiovascular Disease" section contains the following fields:

- *Core Health Indicator:** A dropdown menu with "Select One" selected.
- Source Description/Other (Optional):** A text box.
- *Identify Target Population for Data:** A text box with a character count: "Maximum line(s) allowed approximately: 1 (100 character(s) remaining)".

At the bottom of the form, there are three buttons: "Go to Previous Page", "Save", and "Save and Continue".

- a. Select a **Core Health Indicator** from the drop-down menu.
- b. Enter a number and select percentage, ratio or other measurement from the drop-down menu to provide a data response.

For more information on completing this step, please refer to the NFA Worksheet found by clicking the Form 9 Instructions link in the header of this page.

- c. Enter a data source.
 - d. Provide the methodology that your organization used to collect/extrapolate this data.
 - e. Identify your organization’s target population.
2. Repeat Step 1, a-e for each of the six Core Health Indicator Categories.
 3. When completed, click **Save and Continue** to proceed to the next section of this form.

8.13.3 Form 9, Section III: Other Health Indicators

Form 9, Section III is used to provide information about Other Health Indicators for your target population. Organizations are required to provide responses to two out of the twelve Other Health Indicators listed or specify up to two Other Health Indicators under “Other.”

1. Open [Form 9](#), Section III, and provide information about your target population’s Other Health Indicators (Figure 103).

Figure 103: Form 9: Section III - Other Health Indicators

The screenshot shows a web-based form titled "NEED FOR ASSISTANCE WORKSHEET - OTHER HEALTH INDICATORS". The current section is "Section III: Other Health Indicators" and the form is labeled "Form 9: Other Health Indicators (Section III)". The status is "NOT COMPLETE".

Indicator #1

- *Other Health Indicator:** A dropdown menu with "Select One" selected.
- If 'Other', please specify:** A text input field.
- *Data Response:** A text input field with a note: "(Note: Enter a number up to 2 decimals.)". A dropdown menu with "Select One" is also present.
- If 'Other', please specify:** A text input field.
- **Year to which Data Apply:** A text input field.
- *Data Source:** A text area with a limit of "Maximum line(s) allowed approximately: 2 (200 character(s) remaining)".
- Methodology Utilized/Data Source Description/Other (Optional):** A text area with a limit of "Maximum line(s) allowed approximately: 5 (500 character(s) remaining)".
- *Identify Target Population for Data:** A text area with a limit of "Maximum line(s) allowed approximately: 1 (100 character(s) remaining)".

Indicator #2

- *Other Health Indicator:** A dropdown menu with "Select One" selected.
- If 'Other', please specify:** A text input field.
- *Identify Target Population for Data:** A text area with a limit of "Maximum line(s) allowed approximately: 1 (100 character(s) remaining)".

At the bottom of the form, there are three buttons: "Go to Previous Page", "Save", and "Save and Continue". The "Save and Continue" button is highlighted with a red box.

2. For one or both Other Health Indicators:
 - a. Select an Other Health Indicator from the drop-down menu.
 - b. Enter a number and select percentage, ratio or other measurement from the drop-down menu to provide a data response.
 - c. Enter a data source.
 - d. Provide the methodology that your organization used to collect/extrapolate the data.
 - e. Identify your organization's target population.
3. When complete, click Save and Continue to proceed to the next form.

8.14. Form 10: Annual Emergency Preparedness (EP) Report

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

1. Open [Form 10](#), and complete:
 - a. Section I: Emergency Preparedness and Management Plan (Figure 104)
 - b. Section II: Readiness (Figure 105)
2. Complete each section of the form by selecting “Yes” or “No” for each question.

Figure 104: Form 10: Section I - Emergency Preparedness and Management Plan

ANNUAL EMERGENCY PREPAREDNESS REPORT		Status: NOT COMPLETE
Form 10: Annual Emergency Preparedness Report		
SECTION I - EMERGENCY PREPAREDNESS AND MANAGEMENT PLAN		Yes No
*1. Has your organization conducted a thorough Hazards Vulnerability Assessment? Date completed: <input type="text"/>		<input type="radio"/> Yes <input type="radio"/> No
*2. Does your organization have an approved EPM plan? Date most recent EPM plan was approved by your Board: <input type="text"/>		<input type="radio"/> Yes <input type="radio"/> No
*3. Does the EPM plan specifically address the four disaster phases?		
3a. Mitigation?		<input type="radio"/> Yes <input type="radio"/> No
3d. Recovery?		<input type="radio"/> Yes <input type="radio"/> No
*4. Is your EPM plan integrated into your local/regional emergency plan?		<input type="radio"/> Yes <input type="radio"/> No
5. If no, has your organization attempted to participate with local/regional emergency planners?		<input type="radio"/> Yes <input type="radio"/> No
*6. Does the EPM plan address your capacity to render mass immunization/prophylaxis?		<input type="radio"/> Yes <input type="radio"/> No

- For Section I: Question 1, if you selected “Yes”, you must enter the date the Hazards Vulnerability Assessment was completed.
 - For Section I: Question 2, if you selected “Yes”, you must enter the date the Emergency Preparedness and Management (EPM) plan was approved by your board.
3. Proceed to complete Section II by selecting “Yes” or “No” for each question.

Figure 105: Form 10: Section II - Readiness

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

4. Click **Save and Continue** to proceed to the next form.

8.15. Form 12: Organization Contacts

Use Form 12 to provide contact information for the project. Enter **Medical Director**, **Dental Director** (Optional), **Chief Executive Officer**, and **Contact Person**. The contact person should be the primary communications liaison for any program specific information being submitted as part of this application.

1. Open [Form 12](#) (Figure 106).
2. Click one of the **Add...** buttons to add or update the information for each type of contact. For example, click **Add Medical Director** to add a medical director.

Figure 106: Form 12: Organization Contacts

ORGANIZATION CONTACTS
 Form 12: Organization Contacts Status: **NOT COMPLETE**

***Medical Director**
 No contact to display.
 Add Medical Director

Dental Director
 No contact to display.
 Add Dental Director

***Chief Executive Officer**
 No contact to display.
 Add Chief Executive Officer

***Contact Person**
 No contact to display.
 Add Contact Person

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

- The **Contact Information** data entry page (Figure 107) will be displayed for the contact you are adding.

Figure 107: Form 12: Contact Information Data Entry Page

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

Go Back Save and Continue

- Complete the **Contact Information** page.
- Click **Save and Continue** to save the **Contact Information** and return to the **Organization Contacts** page.
- Continue adding contact information for the remaining contact types by following Steps 2-4 above.
- Click **Save and Continue** on the **Organization Contacts** page (Figure 106) after you have completed the required contact data to save your work and proceed to the next form.

8.16. Clinical Performance Measures

Use this form to provide information about clinical performance measures. The **Clinical Performance Measures** form consists of the **Designation Period** section, the **Standard Measures** section, and **Additional Measures** section.

8.16.1 The Designation Period

The designation period is the multiyear period (generally a five year period) for which the FQHC LAL has been designated.

1. Open the [Clinical Performance Measures](#) form.
2. In the **Designation Period** section, click the calendar icons to enter the dates in the **Start Date** and **End Date** fields.

Figure 108: Clinical Performance Measures - Designation Period

3. Click [Save](#) to save the designation period.

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

8.16.2 Provide Standard Performance Measure Information

Provide the performance measure information as follows:

1. Click the [Update](#) link for a Standard Performance Measure (Figure 109).

Figure 109: Clinical Performance Measures - Standard Measures

- The **Update Clinical Performance Measure Information** page (Figure 110) will be displayed.

For the Standard Measures some fields in the **Update Clinical Performance Measure Information** screens are pre-populated with data and cannot be changed. Some data option fields are pre-selected and are read only.

Figure 110: Update Clinical Performance Measure Information

UPDATE CLINICAL PERFORMANCE MEASURE INFORMATION	
Status: Not Complete	
Update Clinical Performance Measures Information	
Focus Area	Diabetes
*Is this Performance Measure applicable to your Organization?	<input checked="" type="radio"/> Yes <input type="radio"/> No <small>(If No, provide explanation in 'Comments' area at bottom of this form)</small>
Performance Measure	Percentage of diabetic patients whose HbA1c levels are less than 7 percent, less than 8 percent, less than or equal to 9 percent, or greater than 9 percent.
*Target Goal Description <small>(Sample Goals)</small>	<div style="border: 1px solid #ccc; height: 30px; width: 100%;"></div> <small>(maximum 500 characters)</small>
Click "Save" button to save all information within this page.	
<input style="border: 1px solid #ccc;" type="button" value="Save"/>	

- Enter a **Target Goal Description**.

Use the button at the end of each section to be sure your work is saved and not lost due to the 30 minute system activity time out.

Figure 111: Update Clinical Performance Measure Information - Baseline Data

Numerator Description <small>(Examples)</small>	Number 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 <7%, <8%, =9%, or >9%, among those patients in the denominator.		
Denominator Description <small>(Examples)</small>	Number of adult patients age 18 to 75 years as of December 31 of the measurement year with a diagnosis of Type 1 or Type 2 diabetes, who have had a visit at least twice during the reporting year and do not meet any of the exclusion criteria.		
*Baseline Data	Baseline Year: <input type="text"/> (yyyy) Measure Type: <input type="text" value="Percentage"/> Numerator: <input type="text"/> Denominator: <input type="text"/> Calculated Baseline:	*Projected Data (by End of Designation Period) <input style="border: 1px solid #ccc;" type="text"/> % <small>(Sample Calculation)</small>	

- Enter the **Baseline Data: Baseline Year, Numerator, and Denominator**.

Use the Numerator Description and Denominator Description fields for information on how the Baseline Data fields are calculated.

- The baseline auto-calculates and appears in the **Calculated Baseline** field.
- In the **Projected Data** field, enter the data expected when the designation period concludes.

6. Click the [Sample Calculation](#) link to see an example of the calculation you need to perform to complete this field.
- A new window will open displaying an explanation of and calculation for a “Percentage base Measure Type” and a “Ratio based Measure Type.”

Figure 112: Projected Data Calculation - Sample Calculation

SAMPLE CALCULATION	
Sample Calculation for Percentage based Measure Type	
Sample Numerator Description	Number of adult patients age 18 and older with a diagnosis of Type 1 or Type 2 diabetes whose most recent hemoglobin A1c level during the measurement period is less than or equal to 7.0% (see [redacted] for more details).
Numerator (N)	3000 Patients
Denominator (D)	4000 Patients
Projected Data Calculation (%)	$[(N/D) * 100] = [(3000/4000)*100] = 75\%$

Close Window

7. Perform the calculation, and enter the solution in the **Projected Data** field (Figure 111).
8. Enter the Data Source & Methodology (Figure 113).

Figure 113: Update Clinical Performance Measure Information - Data Source and Methodology

*Data Source & Methodology	(maximum 500 characters)
Click "Save" button to save all information within this page.	
Save	

9. Enter the Key Contributing and/or Restricting Factor(s) and Major Planned Action(s) (Figure 114).

Figure 114: Update Clinical Performance Measure Information - Key Factor and Major Planned Action

*Key Factor and Major Planned Action #1	Key Factor Type: <input type="radio"/> Contributing <input type="radio"/> Restricting <input type="radio"/> N/A Key Factor Description (maximum 500 characters) Major Planned Action Description (maximum 500 characters)
Click "Save" button to save all information within this page.	
Save	

Key Factor and Major Planned Action #1 is required. Key Factor and Major Planned Action #2 and #3 are optional.

10. Add any necessary or desired comments (Figure 115).

Figure 115: Update Clinical Performance Measure Information - Comments

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

11. Click **Save and Continue** to return to the **Update Clinical Performance Measures** page.
12. Repeat Steps 1-11 for each of the **Standard Performance Measures**.

8.16.3 Add an Additional Performance Measure

The **Clinical Performance Measures** form consists of Standard Performance Measures and Additional Performance Measures.

Although included in the Additional section, Oral Health and Behavioral Health measures are **required**. They are included in this section of the form so applicants can create measures specific to the types of Oral Health and Behavioral Health services provided.

Any “Additional” measures should be specific to the designation.

To add an **Additional Performance Measure** to your application:

1. Click **Add Performance Measure**, under the **Additional Measures** section of the form.

Figure 116: Additional Measures - Add Performance Measure

- The **Add Clinical Performance Measure Information** page opens (Figure 117).

Figure 117: Add Clinical Performance Measure information - Focus Area

ADD CLINICAL PERFORMANCE MEASURE INFORMATION		Status: Not Complete
Add Clinical Performance Measures Information		
*Focus Area	<input type="text" value="Select One"/>	*Performance Measure Category (Select one or more categories for Oral/Behavioral measures. To select multiple values, hold the Ctrl key and then select from the list.) <ul style="list-style-type: none"> Emergency Services Oral Exams Restorative Services Oral Surgery
	If 'Other', Please specify	If 'Other', Please specify

2. Select a focus area type from the drop-down menu.

If your focus area is Oral Health or Behavioral Health, select one or more performance measure categories presented in the **Performance Measure Category** menu.

3. Enter the **Performance Measure** description and **Target Goal Description**.

Figure 118: Add Clinical Performance Measure information - Performance Measure and Target Goal

*Performance Measure	<input type="text" value="(maximum 500 characters)"/>
*Target Goal Description (Sample Goals)	<input type="text" value="(maximum 500 characters)"/>
Click "Save" button to save all information within this page. Save	

4. Enter the **Numerator Description** and the **Denominator Description**.

Figure 119: Add Clinical Performance Measure information - Numerator and Denominator

*Numerator Description (Examples)	<input type="text" value="(maximum 500 characters)"/>
*Denominator Description (Examples)	<input type="text" value="(maximum 500 characters)"/>
Click "Save" button to save all information within this page. Save	

5. Enter the **Baseline Data: Baseline Year, Measure Type, Numerator, and Denominator**.

Figure 120: Add Clinical Performance Measure information - Baseline Data

*Baseline Data	Baseline Year: <input type="text" value="(yyyy)"/> Measure Type: <input type="text" value="Select One"/>	*Projected Data (by End of Designation Period) (Sample Calculation) <input type="text"/>
	Numerator: <input type="text"/> Denominator: <input type="text"/> Calculated Baseline:	

➤ The baseline auto-calculates and appears in the **Calculated Baseline** field.

6. In the **Projected Data** field, enter the data expected when the designation period concludes.

- Click [Sample Calculation](#) to see an example of the calculation you need to carry out to complete this field.

Figure 121: Sample Calculation

SAMPLE CALCULATION	
Sample Calculation for Percentage based Measure Type	
Sample Numerator Description	Number of adult patients age 18 and older with a diagnosis of Type 1 or Type 2 diabetes whose most recent hemoglobin A1c level during the measurement period was less than or equal to 7.0% (see [link]) and who have been seen by a provider at least twice during the reporting year and do not meet any of the exclusion criteria.
Numerator (N)	3000 Patients
Denominator (D)	4000 Patients
Projected Data Calculation (%)	$[(N/D) * 100] = [(3000/4000)*100] = 75\%$

Close Window

- Enter the Data Source & Methodology and Key Factor(s) and Major Planned Action(s).

Figure 122: Add Clinical Performance Measure information - Data Source and Key Factor(s)

*Data Source & Methodology	(maximum 500 characters)
Click "Save" button to save all information within this page. Save	
*Key Factor and Major Planned Action #1	Key Factor Type: <input type="radio"/> Contributing <input type="radio"/> Restricting <input type="radio"/> N/A Key Factor Description (maximum 500 characters) Major Planned Action Description (maximum 500 characters)
Click "Save" button to save all information within this page. Save	

Key Factor and Major Planned Action #1 is required. Key Factor and Major Planned Action #2 and #3 are optional.

- Add any necessary or desired comments (Figure 123).

Figure 123: Add Clinical Performance Measure information - Comments

Comments	(maximum 500 characters)
Cancel	Save and Continue

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

10. Click the **Save and Continue** button at the bottom of the form.
 - You will be returned to the **Clinical Performance Measures** form. The added performance measure will appear in the **Additional Measures** area of the form.

Figure 124: Clinical Performance Measures - Additional Measures

Additional Measures			
Performance Measure: Percentage of infants over 6 lbs.			Status: Complete
Focus Area	Prenatal Health	Goal Description	Decrease the % of infants born at or below 6 lbs.
Baseline Data	7.00% (Baseline Year: 2011)	Projected Data	3%
Action: View Update Delete			
Add Performance Measure			
Go to Previous Page		Save Save and Continue	

11. To add another Additional Measure, click **Add Performance Measure** and follow Steps 2-10.

8.16.4 Update a Performance Measure

To update a Performance Measure:

1. Click the [Update](#) link (Figure 125).

Figure 125: Update Link on a Complete Performance Measure

*Standard Measures			
Performance Measure: Percentage of diabetic patients whose HbA1c levels are less than 7 percent, less than 8 percent, less than or equal to 9 percent, or greater than 9 percent.			Status: Complete
Focus Area	Diabetes	Goal Description	Increase the % of adult patients with type 1 or 2 diabetes whose most recent hemoglobin A1c (HbA1c) is <=9%. (under control)
Baseline Data	10.00% (Baseline Year: 2011)	Projected Data	15%
Action: View Update			

- The **Update Clinical Performance Measure Information** page will be displayed (Figure 110).
2. Update the performance measure as described in **Provide Standard Performance Measure Information** (See 8.16.2).

8.16.5 Delete an Additional Performance Measure

To delete an **Additional Performance Measure**:

1. Under the desired Additional Performance Measure, click the [Delete](#) link
 - The Delete Clinical Performance Measures Information page opens.

Figure 126: Clinical Performance Measures - Additional Measures - Delete

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

DELETE CLINICAL PERFORMANCE MEASURE INFORMATION

Performance Measure: Percentage of infants over 6 lbs.			
Focus Area	Prenatal Health	Goal Description	Decrease the % of infants born at or below 6 lbs.
Baseline Data	7.00 % (Baseline Year: 2010)	Projected Data	3 %

View: [Performance Measure Details](#)

Cancel Confirm Delete

10. Click **Confirm Delete**.

8.16.6 View a Performance Measure

- Under the desired **Performance Measure**, click the [View](#) link to see a read-only display of the performance measures (Figure 127).

Figure 127: Read-only Display of a Clinical Performance Measure

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration		FOR HRSA USE ONLY	
Clinical Performance Measures		Application Tracking Number	LAL Number
		000000	LAL000
Designation Period			
Start Date	08/01/2011	End Date	08/31/2011
Focus Area: Diabetes			
Performance Measure: Percentage of diabetic patients whose HbA1c levels are less than 7 percent, less than 8 percent, less than or equal to 9 percent, or greater than 9 percent.			
Is this Performance Measure Applicable to your Organization?	Yes		
Performance Measure			
Comments			

Close Window

- Click **Close Window** to return to the **Clinical Performance Measures** Form.
- After you have completed work with the Clinical Performance Measures (Figure 124), click **Save and Continue** to proceed to the next form.

8.17. Financial Performance Measures

Use this form to provide information about financial performance measures. The **Financial Performance Measures** form consists of the **Designation Period** section, the **Standard Measures** section, and **Additional Measures** section.

8.17.1 The Designation Period

The designation period is the multiyear period (generally a five year period) for which the FQHC LAL has been designated.

1. Open the [Financial Performance Measures](#) form.
2. In the **Designation Period** section, click the calendar icons to enter the dates in the Start Date and End Date fields.

Figure 128: Financial Performance Measures - Designation Period

3. Click **Save** to save the designation period.

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

8.17.2 Provide Standard Performance Measure Information

Provide the performance measure information as follows:

1. Click the [Update](#) link (Figure 129).

Figure 129: Financial Performance Measure - Standard Measures

- The **Update Financial Performance Measure Information** page (Figure 130) will be displayed.

For the Standard Measures some fields in the Update Financial Performance Measure Information screens are prepopulated with data and cannot be changed. Some data option fields are pre-selected and are read only.

Figure 130: Update Financial Performance Measure Information

UPDATE FINANCIAL PERFORMANCE MEASURE INFORMATION	
Status: Not Complete	
Update Financial Performance Measures Information	
Focus Area	Costs
*Is this Performance Measure applicable to your Organization?	<input checked="" type="radio"/> Yes <input type="radio"/> No <small>(If No, provide explanation in 'Comments' area at bottom of this form)</small>
Performance Measure	Total cost per patient.
*Target Goal Description <small>(Sample Goals)</small>	<div style="border: 1px solid red; padding: 5px;"> <small>(maximum 500 characters)</small> <input style="width: 100%; height: 30px;" type="text"/> </div>
Click "Save" button to save all information within this page.	
<input type="button" value="Save"/>	

2. Enter the **Target Goal Description**.

Use the button at the end of each section to be sure your work is saved and not lost due to the 30 minute system activity time out.

Figure 131: Update Financial Performance Measure Information - Baseline Data

Numerator Description <small>(Examples)</small>	Total accrued cost before donations and after allocation of overhead.		
Denominator Description <small>(Examples)</small>	Total number of patients.		
*Baseline Data	Baseline Year: <input type="text"/> (yyyy) Measure Type: <input type="text" value="Ratio"/> Numerator: <input type="text"/> Denominator: <input type="text"/> Calculated Baseline:	<div style="border: 1px solid red; padding: 2px;"> *Projected Data (by End of Designation Period) <small>(Sample Calculation)</small> </div>	<input type="text"/> (Ratio)

3. Enter the **Baseline Data: Baseline Year, Numerator, and Denominator**.

Use the **Numerator Description** and **Denominator Description** fields for information on how the **Baseline Data** field is calculated.

- The baseline auto-calculates and appears in the **Calculated Baseline** field.
- 4. In the **Projected Data** field, enter the data expected when the designation period concludes.
- 5. Click the [Sample Calculation](#) link to see an example of the calculation you need to complete for this field.
- A new window will open displaying an explanation of and calculation for a “Percentage Base Measure Type.”

Figure 132: Sample Calculation

SAMPLE CALCULATION	
Sample Calculation for Percentage based Measure Type	
Sample Numerator Description	Number of adult patients age 18 and older with a diagnosis of Type 1 or Type 2 diabetes whose most recent hemoglobin A1c was less than 9% during the measurement period.
Sample Denominator Description	All patients age 18 and older who were seen by the provider at least twice during the reporting year and do not meet any of the exclusion criteria.
Numerator (N)	3000 Patients
Denominator (D)	4000 Patients
Projected Data Calculation (%)	$[(N/D) * 100] = [(3000/4000)*100] = 75\%$

Close Window

6. Perform the calculation, and enter the solution in the **Projected Data** field (Figure 131).
7. Enter the **Data Source & Methodology** (Figure 133).

Figure 133: Update Financial Performance Measure Information - Data Source and Methodology

*Data Source & Methodology	(maximum 500 characters)
Click "Save" button to save all information within this page.	
Save	

8. Enter the Key Contributing and/or Restricting Factor(s) and Major Planned Action(s) (Figure 134).

Figure 134: Key Factor and Major Planned Action

*Key Factor and Major Planned Action #1	Key Factor Type: <input type="radio"/> Contributing <input type="radio"/> Restricting <input type="radio"/> N/A Key Factor Description (maximum 500 characters) Major Planned Action Description (maximum 500 characters)
Click "Save" button to save all information within this page.	
Save	

Key Factor and Major Planned Action #1 is required. Key Factor and Major Planned Action #2 and #3 are optional.

9. Add any necessary or desired comments (Figure 135).

Figure 135: Update Financial Performance Measure Information - Comments

Comments	(maximum 500 characters)
<div style="display: flex; justify-content: space-between;"> Cancel Save and Continue </div>	

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

10. Click **Save and Continue** to return to the **Financial Performance Measures** page.
11. Repeat Steps 1-10 for each of the standard **Performance Measures**.

8.17.3 Add an Additional Performance Measure

The Financial Performance Measures form consists of Standard Measures and optional Additional Measures.

To add an additional performance measure to your application:

1. Click **Add Performance Measure**, under the **Additional Measures** section of the form.

Figure 136: Additional Measures - Add Performance Measure

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

- The Add Financial Performance Measure page opens (Figure 137).

Figure 137: Add Financial Performance Measure Information - Focus Area

The screenshot shows the 'ADD FINANCIAL PERFORMANCE MEASURE INFORMATION' page. The status is 'Not Complete'. The 'Add Financial Performance Measures Information' section has a yellow background. A dropdown menu for 'Focus Area' is open, showing options: 'Select One', 'Costs', 'Financial Viability', and 'Other'. A red arrow points from the 'Costs' option in the dropdown to the 'Focus Area' dropdown on the form. Below the dropdown is a text field with the placeholder 'If 'Other', Please specify'.

2. Select a focus area from the drop-down menu.
3. Enter the performance measure.

Figure 138: Add Financial Performance Measure Information - Performance Measure and Target Goal

The screenshot shows two text input fields. The first is labeled '*Performance Measure' with a character limit of '(maximum 500 characters)'. The second is labeled '*Target Goal Description (Sample Goals)' with a character limit of '(maximum 500 characters)'. Below these fields is a 'Save' button and a note: 'Click "Save" button to save all information within this page.'

4. Enter descriptions of the numerator and denominator.

Figure 139: Add Financial Performance Measure Information - Numerator and Denominator Description

*Numerator Description (Examples)	(maximum 500 characters)
*Denominator Description (Examples)	(maximum 500 characters)
Click "Save" button to save all information within this page.	

5. Enter the **Baseline Data: Baseline Year, Measure Type, Numerator, and Denominator.**

Figure 140: Add Financial Performance Measure Information - Baseline Data

*Baseline Data	Baseline Year: <input type="text"/> (yyyy) Measure Type: Select One Numerator: <input type="text"/> Denominator: <input type="text"/> Calculated Baseline: <input type="text"/>	*Projected Data (by End of Designation Period): (Sample Calculation)
----------------	---	---

- The baseline auto-calculates and appears in the **Calculated Baseline** field.
6. In the **Projected Data** field, enter the data expected when the designation period concludes.
 7. Click [Sample Calculation](#) to see an example of the calculation you need to perform to complete this field.

Figure 141: Sample Calculation

SAMPLE CALCULATION

Sample Calculation for Percentage based Measure Type

Sample Numerator Description	Number of adult patients age 18 and older with a diagnosis of Type 1 or Type 2 diabetes whose most recent hemoglobin A1c was less than 9% during the measurement period. See the measure description for more details.
Denominator (D)	4000 Patients
Numerator (N)	3000 Patients
Projected Data Calculation (%)	$[(N/D) * 100] = [(3000/4000)*100] = 75\%$

8. Enter the Data Source & Methodology and Key Contributing or Restricting Factor(s) and Major Planned Action(s).

Figure 142: Add Financial Performance Measure Information - Data Source and Key Factor(s)

Key Factor and Major Planned Action #1 is required. Key Factor and Major Planned Action #2 and #3 are optional.

9. Add any necessary or desired comments (Figure 143).

Figure 143: Update Financial Performance Measure Information - Comments

10. Click the **Save and Continue** button at the bottom of the form.

- You will be returned to the main **Financial Performance Measures** form. The new performance measure will appear in the **Additional Measures** area of the form.

Figure 144: Additional Measures - Added Performance Measure

Performance Measure: Cost per Encounter			Status: Complete
Focus Area	Costs	Goal Description	By End of Designation Period, maintain rate of increase in cost per encounter To: 3__%
Baseline Data	10.00% (Baseline Year: 2011)	Projected Data	3.00%

11. To add another Additional Measure, click **Add Performance Measure** and follow Steps 2-10.

8.17.4 Update a Performance Measure

To update a **Performance Measure**:

1. Click the [Update](#) link (Figure 125).

Figure 145: Update Financial Performance Measure

Performance Measure: Cost per Encounter			Status: Complete
Focus Area	Costs	Goal Description	By End of Designation Period, maintain rate of increase in cost per encounter To: 3__%
Baseline Data	10.00% (Baseline Year: 2011)	Projected Data	3.00%
Action: View Update Delete			

- The **Update Financial Performance Measure Information** page will be displayed (Figure 109).
2. Update the performance measure as described in Provide Standard Performance Measure Information (See 8.17.2).

8.17.5 Delete an Additional Performance Measure

To delete an **Additional Performance Measure**:


1. Under the desired Additional Performance Measure, click the [Delete](#) link.

Figure 146: Delete Financial Performance Measure

Performance Measure: Cost per Encounter			Status: Complete
Focus Area	Costs	Goal Description	By End of Designation Period, maintain rate of increase in cost per encounter To: 3__%
Baseline Data	10.00% (Baseline Year: 2011)	Projected Data	3.00%
Action: View Update Delete			

- The Delete Financial Performance Measures Information page opens.

Figure 147: Delete Financial Performance Measure Information - Confirmation

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

DELETE FINANCIAL PERFORMANCE MEASURE INFORMATION

Performance Measure: Cost per Encounter			
Focus Area	Costs	Goal Description	By End of Designation Period, maintain rate of increase in cost per encounter To: 3__%
Baseline Data	10.00 % (Baseline Year: 2011)	Projected Data	3.00 %
View: Performance Measure Details			

2. Click .

8.17.6 View a Performance Measure

1. Under the desired Performance Measure, click the [View](#) link to see a read-only display of the performance measure (Figure 148).

Figure 148: Read-Only View of Financial Performance Measure

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration		FOR HRSA USE ONLY	
Financial Performance Measures		Application Tracking Number	LAL Number
		000000	LAL000
Designation Period			
Start Date	01/01/2011	End Date	01/01/2011
Focus Area: Costs			
Performance Measure: Total cost per patient.			
Is this Performance Measure Applicable to your Organization?			
Performance Measure Categories	Not Applicable		
	Measure Action Description		
Comments			

2. Click the button to return to the updated **Financial Performance Measures** form.
3. After you have completed working with the Financial Performance Measures, click (Figure 144) to proceed to the next form.

8.18. Appendices

8.18.1 Attach Documents

1. Open [Appendices](#) (Figure 149).

Figure 149: Appendices (collapsed view, showing attachment headings only)

APPENDICES	
Appendices	Status: NOT COMPLETE
* Project Abstract (Maximum one attachment)	No attached document exists.
* Project Narrative (Maximum one attachment)	No attached document exists.
* Attachment 1 - Service Area Map (Maximum one attachment)	No attached document exists.
* Attachment 2 - Current or requested MUA/MUP designation (Maximum one attachment)	No attached document exists.
* Attachment 3 - Governing Board Bylaws (Maximum one attachment)	No attached document exists.
Attachment 4 - Co-Applicant Agreement for Public Centers (Maximum one attachment)	No attached document exists.
Attachment 5 - Affiliation, Contract, and/or Referral Agreements (Maximum one attachment)	No attached document exists.
* Attachment 6 - Articles of Incorporation (Maximum one attachment)	No attached document exists.
* Attachment 7 - Evidence of Non-Profit or Public Agency Status (Maximum one attachment)	No attached document exists.
* Attachment 8 - Medicare and Medicaid Provider Documentation (Maximum one attachment)	No attached document exists.
* Attachment 9 - Organizational Chart (Maximum one attachment)	No attached document exists.
* Attachment 10 - Position Descriptions for Key Personnel (Maximum one attachment)	No attached document exists.
* Attachment 11 - Resumes for Key Personnel (Maximum one attachment)	No attached document exists.
* Attachment 12 - Schedule of Discounts/Sliding Fee Scale (Maximum one attachment)	No attached document exists.
* Attachment 13 - Most Recent Independent Financial Audit (Maximum one attachment)	No attached document exists.
* Attachment 14 - Letters of Support (Maximum one attachment)	No attached document exists.
Attachment 15 - Floor Plans (Maximum one attachment)	No attached document exists.
Attachment 16 - Other Information (Maximum 5 attachments)	No attached document exists.

For each of the 18 attachments, 14 are required (*) and must be uploaded to the system. For the **Designation Abstract**, **Designation Narrative**, and **Attachments 1- 15** only one document is permitted. For **Attachment 16**, a maximum of 5 documents may be uploaded.

- To upload a document to the system, click **Attach** under the particular attachment type you wish to upload (Figure 150).

Figure 150: Appendices Detail - Designation Abstract

APPENDICES						
Appendices						Status: NOT COMPLETE
* Project Abstract (Maximum one attachment)						
Select	Purpose	Document Name	Size	Uploaded By	Description	
No attached document exists.						
<input type="button" value="Attach"/>						

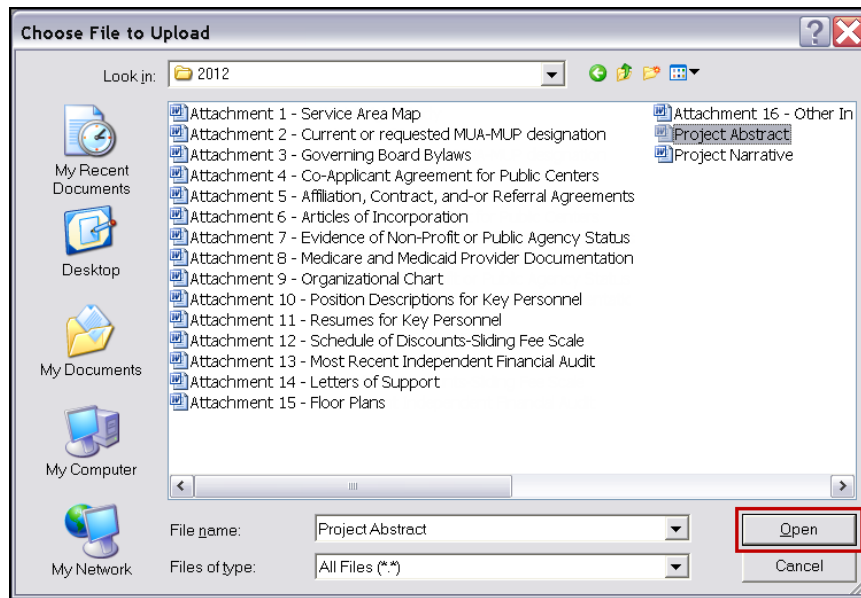
- The **Attach Document** page opens (Figure 151)

Figure 151: Attach Document Page

ATTACH DOCUMENT				
Fields marked with an asterisk(*) are required.				
ATTACH DOCUMENT				
*Purpose	Project Abstract (Max 1)			
*Document	<input type="button" value="Browse..."/> <small>(Allowable Document Type(s): doc,docx,rtf,txt,wpd,pdf,xls,jpg,jpeg,xfd) (Allowable Document Size: 20 MB)</small>			
Description (Maximum 500 characters)	<input type="text"/>			
<input type="button" value="Go Back"/> <input type="button" value="Attach Document"/>				
<input type="button" value="Finished Attaching"/>				
Attached Document(s)				
Purpose	Document Name	Size	Uploaded By	Description
No attached document exists.				

- To attach the document, click **Browse**.
 - The **Choose File to Upload** window opens (Figure 152).

Figure 152: Choose File to Upload Window



4. Select the desired file to upload, and click **Open**.
 - The **Attach Document** page refreshes with the selected file path populating the **Browse** field.
5. Add a description if desired, and click **Attach Document**.
 - The **Attach Document** page refreshes with the **Attached Document(s)** section populated with the uploaded document (Figure 153).

Figure 153: Attachment Saved Successfully

Attachment saved successfully.

ATTACH DOCUMENT

Fields marked with an asterisk(*) are required.

*Purpose	Project Abstract (Max 1)
*Document	<input type="text" value="Project Abstract"/> <input type="button" value="Browse..."/> <small>(Allowable Document Type(s): doc,docx,rtf,txt,wpd,pdf,xls,jpg,jpeg,xfd) (Allowable Document Size: 20 MB)</small>
Description (Maximum 500 characters)	<input type="text"/>

Attached Document(s)				
Purpose	Document Name	Size	Uploaded By	Description
Project Abstract	Project Abstract.doc	21.5 KB	Clinton Kuntz on 7/7/2011 5:34:05 PM	

6. Click **Finished Attaching** to complete the uploading process.
 - You are returned to the **Appendices** page (Figure 154) with the uploaded file shown in the list.

Figure 154: Appendices: File Uploaded

APPENDICES
 Appendices Status: NOT COMPLETE

* Project Abstract (Maximum one attachment)

Select	Purpose	Document Name	Size	Uploaded By	Description
<input checked="" type="radio"/>	Project Abstract	Project Abstract.doc	21.5 KB	Clinton Kuntz on 7/7/2011 5:34:05 PM	

* Project Narrative (Maximum one attachment)

- Continue to the next attachment and follow Steps 2-6, until all required attachments have been uploaded to the system. (To Save and Continue proceed to Section 8.18.2; Steps 4-5)

8.18.2 Update an Attached Document

To update a previously uploaded document, you must first delete the uploaded document. Then proceed to attach a new document with the updated information.

- From the **Appendices** page (Figure 155), click under the attachment you wish to update.

Figure 155: Appendices: Delete Attachment

APPENDICES
 Appendices Status: NOT COMPLETE

* Project Abstract (Maximum one attachment)

Select	Purpose	Document Name	Size	Uploaded By	Description
<input checked="" type="radio"/>	Project Abstract	Project Abstract.doc	21.5 KB	Clinton Kuntz on 7/7/2011 5:34:05 PM	

* Project Narrative (Maximum one attachment)

- The **Delete Attachment Confirmation** page opens (Figure 156).

Figure 156: Delete Confirmation Page

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

DELETE ATTACHMENT CONFIRMATION

Attached Document					
Purpose	Document Name	Size	Uploaded By	Description	
Project Abstract	Project Abstract.doc	21.5 KB	Clinton Kuntz on 7/7/2011 5:34:05 PM		

- Click .
- You are returned to the **Appendices** page, with a “Attachment deleted successfully.” message displayed, and with the attachment removed from the list.
- To upload an updated document, follow the process in Section 8.18.1; Steps 2-6.

- When you have completed uploading all the required documents, click **Save** to save your work. If all documents have been uploaded properly the **Appendices** page will refresh with a success banner and **Status: Complete**.

Figure 157: Appendices: Complete - Save and Continue

Information entered on the Appendices was saved successfully. This form is now COMPLETE.

Fields marked with an asterisk (*) are required.

APPENDICES Status: **COMPLETE**

Appendices

* Project Abstract (Maximum one attachment)					
Select	Purpose	Document Name	Size	Uploaded By	Description
<input checked="" type="radio"/>	Project Abstract	Project Abstract.doc	21.5 KB	Clinton Kuntz on 7/8/2011 11:29:16 AM	
<input type="button" value="Update Description"/> <input type="button" value="Delete"/>					

* Project Narrative (Maximum one attachment)					
Select	Purpose	Document Name	Size	Uploaded By	Description
<input type="radio"/>	Project Narrative	Project Narrative.doc		Clinton Kuntz on 7/8/2011	
<input type="button" value="Update Description"/> <input type="button" value="Delete"/>					

Attachment 16 - Other Information (Maximum 5 attachments)					
Select	Purpose	Document Name	Size	Uploaded By	Description
<input checked="" type="radio"/>	Attachment 16 - Other Information	Attachment 16 - Other Information.doc	21.5 KB	Clinton Kuntz on 7/8/2011 2:08:31 PM	
<input type="button" value="Attach"/> <input type="button" value="Update Description"/> <input type="button" value="Delete"/>					

- Click **Save and Continue** to proceed to Review the Application.

9. Review the Application

The status and review pages allow you to check the completion status of all or any part of your application, as well as view or print your application.

9.1. Application Forms Status

To view the status of the Application forms from any page, in the **Application Process** left side menu, under Overview, click [Status](#). The **Status Overview** page opens (Figure 158). This page shows the completion status of each Application form. All must show a **Status** of **Complete** before you can submit your application to HRSA.

Figure 158: Status Overview Page for Application Forms

STATUS OVERVIEW		
Section	Action	Status
General Information		
Cover Page	Update	COMPLETE
Form 1A: General Information Worksheet	Update	COMPLETE
Budget Information		
Form 2: Staffing Profile	Update	COMPLETE
Form 3: Income Analysis Format	Update	COMPLETE
Form 3A: FQHC Look-Alike Budget Information	Update	COMPLETE
Sites and Services		
Form 4: Community Characteristics	Update	COMPLETE
Form 5A: Services Provided		
Required Services	Update	COMPLETE
Additional Services	Update	COMPLETE
Form 5B: Service Sites	Update	COMPLETE
Form 5C: Other Activities/Locations	Update	COMPLETE
Other Forms		
Form 6A: Current Board Member Characteristics	Update	COMPLETE
Form 6B: Request for Waiver of Governance Requirements	Update	COMPLETE
Form 8: Health Center Affiliation Certification/Checklist	Update	COMPLETE
Form 9: Need for Assistance Worksheet		
Section I: Core Barriers	Update	COMPLETE
Section II: Core Health Indicators	Update	COMPLETE
Section III: Other Health Indicators	Update	COMPLETE
Form 10: Annual Emergency Preparedness Report	Update	COMPLETE
Form 12: Contact Information	Update	COMPLETE
Performance Measures		
Clinical Performance Measures	Update	COMPLETE
Financial Performance Measures	Update	COMPLETE
Other Information		
Appendices	Update	COMPLETE

9.2. View and Print the Application

To view or print the Application forms, click [Review](#) under **Review and Submit** on the left side menu. The **Review** page will open showing the **Table of Contents** (Figure 159).

Figure 159: Application Information Review Page

Note: The application has not been submitted to HRSA as yet.

(Note: Attachments will not be printed on clicking this button)

TABLE OF CONTENTS			Table of Contents
Section	Type	Action	
General Information			
Cover Page	HTML	View	
Form 1A: General Information Worksheet	HTML	View	
Budget Information			
Form 2: Staffing Profile	HTML	View	
Form 3: Income Analysis (IncomeAnalysisForm.doc)	DOCUMENT	View	
Form 3A: FQHC Look-Alike Budget Information	HTML	View	
Sites and Services			
Form 4 - Community Characteristics	HTML	View	
Form 5A: Required Services	HTML	View	
Form 5A: Additional Services	HTML	View	
Form 5B: Service Sites	HTML	View	
Form 5C: Other Activities/Locations	HTML	View	
Attachment 10 - Description of Key Personnel (Attachment 10 - Description of Key Personnel.doc)	DOCUMENT	View	
Attachment 11 - Resumes for Key Personnel (Attachment 11 - Resumes for Key Personnel.doc)	DOCUMENT	View	
Attachment 12 - Schedule of Discounts/Sliding Fee Scale (Attachment 12 - Schedule of Discounts-Sliding Fee Scale.doc)	DOCUMENT	View	
Attachment 13 - Most Recent Independent Financial Audit (Attachment 13 - Most Recent Independent Financial Audit.doc)	DOCUMENT	View	
Attachment 14 - Letters of Support (Attachment 14 - Floor Plans.doc)	DOCUMENT	View	
Attachment 15 - Floor Plans	DOCUMENT	View	
Attachment 16 - Other Information (Attachment 16 - Other Information.doc)	DOCUMENT	View	

Use the View links on this page to view and print forms and documents:

- Click a [View](#) link in the **Action** column to see:
 - A form (HTML in the **Type** column)
 - An attachment (Document in the **Type** column) and print it
- Click:
 - to print the **Table of Contents** page.
 - to print all Application forms (HTML in the **Type** column)
- From the Table of Contents drop-down menu, make a selection and click to navigate to that form.

10. Submit the Application

You can submit the application to HRSA once all forms are complete.

To submit an application, you must have the 'Submit' privilege. More than one user may be granted the "Submit" privilege. The Project Director (PD) has the Submit to HRSA privilege by default. In addition, other users may be granted the Submit to HRSA privilege by utilizing the New/Existing Users link in the left side menu. (See **Section 6:Administer New/Existing Users**, for more information).

To submit the application:

4. Click [Submit](#) under **Review and Submit** on the left side menu of the **Status Overview** page, or click Proceed and Submit at the bottom of the Status Overview Page.
 - The **Table Of Contents** page opens.

Figure 160: Table Of Contents Page Showing Complete Status

STATUS OVERVIEW		
Section	Action	Status
General Information		
Cover Page	Update	COMPLETE
Form 1A: General Information Worksheet	Update	COMPLETE
Budget Information		
Form 2: Staffing Profile	Update	COMPLETE
Form 3: Income Analysis Format	Update	COMPLETE
Form 3A: FQHC Look-Alike Budget Information	Update	COMPLETE
Sites and Services		
Form 4: Community Characteristics	Update	COMPLETE
Form 5A: Services Provided		
Required Services	Update	COMPLETE
Additional Services	Update	COMPLETE
Form 5B: Service Sites	Update	COMPLETE
Form 5C: Other Activities/Locations	Update	COMPLETE
Other Forms		
Form 6A: Current Board Member Characteristics	Update	COMPLETE
Form 6B: Request for Waiver of Governance Requirements	Update	COMPLETE
Form 8: Health Center Affiliation Certification/Checklist	Update	COMPLETE
Form 9: Need for Assistance Worksheet		
Section I: Core Barriers	Update	COMPLETE
Section II: Core Health Indicators	Update	COMPLETE
Section III: Other Health Indicators	Update	COMPLETE
Form 10: Annual Emergency Preparedness Report	Update	COMPLETE
Form 12: Contact Information	Update	COMPLETE
Performance Measures		
Clinical Performance Measures	Update	COMPLETE
Financial Performance Measures	Update	COMPLETE
Other Information		
Appendices	Update	COMPLETE

Submit To HRSA

- If all forms are complete, a **Submit to HRSA** button will show at the bottom of the **Table of Contents** page.

The Submit Button will show if you have one of the following Application Privileges:

- If you have the **Submit FQHC LA Application to AO** privilege, you will see the **Submit to AO** button. (Clicking this button will send the application to the AO for submission to HRSA.
 - If you have the **Submit FQHC LA Application to HRSA** privilege, you will see the **Submit to HRSA** button.
 - If you have only the View FQHC LA Application or Edit FQHV LA Application privilege, you will not see a submit button.
6. To submit the application to HRSA, click **Submit to HRSA**.
- The **Certifications and Acceptances** page (Figure 161) opens.

Figure 161: Submit Confirmation Page

Fields marked with an asterisk (*) are required.

*** Certifications and Acceptances**

To the best of my knowledge and belief, all data in this application are true and correct, the document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

Yes
 No
 I have read and agree with all the above certifications.

View: [Application](#)

7. Complete the questions in the **Certifications and Acceptance** section of the form.
 8. Click **Submit to HRSA**.
- The **General Information** page (Figure 162) will be displayed with a “The application was successfully submitted to HRSA” message displayed.

Figure 162: General Information Page - Successfully Submitted to HRSA

✔ The application was successfully submitted to HRSA.

GENERAL INFORMATION

Cover Page	
Federal Agency and Organization Element to Which Report is Submitted	Health Resources and Services Administration (HRSA)
Identifying Number Assigned by Federal Agency	
EIN	
Applicant Organization (Name and complete address including zip code)	Fairfield Community Health Center 1110 E Main St Lawrence, GA 30030-4004
AO Contact Information	
Authorizing Official	
Prefix	
Name	Clinton Korte
Suffix	
Highest Degree	
Phone	(706) 877-6337
Email	ckorte1@hotmail.com

11. Customer Support Information

Use your Application Tracking Number for all correspondence.

11.1. Registration or Access/Password Issues

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

- By Phone: 877-GO4-HRSA (877-464-4772) or 301-998-7373 (between 9:00 am to 5:30 pm ET)

OR

- By Email: callcenter@hrsa.gov

Please visit HRSA EHBs for additional online help.

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

The Call Center cannot respond to questions that concern application guidance or programmatic issues.

11.2. Completing the Application in the Electronic Handbooks

For assistance with technical issues related to completing your Application within the EHBs, please contact the BPHC Help Desk:

- By email: BPHCHelpline@hrsa.gov

OR

- By Phone: 301-443-7356 or 877-974-2742 (between 8:30 am to 5:30 pm ET)

The BPHC Help Desk cannot respond to questions that concern application guidance or programmatic issues.

11.3. Application Guidance or Programmatic Questions

Please refer all application guidance or programmatic questions to the Bureau of Primary Health Care (BPHC) Office of Policy and Program Development (OPPD) at 301-594-4300 or FQHCLAL@hrsa.gov.

12. Frequently Asked Questions

12.1. Software

12.1.1 What are the software requirements for HRSA EHBs?

HRSA EHBs can be accessed over the Internet using Internet Explorer 6.0 and above and Netscape 4.72 and above. HRSA EHBs are compliant with Section 508.

HRSA EHBs use pop-up screens to allow users to view or work on multiple screens. Ensure that your browser settings allow for pop-ups.

You will need appropriate viewers to view attachments in Microsoft Word and PDF.

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

Safari v1.2.4 and above or Netscape v7.2 and above are the recommended Internet browsers for Apple Computers. HRSA EHBs do not work on Internet Explorer for Macintosh.

You will need appropriate viewers to view attachments in Microsoft Word and PDF.

12.1.3 What are the software requirements for FQHC LAL Application Modules?

Refer to the software requirements for HRSA EHBs. In addition, you will need Microsoft Word to complete the Appendices sections.

12.1.4 What document types can I upload?

The following document types are supported in HRSA EHBs:

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