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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:

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

2.1. Register with the HRSA Electronic Handbooks

The Authorizing Official 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.

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. Create the Application

4.1. Evaluation Questionnaire

The first step in the FQHC LAL Initial Designation Application process is to complete the Evaluation Questionnaire.

1. On the HRSA EHBs Home page, select FQHC LAL Home under HRSA Portal on the left side menu (Figure 3).

   Figure 3: FQHC LAL Home Link

   

2. Click the View Applications link (Figure 4) to begin the Initial Designation Application process.

   Figure 4: View Applications Link

   

   ➢ The View Applications page (Figure 5) opens.
3. To begin the new application process, click Go next to the Begin New Application drop-down menu.

- The FQHC Look-Alike Eligibility Evaluation Questionnaire (Figure 6) opens.

4. Complete the questionnaire by selecting either ‘Yes’ or ‘No’ for each question.
Due to the length of the questionnaire, it is recommended that you use the intermediate Save buttons as you progress through the questionnaire.

5. When all questions have been answered, click [Save and Continue].
   - The Questionnaire Evaluation Result page opens (Figure 7).

4.1.1 Evaluation Questionnaire Results
The Evaluation Questionnaire Results will be displayed in one of two ways:

- If your responses indicate your organization appears to be eligible, you will receive an Affirmative Response.
- If your responses indicate your organization appears to be ineligible, you will receive a Technical Assistance Response.

1. If you receive an Affirmative Response, you will see the screen in Figure 7.

   ![Figure 7: Evaluation Questionnaire Result - Affirmative Response](image)

2. Click [Create Application] to create the FQHC LAL Initial Designation Application. Go to Step 2 in Section 4.2.

3. If you receive a Technical Assistance Response (Figure 8), the Sections that require Technical Assistance table will offer resources to help you understand your eligibility requirements.

4. Click [Edit Questionnaire] to return to the questionnaire to change your responses.
4.2. Create the Application

1. From the Questionnaire Evaluation Result page (Figure 7), click [Create Application] to begin the application process.

   ➢ A Create Application - Confirmation page opens with a Success banner. An Application Tracking Number is generated for this application, and is displayed on this confirmation screen.

2. Click Continue.

   ➢ The Application Status Overview page (Figure 9) will open listing all the forms that must be completed. The status of each form is shown in the Status column.
3. To work on filling out a form, click the Update link associated with that form.

This newly created application will now appear on the Pending Initial Designation Applications page.
5. Peer Access

Peer Access Management gives you the ability to manage user access to your application.

Peer Access Management is only available to the user that originally created the Initial Designation Application. For all other users, the Peer Access link will not be shown.

1. On the HRSA EHBs home page, from the Left Side menu, select FQHC LAL Home.

2. Under Manage Initial Designation Applications (Figure 10), click the Peer Access link to open the Peer Access Management page (Figure 11).

   Figure 10: Peer Access Link

   ![Peer Access Link]

   Figure 11: Peer Access Management Page

4. To add a user and configure their access to the Initiate Designation Application, select the application from the Choose Application drop-down list, and click Add New User.

   The Organization Users list page opens (Figure 12).

   Figure 12: Peer Access: Organization Users

   ![Organization Users List]
5. To configure the permissions for a user, click **Update Permissions**.

- The **Update Privileges** page (Figure 13) opens, with options to select the following privileges:
  
  - a. View FQHC LAL Application
  
  - b. Edit FQHC LAL Application
  
  - c. Submit FQHC LAL Application to AO
  
  - d. Submit FQHC LAL Application to HRSA

![Figure 13: Update Privileges Page](image)

6. To configure a particular privilege for this user, check or uncheck the appropriate checkbox(s), and click **Save and Continue**.

7. The **Confirm Action to be Taken** page opens with a summary of the privileges to be configured. To confirm this action, click **Confirm**.

- The **Peer Access Management** page refreshes (Figure 14) showing the list of users and the associated privileges assigned to them.

![Figure 14: Peer Access Management: Privileges Granted](image)

- From the **Peer Access Management** page (Figure 15), under the **Actions** heading, from the **Choose Action** menu, you may select:
  
  - **Update Permissions** (Step 8)
  
  - **Revoke All Permissions** (Step 10)
8. To update permissions for a user, select **Update Permissions** from the **Choose Action** menu, and click **Go**.

   - The **Update Privileges** page (Figure 13) opens.

9. Follow steps 6 and 7 above to complete the permission update process.

10. To remove all access to the application for a user, from the **Peer Access Management** screen (Figure 15), select **Revoke All Permissions** from the **Choose Action** menu and click **Go**.

11. The **Confirm Action to be Taken** page opens with a summary of the Privileges to be changed. To confirm this action, click **Confirm**.

   - The **Peer Access Management** page refreshes with the user removed from the list.
6. Access the Application

You have created your Initial Designation Application in the EHBs and have configured user access to it. The following steps will walk you through the process of accessing and completing your application.

1. On the **HRSA EHBs Home** page (Figure 2), select **FQHC LAL Home** under **HRSA Portal** (Figure 16) on the left side menu.

   ![Figure 16: FQHC LAL Home Link](image)

2. Under **Manage Initial Designation Applications** (Figure 17), select **View Applications**.

   ![Figure 17: View Applications Link](image)

   - The **View Applications** page (Figure 18) opens, listing the **Pending Initial Designation Applications**.

3. Locate the application in the list of Pending Initial Designation Applications. In the Action list for that application, click the **Edit** link.
The Status Overview page (Figure 19) for the Initial Designation Application will be displayed.

### Figure 19: Application Status Overview Page

<table>
<thead>
<tr>
<th>Section</th>
<th>Action</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Information</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cover Page</td>
<td>Update</td>
<td>NOT COMPLETE</td>
</tr>
<tr>
<td>Form 1A: General Information Worksheet</td>
<td>Update</td>
<td>NOT COMPLETE</td>
</tr>
<tr>
<td>Budget Information</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Form 2: Staffing Profile</td>
<td>Update</td>
<td>NOT COMPLETE</td>
</tr>
<tr>
<td>Form 2: Income Analysis Format</td>
<td>Update</td>
<td>NOT COMPLETE</td>
</tr>
<tr>
<td>Form 3A: FQHC Look-Alike Budget Information</td>
<td>Update</td>
<td>NOT COMPLETE</td>
</tr>
<tr>
<td>Sites and Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Form 4: Community Characteristics</td>
<td>Update</td>
<td>NOT COMPLETE</td>
</tr>
<tr>
<td>Form 5A: Services Provided</td>
<td>Update</td>
<td>NOT COMPLETE</td>
</tr>
<tr>
<td>Required Services</td>
<td>Update</td>
<td>NOT COMPLETE</td>
</tr>
<tr>
<td>Additional Services</td>
<td>Update</td>
<td>NOT COMPLETE</td>
</tr>
<tr>
<td>Form 5A: Service Sites</td>
<td>Update</td>
<td>NOT COMPLETE</td>
</tr>
<tr>
<td>Form 5C: Other Activities/Locations</td>
<td>Update</td>
<td>NOT COMPLETE</td>
</tr>
<tr>
<td>Other Forms</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Form 6A: Current Board Member Characteristics</td>
<td>Update</td>
<td>NOT COMPLETE</td>
</tr>
<tr>
<td>Form 6B: Request for Waiver of Governance Requirements</td>
<td>Update</td>
<td>NOT COMPLETE</td>
</tr>
<tr>
<td>Form 6C: Health Center Affiliation Certification/Checklist</td>
<td>Update</td>
<td>NOT COMPLETE</td>
</tr>
<tr>
<td>Form 9: Need for Assistance Worksheet</td>
<td>Update</td>
<td>NOT COMPLETE</td>
</tr>
<tr>
<td>Section I: Core Barriers</td>
<td>Update</td>
<td>NOT COMPLETE</td>
</tr>
<tr>
<td>Section II: Core Health Indicators</td>
<td>Update</td>
<td>NOT COMPLETE</td>
</tr>
<tr>
<td>Section III: Other Health Indicators</td>
<td>Update</td>
<td>NOT COMPLETE</td>
</tr>
<tr>
<td>Form 10: Annual Emergency Preparedness Report</td>
<td>Update</td>
<td>NOT COMPLETE</td>
</tr>
<tr>
<td>Form 12: Contact Information</td>
<td>Update</td>
<td>NOT COMPLETE</td>
</tr>
<tr>
<td>Performance Measures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical Performance Measures</td>
<td>Update</td>
<td>NOT COMPLETE</td>
</tr>
<tr>
<td>Financial Performance Measures</td>
<td>Update</td>
<td>NOT COMPLETE</td>
</tr>
<tr>
<td>Other Information</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appendices</td>
<td>Update</td>
<td>NOT COMPLETE</td>
</tr>
</tbody>
</table>
6.1. Navigation

Use the **Left Side** navigation menu (Figure 20) to access the forms in your FQHC LAL application.

![Left Side Menu](image)

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 **Application Status Overview** page for the line item. (Figure 19).

Throughout the forms, fields marked with an asterisk (*) are required.
7. Complete the Application Forms

7.1. 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 (see Section 6. Access the Application), in the **Left Side** menu, click on the **Cover Page** link.

   - The Cover Page (Figure 21) will open displaying the pre-populated organization information, and **AO Contact Information**.

   **Figure 21: Cover Page**

   ![Cover Page](image)

   There can be only one Authorizing Official (AO) registered for your organization.
7.1.1 Add or Change the Authorizing Official (AO)

1. To add or change the AO for this application, click on [Add/Change AO].
   - The Choose Person to Add page opens (Figure 22).

   Figure 22: Choose Person to Add Page

   ![Choose Person to Add](image)

2. Select a person from the list, and click [Add Selected Person].
   - The Contact Information page opens (Figure 23).

   Figure 23: Contact Information Page

   ![Contact Information](image)
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.

### 7.1.2 Request A New Authorizing Official

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

1. From the Choose Person to Add page (Figure 24), click **Request New AO**.

   ![Figure 24: Choose Person To Add: Request New AO](image)

   - The Contact Information: Notify AO page (Figure 25) will open.

   ![Figure 25: Contact Information: Notify AO Page](image)

   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.
Your 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 7.1.1 to add them to your organization as the AO.

### 7.1.3 Delete the Authorizing Official

1. To delete an Authorizing Official, from the **Cover Page** (Figure 21), click **Delete AO**.
   - A **Delete AO Confirmation** page will open.
2. Select **Confirm Delete** to remove the 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 7.1.1.
3. When you have completed the **Cover Page**, click **Save and Continue** to proceed to the next form.
7.2. Form 1A: General Information Worksheet

Form 1A: General Information Worksheet provides a summary of information related to the applicant, proposed service area, population, and patient and visit projections.

1. Open Form 1A (Figure 26)
2. Under **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 27: Form 1A: Section 1. Applicant Information](image)

<table>
<thead>
<tr>
<th>Applicant Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicant Name</td>
</tr>
<tr>
<td>*Fiscal Year End Date</td>
</tr>
<tr>
<td>Application Type</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>*Business Entity</td>
</tr>
<tr>
<td>*Organization Type (Select all that apply)</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
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<tr>
<td></td>
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<tr>
<td></td>
</tr>
</tbody>
</table>

3. Under **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 28: Form 1A: Section 2. Service Area: 2a. Target Population](image)

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

4. Under **2b. Service Area Type** (Figure 29) indicate whether the proposed service area is urban, rural, or sparsely populated. If your proposed service area is sparsely populated, specify the population density by providing the number of people per square mile.

![A Sparsely Populated Area is defined as a geographical area with seven people or less per square mile for the entire service area.](image)

<table>
<thead>
<tr>
<th>*2b. Service Area Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urban</td>
</tr>
<tr>
<td>Rural</td>
</tr>
<tr>
<td>Sparsely populated</td>
</tr>
<tr>
<td>If sparsely populated, specify population density in number of people per square mile:</td>
</tr>
</tbody>
</table>

Figure 29: Form 1A: Section 2b. Service Area Type
5. Under **2c: Target Population and Provider Information** (Figure 30), report the aggregate data for all of the sites included in the proposed FQHC LAL scope. Report the number of provider full-time equivalents (FTEs) by staff type.

**Figure 30: Form 1A: Section 2c. Target Population Information**

<table>
<thead>
<tr>
<th>Target Population Information</th>
<th>Current Number</th>
<th>Projected at Full Capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Service Area Population</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Target Population</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total FTE Medical Providers</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Total FTE Dental Providers</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Total FTE Behavioral Health Providers</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Total FTE Substance Abuse Service Providers</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Total FTE Enabling Service Providers</td>
<td>0.00</td>
<td>0.00</td>
</tr>
</tbody>
</table>

Several tables request both current and projected information. “Current” refers to the number of patients and visits for the proposed 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 FQHC LAL designation period (two years for an initial designation).

6. Under **Patients and Visits by Service Type** (Figure 31) and **Patients and Visits by Population Type** (Figure 32), report current numbers of patients and visits. Similarly, provide the corresponding numbers you project at full capacity.

**Figure 31: Form 1A: Section 2c. Patients and Visits by Service Type**

<table>
<thead>
<tr>
<th>Patients and Visits by Service Type</th>
<th>Current Number</th>
<th>Projected at End of Project Period</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Patients</td>
<td>Visits</td>
</tr>
<tr>
<td>Total Medical</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Dental</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Behavioral Health</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Substance Abuse</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Enabling Services</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

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

7. Click **Save and Continue** (Figure 26) to save your work and proceed to the next form.
7.3. 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 the 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 33)
   b. The Medical Staff section (Figure 34)
   c. The Dental, Behavioral Health and Enabling Staff section (Figure 35)
   d. The Other Staff section (Figure 36)
   e. The Total Salary section (Figure 37)

   It is recommended to 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. Under the Administration section (Figure 33), 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 Save button.

   Figure 33: Form 2: Staffing Profile - Administration
3. Under the **Medical Staff** section (Figure 34), enter the number of employees for each job title and the corresponding salary.

**Figure 34: Form 2 - Medical Staff**

<table>
<thead>
<tr>
<th>MEDICAL STAFF</th>
<th>TOTAL FTEs (a)</th>
<th>AVERAGE ANNUAL SALARY OF POSITION (b)</th>
<th>TOTAL SALARY (a * b)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical/Clinical Director</td>
<td>0.60</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Family Physicians</td>
<td>0.60</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>General Practitionans</td>
<td>0.60</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Internists</td>
<td>0.60</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>OB/GYNs</td>
<td>0.60</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Pediatricians</td>
<td>0.60</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Other Specialty Physicians</td>
<td>0.60</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Please Specify:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physician Assistants/Nurse Practitioners</td>
<td>0.60</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Certified Nurse Midwives</td>
<td>0.60</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Nurses (RNs, LVNs, LPNs)</td>
<td>0.60</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Pharmacist, Pharmacy Support, Technicians</td>
<td>0.60</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Other Medical Personnel</td>
<td>0.60</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Please Specify:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laboratory Personnel (Lab Technicians)</td>
<td>0.60</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>X-Ray Personnel</td>
<td>0.60</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Clinical Support Staff (Medical Assistants, etc)</td>
<td>0.60</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Volunteer Clinical Providers (Medical and Dental)</td>
<td>0.60</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

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

4. Under the **Dental, Behavioral Health and Enabling Staff** section (Figure 35), 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 35: Form 2 - Dental, Behavioral Health and Enabling Staff**

<table>
<thead>
<tr>
<th>DENTAL, BEHAVIORAL HEALTH AND ENABLING STAFF</th>
<th>TOTAL FTEs (a)</th>
<th>AVERAGE ANNUAL SALARY OF POSITION (b)</th>
<th>TOTAL SALARY (a * b)</th>
</tr>
</thead>
<tbody>
<tr>
<td>DENTAL STAFF</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dentists</td>
<td>0.60</td>
<td>$0.09</td>
<td>$0.00</td>
</tr>
<tr>
<td>Dental Hygienists</td>
<td>0.60</td>
<td>$0.09</td>
<td>$0.00</td>
</tr>
<tr>
<td>Dental Assistants, Aides, Technicians</td>
<td>0.60</td>
<td>$0.09</td>
<td>$0.00</td>
</tr>
<tr>
<td>BEHAVIORAL HEALTH STAFF</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Behavioral Health Specialists (BH Provider)</td>
<td>0.60</td>
<td>$0.09</td>
<td>$0.00</td>
</tr>
<tr>
<td>Alcohol and Substance Abuse Specialists</td>
<td>0.60</td>
<td>$0.09</td>
<td>$0.00</td>
</tr>
<tr>
<td>Psychiatrists</td>
<td>0.60</td>
<td>$0.09</td>
<td>$0.00</td>
</tr>
<tr>
<td>Psychologists</td>
<td>0.60</td>
<td>$0.09</td>
<td>$0.00</td>
</tr>
<tr>
<td>ENABLING STAFF</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Education Specialists (Health Educators)</td>
<td>0.60</td>
<td>$0.09</td>
<td>$0.00</td>
</tr>
<tr>
<td>Case Managers</td>
<td>0.60</td>
<td>$0.09</td>
<td>$0.00</td>
</tr>
<tr>
<td>Outreach (Outreach Staff)</td>
<td>0.60</td>
<td>$0.09</td>
<td>$0.00</td>
</tr>
<tr>
<td>Other Enabling Personnel</td>
<td>0.60</td>
<td>$0.09</td>
<td>$0.00</td>
</tr>
<tr>
<td>Please Specify:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Click "Save" button to save all information within this page.
5. Under the **Other Staff** section (Figure 36), 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 36: Form 2 - Other Staff](image)

- The **Salary** section (Figure 37) displays the sum of **Total Salary** for Administration, Medical, Dental, Behavioral Health, Enabling, and Other Staff categories.

![Figure 37: Form 2 - Total Salary](image)

6. Click **Save and Continue** at the bottom of the **Form 2: Staffing Profile** page to save your work and proceed to the next form.
7.4. Form 3: Income Analysis

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

1. Open **Form 3** (Figure 38).

   ![Figure 38: Form 3: Income Analysis Form](image)

   *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.*

<table>
<thead>
<tr>
<th>Fields marked with an asterisk (*) are required.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INCOME ANALYSIS FORM</strong></td>
</tr>
<tr>
<td><strong>Form 3: Income Analysis</strong></td>
</tr>
<tr>
<td><strong>Status: NOT COMPLETE</strong></td>
</tr>
</tbody>
</table>

   *Download Template*

<table>
<thead>
<tr>
<th>Template Name</th>
<th>Template Description</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form 3: Income Analysis Form</td>
<td>Template for Income Analysis Form</td>
<td>Download</td>
</tr>
</tbody>
</table>

<p>| <em>Income Analysis Form (Maximum One (1) Attachment)</em> |</p>
<table>
<thead>
<tr>
<th>Select</th>
<th>Document Name</th>
<th>Size</th>
<th>Uploaded By</th>
</tr>
</thead>
<tbody>
<tr>
<td>No attached document exists.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. Click the **Download** link in the **Download Template** section to download the form.

   - The **Download Form 3: Income Analysis Form** page (Figure 39) 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.
3. Review the instructions, then click **Continue**.
A File Download dialog box (Figure 40) will be displayed.

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 41).

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 42) from the location where you saved it.
9. Complete the **Income Analysis** form.

10. Save the completed document.

11. Return to **Form 3: Income Analysis** in the HRSA EHBs.

12. Click [Attach] in **Form 3: Income Analysis** section (Figure 43) to upload your completed Income Analysis document.
➢ The **Attach Document** screen will be displayed (Figure 44).

![Figure 44: Attach Document Screen - Browse](image-url)

13. Click **Browse**.

➢ The **Choose File to Upload** dialog box opens (Figure 45).

![Figure 45: Choose File to Upload Dialog Box](image-url)

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 46).

**Figure 46: Attach Document Screen - File Selected**

15. On the **Attach Document** screen (Figure 46), click **Attach Document**.
➢ The attached document will appear in the **Attached Document(s)** list (Figure 47).

**Figure 47: Attached Document(s)**

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.
7.5. 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 48).

   Figure 48: Form 3A: FQHC Look-Alike Budget Information

   ![Form 3A: FQHC Look-Alike Budget Information](image)

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 the Homeless (HCH-330(h))**
   
   d. **Public Housing Primary Care (PHPC-330(l))**

   ➢ 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** to proceed to the next form.
7.6. 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.

   It is recommended to 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 49)
   b. Hispanic or Latino Identity (Figure 50)
   c. Income as a Percent of Poverty Level (Figure 51)
   d. Primary Third Party Payment Source (Figure 52)
   e. Special Population (Figure 53)

   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 49: Form 4 - Race

Figure 50: Form 4 - Hispanic or Latino Identity
**Figure 51: Form 4 - Income as Percent of Poverty Level**

<table>
<thead>
<tr>
<th>INCOME AS A PERCENT OF POVERTY LEVEL</th>
<th>SERVICE AREA #</th>
<th>TARGET POPULATION #</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Below 100%</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>*100-199%</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>*200% and Above</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>*Unknown</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total:</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**Figure 52: Form 4 - Primary Third Party Payment**

<table>
<thead>
<tr>
<th>PRIMARY THIRD PARTY PAYMENT SOURCE</th>
<th>SERVICE AREA #</th>
<th>TARGET POPULATION #</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Medicaid/Capitated</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>*Medicaid/Not Capitated</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>*Medicare</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>*Other Public Insurance</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>*Private Insurance, Including Capitation</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>*None/Uninsured</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total:</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**Figure 53: Form 4 - Special Population**

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

3. Click **Save and Continue** to save your work and proceed to the next form.
### 7.7. Form 5A: Services Provided

#### 7.7.1 Form 5A: Required Services

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

**Table 1: Modes of Service Provision**

<table>
<thead>
<tr>
<th>Mode of Service Provision</th>
<th>Your Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Provides the Service</td>
</tr>
<tr>
<td>Direct by applicant</td>
<td>Yes</td>
</tr>
<tr>
<td>Formal written contract or agreement</td>
<td>No</td>
</tr>
<tr>
<td>Formal written referral arrangement</td>
<td>No</td>
</tr>
</tbody>
</table>

To specify service delivery modes:

1. Open Form 5A (Figure 54).
2. Check one or more boxes to indicate the service delivery mode(s) for each service type.

**Figure 54: Form 5A: Services Provided - Required Services**

Organizations are required to have formal written referral arrangements/agreements for behavioral health and substance abuse services (Column III in Figure 55). If your organization also offers these services directly or has formal written contract(s)/agreement(s) with another provider to offer them, include them under the **Services Provided - Additional Services** page of Form 5A (Figure 58).
If your health center serves a substantial number of patients with limited English proficiency, your health center is required to provide translation services (Figure 56).

### Figure 56: Translation Services

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Mode of Service Provision</th>
</tr>
</thead>
<tbody>
<tr>
<td>* Transportation</td>
<td></td>
</tr>
<tr>
<td>* Translation</td>
<td></td>
</tr>
<tr>
<td>Substance Abuse Services (Required for HCH Programs)</td>
<td></td>
</tr>
<tr>
<td>1. Ham/Risk Reduction (e.g., educational materials, nicotine gum/patches)</td>
<td></td>
</tr>
</tbody>
</table>

1. Applicants are required to provide behavioral health and substance abuse services by referral arrangements. However, applicants may provide these services by applicant or formal agreement in addition to or by referral arrangements by indicating these services under additional services.

3. Click **Save and Continue**.

- **Form 5A: Services Provided – Additional Services** page opens (Figure 58).

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 57).
7.7.2 **Form 5A: Additional Services**

Use this form to identify additional services that your organization provides. You may add, update, and remove additional services.

7.7.2.1 **Add an Additional Service**

To add an additional service,

1. Click **Add** to list a provided additional service (Figure 58).

   **Figure 58: Form 5A: Additional Services - Add**

   ![Form 5A: Additional Services - Add](image)

2. The **Add New Service** page (Figure 59) opens.

   **Figure 59: Form 5A: Add New Service Page**

   ![Form 5A: Add New Service Page](image)
3. Select a specific service from the **Choose Service** drop-down menu or enter a service in the **Specify** field if your service is not listed (Figure 60).

![Figure 60: Choose Service Drop-down Menu](image)

4. Check one or more modes of service provision (Figure 61) for each service chosen.

![Figure 61: Form 5A: Choose Service to Add](image)

5. Click **Save and Continue**.
   - You will be returned to **Form 5A: Services Provided – Additional Services**. The new service will be listed.
7.7.2.2 Update an Additional Service

To update an additional service:

1. Select the additional service and click [Update] on the Additional Service page.

   ![Figure 62: Form 5A: Additional Services - Update]

   ➢ The **Update Service** page opens (Figure 63).

   ![Figure 63: Update an Additional Service]

2. To change the mode of service, select a new service mode and click **Save and Continue**.
7.7.2.3 Delete an Additional Service
To remove an additional service from the application:

1. Click [Delete] on the Additional Service page (Figure 64).

   Figure 64: Form 5A: Delete an Additional Service

- The next screen (Figure 65) prompts you to confirm that you want to delete the additional service.

2. Click Confirm.

   Figure 65: Form 5A: Delete Services Confirmation

- The Services Provided – Additional Services window refreshes with the selected service removed.

3. To save your work on Form 5A and move to the next form, click Save and Continue.
7.8. Form 5B: Service Sites

Use this form to identify the sites used to serve the service area associated with the FQHC Look-Alike application.

7.8.1 Add a New Service Site

To add a new service site:

1. Open Form 5B.
   - The Service Sites page opens (Figure 66).

   ![Figure 66: Form 5B: Service Sites - Add New Site]

2. Under Proposed Sites, click Add New Site.
   - The Service Site Checklist opens (Figure 67). The questions on this page qualify whether your proposed site meets HRSA’s requirements for a site.

   ![Figure 67: Form 5B: Service Site Checklist]

3. Answer the questions.
4. Click Verify Qualification.
   - The List of Pre-Registered Performance Sites opens (Figure 68).
To update a pre-registered site name, select the site from the list and click [Update Registered Performance Site] to modify the Site Name. Make your changes to the site name, and click [Next>] on the subsequent screen. Click [Finished] to complete the update process.

5. If a valid pre-registered site exits in the list, select the site and click [Select this Location]. Go to Section 7.8.1.2 Update Site to proceed with the site selection and update process.

7.8.1.1 Register a Performance Site

A Performance Site is a site that your organization has registered with HRSA. For a site to be included with your application, it must be pre-registered with HRSA.

To pre-register a site, complete the following steps:

1. From the List of Pre-Registered Performance Sites at HRSA Level page (Figure 69), click [Register Performance Site].

   ![Figure 69: List of Pre-Registered Performance Sites]
The Add Performance Site page opens (Figure 70).

Figure 70: Add Performance Site

2. Enter the site’s name.
3. Select a Site Type from the drop-down menu.
4. In the Address field, select one of the following:
   a. “I will type in standard address”
      • The Add Performance Site: Physical Location Address form will be displayed.
      • Complete the standard address with a valid street number, street name, apartment/suite number, city, state and zip code.
   b. “I will choose Site’s address out of existing”
      • The Add Performance Site: Choose Address form will be displayed.
      • Select an address from one of the existing locations.
   c. “I will type in non standard address”
      • The Add Performance Site form will be displayed.
      • Enter a street address, city, state and zip-code.

Administrative Sites must be fixed with a standard or approximate address. "Mobile" cannot be selected as the location setting for administrative sites.

Domestic Violence Shelter addresses must be kept confidential, so only an approximate (i.e., no street address) can be used.

For all other sites, a standard address is required.

If the site serves as a Domestic Violence Shelter, you must select “I will type in non standard address” because the street address cannot be listed.

6. Click Next>
   ➢ The Add Performance Site page opens.
7. Enter the site’s physical address information (Figure 71).
8. Click [Next].
   ➢ The following page informs you that the site has been created (Figure 72).

   **Figure 72: Add Performance Site - Site Created Successfully**

9. Click [Finish].
   ➢ The List of Pre-registered Performance Sites page opens with the new site added to the list.

10. Select a site from the list and click the Select This Location button.
    ➢ The Update Site page opens. (See section 7.8.2)
7.8.2  Update Site

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

The Update Site page opens:

- When you click **Select This Location** on the List Of Pre-Registered Performance Sites page (Figure 68).
- When you can click the **Update** link on the Service Sites page (Figure 73).

**Figure 73: Services Sites - Update**

With the **Update Site** page open:

1. Update the **Service Site Information** (Figure 74)

**Figure 74: Update Site - Service Site Information**

a. Click **Change Site Name** to change the name of the service site.

b. Select **Service Delivery Site** or **Administrative/Service Delivery Site** from the Service Site Type drop-down menu.

c. Select a location type from the Location Type drop-down menu.

d. Enter the number of contract service delivery locations.

e. Enter the number of intermittent sites.

f. Enter your organization’s web address.

2. 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.

3. If your site is operated by a sub-recipient or a contractor, click [Add] to provide the organization’s information (Figure 75).

   **Figure 75: Update Site - Add Organization Information**

   ![Organization Information Table]

<table>
<thead>
<tr>
<th>Organization Name</th>
<th>Address (Physical)</th>
<th>Address (Mailing)</th>
<th>EIN</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>No organization has been added.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   ![Add Organization Information Button]

4. Provide information about the site (Figure 76):

   **Figure 76: Update Site - Site Information**

   ![Site Information Table]

<table>
<thead>
<tr>
<th>Location Setting (Required for Service Site)</th>
<th>Domestic Violence Shelter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Site was Opened</td>
<td></td>
</tr>
<tr>
<td>Date Site was Added to Scope</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>Site Operational By</td>
<td></td>
</tr>
<tr>
<td>Medicare Billing Number (Maximum 50 characters)</td>
<td></td>
</tr>
<tr>
<td>Medicaid Billing Number (Maximum 50 characters)</td>
<td></td>
</tr>
<tr>
<td>Medicaid Pharmacy Billing Number (Maximum 50 characters)</td>
<td></td>
</tr>
</tbody>
</table>

   a. Enter the date on which the site was opened in the **Date Site was Opened** field.
   b. Enter the **Medicare Billing Number**, **Medicaid Billing Number**, and **Medicaid Pharmacy Billing Number** in the respective fields. Each permanent and seasonal site is required to have a unique Medicare Billing Number.

5. Revise your **Site Phone Number**, **Administration Phone Number** and **Site Fax Number** (Figure 77).

   **Figure 77: Update Site - Contact Information**

   ![Contact Information Table]

<table>
<thead>
<tr>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Site Phone Number</td>
</tr>
<tr>
<td>*Administration Phone Number</td>
</tr>
<tr>
<td>*Site Fax Number</td>
</tr>
</tbody>
</table>

6. Click [Change Location] to modify your site’s physical address (Figure 78).

   **Figure 78: Update Site - Change Location**

   ![Change Location Button]

   ![Physical Location Address Table]
7. If your organization’s mailing address is not the same as its physical address, please provide the mailing address (Figure 79).

**Figure 79: Update Site - Add Mailing Address**

8. To modify the zip codes and census tracts where the majority of the site’s patients live or work (Figure 80):

**Figure 80: Update Site - Add Service Area Zip Codes**

   a. Click [Add] to add a Zip Code to the list.
   b. Select and click [Update] to modify an entry.
   c. Select and click [Remove] to remove a Zip Code.
   d. Select urban, rural, or sparsely populated from the **Choose Population Type** drop-down menu to describe the site’s service area population.
9. Use the drop-down menus and fields under **Site Operation Scheduling** to indicate when your site offers services (Figure 81):

**Figure 81: Update Site - Add Service Area Population Type**

- **Operational Schedule**
  - Choose Operational Schedule
- **Calendar Schedule**
  - Choose Calendar Schedule

- **Total Hours of Operation when Patients will be Served per Week**

- **Months of Operation**

<table>
<thead>
<tr>
<th>Select</th>
<th>From</th>
<th>To</th>
</tr>
</thead>
<tbody>
<tr>
<td>No month(s) of operation have been added.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **Add** | **Update** | **Delete**

a. Select full-time or part-time from the **Choose Operational Schedule** drop-down menu.

b. Select year-round or seasonal from the **Choose Calendar Schedule** drop-down menu.

c. Provide the total number of hours per week that the site will serve patients.

d. Click **Add** | **Update** | **Delete** under **Months of Operation** to identify and modify the months of the year that the site will operate.

10. Click **Save and Continue**.

  - The **Service Sites** page refreshes. The new site appears in the list of service sites and its status is Complete (Figure 82).

**Figure 82: Update Site - Site Addition Complete**

11. Click **Save and Continue** to proceed to the next form.
7.8.3 Remove a Site
To remove a service site from your application,

1. Click the Remove link for a listed site on the Service Sites page (Figure 83).

Figure 83: Form 5B: Service Sites - Remove

![Form 5B: Service Sites - Remove](image)

- On the next page, confirm that you want to remove the service site (Figure 84).

Figure 84: Form 5B: Service Sites - Remove Confirmation

![Form 5B: Service Sites - Remove Confirmation](image)

3. Click Confirm to remove the site, click Cancel to return to the Service Sites page.
   - If confirmed, the Service Sites page refreshes and the site does not appear in the list of sites.
4. Click Save and Continue on the Service Sites page (Figure 82) to proceed to the next form.
7.9. Form 5C: Other Activities/Locations

Use this form to propose other activities or locations.

To propose an activity/location:

1. Open Form 5C (Figure 85)

   Figure 85: Form 5C: Other Activities/Locations - Enter New Activity/Location

2. Click Enter New Activity/Location.
   ➢ The Enter New Activity/Location page opens (Figure 86).

   Figure 86: Form 5C: Enter Activity/Location

3. Select an activity from Choose Activity drop-down menu. If your activity is not listed, select Other and specify in the space provided.

4. Indicate the days and times when the activity takes place in the Frequency of Activity field.

5. Explain the activity in the Description of Activity field.

6. Describe where the activity is conducted in the Types of Location(s) field.

7. Click Save and Continue.
   ➢ You will be returned to Form 5C: Other Activities/Locations page (Figure 87) with the activity/location now listed under List of Activities/Locations.
7.9.1 View, Update, or Remove an Activity

Use the links on the Other Activities/Location page to view, update or remove an activity (Figure 88). These links appear under each activity listed on the page.

1. Click View to see a summary of the activity (Figure 89).

2. Click Update to edit information about the activity.
   - The Enter Activity/Location page opens (Figure 86) to allow you to update any of the data entered.
3. Click **Remove** to delete the activity.
   
   > The next page asks you to confirm that you want to remove the activity (Figure 90).

   **Figure 90: Delete Other Activity/Location Confirmation Page**

   ![Delete Other Activity/Location Confirmation Page](image)

4. Click **Confirm Delete**.
   
   > The **Other Activity/Location** page refreshes and the deleted activity does not appear in the **List of Other Activities/Locations**.

5. When all desired other activities/locations have been added, updated and/or removed, click **Save and Continue** (Figure 87) to proceed to the next form.
7.10. Form 6A: Current Board Member Characteristics

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

7.10.1 To Add a Board Member

To add information about board members:

1. Open Form 6A (Figure 91).

   Figure 91: Form 6A: Current Board Member Characteristics

   ![Form 6A: Current Board Member Characteristics](image)

2. Under **Organization Type**, select Yes or No to answer the question, “Is your organization a 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 91).

   - The **Add Board Member Information** page will open.

4. Complete the **Add Board Member Information** page (Figure 92).
5. 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.

6. Enter the board member's **Gender**, **Ethnicity**, and **Race** in the **Number of Board Members** fields (Figure 93). You must enter a number in each field; enter 0 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.
7.10.2 **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](image)
   (Figure 94).

   ![Figure 94: Update Link on a Board Member Listing](image)

   The **Update Board Member Information** page will be displayed (Figure 95).

   ![Figure 95: Form 6A: Update Board Member Information](image)

2. Update the board member information as desired and click [Save and Continue](image).
7.10.3 Delete a Board Member

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

1. Select a board member, and click **Delete** (Figure 96).

   **Figure 96: Delete Link on a Board Member Listing**

   - The **Delete Board Member Information** page opens.

   **Figure 97: Confirm Delete Board Member**

   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 93) to proceed to the next form.
7.11. 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 98).

![Form 6B: Request for Waiver of Governance Requirements - Section 1]

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.

![Form 6B: Request for Waiver of Governance Requirements - Section 2]

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

![Form 6B: Request for Waiver of Governance Requirements - Section 3]

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.
6. When you have completed all required fields, click **Save and Continue** to proceed to the next form.
7.12. 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.

To identify Health Center Agreements:

1. Open Form 8, and complete:
   a. Part I (Figure 102)
   b. Part II, Question 1 (Figure 103)
   c. Part II, Question 2 (Figure 104)
   d. Part II, Question 3 (Figure 105) (Optional)
   e. Part III (Figure 106)

2. In Part I (Figure 102), 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 102: Form 8: Part I: Question 1**

3. In Part II, Question 1 (Figure 103), complete the Governance Checklist to determine if any affiliations or agreements limit or compromise the board's authorities, functions, and/or responsibilities.
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 104), indicate if you have any current or proposed agreements that affect the composition, authorities, functions, or responsibilities of your organization’s board.

**Figure 104: Form 8: Part II: Question 2**

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

**Figure 105: Form 8: Part II: Question 3**

*Note:* Examples of compromising arrangements include overriding approval or veto authority by another entity, dual majority requirements, and super-majority requirements.
If you answered “Yes” to Part I, Question 1 or Part II, Question 2, proceed to Part III.

5. In Part III (Figure 106), provide information about each health center agreement noted in Part I and Part II. Click **Add Organization Affiliation**.

   **Figure 106: Form 8: Part III: Organization Agreement**

- 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 107).

   **Figure 107: Form 8: Part III: Add Organization Agreement**

   - Organization Affiliation Certification/Checklist
     - Status: Not Complete
     - Add Organization Affiliation
     - *Organization Name* (Maximum 80 characters) [ ]
     - *Organization EIN* (9 Digits) [ ]

   b. Enter the organization’s **Physical Location Address** (Figure 108).

   **Figure 108: Form 8: Part III: Add Organization Agreement - Physical Address**

   - Physical Location Address (Required)
     - *Street Address Line 1* Number [ ]
     - *Name* [ ]
     - Street Address Line 2
       - Select one: Number [ ]
     - *City* [ ]
       - (Required if Zip is not specified)
     - Urbanization [ ]
       - (Used only for Puerto Rico (PR))
     - *State* [ ]
       - (Required if City is specified)
     - Zip Code Lookup [ ]
       - (Required if City is not specified)

   c. Provide the history of each agreement (Figure 109). This may include the purpose of each agreement and how each it has changed over time.
7. In the Attachments section (Figure 110), click [Attach] to upload agreements with this organization.

All agreement/arrangement documents must be uploaded in full.

- The Attach Document screen (Figure 111) will be displayed.

8. Click [Browse].

- The Choose File to Upload dialog box will be displayed.
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 113).

12. Click [Finished Attaching].
   - The Health Center Agreement page refreshes with the uploaded document listed.
13. Repeat Steps 7-12 until all agreements are attached (organized by affiliated organization).
   a. To update an attachment description, select the desired attachment and click **Update Description**.
   b. To delete an attachment, select the desired attachment and click **Delete**.

14. Click **Save and Continue** to proceed to the next form.
7.13. Form 9: Need for Assistance Worksheet

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

To toggle between the three Sections of this form choose a Section from the drop-down menu and click **Go** (Figure 115).

**Figure 115: Need For Assistance Worksheet - Section Drop-down**

![Form 9: Need for Assistance Worksheet](image)

7.13.1 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 proposed 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 three 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 initial question and similar fields to complete, follow the steps for **Population to One FTE Primary Care Physician Ratio**, for all Core Barriers provided.

2. Open Form 9, Section I (Figure 116), and provide information about your target population’s Core Barriers for each core health indicator:
Figure 116: Form 9: Section I: Population to One FTE Primary Care Physician Ratio

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 for which you are providing information.)

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.

7.13.2 **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 117), and provide information about your target population’s Core Health Indicators.

   **Figure 117: Form 9: Section II: Core Health Indicators - Diabetes**

   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.
### 7.13.3 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 118).

![Figure 118: Form 9: Section III - Other Health Indicators](image)

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.

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 119)
   b. Section II: Readiness (Figure 120)

2. Complete each section of the form by selecting Yes or No for each question.

---

### Figure 119: Form 10: Section I: Emergency Preparedness and Management Plan

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has your organization conducted a thorough Hazards Vulnerability Assessment?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date completed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does your organization have an approved BPM plan?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date most recent BPM plan was approved by your Board</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does the EPM plan specifically address the four disaster phases?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3a. Mitigation?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3b. Preparedness?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3c. Response?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3d. Recovery?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is your BPM plan integrated into your local/regional emergency plan?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If no, has your organization attempted to participate with local/regional emergency planners?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Does the EPM plan address your capacity to render mass immunization/prophylaxis?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

---

- 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 120: Form 10: Section II: Readiness

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

4. Click **Save and Continue** to proceed to the next form.
7.15. Form 12: Organization Contacts

Use Form 12 to provide contact information for the proposed 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 121).
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 121: Form 12: Organization Contacts

- The Contact Information data entry page (Figure 122) will be displayed for the contact you are adding.
3. Complete the **Contact Information** page.
4. Click **Save and Continue** to save the **Contact Information** and return to the **Organization Contacts** page.
5. Continue adding contact information for the remaining contact types by following Steps 2-4 above.
6. Click **Save and Continue** on the **Organization Contacts** page (Figure 121) after you have completed the required contact data to save your work and proceed to the next form.
7.16. 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.

7.16.1 The Designation Period

The designation period for an initial designation is a two-year period. Start your estimated designation period on the first of the month, four full months from when you anticipate submitting your application, e.g., if you plan to submit your application December 15, 2011 the estimated designation period would be May 1, 2012 to April 30, 2014.

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 123: 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 form.

7.16.2 Provide Standard Performance Measure Information

Provide the performance measure information as follows:

1. Click the Update link for a Standard Performance Measure (Figure 124).

Figure 124: Clinical Performance Measures: Standard Measures
The update Clinical Performance Measure Information page (Figure 125) 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 125: Update Clinical Performance Measure Information

2. Enter a Target Goal Description.

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.

Figure 126: Update Clinical Performance Measure Information - Baseline Data

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 fields are 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 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 127: Projected Data Calculation - Sample Calculation**

6. Perform the calculation, and enter the solution in the **Projected Data** field (Figure 126).

7. Enter the **Data Source & Methodology** (Figure 128).

   **Figure 128: Update Clinical Performance Measure Information - Data Source and Methodology**

8. Enter the **Key Contributing and/or Restricting Factor(s) and Major Planned Actions(s)** (Figure 129).

   **Figure 129: Update Clinical Performance Measure Information - Key Factor and Major Planned Action**

   **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 130).

Figure 130: 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.

10. Click [Save and Continue] to return to the Update Clinical Performance Measures page.

11. Repeat Steps 1-10 for each of the Standard Performance Measures.

7.16.3 Add an Additional Performance Measure


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 proposed project.

To add an Additional Performance Measure to your application:

1. Click [Add Performance Measure] under the Additional Measures section of the form.

Figure 131: Other Measures
The Add Clinical Performance Measure Information page opens (Figure 132).

Figure 132: Add Clinical Performance Measure information - Focus Area

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 133: Add Clinical Performance Measure information - Performance Measure and Target Goal

4. Enter the Numerator Description and the Denominator Description.

Figure 134: Add Clinical Performance Measure information - Numerator and Denominator

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

Figure 135: Add Clinical Performance Measure Information - Baseline Data

➢ 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 carry out to complete this field.

**Figure 136: Sample Calculation**

![Sample Calculation]

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

**Figure 137: Add Clinical Performance Measure information - Data Source and Key Factor(s)**

- **Key Factor and Major Planned Action #1** is required and must be completed. **Key Factor and Major Planned Action #2 and #3** are optional.

9. Add any necessary or desired comments (Figure 138).

**Figure 138: Add 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.

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 139: Clinical Performance Measures - Additional Measures**

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

### 7.16.4 Update a Performance Measure

To update a Performance Measure:

1. Click the [Update] link (Figure 140).

   **Figure 140: Update Link on a Complete Performance Measure**

2. The Update Clinical Performance Measure Information page will be displayed (Figure 125).
3. Update the performance measure as described in [Provide Standard Performance Measure Information](See 7.16.2).

### 7.16.5 Delete an Other Performance Measure

To delete an Additional Performance Measure:

1. Under the desired Other Performance Measure, click the [Delete] link
➢ The Delete Clinical Performance Measures Information page opens.

**Figure 141: Clinical Performance Measures - Additional Measures - Delete**

2. Click **Confirm Delete**.

7.16.6 **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 142).

**Figure 142: Read-only Display of a Clinical Performance Measure**

2. Click **Close Window** to return to the Clinical Performance Measures Form.

3. After you have completed work with all the Clinical Performance Measures (Figure 139), click **Save and Continue** to proceed to the next form.
7.17. 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.

7.17.1 The Designation Period

The designation period for an initial designation is a two-year period. Start your estimated designation period on the first of the month, four full months from when you anticipate submitting your application, e.g., if you plan to submit your application December 15, 2011, the estimated designation period would be May 1, 2012, to April 30, 2014.

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.

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 form.

7.17.2 Provide Standard Performance Measure Information

Provide the performance measure information as follows:

1. Click the Update link (Figure 144).

---

**Figure 143: Financial Performance Measures - Designation Period**

**Figure 144: Financial Performance Measure - Standard Measures**
The Update Financial Performance Measure Information page (Figure 145) 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 145: Update Financial Performance Measure Information

2. Enter the Target Goal Description.

It is recommended to 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.

Figure 146: Update Financial Performance Measure Information - Baseline Data

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 147: Sample Calculation

<table>
<thead>
<tr>
<th>Sample Calculation for Percentage based Measure Type</th>
<th>Sample Calculation for Percentage based Measure Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sample Numerator: 3000 Patients</td>
<td>Number of adult patients age 18 and older with a diagnosis of Type 1 or Type 2 diabetes whose most recent hemoglobin A1c (HbA1C) was measured during the reporting year and seen at least twice during the reporting year and do not meet any of the exclusion criteria.</td>
</tr>
<tr>
<td>Numerator (N)</td>
<td>3000 Patients</td>
</tr>
<tr>
<td>Denominator (D)</td>
<td>6000 Patients</td>
</tr>
<tr>
<td>Projected Data Calculation (%)</td>
<td>= (3000/4000)*100% = 75%</td>
</tr>
</tbody>
</table>

6. Perform the calculation, and enter the solution in the **Projected Data field** (Figure 146).

7. Enter the **Data Source & Methodology** (Figure 148).

![Figure 148: Update Financial Performance Measure Information - Data Source and Methodology](image)

8. Enter the Key Contributing and/or Restricting Factor(s) and Major Planned Actions(s) (Figure 149).

![Figure 149: Update Financial Performance Measure Information - Key Factor and Major Planned Action](image)

   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 150).
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*.

### 7.17.3 Add an Other 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.

   ![Add Financial Performance Measure Information - Focus Area](https://example.com/figure152.png)

   - The Add Financial Performance Measure page opens (Figure 152).

   ![Add Financial Performance Measure Information](https://example.com/figure153.png)

   - Select a focus area from the drop-down menu.
   - Enter the performance measure.
4. Enter descriptions of the numerator and denominator.

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

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

**Figure 157: Add Financial Performance Measure Information - Data Source and Key Factor(s)**

- Data Source & Methodology
- Key Factor Type
- Key Factor Description
- Major Planned Action Description

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 158).

**Figure 158: 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 159: Additional Measures - Added Performance Measure**

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

To update a Performance Measure:

1. Click the Update link (Figure 140).

   Figure 160: Update Financial Performance Measure

   ➢ The Update Financial Performance Measure Information page will be displayed (Figure 124).

2. Update the performance measure as described in Provide Standard Performance Measure Information (See 7.17.2).

7.17.5 Delete an Additional Performance Measure

To delete an Additional Performance Measure:

1. Under the desired Other Performance Measure, click the Delete link.

   Figure 161: Delete Financial Performance Measure

   ➢ The Delete Financial Performance Measures Information page opens.

   Figure 162: Financial Performance Measures - Additional Measures - Delete

2. Click Confirm Delete.
### 7.17.6 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 163).

   ![Figure 163: Read-Only View of Financial Performance Measure](image)

   **Performance Measure: Cost per Encounter**
   - Is this Performance Measure Applicable to your Organization? Yes
   - Performance Measure Application: Applicable
   - Comments

2. Click the Close Window button to return to the updated **Financial Performance Measures** form.

3. After you have completed working with all the Financial Performance Measures, click **Save and Continue** (Figure 159) to proceed to the next form.
### 7.18. Appendices

#### 7.18.1 Attach Documents

1. Open Appendices (Figure 164).

![Appendices Table]

---

*Figure 164: Appendices (collapsed view, showing attachment headings only)*
For each of the 20 attachments, 17 are required (*) and must be uploaded to the system. For the **Project Abstract, Project Narrative,** and **Attachments 1 – 17** only one attachment is permitted. For **Attachment 18,** a maximum of 5 attachments may be uploaded.

2. To upload a document to the system, click [Attach] under the particular attachment type you wish to upload (Figure 165).

![Figure 165: Appendices Detail - Project Abstract](image)

- The **Attach Document** page opens (Figure 166)

![Figure 166: Attach Document Page](image)

3. To attach the document, click [Browse].

- The **Choose File to Upload** window opens (Figure 167).
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 168).

6. Click [Finished Attaching] to complete the uploading process.
   - You are returned to the Appendices page (Figure 169) with the uploaded file shown in the list.
7. 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 7.18.2; Steps 4-5)

7.18.2 Update an Attached Document

To revise a previously uploaded document, you must first delete the uploaded document. Then proceed to attach the revised document.

1. From the Appendices page (Figure 170), click **Delete** under the attachment you wish to update.

   Figure 170: Appendices: Delete Attachment

   - The **Delete Attachment Confirmation** page opens (Figure 171).

     Figure 171: Delete Confirmation Page

   2. Click **Confirm Delete**.

     - You are returned to the Appendices page, with an “Attachment deleted successfully.” message displayed, and with the attachment removed from the list.

   3. To upload an updated document, follow the process in Section 7.18.1; Steps 2-6.
4. 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 172: Appendices: Complete - Save and Continue**

5. Click **Save and Continue** to proceed to Review the Application.
8. 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.

8.1. 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 173). 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 173: Status Overview Page for Application Forms

<table>
<thead>
<tr>
<th>Section</th>
<th>Action</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Information</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cover Page</td>
<td>Update</td>
<td>COMPLETE</td>
</tr>
<tr>
<td>Form 1A: General Information Worksheet</td>
<td>Update</td>
<td>COMPLETE</td>
</tr>
<tr>
<td>Budget Information</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Form 2: Staffing Profile</td>
<td>Update</td>
<td>COMPLETE</td>
</tr>
<tr>
<td>Form 3: Income Analysis Format</td>
<td>Update</td>
<td>COMPLETE</td>
</tr>
<tr>
<td>Form 3A: FQHC Look-Alike Budget Information</td>
<td>Update</td>
<td>COMPLETE</td>
</tr>
<tr>
<td>Sites and Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Form 4: Community Characteristics</td>
<td>Update</td>
<td>COMPLETE</td>
</tr>
<tr>
<td>Form 4A: Services Provided</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Required Services</td>
<td>Update</td>
<td>COMPLETE</td>
</tr>
<tr>
<td>Additional Services</td>
<td>Update</td>
<td>COMPLETE</td>
</tr>
<tr>
<td>Form 5B: Service Sites</td>
<td>Update</td>
<td>COMPLETE</td>
</tr>
<tr>
<td>Form 5C: Other Activities/Locations</td>
<td>update</td>
<td>COMPLETE</td>
</tr>
<tr>
<td>Other Forms</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Form 6A: Current Board Member Characteristics</td>
<td>Update</td>
<td>COMPLETE</td>
</tr>
<tr>
<td>Form 6B: Request for Waiver of Governance Requirements</td>
<td>Update</td>
<td>COMPLETE</td>
</tr>
<tr>
<td>Form 8: Health Center Affiliation Certification/Checklist</td>
<td>Update</td>
<td>COMPLETE</td>
</tr>
<tr>
<td>Form 9: Need for Assistance Worksheet</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Section I: Core Barriers</td>
<td>Update</td>
<td>COMPLETE</td>
</tr>
<tr>
<td>Section II: Core Health Indicators</td>
<td>Update</td>
<td>COMPLETE</td>
</tr>
<tr>
<td>Section III: Other Health Indicators</td>
<td>Update</td>
<td>COMPLETE</td>
</tr>
<tr>
<td>Form 10: Annual Emergency Preparedness Report</td>
<td>Update</td>
<td>COMPLETE</td>
</tr>
<tr>
<td>Form 12: Contact Information</td>
<td>Update</td>
<td>COMPLETE</td>
</tr>
<tr>
<td>Performance Measures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical Performance Measures</td>
<td>Update</td>
<td>COMPLETE</td>
</tr>
<tr>
<td>Financial Performance Measures</td>
<td>Update</td>
<td>COMPLETE</td>
</tr>
<tr>
<td>Other Information</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appendices</td>
<td>Update</td>
<td>COMPLETE</td>
</tr>
</tbody>
</table>
8.2. 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 174).

Figure 174: Application Information Review Page

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

1. 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

2. Click:
   - Print to print the Table of Contents page.
   - Print All HTML Forms to print all Application forms (HTML in the Type column)

3. From the Table of Contents drop-down menu, make a selection and click Go to navigate to that form.
9. 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 Authorizing Official (AO) has the Submit to HRSA privilege by default. In addition, other users may be granted the Submit to HRSA privilege by utilizing the Peer Access link in the left side menu. (See Section 5, for more information).

To submit the application:

1. 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 Status Overview page opens.

![Figure 175: Status Overview Page Showing Complete Status](image)
If all forms are complete, a **Submit to HRSA** button will show at the bottom of the Status Overview page.

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

- If you have the **Submit FQHC LAL 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 LAL Application to HRSA** privilege, you will see the **Submit to HRSA** button.
- If you have only the **View FQHC LAL Application** or **Edit FQHV LA Application** privilege, you will not see a submit button.

2. To submit the application to HRSA, click **Submit to HRSA**.
3. Complete the questions in the **Certifications and Acceptance** section of the form.
4. Click **Submit to HRSA**.

The **Certificate of Acceptance** page (Figure 176) opens.

Figure 176: Submit Confirmation Page

The **General Information** page (Figure 177) will be displayed with a “The application was successfully submitted to HRSA” message displayed.

Figure 177: General Information Page - Successfully Submitted to HRSA
10. Customer Support Information

Use your Application Tracking Number for all correspondence.

10.1. 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.

10.2. 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.

10.3. 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.
11. Frequently Asked Questions

11.1. Software

11.1.1 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.

11.1.2 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.

11.1.3 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.

11.1.4 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