HRSA Electronic Handbooks

NCC FY 2013 Progress Report User Guide for BPHC

User Guide for Applicants

Last updated on: October 1, 2012

U.S. Department of Health and Human Services
HRSA
Health Resources and Services Administration

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Revision History

Date	Reason for changes	Authors
05/27/2010	Original document	REI - Ed Molin
06/10/2010	Removed generic material (i.e., SF-PPR and Budget Forms), and re-structured it to change scope of manual to only discuss BPHC Program Specific Information.	REI - Ed Molin
07/15/2010	Combined this document with generic NCC Progress Report User Guide (for H80 Grants). Included Log in, Standard Forms, and other sections of the NCC Progress Report User Guide (for H80 Grants) that were previously not contained in this document.	
03/29/2011	Updated document to reflect new Budget Details forms; eliminated Budget Summary and Budget Categories.	REI - Ed Molin
5/9/2011	Revised document to reflect new functions and fields. Organized document into more sections.	REI – Demetrio Ford
4/24/2012	FY2013 User Guide with new text and screenshots.	REI – Peter Keefe
9/26/2012	Revised document to reflect new screens and screen functions and fields.	REI – Barbara Gould

1. Introduction

1.1. Document Purpose and Scope

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

1.2. Document Organization and Version Control

This document contains the following sections:

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

1.3. Register with the HRSA Electronic Handbooks

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

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

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

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

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

1. Create an individual account in the system to get appropriate access.

   Go to https://grants.hrsa.gov/webexternal/home.asp and click Registration in the left navigation panel for registration guidance.

2. Associate your account with your grantee organization.

   Use your 10-digit grant number from Box 4b of the Notice of Award to search for your organization.

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

- Edit Noncompeting Continuation
- Submit Noncompeting Continuation

2. Get Started with the HRSA Electronic Handbooks

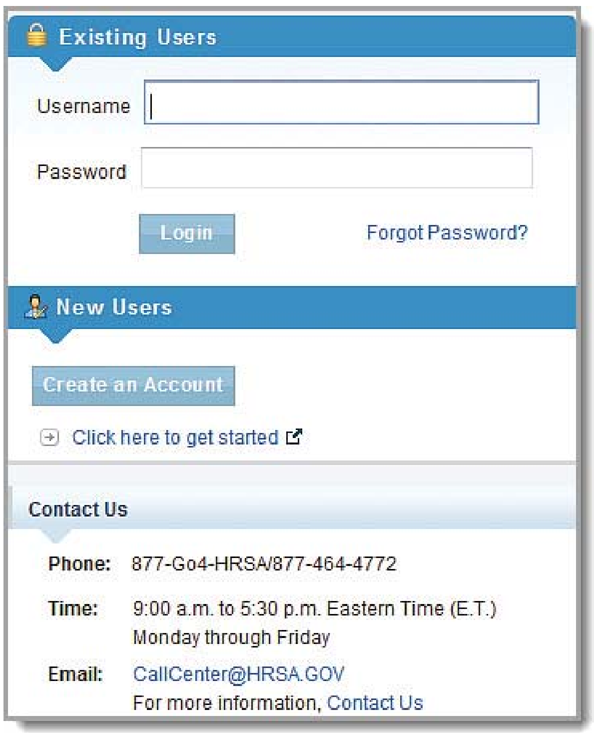
2.1. Session Time Limit

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

2.2. Log In to the HRSA Electronic Handbooks

3. Point your browser to https://grants.hrsa.gov/webexternal/login.asp.
4. Enter your username and password.

Figure 1: Login Fields



1. Click the Login button.
2. The **HRSA Electronic Handbooks Welcome** page opens (Figure 2).

U.S. Department of Health and Human Services
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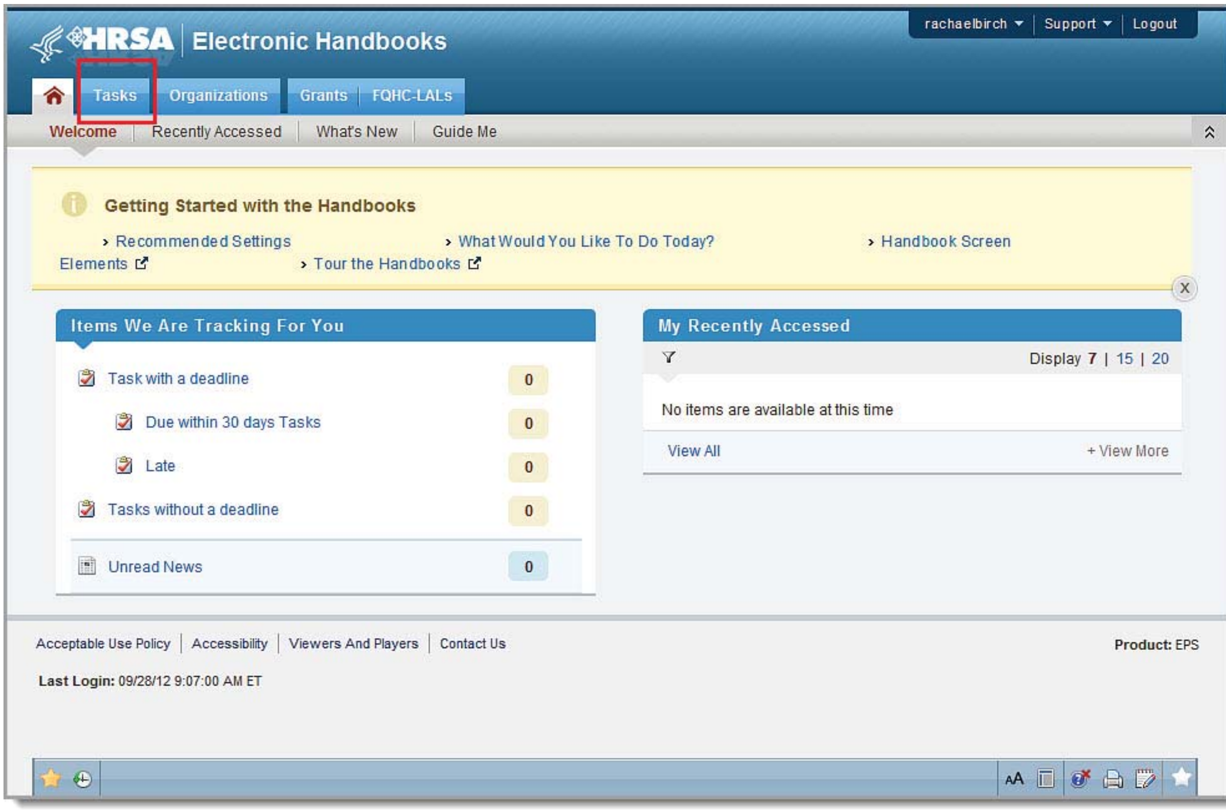
Figure 2: HRSA EHBs Welcome Page

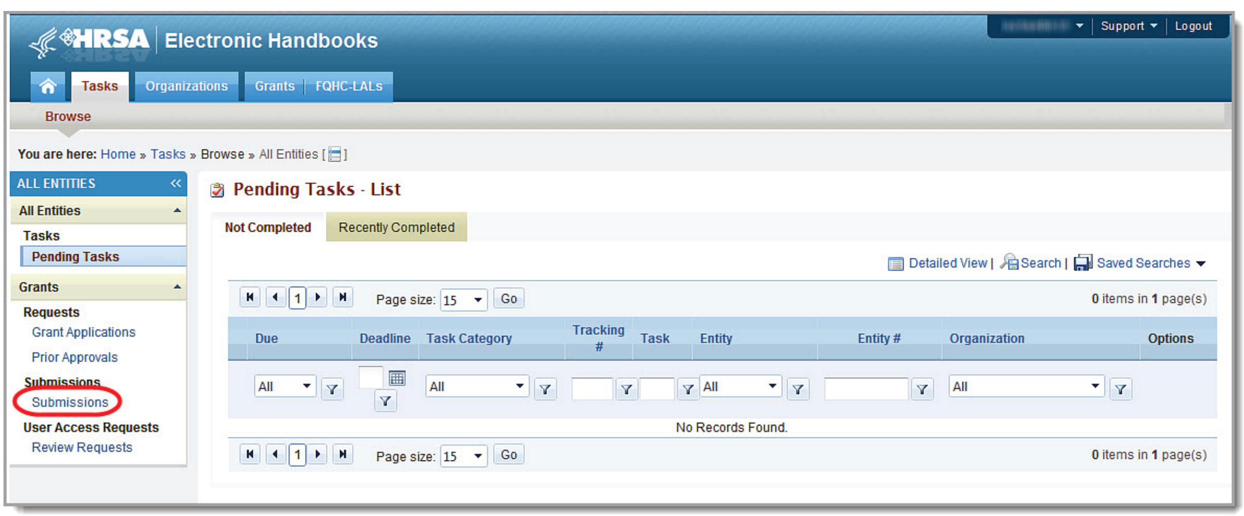


2.3. How to Access the Progress Report

To access the Progress Report:

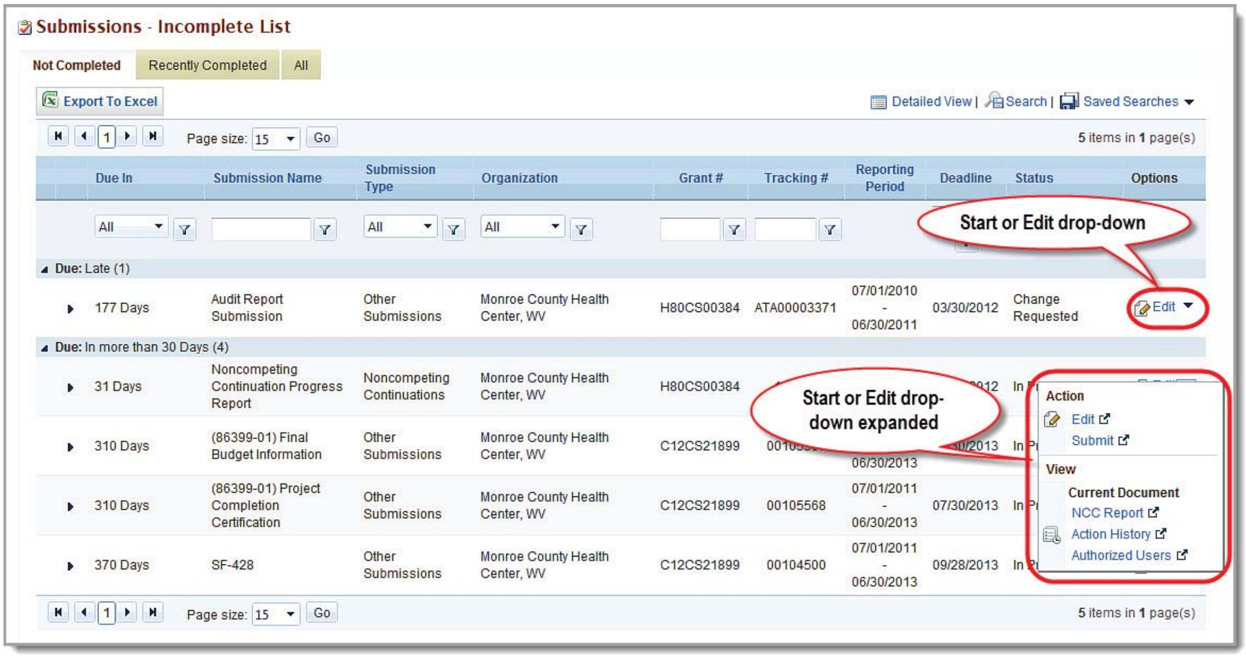
1. On the **HRSA EHBs Welcome** page, click the Tasks tab (Figure 2). The **Pending Tasks – List** page opens.

Figure 3: Pending Tasks – List Page



2. Click the Submissions link in the left navigation panel. The **Submissions – Incomplete List** page opens (Figure 4).

Figure 4: Submissions – Incomplete List Page

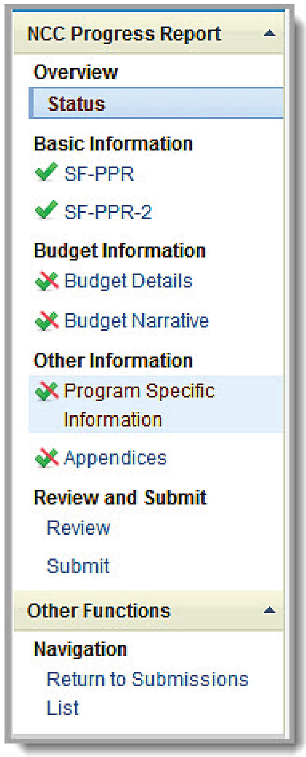


3. Use the filters just beneath the column headers to help you find your Submission. The **Submissions – Incomplete List** page refreshes showing only the Submissions that match your filters.
4. Click the Start or Edit drop-down for your Submission.
5. Click the Edit link. The **NCC Progress Report – Status Overview** page opens.

2.4. Navigation

Use the left navigation panel (Figure 10) to access the **Standard Forms** and the **Program Specific Information Forms**.

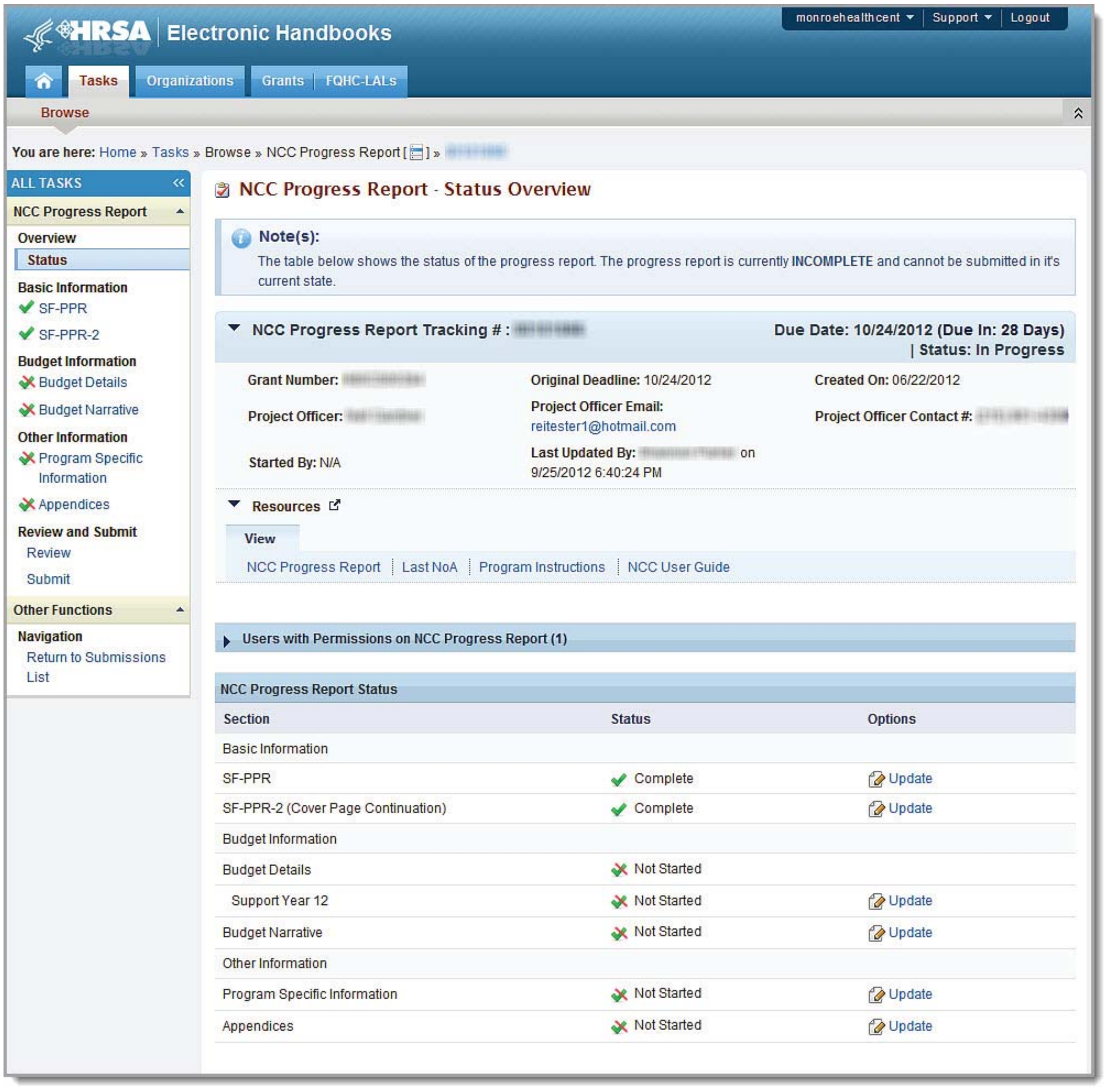
Figure 5: Left Navigation Panel



3. Complete the Standard Forms (SF-PPR)

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

Figure 6: NCC Progress Report Process Status



The NCC Progress Report Process Status Page shows the status of:

- Each SF-PPR form
- The Budget forms
- The Program Specific Information forms
- Appendices

Notes:

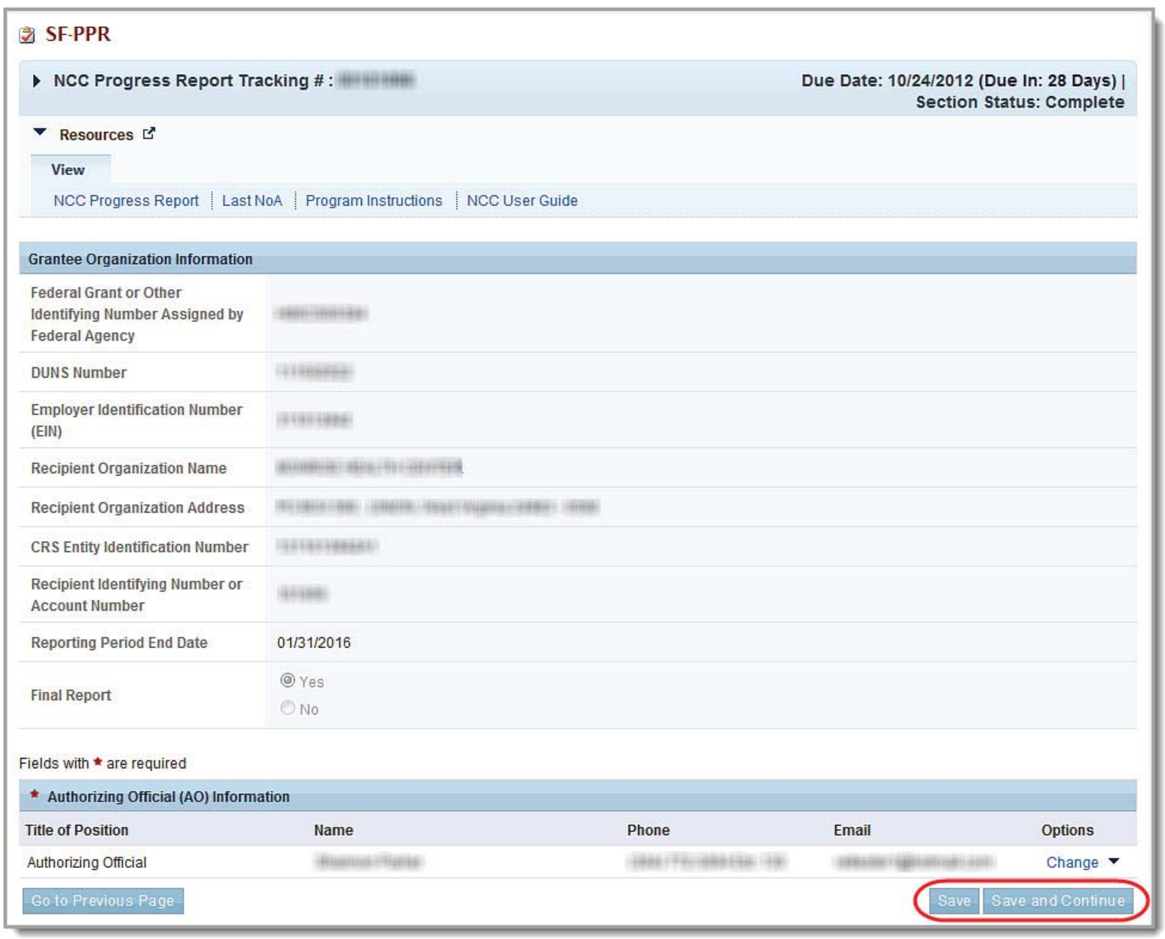
- You cannot submit your Progress Report until you complete all forms in all sections.
- For the purpose of this document, the left navigation panel will be used to access each form. However, as noted above, you can access any SF-PPR or budget form by returning to the Status Page (for Progress Report), and clicking its Update link.

3.1. Basic Information: SF-PPR

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

1. Click the SF-PPR link on the Progress Report left navigation panel to access the SF-PPR Form (Figure 12).

Figure 7: SF-PPR Form



You can perform the following functions on the screen:

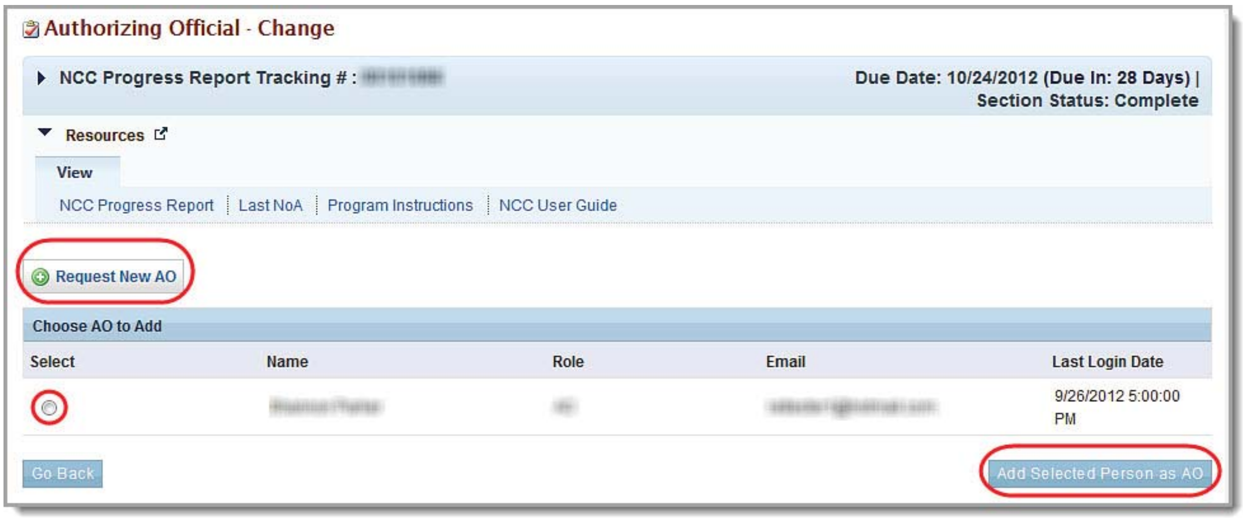
- Change/Add an Authorizing Official (AO)
- Update AO information
- Delete an AO

3.1.1. Add an Authorizing Official

To add a new person to the list of available AOs:

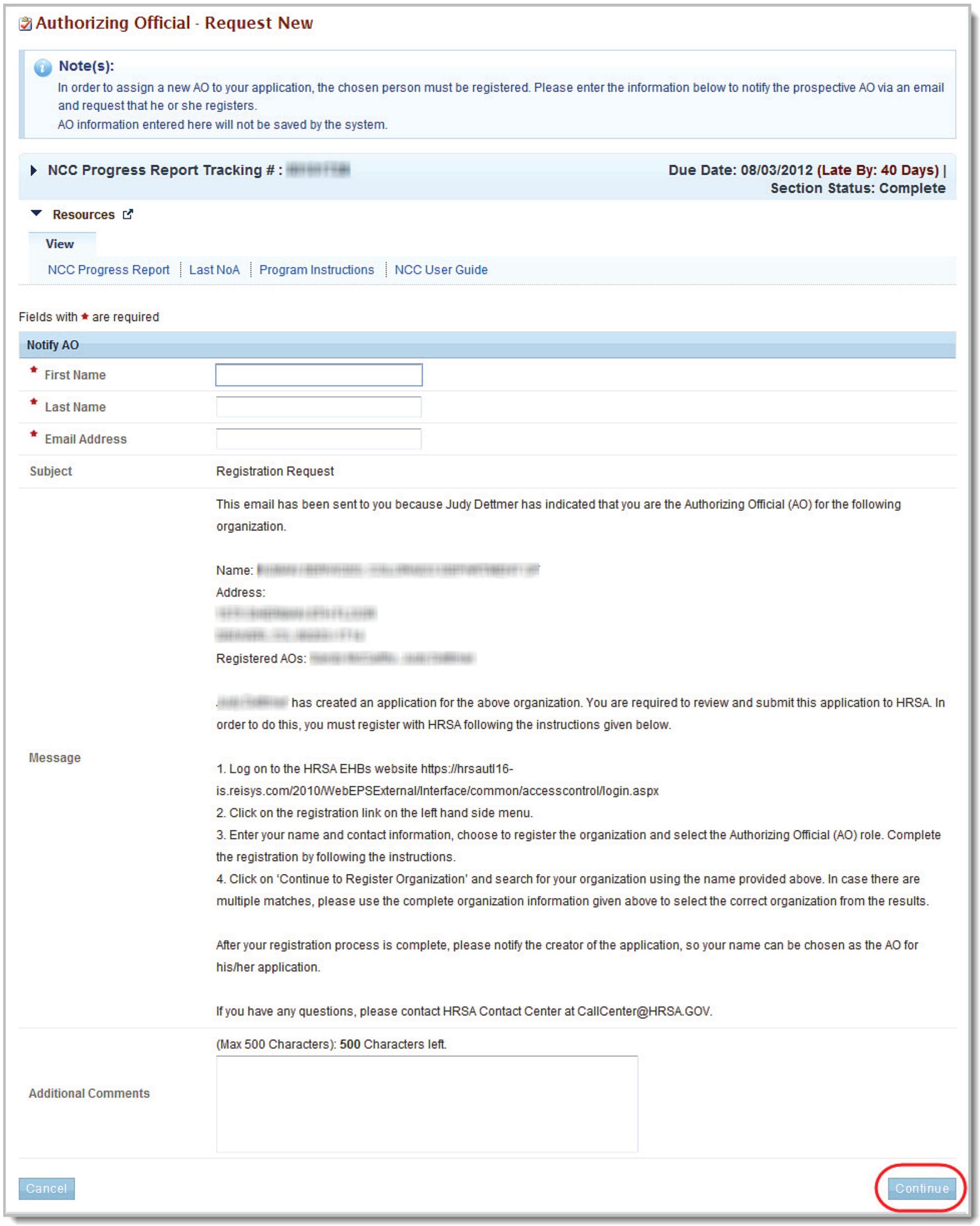
1. On the **NCC Progress Report – Status Overview** page, click the SF-PPR link on the left navigation panel or the Update drop-down on the **SF-PPR** row. The **SF-PPR** page opens.
2. On the **SF-PPR** page, in the **Authorizing Official (AO) Information** section, click the Change drop-down for an AO and then select the Change link from the drop-down. The **Authorizing Official – Change** page opens (Figure 13), and is populated with all the AOs registered for the grant.

Figure 8: Authorizing Official – Change Page (Add New AO)



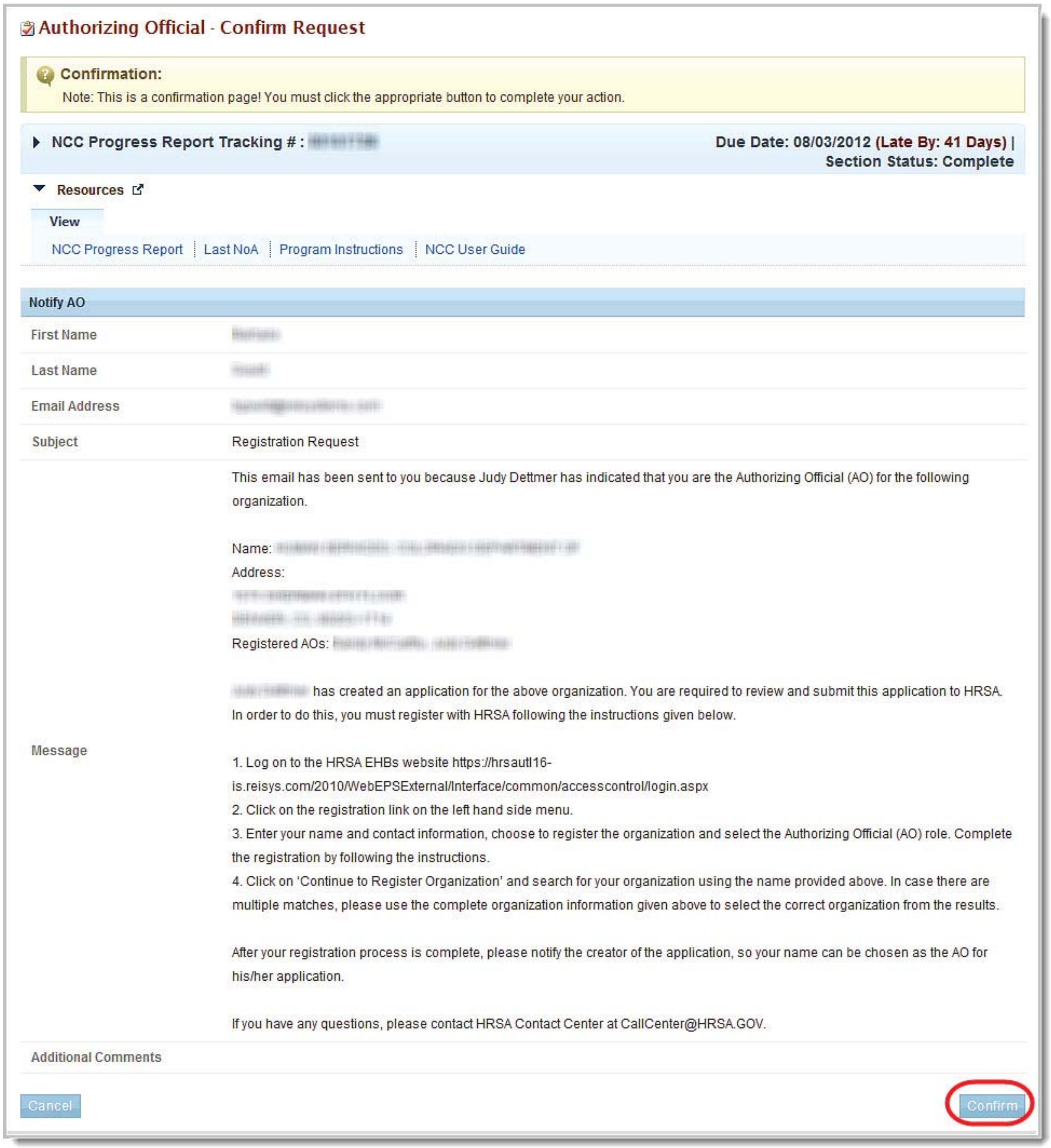
3. Click the Request New AO button. The **Authorizing Official – Request New** page opens (**Figure 14**).

Figure 9: Authorizing Official – Request New Page



4. Enter the First Name, Last Name, and Email Address of the person you are requesting as a new Authorizing Official.
5. Enter any Additional Comments you may have.
6. Click the Continue button. The **Authorizing Official – Confirm Request** page opens.

Figure 10: Notify AO Page



7. Click the Confirm button. The **SF-PPR** page re-opens (Figure 11) with a green Success banner at the top of the page. An email will be sent to ask the requested HRSA employee to register in the HRSA EHB.

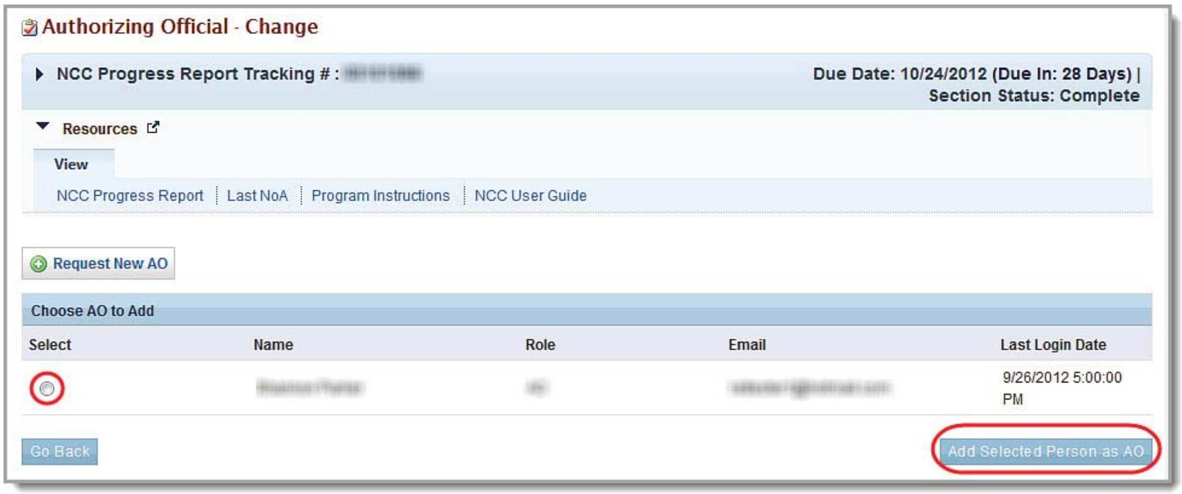
Note: If the HRSA employee requested has not already done so, he or she must register for the HRSA EHBs. After the HRSA employee registers within the EHB, you must return to the **SF-PPR** page (**Figure 12**) to select the newly registered person as an AO. The HRSA employee will be listed on the screen and may be selected as an AO.

3.1.2. Change the Selected Authorizing Official

To change the selected Authorizing Official,

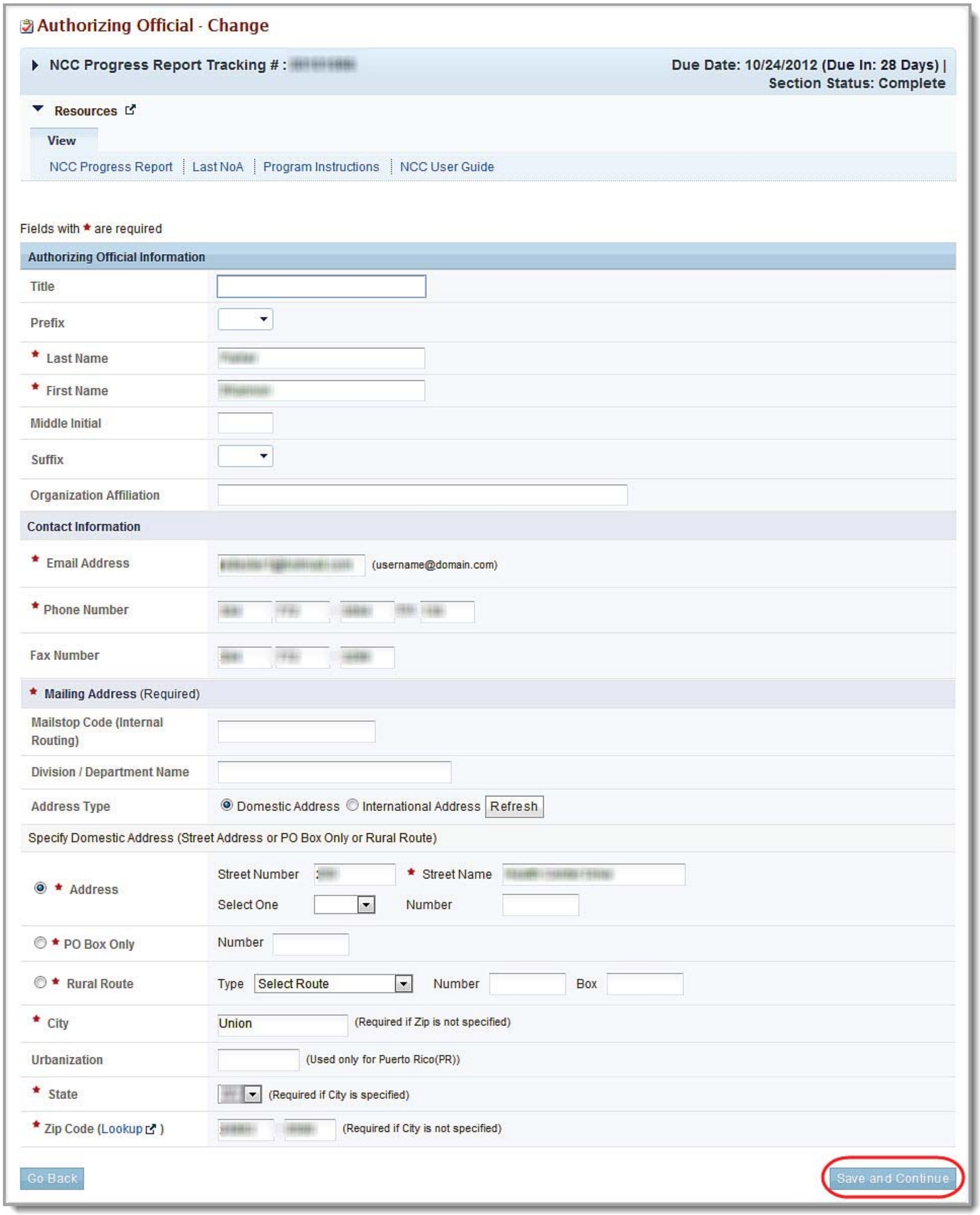
1. On the **NCC Progress Report – Status Overview** page, click the SF-PPR link on the left navigation panel or the Update drop-down on the **SF-PPR** row. The **SF-PPR** page opens.
2. On the **SF-PPR** page, in the **Authorizing Official (AO) Information** section, click the Change drop-down for the AO and then select the Change link from the drop-down. The **Authorizing Official – Change** page opens (Figure 16), and is populated with all the AOs registered for the grant.

Figure 11: Authorizing Official – Change Page (Select Existing AO)



3. Click the radio button for the user to be designated as the AO.
4. Click the Add Selected Person as AO button. The second **Authorizing Official – Change** page (containing personal information about the requested AO) opens (Figure 17).

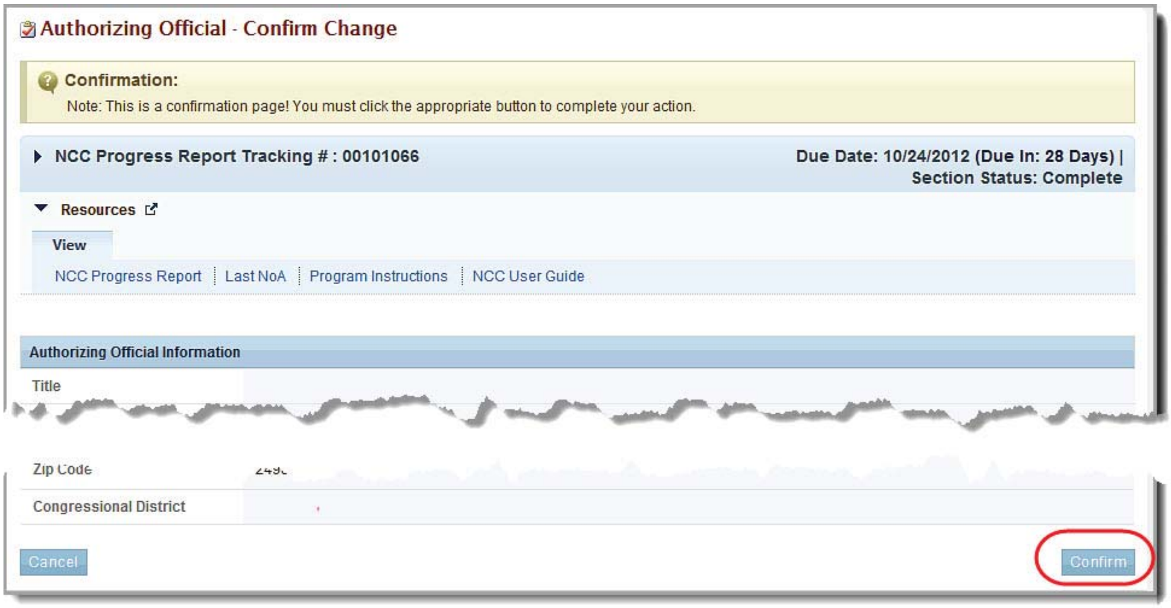
Figure 12: Authorizing Official – Change Page (2)



5. Revise the contact information, if necessary. Fields marked with an asterisk (*) are required.

6. Click the Save and Continue button to save your information and open the **Authorizing Official – Confirm Change** page (Figure 18.

Figure 13: Authorizing Official – Confirm Change Page

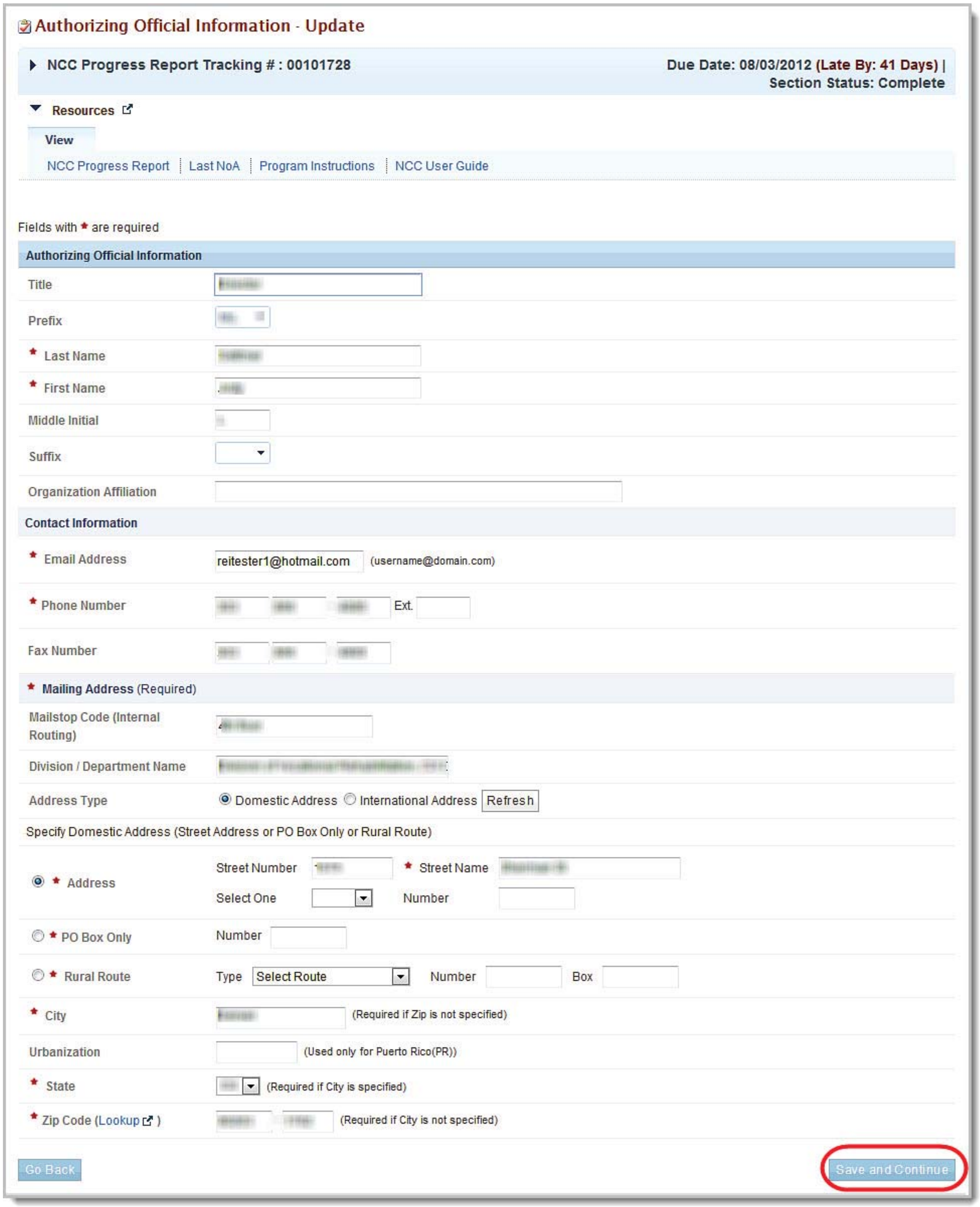


7. Click the Confirm button. The **SF-PPR** page re-opens. The user that you added will be listed as the **Authorizing Officia**l.

3.1.3. To Update the AO information

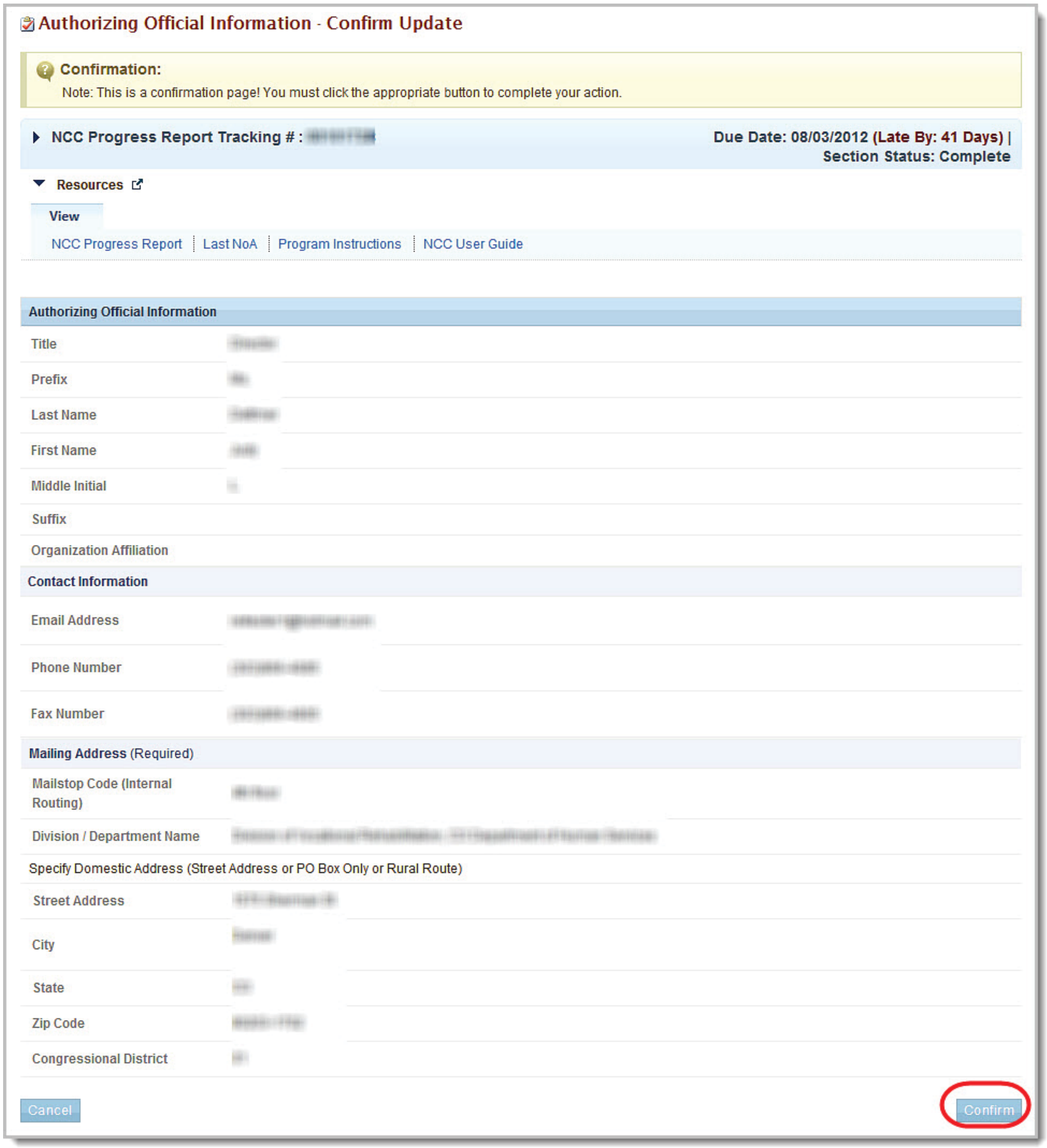
1. On the **SF-PPR** page (Figure 12), click the Change link for an AO and then select Update from the drop-down. The **Authorizing Official Information – Update** page opens (**Figure 19**), and is populated with the information for the selected AO.

Figure 14: Authorizing Official Update Page



2. Verify and revise the contact information, as necessary.
3. Click the Save and Continue button to save your information and open the **Authorizing Official Information – Confirm Update** page.

Figure 15: Authorizing Official Information – Confirm Update Page



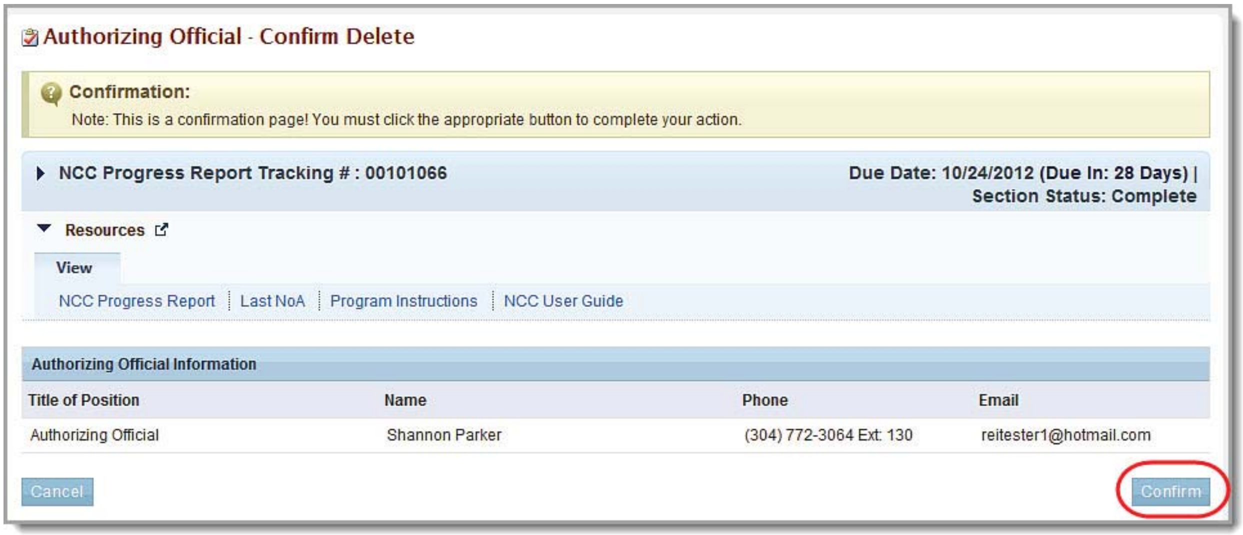
4. Click the Confirm button. The **SF-PPR** page re-opens (Figure 12) with a green Success banner at the top of the page.

3.1.4. Delete an Authorizing Official

To Delete an AO:

1. On the **SF-PPR** page (Figure 12), click the Change link for an AO and then select Delete from the drop-down. The **Authorizing Official – Confirm Delete** page opens.

Figure 16: Authorizing Official – Confirm Delete Page



2. Click the Confirm button. The **SF-PPR** page (Figure 12) re-opens and the AO that you deleted is not listed under the **Name** column in the **Authorizing Official (AO) Information** section. (However it will still be listed in the **SF-PPR Add Authorizing Official Form** (On the **NCC Progress Report – Status Overview** page, click the SF-PPR link on the left navigation panel or the Update drop-down on the **SF-PPR** row. The **SF-PPR** page opens.
3. On the **SF-PPR** page, in the **Authorizing Official (AO) Information** section, click the Change drop-down for the AO and then select the Change link from the drop-down. The **Authorizing Official – Change** page opens (Figure 16), and is populated with all the AOs registered for the grant.
4.).

If you are satisfied with the information on the **SF-PPR** page (Figure 11), click the Save and Continue button to save your work and proceed to the next form.

3.2. Basic Information: SF-PPR-2

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

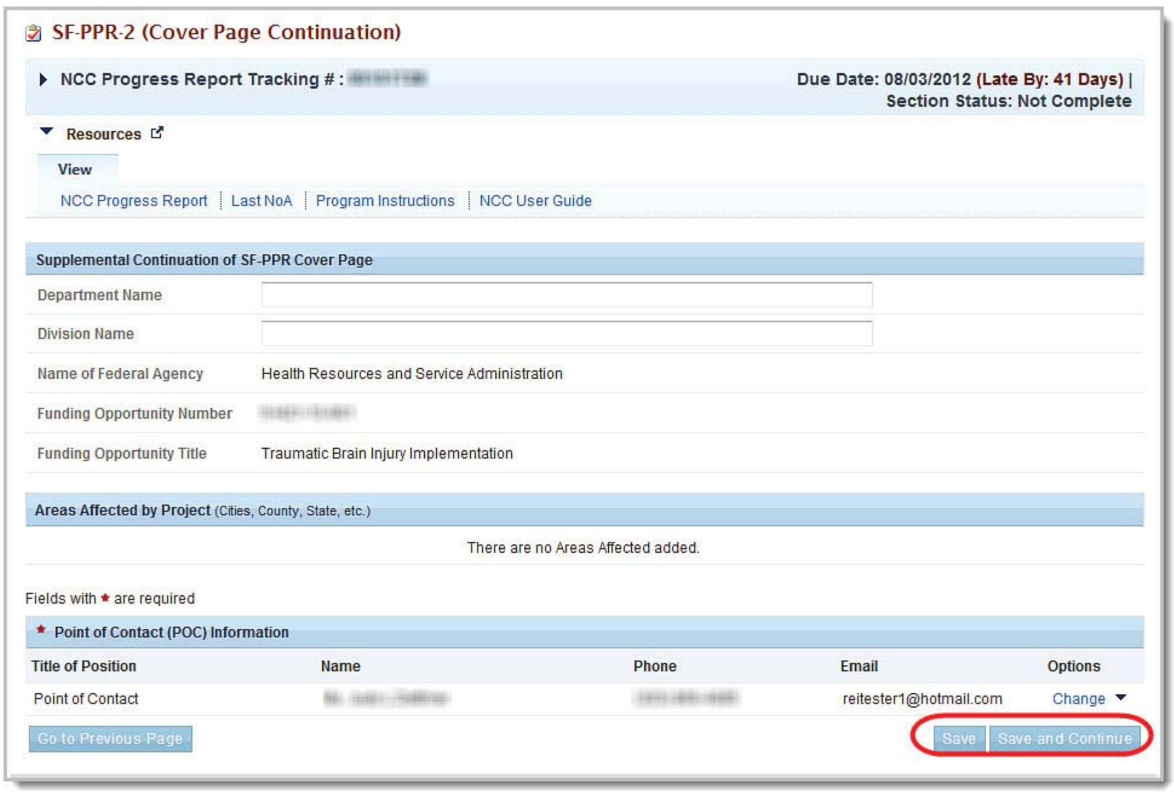
If a Point of Contact (POC) was not added in the application that initiated the last budget period, the system will list the Project Director (PD), Business Official (BO), and Authorizing Official (AO) from the application, so that one of them can be selected as a POC (see Add/Change POC below).

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

1. Click the SF-PPR-2 link on the **NCC Progress Report – Status Overview** page left navigation panel to access the **SF-PPR-2 (Cover Page Continuation)** page (Figure 23), if it is not already displayed.

Figure 17: Status Overview – Left Navigation Panel (SF PPR 2)

Figure 18: SF-PPR-2 (Cover Page Continuation)



By default, the information will be pre-populated from the information in the application which started the last budget period. This includes the Department Name, Division Name, and the Point of Contact (POC) registered for the grant.

If a POC was not added in the application that initiated the last budget period, the system will list the Project Director (PD) , Business Official (BO), and Authorizing Official (AO) from the application, so that one of them can be selected as a POC (see section 3.2.3, To Add a Point Of Contact).

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

You can perform the following functions on the screen:

Options:

- MODIFY Department Name and/or Division Name
- CHANGE Point of Contact
- ADD Point of Contact
- UPDATE POC information
- DELETE Point of Contact

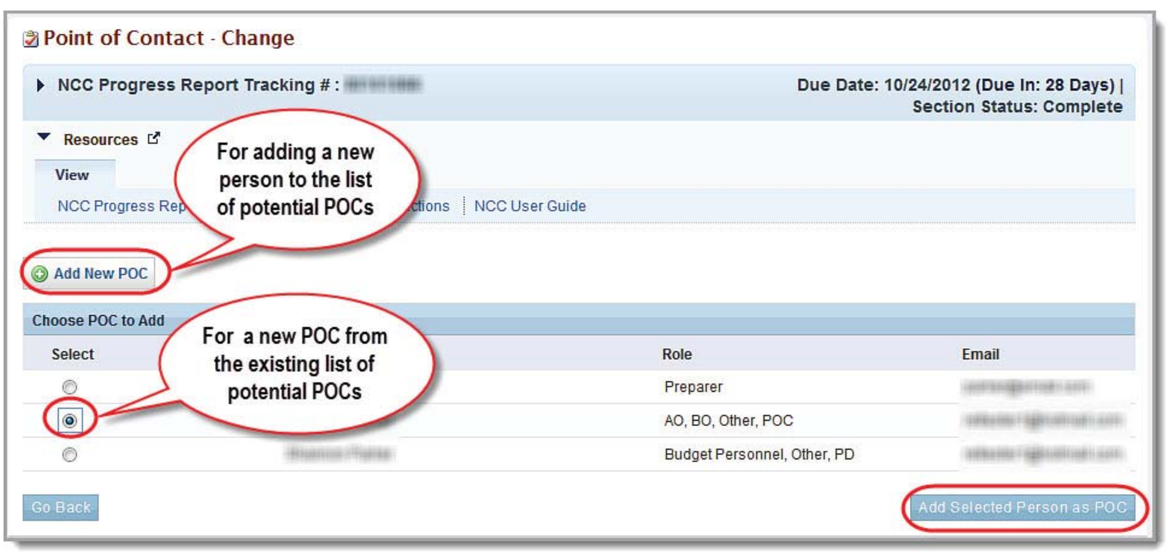
3.2.1. To Modify the Department Name or Division Name

1. On the **SF-PPR-2 (Cover Page Continuation)** page (Figure 23), replace the text in the appropriate text boxes.
2. Click the Save and Continue button.

3.2.2. To Change the Point Of Contact

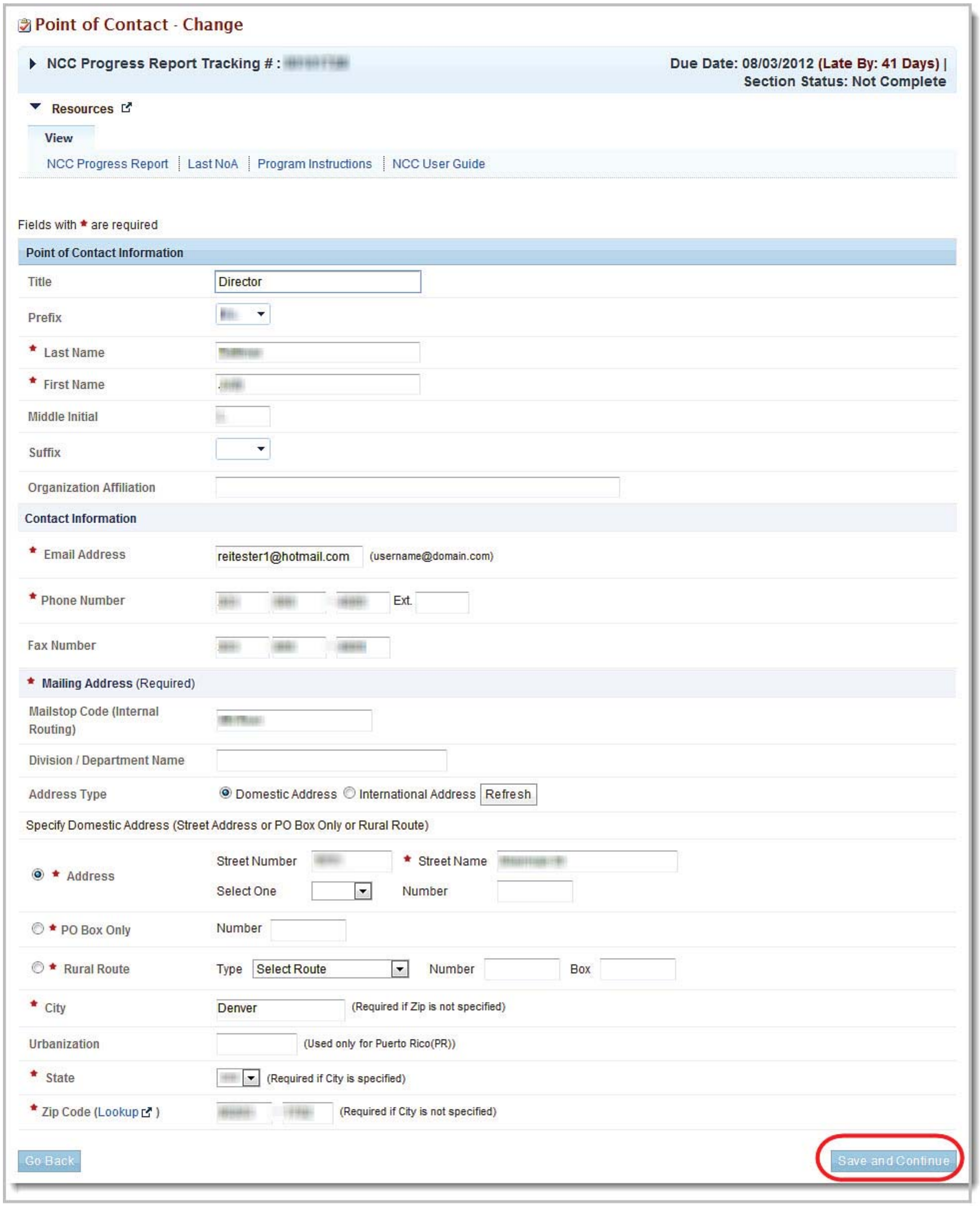
1. On the **SF-PPR-2 (Cover Page Continuation)** page click the Change link for a POC and then select Change from the drop-down. The **Point of Contact – Change** page (Figure 24) will be displayed, and will be populated from the list of contacts proposed in the awarded application which started the last budget period.

Figure 19: Point of Contact – Change Page



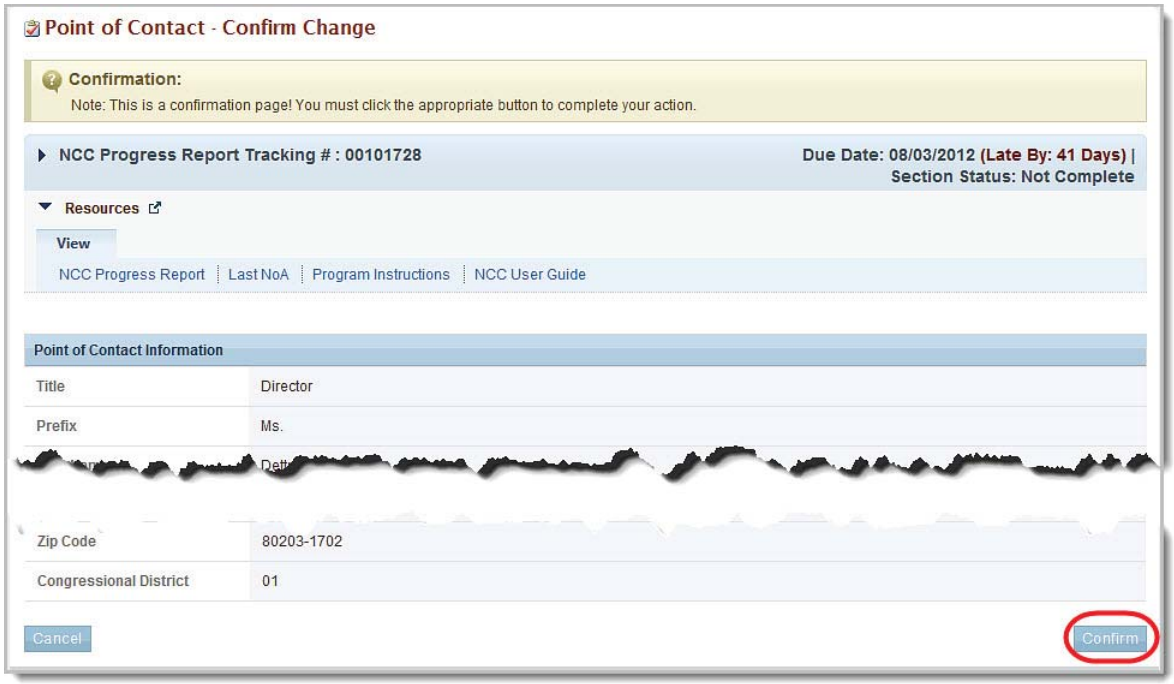
1. Select the person to be designated as the POC, if more than one user is listed.
2. Click the Add Selected Person as POC button. The second **Point of Contact – Change** page opens (**Figure 25**) opens, listing the current contact information for the newly selected contact.

Figure 20: Point of Contact – Change Page (2)



3. Verify and revise the contact information, as necessary.
4. Click the Save and Continue button to save your information. The **Point of Contact – Confirm Change** page opens.

Figure 21: Point of Contact – Confirm Change Page

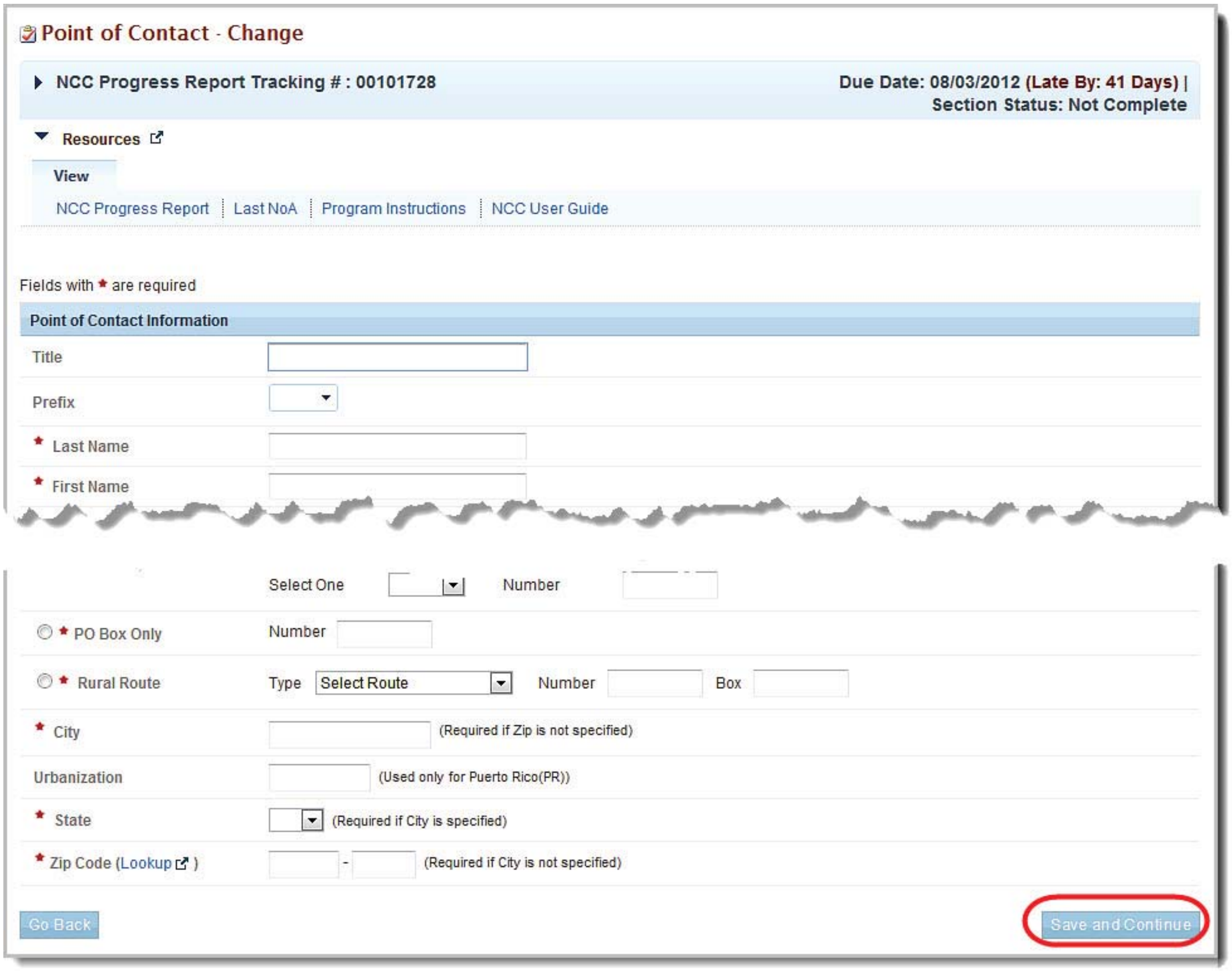


5. Click the Confirm button. The **SF-PPR-2** page opens with a Success banner at the top of the page.

3.2.3. To Add a Point Of Contact

1. On the **SF-PPR-2 (Cover Page Continuation)** page click the Change link for a POC and then select Change from the drop-down. The first **Point of Contact – Change** page (**Figure 24**) will open.
2. Click the Add New POC button. The second **Point of Contact – Change** page opens opens, with all contact information fields blank (**Figure 27**).

Figure 22: Point of Contact – Change Page (Blank)

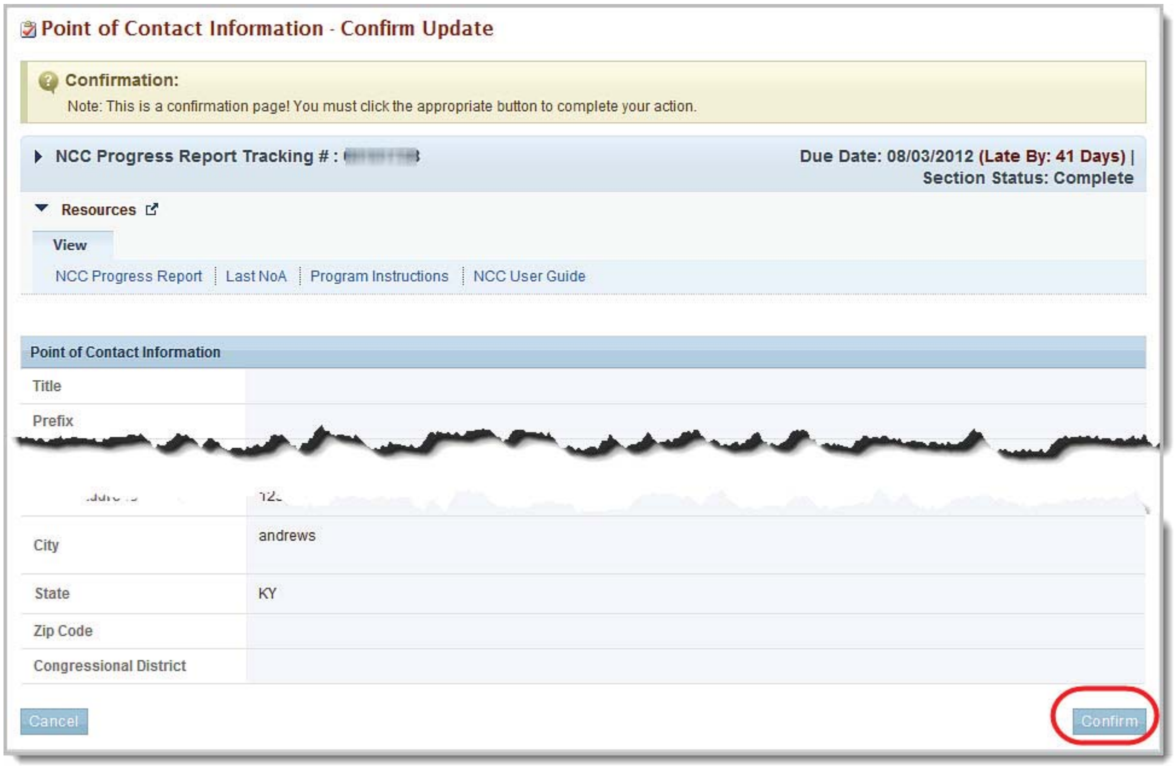


3. Enter all required information and the optional information of your choosing.
4. Click the Save and Continue button.
5. The **Point of Contact – Confirm Change** page opens (**Figure 26**).
6. Click the Confirm button. The **SF-PPR-2 (Cover Page Continuation)** page opens with a green Success banner at the top of the page.

3.2.4. To Update the POC information

1. On the **SF-PPR-2 (Cover Page Continuation)** page click the Change link for a POC and then select Update from the drop-down. The first **Point of Contact – Change** page (**Figure 24**) will open.
2. Verify or revise the contact information, as necessary.
3. Click the Save and Continue button to save your information. The **Point of Contact Information – Confirm Update** page opens.

Figure 23: Point of Contact – Confirm Update Page

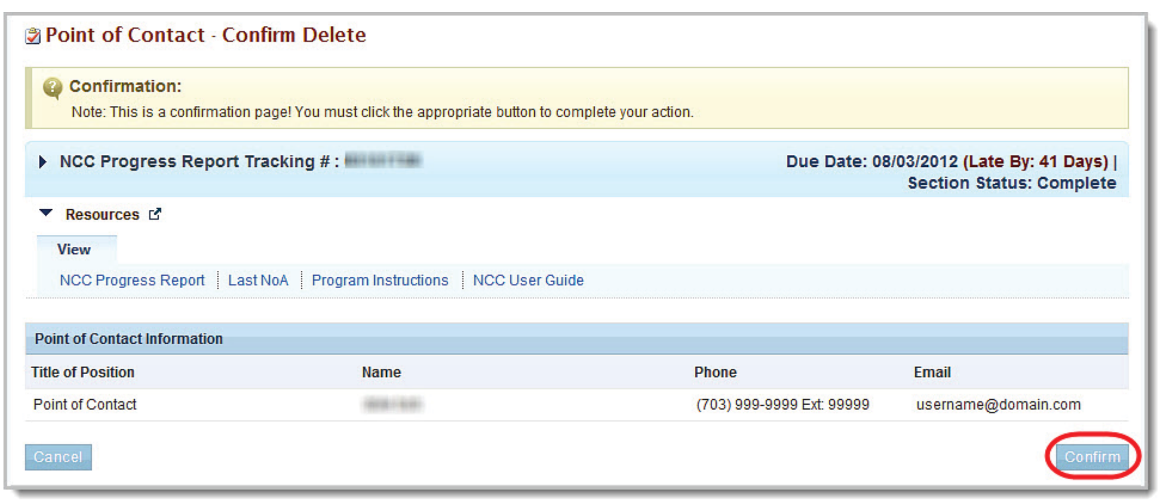


4. Click the Confirm button. The **SF-PPR-2 (Cover Page Continuation)** page opens with a green Success banner at the top of the page.

3.2.5. To Delete the Point of Contact

1. On the **SF-PPR-2 (Cover Page Continuation)** page click the Change link for a POC and then select Delete from the drop-down. The **Point of Contact – Confirm Delete** page (**Figure 29**) will open.

Figure 24: Point of Contact – Confirm Delete Page



2. Click the Confirm button
3. The **SF-PPR-2 (Cover Page Continuation)** page opens with a green Success banner at the top of the page.

Note: The POC that you deleted will not be listed under the **Name** column

4. If you are satisfied with the information on the **SF-PPR-2 (Cover Page Continuation) Form** (**Figure 23**), click the Save and Continue button to save your work and proceed to the next form.

3.3. Budget Information: Budget Details

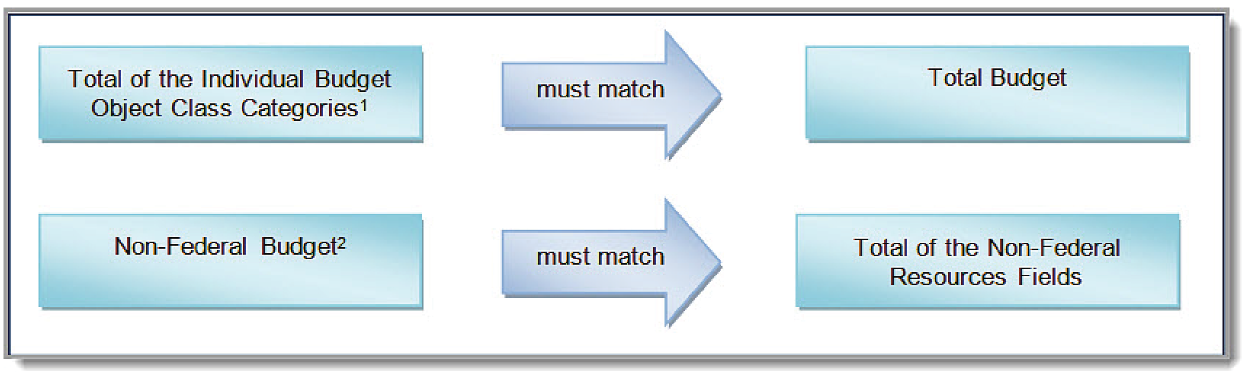
The Budget Details Form allows you to specify the budget information for the upcoming budget period (future Support Year) of the grant. The Budget Details Form consists of the following sections:

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

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

Observe the following business rules (Figure 30) to complete the Budget Details Form for the future Support Year:

Figure 25: Business Rules for the Budget Details Form



[1] The total of the individual Budget Object Class Categories in Section B (Budget Categories) must match the Total Budget specified in Section A (Budget Summary).

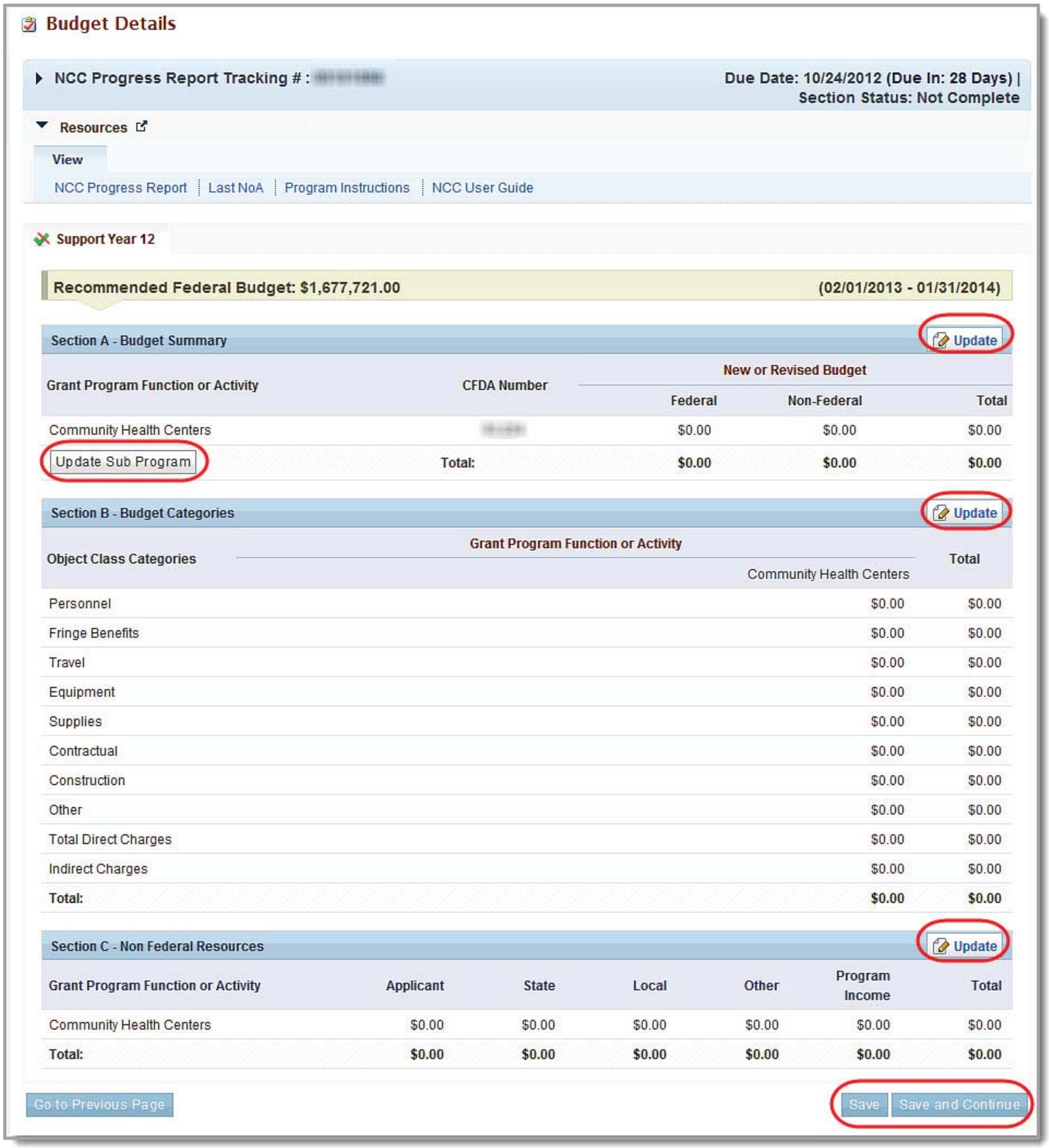
[2] Non-Federal Budget must match Total of the Non-Federal Resources Fields.

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

3.3.1. To complete the Budget Details Form,

1. Click Budget Details on the Progress Report left navigation panel to access the **Budget Details** page for future Support Year 1 (Figure 31), if it is not already displayed.

Figure 26: Budget Details Page



Budget Details

NCC Progress Report Tracking # :

Due Date: 10/24/2012 (Due In: 28 Days) | Section Status: Not Complete

Resources

View

NCC Progress Report | Last NoA | Program Instructions | NCC User Guide

Support Year 12

Recommended Federal Budget: $1,677,721.00 (02/01/2013 - 01/31/2014)

Section A - Budget Summary — Update

Grant Program Function or Activity	CFDA Number	New or Revised Budget		
		Federal	Non-Federal	Total
Community Health Centers		$0.00	$0.00	$0.00
Update Sub Program	Total:	$0.00	$0.00	$0.00

Section B - Budget Categories — Update

Object Class Categories	Grant Program Function or Activity	Total
	Community Health Centers	
Personnel	$0.00	$0.00
Fringe Benefits	$0.00	$0.00
Travel	$0.00	$0.00
Equipment	$0.00	$0.00
Supplies	$0.00	$0.00
Contractual	$0.00	$0.00
Construction	$0.00	$0.00
Other	$0.00	$0.00
Total Direct Charges	$0.00	$0.00
Indirect Charges	$0.00	$0.00
Total:	**$0.00**	**$0.00**

Section C - Non Federal Resources — Update

Grant Program Function or Activity	Applicant	State	Local	Other	Program Income	Total
Community Health Centers	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Total:	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**

Go to Previous Page | Save | Save and Continue

Use this form to update:

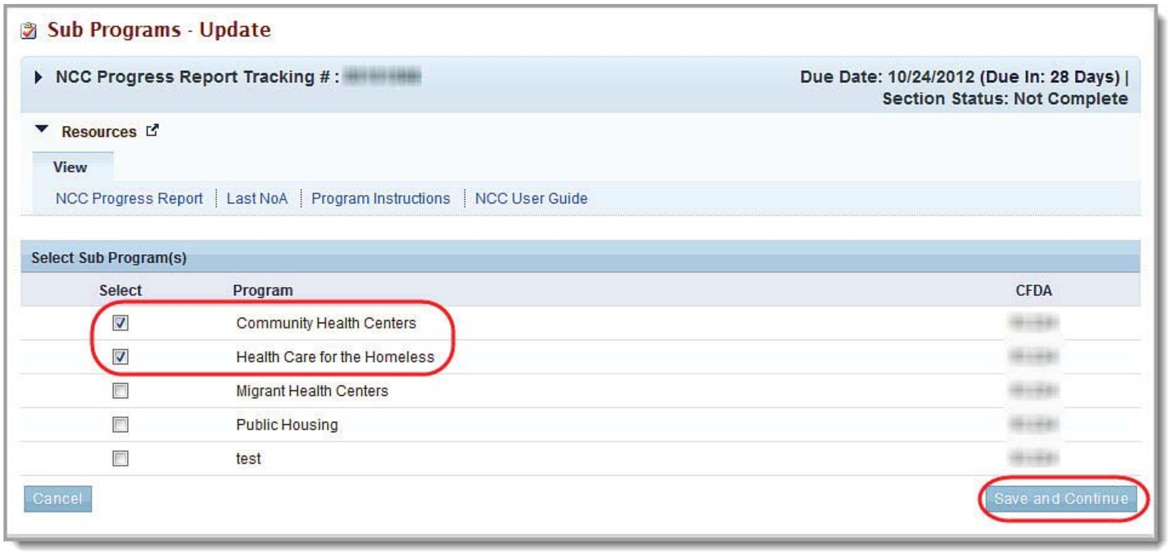
- Sub Programs
- Budget Categories
- Budget Summary
- Non-Federal Resources

3.3.2. Update Sub Programs

To update Sub Programs,

1. Click the Update Sub Program button in the **Budget Summary (Section A)** area of the **Budget Details** page (Figure 31). The **Sub Programs - Update** page (Figure 32) will be displayed.

Figure 27: Sub Programs - Update



2. Select or deselect the checkboxes for the sub programs, as necessary.

In the progress report, grantees should not seek funding for any sub program for which they are not receiving federal funds.

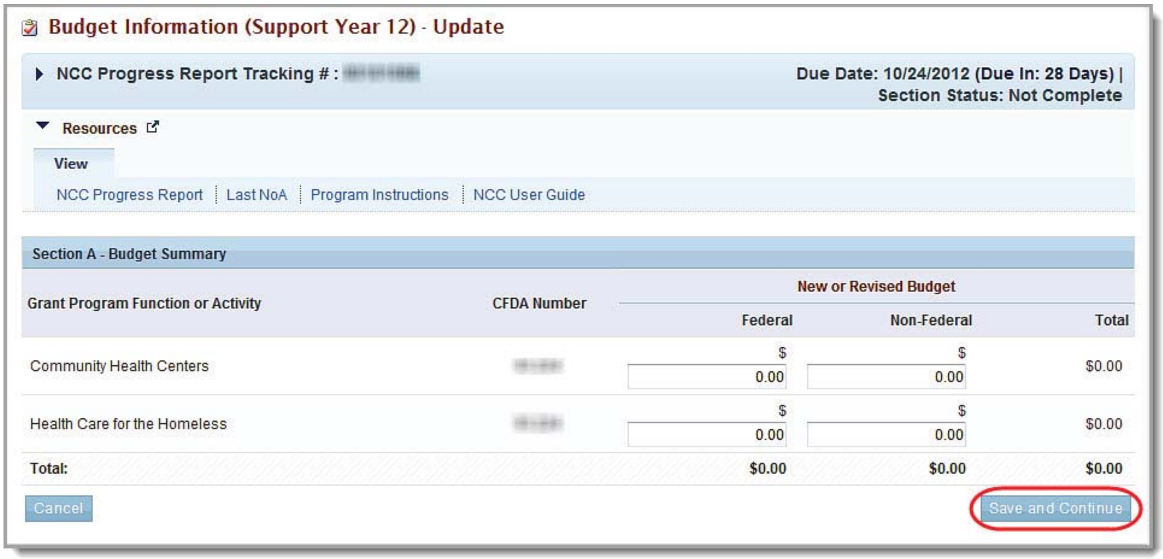
3. Click the Save and Continue button. You will be returned to the **Budget Details** page (Figure 31) for the selected Support Year. The sub programs listed in Section A, Section B, and Section C will reflect your changes.

3.3.3. Section A - Update Budget Summary

To update the Budget Summary:

1. On the **Budget Details** page (Figure 31), click the Update button on the **Section A**. The **Budget Information (Support Year *XX*) - Update** for **Section A – Budget Summary** page (Figure 33) will be displayed for the selected Support Year.

Figure 28: Budget Information (Support Year *XX*) - Update for Section A – Budget Summary Page



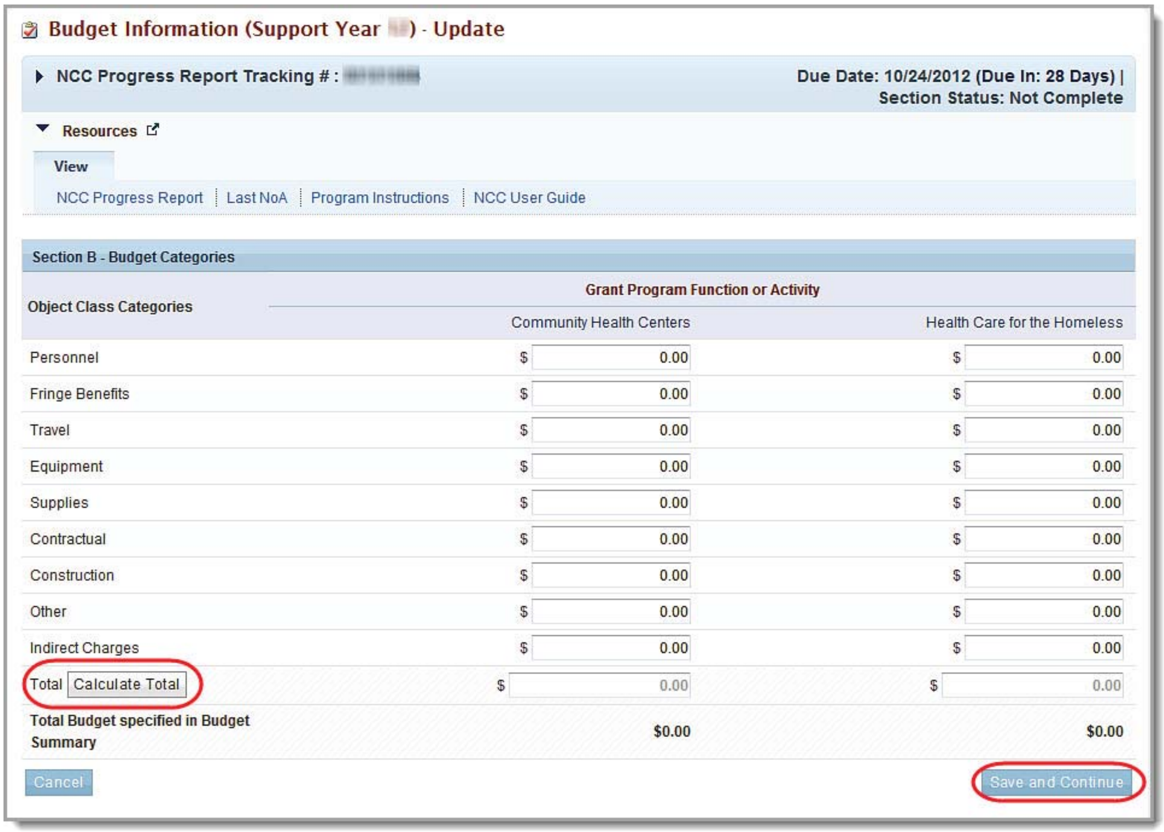
2. Update the **Federal** or the **Non-Federal** information, as allowed.
3. Click the Save and Continue button. You will be returned to the Budget Details Form. The **Budget Summary** information will reflect your changes.

3.3.4. Section B - Update the Budget Categories

To update the budget categories,

1. On the **Budget Details** page (Figure 31), click the Update button on the **Section B – Budget Categories** header. The **Budget Information (Support Year *XX*) - Update** for **Section B – Budget Categories** page (Figure 34) opens.

Figure 29: Budget Information (Support Year *XX*) - Update for Section B – Budget Categories Page



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

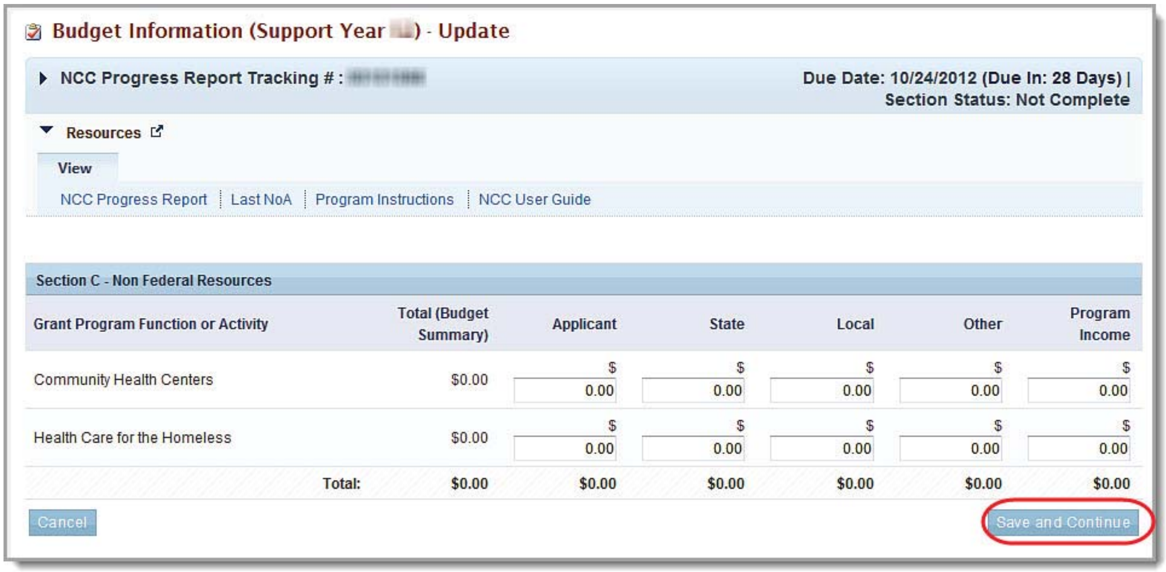
2. Click the Save and Continue button. You will be returned to the **Budget Details** page (Figure 31). The **Budget Categories** information will reflect your changes.

3.3.5. Section C - Update Non-Federal Resources

To update Non-Federal Resources,

1. On the **Budget Details** page (Figure 31), click the Update button on the **Section C – Non-Federal Resources** header. The **Budget Information (Support Year *XX*) - Update** for **Section C – Non-Federal Resources** page (Figure 35) opens.

Figure 30: Budget Information (Support Year *XX*) - Update for Section C – Non-Federal Resources



Budget Information (Support Year) - Update

NCC Progress Report Tracking # :

Due Date: 10/24/2012 (Due In: 28 Days) | Section Status: Not Complete

Resources

View

NCC Progress Report | Last NoA | Program Instructions | NCC User Guide

Section C - Non Federal Resources

Grant Program Function or Activity	Total (Budget Summary)	Applicant	State	Local	Other	Program Income
Community Health Centers	$0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
Health Care for the Homeless	$0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
Total:	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

Cancel

Save and Continue

2. Update the Non-Federal funding resource fields, as appropriate.
3. Click the Save and Continue button. You will be returned to the **Budget Details** page (Figure 31). The **Non-Federal Resources** information will reflect your changes.
4. When you are finished updating the **Budget Details** page (Figure 31) for the selected Support Year, click the Save and Continue button to save your work and proceed to the next form.

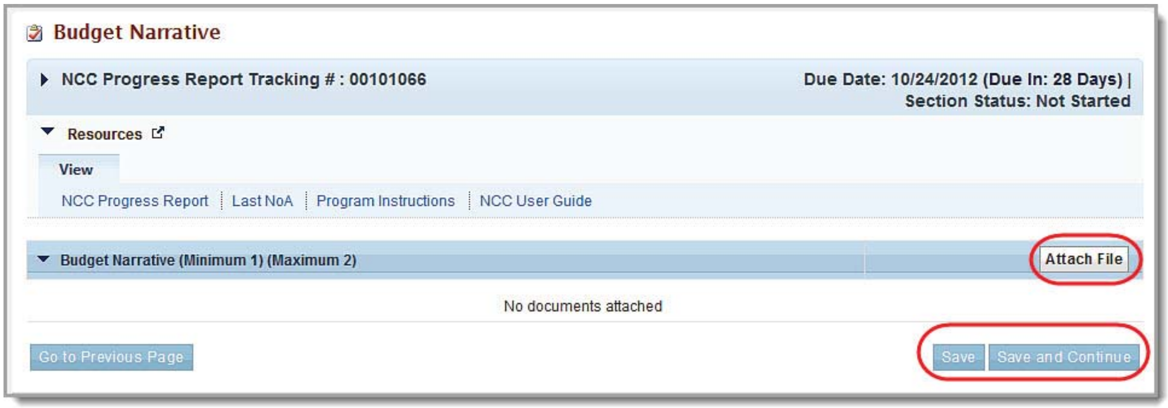
You are required to provide budget details for all remaining Support years in your project period.

3.4. Budget Information: Budget Narrative

The Budget Narrative Form allows you to upload attachments (maximum of two) that provide a justification for your budget. (For more information regarding the budget narrative description, refer to the Instructions for Preparing and Submitting the FY 2013 Health Center Program Budget Period Progress Report.)

1. Click the Budget Narrative link on the Progress Report Process left navigation panel (Figure 10) to access the **Budget Narrative** page (Figure 36), if it is not already displayed.

Figure 31: Budget Narrative Page



2. To attach a budget narrative document, click the **Attach File** button. The **Budget Narrative** section expands to show the entry fields for the document file name and a description.
3. Enter or select a file name and path. You may also enter a description if, appropriate.
4. Click the **Attach** button. The **Budget Narrative** page refreshes listing the file you just attached.
5. When you are finished attaching the documents, click the Save and Continue button to save your work and proceed to the next form.

Note: You must attach at least **one**, but no more than **two** Budget Narrative documents.

4. Complete the Program Specific Information Forms

To enter or revise Program Specific Information,

1. Click the Program Specific Information link on the left navigation panel (Figure 37) or click the Program Specific Information Update link, under Other Information, on the NCC Progress Report Process Status page (Figure 38). The **Program Specific Information Status Overview** page opens (Figure 38).

Figure 32: Program Specific Information Link on the Left navigation panel

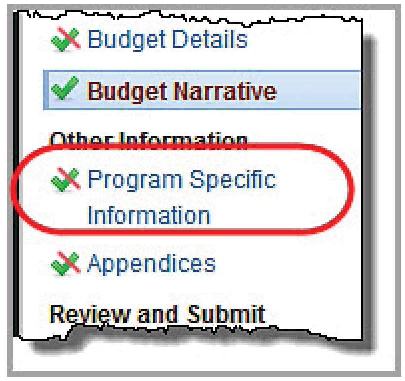
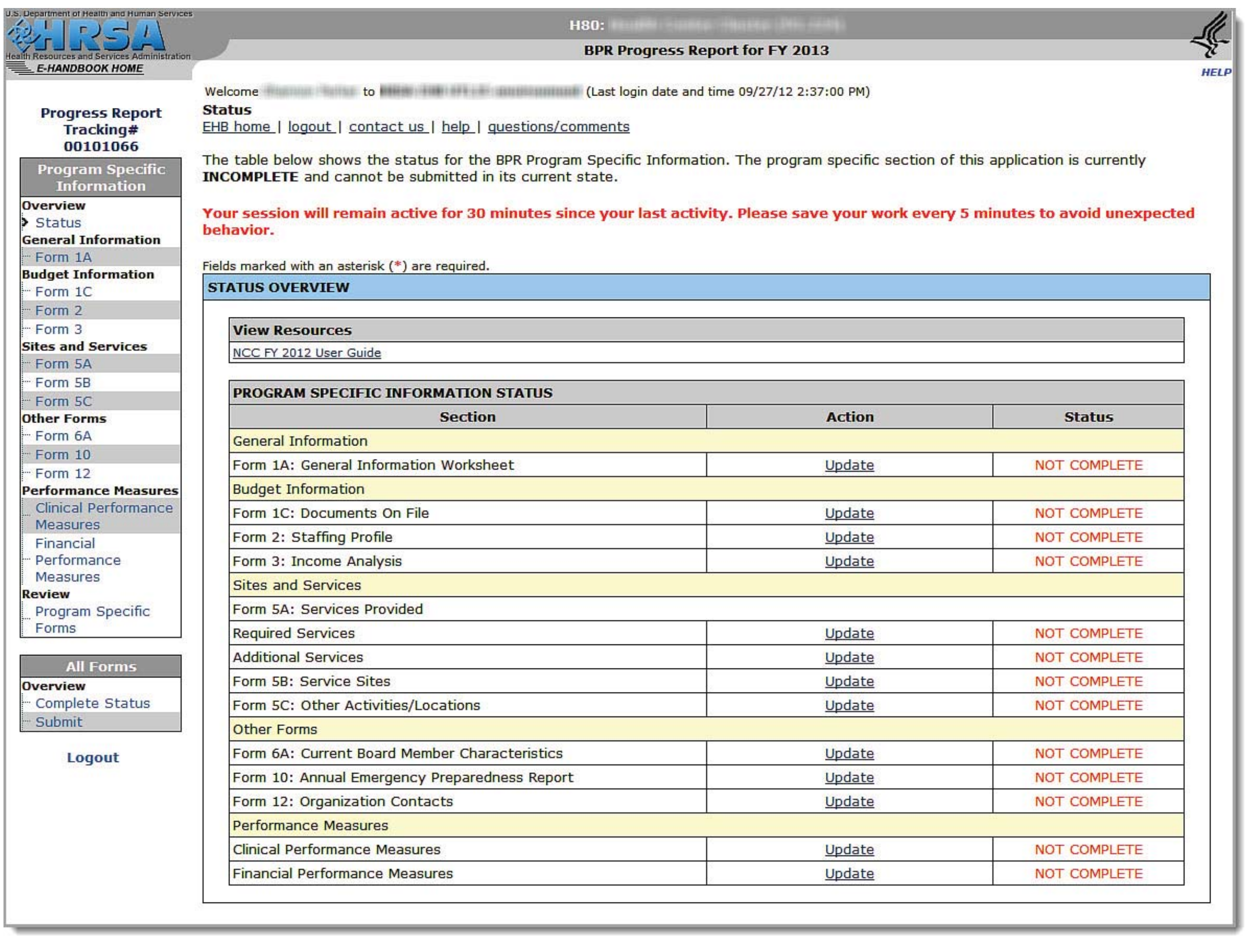


Figure 33: Program Specific Information Status Overview Page



The **Program Specific Information Status Overview** page shows the status of each program-specific form.

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

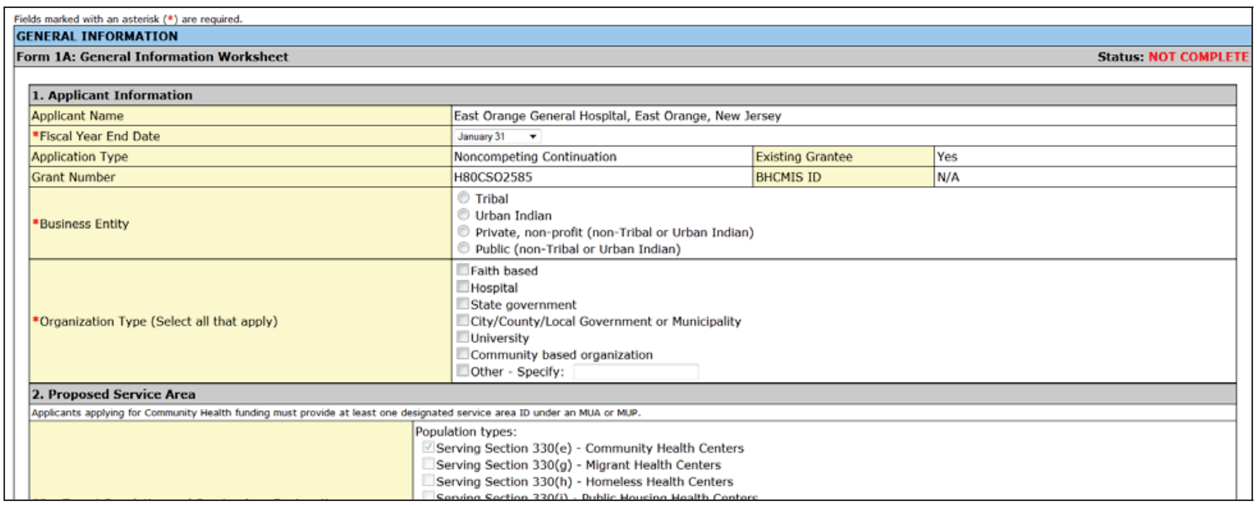
> For the balance of this document, when you are instructed to "Open Form...," use the left navigation panel or click Update on the Program Specific Information Form.

4.1. Form 1A: General Information Worksheet

Form 1A: General Information Worksheet provides a summary of information related to the applicant, proposed service area, population, patient, and visit projections presented in the project description and other forms. The following instructions are intended to clarify the information to be reported in each section of the form.

1. Open Form 1A (Figure 39). Fields marked with an asterisk (*) are required.

Figure 34: Form 1A: General Information Worksheet



Fields marked with an asterisk (*) are required.

GENERAL INFORMATION

Form 1A: General Information Worksheet — Status: NOT COMPLETE

1. Applicant Information			
Applicant Name	East Orange General Hospital, East Orange, New Jersey		
*Fiscal Year End Date	January 31		
Application Type	Noncompeting Continuation	Existing Grantee	Yes
Grant Number	H80CS02585	BHCMIS ID	N/A
*Business Entity	Tribal Urban Indian Private, non-profit (non-Tribal or Urban Indian) Public (non-Tribal or Urban Indian)		
*Organization Type (Select all that apply)	Faith based Hospital State government City/County/Local Government or Municipality University Community based organization Other - Specify:		

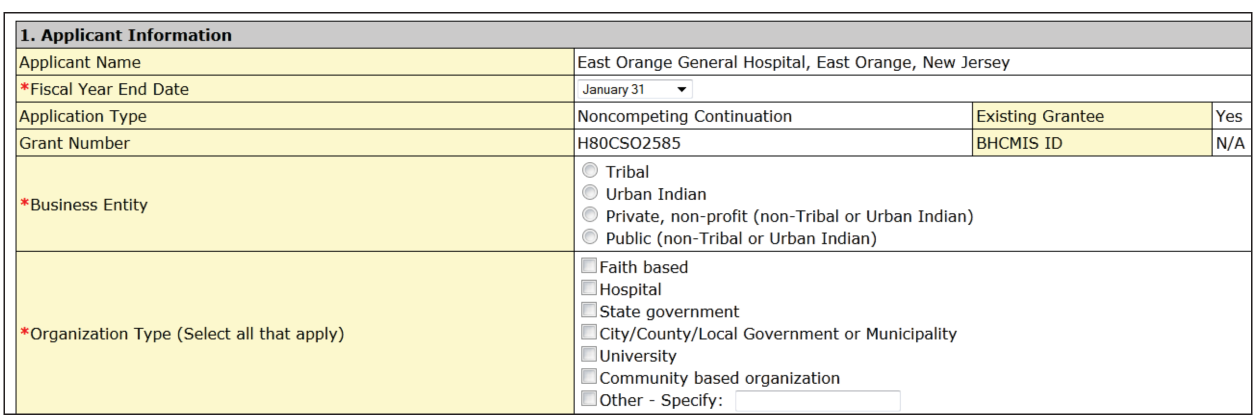
2. Proposed Service Area

Applicants applying for Community Health funding must provide at least one designated service area ID under an MUA or MUP.

Population types:
Serving Section 330(e) - Community Health Centers
Serving Section 330(g) - Migrant Health Centers
Serving Section 330(h) - Homeless Health Centers
Serving Section 330(i) - Public Housing Health Centers

2. Under Applicant Information (Figure 40), select your business entity and the organization type that best describe your organization. (Multiple selections are allowed for the organization type but not for the business entity.)

Figure 35: Form 1A, Applicant Information Section



1. Applicant Information			
Applicant Name	East Orange General Hospital, East Orange, New Jersey		
*Fiscal Year End Date	January 31		
Application Type	Noncompeting Continuation	Existing Grantee	Yes
Grant Number	H80CS02585	BHCMIS ID	N/A
*Business Entity	Tribal Urban Indian Private, non-profit (non-Tribal or Urban Indian) Public (non-Tribal or Urban Indian)		
*Organization Type (Select all that apply)	Faith based Hospital State government City/County/Local Government or Municipality University Community based organization Other - Specify:		

3. Under Proposed Service Area (Figure 41), select the options which best describe the designated service area you propose to serve. (Multiple selections are allowed.)

Figure 36: Form 1A, Proposed Service Area

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

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

The Population types field-related information in the Proposed Service Area section of Form 1A (Figure 39) is not editable. If you must update the Population types information shown here, you will first have to select the relevant subprograms in Section A - Budget Summary (Figure 24), of the Budget Details Form, of the NCC FY 2013 Progress Report (Figure 23). Refer to Section 4.3.1 for instructions to do this.

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

4. Under Target Population and Provider Information (Figure 42), report the aggregate data for all of the sites included in the proposed project. Report the number of provider FTEs by staff type.

Figure 37: Form 1A, Target Population and Provider Information

*2c. Target Population and Provider Information

Target Population Information	Current Number	Projected at End of Project Period
Total Service Area Population		N/A
Total Target Population		N/A
Total FTE Medical Providers	0.00	0.00
Total FTE Dental Providers	0.00	0.00
Total FTE Behavioral Health Providers	0.00	0.00
Total FTE Substance Abuse Service Providers	0.00	0.00
Total FTE Enabling Service Providers	0.00	0.00

5. Under Patients and Visits By Service Type (Figure 43), report the current number of patients and visits. Please note that these numbers may be different than what was reported in the most recent submission to the Uniform Data System due to additional funding and/or change in scope. Similarly, provide the corresponding number expected at the end of the project period.

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

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

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

Figure 38: Patients and Visits By Service Type

* Patients and Visits by Service Type

Service Type	Current Number		Projected at End of Project Period	
	Patients	Visits	Patients	Visits
Total Medical	0	0	0	0
Total Dental	0	0	0	0
Total Behavioral Health	0	0	0	0
Total Substance Abuse	0	0	0	0
Total Enabling Services	0	0	0	0

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

6. Under Patients and Visits By Population Type (Figure 44), report the current number of patients and visits. Please note that these numbers may be different than what was reported in the most recent submission to the Uniform Data System due to additional funding and/or change in scope. Similarly, provide the corresponding number expected at the end of Year 1 and the end of the Project Period.

Figure 39: Patients and Visits By Population Type

* Patients and Visits by Population Type

Population Type	Current Number		Number at End of Year 1		Number After Year 2		Number at End of Project Period	
	Patients	Visits	Patients	Visits	Patients	Visits	Patients	Visits
General Community	0	0	0	0	N/A	N/A	0	0
Migrant/Seasonal Farm Workers	0	0	0	0	N/A	N/A	0	0
Public Housing Residents	0	0	0	0	N/A	N/A	0	0
Homeless Persons	0	0	0	0	N/A	N/A	0	0
Total **(Click 'Save' to calculate)**	0	0	0	0	N/A	N/A	0	0

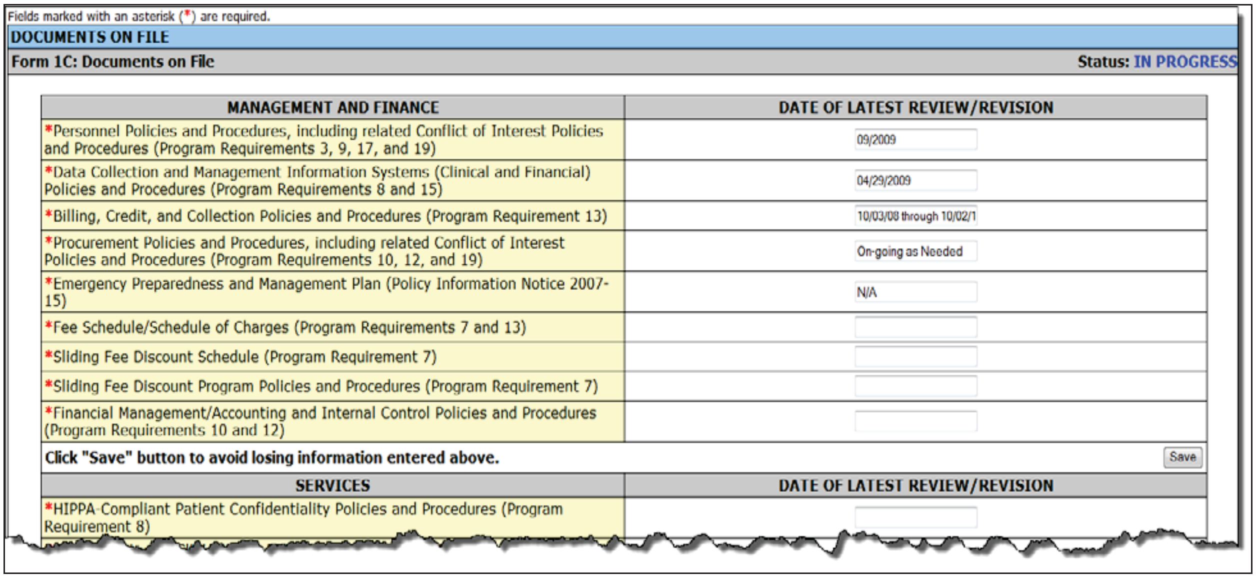
7. Click **Save and Continue** at the bottom of Form 1A: General Information Worksheet when you have finished your entries to save your work and proceed to the next form.

4.2. Form 1C: Documents on File

Form 1C: Documents on File displays a list of documents to be maintained at your organization. You are to provide the date on which each document was last revised.

1. Open Form 1C (Figure 45).

Figure 40: Form 1C, Documents on File



Fields marked with an asterisk (*) are required.

DOCUMENTS ON FILE

Form 1C: Documents on File — Status: IN PROGRESS

MANAGEMENT AND FINANCE	DATE OF LATEST REVIEW/REVISION
*Personnel Policies and Procedures, including related Conflict of Interest Policies and Procedures (Program Requirements 3, 9, 17, and 19)	09/2009
*Data Collection and Management Information Systems (Clinical and Financial) Policies and Procedures (Program Requirements 8 and 15)	04/29/2009
*Billing, Credit, and Collection Policies and Procedures (Program Requirement 13)	10/03/08 through 10/02/1
*Procurement Policies and Procedures, including related Conflict of Interest Policies and Procedures (Program Requirements 10, 12, and 19)	On-going as Needed
*Emergency Preparedness and Management Plan (Policy Information Notice 2007-15)	N/A
*Fee Schedule/Schedule of Charges (Program Requirements 7 and 13)	
*Sliding Fee Discount Schedule (Program Requirement 7)	
*Sliding Fee Discount Program Policies and Procedures (Program Requirement 7)	
*Financial Management/Accounting and Internal Control Policies and Procedures (Program Requirements 10 and 12)	
Click "Save" button to avoid losing information entered above.	Save
SERVICES	**DATE OF LATEST REVIEW/REVISION**
*HIPPA-Compliant Patient Confidentiality Policies and Procedures (Program Requirement 8)	

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

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

4.3. Form 2: Staffing Profile

Form 2: Staffing Profile reports personnel salaries supported by the total budget for the upcoming budget period. Refer to the Instructions for Preparing and Submitting the FY 2013 Health Center Program Budget Period Progress Report for more information on filling out Form 2 (Figure 44).

Figure 41: Form 2, Staffing Profile

Fields marked with an asterisk (*) are required.

STAFFING PROFILE

Form 2: Staffing Profile **Status: NOT COMPLETE**

ADMINISTRATION	TOTAL FTEs (a)	AVERAGE ANNUAL SALARY OF POSITION (b)	TOTAL SALARY (a * b)
*Executive Director / CEO	0.00	$0.00	$0.00
*Finance Director (Fiscal Officer) / CFO	0.00	$0.00	$0.00
*Chief Operating Officer / COO	0.00	$0.00	$0.00
*Chief Information Officer / CIO	0.00	$0.00	$0.00
*Administrative Support Staff	0.00	$0.00	$0.00
Click "Save" button to save all information within this page.			Save
MEDICAL STAFF	**TOTAL FTEs (a)**	**AVERAGE ANNUAL SALARY OF POSITION (b)**	**TOTAL SALARY (a * b)**
*Medical/Clinical Director	0.00	$0.00	$0.00
*Family Physicians	0.00	$0.00	$0.00
*General Practitioners	0.00	$0.00	$0.00
*Internists	0.00	$0.00	$0.00

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

4. Enter the information into the form. Fields marked with an asterisk (*) are required.
5. Under Administration (Figure 47), enter the number of employees for each job title and the corresponding salary. The Total Salary column will auto-calculate when you press the tab key or click the **Save** button.

Figure 42: Form 2, Administration Section

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

6. Under Medical Staff (Figure 48), enter the number of employees for each job title and the corresponding salary. The Total Salary column will auto-calculate when you press the Tab key or click the **Save** button.

Figure 43: Form 2, Medical Staff Section

MEDICAL STAFF	TOTAL FTEs (a)	AVERAGE ANNUAL SALARY OF POSITION (b)	TOTAL SALARY (a*b)
*Medical/Clinical Director	0	$ 0	$ 0
*Family Physicians	0	$ 0	$ 0
*General Practitioners	0	$ 0	$ 0
*Internists	0	$ 0	$ 0
*OB/GYNs	0	$ 0	$ 0
*Pediatricians	0	$ 0	$ 0
*Other Specialty Physicians Please Specify:	0	$ 0	$ 0
*Physician Assistants/Nurse Practitioners	0	$ 0	$ 0
*Certified Nurse Midwives	0	$ 0	$ 0
*Nurses (RNs, LVNs, LPNs)	0	$ 0	$ 0
*Pharmacist, Pharmacy Support, Technicians	0	$ 0	$ 0
*Other Medical Personnel Please Specify:	0	$ 0	$ 0
*Laboratory Personnel (Lab Technicians)	0	$ 0	$ 0
*X-Ray Personnel	0	$ 0	$ 0
*Clinical Support Staff (Medical Assistants, etc.)	0	$ 0	$ 0
*Volunteer Clinical Providers (Medical and Dental)	0	N/A	N/A
Click "Save" button to save all information within this page.			Save

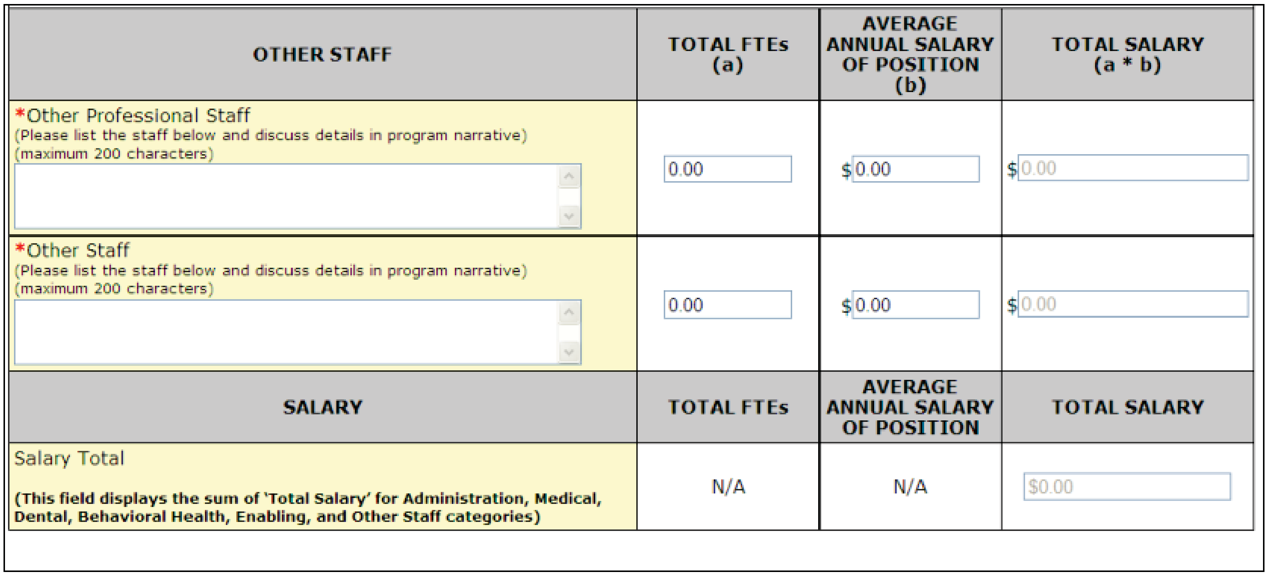
7. Under Dental, Behavioral Health, and Enabling Staff (Figure 49), enter the number of employees for each job title and the corresponding salary. The Total Salary column will auto-calculate when you press the Tab key or click the **Save** button.

Figure 44: Form 2, Dental, Behavioral Health, and Enabling Staff Section

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

8. Under Other Staff (Figure 50), enter the number of employees for the Other Professional Staff and Other Staff line items, and then enter the corresponding salary. The Total Salary column will calculate automatically when you press the tab key or click the **Save** button. The Total Salary field displays the sum of 'Total Salary' for Administration, Medical, Dental, Behavioral Health, Enabling, and Other Staff categories.

Figure 45: Form 2, Other Staff Section



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

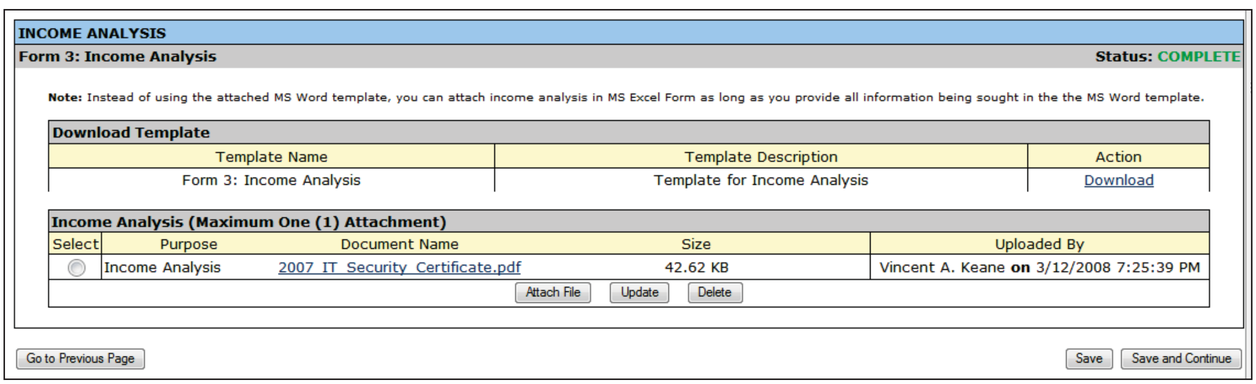
9. Click **Save and Continue** at the bottom of the screen to save your work and proceed to the next form.

4.4. Form 3: Income Analysis

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

1. Click Form 3 (Figure 50).

Figure 46: Form 3, Income Analysis



INCOME ANALYSIS

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

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

Download Template

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

Income Analysis (Maximum One (1) Attachment)

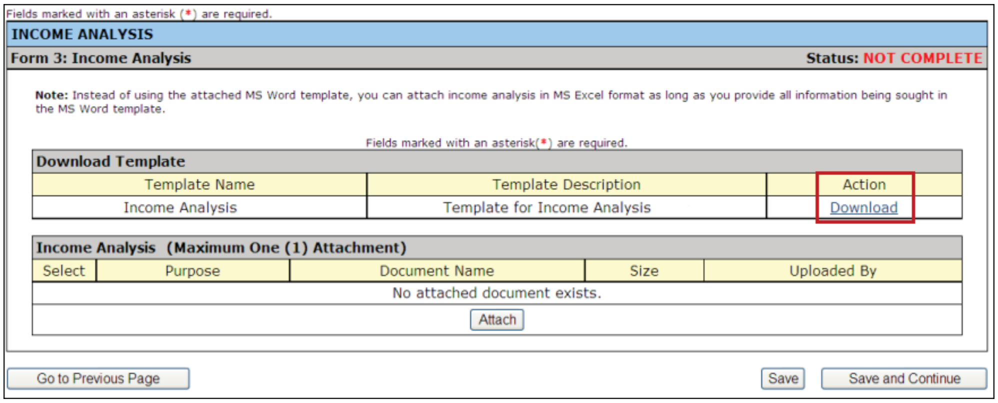
Select	Purpose	Document Name	Size	Uploaded By
○	Income Analysis	2007_IT_Security_Certificate.pdf	42.62 KB	Vincent A. Keane **on** 3/12/2008 7:25:39 PM

Attach File | Update | Delete

Go to Previous Page | Save | Save and Continue

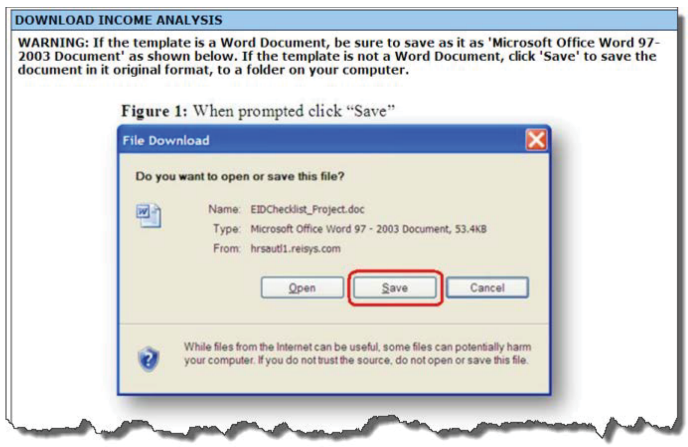
2. Click the Download link in the Download Template section (Figure 52) to download the Income Analysis.

Figure 47: Form 3, Document Download and Upload Sections



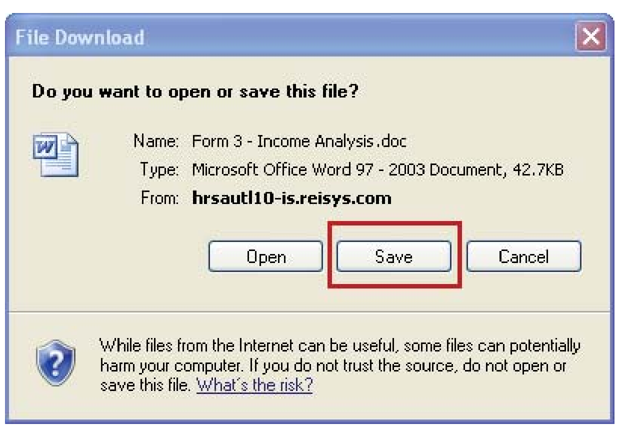
➢ The next page provides guidance for downloading the Income Analysis (Figure 53).

Figure 48: Instructions for Downloading the Income Analysis



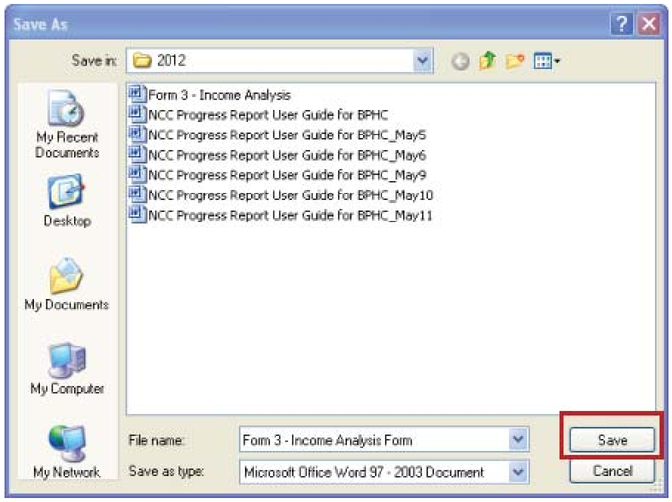
3. Click **Continue** at the bottom of this page.
4. Click **Save** on the File Download Dialog Box (Figure 54) to save the document to a folder on your computer.

Figure 49: File Download Dialog Box



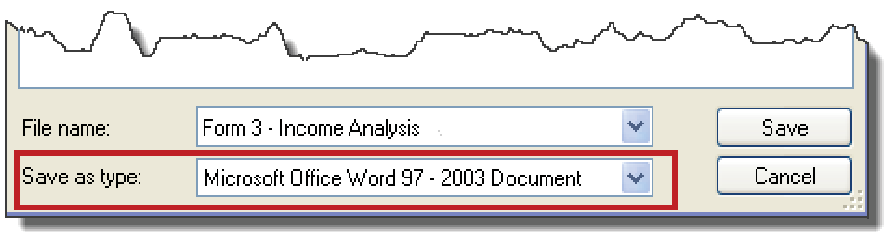
➢ The Save As dialog box will be displayed (Figure 55).

Figure 50: Save As Dialog Box



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

Figure 51: Save As Type Example



6. Click **Close** on the Download Warning Screen.
7. Complete the Income Analysis document (Figure 57).

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

Figure 52: Income Analysis

OMB No.: 0915-0285. Expiration Date: 10/31/2013

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration FORM 3: INCOME ANALYSIS	FOR HRSA USE ONLY			
	Applicant Name			
	Grant Number		Application Tracking Number	

PART 1: NON FEDERAL SHARE, PROGRAM INCOME								
Payor Category	Number Of Visits	Average Charge Per Visit	Gross Charges (a * b)=(c)	Adjustment Rate (%)	Net Charges (Amount Billed) [c*(100-d)]	Collection Rate (%)	Projected Income (e * f)	Actual Accrued Income Past 12 Months**
	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
PROJECTED FEE FOR SERVICE INCOME								
1a. Medicaid: Medical								
1b. Medicaid: EPSDT (if different from medical rate)								
1c. Medicaid: Dental								
1d. Medicaid: BH/SA								
1e. Medicaid: Other Fee for Service								
1. Subtotal: Medicaid								
2a. Medicare: All Inclusive FQHC Ra...								

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

8. Click **Attach** in the Income Analysis section of Form 3 (Figure 58) to upload the Income Analysis Form as an attachment.

Figure 53: Form 3, Document Upload Area

Fields marked with an asterisk (*) are required.

INCOME ANALYSIS

Form 3: Income Analysis **Status:**

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

Fields marked with an asterisk(*) are required.

Download Template

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

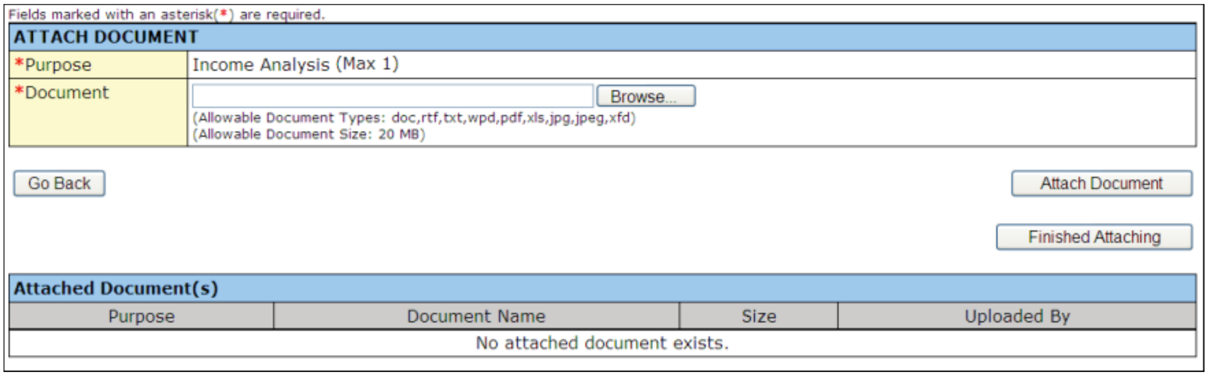
Income Analysis (Maximum One (1) Attachment)

Select	Purpose	Document Name	Size	Uploaded By
No attached document exists.				
Attach				

Go to Previous Page | Save | Save and Continue

➢ The Attach Document Screen will be displayed.

Figure 54: Attach Document Screen



9. Click the **Browse** button.

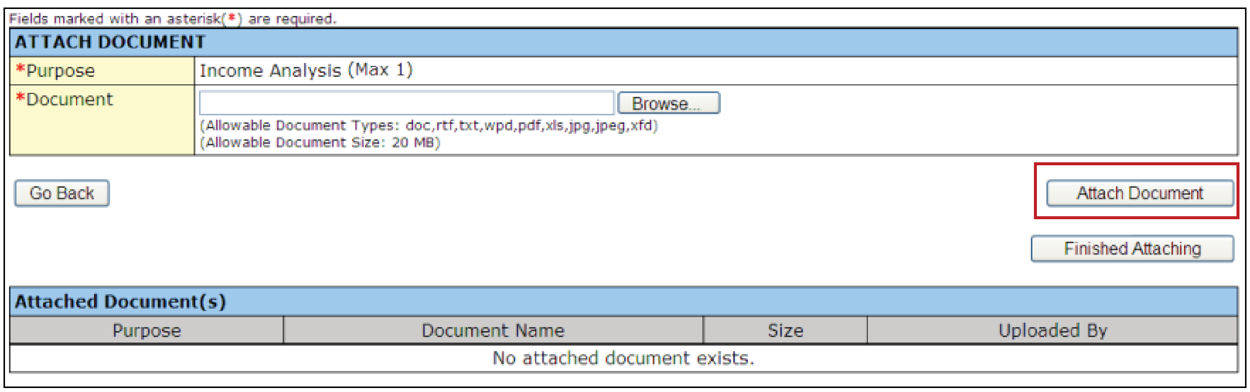
➢ The Choose File to Upload dialog box will be displayed.

10. Browse to the file and select it.

11. Click **Open**.

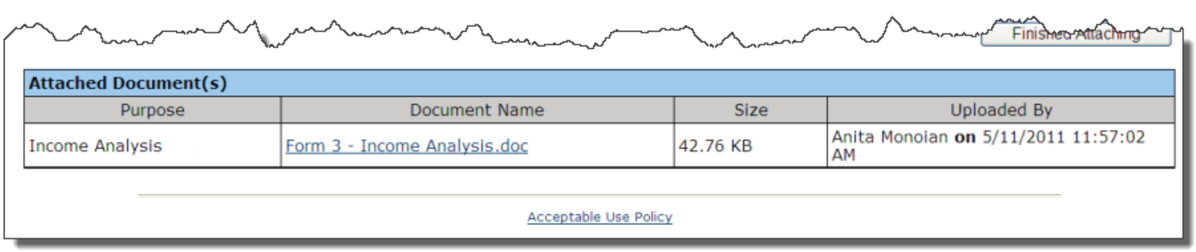
➢ The file name will now appear in the Document field of the Attach Document Screen.

12. On the Attach Document Screen, click **Attach Document**.



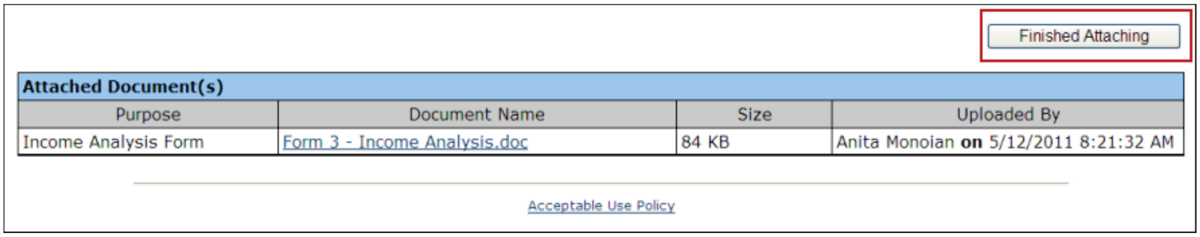
➢ The attached document will appear in the Attached Documents list (Figure 60).

Figure 55: Attached Documents Area of the Attach Document Page



13. Click **Finished Attaching** (Figure 61).

Figure 56: Attached Documents Area Showing Finished Attaching Button


Finished Attaching

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

Acceptable Use Policy

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

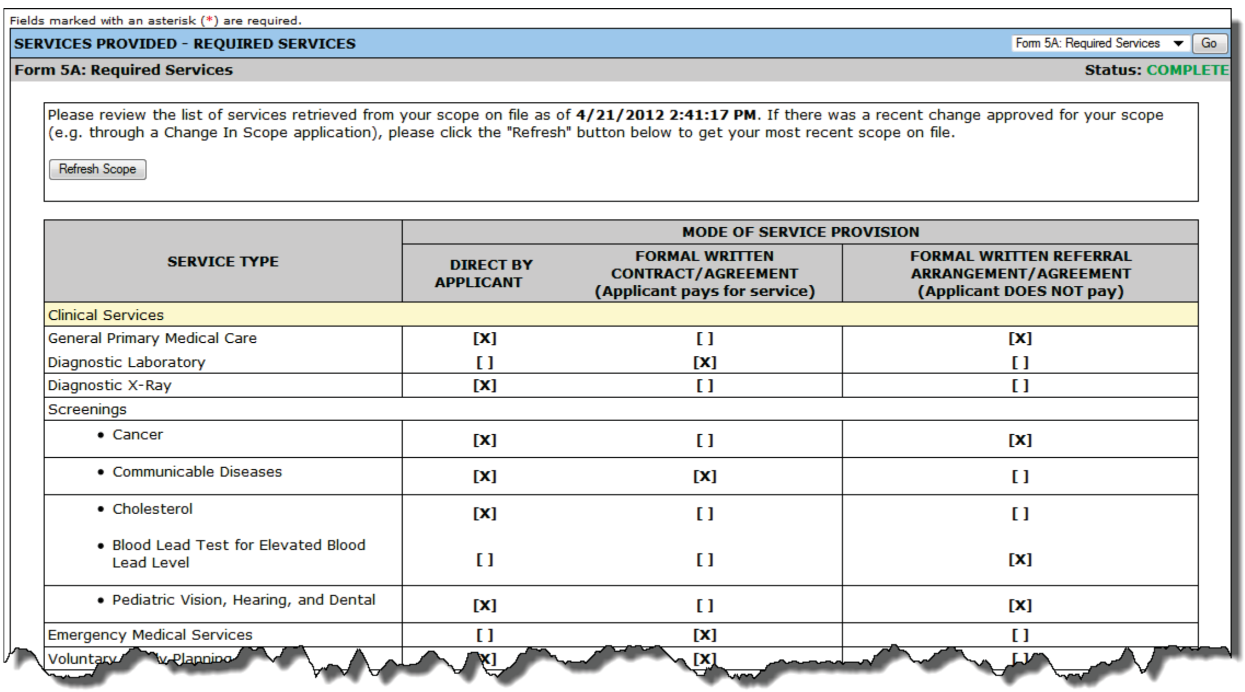
14. Click the **Save and Continue** button on Form 3: Income Analysis to save your work and proceed to the next form.

4.5. Form 5A: Services Provided – Required Services

Forms 5A, 5B, and 5C will be prepopulated from your current scope on file. Information will be *read only*.

1. Click Form 5A (Figure 59).

Figure 57: Form 5A, Services Provided – Required Services


Fields marked with an asterisk (*) are required.

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

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

Please review the list of services retrieved from your scope on file as of **4/21/2012 2:41:17 PM**. If there was a recent change approved for your scope (e.g. through a Change In Scope application), please click the "Refresh" button below to get your most recent scope on file.

Refresh Scope

SERVICE TYPE	MODE OF SERVICE PROVISION		
	DIRECT BY APPLICANT	FORMAL WRITTEN CONTRACT/AGREEMENT (Applicant pays for service)	FORMAL WRITTEN REFERRAL ARRANGEMENT/AGREEMENT (Applicant DOES NOT pay)
Clinical Services			
General Primary Medical Care	[X]	[ ]	[X]
Diagnostic Laboratory	[ ]	[X]	[ ]
Diagnostic X-Ray	[X]	[ ]	[ ]
Screenings			
• Cancer	[X]	[ ]	[X]
• Communicable Diseases	[X]	[X]	[ ]
• Cholesterol	[X]	[ ]	[ ]
• Blood Lead Test for Elevated Blood Lead Level	[ ]	[ ]	[X]
• Pediatric Vision, Hearing, and Dental	[X]	[ ]	[X]
Emergency Medical Services	[ ]	[X]	[ ]
Voluntary ... Planning	[X]	[X]	[ ]

2. Click the **Refresh Scope** button (Figure 63) if Form 5A does not reflect the latest scope that BPHC has on file.

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

Figure 58: Refresh Scope for Required Services

Please review the list of services retrieved from your scope on file as of **4/21/2012 2:41:17 PM**. If there was a recent change approved for your scope (e.g. through a Change In Scope application), please click the "Refresh" button below to get your most recent scope on file.

Refresh Scope

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

4.6. Form 5A: Services Provided – Additional Services

The Additional Services page (Figure 60) is prepopulated with the additional services and their existing delivery mechanisms from the latest scope that BPHC has on file.

Figure 59: Form 5A, Services Provided – Additional Services

Fields marked with an asterisk (*) are required.

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

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

Please review the list of services retrieved from your scope on file as of **4/21/2011 2:41:17 PM**. If there was a recent change approved for your scope (e.g. through a Change In Scope application), please click the "Refresh" button below to get your most recent scope on file.

Refresh Scope

SERVICE TYPE	MODE OF SERVICE PROVISION: DIRECT BY APPLICANT	FORMAL WRITTEN CONTRACT/AGREEMENT (Applicant pays for service)	FORMAL WRITTEN REFERRAL ARRANGEMENT/AGREEMENT (Applicant DOES NOT pay)
Clinical Services			
Behavioral Health - Development Screening	[X]	[ ]	[X]
Substance Abuse Services	[X]	[ ]	[X]
HIV Testing	[X]	[ ]	[X]
Non-Clinical Services			
Employment and Education Counseling	[X]	[ ]	[X]
Other Non-Clinical Services - Assistance w/misc. Expenses	[X]	[ ]	[X]
Other Non-Clinical Services - Furniture and Clothing	[X]	[ ]	[X]
Other Non-Clinical Services - Child rearing classes for young mothers to be and fathers	[X]	[ ]	[X]

Continue

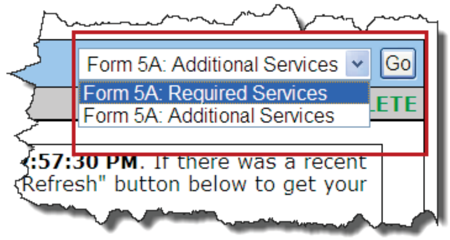
If Form 5A does not reflect the latest scope that BPHC has on file, click the **Refresh Scope** button to update the list of services. The date and time when the scope was last refreshed will be displayed when you click **Refresh Scope**.

Figure 60: Refresh Scope for Additional Services

Please review the list of services retrieved from your scope on file as of **4/21/2011 2:41:17 PM**. If there was a recent change approved for your scope (e.g. through a Change In Scope application), please click the "Refresh" button below to get your most recent scope on file.

Refresh Scope

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



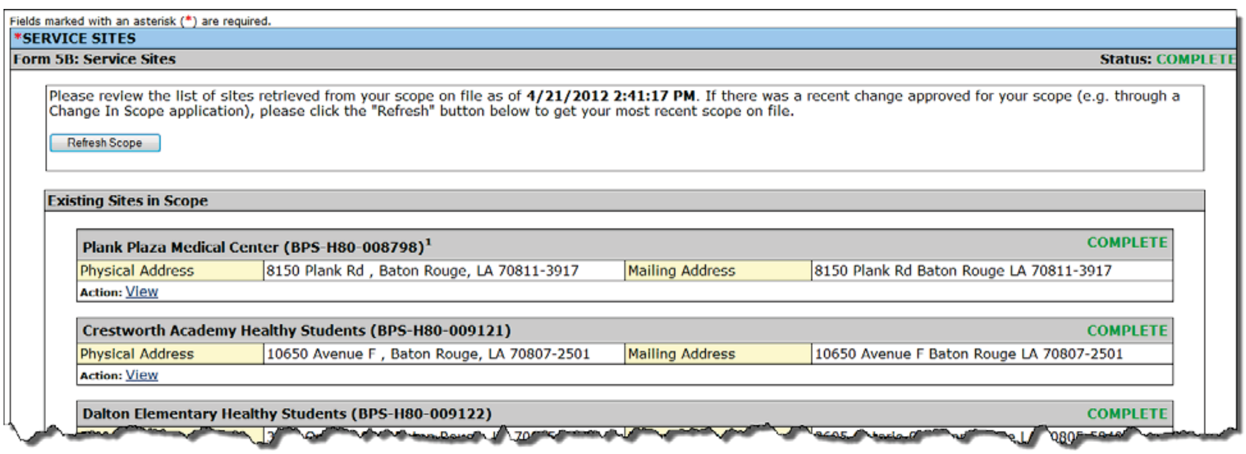
Click the **Continue** button to proceed to Form 5B.

4.7. Form 5B: Service Sites

Form 5B is prepopulated with the list of service sites from the latest scope that BPHC has on file.

1. Open Form 5B (Figure 66).

Figure 61: Form 5B, Service Sites

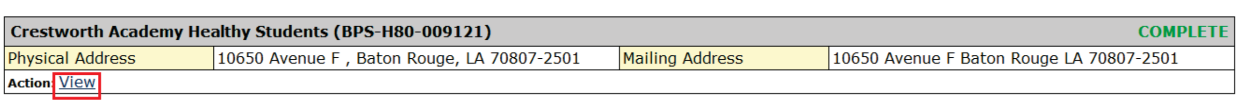


If Form 5B does not reflect the latest scope that BPHC has on file, click the **Refresh Scope** button to update the list of sites. The date and time when the scope was last refreshed will be displayed when you click **Refresh Scope**.

4.7.1. View Service Sites

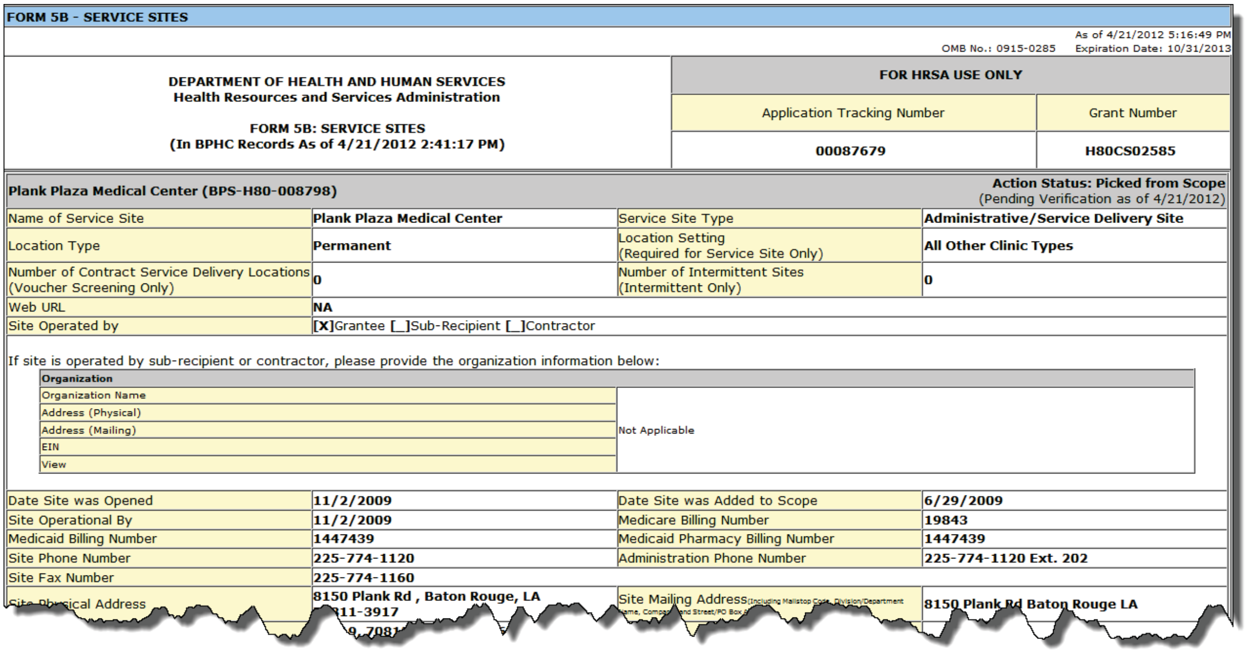
1. Click the View link on Form 5B: Service Sites (Figure 64) to view information for a site.

Figure 62: View Link for a Site on Form 5B



- A read-only version of the Service Site Information (Figure 68) will be displayed in a pop-up window.

Figure 63: Read-Only Version of Service Site Information for Form 5B Page


FORM 5B - SERVICE SITES

As of 4/21/2012 5:16:49 PM
OMB No.: 0915-0285 Expiration Date: 10/31/2013

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Health Resources and Services Administration

FORM 5B: SERVICE SITES
(In BPHC Records As of 4/21/2012 2:41:17 PM)

FOR HRSA USE ONLY	
Application Tracking Number	Grant Number
00087679	H80CS02585

Plank Plaza Medical Center (BPS-H80-008798)
Action Status: Picked from Scope
(Pending Verification as of 4/21/2012)

Name of Service Site	Plank Plaza Medical Center	Service Site Type	Administrative/Service Delivery Site
Location Type	Permanent	Location Setting (Required for Service Site Only)	All Other Clinic Types
Number of Contract Service Delivery Locations (Voucher Screening Only)	0	Number of Intermittent Sites (Intermittent Only)	0
Web URL	NA		
Site Operated by	[X]Grantee [_]Sub-Recipient [_]Contractor		

If site is operated by sub-recipient or contractor, please provide the organization information below:

Organization	
Organization Name	Not Applicable
Address (Physical)	
Address (Mailing)	
EIN	
View	

Date Site was Opened	11/2/2009	Date Site was Added to Scope	6/29/2009
Site Operational By	11/2/2009	Medicare Billing Number	19843
Medicaid Billing Number	1447439	Medicaid Pharmacy Billing Number	1447439
Site Phone Number	225-774-1120	Administration Phone Number	225-774-1120 Ext. 202
Site Fax Number	225-774-1160		
Site Physical Address	8150 Plank Rd , Baton Rouge, LA ...11-3917	Site Mailing Address	8150 Plank Rd Baton Rouge LA

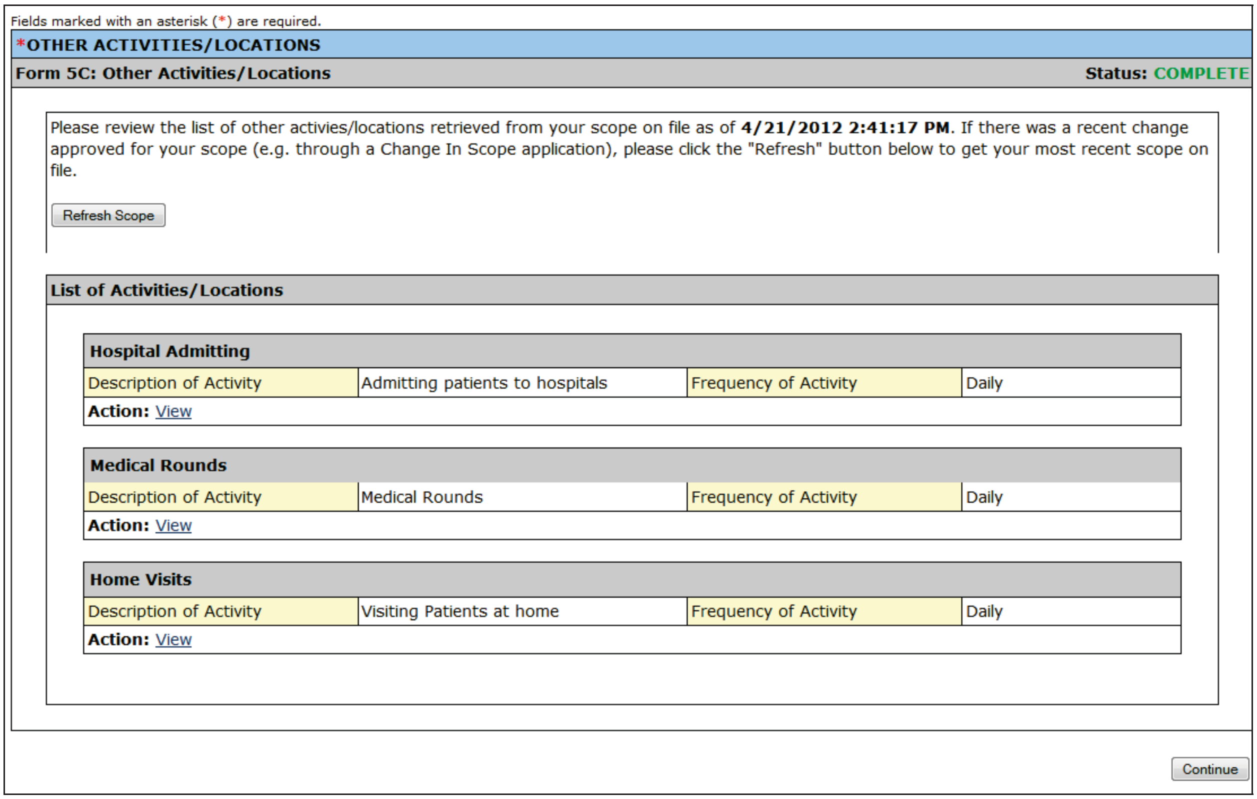
2. Click the **Close Window** button to close the pop-up window and return to Form 5B: Service Sites.
3. Click the **Continue button** at the bottom of Form 5B to proceed to Form 5C.

4.8. Form 5C: Other Activities/Locations

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

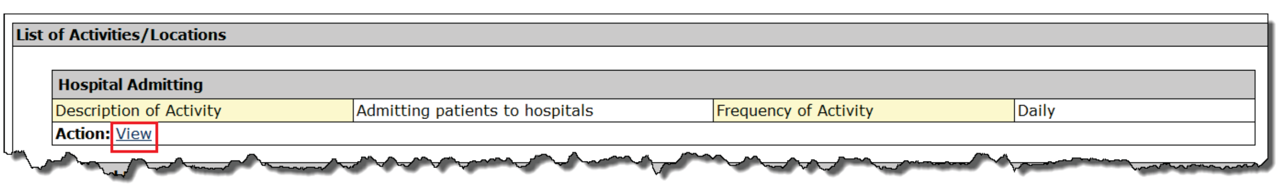
1. Open Form 5C (Figure 69).

Figure 64: Form 5C: Other Activities/Locations



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

2. Click the View link on Form 5C: Other Activities/Locations to view information about an activity or location.



- ➢ A read-only view of the Activity/Location (Figure 70) will be displayed.

Figure 65: Read-Only View of the Activity/Location

As of 4/21/2012 5:16:49 PM

OMB No.: 0915-0285 Expiration Date: 10/31/2013

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration FORM 5C: OTHER ACTIVITIES/LOCATIONS	FOR HRSA USE ONLY	
	Application Tracking Number	Grant Number
	00025772	H37CS00049

ACTIVITY/LOCATION #1	ACTIVITY STATUS - ADDED
Type of Activity	Nursing Homes
Frequency of Activity	Monthly
Description of Activity	Instances where health center providers follow the health center's patients.
Type of Location(s) where Activity is Conducted	These activities take place on-site at medical facility.
ACTIVITY/LOCATION #2	**ACTIVITY STATUS - UNCHANGED**
Type of Activity	Homeless Shelters.
Frequency of Activity	Semi-Annually
Description of Activity	Special food-bank program setup to ensure all area shelters are capable of handling service efforts.
Type of Location(s) where Activity is Conducted	These activities take place on-site at homeless center.
ACTIVITY/LOCATION #3	**ACTIVITY STATUS - UPDATED**
Type of Activity	Patient's Homes
Frequency of Activity	Quarterly
Description of Activity	If it is the policy of the health center that providers will occasionally make home visits to enrolled health center patients.
Type of Location(s) where Activity is Conducted	These activities take place on-site at patient health center.

Close Window

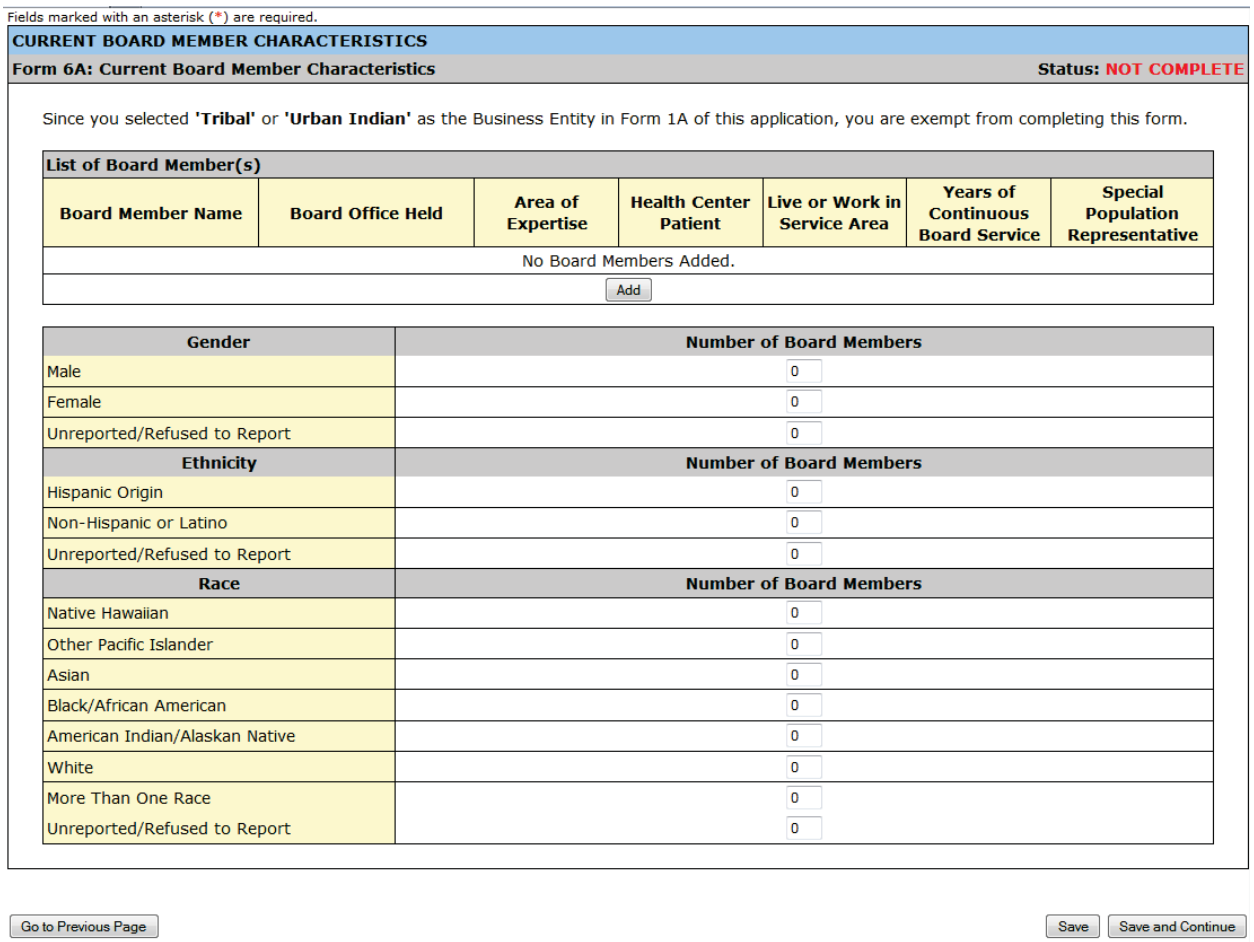
3. Click the **Close Window** button to close the pop-up window and return to Form 5C: Other Activities/Locations.
4. Click the **Continue** **button** at the bottom of Form 5C to proceed to the next form.

4.9. Form 6A: Current Board Member Characteristics

Use Form 6A to supply information about your organization's board of directors. You need to list all current members of the board of directors and provide information about each member, including the office held and area of expertise.

1. Open Form 6A (Figure 71).

Figure 66: Form 6A: Current Board Member Characteristics



Fields marked with an asterisk (*) are required.

CURRENT BOARD MEMBER CHARACTERISTICS

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

Since you selected **'Tribal'** or **'Urban Indian'** as the Business Entity in Form 1A of this application, you are exempt from completing this form.

List of Board Member(s)

Board Member Name	Board Office Held	Area of Expertise	Health Center Patient	Live or Work in Service Area	Years of Continuous Board Service	Special Population Representative
No Board Members Added.						
Add						

Gender	Number of Board Members
Male	0
Female	0
Unreported/Refused to Report	0
Ethnicity	**Number of Board Members**
Hispanic Origin	0
Non-Hispanic or Latino	0
Unreported/Refused to Report	0
Race	**Number of Board Members**
Native Hawaiian	0
Other Pacific Islander	0
Asian	0
Black/African American	0
American Indian/Alaskan Native	0
White	0
More Than One Race	0
Unreported/Refused to Report	0

Go to Previous Page Save Save and Continue

If you selected **Tribal** or **Urban Indian** as your **Business Entity** on Form 1A, filling out Form 6A is optional; for all others, filling out Form 6A is required.

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

2. Click the **Add** button to enter each individual board member (Figure 69).

- An important Note regarding Board Members appears on Form 6A (Figure 70) and must be heeded.

Figure 67: Board Members Area of Form 6A

List of Board Member(s)								
Select	#	Board Member Name	Board Office Held	Area of Expertise	Health Center Patient	Live or Work in Service Area	Years of Continuous Board Service	Special Population Representative
				Add				

Figure 68: Important Note Regarding Board Members

Note: There is a limit on how many board members are allowed to be added: minimum is 9 and maximum is 25.

➢ The Add Board Member Information Page (Figure 74) will be displayed.

Figure 69: Add Board Member Information Page

Fields marked with an asterisk (*) are required.

ADD BOARD MEMBER INFORMATION

Add Board Member Information	
*First Name	
*Last Name	
Middle Initial	
*Board Office Held	
*Area of Expertise	
*Does member derive more than 10% of income from health industry	○ Yes ○ No
*Is member a health center patient	○ Yes ○ No
Live or work in service area	☐ Live ☐ Work
*Years of continuous board service	
*Is member a special population representative (MHC, HCH, PHPC)	○ Yes ○ No If Yes, please specify Special Population: ☐ MHC ☐ HCH ☐ PHPC

3. Enter the required information and click the **Save and Continue** button. Fields marked with an asterisk (*) are required.

➢ You will be returned to Current Board Member Characteristics of Form 6A. The board member you added will be listed under the List of Board Members.

4. Repeat the 'Add Board Member' process to add additional board members.
5. After you finish adding the board members, enter the Board Member counts found on the bottom half of the form.

The total number of board members for each category (Gender, Ethnicity, and Race) must be equal to the number of board members that were previously added.

Figure 70: Board Member Counts on Form 6A

Gender	Number of Board Members
Male	0
Female	0
Unreported/Refused to Report	0
Ethnicity	**Number of Board Members**
Hispanic Origin	0
Non-Hispanic or Latino	0
Unreported/Refused to Report	0
Race	**Number of Board Members**
Native Hawaiian	0
Other Pacific Islander	0
Asian	0
Black/African American	0
American Indian/Alaskan Native	0
White	0
More Than One Race	0
Unreported/Refused to Report	0

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

4.10.Form 10: Annual Emergency Preparedness Report

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

1. Click Form 10 (Figure 76).

Figure 71: Form 10: Annual Emergency Preparedness Report

Fields marked with an asterisk (*) are required.

ANNUAL EMERGENCY PREPAREDNESS REPORT

Form 10: Annual Emergency Preparedness Report **Status:** **NOT COMPLETE**

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

2. Select Yes or No for each question in each section of the form (Figure 77 and Figure 78). Fields marked with an asterisk (*) are required.
3. Click **Save and Continue** to proceed to Form 12.

Figure 72: Form 10, Emergency Preparedness and Management Plan

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

Figure 73: Form 10, Readiness

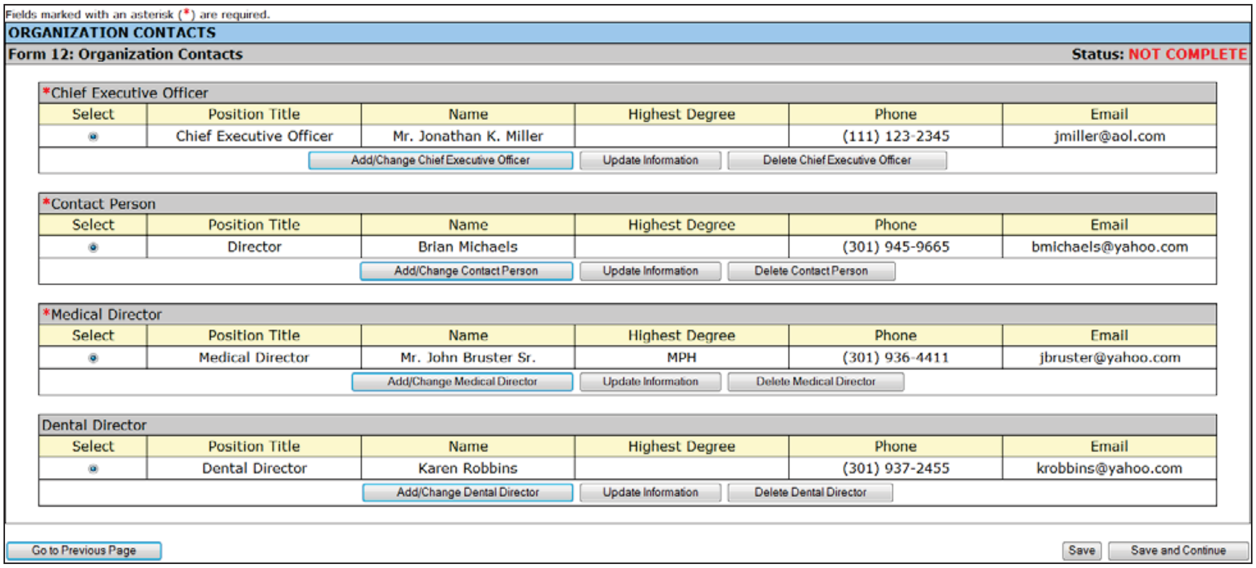
*SECTION II - READINESS	Yes No
1. Does your organization include alternatives for providing primary care to your current patient population if you are unable to do so during emergency?	Yes No
2. Does your organization conduct annual planned drills?	Yes No
3. Does your organization's staff receive periodic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

4.11.Form 12: Organization Contacts

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

1. Open Form 12 (Figure 79).

Figure 74: Form 12: Organization Contacts



Fields marked with an asterisk (*) are required.

ORGANIZATION CONTACTS

Form 12: Organization Contacts — Status: NOT COMPLETE

*Chief Executive Officer

Select	Position Title	Name	Highest Degree	Phone	Email
◉	Chief Executive Officer	Mr. Jonathan K. Miller		(111) 123-2345	jmiller@aol.com

Add/Change Chief Executive Officer | Update Information | Delete Chief Executive Officer

*Contact Person

Select	Position Title	Name	Highest Degree	Phone	Email
◉	Director	Brian Michaels		(301) 945-9665	bmichaels@yahoo.com

Add/Change Contact Person | Update Information | Delete Contact Person

*Medical Director

Select	Position Title	Name	Highest Degree	Phone	Email
◉	Medical Director	Mr. John Bruster Sr.	MPH	(301) 936-4411	jbruster@yahoo.com

Add/Change Medical Director | Update Information | Delete Medical Director

Dental Director

Select	Position Title	Name	Highest Degree	Phone	Email
◉	Dental Director	Karen Robbins		(301) 937-2455	krobbins@yahoo.com

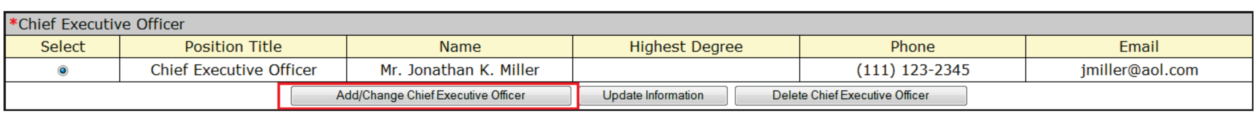
Add/Change Dental Director | Update Information | Delete Dental Director

Go to Previous Page | Save | Save and Continue

Enter a Chief Executive Officer, Contact Person, Medical Director, or Dental Director (optional). The Contact Person must be the primary communications liaison for any program-specific information being submitted as part of this Progress Report. Fields marked with an asterisk (*) are required.

2. Click the Add/Change… button (Figure 77) to add or update information for each type of contact. For example, click the first button **Add/Change Chief Executive Officer** to add that contact.

Figure 75: Click Add… Button to Add a Contact



*Chief Executive Officer

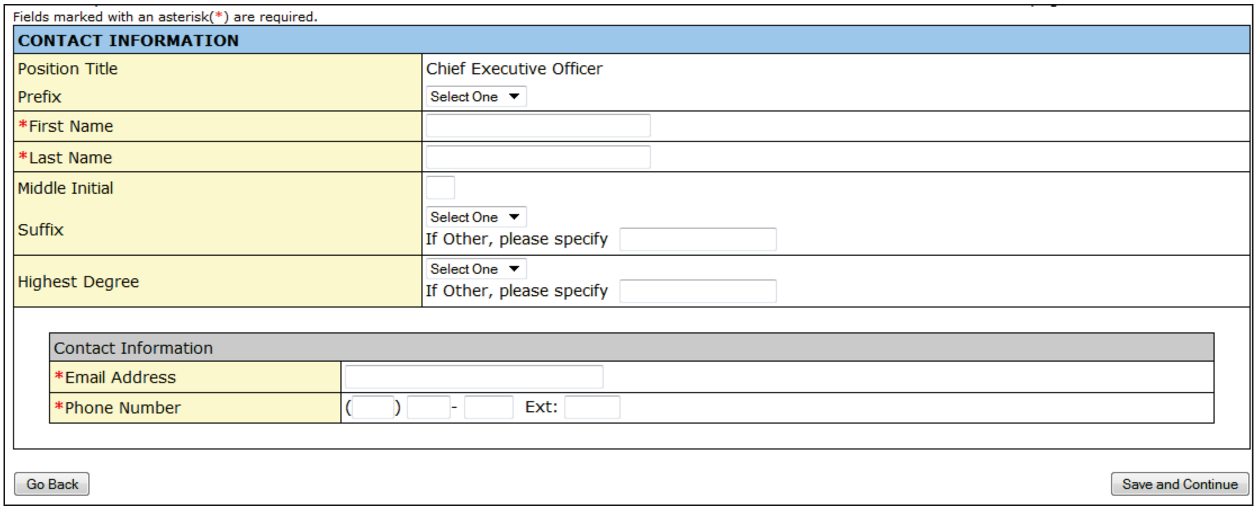
Select	Position Title	Name	Highest Degree	Phone	Email
◉	Chief Executive Officer	Mr. Jonathan K. Miller		(111) 123-2345	jmiller@aol.com

Add/Change Chief Executive Officer | Update Information | Delete Chief Executive Officer

- ➢ The Contact Information Page (Figure 81) will be displayed for the contact you are adding.

3. Enter the information on the page. Fields marked with an asterisk (*) are required.

Figure 76: Contact Information Page for Form 12



Fields marked with an asterisk(*) are required.

CONTACT INFORMATION	
Position Title	Chief Executive Officer
Prefix	Select One
*First Name	
*Last Name	
Middle Initial	
Suffix	Select One If Other, please specify
Highest Degree	Select One If Other, please specify

Contact Information	
*Email Address	
*Phone Number	( ) - Ext:

Go Back | Save and Continue

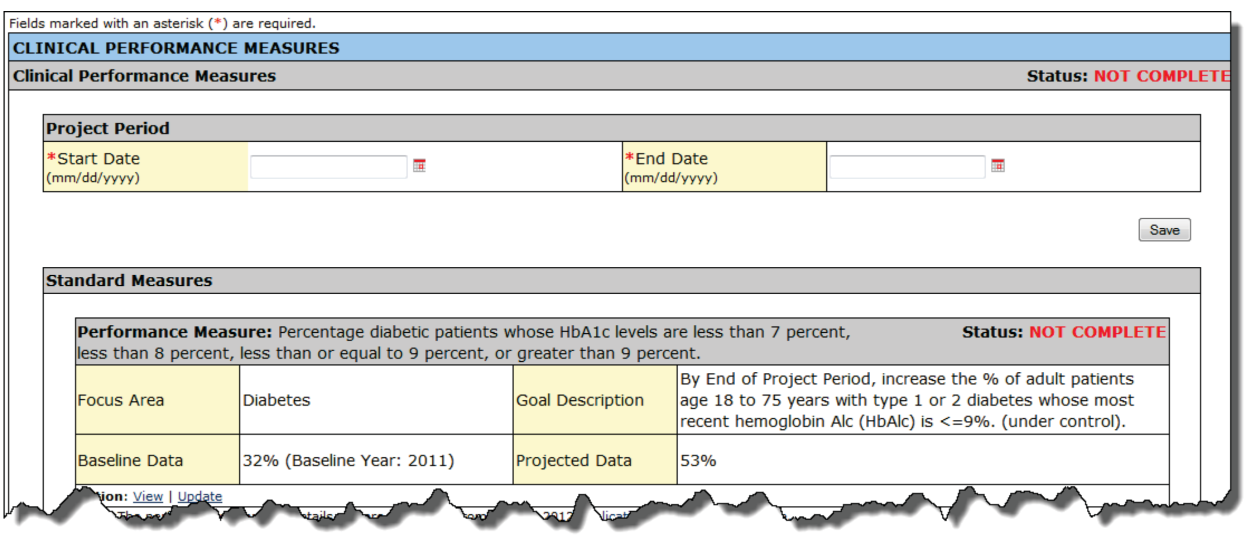
4. Click **Save and Continue** to save your work for each type of contact and return to Form 12: Organization Contacts.
5. Click **Save and Continue** for Form 12 to save your work and go to the Clinical Performance Measures form.

4.12. Clinical Performance Measures

Use this form to provide information about your Clinical Performance Measures. Refer to the Instructions for Preparing and Submitting the FY 2013 Health Center Program Budget Period Progress Report for more information on filling out Clinical Performance Measures.

1. Open the Clinical Performance Measures (Figure 82)

Figure 77: Clinical Performance Measures Form



Fields marked with an asterisk (*) are required.

CLINICAL PERFORMANCE MEASURES

Clinical Performance Measures — Status: NOT COMPLETE

Project Period			
*Start Date (mm/dd/yyyy)		*End Date (mm/dd/yyyy)	

Save

Standard Measures

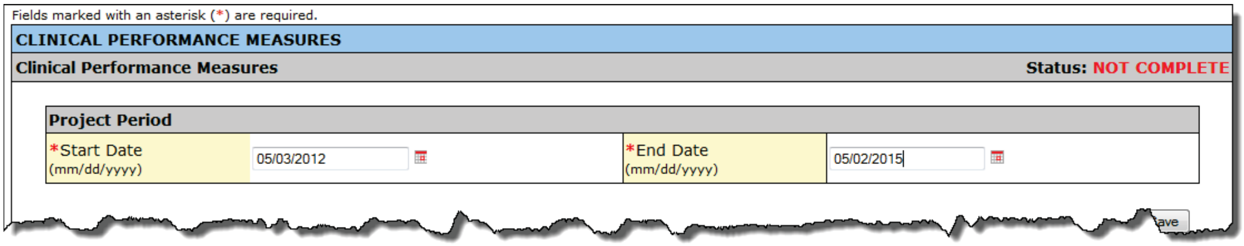
Performance Measure: Percentage diabetic patients whose HbA1c levels are less than 7 percent, less than 8 percent, less than or equal to 9 percent, or greater than 9 percent. **Status:** NOT COMPLETE

Focus Area	Diabetes	Goal Description	By End of Project Period, increase the % of adult patients age 18 to 75 years with type 1 or 2 diabetes whose most recent hemoglobin Alc (HbAlc) is <=9%. (under control).
Baseline Data	32% (Baseline Year: 2011)	Projected Data	53%

...ion: View | Update

2. Enter the Project Period (Figure 83). Please refer to your latest Notice of Award to determine your project period.

Figure 78: Project Period Fields



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

The data (except Progress Towards Goal) for all standard performance measures will be prepopulated from the application awarded in the last project or budget period where the measure was first proposed. The data for Progress Towards Goal will be prepopulated from the latest Uniform Data System (UDS) submission that was accepted by BPHC for your organization.

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

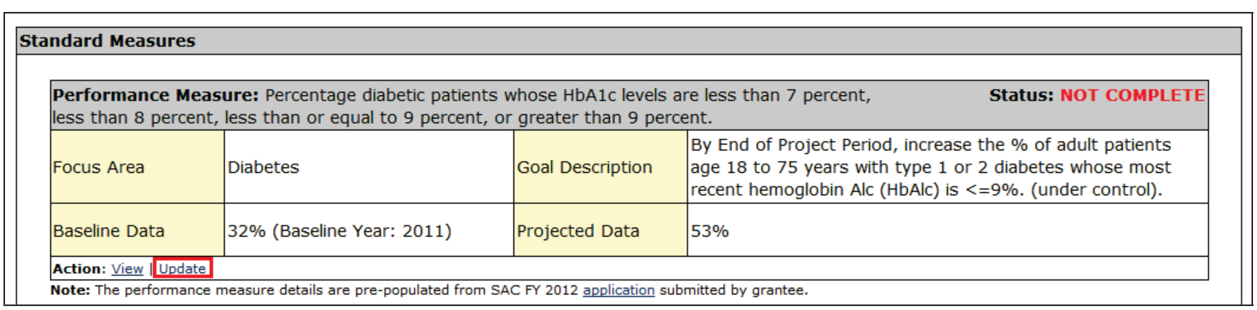
You may enter or modify the performance measures as follows:

- Update a Performance Measure
- View a Performance Measure
- Add a Performance Measure
- Delete a Performance Measure
- Mark a Performance Measure as a Duplicate
- Undo a Duplicated Performance Measure
- Update a Duplicated Performance Measure

4.12.1. Update a Performance Measure

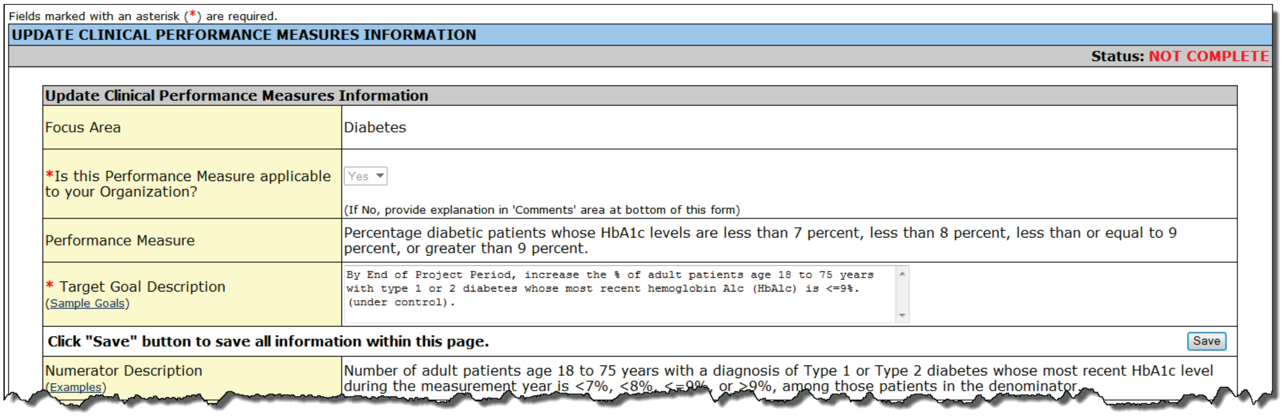
1. Click the Update link to enter or update the information for a performance measure.

Figure 79: Update a Performance Measure



➢ The Update Clinical Performance Measure Information Page (Figure 85) will be displayed for the performance measure.

Figure 80: Update Clinical Performance Measure Information



Fields marked with an asterisk (*) are required.

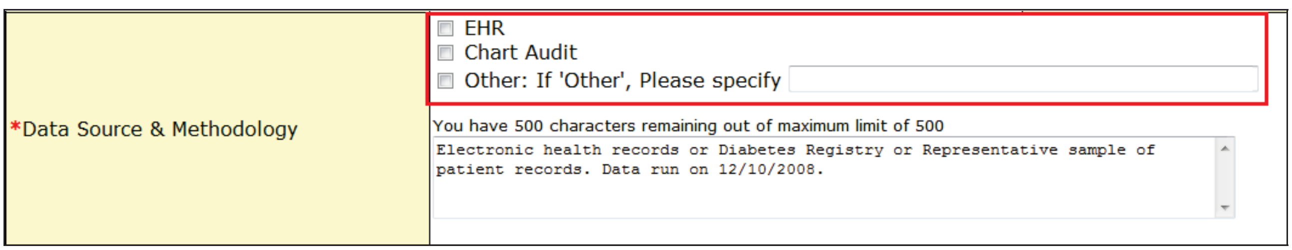
UPDATE CLINICAL PERFORMANCE MEASURES INFORMATION

Status: NOT COMPLETE

Update Clinical Performance Measures Information	
Focus Area	Diabetes
*Is this Performance Measure applicable to your Organization?	Yes (If No, provide explanation in 'Comments' area at bottom of this form)
Performance Measure	Percentage diabetic patients whose HbA1c levels are less than 7 percent, less than 8 percent, less than or equal to 9 percent, or greater than 9 percent.
* Target Goal Description (Sample Goals)	By End of Project Period, increase the % of adult patients age 18 to 75 years with type 1 or 2 diabetes whose most recent hemoglobin Alc (HbAlc) is <=9%. (under control).
Click "Save" button to save all information within this page.	Save
Numerator Description (Examples)	Number of adult patients age 18 to 75 years with a diagnosis of Type 1 or Type 2 diabetes whose most recent HbA1c level during the measurement year is <7%, <8%, <=9%, or >9%, among those patients in the denominator.

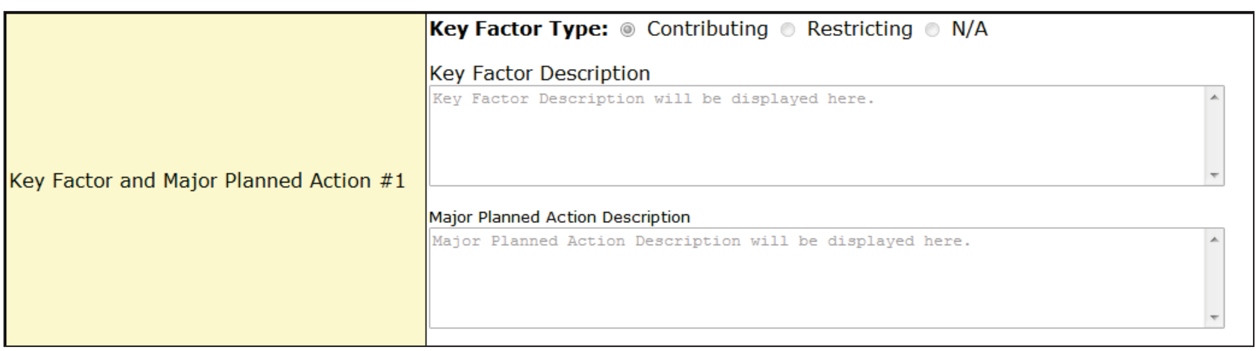
2. Complete the Update Clinical Performance Measure details for the performance measure. Fields marked with an asterisk (*) are required.

Starting in FY2013, you are required to select at least one of the following data sources in the Datasource and Methodology field and provide an appropriate accompanying comment: EHR, Chart Audit, or Other.



*Data Source & Methodology	EHR Chart Audit Other: If 'Other', Please specify You have 500 characters remaining out of maximum limit of 500 Electronic health records or Diabetes Registry or Representative sample of patient records. Data run on 12/10/2008.

Key Factors and Major Planned Actions are prepopulated and will be displayed in *read-only format* for reference purposes while you are completing the Progress Towards Goal section of this form.



Key Factor and Major Planned Action #1	**Key Factor Type:** Contributing Restricting N/A Key Factor Description Key Factor Description will be displayed here. Major Planned Action Description Major Planned Action Description will be displayed here.

When you update the performance measure for either the Oral Health or Behavioral Health focus areas, you must select a Performance Measure Category from the dropdown list. Figure 86 shows you the Performance Measure Category options for the Oral Health Focus Area.

Figure 81: Performance Measure Category for the Oral Health Focus Area.

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

3. When you are finished entering all the details, click **Save and Continue** at the bottom of the form.

➢ You will be returned to the main Clinical Performance Measures Form.

The performance measure you entered will be completed (Figure 87).

Figure 82: Clinical Performance Measures (Completed Performance Measure Section)

Performance Measure: Percentage diabetic patients whose HbA1c levels are less than 7 percent, less than 8 percent, less than or equal to 9 percent, or greater than 9 percent.			**Status:** COMPLETE
Focus Area	Diabetes	Goal Description	By End of Project Period, increase the % of adult patients age 18 to 75 years with type 1 or 2 diabetes whose most recent hemoglobin Alc (HbAlc) is <=9%. (under control).
Baseline Data	40% (Baseline Year: 2009)	Projected Data	53%
Action: View | Update			
Note: The performance measure details are pre-populated from SAC FY 2012 application submitted by grantee.			

4.12.1.1. View a Performance Measure

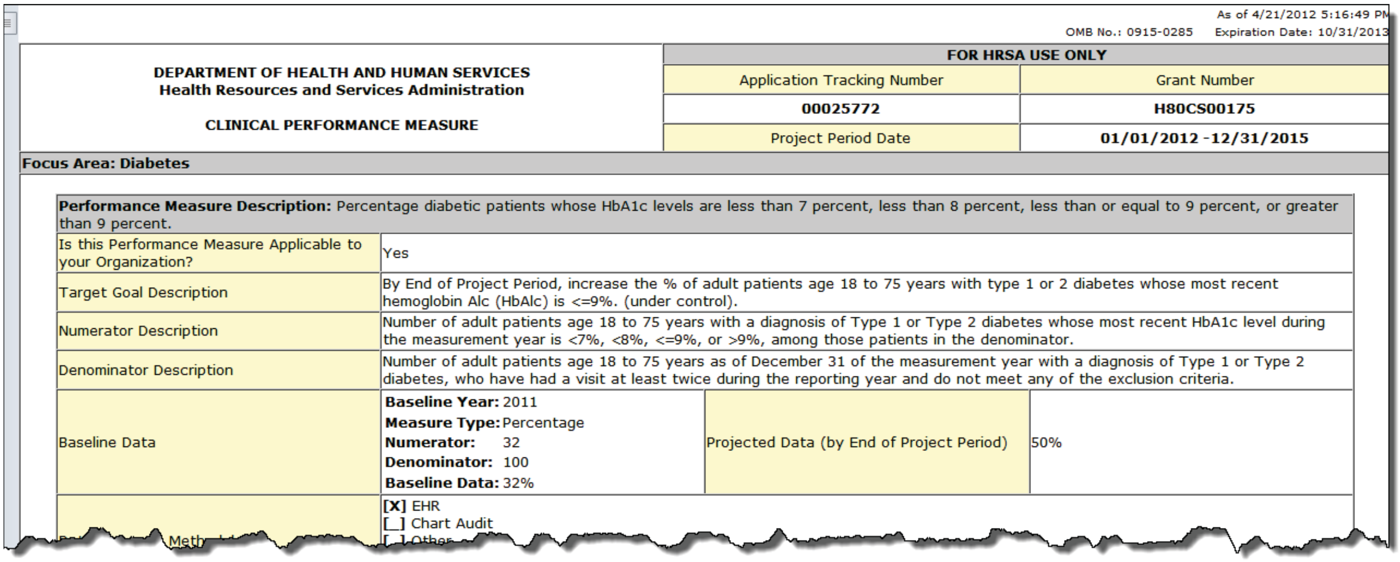
1. Click the View link (Figure 85) to see a pop-up screen displaying the details of the performance measure.

Figure 83: View Performance Measure Information

Performance Measure: Percentage diabetic patients whose HbA1c levels are less than 7 percent, less than 8 percent, less than or equal to 9 percent, or greater than 9 percent.			**Status:** COMPLETE
Focus Area	Diabetes	Goal Description	By End of Project Period, increase the % of adult patients age 18 to 75 years with type 1 or 2 diabetes whose most recent hemoglobin Alc (HbAlc) is <=9%. (under control).
Baseline Data	40% (Baseline Year: 2009)	Projected Data	53%
Action: View | Update			
Note: The performance measure details are pre-populated from SAC FY 2012 application submitted by grantee.			

➢ A read-only version of the performance measure will be displayed (Figure 89).

Figure 84: View of Clinical Performance Measure


As of 4/21/2012 5:16:49 PM
OMB No.: 0915-0285 Expiration Date: 10/31/2013

	FOR HRSA USE ONLY	
DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration CLINICAL PERFORMANCE MEASURE	Application Tracking Number	Grant Number
	00025772	H80CS00175
	Project Period Date	01/01/2012 -12/31/2015

Focus Area: Diabetes

Performance Measure Description: Percentage diabetic patients whose HbA1c levels are less than 7 percent, less than 8 percent, less than or equal to 9 percent, or greater than 9 percent.

Is this Performance Measure Applicable to your Organization?	Yes		
Target Goal Description	By End of Project Period, increase the % of adult patients age 18 to 75 years with type 1 or 2 diabetes whose most recent hemoglobin Alc (HbAlc) is <=9%. (under control).		
Numerator Description	Number of adult patients age 18 to 75 years with a diagnosis of Type 1 or Type 2 diabetes whose most recent HbA1c level during the measurement year is <7%, <8%, <=9%, or >9%, among those patients in the denominator.		
Denominator Description	Number of adult patients age 18 to 75 years as of December 31 of the measurement year with a diagnosis of Type 1 or Type 2 diabetes, who have had a visit at least twice during the reporting year and do not meet any of the exclusion criteria.		
Baseline Data	**Baseline Year:** 2011 **Measure Type:** Percentage **Numerator:** 32 **Denominator:** 100 **Baseline Data:** 32%	Projected Data (by End of Project Period)	50%
Meth...	[X] EHR [_] Chart Audit [_] Other		

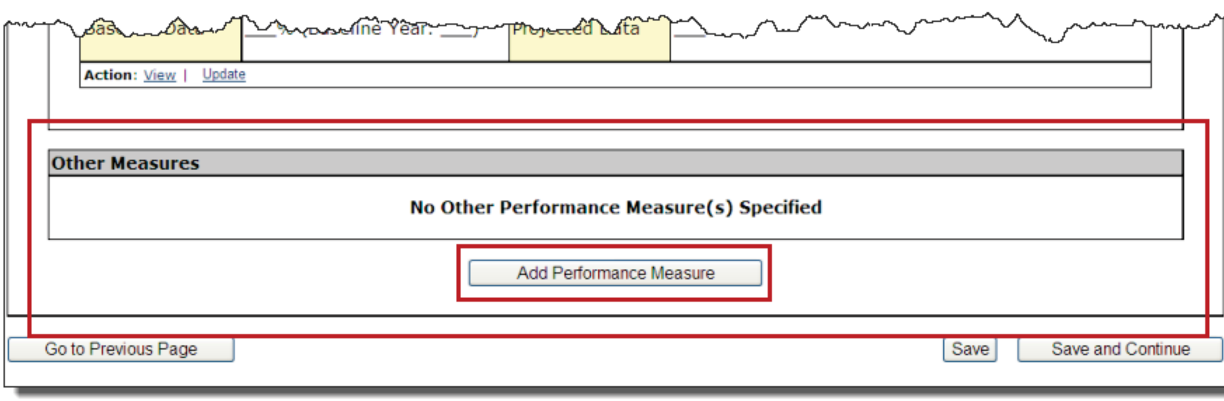
2. Click the **Close Window** button to close the pop-up screen and return to the main Clinical Performance Measures Form.

4.12.1.2. Add a Performance Measure

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

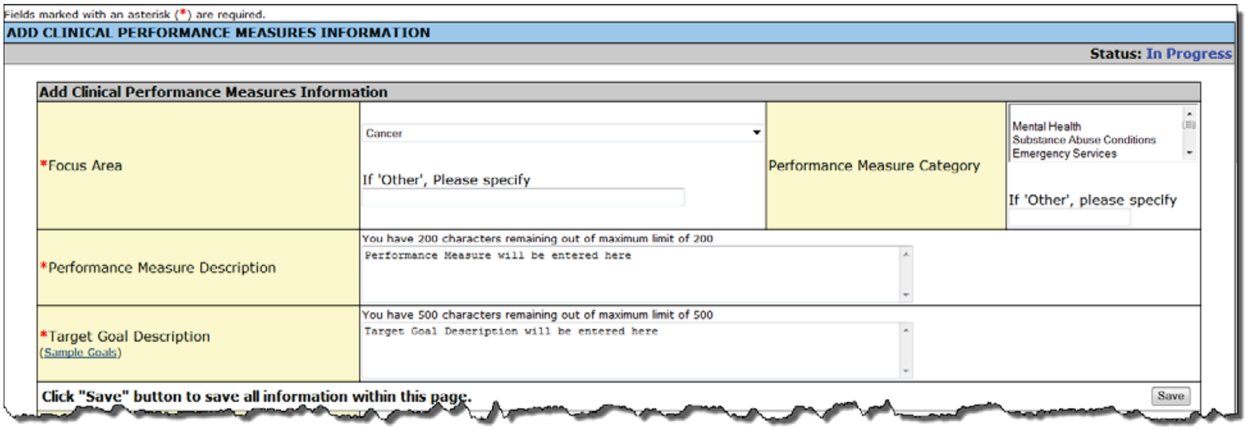
1. Click the **Add Performance Measure** button, in the Other Measures section, at the bottom of the Clinical Performance Measures Form (Figure 90) to add a performance measure and enter its details.

Figure 85: Clinical Performance Measures Form (Bottom of Screen)



➢ The Add Clinical Performance Measure Information Page (Figure 91) will be displayed.

Figure 86: Add Clinical Performance Measure Information Page



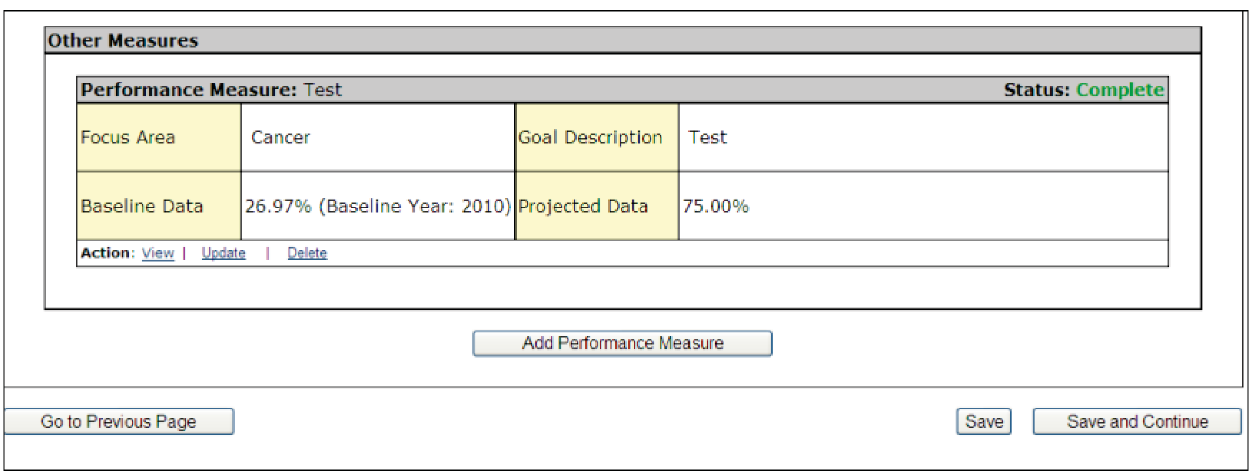
2. Enter the requested information on the Add Clinical Performance Measure Information Page. Fields marked with an asterisk (*) are required.

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

3. Click **Save and Continue** at the bottom of the screen after you have completed all fields.

- You will be returned to the Clinical Performance Measures Form.
- A summary of the Clinical Performance Measure information you entered will be listed as a new performance measure, in the Other Measures section (Figure 92), at the bottom of the form.

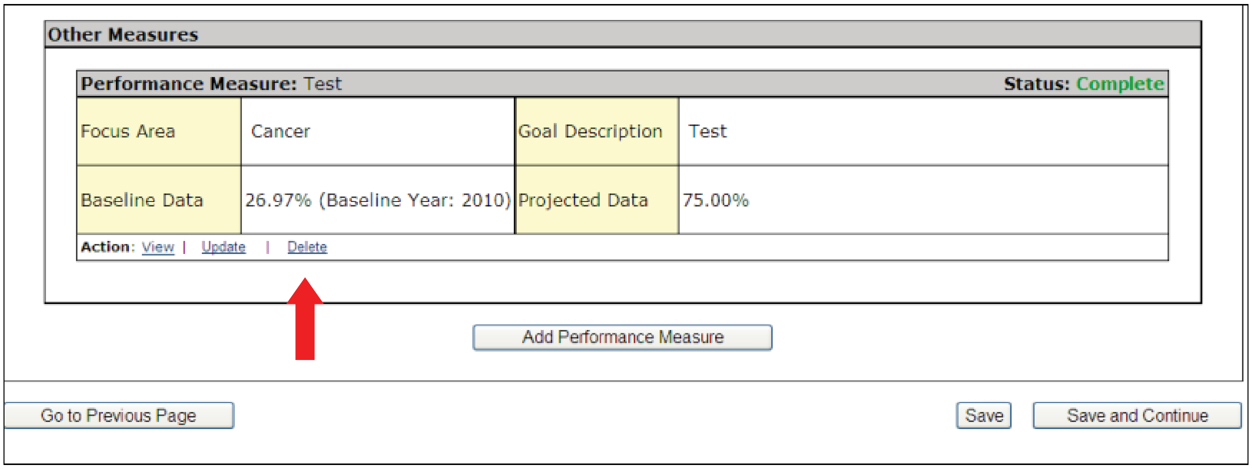
Figure 87: Other Measures Section of Clinical Performance Measures Form



4.12.1.3. Delete a Performance Measure

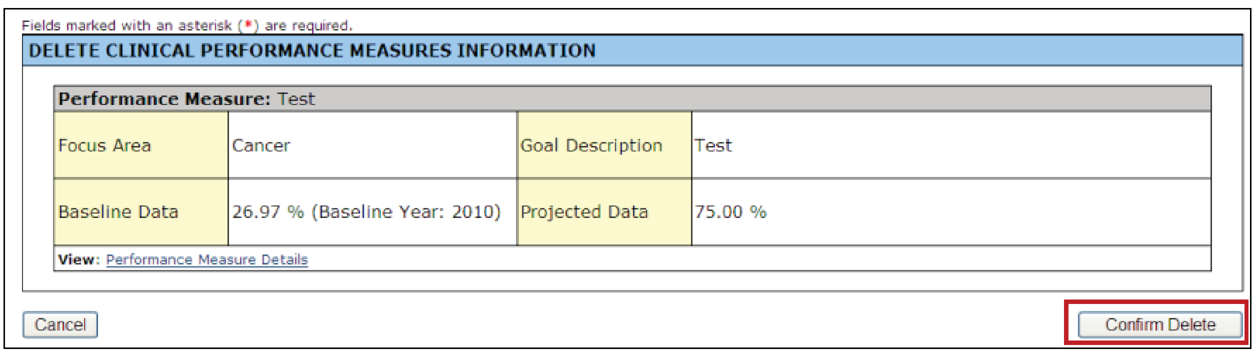
1. Click the Delete link if it appears under a performance measure that you added (Figure 93) to delete the performance measure.

Figure 88: Performance Measure with Delete Link



➢ A Delete Confirmation Page will be displayed (Figure 94) to enable you to confirm deletion of the performance measure.

Figure 89: Delete Confirmation Page for Clinical Performance Measure Page



2. Click the **Confirm Delete** button to confirm the deletion.

➢ You will be returned to the Clinical Performance Measures Form.

The performance measure you deleted will no longer be listed.

4.12.1.4. Mark a Performance Measure as a Duplicate

1. Click the Mark as Duplicate link (Figure 95) if it appears under a performance measure to resolve any Clinical Performance Measure duplications.

Figure 90: Clinical Performance Measures Duplications

Other Measures

Performance Measure: Percentage of adult patients with a Body Mass Index of greater than or equal to 30 who receive weight counseling/treatment.			**Status:** Not Complete
Focus Area	Diabetes	Goal Description	By 2013, increase to 85% of adult patients with a Body Mass Index > 30 who have weight counseling/treatment.
Baseline Data	68.42% (Baseline Year: 2009)	Projected Data	85.00%
Action: View | Update | Mark as Duplicate			

Note: The performance measure details are pre-populated from BPR FY 2010 application submitted by grantee.

Performance Measure: Percentage of diabetic patients whose HbA1c levels are less than or equal to 7 percent.			**Status:** Not Complete
Focus Area	Diabetes	Goal Description	By 2013, increase to 50% adult patients with Type 1 or 2 diabetes whose most recent HbA1c is < 7% (under control).
Baseline Data	25.71% (Baseline Year: 2008)	Projected Data	50.00%
Action: View | Update | Mark as Duplicate			

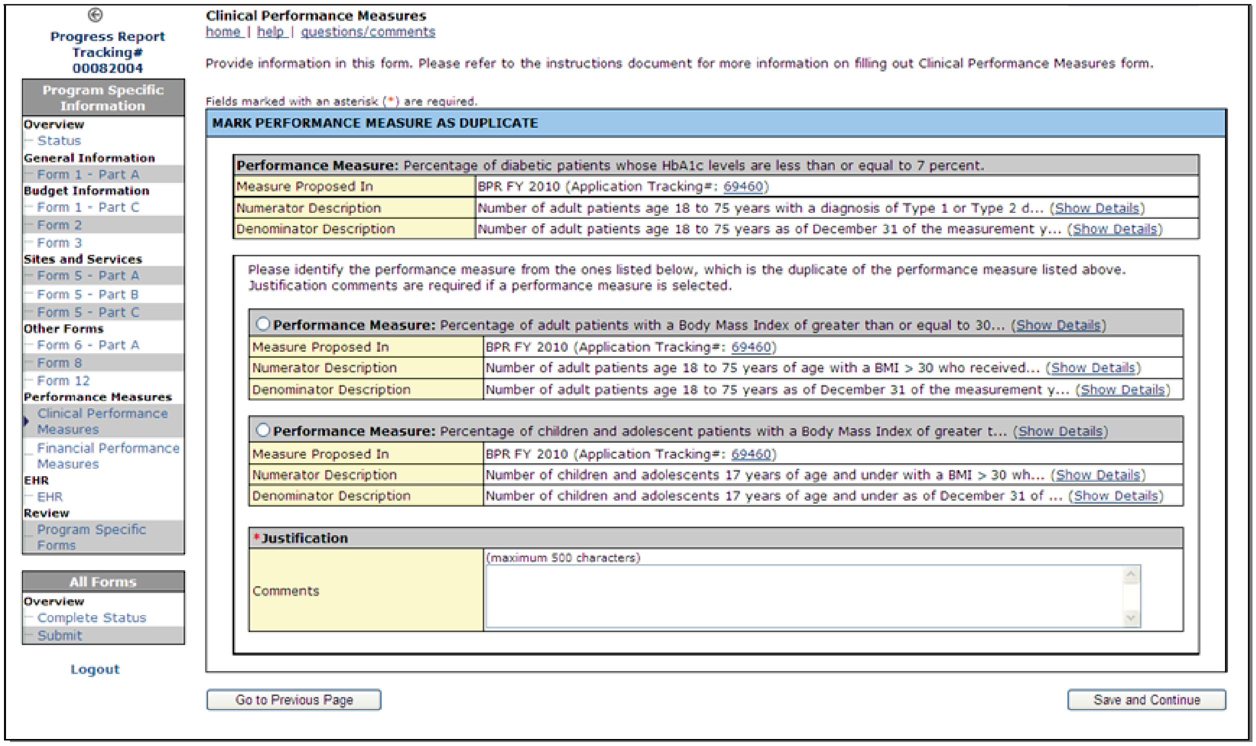
Note: The performance measure details are pre-populated from BPR FY 2010 application submitted by grantee.

Performance Measure: Percentage of children and adolescent patients with a Body Mass Index of greater than or equal to 30 who receive weight counseling/treatment.			**Status:** Not Complete
Focus Area	Diabetes	Goal Description	By 2013, increase to 85% of children and adolescent patients with a Body Mass Index > 30 who have weight counseling/treatment.
Baseline Data	66.67% (Baseline Year: 2009)	Projected Data	85.00%
Action: View | Update | Mark as Duplicate			

Note: The performance measure details are pre-populated from BPR FY 2010 application submitted by grantee.

- The Mark Performance Measure as Duplicate Page (Figure 96) will be displayed.

Figure 91: Mark Performance Measure as Duplicate Page



2. Review the duplicated performance measures options vs. the performance measure listed at the top of the screen and select the one that is a duplicate.
3. Enter a justification in the Comments box and click **Save and Continue**.

➢ You will be returned to the Clinical Performance Measures Form.

The performance measure that you selected as a duplicate will no longer contain a Mark as Duplicate link. Instead, there will be two other links: Undo Duplicate and Update Duplicate Information. The Update link will be removed for any performance measure marked as a duplicate.

4.12.1.5. Undo a Duplicated Performance Measure

1. Click an Undo Duplicate link (Figure 97) if it appears under a performance measure that you marked as a duplicate to unmark the performance measure as a duplicate.

This link will only appear on performance measures that have been marked as a duplicate.

Figure 92: Performance Measure with Duplicate Information - Related Links

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

2. The Clinical Performance Measures Form will be redisplayed.

The performance measure will no longer have an Undo Duplicate link or an Undo Duplicate Information link but will have an Update link and a Mark as Duplicate link.

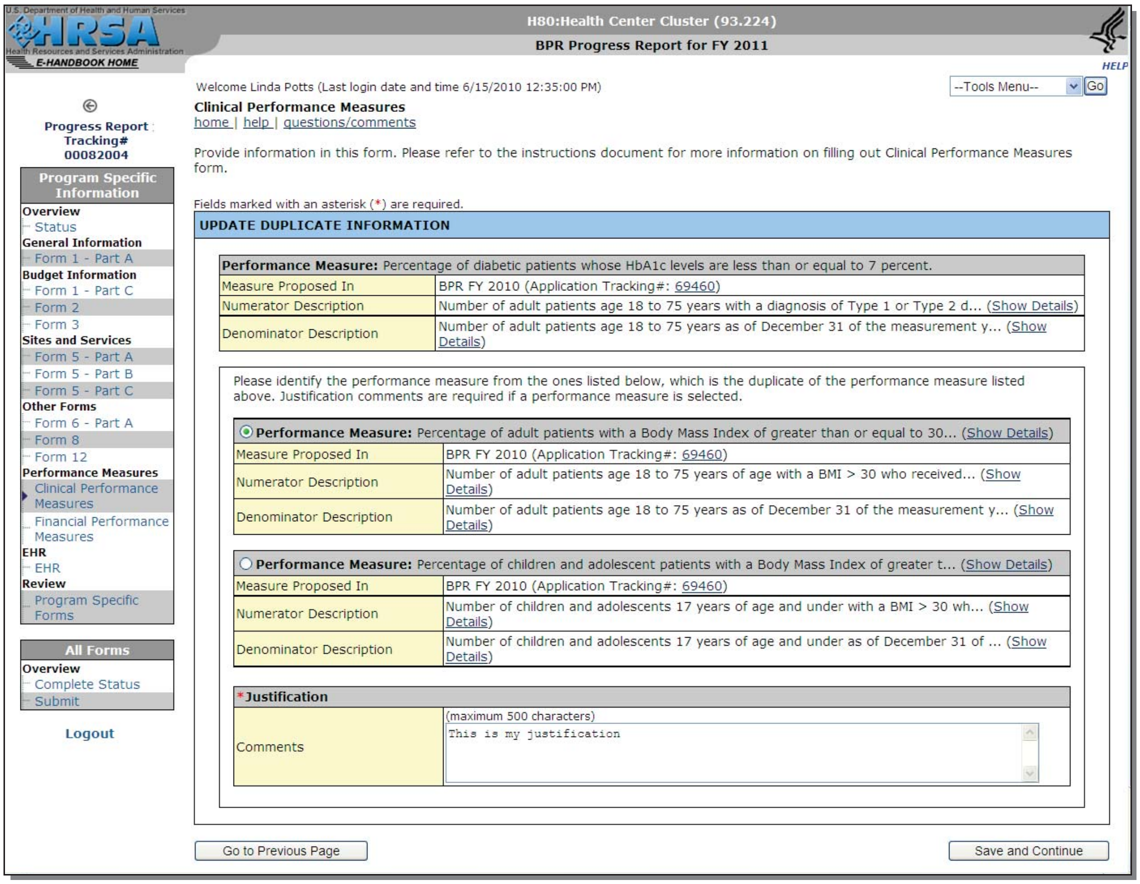
4.12.1.6. Update a Duplicated Performance Measure

1. Click an Update Duplicate Information link if it appears under a performance measure that you marked as a duplicate (Figure 97) to change the duplicated performance measure.

This link will only appear on performance measures that have been marked as a duplicate.

➢ The Update Duplicate Information Page (Figure 98) will be displayed.

Figure 93: Update Duplicate Information Page



At this point you can:

- Select another performance measure as the duplicate
- Modify the justification comments

2. Click the **Save and Continue** button when you are finished.

➢ You will be returned to the Clinical Performance Measures Form.

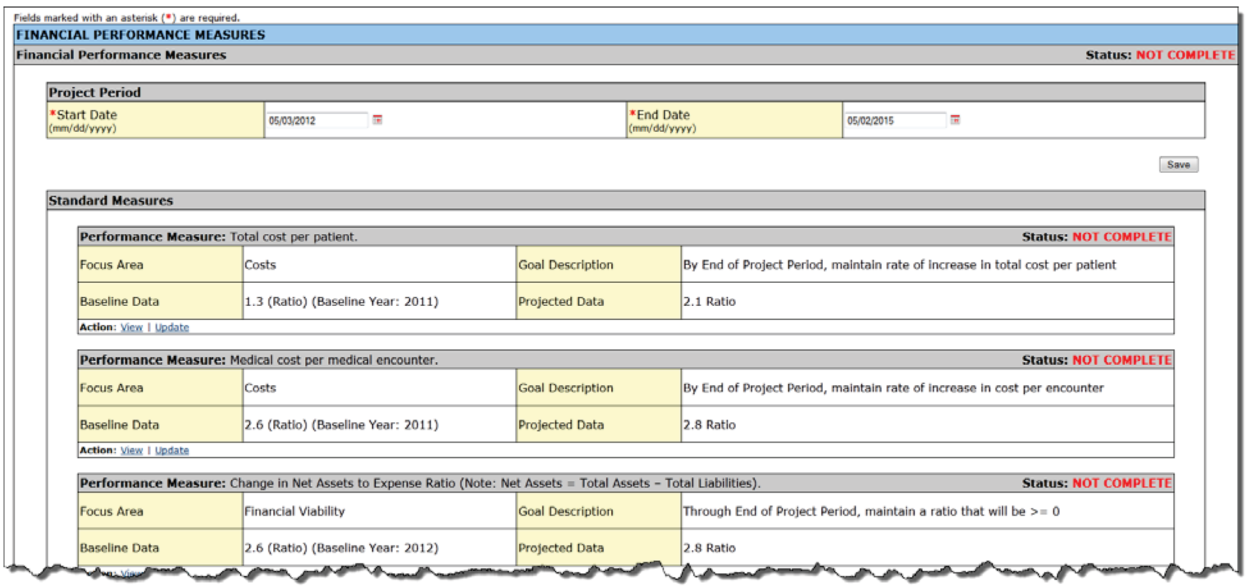
3. After you have completed working with all the Clinical Performance Measures, click **Save and Continue** to save your work and proceed to the next form.

4.13.Financial Performance Measures

Use this form to provide information about your Financial Performance Measures. Refer to the Instructions for Preparing and Submitting the FY 2013 Health Center Program Budget Period Progress Report for more information on filling out Financial Performance Measures.

1. Click the Financial Performance Measures link on the Program Specific Information side menu to access this form (Figure 99), if it is not already displayed.
2. The data for all standard performance measures will be populated from the application awarded in the last project or budget period where the measure was first proposed.
3. Enter the Project Period.

Figure 94: Financial Performance Measures



Fields marked with an asterisk (*) are required.

FINANCIAL PERFORMANCE MEASURES

Financial Performance Measures — Status: NOT COMPLETE

Project Period

*Start Date (mm/dd/yyyy)	05/03/2012	*End Date (mm/dd/yyyy)	05/02/2015

Save

Standard Measures

Performance Measure: Total cost per patient. — Status: NOT COMPLETE

Focus Area	Costs	Goal Description	By End of Project Period, maintain rate of increase in total cost per patient
Baseline Data	1.3 (Ratio) (Baseline Year: 2011)	Projected Data	2.1 Ratio

Action: View | Update

Performance Measure: Medical cost per medical encounter. — Status: NOT COMPLETE

Focus Area	Costs	Goal Description	By End of Project Period, maintain rate of increase in cost per encounter
Baseline Data	2.6 (Ratio) (Baseline Year: 2011)	Projected Data	2.8 Ratio

Action: View | Update

Performance Measure: Change in Net Assets to Expense Ratio (Note: Net Assets = Total Assets - Total Liabilities). — Status: NOT COMPLETE

Focus Area	Financial Viability	Goal Description	Through End of Project Period, maintain a ratio that will be >= 0
Baseline Data	2.6 (Ratio) (Baseline Year: 2012)	Projected Data	2.8 Ratio

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

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

- Update a Performance Measure
- View a Performance Measure
- Add a Performance Measure
- Delete a Performance Measure
- Mark a Performance Measure as a Duplicate
- Undo a Duplicated Performance Measure
- Update a Duplicated Performance Measure

4.13.1.1. Update a Performance Measure

1. Click an Update (Figure 97) link to enter or update the information for each performance measure.

Figure 95: Financial Performance Measures

Performance Measure: Change in Net Assets to Expense Ratio (Note: Net Assets = Total Assets – Total Liabilities).			**Status:** NOT COMPLETE
Focus Area	Financial Viability	Goal Description	Through End of Project Period, maintain a ratio that will be >= 0
Baseline Data	2.6 (Ratio) (Baseline Year: 2012)	Projected Data	2.8 Ratio
Action: View | Update			

➢ The Update Financial Performance Measure Information Page (Figure 101) will be displayed for the performance measure.

Figure 96: Update Financial Performance Measure Information Page

Fields marked with an asterisk (*) are required.

UPDATE FINANCIAL PERFORMANCE MEASURES INFORMATION

Status: NOT COMPLETE

Update Financial Performance Measures Information	
Focus Area	Financial Viability
*Is this Performance Measure Applicable to your Organization?	Yes (If No, provide explanation in 'Comments' area at bottom of this form)
Performance Measure	Change in Net Assets to Expense Ratio (Note: Net Assets = Total Assets – Total Liabilities).
Target Goal Description (Sample Goals)	You have 500 characters remaining out of maximum limit of 500 Through End of Project Period, maintain a ratio that will be >= 0
Numerator Description (Examples)	Ending Net Assets - Beginning Net Assets.
Denominator Description (Examples)	Total Expense.
Click "Save" button to save all information within this page.	Save
*Baseline Data	Baseline Year 2012 (yyyy) Measure Type Ratio Numerator 52 Denominator 15 Baseline Data 2.6 (Ratio) *Projected Data (by End of Project Period) (Sample Calculation) (Ratio)
*Data Source & Methodology	You have 500 characters remaining out of maximum limit of 500 Data Source & Methodology will be displayed here

2. Complete the Update Financial Performance Measure Information details for the performance measure. All of the fields marked with an asterisk (*) are required.

Key Factors and Major Planned Actions are prepopulated and will be displayed in *read-only format* for reference purposes while you are completing the Progress Towards Goal section of this form.

3. When you are finished entering all the details, click **Save and Continue** at the bottom of the form.

➢ You will be returned to the main Financial Performance Measures Form (Figure 99). The performance measure you updated will be completed (Figure 102).

Figure 97: Financial Performance Measures (Completed Performance Measure Section)

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

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

4.13.1.2. View a Performance Measure

1. Click the View link to see a pop-up screen displaying the details of the performance measure.

➢ A read-only version of the performance measure will be displayed (Figure 103).

Figure 98: View of Financial Performance Measure

As of 4/21/2012 5:16:49 PM
OMB No.: 0915-0285 Expiration Date: 10/31/2013

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration BUSINESS PLAN	FOR HRSA USE ONLY	
	Application Tracking Number	Grant Number
	00025772	H80CS00175
	Project Period Date	01/01/2012 -12/31/2015

Focus Area: Costs

Performance Measure Description: Total cost per patient.	
Is this Performance Measure Applicable to your Organization?	Yes
Target Goal Description	By End of Project Period, maintain rate of increase in total cost per patient
Numerator Description	Total accrued cost before donations and after allocation of overhead.
Denominator Description	Total number of patients.
Baseline Data	**Baseline Year:** 2011 **Measure Type:** Ratio **Numerator:** 350 **Denominator:** 135 **Baseline Data:** 2.6 (Ratio)
Projected Data (by End of Project Period)	5 (Ratio)
Data Source & Methodology	Data Source & Methodology will be displayed here.
Key Factor and Major Planned Action #1	**Key Factor Type: [X]** Contributing **[_]** Restricting **[_]** N/A **Key Factor Description:** Key Factor Description will be displayed here. **Major Planned Action Description:** Major Planned Action Description will be displayed here.
Comments	Comments will be displayed here.

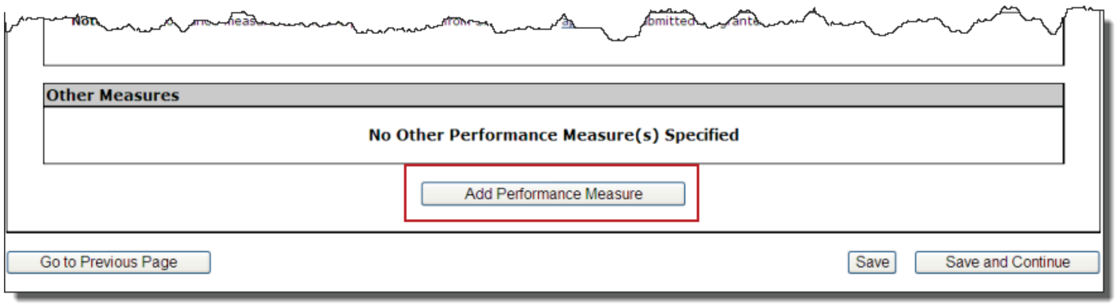
Close Window

2. Click the **Close Window** button to close the pop-up screen and return to the main Financial Performance Measures Form (Figure 99).

4.13.1.3. Add a Performance Measure

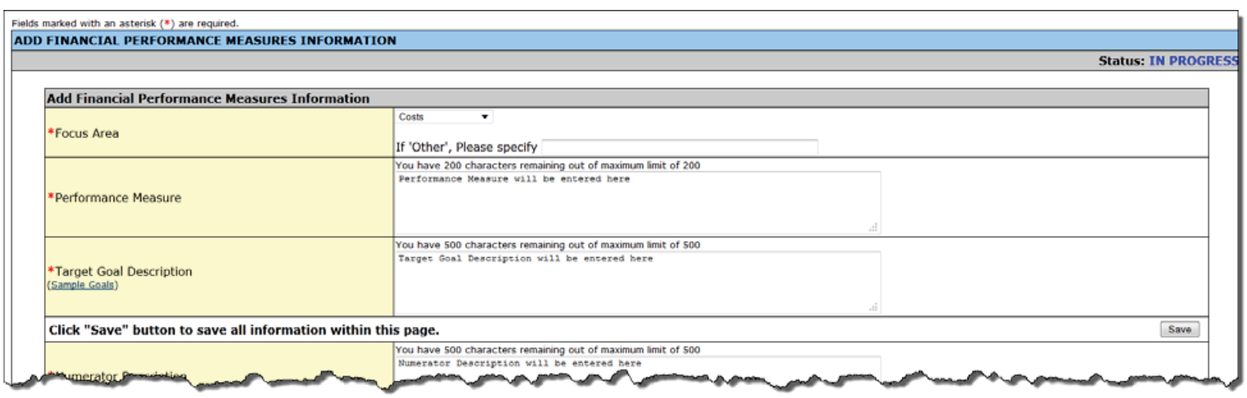
1. Click the **Add Performance Measure** button, in the Other Measures section (Figure 104), to add a performance measure.

Figure 99: Financial Performance Measures



2. The Add Financial Performance Measure Information Page (Figure 105) will be displayed. Fields marked with an asterisk (*) are required.

Figure 100: Add Financial Performance Measure Information Page



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

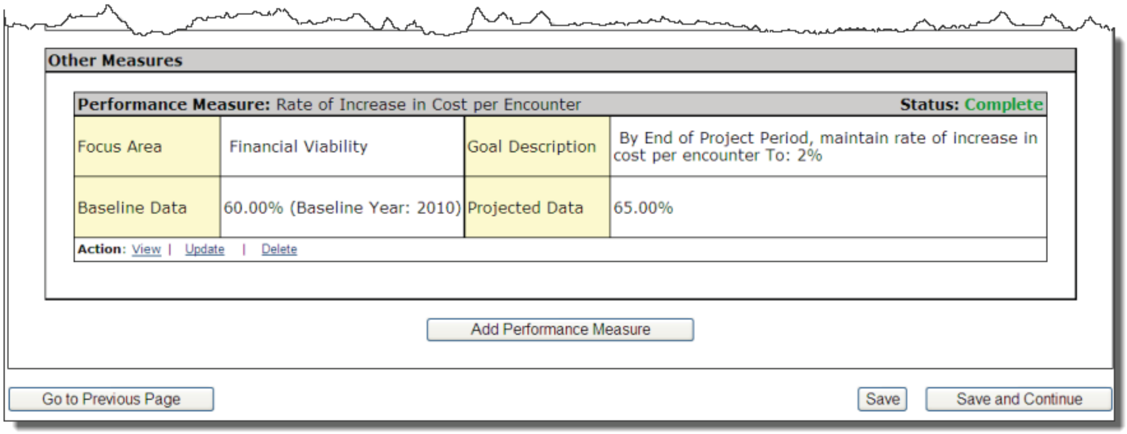
You are required to provide information in all performance measure fields.

4. Click **Save and Continue** at the bottom of the screen after you have completed all fields.

➢ You will be returned to the Financial Performance Measures Form (Figure 99).

A summary of the Financial Performance Measures information you entered will be listed as a new performance measure in the Other Measures section (Figure 106), at the bottom of the form.

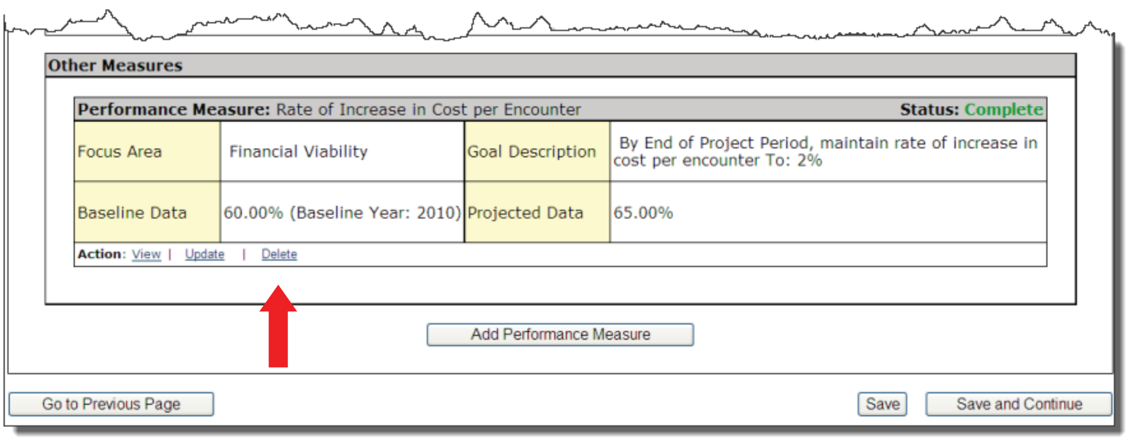
Figure 101: Other Measures Section of Financial Measures Form



4.13.1.4. Delete a Performance Measure

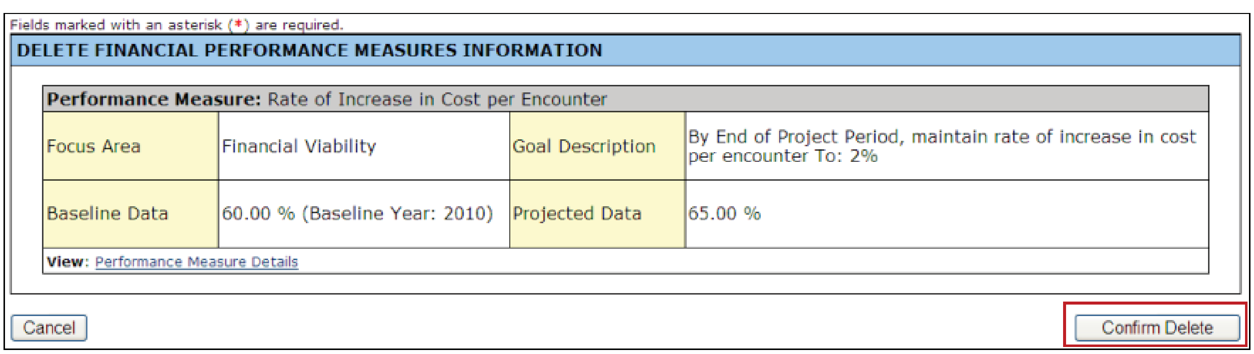
1. Click the Delete link if it appears under a performance measure that you added (Figure 107) to delete the performance measure.

Figure 102: Performance Measure with Delete Link



➢ A Delete Confirmation Page will be displayed (Figure 108) to enable you to confirm deletion of the performance measure.

Figure 103: Delete Confirmation Page for Financial Performance Measure



2. Click the **Confirm Delete** button to confirm the deletion.

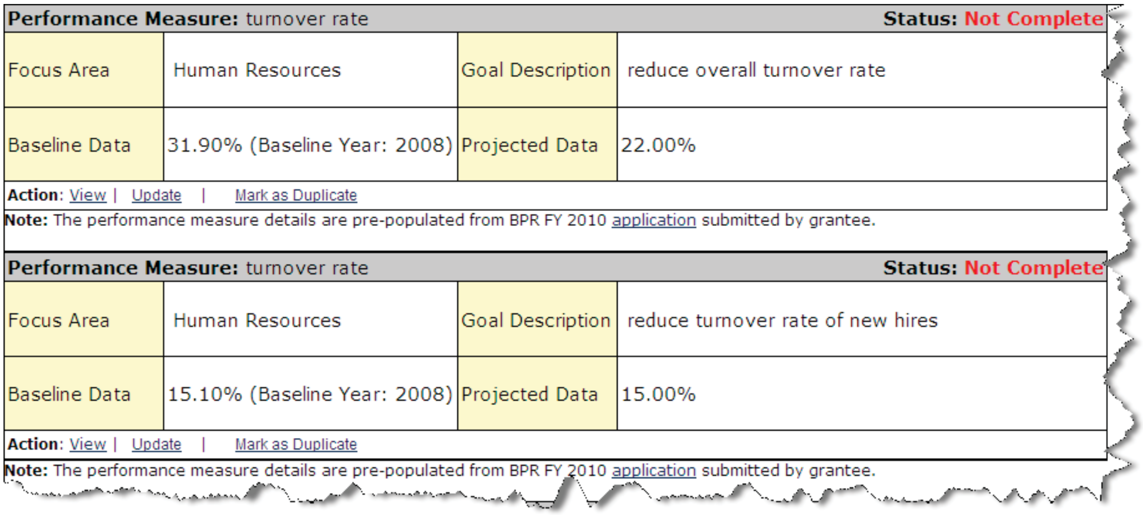
- You will be returned to the Financial Performance Measures Form (Figure 99).

The performance measure you deleted will no longer be listed.

4.13.1.5. Mark a Performance Measure as a Duplicate

1. Click the Mark as Duplicate link if it appears under a performance measure to resolve any Financial Performance Measure duplications (Figure 109).

Figure 104: Financial Performance Measures Duplications



Performance Measure: turnover rate			Status: Not Complete
Focus Area	Human Resources	Goal Description	reduce overall turnover rate
Baseline Data	31.90% (Baseline Year: 2008)	Projected Data	22.00%

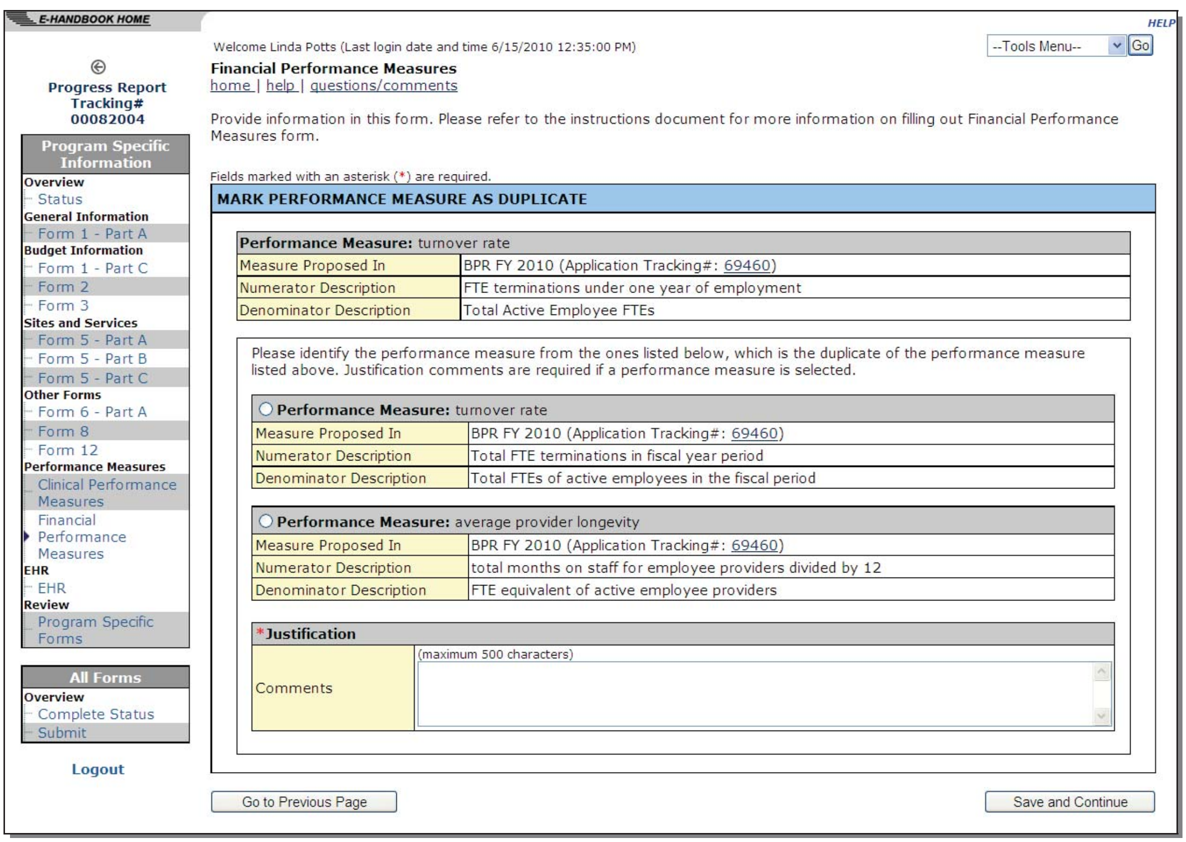
Action: View | Update | Mark as Duplicate
Note: The performance measure details are pre-populated from BPR FY 2010 application submitted by grantee.

Performance Measure: turnover rate			Status: Not Complete
Focus Area	Human Resources	Goal Description	reduce turnover rate of new hires
Baseline Data	15.10% (Baseline Year: 2008)	Projected Data	15.00%

Action: View | Update | Mark as Duplicate
Note: The performance measure details are pre-populated from BPR FY 2010 application submitted by grantee.

2. The Mark Performance Measure as Duplicate Page (Figure 110) will be displayed.

Figure 105: Mark Performance Measure as Duplicate Page



E-HANDBOOK HOME
HELP
Welcome Linda Potts (Last login date and time 6/15/2010 12:35:00 PM)
--Tools Menu-- Go
Financial Performance Measures
home | help | questions/comments

Progress Report Tracking# 00082004

Program Specific Information
Overview
Status
General Information
Form 1 - Part A
Budget Information
Form 1 - Part C
Form 2
Form 3
Sites and Services
Form 5 - Part A
Form 5 - Part B
Form 5 - Part C
Other Forms
Form 6 - Part A
Form 8
Form 12
Performance Measures
Clinical Performance Measures
Financial Performance Measures
EHR
EHR
Review
Program Specific Forms

All Forms
Overview
Complete Status
Submit

Logout

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

Fields marked with an asterisk (*) are required.

MARK PERFORMANCE MEASURE AS DUPLICATE

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

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

○ Performance Measure: turnover rate	
Measure Proposed In	BPR FY 2010 (Application Tracking#: 69460)
Numerator Description	Total FTE terminations in fiscal year period
Denominator Description	Total FTEs of active employees in the fiscal period

○ Performance Measure: average provider longevity	
Measure Proposed In	BPR FY 2010 (Application Tracking#: 69460)
Numerator Description	total months on staff for employee providers divided by 12
Denominator Description	FTE equivalent of active employee providers

*Justification	
Comments	(maximum 500 characters)

Go to Previous Page
Save and Continue

3. Compare the duplicated performance measures to the performance measure listed at the top of the screen and select the duplicate.

4. Enter a justification in the Comments box and click **Save and Continue**.

➢ You will be returned to the Financial Performance Measures Form (Figure 99).

The performance measure that you selected as a duplicate will no longer contain a Mark as Duplicate link. Instead, you see two other links: Undo Duplicate and Update Duplicate Information. The Update link will be removed for any performance measure marked as a duplicate.

4.13.1.6. Undo a Duplicated Performance Measure

1. Click the Undo Duplicate link if it appears under a performance measure that you marked as a duplicate (Figure 111), to unmark the performance measure as a duplicate.

This link will only appear on performance measures that have been marked as a duplicate.

Figure 106: Performance Measure with Duplicate Information - Related Links

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

1. The Financial Performance Measures Form (Figure 99) will be redisplayed.

The performance measure will no longer have an Undo Duplicate link or an Undo Duplicate Information link but will have an Update link and a Mark as Duplicate link.

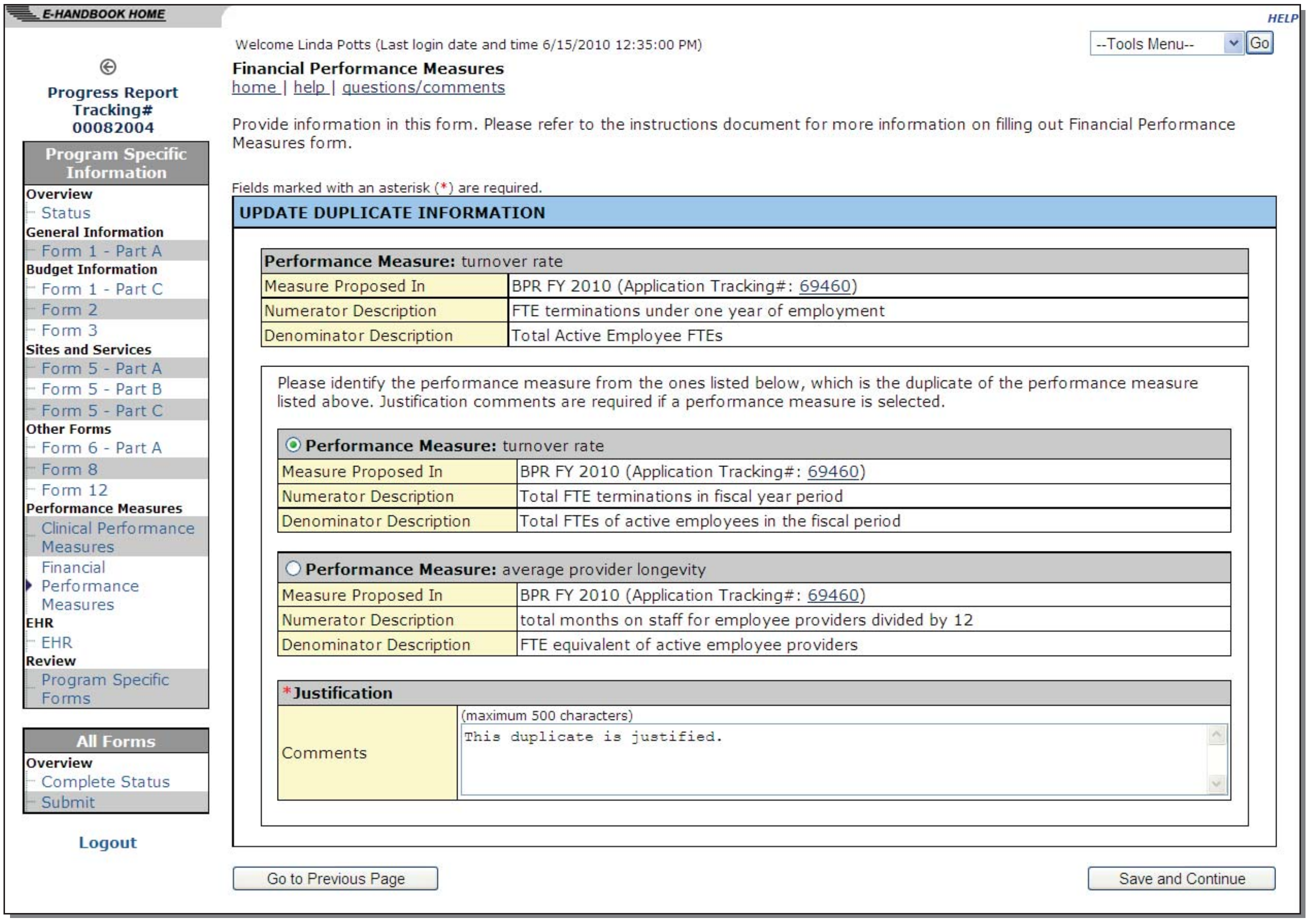
4.13.1.7. Update a Duplicated Performance Measure

1. Click the Update Duplicate Information link if it appears under a performance measure that you marked as a duplicate (Figure 111), to change the duplicated performance measure.

This link will only appear on performance measures that have been marked as a duplicate.

➢ The Update Duplicate Information Page (Figure 112) will be displayed.

Figure 107: Update Duplicate Information Page



At this point you can:

- Select another performance measure as the duplicate
- Modify the justification comments

2. Click the **Save and Continue** button when you are finished.

➢ You will be returned to the Financial Performance Measures Form (Figure 99).

3. After you have completed working with all the Financial Performance Measures, click the **Save and Continue** button on the Financial Performance Measures Form (Figure 99) to save your work and proceed to the next form.

5. Attaching Documents with the Appendices Form

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

1. Click the Appendices link on the Progress Report Process left navigation panel (Figure 113) to access the Appendices Form (Figure 114), if it is not already displayed. The **Appendices** page opens.

Figure 108: Appendices Link on the Progress Report Process Menu

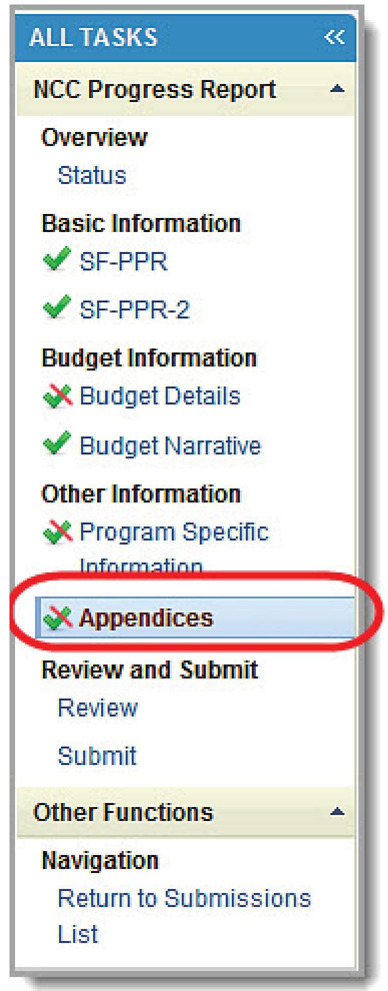
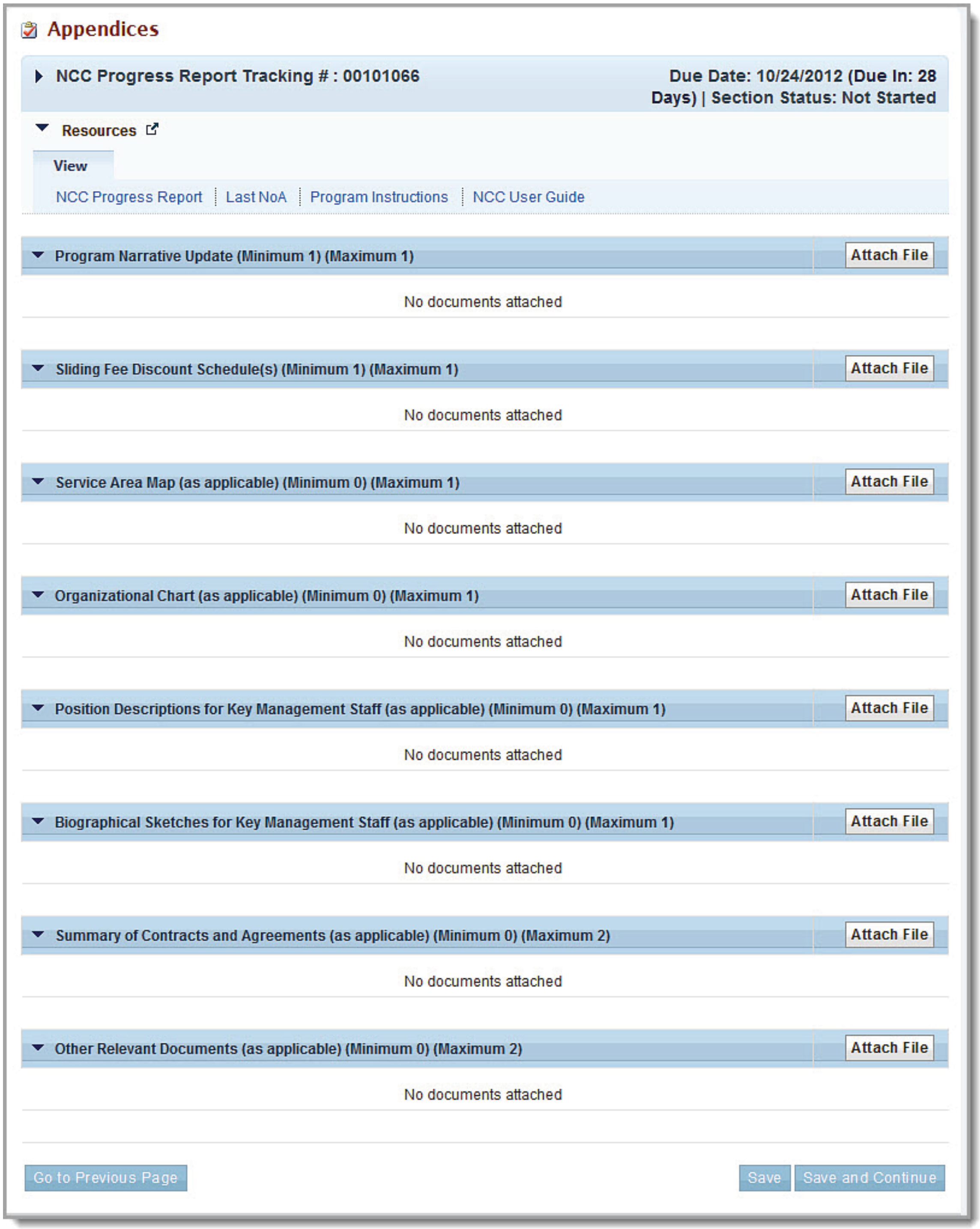
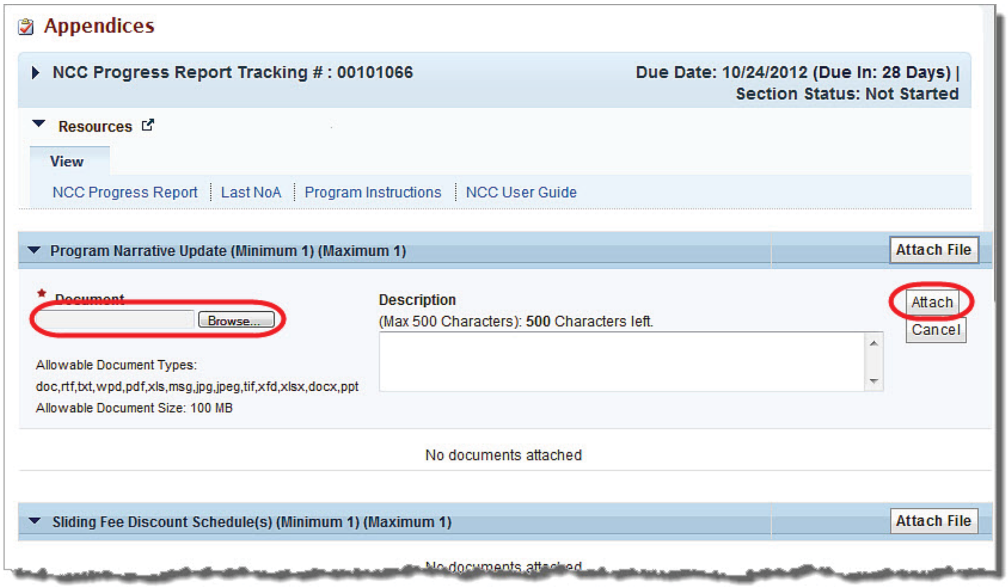


Figure 109: Appendices Page



2. On the **Appendices** page, for each type of document you wish to attach as an appendix, click the **Attach File** button. The section for that document type expands (Figure 115).

Figure 110: Document Type Section Expanded



3. Select or enter a file name and path.
4. Enter a description of the file, if appropriate.
5. Click the **Attach** button. The **Appendices** pages refreshes, listing the file you just attached in the document type section you attached it to. That section now has an Update Description drop-down from which you can update or delete the document description.

Note: You are required to provide attachments related to **Program Narrative Update** and **Sliding Fee Discount Schedules**.

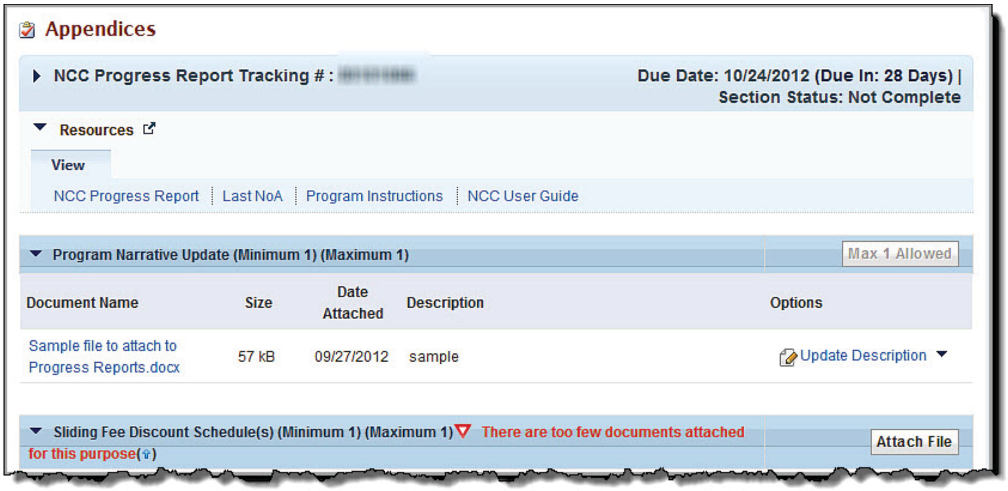
You can attach only one document for the following:

1. Program Narrative Update
2. Sliding Fee Discount Schedules
3. Service Area Map
4. Organizational Chart
5. Position Descriptions for Key Management Staff
6. Biographical Sketches for Key Management Staff

You can attach a maximum of two documents for the following:

1. Summary of Contracts and Agreements
2. Other Relevant Documents

Figure 111: Sample Attached Document Area of the Appendices Page



6. Repeat Steps 2 through 5 to attach any other documents.

At this point, you can:

- Click a document name to view it.
- Click an **Attach** button to attach additional documents.
- Select a document and click the Update Description drop-down and click the Update link to change the document's description or click the Delete link to delete the attachment.

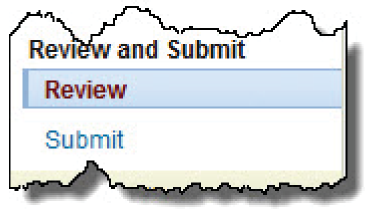
7. When you have completed attaching all documents, click the Save and Continue button at the bottom of the page to progress to the next form.

6. Review a Progress Report

6.1. Review Standard Forms (SF-PPR)

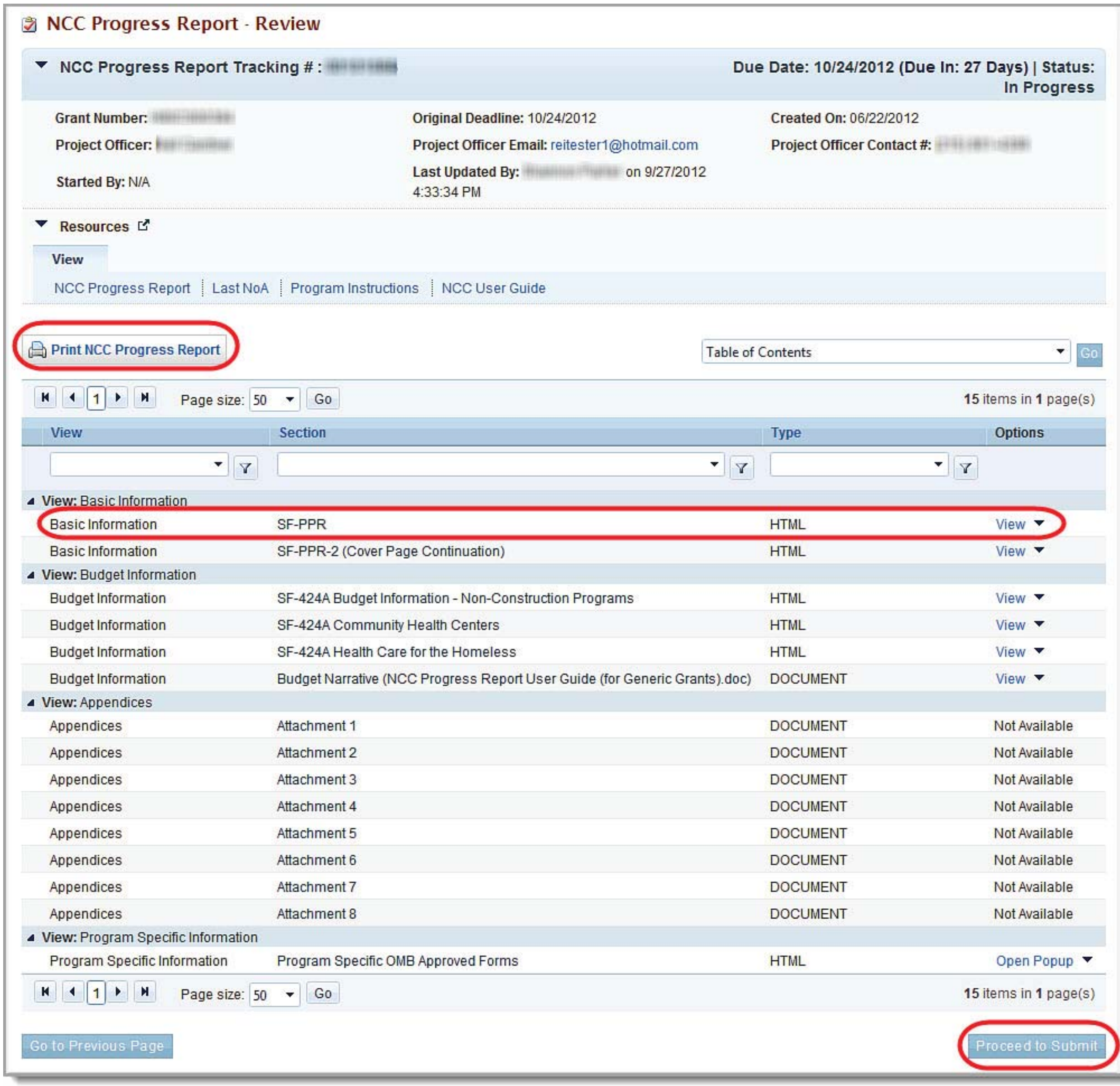
The **NCC Progress Report - Review** page shows the completion status for the Standard Forms (SF-PPR and SF-PPR-2), Program Specific Information forms, Attachments, and Budget Information.

Figure 112: Left Navigation Panel Link to NCC Progress Report Review Page



1. Click Review in the **Review and Submit** section of the left navigation panel to open the **NCC Progress Report – Review** page. The **NCC Progress Report – Review** page will open.

Figure 113: NCC Progress Report – Review Page



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

- Click a View link in the **Options** column to open a view-only version of the form.
- Click **Print NCC Progress Report** to print the complete report.
- Click **Proceed to Submit** to go to the **Submit** Page.

7. Submit a Progress Report

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

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

To submit your Progress Report:

1. Click Submit under Review and Submit on the left navigation panel to start the Submit Progress Report process. The **Submit** page (Figure 120) will be displayed.

Figure 114: Left Navigation Panel – Submit Link

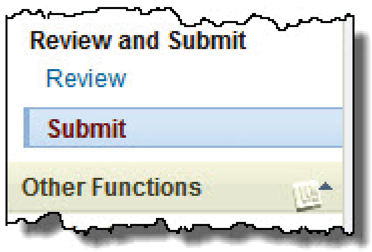
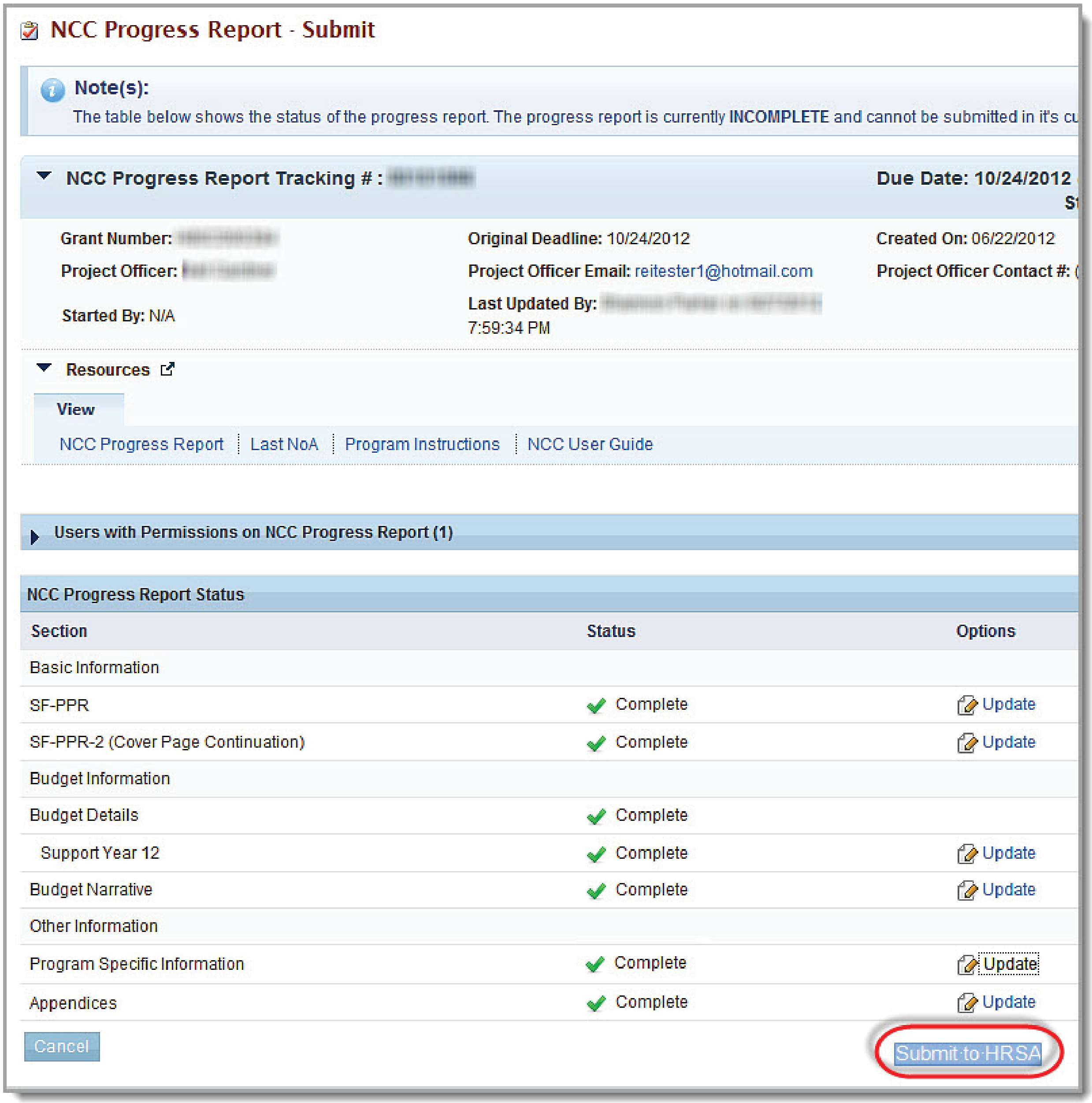
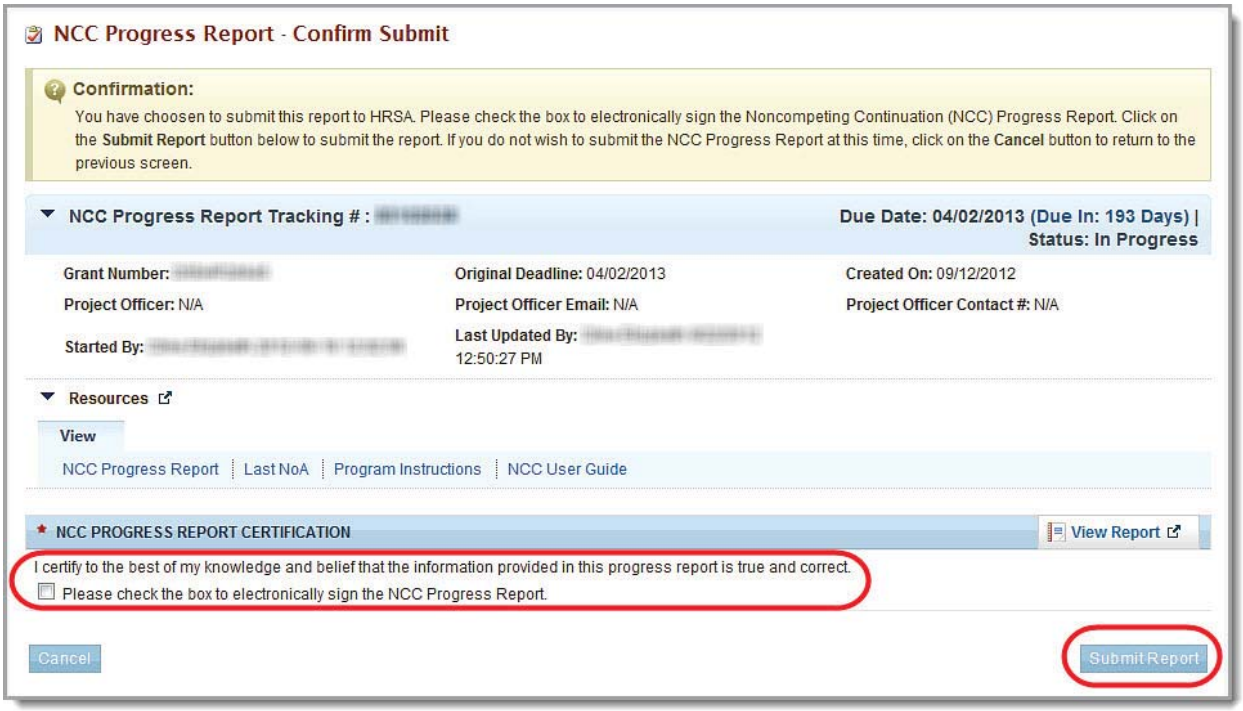


Figure 115: Submit Page



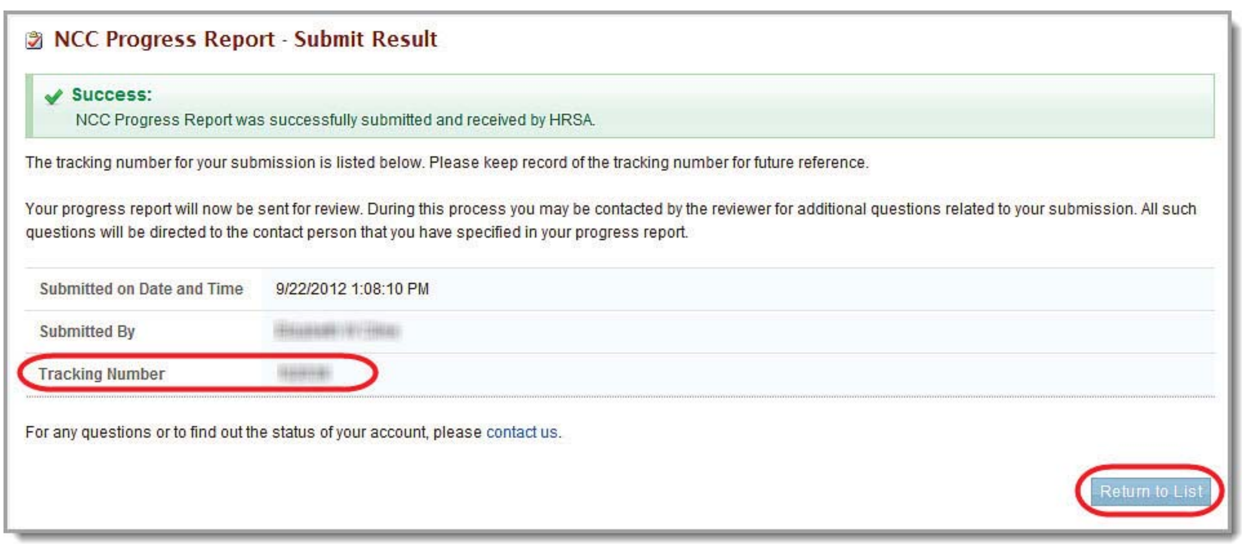
2. Click the Submit to HRSA button. The **Progress Report – Confirm Submit** page (Figure 121) will be displayed.

Figure 116: NCC Progress Report – Confirm Submit



3. Check the box to electronically sign the Progress Report.
4. Click the Submit Report button to submit your Progress Report to HRSA. The **NCC Progress Report - Submit Result** page (Figure 122) will be displayed.

Figure 117: NCC Progress Report - Submit Result Page

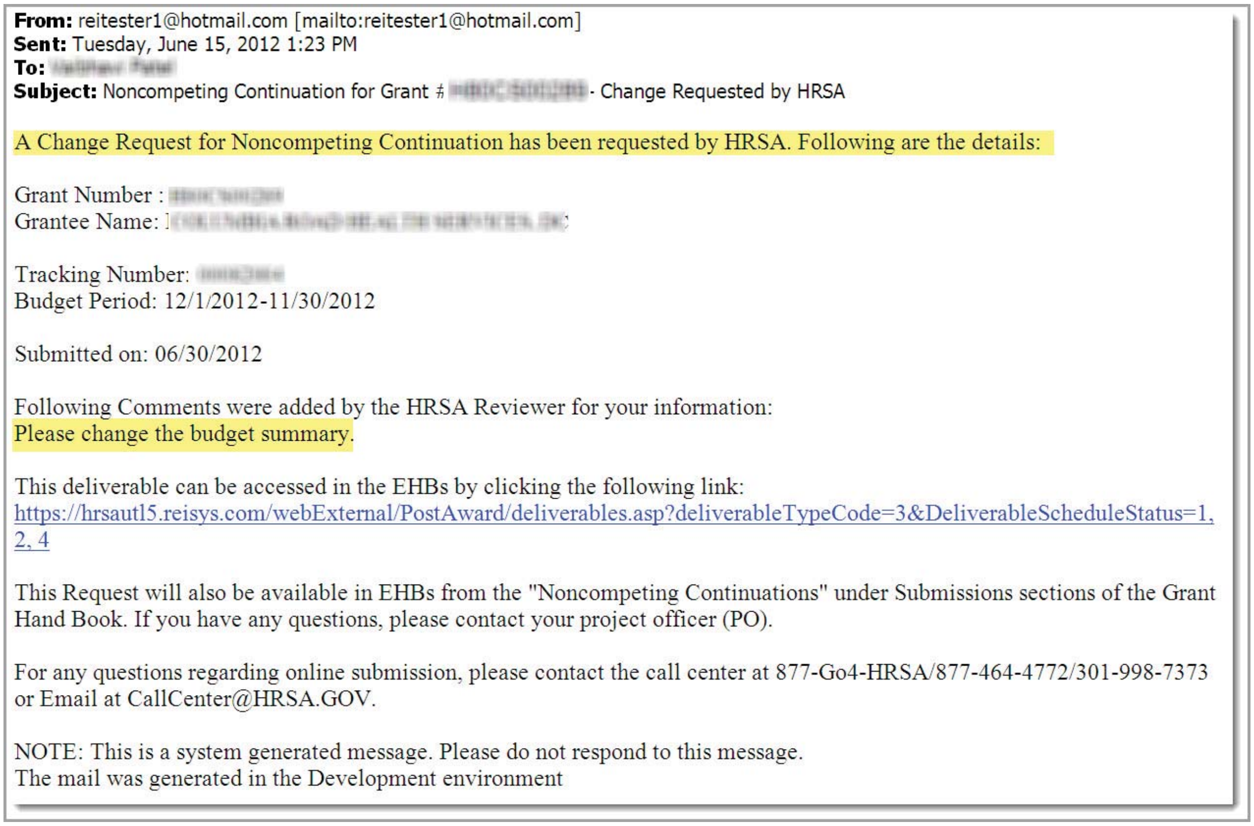


5. Take note of the Tracking Number.
6. Click the Return to List button to go to the page (Figure 4) to view additional Progress Reports which you can begin or edit.

7.1. Submit a Change-Requested Progress Report

HRSA sends you a Change Request Email (Figure 123) if your Progress Report needs to be revised.

Figure 118: Change-Request Email



From: reitester1@hotmail.com [mailto:reitester1@hotmail.com]
Sent: Tuesday, June 15, 2012 1:23 PM
To: [illegible]
Subject: Noncompeting Continuation for Grant # [illegible] - Change Requested by HRSA

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

Grant Number : [illegible]
Grantee Name: [illegible]

Tracking Number: [illegible]
Budget Period: 12/1/2012-11/30/2012

Submitted on: 06/30/2012

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

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

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

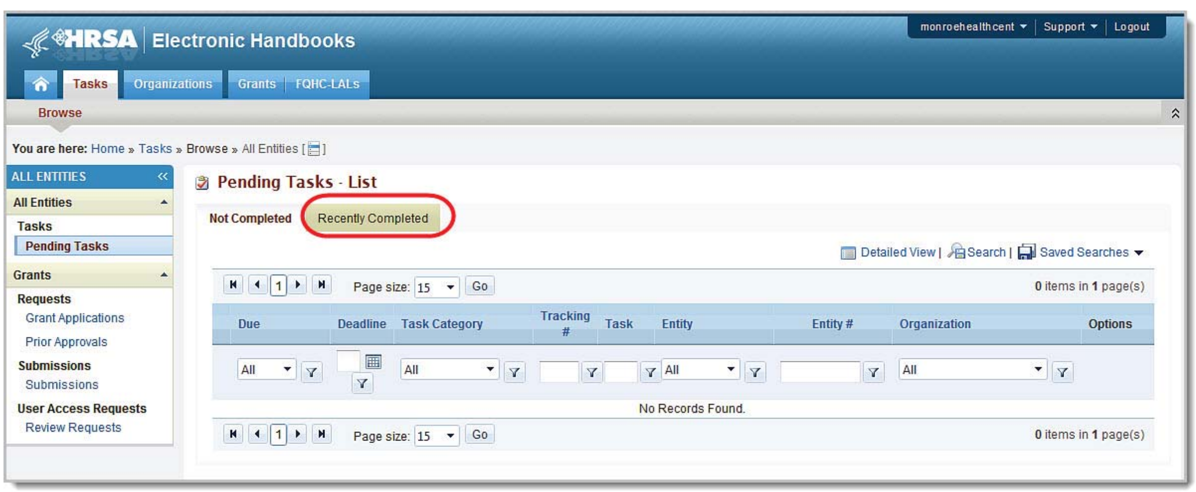
For any questions regarding online submission, please contact the call center at 877-Go4-HRSA/877-464-4772/301-998-7373 or Email at CallCenter@HRSA.GOV.

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

To revise your Progress Report:

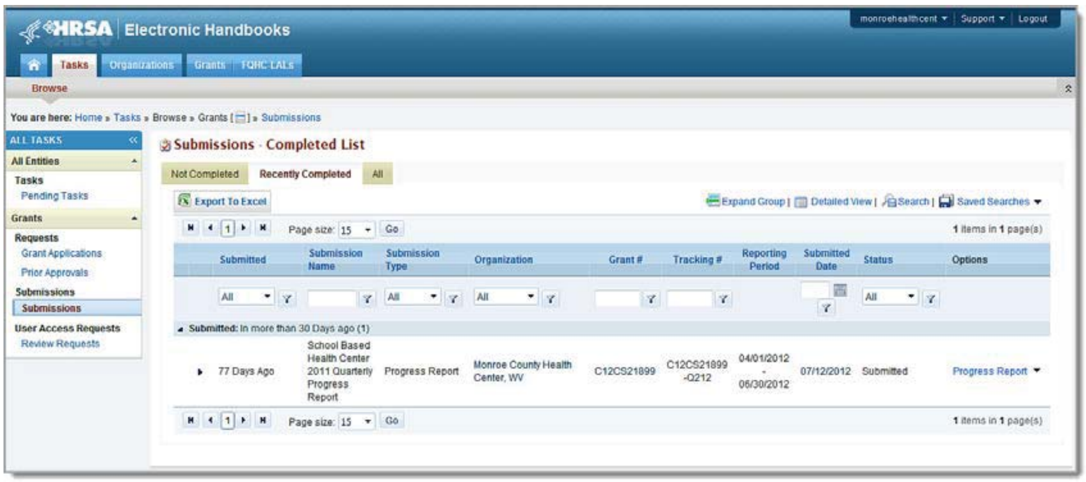
1. Go to the **Pending Tasks – List** page (Figure 124).

Figure 119: Pending Tasks – List Page



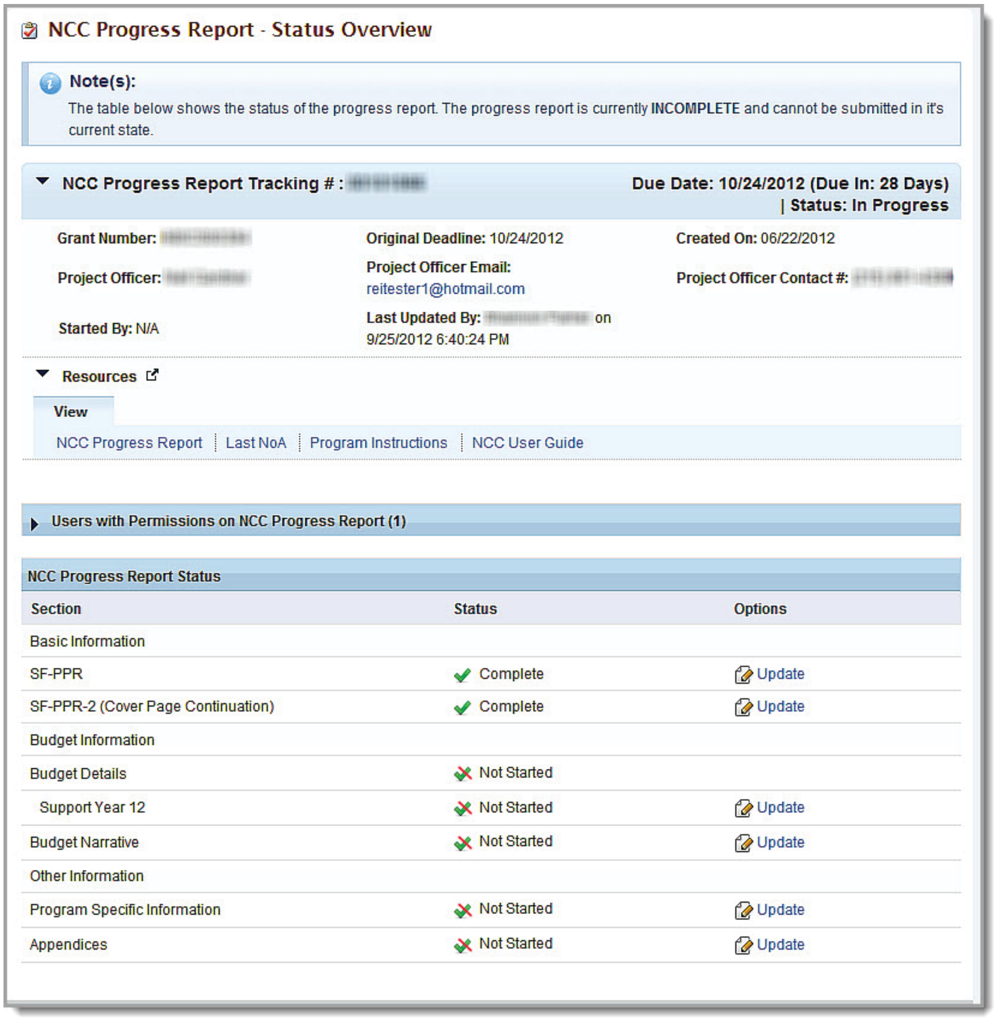
2. Click the **Recently Completed** tab. The **Completed Tasks - List** page opens.
3. Click the Submissions link in the left navigation panel. The **Submissions – Completed List** page opens.

Figure 120: Submissions – Completed List Page



4. Use the filters just beneath the column headers to help you find the Submission that corresponds to the tracking number noted in the *Change-Request Email* (Figure 123).The **Submissions – Incomplete List** page refreshes showing only the Submissions that match your filters.
5. Click the Edit drop-down for your Submission.
6. Click the Edit link. The **NCC Progress Report – Status Overview** page opens.

Figure 121: NCC Progress Report – Status Overview Page



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

7. Click the Update drop-down for the Progress Report section that corresponds to the changes requested in the **Change-Request Email** (Figure 123).
8. The Status Page (for Progress Report) (Figure 8) will be displayed.
9. Click the Update link for the section you need to revise, as per the HRSA reviewer's comments in the **Change Request Email** (Figure 123).
10. Follow the instructions from the appropriate sections of this User Guide to modify and re-submit your Progress Report.

7.2. Cancelled Change Requests

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

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

HRSA sends you a Change Request Cancellation Email if your change request is cancelled (Figure 127).

Figure 122: Sample Change-Request Cancellation Email

From: reitester1@hotmail.com [mailto:reitester1@hotmail.com]
Sent: Tuesday, June 15, 2012 1:23 PM
To: Vaibhavi Patel
Subject: Noncompeting Continuation for Grant #H80CS00289- Change Requested by HRSA

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

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

Tracking Number: 00082004
Budget Period: 12/1/2012-11/30/2012

Submitted on: 06/30/2012

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

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

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

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

The mail was generated in the Development environment

After you receive this email, you will not be able to revise the Progress Report, but you will be able to view it. Since the Progress Report is in a submitted status, you will have to search for it before you can view it. See the instructions in section 2.3, How to Access the Progress Report.

8. Customer Support

Use your Progress Report Tracking Number for all correspondence.

8.1. BPHC Help Desk

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

- By Email: BPHCHelpline@hrsa.gov

OR

- By Phone: 1-877-974-BPHC (2742) (8:30 am to 5:30 pm ET)

DO NOT call the BPHC Help Desk for any questions on the Instructions for Preparing and Submitting the FY 2013 Health Center Program Budget Period Progress Report or programmatic questions that you might have when completing your application.

8.2. HRSA Call Center

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

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

OR

- By Email: callcenter@hrsa.gov

Visit HRSA EHBs for additional online help.

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

DO NOT call the Call Center for any questions on the Instructions for Preparing and Submitting the FY 2013 Health Center Program Budget Period Progress Report or programmatic questions that you might have when completing your application.

8.3. HRSA Program Support

For any questions on the Instructions for Preparing and Submitting the FY 2013 Health Center Program Budget Period Progress Report or programmatic questions that you might have when completing your application, contact the Program Point of Contact within Bureau of Primary Health Care (BPHC) Office of Policy and Program Development (OPPD) as noted within the Instructions for Preparing and Submitting the FY 2013 Health Center Program Budget Period Progress Report.

- By Phone: 301-594-4300

OR

- By Email: BPHCBPR@hrsa.gov

9. Frequently Asked Questions

9.1. What are the software requirements for HRSA EHBs?

System Requirements

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

9.2. Are HRSA EHBs compliant with Section 508?

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

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

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

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

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

9.4. What are the software requirements for GAAM?

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

9.5. What document types can I upload?

The following document types are supported in HRSA EHBs:

- **.DOC** - Microsoft Word
- **.DOCX** - Microsoft Word
- **.JPEG** – Graphics Format
- **.JPG** - Graphics Format
- **.MSG** – Microsoft Mail Document
- **.PDF** - Adobe Portable Document Format
- **.PPT** – Power Point
- **.RTF** - Rich Text Format
- **.TIF** - Graphics Format
- **.TXT** - Text
- **.WPD** - Word Perfect Document
- **.XFD** - Extensible Forms Description Language files
- **.XLS** - Microsoft Excel
- **.XLSX** - Microsoft Excel