

HRSA Electronic Handbooks (EHBs)

Fiscal Year (FY) 2022 Health Center Controlled Networks (HCCN) Funding Opportunity

HRSA-22-009

User Guide for Grant Applicants

Last updated on November 11, 2021



Contents

1. Starting the FY 2022 HCCN Application	3
2. Completing the Standard Section of the Application	4
2.1 <i>Completing the Budget Information (SF-424A) and Budget Narrative</i>	<i>5</i>
2.1.1 Budget Information - Section A-C.....	5
2.1.2 Budget Information – Section D-F	9
2.1.3 Budget Narrative	10
2.2 <i>Completing the Disclosure of Lobbying Activities Form.....</i>	<i>11</i>
2.3 <i>Completing the Appendices Form.....</i>	<i>11</i>
3. Completing the Program Specific Section of the Application.....	12
3.1 <i>Participating Health Centers Form.....</i>	<i>13</i>
3.1.1 Populating the PHC List.....	13
3.1.2 Adding Award Recipients.....	14
3.1.3 Adding Look-Alikes (LAL)	15
3.2 <i>Project Work Plan.....</i>	<i>17</i>
3.2.1 Completing the Objective Section	18
4. Reviewing and Submitting the FY 2022 HCCN Application to HRSA	20

This user guide describes the steps to submit an FY 2022 Health Center Controlled Networks (HCCN) application in the HRSA Electronic Handbooks (EHBs) (funding opportunity announcement number HRSA-22-009). Use this guide with the HCCN Notice of Funding Opportunity (NOFO) and example forms, both available on the [HCCN technical assistance webpage](#), for complete application development guidance.

For steps that have a corresponding image, the format (e.g., Figure 5, 1) will include a hyperlink to the figure, and a reference to the numbered box on the image pointing out where on the screen the user should perform the action.

1. Starting the FY 2022 HCCN Application in the EHBs

Log into EHBs and validate the application.

1. Once the application is validated in EHBs, click the Tasks tab on the EHBs homepage to navigate to the **Pending Tasks – List** page.

Note:

- If you do not have a username, you must register in EHBs. Do not create duplicate accounts.
 - If you experience login issues or forget your password, contact Health Center Program Support through the [BPHC Contact Form](#) or (877) 464-4772 Monday-Friday, 7:00 a.m. to 8:00 p.m. ET.
2. Locate the FY 2022 HCCN application using the EHBs application tracking number (e-mailed after successful Grants.gov submission) and click the **Start** link to begin working on the application in EHBs (if you previously accessed the application, the **Start** link will be replaced with **Edit**).
- The system opens the **Application - Status Overview** page of the application ([Figure 1](#)).

Figure 1: Accessing the Application - Status Overview Page

Section	Status	Options
Basic Information	Not Started	
SF-424	Not Started	
Part 1	Not Started	Update
Part 2	Not Started	Update
Project/Performance Site Location(s)	Not Started	Update
Project Narrative	Not Started	Update
Budget Information	Not Started	
Section A-C	Not Started	Update
Section D-F	Not Started	Update
Budget Narrative	Not Started	Update
Other Information	Not Started	
Disclosure of Lobbying Activities	Not Started	Update
Appendices	Not Started	Update
Program Specific Information	Not Started	
Program Specific Information	Not Started	Update

The application consists of a Standard section and a Program Specific section. Complete both sections to submit your application to HRSA.

2. Completing the Standard Section of the Application

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

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

Information you submitted in Grants.gov has been imported to EHBs and has undergone a data validation check. You may edit this information, except for the Estimated Funding Section, if necessary. The Standard section consists of the following forms:

- The **SF-424 Part 1** form displays the basic application and applicant organization information.
- The **SF-424 Part 2** form displays project information including the project title, period of performance, and congressional districts affected by the project. The text entered in the abstract provided on Grants.gov can be updated or deleted in this section ([Figure 2, 1](#)). A project description attachment can also be added on this form; however, this is not required. Refer to the HCCN NOFO for required Project Abstract content.

Figure 2: Project Abstract on SF-424 Part 2

SF-424 - Part 2

Due Date: (Due in:) | Section Status:

Resources

SF-424 - Part 1 SF-424 - Part 2

Fields with * are required

Areas Affected by Project (Cities, Counties, States, etc.) (Maximum 1) Attach File

No documents attached

Descriptive Title of Applicant's Project Health Center Controlled Network

Project Description (Maximum 1) Attach File

No documents attached

Project Abstract

Approximately 2 pages (Max 4000 Characters with spaces).

* Project Abstract 1

- The **Project/Performance Site Location(s)** form displays the administrative and performance site locations. List only your administrative site address.
- In the **Project Narrative** form, attach the Project Narrative by clicking the **Attach File** button ([Figure 3, 1](#)). Refer to the HCCN NOFO for detailed guidance.

Figure 3: Attach Project Narrative

Project Narrative

Due Date: (Due in:) | Section Status:

Resources

View

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

Fields with * are required

* Project Narrative (Minimum 1) (Maximum 2) 1 Attach File

No documents attached

Go to Previous Page Save Save and Continue

2.1 Completing the Budget Information (SF-424A) and Budget Narrative

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

2.1.1 Budget Information - Section A-C

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

- Section A – Budget Summary
- Section B – Budget Categories

- Section C – Non-Federal Resources

1. Click the **Update** link for Section A-C on the **Application - Status Overview** page ([Figure 4, 1](#)) to navigate to the **Budget Information – Section A-C** form ([Figure 5](#)).

Figure 4: Section A-C Update Link

Application - Status Overview

Due Date: (Due in:) | Application Status: In Progress

Resources

View

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

Users with permissions on this application (1)

List of forms that are part of the application package

Section	Status	Options
Basic Information		
SF-424	Not Started	
Part 1	Not Started	Update
Part 2	Not Started	Update
Project/Performance Site Location(s)	Not Started	Update
Project Narrative	Not Started	Update
Budget Information		
Section A-C	Not Started	Update
Section D-F	Not Started	Update
Budget Narrative	Not Started	Update
Other Information		
Disclosure of Lobbying Activities	Not Started	Update
Appendices	Not Started	Update
Program Specific Information		
Program Specific Information	Not Started	Update

Figure 5: Budget Information – Section A-C Form

Due Date: (Due in:) | Section Status:

Resources View

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

Fields with * are required

Budget Period 1 Budget Period 2 Budget Period 3 Budget Period 4 Budget Period 5

Section A - Budget Summary Update

Grant Program Function or Activity	CFDA Number	Estimated Unobligated Funds		New or Revised Budget		Total
		Federal	Non-Federal	Federal	Non-Federal	
Health Center Controlled Network	93.527	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Section B - Budget Categories Update

Object Class Categories	Grant Program Function or Activity		Total
	Health Center Controlled Network		
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
Health Center Controlled Network	\$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

- To enter or update the budget information for Budget Period 1, click the **Update** button displayed in the top right corner of the Section A – Budget Summary section (Figure 5, 1), and the **Section A – Update** page will open (Figure 6).

Figure 6: Section A- Update Page

Due Date: (Due in:) | Section Status:

Resources View

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

Fields with * are required

Section A - Budget Summary

Grant Program Function or Activity	CFDA Number	Estimated Unobligated Funds		New or Revised Budget		Total
		Federal	Non-Federal	Federal	Non-Federal	
Health Center Controlled Networks	93.527	\$0.00	\$0.00	\$ 0.00	\$ 0.00	\$0.00
Total		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Cancel Save and Continue

- Under the New or Revised Budget section, enter the amount of federal funds ([Figure 6, 1](#)) that you are requesting in the applicable column for the first 12-month budget period. Do not enter amounts for Estimated Unobligated Funds.
- Click the **Save and Continue** button to navigate back to the **Budget Information – Section A-C** form, which will display the updated New or Revised Budget under Section A – Budget Summary ([Figure 7](#)).

Figure 7: Section A – Budget Summary Page After Update

* Section A - Budget Summary Update						
Grant Program Function or Activity	CFDA Number	Estimated Unobligated Funds		New or Revised Budget		
		Federal	Non-Federal	Federal	Non-Federal	Total
Health Center Controlled Networks	93.527	\$0.00	\$0.00		\$0.00	\$30,000.00
Total		\$0.00	\$0.00		\$0.00	\$30,000.00

- In Section B – Budget Categories, provide the federal funding distribution across object class categories for the first 12-month budget period. Click the **Update** button at the top right corner of the Section B header ([Figure 8](#)) to navigate to the **Section B – Update** page ([Figure 9](#)).

Figure 8: Section B – Budget Categories

* Section B - Budget Categories Update			
Object Class Categories	Grant Program Function or Activity		Total
	Health Center Controlled Networks		
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

- Enter the federal amount ([Figure 9, 1](#)) for each object class category under the Health Center Controlled Networks columns, as applicable.

Note:

- The total amounts in **Section B – Budget Categories** must be equal to the total new or revised federal amounts in **Section A – Budget Summary** of the **Budget Information – Section A-C** form.

Figure 9: Section B – Update Page

Section B - Update

Note(s):
Total of all budget categories in Section B must be equal to total federal new or revised budget in Section A - \$0.00.

Due Date: (Due in: s) | Section Status:

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

Fields with * are required

*** Section B - Budget Categories**

Object Class Categories	Grant Program Function or Activity		Total
		Health Center Controlled Networks	
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
Indirect Charges	\$	0.00	\$0.00
Total		\$0.00	\$0.00
Total Budget specified in Budget Summary (Section A)			\$0.00

Buttons: Cancel, Save and Continue

7. Click the **Save and Continue** button ([Figure 9, 2](#)) to navigate to the **Budget Information – Section A-C** form ([Figure 5](#)).
8. **Section C – Non- Federal Resources** does not need to be updated.
9. Click the **Save and Continue** button to proceed to the next form.

Note:

- Use the Budget Period 2 and Budget Period 3 tabs on the **Budget Information – Section A-C** form ([Figure 5](#)) and repeat the steps above to enter your funding request for the second and third year of funding.

2.1.2 Budget Information – Section D-F

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

- Section D – Forecasted Cash Needs
- Section F – Other Budget Information

Figure 10: Budget Information – Section D-F

Budget Information - Section D-F

Due Date: _____ (Due in: _____) | Section Status: _____

Resources

View

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

Section D - Forecasted Cash Needs

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

Section F - Other Budget Information

Direct Charges: No information added.

Indirect Charges: No information added.

Remarks: No information added.

Go to Previous Page | Save | Save and Continue

1. Section D – Forecasted Cash Needs is optional and may be left blank. If you complete this section, enter the amount of cash needed by quarter during year 1 the Federal rows by clicking the **Update** button in the top right corner of Section D (Figure 10, 1).
2. In Section F – Other Budget Information is optional and may be left blank. If you complete this section, provide information about direct and indirect charges. You can also add any relevant comments or remarks in this section by clicking the **Update** button in the top right corner of Section F (Figure 10, 2).
3. Finally, click the **Save and Continue** button on the Budget Information – Section D-F to proceed (Figure 10, 3).

2.1.3 Budget Narrative

Upload the Budget Narrative by clicking the **Attach File** button (Figure 11, 1). Once completed, click the **Save and Continue** button to proceed to the Disclosure of Lobbying Form (Figure 11, 2).

Figure 11: Budget Narrative

Budget Narrative

Due Date: _____ (Due in: _____) | Section Status: _____

Resources

View

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

Fields with * are required

* Budget Narrative (Minimum 1) (Maximum 2)

No documents attached

Go to Previous Page | Save | Save and Continue

2.2 Completing the Disclosure of Lobbying Activities Form

Provide all information on the **Disclosure of Lobbying Activities** form, then click the **Save and Continue** button to proceed to the **Appendices** form. If you select “No” in the Certification Regarding Lobbying section, you do not need to complete the remainder of the form. Click the **Save and Continue** button.

2.3 Completing the Appendices Form

1. Upload the following attachments, as applicable, by clicking the associated **Attach File** button for each attachment ([Figure 12](#)). Refer to the HCCN NOFO for detailed guidance.
 - Attachment 1: Proof of Organizational Status (minimum 1) (maximum 1)
 - Attachment 2: PHC Memorandum of Agreement (MOA) Template and Signatures (minimum 1) (maximum 1)
 - Attachment 3: Project Organizational Chart (minimum 1) (maximum 1)
 - Attachment 4: Position Descriptions for Key Project Staff (minimum 1) (maximum 1)
 - Attachment 5: Biographical Sketches for Key Project Staff (minimum 1) (maximum 1)
 - Attachment 6: Staffing Plan (minimum 1) (maximum 1)
 - Attachment 7: Summary of Contracts and Agreements (maximum 1)
 - Attachment 8: Letters of Support (minimum 1) (maximum 1)
 - Attachment 9: Network Bylaws (minimum 1) (maximum 1)
 - Attachment 10: Indirect Cost Rate Agreement (maximum 1)
 - Attachment 11: Participating Health Center Needs Assessment Summary (maximum 1)
 - Attachment 12: Communication Plan (minimum 1) (maximum 1)
 - Attachment 13: Other Documents (maximum 1)

Figure 12: Appendices

Appendices		Due Date: 1/7/2022 12:32:05 PM (Due in: 35 days) Section Status: Not Complete
Resources		
Attachment 1: Proof of Organizational Status (Minimum 1) (Maximum 1)	No documents attached	Attach File
Attachment 2: PHC Memorandum of Agreement (MOA) Template and Signatures (Minimum 1) (Maximum 1)	No documents attached	Attach File
Attachment 3: Project Organizational Chart (Minimum 1) (Maximum 1)	No documents attached	Attach File
Attachment 4: Position Descriptions for Key Project Staff (Minimum 1) (Maximum 1)	No documents attached	Attach File
Attachment 5: Biographical Sketches for Key Project Staff (Minimum 1) (Maximum 1)	No documents attached	Attach File
Attachment 6: Staffing Plan (Minimum 1) (Maximum 1)	No documents attached	Attach File
Attachment 7: Summary of Contracts and Agreements (Maximum 1)	No documents attached	Attach File
Attachment 8: Letters of Support (Minimum 1) (Maximum 1)	No documents attached	Attach File
Attachment 9: Network Bylaws (Minimum 1) (Maximum 1)	No documents attached	Attach File
Attachment 10: Indirect Cost Rate Agreement (Maximum 1)	No documents attached	Attach File
Attachment 11: Participating Health Center Needs Assessment Summary (Maximum 1)	No documents attached	Attach File
Attachment 12: Communication Plan (Minimum 1) (Maximum 1)	No documents attached	Attach File
Attachment 13: Other Documents (Maximum 1)	No documents attached	Attach File

Go to Previous Page Save Save and Continue

2. After completing the **Appendices** form, click the **Save and Continue** button to proceed to the **Program Specific Information – Status Overview** page.

3. Completing the Program Specific Section of the Application

1. Refer to the HCCN NOFO, as well as the example forms available on the [HCCN technical assistance webpage](#) for detailed guidance. To complete each form, first open the form by clicking the **Update** link under the “Options” menu ([Figure 13](#)).

Figure 13: Status Overview Page for Program Specific Forms

Program Specific Information Status		
Section	Status	Options
Participating Health Centers		
Participating Health Centers	✖ Not Started	Update ▾
Project Work Plan Information		
Project Work Plan	✖ Not Started	Update ▾
Return to Complete Status		

3.1 Participating Health Centers Form

On the **Participating Health Centers (PHC) List** form, you will select the Health Center Program (H80) award recipients (grantees) and health centers with Look-Alike designation (LAL) that are committed to supporting the proposed HCCN project throughout the period of performance. The selected health centers should match those presented in Attachment 2: PHC Memorandum of Agreement (MOA).

Note:

- Returning HCCN applicants have the ability to populate their current list of PHCs on this form.
- You must add a minimum of 10 PHCs to your HCCN application. The number of Health Center Program award recipients (those with a grant number beginning with H80) must comprise at least 51 percent of the total number of PHCs.

3.1.1 Populating the PHC List

1. If you are a currently funded HCCN, enter your H2Q award number (**Figure 14, 1**) and click the **Populate PHC List** button (**Figure 14, 2**) so that your current PHCs will populate in the PHC list.

Figure 14: Participating Health Centers - List

Participating Health Centers - List

Note(s):
Provide the total number of Participating Health Centers (Health Center Program award recipients and look-alikes) that are committed to the proposed HCCN project. Note that the number of award recipients (those with a grant number beginning H80) must comprise at least 51% of the total number of Participating Health Centers.

Due Date: [] (Due In: []) | Section Status: []

Resources

View
[FY 2022 HCCN User Guide](#) | [Funding Opportunity Announcement](#)

Note(s): You must enter your organization's H2Q number to populate your PHC list below. You may also skip this step and enter the PHC information manually.

Grant Number

If you are a currently funded HCCN enter your H2Q award number so your current PHCs will populate in the PHC list below. Updates you make to your proposed FY2022 PHC list will not impact your current FY2021 PHC list. If you are not a current H2Q awardee, leave this field blank.

[1] [2] [3]

[Populate PHC List](#) [Clear PHC List](#)

[Add H80 Award Recipient\(s\)](#) [Add Look-Alike\(s\)](#)

Serial Number	Health Center Type	Health Center Name	City	State	Grant/ LAL Number	Options
---------------	--------------------	--------------------	------	-------	-------------------	---------

- If at any point you wish to clear your PHC List and remove all of the PHCs you have added, you may do so by clicking the **Clear PHC List** button (Figure 14, 3).

3.1.2 Adding Award Recipients

- Click on the **Add H80 Award Recipient(s)** button (Figure 14, 4) on the Participating Health Centers – List form. The system navigates to the Participating Health Centers - Grantee Search page (Figure 15).

Figure 15: Participating Health Centers – Grantee Search Page

The screenshot displays the 'Participating Health Centers - Grantee Search' interface. At the top, there are search filters for Grant Number, DUNS Number, City, and Organization Name. A 'Search' button is located at the bottom right of the filter section. Below the filters is a table with columns for 'Select / Unselect', 'Grantee Name', 'City', 'State', and 'GrantNumber'. The table lists various health centers, with the first four rows having their selection checkboxes checked. At the bottom of the page, there are navigation buttons for 'Go to Previous Page' and 'Add to Application', along with a 'Group Action Menu' and 'Select all' options.

Select / Unselect	Grantee Name	City	State	GrantNumber
<input checked="" type="checkbox"/>	SOUTHCENTRAL FOUNDATION	Anchorage	AK	H8002-0001-100
<input type="checkbox"/>	ANCHORAGE NEIGHBORHOOD HEALTH CENTER	ANCHORAGE	AK	H8002-0001-140
<input type="checkbox"/>	GIRDWOOD HEALTH CLINIC	Girdwood	AK	H8002-0001-0007
<input checked="" type="checkbox"/>	ALEUTIAN PRIBILOF ISLAND ASSOCIATIONS	ANCHORAGE	AK	H8002-0001-100
<input checked="" type="checkbox"/>	Kodiak Island Health Care Foundation	Kodiak	AK	H8002-0001-0400
<input type="checkbox"/>	BRISTOL BAY BOROUGH	Naknek	AK	H8002-0001-100
<input type="checkbox"/>	TANANA CHIEFS CONFERENCE	FAIRBANKS	AK	H8002-0001-000
<input checked="" type="checkbox"/>	Alaska Island Community Services	Wrangell	AK	H8002-0001-0000
<input type="checkbox"/>	Yakutat Tlingit Tribe	Yakutat	AK	H8002-0001-0000
<input type="checkbox"/>	BETHEL FAMILY CLINIC	Bethel	AK	H8002-0001-100
<input type="checkbox"/>	CITY OF GALENA	Galena	AK	H8002-0001-100
<input type="checkbox"/>	Native Village of Eyak	Cordova	AK	H8002-0001-0000
<input type="checkbox"/>	INTERIOR COMMUNITY HEALTH CENTER	Fairbanks	AK	H8002-0001-140
<input type="checkbox"/>	Cross Road Medical Center	Glennallen	AK	H8002-0001-0000
<input type="checkbox"/>	SELDOVIA VILLAGE TRIBE	Seldovia	AK	H8002-0001-100

- By default, the system displays the entire list of all current H80 award recipients in the Search Results panel (Figure 15, 1). The page size is set to 15 records per page, but this can be changed (Figure 15, 2). You can narrow your search results by using the column filters at the top of the section (Figure 15, 3).

3. If you would like to search for a specific H80 award recipient, enter at least one of the basic search parameters (Grant Number, Organization Name, DUNS Number etc.) in the search panel ([Figure 15, 4](#)) and click on the **Search** button ([Figure 15, 5](#)). Your results will be displayed in the search results panel. You can further filter your results by following the previous step.
4. Select the award recipients that you would like to include in your HCCN application ([Figure 15, 6](#)) and click the **Add to Application** button ([Figure 15, 7](#)). You can also add all of the award recipients listed in your search results panel at once by clicking on the **Select All** button ([Figure 15, 8](#)).

Note:

- After an H80 award recipient has been added to your HCCN application, you will not be able to re-select that award recipient again from your search results panel. If you delete that award recipient from your PHC list, then the same award recipient can be searched for again and re-added.

3.1.3 Adding Look-Alikes (LAL)

1. Click on the **Add Look-Alike(s)** button ([Figure 14, 5](#)) on the **Participating Health Centers – List** form. The system navigates to the **Participating Health Centers - Look-Alike Search** page ([Figure 16](#)).

Figure 16: Participating Health Centers – Look-Alike Search page

Participating Health Centers - Look-Alike Search

Due Date: 10/13/2025 (Due In: 30 Days)

Resources

Search Filters:

Basic Search Parameters

Look-Alike Number (comma separated list) (e.g. A11HP00024, A10HP00152) Organization Name Like (e.g. CLAYTON COUNTY)

City Like State All AL AZ CA CO

Search Name:

Search | Saved Searches

This page: 0 LookAlikes Selected (View) Across pages:

Page size: 15 Go 166 items in 12 page(s)

Select / Unselect	Organization Name	City	State	LAL Number
<input type="checkbox"/>	BAYOCLINIC, INC.	BAYOU LA BATRE	AL	LAL202109
<input type="checkbox"/>	TERROS INC	PHOENIX	AZ	LAL202108
<input type="checkbox"/>	RIVER CITIES COMMUNITY CLINIC, INC	BULLHEAD CITY	AZ	LAL202105
<input type="checkbox"/>	NEIGHBORHOOD OUTREACH ACCESS TO HEALTH	SCOTTSDALE	AZ	LAL202118
<input type="checkbox"/>	VALLE DEL SOL, INC.	PHOENIX	AZ	LAL202109
<input type="checkbox"/>	MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT	PHOENIX	AZ	LAL202107
<input type="checkbox"/>	CENTER FOR A.I.D.S. RESEARCH, EDUCATION AND SERVICES - SACRAMENTO, THE	SACRAMENTO	CA	LAL202107
<input type="checkbox"/>	NORTH ORANGE COUNTY REGIONAL HEALTH FOUNDATION	FULLERTON	CA	LAL202108
<input type="checkbox"/>	HEALTH FOR ALL, INC.	SACRAMENTO	CA	LAL202104
<input type="checkbox"/>	CASTLE FAMILY HEALTH CENTERS, INC.	ATWATER	CA	LAL202112
<input type="checkbox"/>	CENTRAL NEIGHBORHOOD HEALTH FOUNDATION	LOS ANGELES	CA	LAL202108
<input type="checkbox"/>	UNIVERSAL HEALTH FOUNDATION	LOS ANGELES	CA	LAL202115
<input type="checkbox"/>	HARBOR COMMUNITY CLINIC	SAN PEDRO	CA	LAL202104
<input type="checkbox"/>	ALL-INCLUSIVE COMMUNITY HEALTH CENTER	BURBANK	CA	LAL202102
<input type="checkbox"/>	SAMUEL DIXON FAMILY HEALTH CEN	VALENCIA	CA	LAL202102

Page size: 15 Go 166 items in 12 page(s)

This page: 0 LookAlikes Selected (View) Across pages:

2. Repeat steps 2 – 4 from the Adding Award Recipients section and add the desired number of LAL health centers to your HCCN application.
3. The system navigates back to the **Participating Health Centers – List** form ([Figure 14](#)) displaying the newly added LAL health centers.
4. Click the **Save and Continue** button to proceed to the next section of the application.

3.2 Project Work Plan

The **Project Work Plan** (Figure 17) provides the objectives that will be attained by the end of the 3-year project period (by July 31, 2025), and details the proposed activities to be conducted in the first 12 months of the period of performance, from August 1, 2022 to July 31, 2023. The **Project Work Plan** form consists of the below 10 total objectives (8 pre-determined objectives and 2 applicant choice objectives):

- Objective 1: Patient Engagement
- Objective 2: Patient Privacy and Cybersecurity
- Objective 3: Social Risk Factor Intervention
- Objective 4: Disaggregated, patient-level data
- Objective 5: Interoperable Data Exchange and Integration
- Objective 6: Data Utilization
- Objective 7: Leveraging digital health tools
- Objective 8: Health IT Usability and Adoption
- Objective 9: Health Equity (Applicant Choice)
- Objective 10: Improving Digital Health Tools (Applicant Choice)

Note:

- You must enter the required information, including Key Factors and Activities, for each of the 10 objectives.

Figure 17: Project Work Plan

The screenshot shows the 'Project Work Plan' form interface. At the top, there are fields for 'Due Date', '(Due In:)', and 'Section Status:'. Below this is a 'Resources' section with a 'View' button and links for 'FY 2022 HCCN User Guide' and 'Funding Opportunity Announcement'. A 'Note(s)' section contains a message: 'Applicants must complete information for all Objectives. Applicants must complete the PHC List prior to completing this form.' The main part of the form is a table with the following columns: Objective Title, Baseline Percentage, Target Percentage, Number of Key Factors, Number of Activities, Status, and Options. The table lists 10 objectives, all with a 'Not Complete' status. The 'Options' column for each row contains an 'Update' button with a dropdown arrow. A red box highlights these 'Update' buttons, and a red callout bubble with the number '1' points to the first one. At the bottom of the form, there are 'Go to Previous Page' and 'Continue' buttons.

Objective Title	Baseline Percentage	Target Percentage	Number of Key Factors	Number of Activities	Status	Options
Objective 1: Patient Engagement			0	0	Not Complete	Update
Objective 2: Patient Privacy and Cybersecurity			0	0	Not Complete	Update
Objective 3: Social Risk Factor Intervention			0	0	Not Complete	Update
Objective 4: Disaggregated, patient-level data			0	0	Not Complete	Update
Objective 5: Interoperable Data Exchange and Integration			0	0	Not Complete	Update
Objective 6: Data Utilization			0	0	Not Complete	Update
Objective 7: Leveraging digital health tools			0	0	Not Complete	Update
Objective 8: Health IT Usability and Adoption			0	0	Not Complete	Update
Objective 9: Health Equity (Applicant Choice)			0	0	Not Complete	Update
Objective 10: Improving Digital Health Tools (Applicant Choice)			0	0	Not Complete	Update

3.2.1 Completing the Objective Section

1. Click on the **Update** link for each of the required objectives ([Figure 17, 1](#)). The requested information must be provided for each objective for the application to be submitted.
2. The system will navigate to the **Objective Information – Update** page for that objective ([Figure 18](#)).

Note:

- In Objectives 9 and 10, the applicant choice objectives, applicants will provide information for the “Objective Description” and the “Applicant Choice Objective Numerator Description”.

Figure 18: Objective Information – Update Page

Objective Information - Update

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

Resources

View

FY 2022 HCCN User Guide | Funding Opportunity Announcement

Note(s):

Applicants must provide baseline, target data, and key factors for each objective. For each objective propose 2-4 activities to be conducted August 1, 2022 through July 31, 2023 that will clearly support Objective Attainment by the end of the three-year period of performance (July 31, 2025). Complete the PWP Applicants must complete the PHC List prior to completing this form.

Please click Save (or) Save & Continue button after data entry.

Fields with * are required.

Objective Details

Objective Title	Objective 1: Patient Engagement
Objective Description	Increase the percentage of PHCs that support patients and families' participation in their health care through expanded use of integrated digital health tools (e.g., electronic messages sent through patient portals to providers, telehealth visits, remote monitoring devices).
Objective Numerator Description	Number of PHCs with at least 80 percent of patients who have used integrated digital health tools between in-person visits to communicate health information with the PHC within the last 12 months (a patient must have used a digital health tool at least once between visits).
* Baseline Numerator	<input type="text"/>
Baseline Denominator	10
Baseline Percentage	<input type="text"/>
* Target	<input type="text"/>
Target Percentage	<input type="text"/>
* Baseline Data Source	<input type="text"/>

Note(s):

Identify a minimum of two and a maximum of three key factors for this objective including at least one contributing and one restricting factor.

Add Key Factor

Key Factors (Minimum 2) (Maximum 3)

No Key Factors Added

Supporting Organization(s)

1,000 characters with spaces (Approximately 1/2 pages)

Note(s):

Identify a minimum of two and a maximum of four activities for this objective.

Add Activity

Activities (Minimum 2) (Maximum 4)

No Activities Added

Go to Previous Page

Save Save and Continue

3. In the Objective Details section, in the Baseline Numerator field ([Figure 18, 1](#)), enter the number of PHCs that meet the objective, as listed in the HCCN NOFO. The Baseline Denominator ([Figure 18, 2](#)) will be prepopulated based on the number of PHCs you have added on the PHC List form.

Note:

- The Baseline Denominator must be greater than or equal to 10.
- The Baseline Percentage ([Figure 18, 3](#)) will automatically calculate a percentage based on the formula: Baseline Numerator / Baseline Denominator * 100.

4. In the Target field ([Figure 18, 4](#)), enter the number of PHCs that you anticipate will achieve the objective by the end of the 3-year period of performance. The Target field for the Applicant Choice Objectives can be a number less than the Baseline Denominator, including zero (0) if this is applicable to the objective.

Note:

- The Target Percentage ([Figure 18, 5](#)) will automatically calculate a percentage based on the formula: Target / Baseline Denominator * 100.

5. Provide the Baseline Data Source ([Figure 18, 6](#)).

6. The Objective Information page also includes sections to add Key Factors and Activities. Click the **Save** button before proceeding to the Key Factors section.

7. In the Key Factors section, add key factors using the Add Key Factors button ([Figure 18, 7](#)). The system navigates to the Add New Key Factor overlay ([Figure 19](#)). When adding a key factor, identify the Key Factor Type ([Figure 19, 2](#)) and provide the Key Factor Description ([Figure 19, 3](#)). Click the **Save and Continue** button to return to the **Objective Information – Update** page.

Note:

- Identify a minimum of two (2) and a maximum of three (3) key factors for this objective including at least one contributing and one restricting factor.

Figure 19: Add Key Factor Overlay

The screenshot shows the 'Add New Key Factor' overlay. It features a title bar with a close button. Below the title bar, it states 'Fields with * are required'. The form contains two main sections: 'Key Factor Type' and 'Key Factor Description'. The 'Key Factor Type' section has two radio buttons: 'Contributing' and 'Restricting'. A red box highlights these radio buttons, with a callout bubble containing the number '1'. The 'Key Factor Description' section has a text area with a character count: '500 characters with spaces (Approximately 1/4 page)'. A red callout bubble with the number '2' points to the text area. At the bottom left is a 'Cancel' button and at the bottom right is a 'Save and Continue' button.

8. In the Activity section, add activities using the **Add Activity** button ([Figure 18, 9](#)). The system navigates to the **Add New Activity** overlay ([Figure 20](#)). When adding an activity, enter information for Activity Name, Activity Description, Need(s) the Activity Addresses, Person or Group Responsible, Targeted Start Date (no earlier than August 1, 2022), and Targeted End Date (no later than July 31, 2025). Refer to the HCCN NOFO for detailed guidance. Click the **Save and Continue** button to return to the **Objective Information – Update** page ([Figure 18](#)).

Note:

- Identify a minimum of two (2) and a maximum of four (4) activities for each objective.

Figure 20: Add New Activity Overlay

9. When you have finished updating all information for this objective, click the **Save and Continue** button to return to the **Project Work Plan** form.
10. Repeat the above steps for each objective until all 10 objectives show a status of “Complete.” Once all 10 are complete, click on the **Continue** button on the Project Work Plan form to proceed to the Program Specific Forms – Review page.

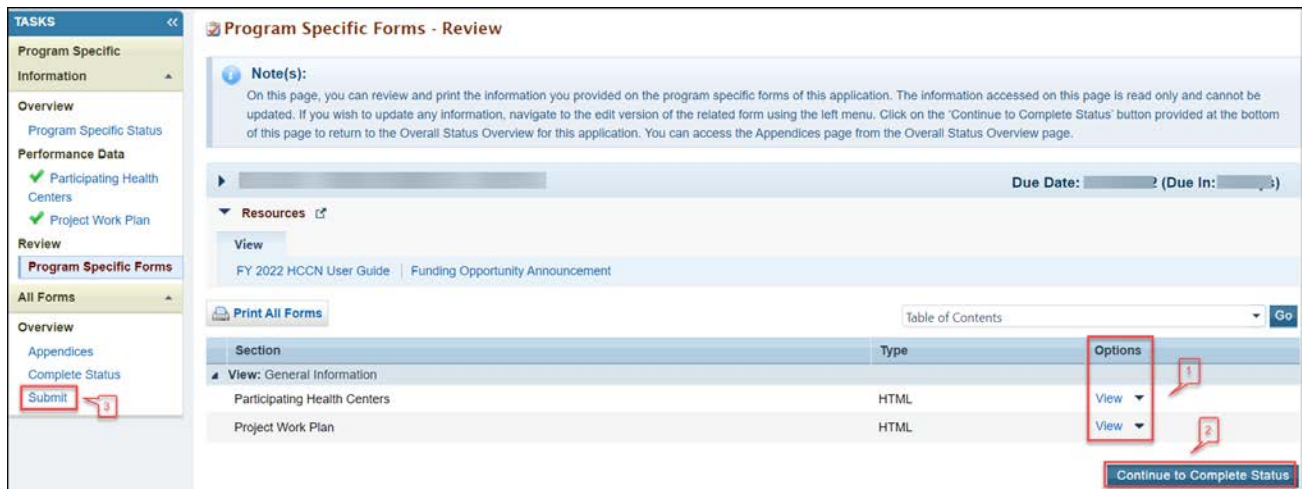
Note:

- If any updates are made to the **Participating Health Centers (PHC) List** after an Objective is complete, that objective will return to “Not Complete” status, and you must revisit the objective to complete the **Project Work Plan** form.

4. Reviewing and Submitting the FY 2022 HCCN Application to HRSA

1. Review the Program Specific forms to ensure that all information is accurate. Access each form by clicking on the **View** link under the Options menu for each form ([Figure 21, 1](#)).

Figure 21: Program Specific Forms - Review



2. If you have Standard section forms that are incomplete, click the **Continue to Complete Status** button (Figure 21, 2) to proceed to the **Application - Status Overview** Page. Forms that are incomplete or have errors will have a status of “Not Complete.” Click on the **Update** link under the Options menu to access each form requiring revision. Make the necessary changes until all forms are marked “Complete.”
3. When all Standard section and Program Specific forms are complete and accurate, click the **Submit** button (Figure 21, 3) on the Program Specific Left Menu to proceed to the **Application – Submit** page.
4. Click the **Submit to HRSA** button (Figure 22, 1) on the **Application – Submit** page.
 - To submit an application, you must have the ‘Submit’ privilege. This privilege must be given by the Project Director (PD) to the Authorizing Official (AO).
 - If you are not the AO, a **Submit to the AO** button will be displayed at the bottom of the Submit page. Click the button to notify the AO that the application can be submitted to HRSA.

Figure 22: Application - Submit

The screenshot displays the 'Application - Submit' interface. On the left is a sidebar with 'ALL TASKS' and a list of application components, many with green checkmarks indicating completion. The main content area shows the application's progress, including a 'Resources' section with links like 'Application', 'Action History', and 'Funding Opportunity Announcement'. Below that is a section for 'Users with permissions on this application (1)'. The central feature is a table titled 'List of forms that are part of the application package'.

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

At the bottom right of the main content area, there is a red callout box with the number '1' pointing to a 'Submit to HRSA' button. A 'Go to Previous Page' button is located at the bottom left of the main content area.

5. Answer the questions displayed under the Certifications and Acceptance section of the **Confirmation** page and click the **Submit Application** button to submit the application to HRSA.
6. If you experience any problems with submitting the application in EHBs, contact Health Center Program Support at 1-877-464-4772 or through the [BPHC Contact Form](#).