HRSA Electronic Handbooks (EHBs)

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

HRSA-22-009

User Guide for Grant Applicants

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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).
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.
- 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**

### 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
2. 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).
3. 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.

4. 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

<table>
<thead>
<tr>
<th>Grant Program Function or Activity</th>
<th>CFDA Number</th>
<th>Estimated Unobligated Funds</th>
<th>New or Revised Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Federal</td>
<td>Non-Federal</td>
</tr>
<tr>
<td>Health Center Controlled Networks</td>
<td>03.527</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

5. 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

<table>
<thead>
<tr>
<th>Object Class Categories</th>
<th>Grant Program Function or Activity</th>
<th>Health Center Controlled Networks</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Person</td>
<td></td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Fringe Benefits</td>
<td></td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Travel</td>
<td></td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Equipment</td>
<td></td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Supplies</td>
<td></td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Contractual</td>
<td></td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Construction</td>
<td></td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Total Direct Charges</td>
<td></td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Indirect Charges</td>
<td></td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>0.00</td>
<td>0.00</td>
</tr>
</tbody>
</table>

6. 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.
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
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]).
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)
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**).
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.
2. 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

1. 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**

2. 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).
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.
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](image)
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.

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.
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**).
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.
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.