Contents

1. Starting the Look-Alike Initial Designation Application .................................................................................................................. 3

2. Completing the Look-Alike Cover Page .............................................................................................................................................. 5

3. Completing the Appendices Form ...................................................................................................................................................... 5

4. Completing the Program Specific Forms ........................................................................................................................................ 8

   4.1 Form 1A – General Information Worksheet .......................................................................................................................... 9
   4.1.1 Completing the Applicant Information section ..................................................................................................................... 10
   4.1.2 Completing the Proposed Service Area section ................................................................................................................... 11

   4.2 Form 1C: Documents on File ...................................................................................................................................................... 15

   4.3 Form 4 - Community Characteristics ........................................................................................................................................... 15
   4.3.1 Completing the Form 4 sections ............................................................................................................................................. 18
   4.3.2 Completing the Special Populations and Select Population Characteristics section ........................................................................ 18

   4.4 Form 2 – Staffing Profile .......................................................................................................................................................... 19
   4.4.1 Completing the Staffing Positions by Major Service Category sections ................................................................................ 19
   4.4.2 Completing the Total FTEs section .......................................................................................................................................... 22

   4.5 Form 3 - Income Analysis ........................................................................................................................................................ 23
   4.5.1 Completing the Payer Categories section ............................................................................................................................ 23
   4.5.2 Completing the Comments/Explanatory Notes section ....................................................................................................... 24

   4.6 Form 3A – Budget Information .................................................................................................................................................. 25
   4.6.1 Completing the Expenses section ........................................................................................................................................... 25
   4.6.2 Completing the Revenue section ............................................................................................................................................. 25

   4.7 Form 5A – Services Provided ..................................................................................................................................................... 26
   4.6.3 Completing the Requires Services Section .................................................................................................................................... 27
   4.7.1 Completing the Additional Services Section ........................................................................................................................ 27
   4.7.2 Completing the Specialty Services Section ................................................................................................................................... 28

   4.8 Form 5B – Service Sites .......................................................................................................................................................... 29
   4.8.1 Proposing a New Site ............................................................................................................................................................... 29
   4.8.2 Completing Form 5B ............................................................................................................................................................. 32

   4.9 Form 5C – Other Activities/Locations ......................................................................................................................................... 33

   4.10 Form 6A – Current Board Member Characteristics ................................................................................................................. 35
   4.11 Form 6B - Request for Waiver of Board Member Requirements .................................................................................................. 37
   4.11.1 Completing Form 6B when it is not applicable ......................................................................................................................... 38

   4.12 Form 8 - Health Center Agreements ......................................................................................................................................... 39

   4.13 Clinical Performance Measures ............................................................................................................................................... 42
   4.14.1 Completing the Required Clinical Performance Measures .................................................................................................. 43
   4.15.1 Adding Additional Clinical Performance Measures ................................................................................................................. 46

   4.16 Financial Performance Measures ........................................................................................................................................... 47
   4.16.1 Completing the Required Financial Performance Measures .................................................................................................. 47
   4.16.2 Adding Additional Financial Performance Measures .............................................................................................................. 49

5. Reviewing and Submitting the Look-Alike Initial Designation Application to HRSA ........................................................................... 51
This user guide describes the steps you need to follow to submit a Look-Alike Initial Designation application to the Health Resources and Services Administration (HRSA).

### 1. Starting the Look-Alike Initial Designation Application

You must have an EHBs user account to create a Look-Alike Initial Designation (ID) application. For additional instruction on how to create an EHBs account, use the New User Registration page at https://grants.hrsa.gov/2010/WebEPSExternal/Interface/UserRegistration/RegistrationHome.aspx.

**IMPORTANT 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 the HRSA Contact Center (http://www.hrsa.gov/about/contact/ehbhelp.aspx) at (877) 464-4772.

After logging into EHBs, click on the ‘Organizations’ tab and then select the **Organization Folder** link under the ‘Options’ column of the list page to open the **Organization Home** page.

On the **Organization Home** page, click **Create Initial Designation Application** (Figure 1) link under the ‘FQHC-LAL’ section to open the **Look-Alike Create Application** page.

![Figure 1: Application - Organization Home](image)

Select the target population(s) for your application and click the Continue button to access the confirmation page. The target population types to choose form are

- Community Health Center
- Health Care for Homeless
- Migrant Health Centers
- Public Housing

Click the Confirm button to confirm the creation of an Initial Designation (ID) application.
**IMPORTANT NOTE:**

- The selections made for target population(s) can be changed by going to the Cover Page and updating the existing selection.
- Also, the system will create your ID application and display the tracking number. Make a note of your ID application tracking number. The tracking number will also be emailed to you.

Click Continue with Application to open the **Application - Status Overview** page that has links to the application components (Cover Page, Appendices, and Program Specific Information) on the left menu.

After you have created the Initial Designation application, you can return to work on it by finding it in your **Pending Tasks** page, which can be accessed by clicking the ‘Tasks’ tab.

Locate the Look-Alike ID application using the ID application tracking number and click the **Start** link to begin working on the application in EHBs (if you have previously accessed the application, the **Start** link will be replaced with **Edit**). The system opens the **Application - Status Overview** page of the application (Figure 2)

![Figure 2: Application - Status Overview Page](https://bphc.hrsa.gov/sites/default/files/bphc/programopportunities/lookalike/pdfs/LALidinstructions.pdf)

The application consists of the **Cover Page, Appendices,** and **Program Specific Information** sections. You must complete all these sections to submit your application to HRSA. The green checkmarks in the left menu and the Status column indicate whether each section is complete or not.

For details about eligibility requirements and what must be included in your application, see the Look-Alike Initial Designation Application Instructions at

2. Completing the Look-Alike Cover Page

The Cover Page (Figure 3) requires the following information, as indicated by the red asterisks to the left of these fields:

Select Target Population(s) (Figure 3, 1) – select the target population type(s) served by the applicant health center: Community Health Centers (CHC); Health Care for the Homeless (HCH); Migrant Health Centers (MHC); Public Housing Primary Care (PHPC).

Person to be contacted on matters involving this application (Figure 3, 2) – enter the point of contact for the look-alike initial designation application.

Authorized Representative (Figure 3, 3) – enter the person who is authorized by the board of directors to submit the look-alike initial designation application. Once completed, click the Save and Continue button to proceed to the Appendices form. Once completed, click the Save and Continue button to proceed to the Appendices form.

IMPORTANT NOTE: If you select any special populations on the cover page, you will be required to enter the current number of patients for that special population on Form 1A

3. Completing the Appendices Form

Expand the left navigation menu if not already expanded by clicking the double arrows displayed near the form name at the top of the page (Figure 4, 1). Click on the Appendices link (Figure 4, 2) to navigate to the Appendices form.
Upload the following attachments by clicking the associated Attach File buttons (Figure 5). After completing the Appendices form, click the Save and Continue button to proceed to the Program Specific Information – Status Overview page.

- Project Abstract (Required) (Minimum 1, Maximum 1)
- Project Narrative (Required) (Minimum 1, Maximum 1)
- Attachment 1 – Patient Origin and Utilization Information (Required) (Minimum 1, Maximum 1)
• Attachment 2 – Service Area Map and Table (Required) (Minimum 1, Maximum 1)
• Attachment 3 – Medicare and Medicaid Documentation (Required) (Minimum 1, Maximum 1)
• Attachment 4 – Bylaws (Required) (Minimum 1, Maximum 1)
• Attachment 5 – Governing Board Meeting Minutes (Required) (Minimum 1, Maximum 1)
• Attachment 6 – Co-Applicant Agreement for Public Agencies (As applicable) (Minimum 0, Maximum 1)
• Attachment 7 – Contracts and Referral Arrangements (As applicable) (Minimum 0, Maximum 1)
• Attachment 8 – Articles of Incorporation (Required) (Minimum 1, Maximum 1)
• Attachment 9 – Evidence of Non-Profit or Public Agency Status (Required) (Minimum 1, Maximum 1)
• Attachment 10 – Financial Statements (Required) (Minimum 1, Maximum 1)
• Attachment 11 – Organizational Chart (Required) (Minimum 1, Maximum 1)
• Attachment 12 – Position Descriptions for Key Personnel (Required) (Minimum 1, Maximum 1)
• Attachment 13 – Biographical Sketches for Key Personnel (Required) (Minimum 1, Maximum 1)
• Attachment 14 – Sliding Fee Discount Schedule (Required) (Minimum 1, Maximum 1)
• Attachment 15 – Collaboration Documentation (Required) (Minimum 1, Maximum 1)
• Attachment 16 – Floor Plans (Required) (Minimum 1, Maximum 1)
• Attachment 17 – Budget Narrative (Required) (Minimum 1, Maximum 1)
• Attachment 18 – Health Center Program Requirements Compliance (Required) (Minimum 1, Maximum 1)
• Attachment 19 – Other Relevant Documents (As applicable) (Minimum 0, Maximum 5)
4. Completing the Program Specific Forms

Click the **Update** link to edit each form. Once completed, click on the Save and Continue button to proceed to the next listed form.
Form 1A - General Information Worksheet provides information related to the applicant, service area, and the number of patients and visits. This form has the following sections:

Applicant Information (Figure 7, 1)
Proposed Service Area (Figure 7, 2)
4.1.1 Completing the Applicant Information section

The Applicant Information section is prepopulated with your applicant name and application type. Complete this section by providing information in the required fields (Figure 8).

Select your organization’s Fiscal Year End Date (e.g., June 30) from the drop-down menu.
Select one option in the ‘Business Entity’ section. An applicant that is a Tribal or Urban Indian entity and meets the definition for a public or private entity should select the Tribal or Urban Indian category.

Select your Organization Type. Applicants may select one or more categories for the Organization Type section. You must specify the organization type if you select ‘Other’ (Figure 8, 1).

**Figure 8: Applicant Information section**

![Figure 8: Applicant Information section](image)

4.1.2 Completing the Proposed Service Area section

The ‘Proposed Service Area’ section is divided into the following sub-sections:

2a. Service Area Designation

2b. Service Area Type

2c. Patients and Visits

And Patients and Visits are further divided into the following sub-sections:

- Unduplicated Patients and Visits by Population Type
- Patients and Visits by Service Type

4.1.2.1 Completing 2a. Service Area Designation

In the Select MUA/MUP field (Figure 9, 1), select the option(s) that best describe the designated service area you propose to serve. Enter ID number(s) for the MUA and/or MUP in the proposed service area.
4.1.2.2 Completing 2b. Service Area Type section

In the Service Area Type field (Figure 10), indicate whether the service area is urban, rural, or sparsely populated. If sparsely populated is selected, specify the population density of the service area by providing the number of people per square mile (values must range from .01 to 7). For information about rural populations, visit the Office of Rural Health Policy’s website at https://www.hrsa.gov/rural-health/about-us/definition/index.html.

4.1.2.3 Completing 2c. Patients and Visits

4.1.2.3.1 Unduplicated Patients and Visits by Population Type

To complete this section, answer the question, ‘How many unduplicated patients do you project to serve in the last year of the three-year designation period?’ (Figure 11, 1). The system will auto-populate the number in the Total row of the
Patients column under the Projected by End of Designation Period heading (Figure 11, 2) when you click on the Save or Save and Continue button.

Under the Current Number heading, provide the current number of Patients being seen at the health center and corresponding Visits in the Total row and the current number of Patients and Visits for each Population Type (Figure 11, 3). The patients and visits for each Population Type must add up to the numbers in the Total row.

The Total row for the current number of Patients must be greater than 0. Under the Projected by End of Designation Period heading, provide the number of projected Visits in the Total row and provide the number of Patients and Visits that you project to serve annually for each Population Type (Figure 11, 4).

The patients and visits for each Population Type must add up to the numbers in the Total row.

Figure 11: Unduplicated Patients and Visits by Population Type

<table>
<thead>
<tr>
<th>Population Type</th>
<th>Current Number</th>
<th>Projected by End of Designation Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients</td>
<td>Visits</td>
<td>Patients</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
</tr>
<tr>
<td>General Underserved Community</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Migratory and Seasonal Agricultural Workers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public Housing Residents</td>
<td></td>
<td></td>
</tr>
<tr>
<td>People Experiencing Homelessness</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

IMPORTANT NOTES:

- The General Underserved Community row should include all patients/visits not captured in other Population Types
- Across all Population Type categories, an individual can only be counted once as a patient.
- Migratory and Seasonal Agricultural Workers: The current number of patients in the Migratory and Seasonal Agricultural Workers row should be greater than 0, if you have selected Migrant Health Center in the Cover Page of this application.
- Public Housing Residents: The current number of patients in the Public Housing Residents row should be greater than 0, if you have selected Public Housing in the Cover Page of this application.
- People Experiencing Homelessness: The current number of patients in the People Experiencing Homelessness row should be greater than 0, if you have selected Health Care for the Homeless in the Cover Page of this application

4.1.2.3.2 Patients and Visits by Service Type

To complete this section Provide the Current Number of patients and visits for each listed Service Type (Figure 12, 1).

The Current Number of patients and visits must be greater than zero for ‘Total Medical Services’ (Figure 12, 2). The Current Number of patients for ‘Total Medical Services’ must be greater than any other service type. (Figure 12,
Provide the annual number of patients and visits that you project to serve within each Service Type category by the End of the Designation Period (Figure 12, 3).

**Figure 12: Patients and Visits by Service Type**

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Current Number</th>
<th>Projected by End of Designation Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients</td>
<td>Visits</td>
<td>Patients</td>
</tr>
<tr>
<td>Total Medical Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Dental Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Mental Health Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Substance Use Disorder Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Vision Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Enabling Services</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**IMPORTANT NOTES:**

- The ‘Patients and Visits by Service Type’ section does not display total values since an individual patient may be included in multiple Service Type categories.
- Providing numbers for all the Service Types is required. Zeros are acceptable, except ‘Total Medical Services’.
- For ‘Total Medical Services’, the number of current and projected patients (Figure 12, 2 and 4) must be greater than the number of patients you enter for each of the ‘Total Dental’, ‘Total Mental Health’, ‘Total Substance Use Disorder’, ‘Total Vision Services’ and ‘Total Enabling Services’ service type.

After completing all sections of **Form 1A: General Information Worksheet**, click the Save and Continue button 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 by an organization.

To complete Form 1C, provide the date of the last review/revision for each item listed:

- Management and Finance (Figure 13, 1).
- Services (Figure 13, 2).
- Governance (Figure 13, 3).

Select N/A if an item is not applicable, where available. Click the Save and Continue button to proceed to the next form.

Figure 13: Form 1C: Documents on File

4.3 Form 4 - Community Characteristics
Form 4 – Community Characteristics reports the service area population and target population data for the entire scope of the project (i.e. all sites). This form has the following sections:

Race and Ethnicity (Figure 14, 1)

Hispanic or Latino Ethnicity (Figure 14, 2)

Income as a Percent of Poverty Level (Figure 14, 3)

Primary Third-Party Payment Source (Figure 14, 4)

Special Populations and Select Population Characteristics (Figure 14, 5)
### Figure 14: Form 4 – Community Characteristics

**Form 4 - Community Characteristics**

<table>
<thead>
<tr>
<th>Race and Ethnicity</th>
<th>Service Area Population</th>
<th>Service Area Population %</th>
<th>Target Population</th>
<th>Target Population %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian</td>
<td>0.02%</td>
<td></td>
<td>0.02%</td>
<td></td>
</tr>
<tr>
<td>Native Hawaiian</td>
<td>0.02%</td>
<td></td>
<td>0.02%</td>
<td></td>
</tr>
<tr>
<td>Other Pacific Islanders</td>
<td>0.02%</td>
<td></td>
<td>0.02%</td>
<td></td>
</tr>
<tr>
<td>Black/African American</td>
<td>0.02%</td>
<td></td>
<td>0.02%</td>
<td></td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>0.02%</td>
<td></td>
<td>0.02%</td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>0.02%</td>
<td></td>
<td>0.02%</td>
<td></td>
</tr>
<tr>
<td>More than One Race</td>
<td>0.02%</td>
<td></td>
<td>0.02%</td>
<td></td>
</tr>
<tr>
<td>Unreported/Refused to Report</td>
<td>0.02%</td>
<td></td>
<td>0.02%</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>0.02%</td>
<td>0.02%</td>
<td>0.02%</td>
<td></td>
</tr>
</tbody>
</table>

Click the 'Save and Calculate Total' button to calculate and save the total Service Area numbers and Target Population numbers for all sections displayed on this form.

<table>
<thead>
<tr>
<th>Language or Latino Ethnicity</th>
<th>Service Area Population</th>
<th>Service Area Population %</th>
<th>Target Population</th>
<th>Target Population %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic or Latino</td>
<td>0.05%</td>
<td>0.05%</td>
<td>0.05%</td>
<td></td>
</tr>
<tr>
<td>Non-Hispanic or Latino</td>
<td>0.05%</td>
<td>0.05%</td>
<td>0.05%</td>
<td></td>
</tr>
<tr>
<td>Unreported/Refused to Report</td>
<td>0.05%</td>
<td>0.05%</td>
<td>0.05%</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>0.05%</td>
<td>0.05%</td>
<td>0.05%</td>
<td></td>
</tr>
</tbody>
</table>

Click the 'Save and Calculate Total' button to calculate and save the total Service Area numbers and Target Population numbers for all sections displayed on this form.

<table>
<thead>
<tr>
<th>Income as a Percent of Poverty Level</th>
<th>Service Area Population</th>
<th>Service Area Population %</th>
<th>Target Population</th>
<th>Target Population %</th>
</tr>
</thead>
<tbody>
<tr>
<td>100% and below</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td></td>
</tr>
<tr>
<td>100-200%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td></td>
</tr>
<tr>
<td>Over 200%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td></td>
</tr>
</tbody>
</table>

Click the 'Save and Calculate Total' button to calculate and save the total Service Area numbers and Target Population numbers for all sections displayed on this form.

<table>
<thead>
<tr>
<th>Principal Third Party Medical Insurance</th>
<th>Service Area Population</th>
<th>Service Area Population %</th>
<th>Target Population</th>
<th>Target Population %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td></td>
</tr>
<tr>
<td>Medicare</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td></td>
</tr>
<tr>
<td>Other Public Insurance</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td></td>
</tr>
<tr>
<td>Private Insurance</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td></td>
</tr>
<tr>
<td>None/Uninsured</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td></td>
</tr>
</tbody>
</table>

Click the 'Save and Calculate Total' button to calculate and save the total Service Area numbers and Target Population numbers for all sections displayed on this form.

<table>
<thead>
<tr>
<th>Special Populations and Selected Population Characteristics</th>
<th>Service Area Population</th>
<th>Service Area Population %</th>
<th>Target Population</th>
<th>Target Population %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Migratory/Seasonal Agricultural Workers and Families</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td></td>
</tr>
<tr>
<td>People Experiencing Homelessness</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td></td>
</tr>
<tr>
<td>Residents of Public Housing</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td></td>
</tr>
<tr>
<td>School Age Children</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td></td>
</tr>
<tr>
<td>Veterans</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td></td>
</tr>
<tr>
<td>Lesbian, Gay, Bisexual and Transgender</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td></td>
</tr>
<tr>
<td>HIV/AIDS-infected Persons</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td></td>
</tr>
<tr>
<td>Individuals Born in a Language Other Than English</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td></td>
</tr>
</tbody>
</table>

Click the 'Save and Calculate Total' button to calculate and save the total Service Area numbers and Target Population numbers for all sections displayed on this form.
4.3.1 Completing the Form 4 sections

To complete the Race and Ethnicity, Hispanic or Latino Ethnicity, Income as a Percent of Poverty Level, and Primary Third-Party Payment Source sections (Figure 14, 1, 2, 3, 4), enter the Service Area (Figure 14, 6) and Target Population for each of the respective categories (Figure 14, 7).

IMPORTANT NOTES:

- Information provided regarding race and/or ethnicity will be used only to ensure compliance with statutory and regulatory governing board requirements.
- When entering data, the total Service Area values for the ‘Race and Ethnicity’, ‘Hispanic or Latino Ethnicity’, ‘Income as a Percent of Poverty Level’, and ‘Primary Third Party Payment Source’ sections should be equal (Figure 14, A, B, C, D). Likewise, the total Target Population values for each of these categories should be equal (Figure 14, E, F, G, H).
- Target Population data is a subset of Service Area data, and in most cases, is greater than the total number of patients projected on Form 1A. Patient data should not be used to report target population data since patients are typically a subset of all individuals targeted for service.
- If the target population includes a large number of transient individuals that are not included in the data set used for service area data (e.g., census data), adjust the service area numbers accordingly to ensure that the target population numbers are always less than or equal to the service area numbers.
- When entering data, the total Service Area Numbers and the total Target Population Numbers of the Race, Hispanic or Latino Ethnicity, Income as a Percent of Poverty Guideline, and Principal Third-Party Medical Insurance sections should be equal.

To automatically calculate the Total Service Area and Total Target Population for all four sections, click on the Save and Calculate Total button (Figure 14, 8) under any of the sections.

4.3.2 Completing the Special Populations and Select Population Characteristics section

Under the ‘Special Populations and Select Population Characteristics’ section (Figure 15) enter the Service Area and Target Population for each population group listed.

To automatically calculate the Total Service Area and Total Target Population for all four sections, click on the Save and Calculate Total button (Figure 14, 8) under any of the sections.
4.4 Form 2 – Staffing Profile

Form 2 – Staffing Profile reports current staffing for the look-alike. Complete this form by indicating all staff currently employed or under contract. Include only staff included in the look-alike scope of the project for sites included on Form 5B: Service Sites. This form should be consistent with your description of staffing in the Project Narrative.

The project director (PD)/chief executive officer (CEO) must be a direct employee of the health center. Allocate staff time in the Direct Hire FTE column by function among the staff positions listed. An individual’s full-time equivalent (FTE) should not be duplicated across positions. For example, a provider serving as a part-time family physician and a part-time Clinical Director should be listed in each respective category with the FTE percentage allocated to each position (e.g., Clinical Director 0.3 (30%) FTE and family physician 0.7 (70%) FTE). Do not exceed 1.0 (100 %) FTE for any individual. For position descriptions, refer to the UDS Manual.

Record volunteers in the Direct Hire FTEs column. If you provide services through formal written contracts/agreements (Form 5A, Column II), Select Yes for contracted staff. Include contracted staff in Attachment 7: Contracts and Referral Agreements and/or include in contracts uploaded to Form 8: Health Center Agreements, as needed.

Contracted staff is indicated by answering Yes or No only. Do not quantify contracted staff in the Direct Hire column. Following are the major sub-sections in this form: Key Management Staff/Administration (Figure 16, 1); Facility and Non-Clinical Support Staff (Figure 16, 2); Physicians (Figure 16, 3); Nurse Practitioners, Physician Assistants, and Certified Nurse-Midwives (Figure 16, 4); Medical (Figure 16, 5); Dental Services (Figure 16, 6); Behavioral Health (Mental Health and Substance Abuse) (Figure 17, 7); Professional Services (Figure 17, 8); Vision Services (Figure 17, 9); Pharmacy Personnel (Figure 17, 10); Enabling Services (Figure 17, 11); Other Programs and Services (Figure 17, 12) and Total FTEs (Figure 17, 13).
Figure 16: Form 2 – Staffing Profile (Part 1)

<table>
<thead>
<tr>
<th>Staffing Positions by Major Service Category</th>
<th>Direct Hire FTEs</th>
<th>Contract Agreement FTEs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Director/CFO (CFO)</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Finance Director/Chief Financial Officer</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Chief Operating Officer (COO)</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Chief Information Officer (CIO)</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Chief Clinical Officer (CCO)</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Clinical Director/Chief Medical Officer</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Administrator Support Staff</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Facility and Non-Clinical Support Staff</th>
<th>Direct Hire FTEs</th>
<th>Contract Agreement FTEs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Management and Support Staff</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Fiscal and Billing Staff</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>IT Staff</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Facility Staff</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Patient Support Staff</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Physicians</th>
<th>Direct Hire FTEs</th>
<th>Contract Agreement FTEs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Physicians</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>General Practitioners</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Interns</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Obstetrican/Oncologists</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Other Specialty Physicians, Please Specify</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Nurse Practitioners, Physician Assistants, and Certified Nurse Midwives</th>
<th>Direct Hire FTEs</th>
<th>Contract Agreement FTEs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse Practitioners</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Physician Assistants</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Certified Nurse Midwives</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medical</th>
<th>Direct Hire FTEs</th>
<th>Contract Agreement FTEs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurses</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Other Medical Personnel (e.g., Medical Assistants, Nurse Aides)</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Laboratory Personnel</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>X-Ray Personnel</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dental</th>
<th>Direct Hire FTEs</th>
<th>Contract Agreement FTEs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dentists</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Dental Hygienists</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Dental Therapists</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Other Dental Personnel (Please Specify)</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

(Note: The form requires a detailed input for each position described.)
Figure 17: Form 2- Staffing Profile Part 2 (Continued…)

<table>
<thead>
<tr>
<th>Staffing Positions by Major Service Category</th>
<th>Direct Hire FTEs</th>
<th>Contract/Agreement FTEs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychiatrists</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Licensed Clinical Psychologists</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Licensed Clinical Social Workers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Licensed Mental Health Providers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Maximum 49 characters)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Mental Health Staff</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Maximum 49 characters)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Substance Use Disorder Providers</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Professional Services</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Staffing Positions by Major Service Category</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Professional Health Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Maximum 49 characters)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Vision Services</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Staffing Positions by Major Service Category</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ophthalmologists</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Optometrists</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Vision Care Staff</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Maximum 49 characters)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pharmacy Personnel</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Staffing Positions by Major Service Category</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pharmacy Personnel</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Enabling Services</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Staffing Positions by Major Service Category</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Case Managers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient/Community Education Specialists</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outreach Workers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transportation Staff</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eligibility Assistance Workers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interpretation Staff</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Health Workers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Enabling Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Maximum 49 characters)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other Programs and Services</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Staffing Positions by Major Service Category</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quality Improvement Staff</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Programs and Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Maximum 49 characters)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total FTEs</th>
<th></th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Totals</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct Hire FTEs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contract/Agreement FTEs</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

On Save, Calculate, Save and Continue...
4.4.1 Completing the Staffing Positions by Major Service Category sections

In the ‘Direct Hire FTEs’ column, provide only the number of Full-Time Employees (FTEs) directly hired by the health center for each staffing position. Enter 0 if not applicable (Figure 18, 1).

In the ‘Contract/Agreement FTEs’ column, indicate whether contracts are used for each staffing position (Figure 18, 2). Contracted staff should be summarized in Attachment 7: Summary of Contracts and Agreements and/or included in contracts uploaded to Form 8: Health Center Agreements (e.g., CEO contract), as applicable.

**IMPORTANT NOTES:**

- Allocate staff time in the ‘Direct Hire FTE’ column by function among the staff positions listed. An individual’s FTE should not be duplicated across positions. For example, a provider serving as a part-time family physician and a part-time Clinical Director should be listed in each respective category with the FTE portion allocated to each position (e.g., CMO 0.3 FTE and family physician 0.7 FTE). Do not exceed 1.0 FTE for any individual. For position descriptions, refer to the UDS Reporting Manual (https://bphc.hrsa.gov/datareporting/reporting).

- If a staffing position is not listed, you may specify in the Other section up to 40 characters.

- Volunteers should be recorded in the ‘Direct Hire FTEs’ column.

---

**Figure 18: Direct Hire and Contract/Agreement FTEs columns**

---

4.4.2 Completing the Total FTEs section

This row displays the sum of Direct Hire FTEs for the Staffing Positions by Major Service Categories. To calculate the totals, click the Calculate button (Figure 19). Click the Save and Continue button to save your work and proceed to the next form.
4.5 Form 3 - Income Analysis

Form 3 – Income Analysis projects program income, by source, for Year 1 of the proposed designation period. This form has Payer Categories (Figure 20, 1) and Comments/Explanatory Notes (Figure 20, 2).

4.5.1 Completing the Payer Categories section

The Payer Categories section is divided into the following sub-sections:

- Part 1: Patient Service Revenue - Program Income
- Part 2: Other Income - Federal, State, Local and Other Income
- Total Income (Program Income Plus Other)

To complete the ‘Payer Categories’ section, follow these steps:
In column (a), provide the number of Patients by Primary Medical Insurance for each of the Payer Categories in Part 1 (Figure 20, 3). Enter 0 if not applicable.

In column (b), provide the number of Billable Visits for each of the Payer Categories in Part 1 (Figure 20, 4). Visits must be greater than or equal to the number of Patients by Primary Medical Insurance (i.e., column (a)). Enter 0 if not applicable.

In column (c), provide the amount of Income per Visit for each of the Payer Categories in Part 1 (Figure 20, 5). Enter 0 if not applicable.

In column (d), provide the amount of Projected Income for each of the Payer Categories in Parts 1 and 2. (Figure 20, 6). Enter 0 if not applicable.

In Prior FY Income column (e), provide the amount of income from the prior fiscal year for each of the Payer Categories in Parts 1 and 2 (Figure 20, 7). Enter 0 if not applicable.

Click the Calculate Total and Save button to calculate and save the values for each of the Payer Categories in Part 1. (Figure 20, 8).

Click the Calculate Total and Save button in the ‘Total Income (Program Income Plus Other)’ section to calculate and save the values for each of the Payer Categories in Parts 1 and 2. (Figure 20, 9).

**IMPORTANT NOTES:**

- The value for the Total Program Income (line 6, column (d)) should equal the value for the Total Program Income on Form 3A, line (f) under section 2. Revenue.
- The Patients by Primary Medical Insurance (a), Billable Visits (b) and Income Per Visit (c) columns in Part 2 are disabled and set to N/A.
- The number of Billable Visits in column b should be zero if the number of Patients by Primary Medical Insurance in column a for a Payer Category is zero.
- The value in the Projected Income (d) column should equal the value in the Billable Visits (b) column multiplied by the value in the Income per Visit (c) column. If these values are not equal, explain in the Comments/Explanatory Notes box.

**4.5.2 Completing the Comments/Explanatory Notes section**

In this section, enter any comments/explanations related to this form. For each of the Payer Categories in Part 1, the value in the ‘Projected Income (d)’ column should equal the value obtained by multiplying Billable Visits (b) and Income per Visit (c). If these values are not equal, explain in this section. If these numbers are equal for all the Payer Categories, providing comments in this section is optional. Click the Save and Continue button to save your work and proceed to the next form.
4.6  Form 3A – Budget Information

Form 3A: Budget Information shows the program budget, by category, for Year 1 of the proposed designation period. This form has Expenses (Figure 21, 1) and Revenue (Figure 21, 2).

4.6.1 Completing the Expenses section

In the ‘Expenses’ section, enter the projected first year of expenses for each Health Center Program population type for which designation is requested (i.e., CHC, MHC, HCH, PCPH). Click the Calculate Total and Save button to calculate and save the values for each of the Budget Categories in Part 1. (Figure 21, 3 & 4).

4.6.2 Completing the Revenue section

In the ‘Revenue’ section, enter the projected first year of revenue by funding source for each Health Center Program population type for which designation is requested (i.e., CHC, MHC, HCH, PCPH). Click the Calculate Total and Save button to calculate and save the values for each of the Budget Categories in Part 2. (Figure 21, 5). Click the Save and Continue button to save your work and proceed to the next form.
**IMPORTANT NOTES:**

- The value for the Total Program Income in the ‘Revenue’ section (line (f)) should equal the value for the Total Program Income on Form 3, line 6, column (d).
- To change the Health Center Program population type (i.e., CHC, MHC, HCH, PCPH), return to the Cover Page to select or de-select the Target Population type for which designation is requested.

### 4.7 Form 5A – Services Provided

Form 5A – Services Provided identifies the services to be provided, and how they will be provided by the applicant organization. For Initial Designation applications, Form 5A – Services Provided has Required Services (Figure 22, 1) and Additional Services (Figure 22, 2).

**Figure 22: Form 5A – Services Provided (Required Services)**

Look-alikes may provide required services directly, by contracting with another provider, or by referral to another provider. These modes of service provision differ according to the service provider and the payment source (Table 1). See the Form 5A Column Descriptors at [http://bphc.hrsa.gov/programrequirements/scope.html](http://bphc.hrsa.gov/programrequirements/scope.html) for descriptions and requirements for each of the three service delivery modes.
Table 1: Modes of Service Provision

<table>
<thead>
<tr>
<th>Service Delivery Methods</th>
<th>Your Organization Provides the Service</th>
<th>Your Organization Pays for the Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service provided directly by health center</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Service provided by formal written contract/agreement</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Service provided by formal written referral arrangement</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

4.6.3 Completing the Requires Services Section

To complete this section of Form 5A, check one or more boxes to indicate the service delivery method(s) for each of the required services as applicable to the look-alike project. To view details about service, hover over the information icon provided for that service (Figure 22, 3). Click the Save and Continue button to navigate to the ‘Additional Services’ section OR click the Save button on the ‘Required Services’ section and select the Additional Services tab (Figure 22, 2).

**IMPORTANT NOTES:**

- You must select Column I and/or Column II for the ‘General Primary Medical Care’ service row (Figure 22, 3) for your application to be eligible.
- You cannot select a service delivery method for ‘HCH Required Substance Use Disorder Services’ if you have not selected HCH as a Target Population type in the Cover Page form of this application. If you selected HCH as a Target Population, you are required to select at least one service delivery method for ‘HCH Required Substance Use Disorder Services’.
- When selecting Col. III only for General Primary Medical Care. Applicants will not be able to select this option only since this service has to be provided either directly (Col. 1) and/or via contract (Col. 2).
- Only one form is required regardless of the number of proposed sites.
- All referral arrangements/agreements for services noted on Form 5A as provided via Column II and/or III must be formal written contracts or agreements.

4.7.1 Completing the Additional Services Section

The Additional Services section of Form 5A is optional. You are not required to identify service delivery methods for any additional services listed in this section. However, if your organization provides any of the additional services, complete this section of the form. Indicate the service delivery method(s) for the desired additional service (Figure 23). Click the Save and Continue button to navigate to the ‘Specialty Services’ section OR click the Save button on the ‘Additional Services’ section and select the Specialty Services tab.
**IMPORTANT NOTES:**

- If you have not selected HCH as a Target Population type in the Cover Page form of this application, you will not be able to select ‘HCH Required Substance Use Disorder Services’ in the ‘Required Services’ section. However, you may select ‘Substance Use Disorder Services’ in the ‘Additional Services’ section (Figure 23, 1).

- All required AND additional services proposed on Form 5A in this application must be accessible to patients at any sites proposed in this application, though the mode of service delivery (Column I, II, or III) may be different across sites.

### 4.7.2 Completing the Specialty Services Section

You cannot propose specialty services in the Initial Designation application. You will see the message below (Figure 24) when you access the ‘Specialty Services’ section of Form 5A. Click the Continue button to proceed.

**IMPORTANT NOTE:** You will be required to visit the Specialty Services section to update the page status to complete.

**Form 5A: Services Provided** will be complete when each of the ‘Required Services’, ‘Additional Services’, and ‘Specialty Services’ sections are complete, indicated with a green checkmark in the section tabs.
After completing all the sections on Form 5A, click the Save and Continue button to save your work and proceed to Form 5B.

**Figure 25: Completed Form 5A**

![Completed Form 5A](image)

### 4.8 Form 5B – Service Sites

**Form 5B – Service Sites** identifies the sites in your scope of the project. You will be able to propose a Service Delivery Site; Administrative/Service Delivery Site and Administrative-only Site.

**IMPORTANT NOTE:** You will be required to propose at least one Service Delivery or Administrative/Service Delivery site.

#### 4.8.1 Proposing a New Site

To propose a new site, click the Add New Site button (**Figure 26**) provided above the ‘Proposed Sites’ section.

**Figure 26: Form 5B**

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

The system navigates to the **Service Site Checklist** page. Answer the questions displayed on the **Service Site Checklist** page. (**Figure 27**)
**IMPORTANT NOTES:**

- If the answer to question 1 is ‘No’ (Figure 27, 1), i.e. if the site being added is not an ‘Admin-only’ site: Select ‘Yes’ for questions ‘a’ through ‘d’ so that the site is qualified to be added to the application; AND Indicate whether the site being added is a domestic violence site by answering ‘Yes’ or ‘No’ to question 2 (Figure 27, 2). A Domestic Violence site is a confidential site serving victims of domestic violence and the site address cannot be published due to the necessity to protect the location of the domestic violence shelter.

- If the answer to question 1 is ‘Yes’ (Figure 27, 1), i.e. if the site being added is an ‘Admin-only’ site, select ‘Not Applicable’ to question 2.

Click the Verify Qualification button (Figure 27, 3). The system navigates to the List of Pre-Registered Performance Sites at the HRSA Level page. All the sites that are registered by your organization within EHBs will be listed on this page. (Figure 28)

If you have no pre-registered sites, or to use a new location for the site you are proposing in Form 5B, click the Register Performance Site button (Figure 28, 1) and register your site using the Enterprise Site Repository (ESR) system by following the steps below:

**On the Basic Information** – Enter page, provide a site name, and select a site type from the following options: Fixed, Mobile. Click the Next Step button.

**On the Address** – Enter page, enter the physical address of the site, and click the Next Step button.
On the Register – Confirm page, the system displays the physical address you entered on the Address – Enter page along with the standardized format of the address. Select an option and click the Confirm button.

On the Register – Result page, click the Finish button to register the site to your organization.

Select a site from the List of Pre-Registered Performance Sites and click its Select Site Location link (Figure 28, 2).

**IMPORTANT NOTES:**

- The Select Site Location link will be disabled (Figure 29, 1) if the site falls under any of these categories, and you will not be able to select the site. In these cases, hovering over the disabled Select Site Location link (Figure 29, 2) will provide the reason why the site is disabled.
- If the site is already included in the current application.
- If the site is already in any Health Center Program award recipient’s scope of project.
- If the site is a Mobile site and the applicant is trying to propose an “Admin-only” site.
- If the site is a confidential site and the applicant is trying to propose a non-confidential/non-domestic violence site.
- If the site is a non-confidential site and the applicant is trying to propose a confidential/domestic violence site.

**Figure 29: Disabled Site Locations**

**IMPORTANT NOTES:** If you wish to update the name of any site listed on this page, click on Update the Registered Performance Site link (Figure 30) and update the site name.

**Figure 30: Update the Registered Performance Site link**

When you click the Select Site Location link of a site, the system navigates to the Form 5B – Edit page where you must provide all the required information for the site (Figure 31).
4.8.2 Completing Form 5B

For each Service Delivery site, complete the form by following these steps (Figure 31):

The name, address, and service site type populate from the list of pre-registered performance sites.

Select a Location Setting (i.e., all other clinic types, hospital, or school) and Location Type (i.e., permanent, seasonal, or mobile van).

Enter the date that the site became operational.

Select the Medicare billing status and enter Medicare billing number, if applicable.

Enter the total hours of operation per week for the site.

Select whether the site is operated by the health center/applicant or contractor.

If the site is operated by a contractor, you must enter information about the operating organization.
Enter the zip codes for the service area. After each five zip codes entered, click Save Zip Codes, to save and add more, if applicable. After providing complete information on Form 5B – Edit page, click the Save and Continue button.

**IMPORTANT NOTE:** Zip codes entered in the Service Area Zip Codes field should be those where at least 75 percent of the current patients within the service area reside.

Form 5B – Service Sites list page opens with the newly added site displayed in the ‘Proposed Sites’ section (Figure 32). To add additional sites, follow the steps above. Once you have completed Form 5B for all proposed sites, click the Save and Continue button to save your work and proceed to the next form.

![Figure 32: Newly added site displayed under Proposed Sites section](image)

**IMPORTANT NOTES:**

- The ‘Physical Site Address’ must be a verifiable physical street address.
- If you are proposing to serve Community Health Center, Public Housing Primary Care, and/or Health Care for the Homeless (with or without Migrant Health Center) in the Cover Page form in this application, you must propose at least one Service Delivery site or Administrative/Service Delivery that has Location Type as ‘Permanent’, and that is operating for at least 40 hours a week.
- If you are proposing to serve only Migrant Health Centers in the Cover Page form in this application, you must propose at least one Service Delivery site or Administrative/Service Delivery site that has Location Type as ‘Permanent’ or ‘Seasonal,’ and that is operating for at least 40 hours a week.

### 4.9 Form 5C – Other Activities/Locations

Form 5C – Other Activities/Locations identify other activities or locations associated with your look-alike.

**IMPORTANT NOTE:** This is an optional form. If you do not have any other activities or locations, you can click on the Save and Continue button provided at the bottom of the form to complete it.

To add other activities or locations Click the Add New Activity/Location button provided at the top of the form (Figure 33, 1). The system navigates to the Activity/Location Information page (Figure 34).
Provide information in all the fields on this page and click the Save and Continue button. The system navigates to the **Form 5C** list page displaying the newly added activity (**Figure 35**).
Once the activity is added, it can be updated or deleted as needed. After completing Form 5C, click the Save and Continue button to save your work and proceed to the next form.

4.10 Form 6A – Current Board Member Characteristics

Form 6A: Current Board Member Characteristics provides information about your organization’s current board members.

IMPORTANT NOTES:

- This form is optional if you selected “Tribal” or “Urban Indian” as the Business Entity in Form 1A – General Information Worksheet. You can click the Save or the Save and Continue button at the bottom of the page to proceed to the next form. If Form 6A is optional for you, but you choose to enter information, then you must enter all required information.

- If you chose a Business Entity other than “Tribal” or “Urban Indian,” you must enter all required information on Form 6A.

- The minimum number of board members to be entered on Form 6A is 9 and the maximum number is 25.

- Applicants are required to list all current board members and provide the relevant details.
To add the board member information, click the Add Board Member button (Figure 36, 1).

You must provide a minimum of 9 and a maximum of 25 board members. The system navigates to the Current Board Member – Add page (Figure 37).

Provide the required board member information on this page. Click the Save and Continue button to save the information and navigate back to the Form 6A list page (Figure 37, 1), or the Save and Add New button to save the information and add a new board member (Figure 37, 2).

To update or to delete information for any board member, click on Update or Delete link under the options column in the ‘List of All Board Members’ section (Figure 36, 2).

Enter the gender, ethnicity, and race of board members who are patients of the health center in the ‘Number of Patient Board Members’ sections (Figure 36, 3).
The totals for each of these sections should be equal. If you selected Public (non-Tribal or Urban Indian) as the business entity in Form 1A (Figure 7), then select ‘Yes’ or ‘No’ for the public organization/center related question. If you selected a different business entity in Form 1A (Figure 7), then select ‘N/A’ for this question. If you answer ‘Yes’ to this question, ensure that the co-applicant agreement is included as Attachment 6 in the Appendices form of this application. (Figure 5).

After providing complete information on Form 6A, click the Save and Continue button to save the information and proceed to the next form.

**Figure 37: Current Board Member – Add Page**

![Current Board Member - Add](image)

**IMPORTANT NOTES:**

- The totals of each Patient Board Member Characteristics section should be equal.
- The total number of patient board members under each characteristic should be less than or equal to the total number of patient board members (Yes under the Health Center Patient column) listed in the List of All Board Members section.
- Do not include board members that are not patients of the health center in this section.

4.11 Form 6B - Request for Waiver of Board Member Requirements

If you are proposing to serve only Migrant Health Center, Health Care for the Homeless, and/or Public Housing Primary Care, Form 6B is used to request a waiver of the patient majority governance requirement. HRSA will not grant a waiver request if your organization is applying to serve the general underserved community (Community Health Center (CHC)).
4.11.1 Completing Form 6B when it is not applicable

Form 6B is not applicable and you will only see the message depicted (Figure 38) if you have selected Community Health Centers (CHC) as the Target Population in the Cover Page form of this application. (Figure 3) OR You selected “Tribal” or “Urban Indian” as the Business Entity in Form 1A. (Figure 7). You can proceed to the next form by clicking the Continue button at the bottom of the form to change the status to complete.

![Figure 38: Form 6B when Not Applicable](image)

4.11.2 Completing Form 6B when it is applicable

To complete Form 6B when it is applicable and necessary for your organization, indicate whether you are requesting a new waiver of the 51% patient majority governance requirement under the ‘New Waiver Request’ section (Figure 39, 1). If you answer “Yes”, you must then complete the ‘Demonstration of Good Cause for Waiver’ section (Figure 39, 2) and the ‘Alternative Mechanism for Addressing Patient Representation’ section (Figure 39, 3). Answer the remaining questions on the form as applicable. After completing Form 6B, click the Save and Continue button to save your work and proceed to the next form.

![Figure 39: Form 6B when Applicable](image)
4.12 Form 8 - Health Center Agreements

Form 8 indicates whether you have 1) any agreements with a parent, affiliate, or subsidiary organization; and/or 2) any agreements that will constitute a substantial portion of the proposed scope of the project, including a proposed site operated by a contractor, as identified in Form 5B – Service Sites. This form has Part I: Health Center Agreements (Figure 40, 1) and Part II: Attachments (Figure 40, 2).

Figure 40: Form 8 – Health Center Agreements

4.12.1 Completing Part I of Form 8

To complete Part I: Health Center Agreements, in Part-I, question 1 (Figure 40, 3), answer if your organization has a parent, affiliate, or subsidiary organization. Select ‘Yes’ in question 2 (Figure 40, 4), if any current or proposed agreements exist with another organization to carry out a substantial portion of your organization’s approved scope of the project, including a contract for the CEO. If ‘Yes’ is selected, complete 2a (Figure 40, 5).

IMPORTANT NOTES: If any of the sites proposed in Form 5B – Services Sites are operated by a contractor; the system will auto select ‘Yes‘ for question 2 and make it non-editable.
4.12.2 Completing Part II of Form 8

If you answered ‘Yes’ to questions 1 or 2, provide each agreement with external organizations as noted in Part I. The agreements will be organized by the organization. To add agreements, click on Add Organization Agreement (Figure 40, 2) to open the Organization Agreement – Add page (Figure 41). Provide the required information for the agreement in the ‘Organization Agreement Detail’ section on this page. Upload at least one document related to the agreement in the ‘Attachments’ section at the bottom of this page by clicking the Attach File button. Click Save and Continue to return to the Form 8 – Health Center Agreements page. Following the steps described above, enter additional organizations and corresponding agreements as referenced in Part I. After completing Form 8, click the Save and Continue button to save your work and proceed to the next form.

Figure 41: Organization Agreement – Add page

**IMPORTANT NOTES:** Before uploading a document for Form 8, rename the file to include the affiliated organization’s name (e.g., ‘CincinnatiHospital_MOA.doc’).
Form 12 – Organization Contacts

Use Form 12 – Organization Contacts to provide contact information for the proposed project. Enter contact information for the Chief Executive Officer, Contact Person, Clinical Director, and Dental Director (optional) by clicking on the Add button (Figure 42).

Figure 42: Form 12 – Organization Contacts

The system directs you to the data entry page for the corresponding contact. Enter the required contact information. (Figure 43). Click Save to save the information and remain on the same page or click Save and Continue to save the information and proceed to the Form 12 – Organizations Contact page to add information for the next contact. To update the contact information provided, click on the Update link under the options column. To delete the contact information already provided, click on the Delete link under the options column. After providing complete information on Form 12, click the Save and Continue button to save the information and proceed to the next form.
IMPORTANT NOTE:
The Update and the Delete link will be displayed only after you have added the contact information. The ‘Prefix’ (e.g., Dr., Ms.) is a required field for the Chief Executive Officer.

4.13 Clinical Performance Measures

Use this form to provide information about Clinical Performance Measures. The Clinical Performance Measures form displays Required Measures and Additional Measures. The Required Measures are HRSA-defined measures; applicants are required to provide the requested information for all required measures. Additional Measures are self-defined and optional.

IMPORTANT NOTES:

- Refer to the Look-Alike Initial Designation instructions for more information on completing the Clinical Performance Measures form.
- Two clinical performance measures were removed (Use of Appropriate Medications for Asthma and Coronary Artery Disease: Lipid Therapy), four were added (Statin Therapy for the Prevention and Treatment of Cardiovascular Disease, Depression Remission at 12 Months, Breast Cancer Screening, and HIV Screening) and one was revised (HIV Linkage to Care).
- The Dental Sealants measure is the only measure for which the goal can be zero if services are not provided directly or by a formal agreement in which your health center pays for the service. In this instance, a self-defined Oral Health measure must be proposed.
- You must provide all information for all required performance measures listed in this form.
4.14.1 Completing the Required Clinical Performance Measures

To complete the required Clinical Performance Measures click on the Update link to start working on a performance measure (Figure 44, 1) and the system navigates to the Clinical Performance Measure – Update page (Figure 45).

Figure 44: Clinical Performance Measures page
Provide a **Target Goal Description** for each performance measure (Figure 45, 1). For all required measures, the Numerator and Denominator descriptions are prepopulated (Figure 45, 2). For Baseline Data, enter the year of the data provided and the numerator and denominator values based on the descriptions given. Click the Calculate Baseline button to show the baseline percentage (Figure 45, 4). Enter the projected goal by the end of the designation period as a percentage (Figure 45, 3). Select an appropriate response in the Data Sources & Methodology field. If ‘Other’ is selected, specify a name and description. Click on the Add New Key Factor and Major Planned Action button to add Key Factors (Figure 45, 5). The system navigates to the **Key Factor and Major Planned Action – Add** page (Figure 46). Provide all the required information.
IMPORTANT NOTES: The Projected goal should not be greater than 100%

Figure 46: Key Factors and Major Planned Action - Add page

Click the Save and Continue button (Figure 46, 1) to save the information on this page and proceed to the Clinical Performance Measures – Update page, or click the Save and Add New button (Figure 46, 2) to save the key factor information you provided and proceed to add a new key factor. Provide information for at least one restricting and one contributing Key Factor type. This option will not be available if two key factors have already been added and they are completing a third. Provide comments in the Comment field if needed (Figure 45, 6). Click on the Save button to save the information on the Update Measure page (Figure 45, 7). To proceed to the Clinical Performance Measures – List page, click on the Save and Continue to List button (Figure 45, 8) or click on the Save and Update Next button to update the next performance measure (Figure 45, 9).

IMPORTANT NOTES:

- If the performance measure goal for Dental Sealants for Children between 6-9 Years is set to 0, at least one self-defined Oral Health performance measure must be entered in the Additional Clinical Performance Measures section.

- Provide information for at least one restricting and one contributing Key Factor type. You can add a minimum of 2 and a maximum of 3 Key Factors. (Figure 45, 5).

- The Numerator should be less than or equal to the denominator so that the Baseline Percentage is less than or equal to 100%. (Figure 45, 4).
4.15.1 Adding Additional Clinical Performance Measures

To add an Additional Clinical Performance Measure to your application click the Add Additional Performance Measure button on the Clinical Performance Measures – List page (Figure 44, 2). The Add Clinical Performance Measure page opens.

Figure 47: Add Clinical Performance Measure

Select a focus area from the drop-down menu (Figure 47, 1).

If you select Oral Health as the focus area, click on the Load Performance Measure Category button (Figure 47, 2) to load the performance measure categories and then select one or more, as applicable.

If you select Other as the focus area, you must specify the performance measure focus area. Provide the required information on this page.

Click on the Add New Key Factor and Major Planned Action button to add Key Factors. Provide information for at least one restricting and one contributing Key Factor type.

There is a maximum of 3 and a minimum of 2 Key Factors that can be added.

Click on the Save button to save the information on the Update Measure page.

To proceed to the Clinical Performance Measures – List page, click the Save and Continue button.

The newly added measure will be listed under the ‘Additional Measures’ section. Additional measures can be updated and/or deleted by using the Update and/or Delete links provided as options.
4.16 Financial Performance Measures

Use this form to provide information about financial performance measures.

**IMPORTANT NOTE:**

Refer to the Look-Alike Initial Designation instructions for more information on completing the Financial Performance Measures form.

The Financial Performance Measures form displays Required and Additional Measures. The Required Measures are pre-defined measures; applicants are required to provide the requested information for all the required measures. If desired, applicants may enter Additional Measures. These measures are optional.

4.16.1 Completing the Required Financial Performance Measures

There are two required performance measures listed in this form. To complete this form click on the Update link to start working on a performance measure (Figure 48, 1). The system navigates to the Financial Performance Measure – Update page (Figure 49).

![Figure 48: Financial Performance Measures – List page](image)

**IMPORTANT NOTES:**

- All required Financial Performance Measures will have a status of ‘Not Complete’.
- The Financial Performance Measures form will become ‘Complete’ when the statuses of all required performance measures and additional performance measures are ‘Complete’.
- You must provide all information for all required performance measures listed in this form.
- Provide information for at least one restricting and one contributing Key Factor type.
Provide a **Target Goal Description** for each performance measure (Figure 49, 1). For Baseline Data, enter the year of the data provided and the numerator and denominator values based on the descriptions given.

Click the Calculate Baseline button to show the baseline ratio (Figure 49, 2). Enter the projected goal by the end of the designation period.

Enter the Data Sources & Methodology used for the measure. Click on the Add New Key Factor and Major Planned Action button to add Key Factors.

Provide information for at least one restricting and one contributing Key Factor type.

Click the Save and Continue button to save the information on the **Key Factor and Major Planned Action – Add the** page and proceed to the **Financial Performance Measures – Update** page, or click the Save and Add New button to save the key factor information and proceed to add a new key factor.

The Comments field is optional. Click on the Save button to save the information on this page.
To proceed to the **Financial Performance Measures – List** page, click on the Save and Continue to List button, or click on the Save and Update Next button to update the next performance measure.

### 4.16.2 Adding Additional Financial Performance Measures

To add an Additional Financial Performance Measure to your application, click the Add Additional Performance Measure button on the **Financial Performance Measures – List** page. The **Add Financial Performance Measures** page opens. ([Figure 50](#)). Select the Focus Area in the Financial Performance Measures. ([Figure 50, 1](#)). The options are

- Medical Costs Per Medical Visits (Costs)
- Total Cost Per Total Patients (Costs)
- Other

If you select Other as the focus area, you must specify the performance measure focus area. ([Figure 50, 2](#)). To add the key factors, click on the Add New Key Factor and Major Planned Action button. Provide information for at least one restricting and one contributing Key Factor type.

Click on the Save button to save the information on the **Update Measure** page. To proceed to the performance measure list page, click on the Save and Continue button. The newly added measure will be listed in the ‘Additional Measures’ section on the **Financial Performance Measures – List** page. ([Figure 50, 3](#))

Additional measures can be updated and/or deleted by using the **Update** and/or **Delete** links provided as options.

**IMPORTANT NOTE**: Provide information for a minimum of 2 and a maximum of 3 New Key Factor and Major Planned Action.
Figure 50: Financial Performance Measures - Add
5. Reviewing and Submitting the Look-Alike Initial Designation Application to HRSA

To review your application, click on the Status link on the left side menu. (Figure 51)

Figure 51: Left menu – Review and Submit

On the Application – Status Overview page, click the Review link in the ‘Review and Submit’ section of the left menu. The system navigates to the Review page (Figure 52).
Verify the information displayed on the Review page.

If you are ready to apply HRSA, click the Proceed to Submit button at the bottom of the Review page (Figure 52, 1). The system navigates to the Submit page (Figure 52).

Click the Submit to HRSA button at the bottom of the Submit page (Figure 52, 1). The system navigates to a confirmation page.

**IMPORTANT NOTES:**

- The application must be submitted to HRSA by the Authorizing Official.
- To apply, 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 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.
Check the Application Certification to electronically sign the application and click the Submit to HRSA button.

If you experience any technical issues (e.g. problems with submitting the application in EHBs), contact the Health Center Program Support at 1-877-464-4772 (Monday – Friday, 8:30 AM - 5:30 PM ET) or send an email through the Web Request Form (http://www.hrsa.gov/about/contact/bphc.aspx).