HRSA Electronic Handbook

Look-Alike Initial Designation Application User Guide

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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 EHB user account to create a Look-Alike application (also known as an Initial Designation). After logging into EHB, click on the ‘Organizations’ tab and then select the ‘Organization Folder’ link under the ‘Options’ column of the list page to open ‘Organization Home’ page.

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

Click the ‘Confirm’ button to confirm the creation of an Initial Designation (ID) application.

Note: 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 Cover Page, Appendices, and Program Specific Information on the left menu.

**IMPORTANT NOTE:** If you do not have a username, you must register in EHB. Do not create duplicate accounts. If you experience log in issues or forget your password, contact the [HRSA Contact Center](#) at (877) 464-4772.

After you have created the Initial Designation application, you can return to work on it by finding it in your Pending Tasks list.

1. Locate the Look-Alike ID application using the EHB Application tracking number and click the **Start** link to begin working on the application in EHB (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).
The application consists of the Cover Page, Appendices, and Program Specific Information sections. You must complete all of these sections in order to submit your application to HRSA.

2. Completing the Look-Alike Cover Page section of the application

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), and/or 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.

### 3. Completing the Appendices Form

1. 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.
2. Upload the following attachments by clicking the associated Attach File buttons:
   - Project Abstract
   - Project Narrative
   - Attachment 1: Patient Origin Study (required)
   - Attachment 2: Service Area Map and Table (required)
   - Attachment 3: MUA/MUP Designation (required)
   - Attachment 4: Corporate Bylaws (required)
   - Attachment 5: Governing Board Meeting Minutes (required)
   - Attachment 6: Co-Applicant Agreement for Public Centers (required for public center applicants that have a co-applicant board) (as applicable)
   - Attachment 7: Summary of Contracts and Agreements (as applicable)
   - Attachment 8: Articles of Incorporation (required)
   - Attachment 9: Evidence of Nonprofit or Public Center Status (required)
   - Attachment 10: Medicare and Medicaid Documentation (required)
   - Attachment 11: Organizational Chart (required)
   - Attachment 12: Position Descriptions for Key Personnel (required)
   - Attachment 13: Biographical Sketches for Key Personnel (required)
   - Attachment 14: Sliding Fee Discount Schedule and Schedule of Charges (required)
   - Attachment 15: Financial Statements and Independent Financial Audit (required)
   - Attachment 16: Letters of Support (required)
   - Attachment 17: Floor Plans (required)
   - Attachment 18: Budget Justification Narrative (required)
   - Attachment 19: Other Relevant Documents (as applicable – maximum 2)

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

4. Completing the Program Specific Forms

   1. Click the Update link to edit each form. Once completed, click on the Save and Continue button to proceed to the next listed form.
4.1 Form 1A – General Information Worksheet

Form 1A - General Information Worksheet provides information related to the applicant, proposed service area, and patient and visit projections. This form has the following sections:

1. Applicant Information (Figure 6, 1)
2. Proposed Service Area (Figure 6, 2)
4.1.1 Completing the Applicant Information section

The **Applicant Information** section is pre-populated with the applicant name and application type. Complete this section by providing information in the required fields (Figure 7).
1. Select the applicant organization’s fiscal year end date (e.g., June 30) from the drop-down menu.
2. Select one option in the Business Entity section. An applicant that is a Tribal or Urban Indian entity and also meets the definition for a public or private entity should select the Tribal or Urban Indian category.
3. Select one or more categories for the Organization Type section. You must specify the organization type if you select ‘Other’ (Figure 7, 1).

Figure 7: Applicant Information section

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
  - 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 8, 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.
**IMPORTANT NOTES:**

- Applicants applying for CHC designation MUST serve at least one Medically Underserved Area (MUA) or Medically Underserved Population (MUP).
- For inquiries regarding MUAs or MUPs, visit the [Shortage Designation web site](#) or call 1-888-275-4772 (option 1 then option 2), or contact the Shortage Designation Branch at [sdb@hrsa.gov](mailto:sdb@hrsa.gov) or 301-594-0816.

**Figure 8: Proposed Service Area section**

![Service Area](#)

4.1.2.2 Completing 2b. Service Area Type section

In the **Service Area Type** field ([Figure 9](#)), indicate whether the service area is urban, rural, or sparsely populated. If sparsely populated is selected, specify the population density by providing the number of people per square mile (values must range from .01 to 7).

**IMPORTANT NOTE:** For information about rural populations, visit the [Office of Rural Health Policy’s web site](#).

**Figure 9: Service Area Type section**

![Service Area Type](#)

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, follow these steps:

1. Answer the question, ‘How many unduplicated patients are projected to be served by End of Designation Period’ ([Figure 10](#), 1).
2. 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 10](#), 2) when the user clicks on the Save or Save and Continue button.
3. Under the Current Number heading, provide the current number of Patients and Visits in the Total row and the current number of Patients and Visits for each Population Type listed ([Figure 10](#), 3). The patients and visits for each Population Type must add up to the numbers in the Total row.
4. 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 listed (Figure 10, 4). The patients and visits for each Population Type must add up to the numbers in the Total row.

**Figure 10: 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>Total</td>
<td></td>
<td></td>
</tr>
<tr>
<td>General Underserved Community</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Migrant 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.

### 4.1.2.3.2 Patients and Visits by Service Type

To complete this section, follow these steps:

1. Provide the Current Number of patients and visits for each listed Service Type (Figure 11, 1).
2. The Current Number of patients and visits must be greater than zero for ‘Total Medical Services’ (Figure 11, 2).
3. 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 11, 3).

**Figure 11: 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>Total Medical Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Dental Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Behavioral Health Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Mental Health Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Substance Abuse Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Housing 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 projected patients (Figure 11, 4) must be greater than the number of projected patients you enter for each of the ‘Total Dental’, ‘Total Mental Health’, ‘Total Substance Abuse Services’, and ‘Total Enabling Services’ service types.

4. 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 your organization.

Figure 12: Form 1C - Documents on File

1. To complete Form 1C, enter the date that each document was last reviewed or revised (Figure 12).
2. After completing all sections of Form 1C, click the Save and Continue button to save your work and proceed to the next form.

4.3 Form 4 - Community Characteristics

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

1. Race and Ethnicity (Figure 13, 1)
2. Hispanic or Latino Ethnicity (Figure 13, 2)
3. Income as a Percent of Poverty Level (Figure 13, 3)
4. Primary Third Party Payment Source (Figure 13, 4)
5. Special Populations and Select Population Characteristics (Figure 13, 5)
## Figure 13: Form 4 – Community Characteristics

### Race and Ethnicity

<table>
<thead>
<tr>
<th>Service Area Number</th>
<th>Target Population Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Asian
- Native American
- Other Pacific Islanders
- Eskimo or Aleut
- American Indian
- Weston
- Multiple Race
- Unreported/Unable to Report (if applicable)

Total: 0

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.

### Hispanic or Latino Ethnicity

<table>
<thead>
<tr>
<th>Service Area Number</th>
<th>Target Population Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Hispanic or Latino
- Non-Hispanic or Latino
- Unreported/Unable to Report (if applicable)

Total: 0

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.

### Income as a Percent of Poverty Level

<table>
<thead>
<tr>
<th>Service Area Number</th>
<th>Target Population Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Below 100%
- 100.01-199%
- 200% or Above
- Unknown

Total: 0

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.

### Primary Third Party Payment Source

<table>
<thead>
<tr>
<th>Service Area Number</th>
<th>Target Population Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Medicaid
- Medicare
- Other Public Insurance
- Private Insurance
- Nonexistent

Total: 0

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.

### Special Populations and Selected Population Characteristics

- Migrant/Seasonal Agricultural Workers and Families
- People Experiencing Homelessness
- Residents of Public Housing
- School Age Children
- Veterans
- Lesbian, Gay, Bisexual, Transgender
- HIV/AIDS-Infected Persons
- Individuals Served in a Language Other Than English
- Other

Please specify:

- Approximately 15 characters (Max 255 Characters), 202 Characters left.
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 13, 1, 2, 3, 4), enter the Service Area Number (Figure 13, 6) and Target Population Number for each of the respective categories (Figure 13, 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 Numbers 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. Likewise, the total Target Population Numbers for each of these categories should be equal.

In order to automatically calculate the Total Service Area Numbers and Total Target Population Numbers for all four sections, click on the Save and Calculate Total button (Figure 13, 8) under any of the sections.

4.3.2 Completing the Special Populations and Select Population Characteristics section

1. Under the Special Populations and Select Population Characteristics section (Figure 14), enter the Service Area Number and Target Population Number for each population group listed.

2. If you select the target population related to special populations (i.e., MHC, HCH and/or PHPC) in the Cover Page form of this application, you must provide a Service Area Number and Target Population Number that is greater than 0 for the following line items under the Special Populations section on Form 4 as applicable: Migratory/Seasonal Agricultural Workers and Families, People Experiencing Homelessness, and Residents of Public Housing.

3. In the ‘Other’ row (Figure 14, 1), specify a population group that is not listed (if desired), and enter the Service Area Number and the Target Population Number for the specified population group.

4. Individuals may be counted in multiple special population groups, so the numbers in this section do not have to match those in the other sections of this form.
5. After completing all sections of Form 4, click the Save and Continue button to save your work and proceed to the next form.

4.4 Form 2 – Staffing Profile

Form 2 – Staffing Profile reports current and prospective staffing for the look-alike. This form is completed twice; once for current staffing at the time of application, and once for prospective staffing at the end of the designation period. It has the following sections:

1. **Staffing Positions by Major Service Category** sections
   - Key Management Staff/Administration *(Figure 15, 1)*
   - Facility and Non-Clinical Support Staff *(Figure 15, 2)*
   - Physicians *(Figure 15, 3)*
   - Nurse Practitioners, Physician Assistants, and Certified Nurse Midwives *(Figure 15, 4)*
   - Medical *(Figure 15, 5)*
   - Dental Services *(Figure 15, 6)*
   - Behavioral Health (Mental Health and Substance Abuse) *(Figure 16, 7)*
   - Professional Services *(Figure 16, 8)*
   - Vision Services *(Figure 16, 9)*
   - Pharmacy Personnel *(Figure 16, 10)*
   - Enabling Services *(Figure 16, 11)*
   - Other Programs and Services *(Figure 16, 12)*

2. **Total FTEs** *(Figure 16, 13)*
**Figure 15: Form 2 – Staffing Profile**

<table>
<thead>
<tr>
<th>Position</th>
<th>Direct Hire FTEs</th>
<th>Contract/Agreement FTEs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Resources</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Management Staff/Administration</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Project Director/Chief Executive Officer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Finance Director/CFO/Chief Fiscal Officer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chief Operating Officer/COO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chief Information Officer/COI</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical Director/Chief Medical Officer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Administrative Support Staff</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Facility and Non-Clinical Support Staff</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical Staff</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Physicians</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family Physicians</td>
<td></td>
<td></td>
</tr>
<tr>
<td>General Practitioners</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Internal Medicine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Obstetricians/Gynecologists</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pediatrics</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other specialty Physicians</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Maximum 4 specialties)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Nurse Practitioners, Physician Assistants, and Certified Nurse Midwives</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nurse Practitioners</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physicat Assistants</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Certified Nurse Midwives</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Medical</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nurses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Medical Personnel (e.g., Medical Assistants, Nurse Aides)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laboratory Personnel</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Radiology Personnel</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Dental Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dentists</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dental Hygienists</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dental Therapists</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Dental Personnel</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Maximum of 10)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
4.4.1 Completing the Staffing Positions by Major Service Category sections

1. 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 17, 1).
2. In Contract/Agreement FTEs column, indicate whether contracts are used for each staffing position (Figure 17, 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, 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 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 (http://bphc.hrsa.gov/datareporting/reporting/index.html).

- 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 17: 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.

1. To calculate the totals, click the Calculate button (Figure 18).
2. 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 the following sections:

1. **Payer Categories** (Figure 19, 1)
2. **Comments/Explanatory Notes** (Figure 19, 2)

#### 4.5.1 Completing the Payer Categories section

The Payer Categories section is divided into the following sub-sections:
To complete the **Payer Categories** section, follow these steps:

1. In column (a), provide the number of Patients by Primary Medical Insurance for each of the Payer Categories in Part 1 (*Figure 19, 3*). Enter 0 if not applicable.
2. In column (b), provide the number of Billable Visits for each of the Payer Categories in Part 1 (*Figure 19, 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.
3. In column (c), provide the amount of Income per Visit for each of the Payer Categories in Part 1 (*Figure 19, 5*). Enter 0 if not applicable.
4. In column (d), provide the amount of Projected Income for each of the Payer Categories in Parts 1 and 2. (*Figure 19, 6*). Enter 0 if not applicable.
5. 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 19, 7*). Enter 0 if not applicable.
6. Click the Calculate Total and Save button to calculate and save the values for each of the Payer Categories in Part 1. (*Figure 19, 8*).

**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.

7. 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 19, 9*).

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

In this section, enter any comments/explanations related to this form.

1. 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, provide an explanation in this section. If these numbers are equal for all the Payer Categories, providing comments in this section is optional.

2. 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 the following sections:

- **Expenses** (*Figure 20, 1*)
- **Revenue** (*Figure 20, 2*)
4.6.1 Completing the Expenses section

In the Expenses section, enter the projected first year of expenses for each Health Center Program 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 20, 3 & 4).

Figure 20 – Form 3A – Budget Information

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 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 20, 5).

IMPORTANT NOTE:

• 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).

Click the Save and Continue button to save your work and proceed to the next form.

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 the following sections:
- **Required Services** (Figure 21, 1)
- **Additional Services** (Figure 21, 2)

**Figure 21: Form 5A – Services Provided (Required Services)**

HRSA permits organizations to provide required services directly, by contracting with another provider, or by referral to another provider. These modes of service provision differ according to the service provider and the payment source (Table 1). 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 using 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>

#### 4.7.1 Completing the Required Services Section

To complete this section of Form 5A, follow the instructions below:

1. 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 a service, hover over the information icon provided for that service (Figure 21, 3).

2. 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 21, 2).

**IMPORTANT NOTES:**

- You must select Column I and/or Column II for the ‘General Primary Medical Care’ service row (Figure 21, 3) for your application to be eligible.
- You cannot select a service delivery method for ‘HCH Required Substance Abuse Services’ if you have not selected HCH as a Target Population 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 Abuse Services’.

#### 4.7.2 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.

1. Indicate the service delivery method(s) for the desired additional service (Figure 22).
IMPORTANT NOTES:

• If you have not selected HCH as a Target Population in the Cover Page form of this application, you will not be able to select ‘HCH Required Substance Abuse Services’ in the Required Services section. However, you may select ‘Substance Abuse Services’ in the Additional Services section (Figure 22, 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.

2. 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.

4.7.3 Completing the Specialty Services Section

You cannot propose specialty services in the Initial Designation application. You will see the message below (Figure 23) 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 in order 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 tick mark in the section tabs (Figure 24).

**Figure 24: Completed Form 5A**

After completing all the sections on **Form 5A**, click the Save and Continue button to save your work and proceed to Form 5B.

### 4.8 Form 5B – Service Sites

**Form 5B – Service Sites** identifies the sites in your scope of project. You will be able to propose the following types of sites in this form:

- Service Delivery Site
- Administrative/Service Delivery Site
- Admin-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, follow the steps below:

1. Click the Add New Site button (Figure 25) provided above the **Proposed Sites** section.

**Figure 25: Form 5B**
The system navigates to the **Service Site Checklist** page.

4. Answer the questions displayed on the **Service Site Checklist** page.

![Service Site Checklist page]

**IMPORTANT NOTES:**

- If the answer to question 1 is ‘No’ (**Figure 26, 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 26, 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 26, 1**), i.e. if the site being added is an ‘Admin-only’ site, select ‘Not Applicable’ to question 2

5. Click the Verify Qualification button (**Figure 26, 3**).

  - The system navigates to the **List of Pre-registered Performance Sites at HRSA Level** page. All of the sites that are registered by your organization within EHB will be listed on this page.

![List of Pre-registered Performance Sites at HRSA Level page]

6. To use a new location for the site you are proposing in Form 5B, click the Register Performance Site button (**Figure 27, 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.

7. Select a site from the List of Pre-registered Performance Sites and click its Select Site Location link (Figure 27, 2).

**IMPORTANT NOTES:** The Select Site Location link will be disabled (Figure 28, 1) if the site falls under any of these categories, and you will not be able to select the site

- 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.

In these cases, hovering over the disabled Select Site Location link (Figure 28, 2) will provide the reason why the site is disabled.

**Figure 28: Disabled Site Locations**

**IMPORTANT NOTE:** If you wish to update the name of any site listed on this page, click on Update the Registered Performance Site link (Figure 29) and update the site name.
8. 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).

**Figure 30: Form 5B – Edit page**

### 4.8.2 Completing Form 5B
For each Service Delivery site, complete the form by following these steps:

1. The name, address, and service site type populate from the list of pre-registered performance sites.
2. Select a Location Setting (i.e., all other clinic types, hospital, or school) and Location Type (i.e., permanent, seasonal, or mobile van).
3. Enter the date that the site became operational.
4. Select the Medicare billing status and enter Medicare billing number, if applicable. Enter ‘N/A’ if you do not have a billing number.
5. Enter the total hours of operation per week for the site.
6. Select whether the site is operated by the health center/applicant or contractor.
7. If the site is operated by a contractor, you must enter information about the operating organization.
8. 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.
9. 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 31). 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 31: Newly added site displayed under Proposed Sites section**

**IMPORTANT NOTES:**

- 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 identifies other activities or locations associated with your look-alike.

**IMPORTANT NOTE:** This is an optional form. If you do not want to propose any other activities or locations in your application, 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, follow these steps:

1. Click the Add New Activity/Location button provided at the top of the form (Figure 32, 1).

**Figure 32: Form 5C – Other Activities/Locations**

- The system navigates to the Activity/Location Information page (Figure 33).

**Figure 33: Activity/Location Information**

2. 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 34).*

**Figure 34: Activity/Location Information added**

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 Indian” 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 Indian” or “Urban Indian,” you must enter all required information on **Form 6A**.
1. To add the board member information, click the Add Board Member button (Figure 35, 1). You must provide a minimum of 9 and maximum of 25 board members.
   - The system navigates to the Current Board Member – Add page (Figure 36).

2. 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 36, 1), or the Save and Add New button to save the information and add a new board member (Figure 36, 2).

3. 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 35, 2).

4. 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 35, 3).

5. If you selected Public (non-Tribal or Urban Indian) as the business entity in Form 1A of this application, then select ‘Yes’ or ‘No’ for the public organization/center related question. If you selected a different business entity in Form 1A, 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 36: Current Board Member – Add Page**

**IMPORTANT NOTES:**
- The totals of each Patient Board Member Classification sections should be equal.
- The total number of patient board members under each classification section should be less than or equal to the total number of board members added in the List of All Board Members section.

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

### 4.11 Form 6B - Request for Waiver of Governance 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** will not be applicable in the following cases:

- You have selected Community Health Centers (CHC) as the Target Population in the Cover Page form of this application.
- You selected “Tribal” or “Urban Indian” as the Business Entity in **Form 1A**.
Click on the Continue button provided at the bottom of the form to complete and proceed to the next form (Figure 37).

Figure 37: Form 6B when Not Applicable

4.11.2 Completing Form 6B when it is applicable
To complete Form 6B when it is applicable and necessary for your organization, follow these steps:

1. Indicate whether you are requesting a new waiver of the 51% patient majority governance requirement under the New Waiver Request section (Figure 38, 1). If you answer “Yes”, you must then complete the Demonstration of Good Cause for Waiver section (Figure 38, 2) and the Alternative Mechanism for Addressing Patient Representation section (Figure 38, 3).
2. Answer the remaining questions on the form as applicable.

**IMPORTANT NOTE:** Questions 2a, 2b, and 3 are required if you answered 'Yes' to question 1.

After completing **Form 6B**, click the Save and Continue button to save your work and proceed to the next form.

### 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 project, including a proposed site operated by a contractor, as identified in **Form 5B: Service Sites**. This form has the following sections:

1. **Part I: Health Center Agreements**  ([Figure 39, 1](#))
2. **Part II: Attachments**  ([Figure 39, 2](#))
4.12.1 Completing Part I of Form 8

To complete Part I: Health Center Agreements, follow these steps:

3. In Part I, question 1 (Figure 39, 3), answer if your organization has a parent, affiliate, or subsidiary organization.

4. Select ‘Yes’ in question 2 (Figure 39, 4), if any current or proposed agreements exist with another organization to carry out a substantial portion of your organization’s approved scope of project. If ‘Yes’ is selected, complete 2a (Figure 39, 5).

**IMPORTANT NOTE:** If any of the sites proposed in Form 5B: Service 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 organization. To add agreements, follow these steps:

1. Click on Add Organization Agreement (Figure 39, 2) to open the Organization Agreement – Add page (Figure 40).
2. 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).

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

3. Click Save and Continue to return to Form 8 – Health Center Agreements page. Following the steps described above, enter additional organizations and corresponding agreements as referenced in Part I.

4. After completing Form 8, click the Save and Continue button to save your work and proceed to the next form.

### 4.13 Form 10 – Emergency Preparedness Report

The Emergency Preparedness Report assesses your organization’s overall emergency readiness.

1. Complete the sections of this form by selecting a ‘Yes’ or ‘No’ response for the required questions (Figure 41).

2. After providing complete information on Form 10, click the Save and Continue to save the information and proceed to the next form.
4.14 Form 12 – Organization Contacts

Use **Form 12 – Organization Contacts** to provide contact information for the proposed project.

1. Enter contact information for the Chief Executive Officer, Contact Person, Clinical Director, and Dental Director (optional) by clicking on the Add button (Figure 42).
The system directs you to the data entry page for the corresponding contact.

2. Enter the required contact information.

3. 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.
4. To update the contact information provided, click on the **Update** link under the options column.

5. To delete the contact information already provided, click on the **Delete** link under the options column.

   **IMPORTANT NOTE:**
   - The Update and the Delete link will be displayed only after you have added the contact information.

6. After providing complete information on **Form 12**, click the Save and Continue button to save the information and proceed to the next form.

### 4.15 Clinical Performance Measures

Use this form to provide information about Clinical Performance Measures.

   **IMPORTANT NOTE:**
   - Refer to the Look-Alike Initial Designation instructions for more information on completing the **Clinical Performance Measures** form.

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

#### 4.15.1 Completing the Required Clinical Performance Measures

There are 16 required performance measures listed in this form. To complete this form:
1. Click on the **Update** link to start working on a performance measure (**Figure 44, 1**).

   - The system navigates to the **Clinical Performance Measure – Update** page (**Figure 45**).
2. Provide a **Target Goal Description** for each performance measure (Figure 45, 1). For all required measures, the Numerator and Denominator descriptions are pre-populated (Figure 45, 2).

3. 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).

4. Enter the projected goal by the end of the designation period as a percentage (Figure 45, 3).

5. Select an appropriate response in the Data Sources & Methodology field. If ‘Other’ is selected, specify a name and description.

6. 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).

7. Provide all the required information.
8. 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.

9. Provide comments in the Comment field if needed (Figure 45, 6).

10. 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 NOTE:** If the goal for Oral Health performance measure for sealants is set to 0, at least one self-defined Oral Health performance measure must be entered in the Additional Clinical Performance Measures section.

### 4.15.2 Adding Additional Clinical Performance Measures

To add an Additional Clinical Performance Measure to your application, follow these steps:

1. Click the Add Additional Performance Measure button on the Clinical Performance Measures – List page (Figure 44, 2).

   - The Add Clinical Performance Measure page opens.
2. Select a focus area from the drop-down menu (Figure 47, 1).

3. If you select Oral Health or Behavioral 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.

4. If you select Other as the focus area, you must specify the performance measure focus area.

5. Provide the required information on this page.

6. 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.

7. 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.

8. 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 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:

1. 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).
2. Provide a **Target Goal Description** for each performance measure (Figure 49, 1).
3. 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).

4. Enter the projected goal by the end of the designation period.

5. Enter the Data Sources & Methodology used for the measure.

6. 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.

7. Click the Save and Continue button to save the information on the Key Factor and Major Planned Action – Add 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.

8. The Comments field is optional.

9. 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, follow these steps:


   The Add Financial Performance Measures page opens.

10. Provide the required information on this page.

11. If you select Other as the focus area, you must specify the performance measure focus area.

12. 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.

13. 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.

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

5. Reviewing and Submitting the Look-Alike Initial Designation Application to HRSA
To review your application, follow these steps:

1. Click on the Status link on the left side menu.
2. 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 51).
3. Verify the information displayed on the Review page.

4. If you are ready to submit the application to HRSA, click the Proceed to Submit button at the bottom of the Review page (Figure 51, 1).
   - The system navigates to the Submit page (Figure 52).

5. Click the Submit to HRSA button at the bottom of the Submit page (Figure 52, 1).
   - The system navigates to a confirmation page.
6. Check the Application Certification to electronically sign the application and click the Submit to HRSA button.

7. If you experience any problems with submitting the application in EHB, contact the BPHC Helpline at 1-877-974-2742, ext. 3 or [http://www.hrsa.gov/about/contact/bphc.aspx](http://www.hrsa.gov/about/contact/bphc.aspx).