HRSA Electronic Handbook

Look-Alike Renewal of Designation Application User Guide

Last updated on May 21, 2024

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This user guide describes the steps you need to follow to submit a Look-Alike Renewal of Designation (RD) application to the Health Resources and Services Administration (HRSA).

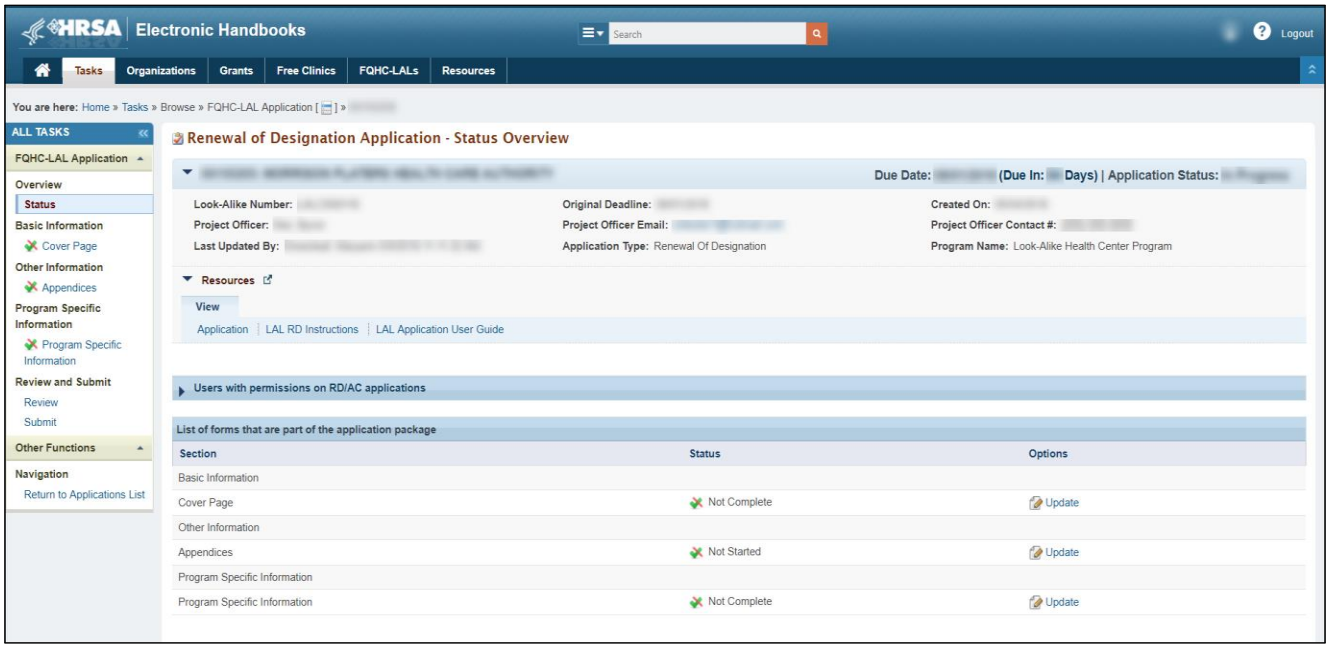
1. Starting the Look-Alike Renewal of Designation Application

You must have an Electronic Handbooks (EHBs) user account to create a Look-Alike application (also known as a Renewal of Designation or RD). After logging into EHBs, click the Tasks tab on the EHBs Home page to navigate to the **Pending Tasks – List** page.

IMPORTANT NOTE: If you do not have a username, you must register in EHBs. Do not create duplicate accounts. If you experience log in issues or forget your password, contact the Health Center Program Support at (877) 464-4772.

Locate the Look-Alike RD application using the EHBs Application tracking number received in an email 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 **Renewal of Designation Application - Status Overview** page of the application (**Figure 1**). The application consists of the Cover Page, Appendices, and Program Specific Information sections. You must complete these sections to submit your application to HRSA.

Figure 1: Renewal of Designation Application - Status Overview Page



2. Completing the Look-Alike Cover Page Section of the Application

The Cover Page (**Figure 2**) requires the following information, as indicated by the red asterisks to the left of these fields:

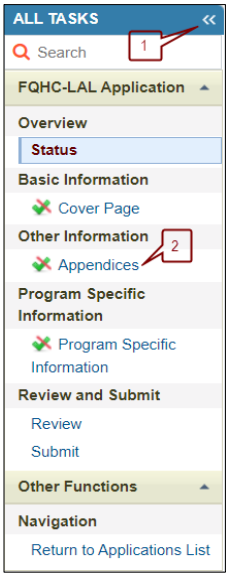
1. Select Target Population(s) (**Figure 2**, **1**) – select the target population type(s) served by the applicant health center: Community Health Centers (CHC), Health Care for the Homeless (HCH), Migrant Health Centers (MHC), and/or Public Housing (PHPC).
2. Person to be contacted on matters involving this application (**Figure 2**, **2**) – enter the point of contact for the Look-Alike Renewal of Designation application.
3. Authorized Official (**Figure 2**, **3**) – enter the person who is authorized by the board of directors to submit the Look-Alike Renewal of Designation application. Once completed, click the Save and Continue button to proceed to the **Appendices** form.

Figure 2: Cover Page of FQHC-LAL Application

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 3**, **1**). Click on the **Appendices** link (**Figure 3**, **2**) to navigate to the **Appendices** form.

Figure 3: Left Navigation Menu



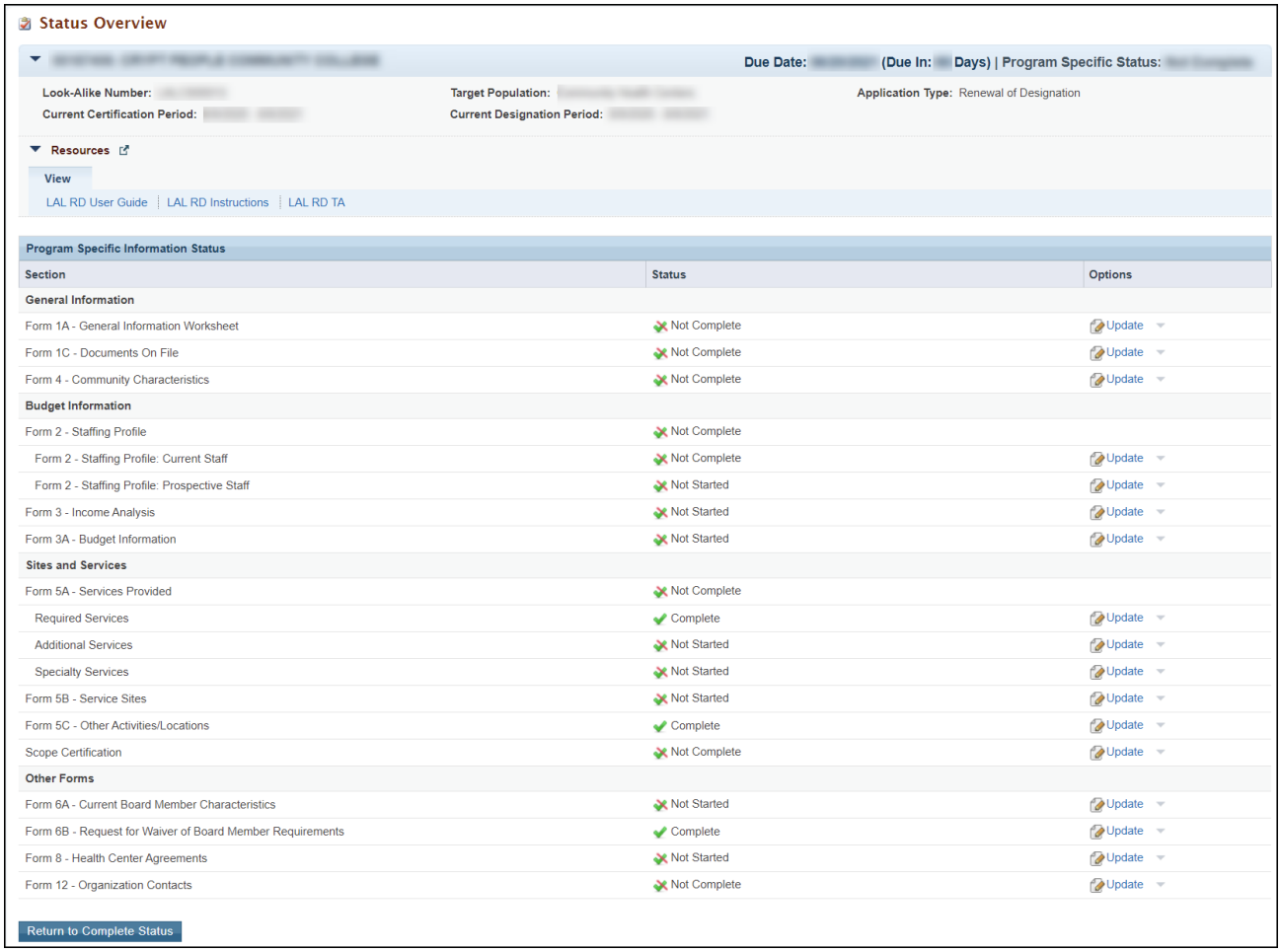
2. Upload the following attachments by clicking the associated Attach File buttons:
    - Project Abstract (Minimum 1 and Maximum 1) (Required)
    - Project Narrative (Minimum 1 and Maximum 1) (Required)
    - Attachment 1—Service Area Map and Table (Minimum 1 and Maximum 1) (Required)
    - Attachment 2—Bylaws (Minimum 1 and Maximum 1) (Required)
    - Attachment 3— Project Organizational Chart (Minimum 1 and Maximum 1) (Required)
    - Attachment 4—Position Descriptions for Key Management Staff (Minimum 1 and Maximum 1) (Required)
    - Attachment 5—Biographical Sketches for Key Management Staff (Minimum 1 and Maximum 1) (Required)
    - Attachment 6—Co-Applicant Agreement (Maximum 1) (as applicable)
    - Attachment 7—Summary of Contracts and Agreements (Maximum 1) (as applicable)
    - Attachment 8— Collaboration Documentation (Minimum 1 and Maximum 1) (Required)
    - Attachment 9— Sliding Fee Discount Schedule(s) (Minimum 1 and Maximum 1) (Required)
    - Attachment 10— Budget Justification Narrative (Minimum 1 and Maximum 1) (Required)
    - Attachment 11—Other Relevant Documents (Maximum 5) (as applicable)

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

Click the Update link to edit each form. Once completed, click on the Save and Continue button to proceed to the next listed form.

Figure 4: Status Overview Page for Program Specific Forms

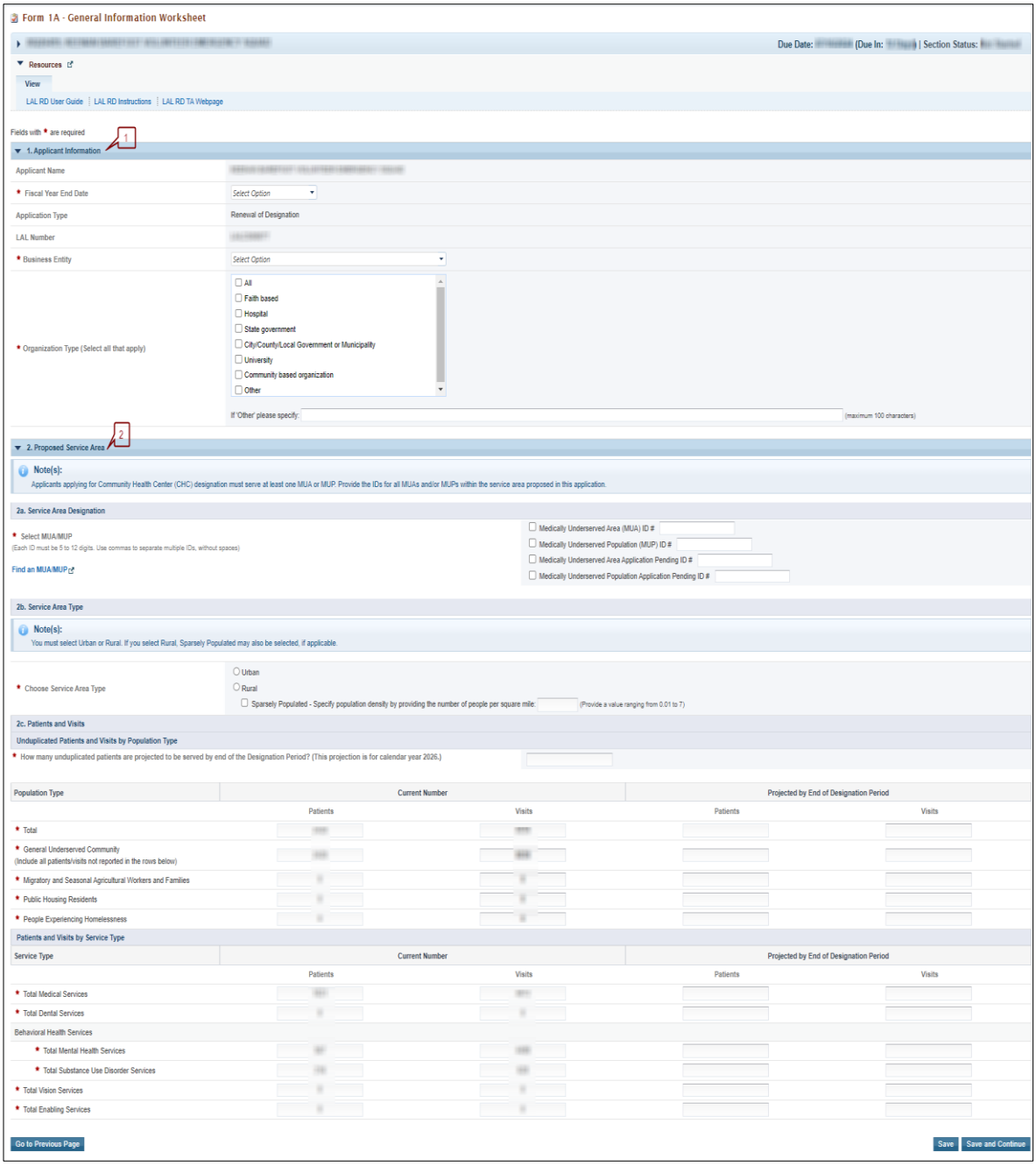


4.1 Form 1A – General Information Worksheet

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

1. Applicant Information (**Figure 5**, **1**)
2. Proposed Service Area (**Figure 5**, **2**)

Figure 5: Form 1A – General Information Worksheet

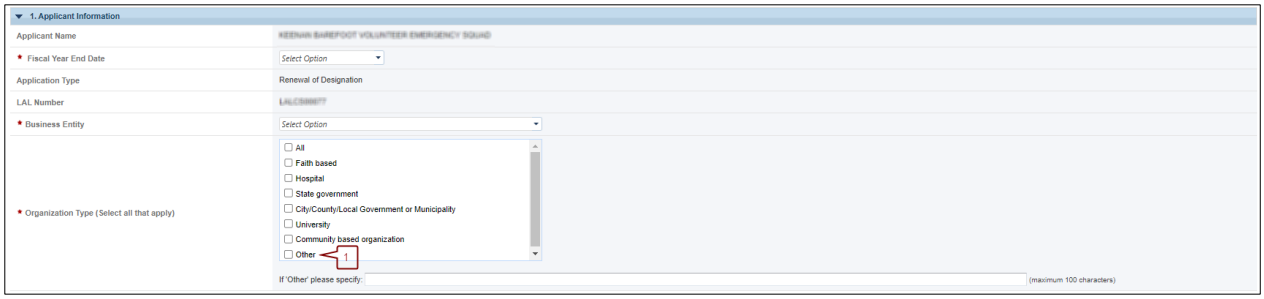


4.1.1 Completing the Applicant Information Section

The **Applicant Information** section is pre-populated with the applicant's name and application type. Complete this section by providing information in the required fields (**Figure 6**).

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 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 6**, **1**).

Figure 6: Applicant Information Section



4.1.2 Completing the Proposed Service Area Section

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

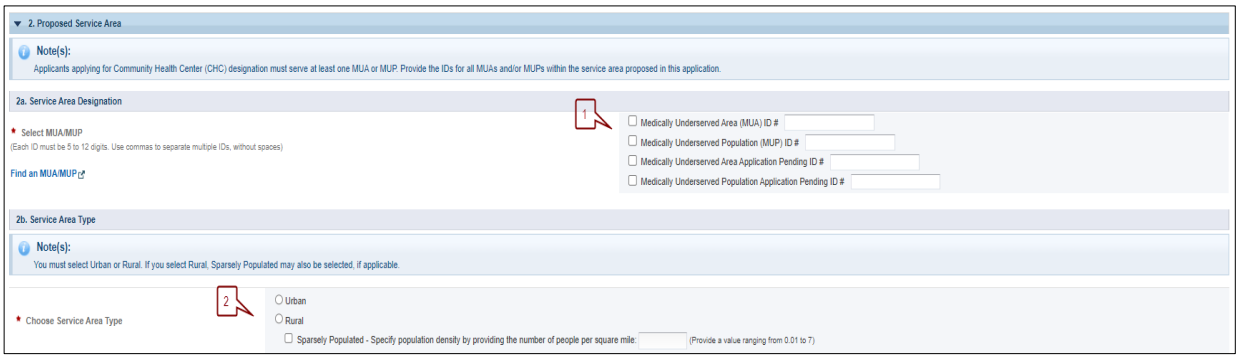
1. 2a. Service Area Designation
2. 2b. Service Area Type
    - Urban
    - Rural
    - Sparsely Populated
3. 2c. Patients and Visits
    - Unduplicated Patients and Visits by Population Type
    - Patients and Visits by Service Type

Completing 2a. Service Area Designation

In the Select MUA/MUP field (**Figure 7**, **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 NOTE: For inquiries regarding MUAs or MUPs, visit the What Is Shortage Designation? | Bureau of Health Workforce (hrsa.gov) or call 1-888-275-4772 (option 1 then option 2), or contact the Shortage Designation Branch at sdb@hrsa.gov or 301-594-0816.

Figure 7: Proposed Service Area Section



Completing 2b. Service Area Type Section

The **Service Area Type** field (**Figure 7**, **2**), indicates whether the service area is urban or rural. If the service is rural indicates if it is sparsely populated. If sparsely populated is selected, rural must be selected. Also, for sparsely populated 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 website.

Completing 2c. Patients and Visits

There are two required sections:

1. Unduplicated Patients and Visits by Population Type

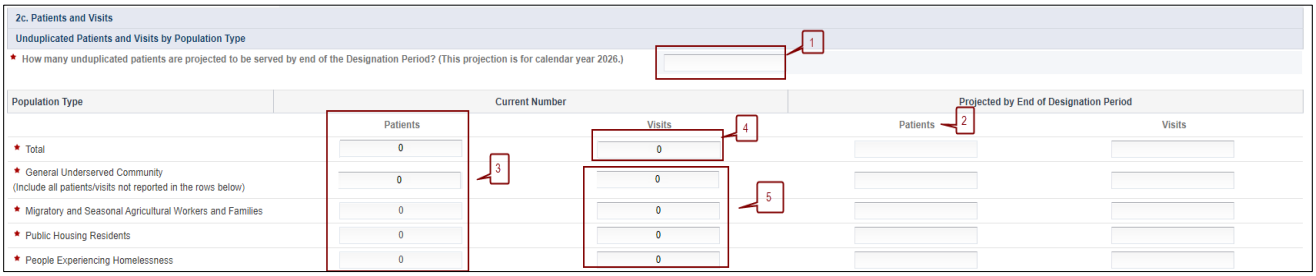
To complete this section, follow these steps:

1. Answer the question, 'How many unduplicated patients are projected to be served by End of Designation Period' (**Figure 8**, **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 8**, **2**) when the user clicks on the Save or Save and Continue button.
3. Patient data under the Current Number heading (**Figure 8**, **3**) is pre-populated from the Uniform Data System (UDS) for the Total and the

Population Types corresponding to the subprograms selected on the Cover page - Select Target Population(s) section of this application.

4. The Total Visits under the Current Number heading (**Figure 8**, **4**) is pre-populated from the Uniform Data System (UDS).
5. You must enter the number of visits for Population Types corresponding to the subprograms selected in the Cover page – Select Target Population(s) section of this application, should be greater than zero (**Figure 8**, **5**). For the remaining Population Types, you may provide zeros if there are no projections. You may also provide data for the Population Types beyond those selected on the Cover page.

Figure 8: Unduplicated Patients and Visits by Population Type



IMPORTANT NOTES:

The General Underserved Community row should include all patients/visits not captured in other Population Types.

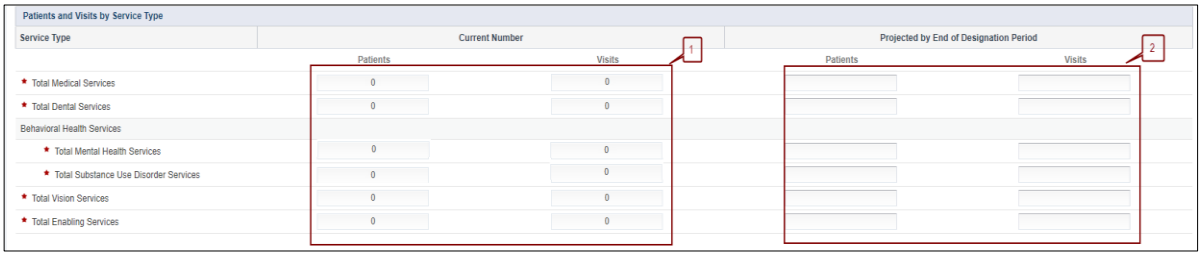
Across all Population Type categories, an individual can only be counted once as a patient.

2. Patients and Visits by Service Type

To complete this section, follow these steps:

1. Patients and Visits under the Current Number heading (**Figure 9**, **1**) are pre-populated from the Uniform Data System (UDS) for each Service type. If the UDS data is not available there will be a note displayed on top of the page stating “The 2021 UDS data is not yet available for prepopulating in this application. Please check back later.”
2. Provide the number of patients and visits under the Projected by End of Designation Period heading for each Service Type (**Figure 9**, **2**). 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.

Figure 9: Patients and Visits by Service Type



IMPORTANT NOTES:

'UDS/Baseline Value' refers to the number of patients and visits for the proposed service area at the time of application.

Projected Patients and Visits for Medical Services must be greater than 0.

In the Patients and Visits by Service Type section, Projected Medical Patients (by end of designation period) must be greater than the projected number of patients for each of the other service types.

Project the number of patients and visits anticipated within each Service Type category by the end of the designation period.

To maintain consistency with the patients and visits reported in UDS, do not report patients and visits for vision or pharmacy services, or services outside the proposed scope of project. Refer to the Scope of Project (http://bphc.hrsa.gov/about/requirements/scope) policy documents.

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.

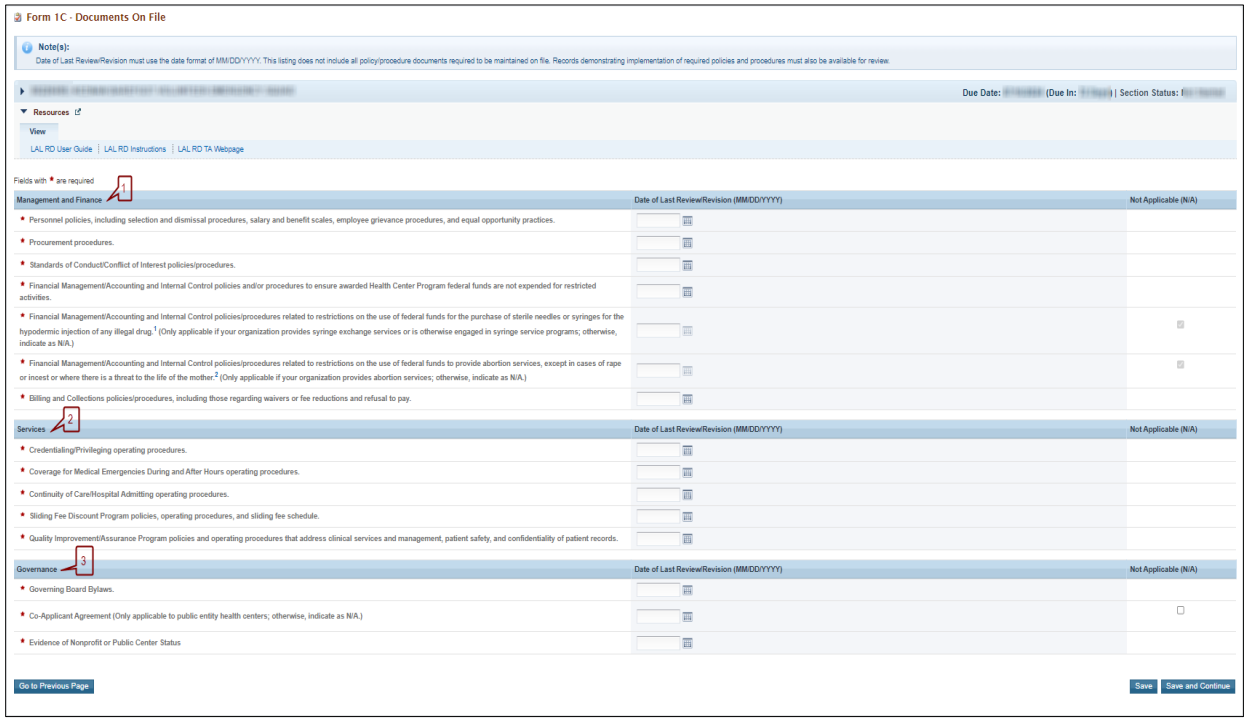
4.2 Form 1C – Documents on File

Form 1C - Documents on File displays a list of documents to be maintained by an organization.

To complete the **Form 1C**, follow the steps below:

1. In the Management and Finance section, provide the date of the last review/revision. Click N/A if not applicable (**Figure 10, 1**).
2. In the Services section, provide the date of the last review/revision (**Figure 10, 2**).
3. In the Governance section, provide the date of the last review/revision. Click N/A if not applicable (**Figure 10, 3**).
4. Click Save and Continue to proceed to the next form.

Figure 10: Form 1C - Documents on File



4.3 Form 4 - Community Characteristics

Form 4 – Community Characteristics reports the 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 11**, **1**)
2. Hispanic or Latino/a Ethnicity (**Figure 11**, **2**)
3. Income as a Percent of Poverty Level (**Figure 11**, **3**)
4. Principal Third-Party Medical Insurance (**Figure 11**, **4**)
5. Special Populations and Select Population Characteristics (**Figure 11**, **5**)

Figure 11: Form 4 – Community Characteristics

Form 4 - Community Characteristics

Note(s):
Data on race and/or ethnicity collected on this form will not be used as a designating factor, but will be used to assess compliance with Health Center Program requirements for new applicants.

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

Resources

View

LAL RD User Guide | LAL RD Instructions | LAL RD TA Webpage

Fields with * are required

Race	Service Area Number	Service Area Percent	Target Population Number	Target Population Percent
* Asian		0.00%		0.00%
* Native Hawaiian		0.00%		0.00%
* Other Pacific Islander		0.00%		0.00%
* Black/African American		0.00%		0.00%
* American Indian/Alaska Native		0.00%		0.00%
* White		0.00%		0.00%
* More than One Race		0.00%		0.00%
* Unreported/ Chose Not to Disclose Race		0.00%		0.00%
Total	0		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. Save and Calculate Total

Hispanic or Latino/a Ethnicity	Service Area Number	Service Area Percent	Target Population Number	Target Population Percent
* Hispanic or Latino/a		0.00%		0.00%
* Non-Hispanic or Latino/a		0.00%		0.00%
* Unreported/ Chose Not to Disclose Ethnicity		0.00%		0.00%
Total	0		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. Save and Calculate Total

Income as a Percent of Poverty Guideline	Service Area Number	Service Area Percent	Target Population Number	Target Population Percent
* 100% and below		0.00%		0.00%
* 101-200%		0.00%		0.00%
* Over 200%		0.00%		0.00%
Total	0		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. Save and Calculate Total

Principal Third Party Medical Insurance	Service Area Number	Service Area Percent	Target Population Number	Target Population Percent
* Medicaid		0.00%		0.00%
* Medicare		0.00%		0.00%
* Other Public Insurance		0.00%		0.00%
* Private Insurance		0.00%		0.00%
* None/Uninsured		0.00%		0.00%
Total	0		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. Save and Calculate Total

Special Populations and Select Population Characteristics	Service Area Number	Service Area Percent	Target Population Number	Target Population Percent
* Migratory/Seasonal Agricultural Workers and Families		0.00%		0.00%
* People Experiencing Homelessness		0.00%		0.00%
* Residents of Public Housing		0.00%		0.00%
* School Age Children		0.00%		0.00%
* Veterans		0.00%		0.00%
* Lesbian, Gay, Bisexual and Transgender		0.00%		0.00%
* People Living with HIV		0.00%		0.00%
* Individuals Best Served in a Language Other Than English		0.00%		0.00%
* Other Please specify: Approximately 1/8 page (Max 200 Characters with spaces)		0.00%		0.00%

Go to Previous Page

Save | Save and Continue

4.3.1 Completing the Form 4 Sections

To complete the **Race and Ethnicity**, **Hispanic or Latino/a Ethnicity**, **Income as a Percent of Poverty Level**, and **Primary Third-Party Medical Insurance** sections (**Figure 11**, **1**, **2**, **3**, **4**), enter the **Service Area Number** (**Figure 11**, **6**) and **Target Population Number** for each of the respective categories (**Figure 11**, **7**).

IMPORTANT NOTES:

Target Population data is a subset of Service Area data, and in most cases, is a greater than the 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.

The 'Service Area Percentage' and 'Target Population Percentage' are auto populated.

If information for the service area is not available, extrapolate data from the U.S. Census Bureau, local planning agencies, health departments, and other local, state, and national data sources. Estimates are acceptable.

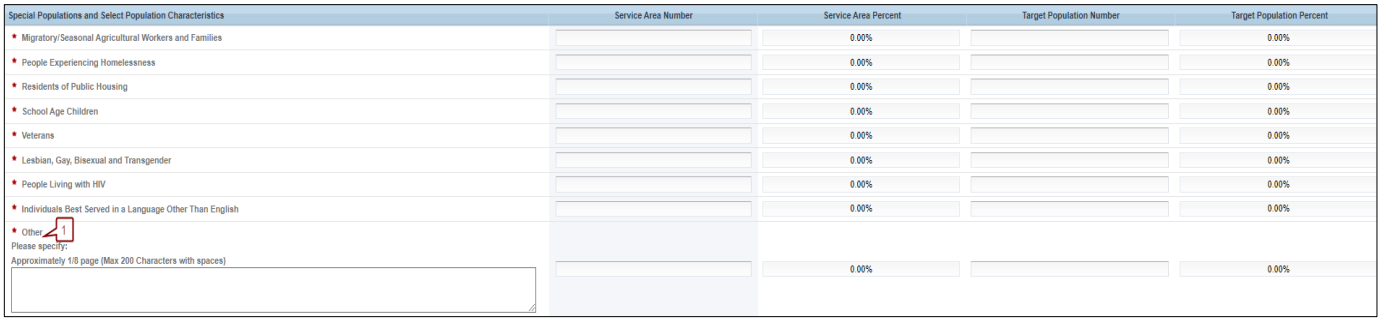
Data on race and/or ethnicity collected on this form will not be used as a designating factor.

When entering data, the total Service Area Numbers for the Race and Ethnicity, Hispanic or Latino/a 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.

Completing the Special Populations and Select Population Characteristics Section

1. Under the Special Populations and Select Population Characteristics section (**Figure 12**), enter the **Service Area Number** and **Target Population Number** for each special 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 12**, **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.

Figure 12: Special Populations Section



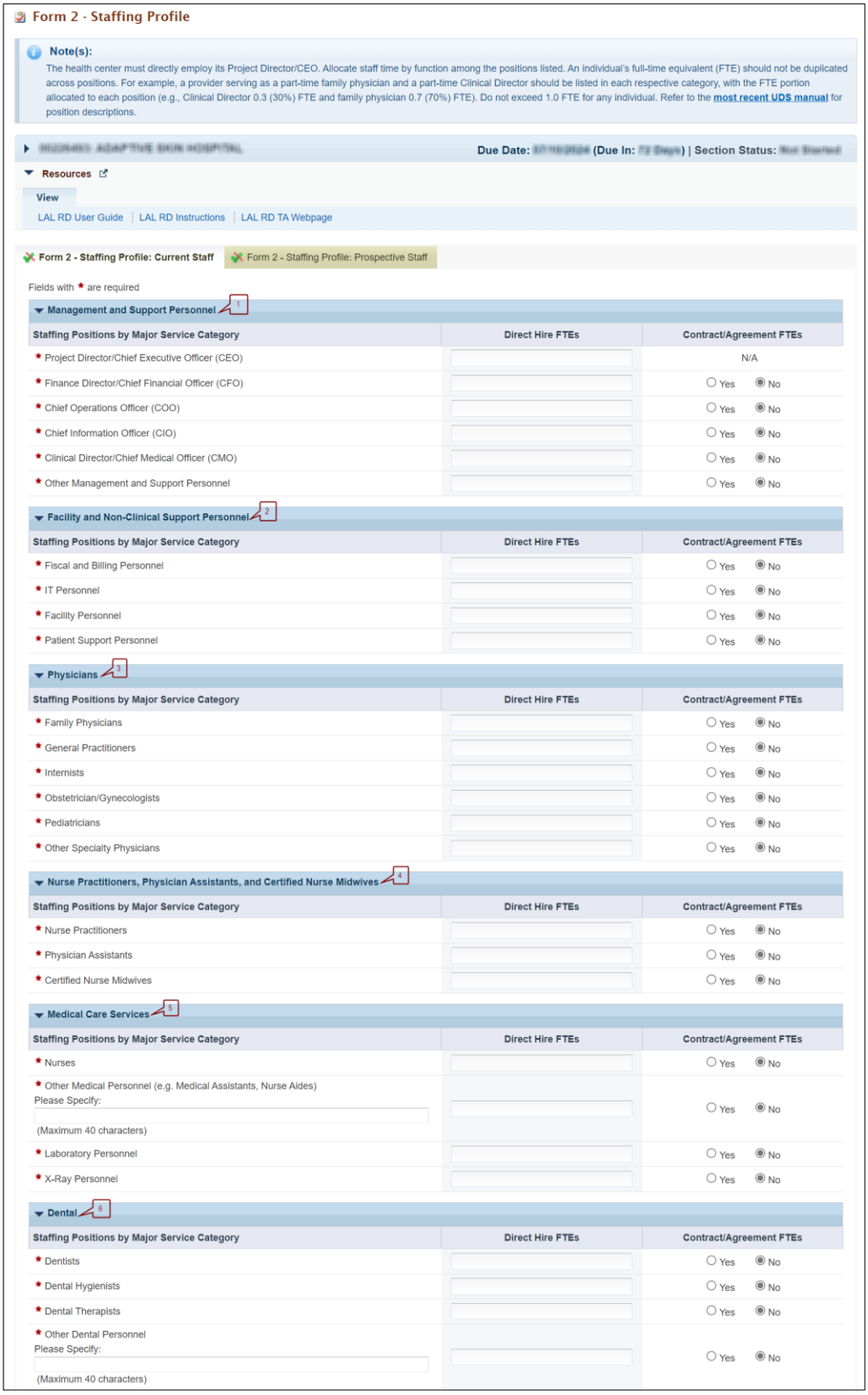
Special Populations and Select Population Characteristics	Service Area Number	Service Area Percent	Target Population Number	Target Population Percent
* Migratory/Seasonal Agricultural Workers and Families		0.00%		0.00%
* People Experiencing Homelessness		0.00%		0.00%
* Residents of Public Housing		0.00%		0.00%
* School Age Children		0.00%		0.00%
* Veterans		0.00%		0.00%
* Lesbian, Gay, Bisexual and Transgender		0.00%		0.00%
* People Living with HIV		0.00%		0.00%
* Individuals Best Served in a Language Other Than English		0.00%		0.00%
* Other 1 Please specify: Approximately 1/8 page (Max 200 Characters with spaces)		0.00%		0.00%

4.4 Form 2 – Staffing Profile

Form 2 – Staffing Profile reports current and prospective staffing for the look-alike. Report personnel for the **first certification year** of the proposed project. Include only staff for sites included on Form 5B: Service Sites. This form has the following sections:

1. Staffing Positions by Major Service Category sections
   - Management and Support Personnel (**Figure 13**, **1**)
   - Facility and Non-Clinical Support Personnel (**Figure 13**, **2**)
   - Physicians (**Figure 13**, **3**)
   - Nurse Practitioners, Physician Assistants, and Certified Nurse Midwives (**Figure 13**, **4**)
   - Medical Care Services (**Figure 13**, **5**)
   - Dental (**Figure 13**, **6**)
   - Behavioral Health (Mental Health and Substance Use Disorder Services) (**Figure 14**, **7**)
   - Professional Services (**Figure 14**, **8**)
   - Vision Services (**Figure 14**, **9**)
   - Pharmacy Personnel (**Figure 14**, **10**)
   - Enabling Services (**Figure 14**, **11**)
   - Other Programs and Services (**Figure 14**, **12**)
2. Total FTEs (**Figure 14**, **13**)

Figure 13: Form 2 – Staffing Profile



Form 2 - Staffing Profile

Note(s):
The health center must directly employ its Project Director/CEO. Allocate staff time by function among the 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 portion allocated to each position (e.g., Clinical Director 0.3 (30%) FTE and family physician 0.7 (70%) FTE). Do not exceed 1.0 FTE for any individual. Refer to the most recent UDS manual for position descriptions.

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

Resources

View

LAL RD User Guide | LAL RD Instructions | LAL RD TA Webpage

Form 2 - Staffing Profile: Current Staff | Form 2 - Staffing Profile: Prospective Staff

Fields with * are required

Management and Support Personnel 1

Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
* Project Director/Chief Executive Officer (CEO)		N/A
* Finance Director/Chief Financial Officer (CFO)		○ Yes ◉ No
* Chief Operations Officer (COO)		○ Yes ◉ No
* Chief Information Officer (CIO)		○ Yes ◉ No
* Clinical Director/Chief Medical Officer (CMO)		○ Yes ◉ No
* Other Management and Support Personnel		○ Yes ◉ No

Facility and Non-Clinical Support Personnel 2

Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
* Fiscal and Billing Personnel		○ Yes ◉ No
* IT Personnel		○ Yes ◉ No
* Facility Personnel		○ Yes ◉ No
* Patient Support Personnel		○ Yes ◉ No

Physicians 3

Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
* Family Physicians		○ Yes ◉ No
* General Practitioners		○ Yes ◉ No
* Internists		○ Yes ◉ No
* Obstetrician/Gynecologists		○ Yes ◉ No
* Pediatricians		○ Yes ◉ No
* Other Specialty Physicians		○ Yes ◉ No

Nurse Practitioners, Physician Assistants, and Certified Nurse Midwives 4

Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
* Nurse Practitioners		○ Yes ◉ No
* Physician Assistants		○ Yes ◉ No
* Certified Nurse Midwives		○ Yes ◉ No

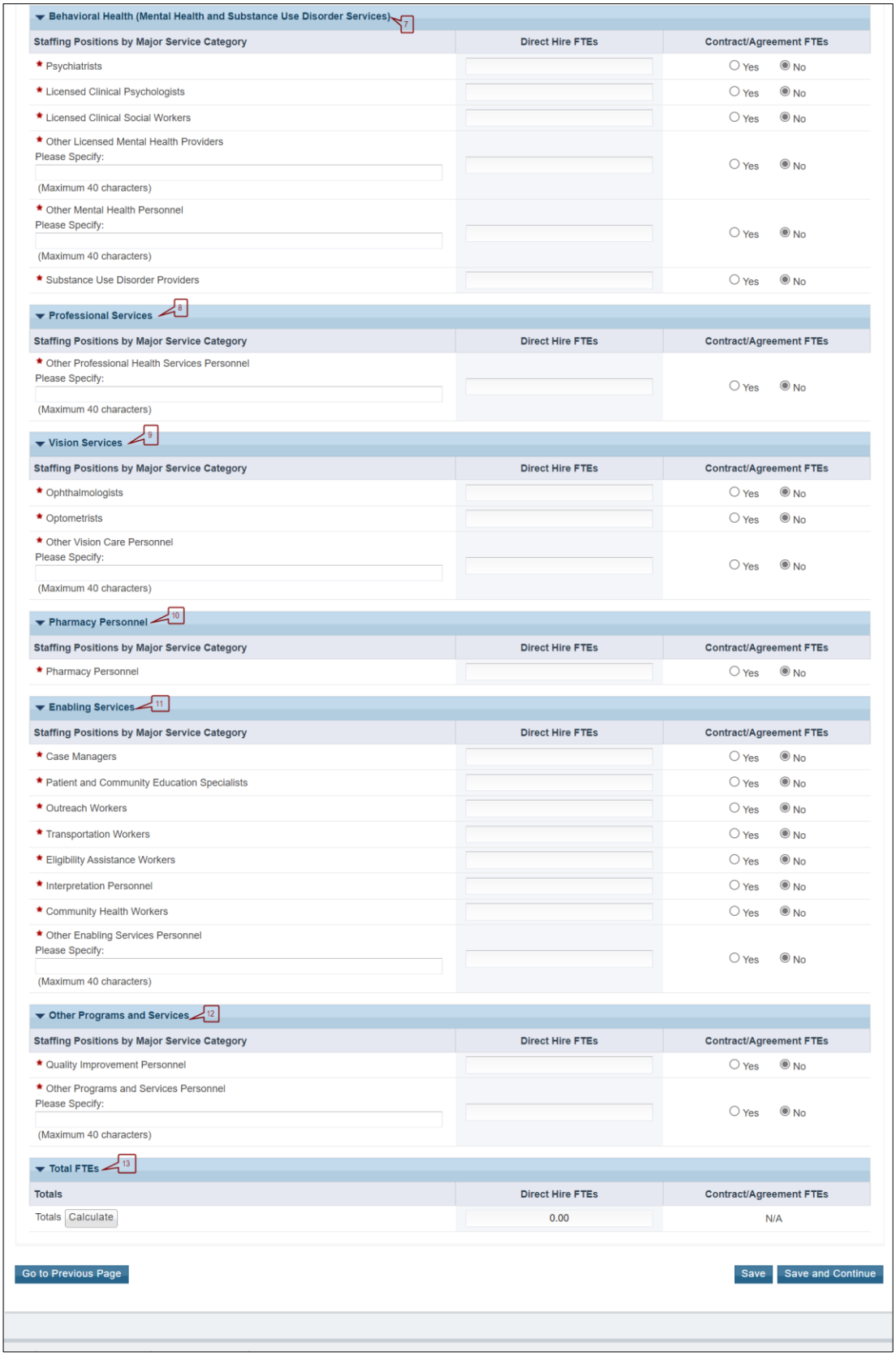
Medical Care Services 5

Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
* Nurses		○ Yes ◉ No
* Other Medical Personnel (e.g. Medical Assistants, Nurse Aides) Please Specify: (Maximum 40 characters)		○ Yes ◉ No
* Laboratory Personnel		○ Yes ◉ No
* X-Ray Personnel		○ Yes ◉ No

Dental 6

Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
* Dentists		○ Yes ◉ No
* Dental Hygienists		○ Yes ◉ No
* Dental Therapists		○ Yes ◉ No
* Other Dental Personnel Please Specify: (Maximum 40 characters)		○ Yes ◉ No

Figure 14: Form 2 - Staffing Profile (continued)



4.4.1 Completing the Staffing Positions by Major Service Category Sections

4. 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 15**, **1**).
5. In the Contract/Agreement FTEs column, indicate whether contracts are used for each staffing position (**Figure 15**, **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.

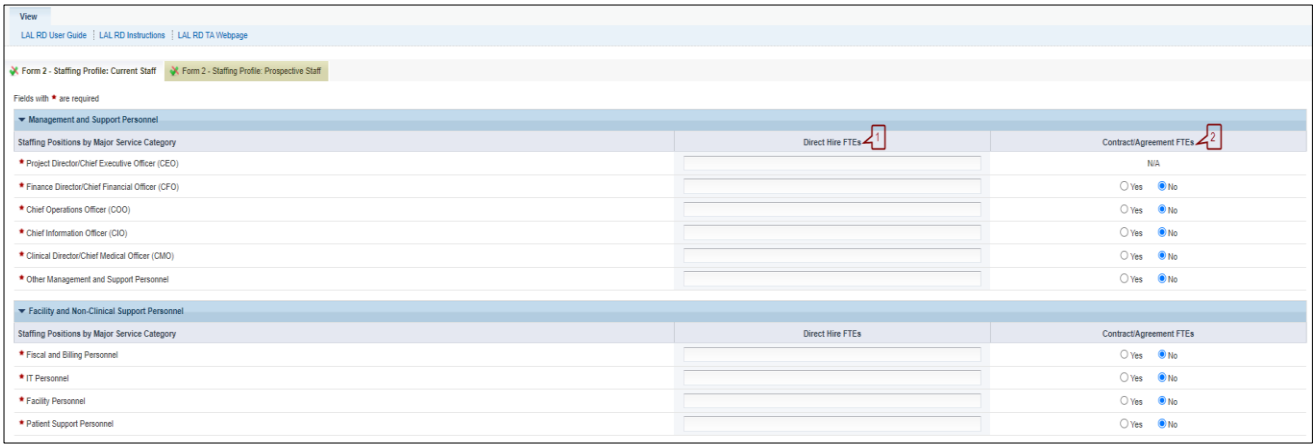
IMPORTANT NOTES:

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 Chief Medical Officer 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 15: Direct Hire and Contract/Agreement FTEs Columns

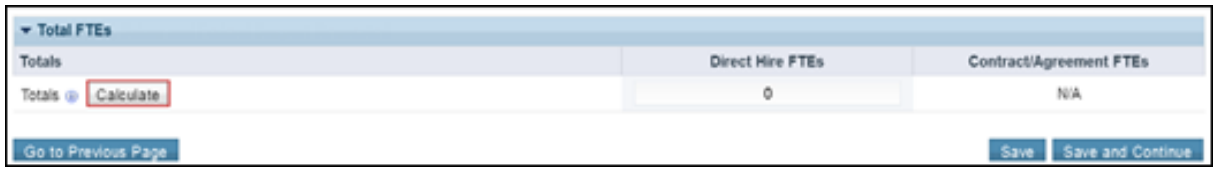


4.4.2 Completing the Total FTEs Section

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 16**).
2. Click the Save and Continue button to save your work and proceed to the next form.

Figure 16: Total FTEs

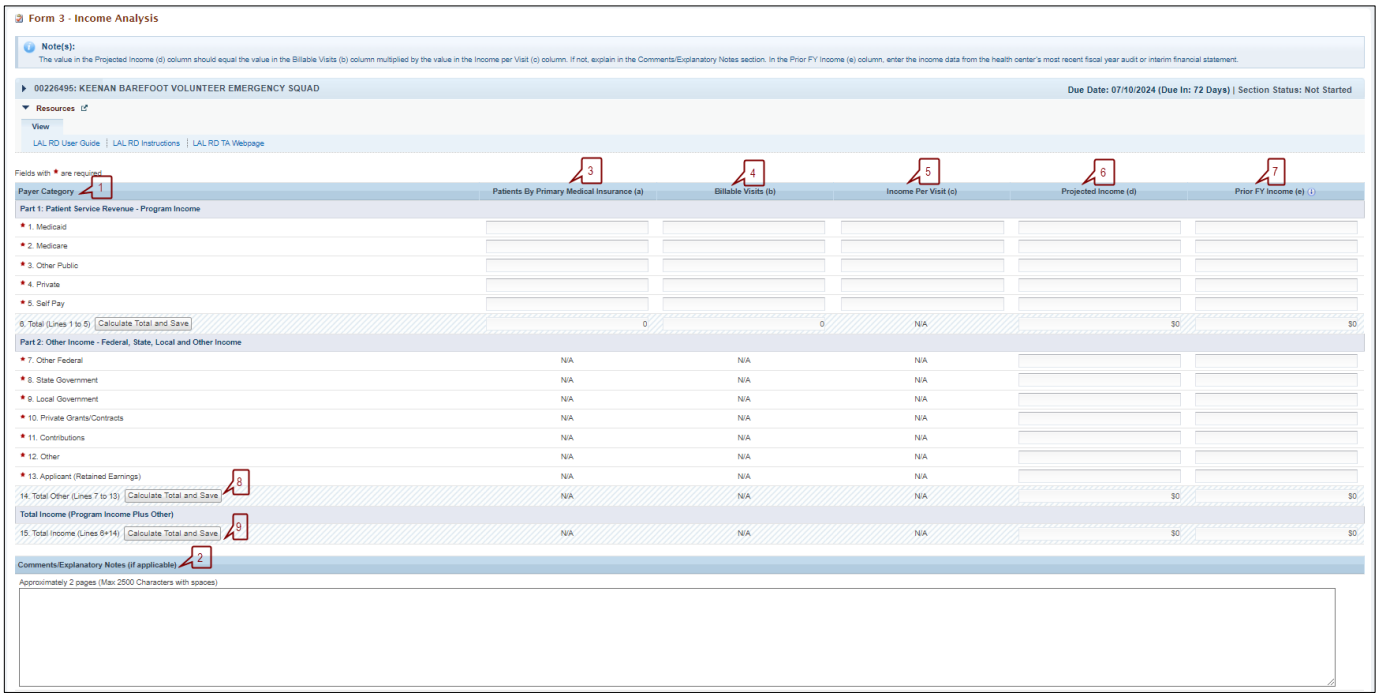


4.5 Form 3 - Income Analysis

Form 3 – Income Analysis projects program income, by source, for upcoming certification period. This form has the following sections:

1. Payer Categories (**Figure 17**, **1**)
2. Comments/Explanatory Notes (**Figure 17**, **2**)

Figure 17: Form 3 – Income Analysis



4.5.1 Completing the Payer Categories Section

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

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

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 17**, **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 17**, **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 17**, **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 17**, **6**). Enter 0 if not applicable.
5. In the 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 17**, **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 17**, **8**).

IMPORTANT NOTES:

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 Categories is Zero.

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 17**, **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, explain 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 – Look-Alike Budget Information

Form 3A: Budget Information shows the program budget, by category, for the upcoming certification period. This form has the following sections:

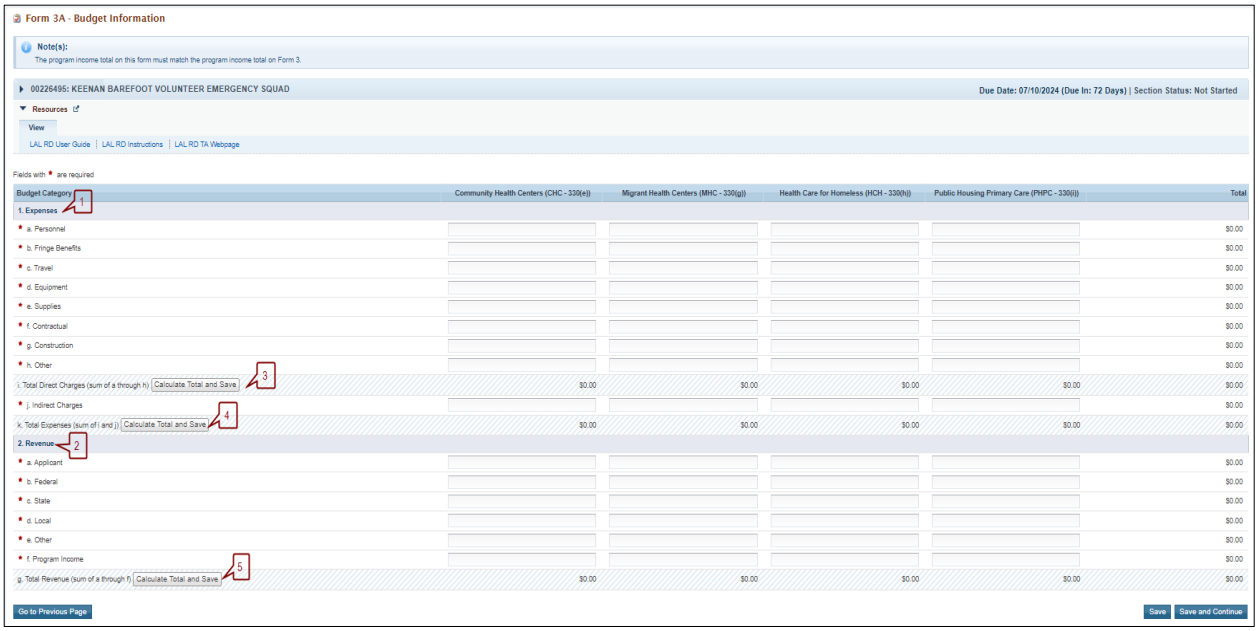
1. Expenses (**Figure 18**, **1**)
2. Revenue (**Figure 18**, **2**)

4.6.1 Completing the Expenses Section

In the Expenses section, enter the projected expenses for the upcoming certification period for each of the applicable categories. If the categories in the form do not describe all expenses, enter

expenses in the other category. Click the Calculate Total and Save button to calculate and save the values for each of the Budget Categories in Part 1. (**Figure 18**, **3**, **4**).

Figure 18: Form 3A – Budget Information



4.6.2 Completing the Revenue Section

In the Revenue section, enter the projected revenue for the upcoming certification period from each category. If you are a state agency, leave the State row blank and include state funding in the Applicant row. If revenue is collected from sources other than those listed, indicate the additional sources in the other category. Click the Calculate Total and Save button to calculate and save the values for each of the Budget Categories in Part 2. (**Figure 18**, **5**). Click the Save and Continue button to save your work and proceed to the next form.

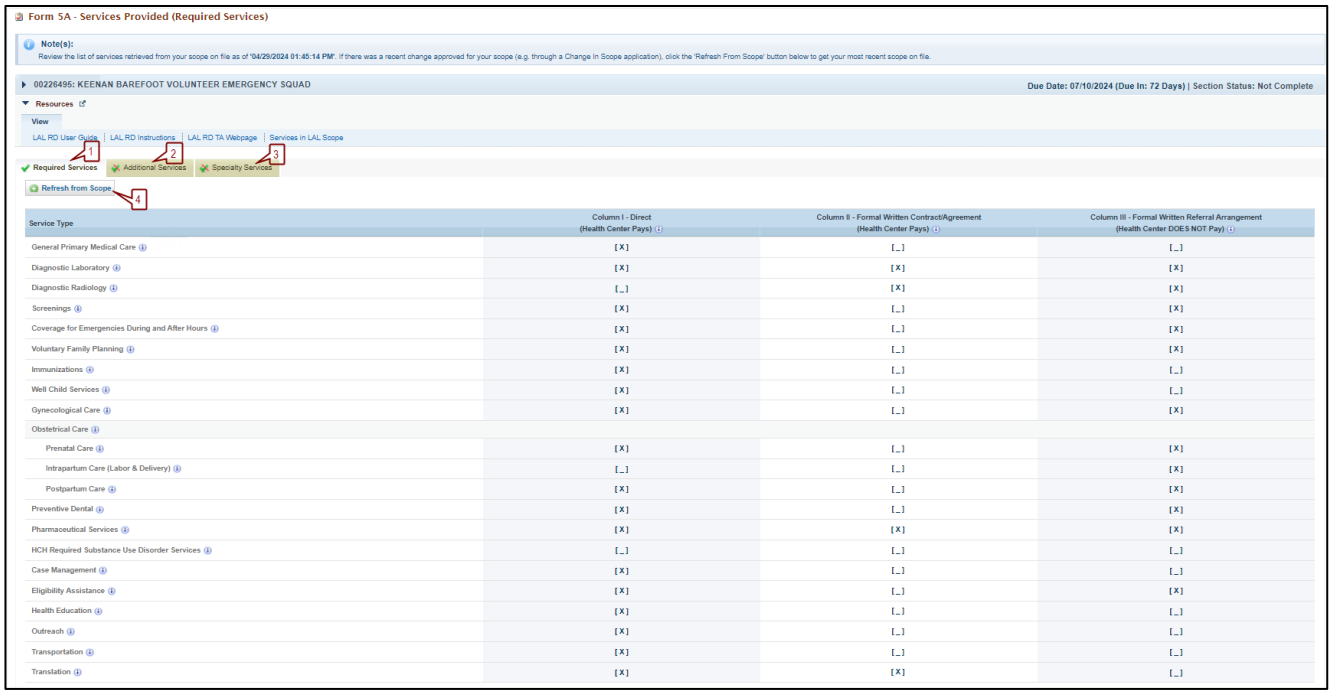
IMPORTANT NOTE: The value for the Total Program Income in the Revenue section (line (f)) should equal the value for the Total Program Income on **Form 3**, line 6, column (d).

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 Renewal of Designation applications, **Form 5A – Services Provided** has the following sections:

1. Required Services (**Figure 19**, **1**)
2. Additional Services (**Figure 19**, **2**)
3. Specialty Services (**Figure 19**, **3**)

Figure 19: Form 5A – Services Provided (Required Services)



The Form 5A: Services Provided is pre-populated with the services in your current Health Center Program scope that HRSA has on file for your organization and is non-editable.

If the pre-populated data on Form 5A does not reflect any recently approved scope changes, click the Refresh from Scope button to refresh the data and display the approved changes. (**Figure 19**, **4**)

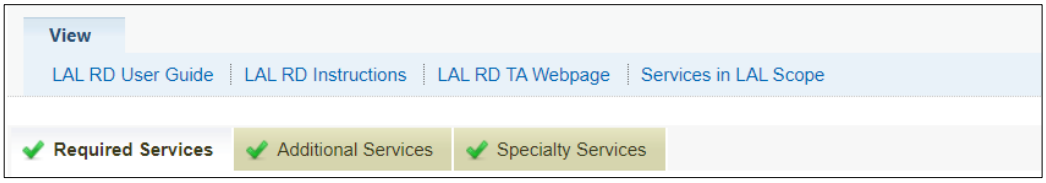
4.7.1 Completing the Required, Additional & Specialty Services Section

The **Form 5A: Service Provided** is pre-populated with the services in the current Health Center Program scope that HRSA has on file for your organization and is not editable. If the pre-populated data on **Form 5A** does not reflect any recently approved scope changes, click the Refresh from Scope button (**Figure 19**, **4**) to refresh the data and display the approved changes. You will be required to visit the Required Services, Additional Services, and Specialty Services sections (**Figure 19**, **1**, **2**, **3**) at least once by clicking the Continue button on each section to change the status of the form 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 20**).

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

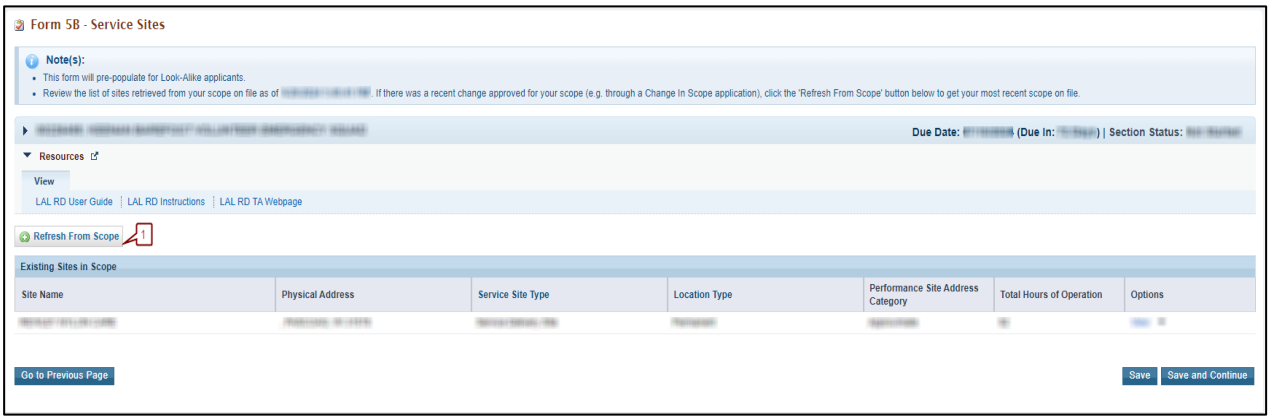
Figure 20: Completed Form 5A



4.8 Form 5B – Service Sites

Form 5B – Service Sites identifies the sites in your scope of the project. Form 5B is pre-populated with the sites in the current Health Center Program scope that HRSA has on file for your organization. Form 5B is not editable. You will be required to visit the form at least once to change the status of the form to Complete.

Figure 21: Form 5B Service Sites



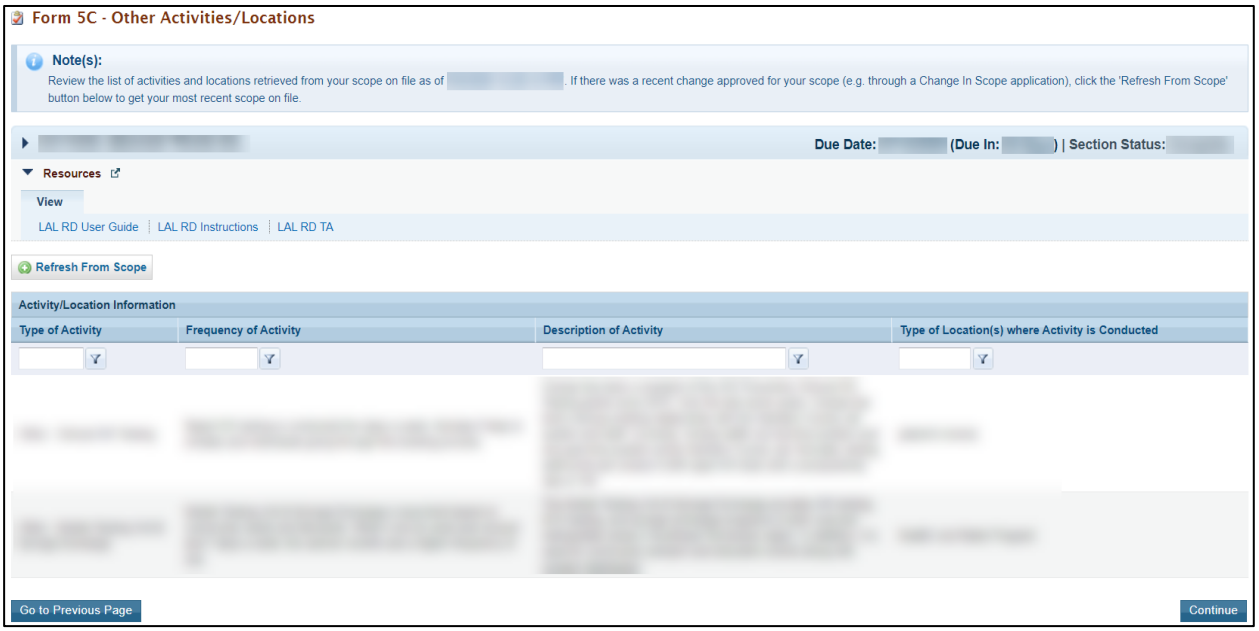
If the pre-populated data on **Form 5B** does not reflect any recently approved scope changes, click the Refresh from Scope button to refresh the data and display the approved changes (**Figure 21**, **1**).

After providing complete information on **Form 5B – Edit** page, click the Save and Continue button.

4.9 Form 5C – Other Activities/Locations

Form 5C - Other Activities/Locations are pre-populated with the activities/locations Information in the current Health Center Program scope that HRSA has on file for your organization and is not editable. You will be required to visit this form at least once to change the status of the form to Complete. After completing Form 5C, click the Continue button to save your work and proceed to the next form.

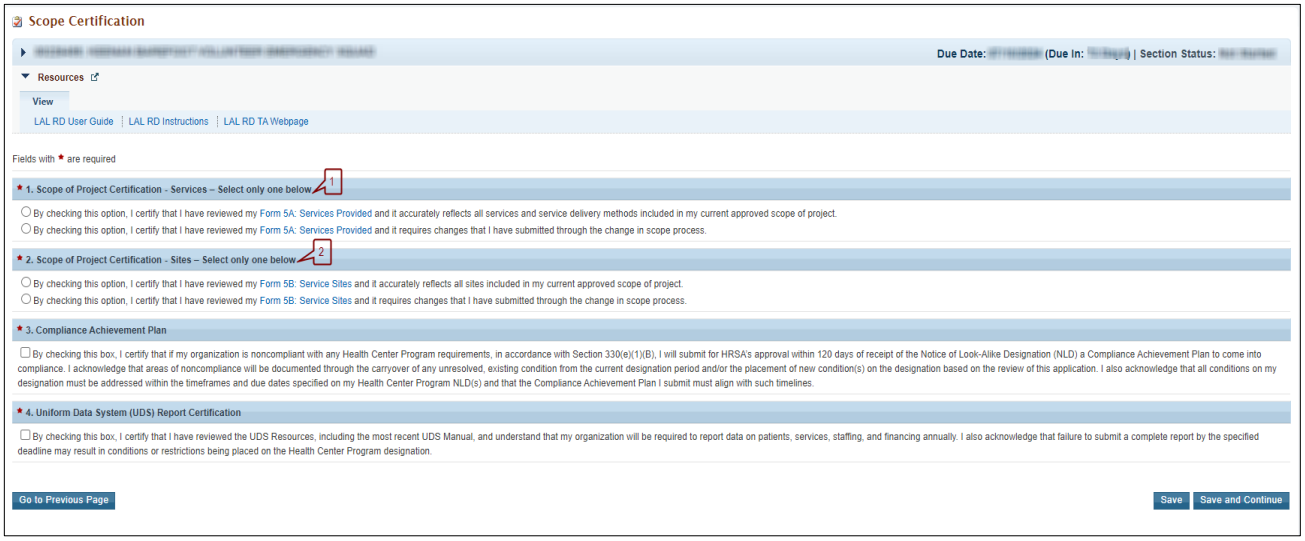
Figure 22: Form 5C – Other Activities/Locations



4.10 Scope Certification

Scope Certification allows you to certify if the scope of your organization, displayed in Form 5A: Services Provided and Form 5B: Service Sites of this Renewal of Designation, is correct.

Figure 23: Scope Certification



To complete this form, follow the steps below:

1. Select an option in section 1 - Scope of Project Certification - Services to certify that the Form 5A: Services Provided form of this Renewal of Designation accurately reflects all services and service delivery methods included in your current approved project scope or that it requires changes that you submitted through the change in scope process (**Figure 23**, **1**).

2. Select an option in section 2 - Scope of Project Certification - Sites to certify that the Form 5B: Service Sites form of this Renewal of Designation accurately reflects all sites included in your current approved project scope or that it requires changes that you submitted through the change in scope process (**Figure 23**, **2**).
3. Click the Save and Continue button to save the information and proceed to the next form.

4.11 Form 6A – Current Board Member Characteristics

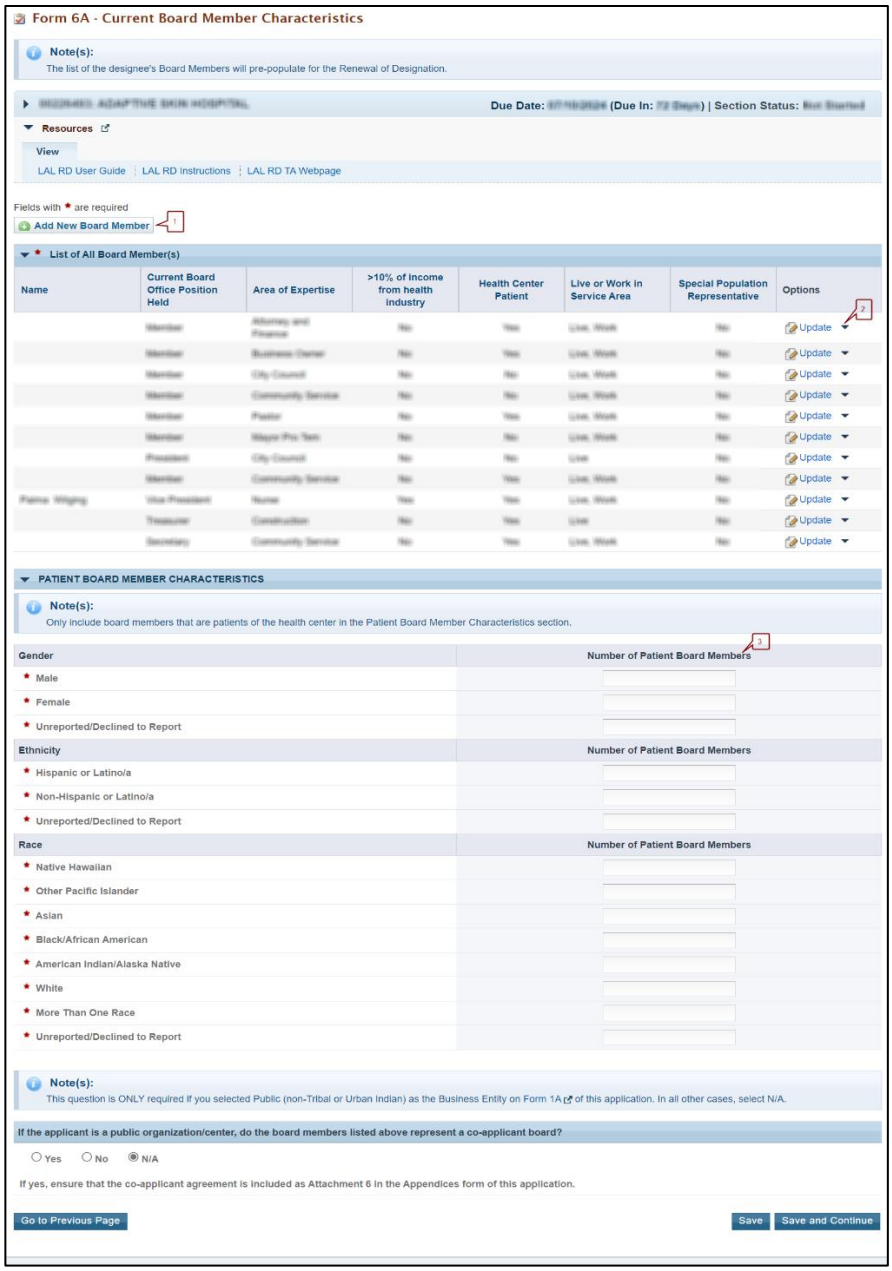
Form 6A: Current Board Member Characteristics provides information about your organization's current board members.

IMPORTANT NOTE:

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.**

Figure 24: Form 6A – Current Board Member Characteristics

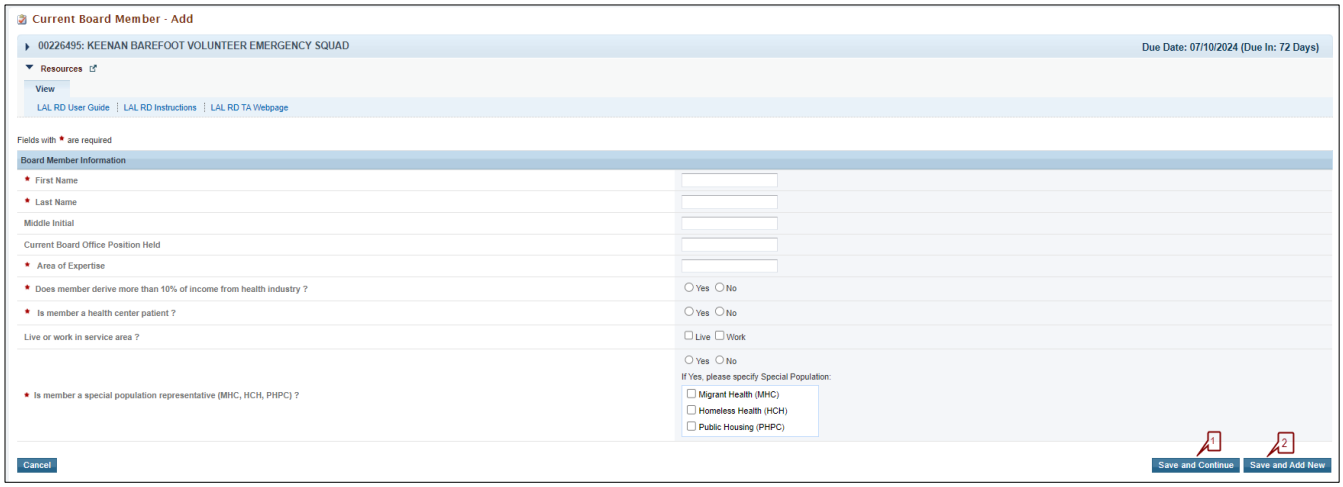


To complete this form, follow the steps below:

1. To add the board member information, click the Add Board Member button (**Figure 24**, **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 25**).
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 25**, **1**), or the Save and Add New button to save the information and add a new board member (**Figure 25**, **2**).
3. To update or to delete information for any board member, click on the **Update** or **Delete** link under the options column in the **List of All Board Members** section (**Figure 24**, **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 24**, **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.
6. After providing complete information on Form 6A, click the Save and Continue button to save the information and proceed to the next form.

Figure 25: Current Board Member – Add Page



IMPORTANT NOTE:

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.

4.12 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 underserved community (Community Health Center (CHC)).

4.12.1 Completing Form 6B When it is not Applicable

Form 6B will not be applicable in the following cases:

1. You have selected Community Health Centers (CHC) as the Target Population in the Cover Page form of this application.
2. 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 26**).

Figure 26: Form 6B When Not Applicable

4.12.2 Completing Form 6B When it is Applicable

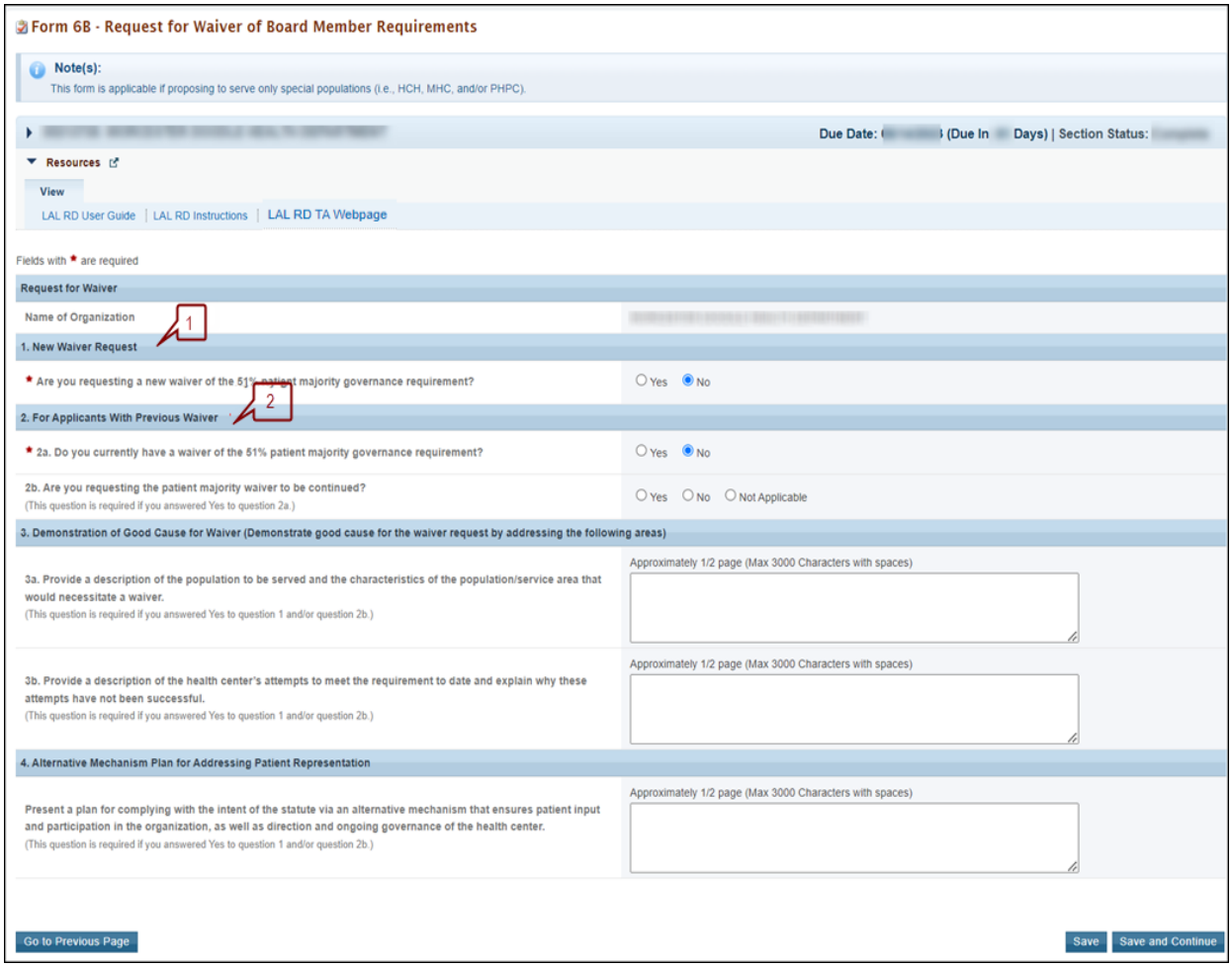
To complete **Form 6B** when it is applicable and necessary for your organization, follow these steps:

1. Indicate whether you are requesting a new waiver of the 51% patient majority governance requirement under the New Waiver Request section (**Figure 27**, **1**) or if you currently have a waiver in the For Applicants with Previous Waiver section (**Figure 27**, **2**)
2. 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.

IMPORTANT NOTE:

1. Question 1 and Question 2a both cannot be marked ‘Yes’.
2. Select ‘Yes’ or ‘No’ for question 2a if you answered ‘No’ to question 1.
3. Select ‘Yes’ or ‘No’ for question 2b if you answered ‘Yes’ to question 2a. Select ‘N/A’ for this question if you answered ‘No’ to question 2a.
4. Questions 3a, 3b, and 4 are required if you answered 'Yes' to question 1 and/or question 2b.

Figure 27: Form 6B When Applicable

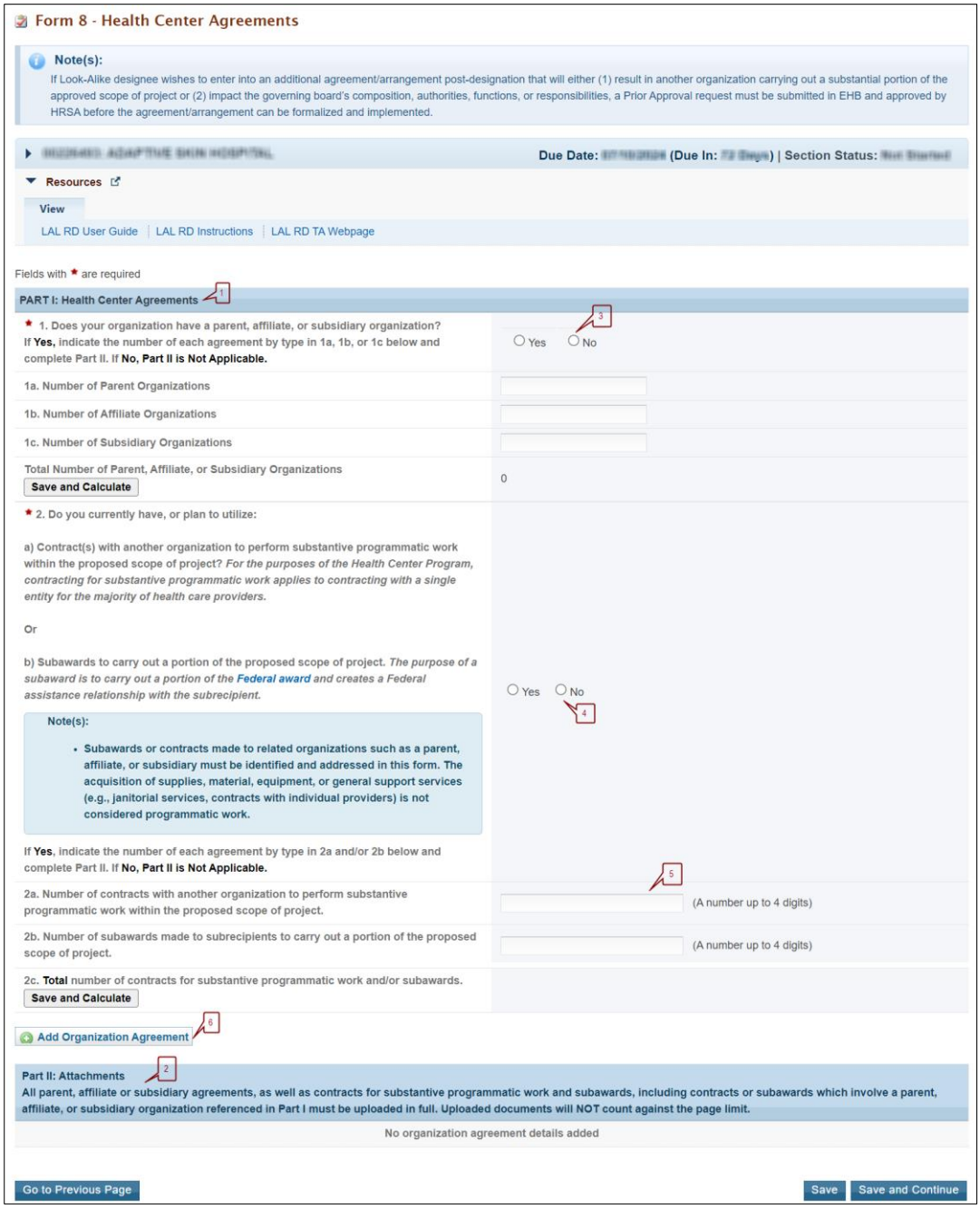


4.13 Form 8 - Health Center Agreements

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 the following sections:

1. Part I: Health Center Agreements (**Figure 28**, **1**)
2. Part II: Attachments (**Figure 28**, **2**)

Figure 28: Form 8 – Health Center Agreements



4.13.1 Completing Part I of Form 8

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

1. In Part, I, question 1 (**Figure 28**, **3**), answer if your organization has a parent, affiliate, or subsidiary organization and provide number of Parent, Affiliate and/or Subsidiary organizations.
2. Select '**Yes'** in question 2 (**Figure 28**, **4**), if any current or proposed agreements exist with another organization to conduct a substantial portion of your organization's approved scope of the project. If 'Yes' is selected, complete 2a (**Figure 28**, **5**).

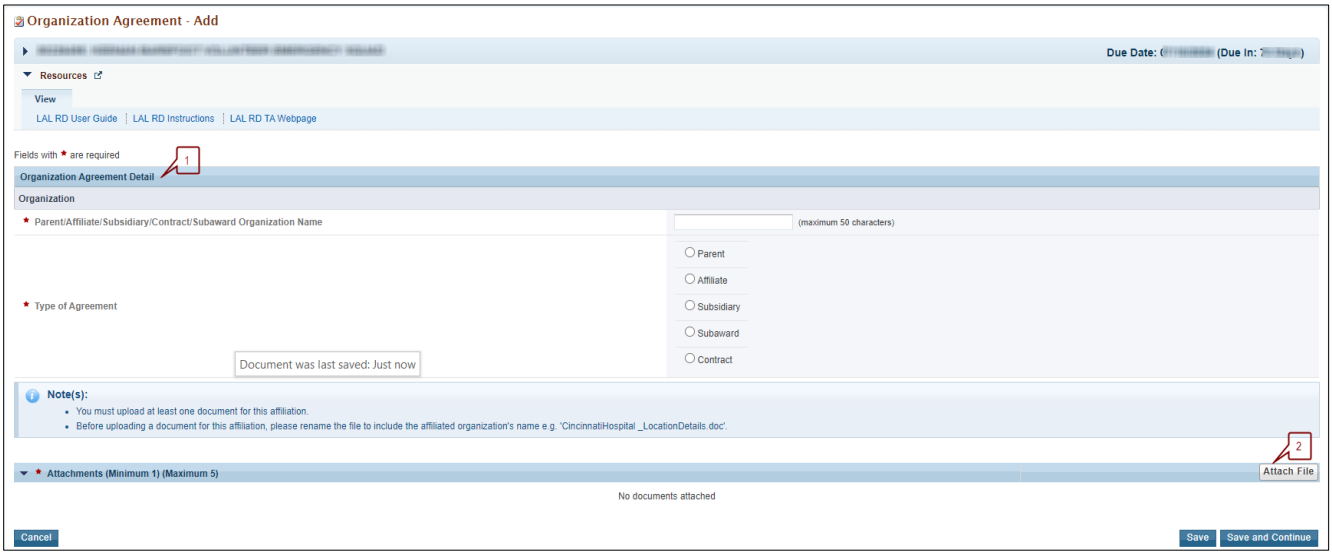
IMPORTANT NOTE: If any of the sites proposed in **Form 5B: Service Sites** are operated by a contractor; the system will auto select 'Yes' for question 2 and make it non-editable**.**

4.13.2 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, follow these steps:

1. Click on Add Organization Agreement (**Figure 28**, **6**) to open the Organization Agreement – Add page (**Figure 29**).
2. Provide the required information for the agreement in the Organization Agreement Detail (**Figure 29**, **1**) 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 (**Figure 29**, **2**) button.

Figure 29: Organization Agreement – Add page



IMPORTANT NOTE:

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

Part II will accept a maximum of five document uploads for 10 organizations. Additional documentation that exceeds this limit should be included in Attachment 12: Other Relevant Documents.

Attachments to Form 8 will not count toward the application page limit of 160 pages.

A warning will be displayed if the number of attachments attached in Part II does not match with the number of Parent, Affiliate or Subsidiary organizations. However, this will not stop you from completing the form.

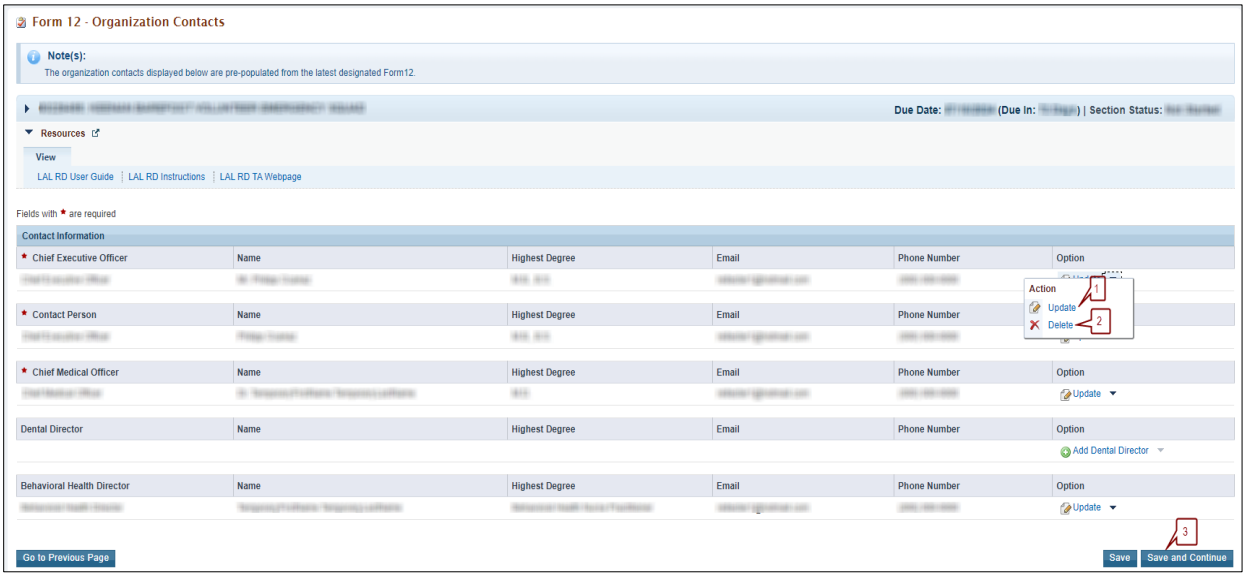
1. Click Save and Continue to return to the **Form 8 – Health Center Agreements** page**.** Following the steps described above, enter additional organizations and corresponding agreements as referenced in Part I.
2. After completing **Form 8**, click the Save and Continue button to save your work and proceed to the next form.

4.14 Form 12 – Organization Contacts

The Contact information shall be pre-populated on this form if you wish to update or delete any of the contact information, follow the following steps:

1. To update the contact information provided, click on the **Update** link under the options column (**Figure 30**, **1**).
2. To delete the contact information already provided, click on the **Delete** link under the options column (**Figure 30**, **2**).
3. After providing complete information on **Form 12**, click the Save and Continue button to save the information and proceed to the Reviewing and Submitting the Look-Alike Renewal of Designation Application (**Figure 30**, **3**).

Figure 30: Form 12 – Organization Contacts

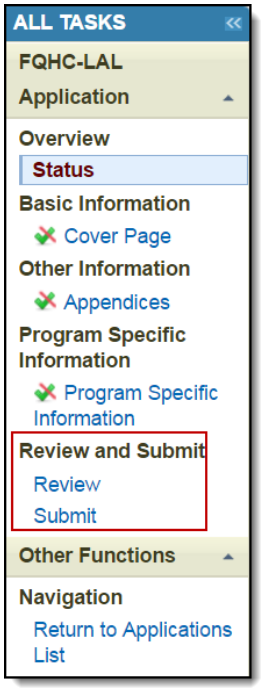


5. Reviewing and Submitting the Look-Alike Renewal of Designation Application to HRSA

To review your application, follow these steps:

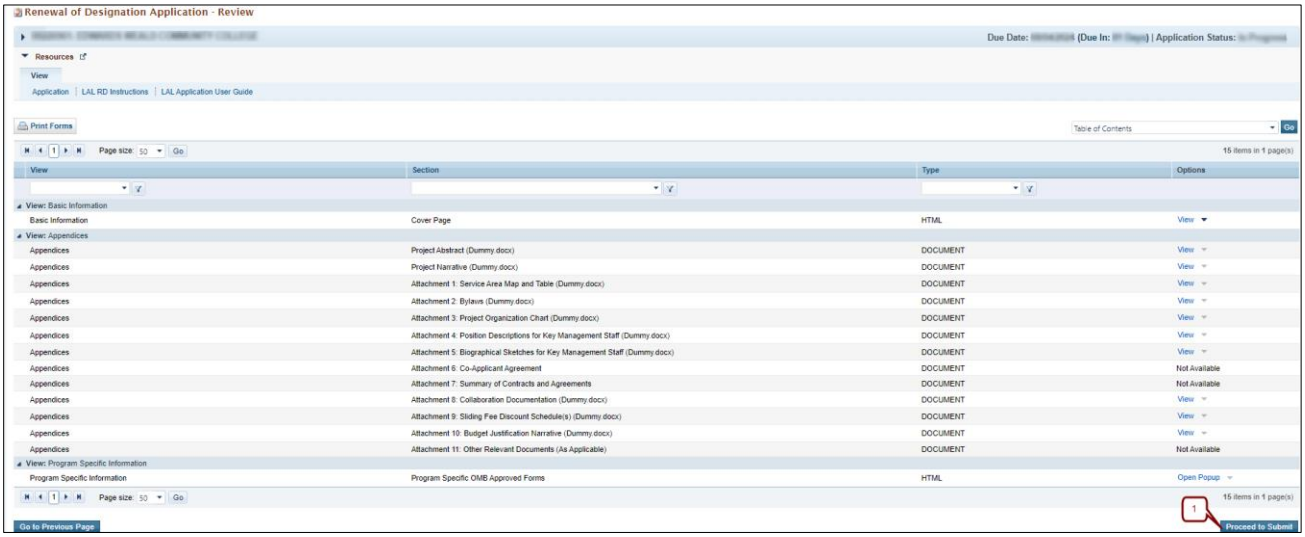
1. Click on the **Status** link on the left side menu.

Figure 31: Left menu – Review and Submit



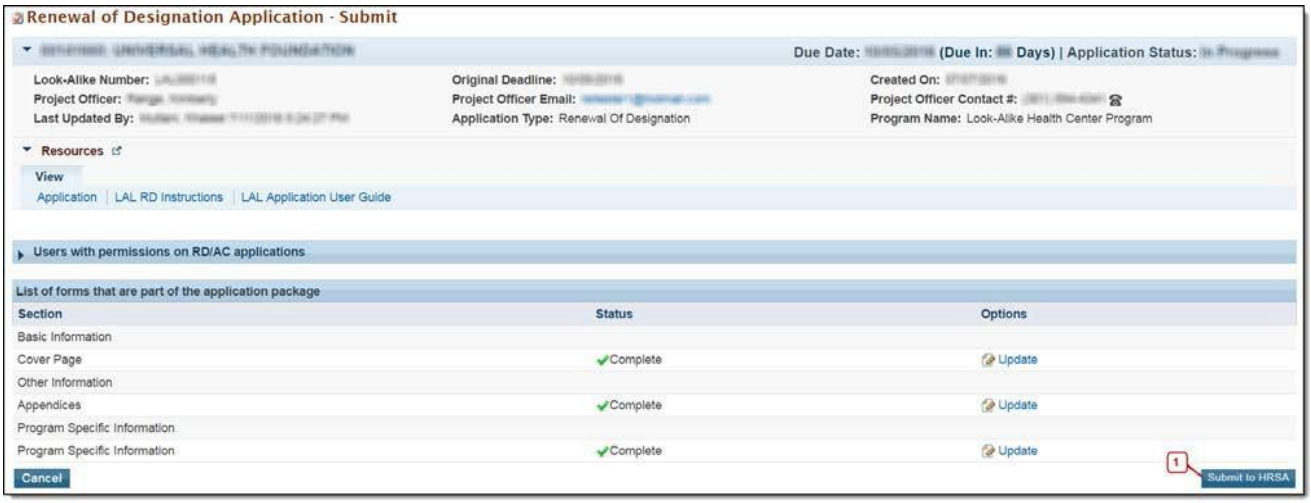
2. On the **Application – Status Overview** page, click the **Review** link in the Review and Submit section of the left menu. The system navigates to the **Review** page (**Figure 31**).
3. Verify the information displayed on the **Review** page.
4. If you are ready to submit the application to HRSA, click the Proceed to Submit button at the bottom of the **Review** page (**Figure 32**, **1**). The system navigates to the **Submit** page (**Figure 33**, **1**)**.**
5. Click the Submit to HRSA button at the bottom of the **Submit** page (**Figure 33, 1**). The system navigates to a confirmation page.

Figure 32: Review Page



1. Verify the information displayed on the **Review** page.
2. If you are ready to submit the application to HRSA, click the Proceed to Submit button at the bottom of the **Review** page (**Figure 32**). The system navigates to the **Submit** page (**Figure 32**)
3. Click the Submit to HRSA button at the bottom of the **Submit** page (**Figure 32**, **1**). The system navigates to a confirmation page.

Figure 33: Submit to HRSA



1. Check the Application Certification to electronically sign the application and click the Submit to HRSA button.
2. If you experience any problems with submitting the application in EHBs, contact the Health Center Program Support at 877-464-4772 or http://www.hrsa.gov/about/contact/bphc.aspx.