U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Health Resources and Services Administration

Office of Health Information Technology: Division of Health Information Technology Policy

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High Impact Electronic Health Record Implementation for Health Center Controlled Networks and Large Multi Site Health Centers
NEW COMPETITION
Announcement Number HRSA-07-142
Catalog of Federal Domestic Assistance (CFDA) No. 93.224

PROGRAM GUIDANCE

Fiscal Year *2007*

Application Due Date in Grants.gov: *July 2, 2007*

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Authority: Public Health Service Act, Title III, section 330(e)(1)(C)

Guidance Table of Contents

I. Funding Opportunity Description

Purpose
The mission of Health Resources and Services Administration's (HRSA) Office of Health Information Technology (OHIT) is to enhance substantially the quality and efficiency of primary and preventive care in the health center delivery system through the effective use of Health Information Technology (HIT). These enhancements should result in measurable improvements in patient outcomes and in reductions in health disparities. Common examples of HIT may include practice management systems, disease registry systems, care management systems, clinical messaging systems, personal health record systems, electronic health record systems and health information exchanges.

In support of the President's Health Centers Initiatives goal and of universal adoption of electronic health records by 2014, this guidance promotes high impact implementation of an electronic health record (EHR). The guidance reflects many of the findings published in the 2005 final report of the National Organization for Research at the University of Chicago (NORC) entitled: "Community Health Center Information Systems Assessment: Issues and Opportunities". This report was funded by the U.S. Department of Health and Human Services' Office of the Assistant Secretary on Planning and Evaluation. This guidance also reflects the feedback received from the 2006 Federal Register Notice requesting comments on HRSA's HIT strategy.

Applicants interested in implementing EHRs may be either a Health Center Controlled Network (HCCN) with three or more collaborators or a large multi-site health center with 30 or more sites within their current approved scope of project with HRSA; funds are available for EHR implementation purposes only. Further the applicant must plan to implement new EHRs in at least 15 sites. For the purpose of this guidance, an HCCN is defined as a Network controlled by and acting on behalf of the health center(s), as defined and funded under section 330(e)(1)(C) of the PHS Act. The term "controlled" means to have the authority collectively to appoint a minimum of 51 percent of the board members in the network. The HCCN must consist of at least three collaborator organizations. The three collaborators can include entities such as health centers, universities, community-based organizations, public health departments, and entities funded through HRSA's HIV/AIDS and Maternal and Child Health Bureaus and the Office of Rural Health Policy, so long as the applicant is a 330(e)(1)(A)-funded entity and the network of collaborators is majority controlled (51 percent or more) by a 330(e)(1)(A) entity(ies). For purposes of this guidance, a large multi-site health center is defined as a Section 330 funded health center with at least 30 or more sites within its current scope of project with HRSA.

HRSA acknowledges that there are many challenges and barriers involved with implementing successful EHR adoption including the large financial investment. Networks and large multi-site health centers are poised to provide the financial resources and training needed to address many of the barriers associated with EHR implementation.

The aims of this grant funding opportunity support the intent of using EHR as a tool to improve the safety, quality, efficiency, and effectiveness of health care delivery. The aims include the adoption and effective use of the EHR; the creation of sustainable business models for deploying HIT in HCCNs and large multi-site health centers; enhancing the ability of safety net providers

to leverage initiatives and resources as well as improving quality and health outcomes in the Consolidated Health Center Program.

HRSA seeks projects with an active quality improvement program that can provide evidence of the utilization of data to improve care, and that can demonstrate the value and effectiveness of health centers in the marketplace. One example of such a program is HRSA's Health Disparities Collaborative Care Model (HDC), a Community Oriented Primary Health Care (COPC) model for system change for quality improvement.

This funding opportunity builds on health center innovations in chronic care management, EHRs, patient registries, and quality improvement. This initiative will align information system goals and objectives to focus on patient and clinical care. Specifically, it will focus on the implementation and dissemination of an electronic health record to support the spread of the Bureau of Primary Health Care's (BPHC) HDC model, or equivalent quality improvement program, to all patients and their corresponding conditions within a health center system. Projects should support the move to a clinical information system through an integrated system with a common architecture. This will provide the best clinical and administrative solution to the marketplace and will eliminate both disparate clinical database sources and the fragmentation of clinical data and information.

HRSA recognizes that there are many EHR products available for purchase. Applicants can use any type of EHR (including open source systems and public domain systems created by Federal agencies such as the Veterans Administration and the Indian Health Service). HRSA encourages applicants to work with their peers who have already implemented EHRs. Helpful web links are provided in Appendix D of this guidance.

Applicants will be expected to demonstrate that an integrated and networked HIT infrastructure will be developed through the following four phases that support the aforementioned aims:

1. A **final planning phase** where the network or large multi-site health center will finalize an EHR implementation plan and complete contract negotiations with a vendor. The implementation plan <u>shall not</u> include full blown planning activities that should already have been completed such as: conducting readiness assessments, workflow analyses, due diligence in selecting a vendor, business planning and the determination of specific network HIT function(s). Successful applicants will have already completed most of the planning and will be expected to select an EHR product within six months.

2. A **testing phase** where the plan will be thoroughly tested and modified as necessary. Grant funds may be used during this phase (and/or during the planning phase as well) to purchase software and licenses, hardware, and to obtain implementation assistance and any technical staffing necessary.

3. An **infrastructure building phase** where grant funds will be used to not only build infrastructure but also to help transition workflow. A secure platform for communication and sharing of clinical and other key data will be established during this phase. These data should facilitate the development of at least five performance outcome measures with national

benchmarks. Two of these measures are required by HRSA to include child immunization and diabetes control performance indicators (see Appendix E for descriptions of these measures). Sustainability should be emphasized here.

4. An **implementation phase** where the EHR will be rolled out to at least 15 sites within the network or large multi-site health center in a coordinated and integrated approach. These grant funds <u>shall not</u> be used for the ongoing maintenance of technology.

Authority
This grant program is under the auspices of the Health Resources and Services Administration (HRSA), U.S. Department of Health and Human Services (HHS). Projects are overseen by HRSA's Division of HIT State and Community Assistance (DHITSCA) within OHIT. The funding for this opportunity is in accordance with section 330(e)(1)(C) of the Public Health Service (PHS) Act (42 U.S.C. 254b), as amended.

General Consideration
In selecting applications for funding, special consideration will be given to geographic distribution, including urban and rural.

Background
To be successful in the health care arena, it is essential that health centers have state of the art information systems. According to the NORC final report cited earlier, health centers have quickly identified technology's potential to improve the efficiency and quality of their patients' care. For example, in 2003, HRSA funded six HCCNs to implement EHR and in 2007, these six networks are implementing EHR in almost 60 health centers and over 350 sites.

HRSA's experience has shown that it is cost effective to utilize networks of health centers, often on a statewide or multi-market basis, to develop information systems. These systems support the operation and administration of all health centers and other safety net providers in the State or market. The development of federally-supported networks through HRSA began with funding networks in FY 1994. In response to both the changes in the environment and to the lessons learned by previously funded networks, the focus of the network program has been modified to continue the evolutionary process. Over the years networks have developed into various organizational and service delivery models. Areas of variation include horizontal vs. vertical collaboration, the extent to which networks centralized functions previously operated at the health center level, and the role of partnering with community health stakeholders. This funding opportunity seeks information from networks regarding their financial and operational model as well as their approach to partnerships.

HRSA is also seeking large multi-site health centers with this opportunity. Large multi-site health centers with 30 or more sites have also exhibited the ability to implement EHRs in a cost effective manner by supporting the operation and administration of 30 or more sites in their systems. This funding opportunity seeks information from large multi-site health centers regarding their financial and operational model as well as their approach to partnerships.

HRSA is interested in programs that can measure the impact of EHR/HIT in terms of outcomes

that support the aims of this funding opportunity. As described in the Organizational Information section, applicants should have past experience with the use of quality improvement programs. HRSA requires at least five performance outcome measures two of which HRSA defines to include diabetes control and child immunization (see the appendix or the evaluation section of this guidance for a description of these performance measures).   The applicant should utilize measures to support the aim of enhancing the effectiveness, efficiency, safety and quality as related to EHR implementation.

1.   **Effectiveness.** The extent to which integrating a clinical quality improvement program with HIT will improve both health outcomes and systems of care. For example, a network or large multi-site health center may use clinical decision support systems to generate reminders that promote preventive care to help manage chronic diseases and to improve population health.

    A network or large multi-site health center shall aim to promote the adoption and effective use of EHR. Specifically, it may:
    a.   Measure and effectively report on quality of care and health outcomes in health centers.
    b.   Reduce health care costs that result from inefficiency, medical errors, inappropriate care and incomplete information.
    c.   Increase the availability and transparency of information related to the health care needs of the patient and to support physician decision making.
    d.   Ensure the integration of clinical information with business information systems.
    e.   Prepare health centers to enhance revenues through participation in pay-for-performance plans/systems.
    f.   Support the ability to provide a rapid response to both natural and man-made disasters, including those due to bioterrorist acts.
    g.   Further develop continuity of care across settings for health center patients. This continuity of care is not only for patients as they move from outpatient to urgent, emergency, and inpatient care, but also for when they may move between geographic areas either voluntarily or involuntarily as in the case of a disaster.

2.   **Efficiency.** The extent to which inefficiencies such as lost medical records, lab results, and inadequate appointment systems are eliminated through the combination of HIT and a clinical quality improvement program.   Projects should be able to quantify projected return on investment related to time saved, increases in revenue and other potential savings related to the resources used on the investment as well as increased tracking and reporting of patient's quality and health outcomes.

    A network or large multi-site health center shall aim to achieve efficiencies in its EHR implementation. Specifically, it should: promote a more effective marketplace, increase competition and systems analysis, enhance quality and improve outcomes in the Consolidated Health Center Program. It should also enhance the capability of safety net providers to enter into collaborative strategies that leverage initiatives and resources (including knowledge, experience, and funding) already present in their communities.

3**.** **Safety and Quality.** The extent to which mechanisms, such as computerized provider order entry (CPOE), enhance patient safety and improve risk management practices by preventing medication and other medical errors.

A network or large multi-site health center shall aim to enhance quality and improve safety outcomes.

HRSA is committed to ensuring access to quality health care for all. Quality care means access to services, information, materials delivered by competent providers in a manner that factor in the language needs, cultural richness, and diversity of populations served. Quality also means that, where appropriate, data collection instruments used should adhere to culturally competent and linguistically appropriate norms. For additional information and guidance, refer to the National Standards for Culturally and Linguistically Appropriate Services in Health Care published by the U.S. Department of Health and Human Services. This document is available online at http://www.omhrc.gov/CLAS.

II. Award Information

1. Type of Award
Funding will be provided in the form of a grant.

2. Summary of Funding
Approximately $10 million will be available to fund up to eight awards. The project period may be one year in length, and the funding shall not exceed $1.4 million. This is one-time money with a one year project period.

HRSA expects that recipients will be able to sustain the project beyond the project period and requests specific information on sustainability in the section of the guidance entitled: "Resolution of Challenges."

Those HCCNs who applied for EHR implementation under HRSA 07-125 and this announcement for the same scope of project should be aware that HRSA will only fund one proposal. HRSA 07-125 applications will be reviewed prior to this announcement and if a HCCN is selected for funding through HRSA 07-125 its application for this announcement will become ineligible. Applications applying under both HRSA-07-125 and this funding opportunity that are not selected under HRSA 07-125 will remain eligible for funding under this announcement.

Please see "Funding Restrictions" for information regarding allowable use of funds.

In FY 2007, OHIT will conduct only one funding cycle for high impact EHR implementation support. **The due date for applications is July 2, 2007.** The anticipated date of award is September 1, 2007.

III. Eligibility Information

1. Eligible Applicants

Eligible applicants are limited to public and non-profit organizations, including faith based and community based organizations, from one of the following categories:

-network controlled by and acting on behalf of the health center(s), as defined and funded under section 330(e)(1)(C) of the PHS Act. At the request of all the member health centers, a network may apply for direct funds if it is at least majority controlled and, as applicable, at least majority owned, by such health centers as defined and funded under section 330(e)(1)(C). For the purposes of this grant opportunity, the term "controlled" means to have the authority collectively to appoint a minimum of 51 percent of the network's board members in the network. If the network is a membership corporation such as a Primary Care Association, then health centers should have a minimum of 51 percent of the membership and if housed within a PCA, provide clear distinct roles of the PCA and Network.; or,

-a health center, as defined and funded under section 330 of the Public Health Service (PHS) Act (42 U.S.C. 254b), as amended, applying on behalf of a managed care network or plan, that has received federal grants under subsection 330(e)(1)(A) for at least the two consecutive preceding years; or,

-a health center as defined and funded under section 330 of the Public Health Service (PHS) Act (42 U.S.C. 254b), as amended, applying on behalf of a practice management network.

Please note that large multi-site health centers must have at least 30 or more sites within their approved scope of project with HRSA.

2. Cost Sharing and Matching

Cost sharing and matching are not required components for this funding opportunity. However, applicants are strongly encouraged to demonstrate cost participation as an indicator of community and organizational support for the project and also to delineate the likelihood that the project will continue after Federal grant support has ended. Cost participation may be in the form of cash or in-kind contributions (e.g. equipment, personnel, building space, indirect costs). Applicants are expected to maximize the use of non-Federal funds to the greatest extent possible and to present a plan for decreasing dependence on Federal funds (this is one year money) to assure the long-term sustainability of the program. Applicants are encouraged to explore the flexibility provided under the recent self-referral safe harbor for FQHCs that allows providers to work with hospitals to purchase and to implement software systems. Applicants should also describe how they will work with their proposed partners to share costs. Note that the reasonableness of the total budget and the extent to which other appropriate resources are obtained and leveraged within the budget each year are both key evaluation elements in the review of the proposed project.

3. Other

In order to increase access to comprehensive and preventative primary care, eligible applicants are encouraged to invite HRSA grantees other than those with 330 funds, (e.g. Ryan White, MCH, rural providers, Healthy Start), as well as other entities that have a similar primary care mission (public health departments, other community-based clinics, and faith-based organizations) to participate in the implementation of EHR.

All applicants must ensure that the community-based board(s) of the collaborating center(s)/members are knowledgeable and supportive of the network's or large multi-site health center's activities. All applicants are expected to have a Memorandum of Agreement (MOA) signed by all CEOs and Board Chairs of the network members. (See MOA Section 6.5 in Appendix, note MOA is only required for health center controlled networks).

Prospective grantees should be aware that they will be required to participate in any agency performance review of the HRSA funded program(s) by the Office of Performance Review (OPR). The purpose of performance review is to improve the performance of HRSA funded programs.

Throughout the application, the applicant shall, wherever appropriate, describe the program's or institution's strategic plan, policies, and initiatives that demonstrate a commitment to providing culturally and linguistically competent health care and developing culturally and linguistically competent health care providers, faculty, staff, and program participants. This includes participation in, and, support of programs that focus on cross-cultural health communication approaches as strategies to educate health care providers serving diverse patients, families, and communities.

IV. Application and Submission Information

1. Address to Request Application Package
Application Materials
The application and submission process has changed significantly. HRSA is *requiring* applicants for this funding opportunity to apply electronically through Grants.gov. All applicants *must* submit in this manner unless the applicant is granted a written exemption from this requirement in advance by the Director of HRSA's Division of Grants Policy. Grantees must request an exemption in writing from DGPClearances@hrsa.gov, and provide details as to why they are technologically unable to submit electronically though the Grants.gov portal. Make sure you specify the announcement number for which you are seeking relief. As indicated in this guidance, HRSA and its Grants Application Center (GAC) will only accept paper applications from applicants that received prior written approval.

Refer to Appendix A for detailed application and submission instructions. Pay particular attention to Section 3, which provides detailed information on the competitive application and submission process.

Applicants must submit proposals according to the instructions in Appendix A, using this guidance in conjunction with Public Health Service (PHS) Application Form 5161-1. These forms contain additional general information and instructions for grant applications, proposal narratives, and budgets. These forms may be obtained from the following sites by:

(1) Downloading from http://www.hrsa.gov/grants/forms.htm

Or

(2) Contacting the HRSA Grants Application Center at:
    The Legin Group, Inc.
    910 Clopper Road
    Suite 155 South
    Gaithersburg, MD 20878
    Telephone: 877-477-2123
    HRSAGAC@hrsa.gov

Instructions for preparing portions of the application that must accompany Application Form 5161-1 appears in the "Application Format" section below.

Pre-Application Conference Call

HRSA will hold two pre-application conference calls for potential applicants. The conference calls will provide an overview of this program guidance and will include an opportunity for organizations to ask questions. The preapplication call information is as follows:

Conference call: June 5, 2007, from 2:00 to 3:30 PM EST

Call-in number: 1-888-552-9483

Passcode: EHR

The replay number for this call is as follows: 1-866-443-4155

2. Content and Form of Application Submission

Application Format Requirements

See Appendix A, Section 4 for detailed application submission instructions. These instructions must be followed.

The total size of all uploaded files **may not exceed the equivalent of 80 pages when printed by HRSA, approximately 10 MB. This 80-page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support.** Standard forms are NOT included in the page limit.

Applications that exceed the specified limits (approximately 10 MB, or that exceed 80 pages when printed by HRSA) will be deemed non-compliant. All non-compliant applications will be returned to the applicant without further consideration.

Application Format

Applications for funding must consist of the following documents in the following order:

SF 424 Non Construction – Table of Contents

☐ **It is mandatory to follow the instructions provided in this section to ensure that your application can be printed efficiently and consistently for review.**
☐ **Failure to follow the instructions may make your application non-compliant. Non-compliant applications will not be given any consideration and those particular applicants will be notified.**

☐ **For electronic submissions, applicants only have to number the electronic attachment pages sequentially, resetting the numbering for each attachment, i.e., start at page 1 for each attachment. Do not attempt to number standard OMB approved form pages.**
☐ **For electronic submissions no table of contents is required for the entire application. HRSA will construct an electronic table of contents in the order specified.**
☐ **When providing any electronic attachment with several pages, add table of content page specific to the attachment. Such page will not be counted towards the page limit.**

☐ **For paper submissions (when allowed), number each section sequentially, resetting the page number for each section. i.e., start at page 1 for each section. Do not attempt to number standard OMB approved form pages.**
☐ **For paper submissions ensure that the order of the forms and attachments is as specified below.**

Application Section	Form Type	Instruction	HRSA/Program Guidelines
Application for Federal Assistance (SF-424)	Form	Pages 1, 2 & 3 of the SF-424 face page.	Not counted in the page limit
Project Summary/Abstract	Attachment	Can be uploaded on page 2 of SF-424 - Box 15	Required attachment. Counted in the page limit. Refer guidance for detailed instructions. Provide table of contents specific to this document only as the first page
Additional Congressional District	Attachment	Can be uploaded on page 2 of SF 424 - Box 16	As applicable to HRSA; not counted in the page limit
HHS Checklist Form PHS-5161	Form	Pages 1 & 2 of the HHS checklist.	Not counted in the page limit
Project Narrative Attachment	Form	Supports the upload of Project Narrative	Not counted in the page limit

Application Section	Form Type	Instruction	HRSA/Program Guidelines
Form		document	
Project Narrative	Attachment	Can be uploaded in Project Narrative Attachment form.	Required attachment. Counted in the page limit. Refer guidance for detailed instructions. Provide table of contents specific to this document only as the first page
SF-424A Budget Information - Non-Construction Programs	Form	Page 1 & 2 to supports structured budget for the request of Non construction related funds	Not counted in the page limit
SF-424B Assurances - Non-Construction Programs	Form	Supports assurances for non construction programs	Not counted in the page limit
Disclosure of Lobbying Activities (SF-LLL)	Form	Supports structured data for lobbying activities.	Not counted in the page limit
Other Attachments Form	Form	Supports up to 15 numbered attachments. This form only contains the attachment list	Not counted in the page limit
Attachment 1-6	Attachment	Can be uploaded in Other Attachments form 1-15	Refer to the attachment table provided below for **specific** sequence. Counted in the page limit

- **To ensure that attachments are organized and printed in a consistent manner, follow the order provided below. Note that these instructions may vary across programs.**

- **Evidence of Non Profit status and invention related documents, if applicable, must be provided in the other attachment form.**
- **Additional supporting documents, if applicable, can be provided using the available rows. Do not use the rows assigned to a specific purpose in the program guidance.**
- **Merge similar documents into a single document. Where several pages are expected in the attachment, ensure that you place a table of content cover page specific to the attachment. Table of content page will not be counted in the page limit.**

Attachment Number	Attachment Description (Program Guidelines)
Attachment 1	Tables, charts, etc.
Attachment 2	Staffing plan and personnel requirements; job descriptions for key personnel
Attachment 3	Biographical sketches of key personnel
Attachment 4	Letters of agreement and/or descriptions of proposed/existing contracts
Attachment 5	Project organizational chart
Attachment 6	Other relevant documents (i.e. dated letters of support)

Application Format

i. *Application Face Page*
Public Health Service (PHS) Application Form 5161-1 provided with the application package. Prepare this page according to instructions provided in the form itself. For information pertaining to the Catalog of Federal Domestic Assistance, the Catalog of Federal Domestic Assistance Number is 93.*224*.

DUNS Number
All applicant organizations are required to have a Data Universal Numbering System (DUNS) number in order to apply for a grant from the Federal Government. The DUNS number is a unique nine-character identification number provided by the commercial company, Dun and Bradstreet. There is no charge to obtain a DUNS number. Information about obtaining a DUNS number can be found at http://www.hrsa.gov/grants/dunsccr.htm or call 1-866-705-5711. Please include the DUNS number item 8c on the application face page. Applications *will not* be reviewed without a DUNS number.

Additionally, the applicant organization is required to register with the Federal Government's Central Contractor Registry (CCR) in order to do electronic business with the Federal Government. Information about registering with the CCR can be found at http://www.hrsa.gov/grants/dunsccr.htm.

ii. *Table of Contents*
The application should be presented in the order of the Table of Contents provided earlier. Again, for electronic applications no table of contents is necessary as it will be generated by the system. (Note: the Table of Contents will not be counted in the page limit).

iii. *Application Checklist*
Application Form 5161-1 provided with the application package.

iv. *Budget*
Application Form 5161-1 provided with the application package.

Please complete Sections A, B, E, and F, and then provide a line item budget for each grant year using the budget categories in the SF 424A.

v. *Budget Justification*
Provide a narrative that explains the amounts requested for each line in the budget. The budget justification should specifically describe how each item will support the achievement of proposed objectives. The budget period is for ONE year. Line item information must be provided to explain the costs entered in Application Form 5161-1. **The budget justification must clearly describe each cost element and explain how each cost contributes to meeting the project's objectives as stated in the work plan section.** Be very careful about showing how each item in the "other" category is justified. The budget justification MUST be concise. Do NOT use the justification to expand the project narrative.

Include the following in the Budget Justification narrative:

Personnel Costs: Personnel costs should be explained by listing each staff member who will be supported from funds, name (if possible), position title, percent full time equivalency, and annual salary.

Indirect Costs: Indirect costs are those costs incurred for common or joint objectives which cannot be readily identified but are necessary to the operations of the organization, e.g., the cost of operating and maintaining facilities, depreciation, and administrative salaries. For institutions subject to OMB Circular A-21, the term "facilities and administration" is used to denote indirect costs. If an organization applying for an assistance award does not have an indirect cost rate, the applicant may wish to obtain one through HHS's Division of Cost Allocation (DCA). Visit DCA's website at: http://rates.psc.gov/ to learn more about rate agreements, the process for applying for them, and the regional offices which negotiate them.

Fringe Benefits: List the components that comprise the fringe benefit rate, for example health insurance, taxes, unemployment insurance, life insurance, retirement plan, tuition reimbursement. The fringe benefits should be directly proportional to that portion of personnel costs that are allocated for the project.

Travel: List travel costs according to local and long distance travel. For local travel, the mileage rate, number of miles, reason for travel and staff member/consumers completing the travel should be outlined. The budget should also reflect the travel expenses associated with participating in meetings and other proposed trainings or workshops such as an annual HRSA grantee meeting.

Equipment: List equipment costs and provide justification for the need of the equipment to carry out the program's goals. Extensive justification and a detailed status of current equipment must be provided when requesting funds for the purchase of computers and furniture items that meet the definition of equipment.

Supplies: List the items that the project will use. In this category, separate office supplies from medical and educational purchases. Office supplies could include paper, pencils, and the like; medical supplies are syringes, blood tubes, plastic gloves, etc., and educational supplies may be pamphlets and educational videotapes. Remember, they must be listed separately.

Subcontracts: To the extent possible, all subcontract budgets and justifications should be standardized, and contract budgets should be presented by using the same object class categories contained in the Standard Form 424A. Provide a clear explanation as to the purpose of each contract, how the costs were estimated, and the specific contract deliverables.

Other: Put all costs that do not fit into any other category into this category and provide and explanation of each cost in this category. In some cases, grantee rent, utilities and insurance fall under this category if they are not included in an approved indirect cost rate.)

vi.   *Staffing Plan and Personnel Requirements*
Applicants must present a staffing plan and provide a justification for the plan that includes education and experience qualifications and rationale for the amount of time being requested for each staff position. Position descriptions that include the roles, responsibilities, and

qualifications of proposed project staff must be included in Attachment 2. Copies of biographical sketches for any key employed personnel that will be assigned to work on the proposed project must be included in Attachment 3.

Wherever appropriate, describe a plan to recruit and retain staff, health care providers, faculty, and students with demonstrated experience serving the specific target population and familiarity with the culture and literacy level of the particular target group.

vii. *Assurances*
Application Form 5161-1 provided with the application package.

viii. *Certifications*
Application Form 5161-1 provided with the application package.

ix. *Project Abstract*
Provide a summary of the application. Because the abstract is often distributed to provide information to the public and Congress, please prepare this so that it is clear, accurate, concise, and without reference to other parts of the application. It must include a brief description of the proposed grant project including the needs to be addressed, the proposed services, and the population group(s) to be served.

Please place the following at the top of the abstract:
- *Project Title*
- *Applicant Name*
- *Address*
- *Contact Phone Numbers (Voice, Fax)*
- *E-Mail Address*
- *Web Site Address, if applicable*

x. *Program Narrative*
This section provides a comprehensive framework and description of all aspects of the proposed program. It should be succinct, self-explanatory and well organized so that reviewers can understand the proposed project.

The narrative portion of the application must include the following sections in order to be considered complete. Applicants are reminded that the entire application **MUST not exceed 80 pages.**

- *INTRODUCTION*
  The applicant should briefly describe the overall purpose of the proposed project.

- *NEEDS ASSESSMENT*
  This section outlines the needs of your community and/or organization. The target population and its unmet health needs must be described and documented in this section. Demographic data should be used and cited whenever possible to support the information provided. Please discuss any relevant barriers in the service area that the project hopes to overcome. This section should help reviewers understand the community and/or organization that will be served by the proposed project.

Below are some suggestions to include in this section.

A. <u>Profile of the target population</u>: Describe the population the project intends to impact. Include the number of health center(s) organizations, sites, patients, number of provider FTEs (see appendix for definition of "provider"), software licenses, and annual encounters. Applicants are encouraged to use the table below to delineate this information. HRSA is interested in creating synergies across its programs. Applicants are, thus, encouraged to include the types and number of other participating HRSA programs from HIV/AIDS Bureau; Healthcare Systems Bureaus; Maternal and Child Health Bureau; and, the Office of Rural Health Policy.

# Health Centers	
# Health Center Sites	
# Patients	
# Annual encounters	
# Provider FTEs	
# Software licenses over the project period	

B. <u>Impact of the proposed project:</u> Describe the quantifiable difference the project expects to make on the business and on the clinical operations of the participating organizations. Since implementing EHR is a challenging endeavor, it is important that this be part of an organization's strategic plan and business plan. Address how the EHR will facilitate the improvement of specific health outcomes for the patients targeted by the organization. Applicants may include a brief description of the anticipated impact of EHR on the following aims: effectiveness, efficiency, and safety and quality.

C. <u>Marketplace assessment</u>: Based on strengths, weakness, opportunities, and threats, explain the basis for expecting successful activities in the network's or large multi-site health center's market once projects are implemented and fully functioning. Specifically describe:
a) Factors affecting the reimbursement environment such as managed care, Medicaid, Medicare, pay for performance.
b) Other sources of funding available to the network or large multi-site health center such as the infusion of state money for HIT related efforts, and/or participation in other national, regional, state or local HIT initiatives.
c) The primary care service delivery environment including the composition of the local health care delivery matrix and the interface (HIT and non-HIT) among participating health centers and other providers of care at the state and local level (i.e. community hospitals, university medical centers, state and local health departments, managed care organizations, private providers).

- ***METHODOLOGY***
   Describe methods that will be used to meet each of the previously-described program requirements and expectations in this grant announcement. The project plan should be supported by a multi-year work plan that shows how the adoption of an EHR will support the organizations' business and clinical operations.   Below are some suggested areas to address:

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A.   A description of the applicant's vision for developing and implementing HIT initiatives. It should support the enterprise in a constantly changing and intensely competitive marketplace. In addition, discuss how the network or large multi-site health center plans to roll out the adoption of the EHR in the context of supporting the spread of the HDC model or other clinical quality improvement project measures.
B.   Brief overview of the project's multi-year strategic planning process.
C.   The specific HIT functions the network or large multi-site health center will provide related to this project.
D.   Identification and definition of relationship(s) (legal or other) that will bind the entities in implementing the proposed activities and will promote the sustainability of the EHR adoption after the grant funding ends. This is for HCCN's only.
E.   Brief overview of the financial capabilities and financing of the EHR development project, with an emphasis on sustainability following the full drawdown of Federal funds.
F.   Any other methodology considerations that denote indicators of success for this project such as shared learning, shared clinical protocols, and a supportive financial environment towards establishing economies of scale, and replicability. Wherever appropriate, describe the program or institution's strategic plan, policies, and initiatives that demonstrate a commitment to serving the specific target population and familiarity with the culture and literacy level of the particular target group.

Deployment

Describe the applicant's current status and plans to implement the proposed technology. Include the process for vendor selection and the timelines for related activities. Provide evidence that there is knowledge of technical requirements and a rational for cost-effective deployment and operation in a health center environment (including consideration of various feasible alternatives). Describe how the proposed technology complies with existing federal and industry standards, including any functional requirements the network or large multi site health center outlined that may be specific to health centers, and the extent to which it is interoperable with multiple platforms and systems (such as labs) .   Data should be integrated using a common structure, business rules and practices in order to facilitate a centralized EHR solution that is replicable across a State or a regional marketplace. Also the applicant should describe how data will be exchanged within the network or large multi site health center and with other entities in the community. The applicant should outline the steps it will take to integrate the proposed EHR with other IT systems such as practice management systems. Also include evidence that reports can be generated from the system(s) to document population based health outcomes.

Describe the actions to be taken to assure the privacy of patients and clinicians using the system and the confidentiality of information transmitted via the system. Include a description of how the applicant will comply with Federal and State privacy and confidentiality, including HIPAA regulations (implementing the Health Insurance Portability and Accountability Act of 1996 - see http://www.hhs.gov/ocr/hipaa/).

- *WORKPLAN*

Describe the activities or steps that will be used to achieve each of the activities proposed in the methodology section. Use a time line that includes each activity and identifies responsible staff.

Applicants should structure their work plan in a table format according to the aforementioned phases (planning, testing, infrastructure, and implementation) that identifies:
  a. Goals – how clinical and business practices will look after implementation (i.e. the desired end product);
  b. Objectives;
  c. Key action steps for each objective;
  d. Responsible entity (person, committees, etc.);
  e. Timetable; and
  f. Cost by objective.

- ***RESOLUTION OF CHALLENGES***

Discuss the challenges that are likely to be encountered in designing and implementing the activities described in the Work Plan, and approaches that will be used to resolve such challenges. Some, but not limited, challenges to consider and address are:

Collaboration and sharing of data.   Integrating functions among different organizations while meeting their diverse needs in terms of size, organizational capacity and finances can easily go astray if the members do not all agree in advance and do not have a common set of principles and history of working together. Due to the complexity of HIT, it is not recommended to have HIT as the first ever integrated function among centers.

Developing Backup Systems. In the event of a disaster, a backup system may function to ensure the continuity of EHR implementation and continuity of care.

Clinician Acceptance, Support, and Involvement.   It is imperative to have clinician involvement throughout the planning, implementation, and continuous evaluation of any HIT system. It is important that clinicians have an understanding of the challenges in project implementation and demonstrate competence and willingness to meet those challenges. It is critical to commit resources for training staff and technical support to operate and maintain the system. It is important the network or large multi-site health center assure the technology is integrated into clinician practice and issues of decreased productivity during implementation are planned for prior to implementation.   In addressing this challenge, the applicant should provide HRSA with information on how the clinical staff has been substantially involved in all aspects of planning including issues such as customization, interfaces, and training.

Sustainability. This is a one year grant. Grant funds will not pay for ongoing operational and maintenance cost. It is important that the network and its participating health centers or large multi-site health center have a plan of how the project will be sustained during and after a period of Federal grant funding, especially the ongoing maintenance and operational costs. Note: Completion of a detailed strategic/financial planning document is not required for this application.

- ***EVALUATION AND TECHNICAL SUPPORT CAPACITY***

Describe current experience, skills, and knowledge, including staff members, and previous work of a similar nature. In this section, the applicant should include the following information on its evaluation design and its capacity to support the project:

Describe the plan for managing the project. The application should designate both a project director who has day-to-day responsibility for the technical, administrative, evaluation, and financial aspects of the project and a principal investigator, who has overall responsibility for the project. The project director may be the same as the principal investigator. Describe how the applicant has analyzed the adequacy of its technical staff and explain how this system will be maintained once it is up and running. The adequacy of technical staff is critical for successful implementation. To ensure the EHR is facilitating the organization's clinical objectives, it is important that the technical project director work closely with the lead clinician. The grantee's strategy to improve patient health outcomes should always inform technical decisions regarding the EHR.

Include evidence that a CIO and helpdesk is already in place. Provide a short description of the responsibilities of key staff members, and note the full-time equivalent (FTE) each staff person must devote to the project. Identify who, in a leadership position in the application organization, will be involved in the project and what his/her specific role and time commitment will be.

Provide an evaluation design to measure process and outcomes; include a description of the data collection methods, instruments and sources to be utilized for primary and secondary data. The applicant should also provide a balanced set of at least five proposed performance indicators (process and outcome) that reflect improved health outcomes and systems of care (i.e., HDC core and optional measures as well as relevant business measures). The applicant may create three of the performance indicators, but at least two indicators must be those related to child immunization and diabetes control as defined by HRSA. The definitions for these measures are:

> Child Immunization- % by age 2 years, with 4 DTaP, 3 OPV/IPV, 1 X MMR, 3X HepB, 3XHib (and Varicella)

> Diabetes control- % of patients with either Type 1 or Type 2 diabetes whose HBA1c is > 9%.

Each measure must have a baseline at the time of application; this will allow computation of percentage increases in measures overtime.

- *ORGANIZATIONAL INFORMATION*
  Provide information on the applicant's current mission, structure, vision, and activities. Describe how these contribute to its ability to execute the program requirements. Include any relevant background as evidence of preparation in this section as well.

Ability to foster internal collaboration, particularly around the sharing of data. If appropriate, expand on the challenges mentioned earlier around fostering collaboration and sharing data among diverse organizations. The applicant may choose to include a description of how it may foster a vision and cohesion within the network or large multi-site health center. The applicant may choose to discuss the relationship between all partners/networks members/sub-

contractors/sites on the project. Networks should include the level of involvement of the boards among the network members in the planning, development and performance of the proposed project.

Ability to foster external collaboration. Describe the ability of the organization to build partnerships outside of its network or large multi-site health center. Include information on the ability of this organization to build partnerships with state and/or local entities, neighboring networks, and/or the State Primary Care Association. For a network, include a copy of an MOA and signatures of participating organizations. Due to page limitations, include only one copy of an MOA and one list of signatures.

Past experience with use of quality improvement programs. Provide a brief description and documentation of results (performance measures, outcomes of redesigns, data system) from participation in the Health Disparities Collaboratives or equivalent clinical quality improvement program. Include a description of its success with sustenance and spread, and also of its ability to share data and to use it effectively to improve care and to strengthen the position of health centers in the marketplace. Include any lessons learned that can be applied to developing an integrated HIT.

Evidence of preparation. Provide evidence of the readiness of the network or large multi-site health center to apply for an implementation grant in terms of the proper pre-planning activities conducted. Successful applicants will have already completed most of the planning and will be expected to select an EHR product within six months.

xi. *Attachments*
Please provide the following items to complete the content of the application. Please note that these are supplementary in nature, and are not intended to be a continuation of the project narrative. Be sure each attachment is clearly labeled.

1) *Attachment 1: Tables, Charts, etc.*
   To give further details about the proposal.

2) *Attachment 2: Job Descriptions for Key Personnel*
   Keep each to one page in length as much as is possible. Item 6 in the Program Narrative section of the PHS 5161-1 Form provides some guidance on items to include in a job description.

3) *Attachment 3: Biographical Sketches of Key Personnel*
   Include biographical sketches for persons occupying the key positions described in Attachment 2, not to exceed two pages in length. In the event that a biographical sketch is included for an identified individual who is not yet hired, please include a letter of commitment from that person with the biographical sketch.

4) *Attachment 4: Letters of Agreement and/or Description(s) of Proposed/Existing Contracts (project specific) Provide any documents that describe working relationships between the applicant agency and other agencies and programs cited in the proposal. Documents that confirm actual or pending contractual agreements should clearly describe the roles of the subcontractors and any deliverable. Memoranda of Agreement must be dated.*

5) *Attachment 5: Project Organizational Chart*
   Provide a one-page figure that depicts the organizational structure of the project, including subcontractors and other significant collaborators.

6) *Attachment 6: Other Relevant Documents*
   Include here any other documents that are relevant to the application, including letters of support. Letters of support must be dated.

   Include only letters of support which specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.) Letters of agreements and support must be dated. List all other support letters on one page.

3. Submission Dates and Times

Application Due Date

The due date for applications under this grant announcement is July 2, 2007 *at 8:00 P.M. ET*. **Applications will be considered as meeting the deadline if they are E marked on or before the due date. Please consult Appendix A, Section 3 for detailed instructions on submission requirements.**

The Chief Grants Management Officer (CGMO) or a higher level designee may authorize an extension of published deadlines when justified by circumstances such as acts of God (e.g. floods or hurricanes), widespread disruptions of mail service, or other disruptions of services, such as a prolonged blackout. The authorizing official will determine the affected geographical area(s).

Applications must be submitted by 8:00 P.M. ET. **To ensure that you have adequate time to follow procedures and successfully submit the application, we recommend you register immediately in Grants.gov (see Appendix B) and complete the forms as soon as possible, as this is a new process and may take some time.**

Please refer to Appendix B for important specific information on registering, and Appendix A, Section 3 for important information on applying through Grants.gov.

Late applications:
Applications which do not meet the criteria above are considered late applications. Health Resources and Services Administration (HRSA) shall notify each late applicant that its application will not be considered in the current competition

4. Intergovernmental Review
High Impact Electronic Health Record Implementation for Health Center Controlled Networks and Large Multi Site Health Centers is a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100. Executive Order 12372 allows States the option of setting up a system for reviewing applications from within their States for assistance under certain Federal programs. Application packages made available under this guidance will contain a listing of States which have chosen to set up such a review

system, and will provide a State Single Point of Contact (SPOC) for the review. Information on states affected by this program and State Points of Contact may also be obtained from the Grants Management Officer listed in the AGENCY Contact(s) section, as well as from the following Web site: http://www.whitehouse.gov/omb/grants/spoc.html.

All applicants other than federally recognized Native American Tribal Groups should contact their SPOC as early as possible to alert them to the prospective applications and receive any necessary instructions on the State process used under this Executive Order.

Letters from the State Single Point of Contact (SPOC) in response to Executive Order 12372 are due sixty days after the application due date.

5. Funding Restrictions
Applicants responding to this announcement may request funding for a one year project, at no more than $1.4 million.

Use of Funds

Funds awarded under this program may be used to purchase or lease equipment, which may include data and information systems as well as training and technical assistance related to the provision of HIT services. Funds may also be used for the initial purchase of software. Federal funds may not be used for recurring costs such as software maintenance, telecommunications, and utilities or for individual collaborator purposes such as equipment purchase at the member level or member staffing, etc. Funds for this grant may not be used for direct patient care. Reviewers will consider the budget's dependency solely on federal funds. HRSA recommends that these grant funds comprise no more than 60 percent of the total approved cost of the project (sum of the HRSA share and the non-Federal share); with approximately 40 percent of the total costs of the proposal being supported with other funds.

6. Other Submission Requirements
As stated in Section IV.1, except in rare cases HRSA will no longer accept applications for grant opportunities in paper form. Applicants submitting for this funding opportunity are ***required*** to submit ***electronically*** through Grants.gov. To submit an application electronically, please use the http://www.Grants.gov apply site. When using Grants.gov you will be able to download a copy of the application package, complete it off-line, and then upload and submit the application via the Grants.gov site.

As soon as you read this, whether you plan on applying for a HRSA grant later this month or later this year, it is incumbent that your organization ***immediately register*** in Grants.gov and become familiar with the Grants.gov site application process. If you do not complete the registration process you will be unable to submit an application. The registration process can take up to one month, so you need to begin immediately.

To be able to successfully register in Grants.gov, it is necessary that you complete all of the following required actions:

- Obtain an organizational Data Universal Number System (DUNS) number
- Register the organization with Central Contractor Registry (CCR)
- Identify the organization's E-Business POC (Point of Contact)

- Confirm the organization's CCR "Marketing Partner ID Number (M-PIN)" password
- Register an Authorized Organization Representative (AOR)
- Obtain a username and password from the Grants.gov Credential Provider

Instructions on how to register, tutorials and FAQs are available on the Grants.gov web site at www.grants.gov. Assistance is also available from the Grants.gov help desk at support@grants.gov or by phone at 1-800-518-4726.

More specific information, including step-by-step instructions on registering and applying, can be found in Appendix B of this guidance.

Formal submission of the electronic application: Applications completed online are considered formally submitted when the Authorizing Official electronically submits the application to HRSA through Grants.gov. However, to complete the submission requirements, a hard-copy of the SF-424/5161 Face Sheet must be printed, signed, and submitted to the HRSA Grants Application Center. The SF-424/5161 must be printed from Grants.gov.

For an online application, the signed SF-424/5161 must be sent to the HRSA GRANTS APPLICATION CENTER at the following address and received by HRSA by no later than five days after the date of submission in Grants.gov.

> The HRSA Grants Application Center
> The Legin Group, Inc.
> Attn: *High Impact EHR Implementation*
> Program Announcement No. HRSA-07-142
> CFDA No. 93.*224*
> 910 Clopper Road, Suite 155 South
> Gaithersburg, MD 20878
> Telephone: 877-477-2123

Applications will be considered as having met the deadline if: (1) the application has been successfully transmitted electronically by your organization's Authorizing Official through Grants.gov on or before the deadline date and time, and (2) the signed SF-424/5161 Face Sheet is received by HRSA no later than five days after the date of submission in Grants.gov.

It is incumbent on applicants to ensure that the AO is available to submit the application to HRSA by the application due date. We will <u>not</u> accept submission or re-submission of incomplete, rejected, or otherwise delayed applications after the deadline.

Again, please understand that we will not consider additional information and/or materials submitted after your initial application. You must therefore ensure that all materials are submitted together.

V. Application Review Information

1. Review Criteria

Procedures for assessing the technical merit of grant applications have been instituted to provide for an objective review of applications and to assist the applicant in understanding the

standards against which each application will be judged. Critical indicators have been developed for each review criterion to assist the applicant in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation. Review criteria are outlined below with specific detail and scoring points.

- (10 points)   NEED
- (30 points)   RESPONSE
- (10 points)   EVALUATIVE MEASURES
- (10 points)   IMPACT
- (25 points)   RESOURCES/CAPABILITIES
- (15 points)   SUPPORT REQUESTED

Applicants should pay strict attention to addressing all these criteria, as they are the basis upon which the reviewers will evaluate their application.

- **NEED** (10 points): *The extent to which the application describes the problem and associated contributing factors to the problem as well as the anticipated impact that this project will have on specific health outcome measures for patients served by the grantee.* In addition, the application will be evaluated on the:
  1. Extent to which the applicant describes the relationship of the project to the environment and marketplace assessment (network or large multi-site health center goals, objectives and activities are consistent with the findings of the analyses).
  2. Evidence that this project is part of the organizations' longer term business and clinical strategy and that planning has occurred well before this funding announcement.
  3. Extent to which the applicant provides evidence of linking this project to other HIT initiatives in the communities as well as collaborating with other health center controlled networks in the state and region.

- **RESPONSE** (30 points): *The extent to which the proposed project responds to the "Purpose" included in the program description. The clarity of the proposed goals and objectives and their relationship to the identified project. The extent to which the activities described in the application are capable of addressing the problem and attaining the project objectives.* In addition, the application will be evaluated on the:
  1. Extent to which the applicant provides the context for the project as being able to support the spread of the HDC (or equivalent clinical quality improvement program) model to all health center patients and conditions.
  2. Extent to which the applicant provides a solid methodology to reach the goal of an integrated and efficient EHR program that maximizes the quality of services and enhances access to primary health care and specialty services.
  3. The extent to which the applicant describes a solid plan for deployment, including vendor selection process, interoperability issues as well as other functional requirements.
  4. Extent to which the applicant addresses challenges with solid strategies.
  5. Extent to which the applicant provides evidence of long-term commitment (five years or more) following completion of the planning and implementation phase.
  6. If applicable, the extent to which the applicant provides evidence of critical relationships between non HIT related HCCN functions and HIT functions. For HCCN Networks only.

- **EVALUATIVE MEASURES** (10 points): *The effectiveness of the method proposed to monitor and evaluate the project results. Evaluative measures must be able to assess 1) to what extent the program objectives have been met and 2) to what extent these can be attributed to the project.* In addition, the application will be evaluated on the extent to which the applicant describes the network's or large multi-site health center's process to collect performance indicators (i.e. clinical, financial, administrative, operational) and measure the impact of the project on effectiveness, efficiency, safety and quality based on solid baselines measures provided in the application.

- **IMPACT** (10 points): *The extent and effectiveness of plans for dissemination of project results and/or the extent to which project results may be national in scope and/or degree to which the project activities are replicable and/or the sustainability of the program beyond the Federal Funding.* The application will be evaluated on how the proposed project will strengthen the position of health centers in the State environment and/or marketplace.

RESOURCES/CAPABILITIES (25 points): *The extent to which project personnel (including clinical, financial administrative, IS) are qualified by training and/or experience to implement and carry out the projects. The capabilities of the applicant organization, and quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project. In addition, the application will be evaluated on the:*
1. Extent to which applicant demonstrates evidence of preparation to implement their HER, specifically being within six month of selecting an EHR product.
2. Extent to which the network or large multi-site health center has experience in integrating, sharing, or collaborating among different organizations.
3. Extent to which the network or large multi-site health center leaders have experience in large scale IT design and roll out, including having a CIO in place, customer service, managing vendor products and relationships, ability to foster collaboration among diverse organizations.
4. Extent to which the participating organizations are experienced with progressive clinical quality improvement programs, such as the results of participating in the HDCs.
5. Extent to which commitment (as evidenced by the contribution of time, resources, cash, etc.) from each of the collaborators is demonstrated in the strategic planning process, work plan, budget spreadsheet and accompanying narrative and MOA. For HCCN only.
6. Extent of involvement of clinicians from across the network or large multi-site health center in the planning and implementation of all HIT activities across the centers.
7. Extent to which the applicant's MOA identifies adequate governance structure and provides evidence of an appropriate governance/committee/advisory structure for the project. For HCCN only. (**See Appendix D**).

- **SUPPORT REQUESTED** (15 points): *The reasonableness of the proposed budget in relation to the objectives, the complexity of the activities, and the anticipated results.* In addition, the application will be evaluated on:
  1. The extent to which the applicant's proposed budget is reasonable in relation to the objective, complexity of the activities, and anticipated results (including the number of organizations and sites that will have adopted the EHR with the federal investment)
  2. The extent to which the applicant has secured nonfederal funds to support the project, including the contributions, provided by the members.
  3. The extent to which the applicant demonstrates sustainability at the end of the implementation.

4. If applicable, the extent to which the applicant delineates non HIT supported functions.

2. Review and Selection Process

The Division of Independent Review is responsible for managing objective reviews within HRSA. Applications competing for federal funds receive an objective and independent review performed by a committee of experts qualified by training and experience in particular fields or disciplines related to the program being reviewed. In selecting review committee members, other factors in addition to training and experience may be considered to improve the balance of the committee, e.g., geographic distribution. Each reviewer is screened to avoid conflicts of interest and is responsible for providing an objective, unbiased evaluation based on the review criteria noted above. The committee provides expert advice on the merits of each application to program officials responsible for final selections for award.

Applications that pass the initial HRSA eligibility screening will be reviewed and rated by a panel based on the program elements and review criteria presented in relevant sections of this program announcement. The review criteria are designed to enable the review panel to assess the quality of a proposed project and determine the likelihood of its success. The criteria are closely related to each other and are considered as a whole in judging the overall quality of an application.

3. Anticipated Announcement and Award Dates

The anticipated date of award for the High Impact Electronic Health Record Implementation for Health Center Controlled Networks and Large Multi-Site Health Centers is September 1, 2007.

VI. Award Administration Information
1. Award Notices
Each applicant will receive written notification of the outcome of the objective review process, including a summary of the expert committee's assessment of the application's merits and weaknesses, and whether the application was selected for funding. Applicants who are selected for funding may be required to respond in a satisfactory manner to Conditions placed on their application before funding can proceed. Letters of notification do not provide authorization to begin performance.

The Notice of Grant Award sets forth the amount of funds granted, the terms and conditions of the grant, the effective date of the grant, the budget period for which initial support will be given, the non-Federal share to be provided (if applicable), and the total project period for which support is contemplated. Signed by the Grants Management Officer, it is sent to the applicant agency's Authorized Representative, and reflects the only authorizing document. It will be sent prior to the start date of September 1, 2007.

2. Administrative and National Policy Requirements
Successful applicants must comply with the administrative requirements outlined in 45 CFR Part 74 (non-governmental) or 45 CFR Part 92 (governmental), as appropriate.

Beginning October 1, 2006, HRSA grant awards will be subject to the requirements of the HHS Grants Policy Statement (HHS GPS) that are applicable to the grant based on recipient

type and purpose of award. This includes, as applicable, any requirements in Parts I and II of the HHS GPS that apply to the award, as well as any requirements of Part IV. The HHS GPS is available at http://www.hrsa.gov/grants/. The general terms and conditions in the HHS GPS will apply as indicated unless there are statutory, regulatory, or award-specific requirements to the contrary (as specified in the Notice of Award).

PUBLIC POLICY ISSUANCE

HEALTHY PEOPLE 2010

Healthy People 2010 is a national initiative led by HHS that sets priorities for all HRSA programs. The initiative has two major goals: (1) To increase the quality and years of a healthy life; and (2) Eliminate our country's health disparities. The program consists of 28 focus areas and 467 objectives. HRSA has actively participated in the work groups of all the focus areas, and is committed to the achievement of the Healthy People 2010 goals.

Applicants must summarize the relationship of their projects and identify which of their programs objectives and/or sub-objectives relate to the goals of the Healthy People 2010 initiative.

Copies of the Healthy People 2010 may be obtained from the Superintendent of Documents or downloaded at the Healthy People 2010 website: http://www.health.gov/healthypeople/document/.

The Public Health Service strongly encourages all award recipients to provide a smoke-free workplace and to promote the non-use of all tobacco products. Further, Public Law 103-227, the Pro-Children Act of 1994, prohibits smoking in certain facilities (or in some cases, any portion of a facility) in which regular or routine education, library, day care, health care or early childhood development services are provided to children.

3. **Reporting**
The successful applicant under this guidance must comply with the following reporting and review activities:

a. **Audit Requirements**
Comply with audit requirements of Office of Management and Budget (OMB) Circular A-133. Information on the scope, frequency, and other aspects of the audits can be found on the Internet at www.whitehouse.gov/omb/circulars;

b. **Payment Management Requirements**
Submit a quarterly electronic PSC-272 via the Payment Management System. The report identifies cash expenditures against the authorized funds for the grant. Failure to submit the report may result in the inability to access grant funds. The PSC-272 Certification page should be faxed to the PMS contact at the fax number listed on the 272 form, or it may be submitted to the:

Division of Payment Management
HHS/ASAM/PSC/FMS/DPM
PO Box 6021

Rockville, MD 20852
Telephone: (877) 614-5533;

   c. **Status Reports**
      1. Submit a **Financial Status Report**. A financial status report is required within 90 days of the end of each budget period. The report is an accounting of expenditures under the project that year. More specific information will be included in the award notice;

      2. Submit a Progress Report(s). Further information will be provided in the award notice.

   d. **Performance Review**

HRSA's Office of Performance Review (OPR) serves as the agency's focal point for reviewing and enhancing the performance of HRSA funded programs within communities and States. As part of this agency-wide effort, HRSA grantees will be required to participate, where applicable, in an on-site performance review of their HRSA funded program(s) by a review team from one of the ten OPR regional divisions. Grantees should expect to participate in a performance review at some point during their project period. When a grantee receives more than one HRSA grant, each of the grantee's HRSA funded programs will be reviewed during the same performance review.

The purpose of performance review is to improve the performance of HRSA funded programs. Through systematic pre-site and on-site analysis, OPR works collaboratively with grantees and HRSA Bureaus/Offices to measure program performance, analyze the factors impacting performance, and identify effective strategies and partnerships to improve program performance, with a particular focus on outcomes. Upon completion of the performance review, grantees will be required to prepare an Action Plan that identifies key actions to improve program performance as well as addresses any identified program requirement issues. In addition, performance reviews also provide an opportunity for grantees to offer direct feedback to the agency about the impact of HRSA policies on program implementation and performance within communities and States.

For additional information on performance reviews, please visit:
http://www.hrsa.gov/performancereview.

VII. Agency Contacts
   Applicants may obtain additional information regarding business, administrative, or fiscal issues related to this grant announcement by contacting:

   Attn.: Shonda Gosnell, Grants Management Specialist
   HRSA Division of Grants Management Operations, OFAM
   Parklawn Building, Room 11A-16
   5600 Fishers Lane
   Rockville, MD 20857
   Telephone: 301-443- 4238
   Fax: 301-443-6686
   Email: sgosnell@hrsa.gov

Additional information related to the overall program issues may be obtained by contacting:

Anthony Achampong
Public Health Analyst
Health Resources and Services Administration
Office of Health Information Technology
Division of Health Information Technology Policy
Parklawn Building, Room 7A- 26
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 594-4429
Fax: (301) 443-1330
Email: Anthony.achampong@hrsa.hhs.gov

Technical assistance regarding this funding announcement may be obtained by contacting:

Anthony Achampong
Public Health Analyst
Health Resources and Services Administration
Office of Health Information Technology
Division of State and Community Assistance
Parklawn Building, Room 7A-26
5600 Fishers Lane
Rockville, MD 20857
Telephone: 301-594-4429
Fax: 301-443-1330
Email: Anthony.Achampong@hrsa.hhs.gov

VIII. Other Information

DEFINITIONS

For purposes of this guidance, the following definitions will be used.

Assessments: Generally, assessments form the basis or justification for a proposal including identification of the specific strengths and weaknesses of the marketplace and collaborators in light of the network's or large multi-site health center's mission and goals. A readiness assessment should evaluate the administrative, clinical, financial, etc., capabilities— resources, skills, and systems—of each of the participants in the delivery system. These assessments should be completed prior to submission of an application (evidence should be included in the application, that this activity has in inherent in the organizations business and strategic plan. This is NOT a planning grant.

Chronic Care Model: The Chronic Care Model is a population-based model that relies on knowing which health center (330) patients have an illness, assuring that they receive evidence-based care, and actively aiding them to participate in their own care, having critical clinical information and productivity system to guide and inform care, and a care system based on patterns of need and clinical outcomes. For more information, see

http://www.healthdisparities.net/hdc/html/about.hdcModels.aspx   or
http://www.improvingchroniccare.org.

Collaborators or Network Members: Entities (such as health centers, safety net providers, hospitals, universities, etc.) that have a relationship evidenced by **ALL** of the following: (i) business arrangement, (ii) commitment to the development, implementation, and operation of the proposed network, and (iii) a signed MOA. This commitment includes time, financial support, expertise, and other resources devoted to achieving the goals and objectives of the network.

Core Area: Core area encompasses one of the following: administrative, clinical, managed care, financial, and information systems. Networks or large multi site health centers can be engaged in activities around all of the core areas as long as they are appropriate to the respective marketplace and the available resources.

Electronic Health Record (EHR): A real-time patient health record that can be used to aid clinicians in decision-making. The EHR can automate and streamline a clinician's workflow, ensuring that all clinical information is communicated. It can also prevent delays in response that result in gaps in care. The EHR can also support the collection of data for uses other than clinical care, such as billing, quality management, outcome reporting, and public health disease surveillance and reporting.

Functions: A function is identified as a specific activity within one of the core areas as defined above. For example, within the core area of clinical activities, a function may include the sharing of common clinical protocols and guidelines among network members; within the core area of administration, a function may include centralization of credentialing across the network. Networks can be engaged in a number of functions within a core area(s) as long as they are appropriate to the respective marketplace and the available resources.

Health Center Controlled Network (HCCN): Network controlled by and acting on behalf of the health center(s), as defined and funded under section 330(e)(1)(C) of the PHS Act. The term "controlled" means to have the authority collectively to appoint a minimum of 51 percent of the network's board members in the network. Must consist of a least three collaborator organizations.

Health Disparities Collaborative (HDC): provides a systems-approach proactive way of caring for people with chronic illness by implementing two models: the Chronic Care Model, and the Model for Improvement. The population-based Chronic Care Model requires knowing which patients have an illness or need preventive services, ensures delivery of evidence-based care, and actively aids patients and families to participate in their own care. It consists of six basic elements, which include patient self-management, clinical decision support, delivery system design, clinical information systems, health care organization and community resources and policies, and enables health centers to test changes and implement improvements in each of these components. The Model for Improvement is a rapid-cycle approach to testing possible improvements while documenting how the quality improvements are being institutionalized.

Health Information Exchange: The mobilization of healthcare information electronically across organizations within a region or community.

Health Information Technology: The application of information processing involving both computer hardware and software that deals with the storage, retrieval, sharing, and use of health care information, data, and knowledge for communication and decision making.

Horizontal Integration: Includes activities designed to improve operational efficiencies among a group of Health Centers or a group of Health Centers and other primary care safety net providers within the same marketplace having a similar mission.

Integrating, Integrated: To make into a whole by bringing all parts together; to join with something else. [Integrating/integrated can also be used interchangeably with consolidating/consolidated.]

Large Multi Site Health Center: A health center with 30 or more sites within its approved scope of project with HRSA.

Marketplace: A geographic area where the majority of health care services (primary, hospital, and specialty services) for a defined population are located. This geographic area is usually considerably broader than the current service area of an individual health center and includes an expanded patient population, as well as a broader range of payers and providers.

Marketplace Analysis: A dynamic, iterative process that systematically assesses the supply and demand for a defined service(s)/product(s) in a specific marketplace and makes an estimate of future opportunities and challenges in that marketplace.

Network: A group of safety net providers (a minimum of three collaborators/members) collaborating horizontally or vertically to improve access to care, enhance quality of care, and achieve cost efficiencies through the redesign of practices to integrate services, optimize patient outcomes, or negotiate managed care contracts on behalf of the participating members.

Outcome Indicators: Outcome indicators are specific items of data that are tracked to measure how well a network or large multi site health center is achieving an outcome over a defined period of time. For additional information on outcome indicators, please refer to the ISDI web site (http://www.bphc.hrsa.gov/CHC/CHCInitiative.asp).

Outcomes: Outcomes describe the benefits or changes for individuals or populations as a result of network or large multi site activities. They may relate to behavior, skills, knowledge, attitudes, conditions or other attributes. For example, an outcome would be a 20 percent increase in the number of low-income parents getting their children immunized after receiving information through a network or large multi site health center sponsored public awareness campaign.

Personal Health Record (PHR): An electronic application through which individuals can maintain and manage their health information (and that of others for whom they are authorized) in private, secure, and confidential environment.

Provider: A provider is the individual who assumes primary responsibility for assessing the patient and documenting services in the patient's record.
(See *Bureau of Primary Health Care Uniform Data Systems Manual 2006* for full definition of the term "provider" at: http://bphc.hrsa.gov/uds/manual2006.htm#_Toc147890372).

Statewide: A network is considered statewide if it has **every** health center in the State as a member.

Vertical Integration: Includes activities designed to achieve improvements in the continuum of care through the integration of primary specialty, and hospital services for current and/or planned patients of federally-supported and other safety net programs.

IX. Tips for Writing a Strong Application

Include DUNS Number. You must include a DUNS Number to have your application reviewed. Applications *will not* be reviewed without a DUNS number. To obtain a DUNS number, access www.dunandbradstreet.com or call 1-866-705-5711. Please include the DUNS number in item 8c on the application face page.

Keep your audience in mind. Reviewers will use only the information contained in the application to assess the application. Be sure the application and responses to the program requirements and expectations are complete and clearly written. Do not assume that reviewers are familiar with the applicant organization. Keep the review criteria in mind when writing the application.

Start preparing the application early. Allow plenty of time to gather required information from various sources.

Follow the instructions in this guidance carefully. Place all information in the order requested in the guidance. If the information is not placed in the requested order, you may receive a lower score.

Be brief, concise, and clear. Make your points understandable. Provide accurate and honest information, including candid accounts of problems and realistic plans to address them. If any required information or data is omitted, explain why. Make sure the information provided in each table, chart, attachment, etc., is consistent with the proposal narrative and information in other tables.

Be organized and logical. Many applications fail to receive a high score because the reviewers cannot follow the thought process of the applicant or because parts of the application do not fit together.

Be careful in the use of attachments. Do not use the attachments for information that is required in the body of the application. Be sure to cross-reference all tables and attachments to the appropriate text in the application.

Carefully proofread the application. Misspellings and grammatical errors will impede reviewers in understanding the application. Be sure that page limits are followed. Limit the use of abbreviations and acronyms, and define each one at its first use and periodically throughout application. Make sure you submit your application in final form, without markups.

Print out and carefully review an electronic application to ensure accuracy and completion. When submitting electronically, print out the application before submitting it to ensure appropriate formatting and adherence to page limit requirements. **Check to ensure that all attachments are included before sending the application forward.**

Ensure that all information is submitted at the same time. We will not consider additional information and/or materials submitted after your initial submission, nor will we accept e-mailed applications or supplemental materials once your application has been received.

APPENDIX A: HRSA's Electronic Submission User Guide

User Guide Table of Contents

1. Introduction

1.1 Document Purpose and Scope

Major changes are coming to HRSA's Grant Application Process. For guidances released/posted on or after January 1, 2006, HRSA will no longer accept applications for grant opportunities on paper. Applicants submitting new and competing continuations and a selected number of noncompeting continuation applications will be required to submit electronically through Grants.gov. All applicants must submit in this manner unless the applicant is granted a written exemption from this requirement in advance by the Director of HRSA's Division of Grants Policy.

The purpose of this document is to provide detailed instructions to help applicants and grantees submit applications electronically to HRSA through Grants.gov. The document is intended to be the comprehensive source of all information related to the new processes that HRSA and its customers have to adopt and will be updated periodically. This document is not meant to replace program guidance documents for funding announcements.

1.2 Document Organization and Version Control

This document contains 5 sections apart from the Introduction. Following is the summary:

Section	Description
Noncompeting Continuation Application	Provides detailed instructions to existing HRSA grantees for applying electronically using Grants.gov for all noncompeting announcements
Competing Application	Provides detailed instructions to applicant organizations for applying electronically using Grants.gov for all competing announcements
General Instructions for Application Submission	Provides instructions and important policy guidance on application format requirements
Customer Support Information	Provides contact information to address technical and programmatic questions
Frequently Asked Questions (FAQs)	Provides answers to frequently asked questions by various categories

This document is under version control. Please visit http://www.hrsa.gov/grants to retrieve the latest published version.

2. Noncompeting Continuation Application

2.1 Process Overview

Following is the process for submitting a noncompeting continuation application through Grants.gov:

1. HRSA will communicate noncompeting announcement number to the project director (PD) and authorizing official (AO) via email. The announcement number will be required to search for the announcement in Grants.gov.
2. Search for the announcement in Grants.gov Apply (http://www.grants.gov/Apply).
3. Download the application package and instructions from Grants.gov. The program guidance is also part of the instructions that must be downloaded.
4. Save a local copy of the application package on your computer and complete all the forms based on the instructions provided in the program guidance.
5. Submit the application package through Grants.gov. (Requires registration)
6. Track the status of your submitted application at Grants.gov until you receive a notification from Grants.gov that your application has been received by HRSA.
7. HRSA Electronic Handbooks (EHBs) software pulls the application information into EHBs and validates the data against HRSA's business rules.
8. HRSA notifies the project director, authorizing official, business official (BO) and application point of contact (POC) by email to check HRSA EHBs for results of HRSA validations and enter additional information, including in some cases performance measures, necessary to process the noncompeting continuation.
9. AO verifies the application in HRSA EHBs, fixes any validation errors, makes necessary corrections and submits the application to HRSA. (Requires registration)
10. AO prints the application face page from HRSA EHBs (not Grants.gov), signs it and mails it to HRSA's Grant Application Center (GAC).
11. HRSA receives the signed face page and scans it into the system saving it with the electronic application.

2.2 Grantee Organization Needs to Register With Grants.gov (if not already registered) – See Appendix B

Grants.gov requires a **one-time** registration by the applicant organization. This is a three step process and should be completed by any organization wishing to apply for grant. If you do not complete this registration process you will not be able to submit an application. The registration process will require some time (anywhere from 5 business days to a month). Therefore, applicants or those considering applying at some point in the future should register immediately. Registration with Grants.gov provides the individuals from the organization the required credentials in order to apply.

If an applicant organization has already completed Grants.gov registration for another Federal agency, this section can be skipped.

For those applicant organizations still needing to register with Grants.gov, registration information can be found on the Grants.gov Get Started website (http://www.grants.gov/GetStarted). To be able to successfully register in Grants.gov, it is necessary that you complete all of the following required actions:

- Obtain an organizational Data Universal Number System (DUNS) number
- Register the organization with Central Contractor Registry (CCR)
- Identify the organization's E-Business POC (Point of Contact)
- Confirm the organization's CCR "Marketing Partner ID Number (M-PIN)" password
- Register an Authorized Organization Representative (AOR)
    - Obtain a username and password from the Grants.gov Credential Provider
    - Register the username and password with Grants.gov
    - Get authorized as an AOR by your organization

In addition, if an applicant does not have a Taxpayer Identification Number (TIN) or Employer Identification Number (EIN), allow for extra time. Beginning Oct. 30, 2005, the CCR also validates the EIN against Internal Revenue Service records, a step that will take one to two business days.

Please direct questions regarding Grants.gov registration to the Grants.gov Contact Center at Tel.: 1-800-518-4726. Contact Center hours of operation are Monday-Friday from 7:00 a.m. to 9:00 p.m. Eastern Time, excluding Federal holidays.

> **It is recommended that this registration process be completed at least two weeks prior to the submittal date of your organization's first Grants.gov submission.**

2.3 Project Director and Authorizing Official Need to Register with HRSA EHBs (if not already registered)

In order to access your noncompeting continuation application in HRSA EHBs, existing grantee organizations must register within the EHBs. The purpose of the registration process is to collect consistent information from all users, avoid collection of redundant information and allow for the unique identification of each system user. Note that registration within HRSA EHBs is required only **once for each user for each organization they represent.**

Registration within HRSA EHBs is a two-step process. In the first step, individual users from an organization who participate in the grants process such as applying for noncompeting continuations must create **individual** system accounts. In the second step, the users must associate themselves with the appropriate grantee organization. **To find your organization record use the 10-digit grant number from the Notice of Grant Award (NGA) belonging to your grant.** Note that since all existing grantee organization records already exist within EHBs, there is no need to create a new one.

To complete the registration quickly and efficiently we recommend that you have the following information handy:

1. Identify your role in the grants management process. HRSA EHBs offer the following three functional roles for individuals from applicant/grantee organizations:
    - Authorizing Official (AO),
    - Business Official (BO), and

- Other Employee (for project directors, assistant staff, AO designees and others).

For more information on functional responsibilities refer to the HRSA EHBs online help.

2. 10-digit grant number from the latest NGA belonging to your grant (Box 4b on NGA). You must use the grant number to find your organization during registration. All individuals from the organization working on the grant must use the same grant number to ensure correct registration.

In order to access the noncompeting application, the project director and other participants have to register the specific grant and add it to their respective portfolios. This step is required to ensure that only the authorized individuals from the organization have access to grant data. **Project directors will need the last released NGA in order to complete this additional step**. Again, note that this is a one time requirement.

The project director must give the necessary privileges to the authorizing official and other individuals who will assist in the noncompeting continuation application submission using the administer feature in the grant handbook. The project director should also delegate the "Administer Grant Users" privilege to the authorizing official.

Once you have access to your grant handbook, use the "Noncompeting Continuations" link under the deliverables section to access your noncompeting application.

Note that registration with HRSA EHBs is independent of Grants.gov registration.

For assistance in registering with HRSA EHBs, call 877-GO4-HRSA (877-464-4772) between 9:00 am to 5:30 pm ET or email callcenter@hrsa.gov.

You must use your 10-digit grant number (box 4b from NGA) to identify your organization.

2.4 Apply through Grants.gov

2.4.1 Find Funding Opportunity

Search for the announcement in Grants.gov **Apply** (http://www.grants.gov/Apply).

Enter the announcement number communicated to you in the field *Funding Opportunity Number*. (Example announcement number: 5-S45-06-001)

Noncompeting announcements are not available in Grants.gov FIND!

2.4.2 Download Application Package

Download the application package and instructions. In order to view application package and instructions, you will also need to download and install the PureEdge Viewer (http://www.grants.gov/DownloadViewer). This small, free program will allow you to access, complete, and submit applications electronically and securely.

Please review the system requirements for PureEdge Viewer on the Grants.gov website.

2.4.3 Complete Application

Complete the application using both the built-in instructions and the instructions provided in the program guidance. Ensure that you save a copy of the application on your local computer.

> **Ensure that you provide your 10-digit grant number (box 4b from NGA) in the Federal Award Identifier field (box 5b in SF424 or box 4 in SF424 R&R)**

Please direct questions regarding PureEdge to Grants.gov. Contact the Grants.gov Contact Center at Tel.: 1-800-518-4726. Contact Center hours of operation are Monday-Friday from 7:00 a.m. to 9:00 p.m. Eastern Time, excluding Federal holidays.

For assistance with program guidance related questions, please contact the program contact listed on the program guidance.

> **You can complete the application offline – you do not have to be connected to the Internet.**

2.4.4 Submit Application

The "Submit" button on the application package cover page will become active after you have downloaded the application package, completed all required forms, attached all required documents, and saved your application package. Click on the "Submit" button once you have done all these things and you are ready to send your completed application to Grants.gov.

Review the provided application summary to confirm that the application will be submitted to the program you wish to apply for. To submit, you will be asked to Log into Grants.gov. Once you have logged in, your application package will automatically be uploaded to Grants.gov. A confirmation screen will appear once the upload is complete. Note that a Grants.gov Tracking number will be provided on this screen. Please record this number so that you may refer to it for all subsequent help.

Please direct questions regarding application submission to the Grants.gov Contact Center at Tel.: 1-800-518-4726. Contact Center hours of operation are Monday-Friday from 7:00 a.m. to 9:00 p.m. Eastern Time, excluding Federal holidays.

> **You must be connected to the Internet and must have a Grants.gov username and password to submit the application package.**

2.4.5 Verify Status of Application

Once Grants.gov has received your submission, Grants.gov will send email messages to advise you of the progress of your application through the system. Over the next 24 to 48 hours, you should receive two emails. The first will confirm receipt of your application by the Grants.gov system ("Received"), and the second will indicate that the application has either been successfully validated ("Validated") by the system prior to transmission to the grantor agency or has been rejected due to errors ("Rejected with Errors").

In case of any errors, you must correct the application and resubmit it to Grants.gov. If you are unable to resubmit because the opportunity has since closed, **contact the HRSA Call Center** at 877-GO4-HRSA (877-464-4772) between 9:00 am to 5:30 pm ET or email callcenter@hrsa.gov. You may be asked to provide a copy of the "Rejected with Errors" notification you received from Grants.gov.

You can check the status of your application(s) anytime after submission, by logging into Grants.gov using the black 'Applicants' link at the top of any page, and clicking on the 'Check Application Status' link.

If there are no errors, the application will be downloaded by HRSA. On successful download at HRSA, the status of the application will change to "Received by Agency" and you will receive an additional email from Grants.gov. Subsequently within two to three business days the status will change to "Agency Tracking Number Assigned."

> 	 **It is recommended that you check the status of your application in Grants.gov until the status is changed to "Agency Tracking Number Assigned".**

2.5 Verify in HRSA Electronic Handbooks

For assistance in registering with or using HRSA EHBs, call 877-GO4-HRSA (877-464-4772) between 9:00 am to 5:30 pm ET or email callcenter@hrsa.gov.

> 	 **Grant Project Director must be registered in HRSA EHBs and have access to the specific grant for which the noncompeting application is being submitted for further actions.**

2.5.1 Verify Status of Application

Once your application is received by HRSA, it will be processed to ensure that the application is submitted for the correct funding announcement, with the correct grant number and grantee organization. Upon this processing, which is expected to take up to two to three business days, HRSA will assign a unique tracking number to your application. This tracking number will be posted to Grants.gov and the status of your application will be changed to "Agency Tracking Number Assigned". Note the HRSA tracking number and use it for all correspondence with HRSA. At this point, your application is ready for review and submission in HRSA EHBs.

You should also receive an email from HRSA EHBs confirming the successful receipt of your application at HRSA. The email is sent to the project director, authorizing official, point of contact for the application and the business official – all from the submitted application. The email is also sent to the current project director listed on the NGA. Because email is not always reliable, please check the HRSA EHBs or Grants.gov to see if the application is available for review in HRSA EHBs.

> 	 **Because email is not reliable, check HRSA EHBs within two to three business days from submission within Grants.gov for availability of your application.**

2.5.2 Manage Access to Your Application

You must be registered in HRSA EHBs to get access to your application. To ensure that only the right individuals from the organization get access to the application, you must follow the process described earlier.

The project director, using the Administer feature in the grant handbook, must give the necessary privileges to the authorizing official and other individuals who will assist in the submission of the noncompeting continuation application. Project directors must also delegate the "Administer Grant Users" privilege to the authorizing official so that future administration can be managed by the authorizing official.

Once you have access to your grant handbook, use the "Noncompeting Continuations" link under the deliverables section to access your noncompeting application.

2.5.3 Check Validation Errors

HRSA EHBs will apply HRSA's business rules to the application received through Grants.gov. All validation errors are recorded and displayed to the applicant. To view the validation errors use the 'Grants.gov Data Validation Comments' link on the application status page in HRSA EHBs.

2.5.4 Fix Errors and Complete Application

Applicants must review the errors in HRSA EHBs and make necessary changes. Applicants must also complete the detailed budget and other required forms in HRSA EHBs and assign an AO registered in HRSA EHBs to the application. HRSA EHBs will show the status of each form in the application package and all forms must be complete before submission.

2.5.5 Submit Application

To submit an application, you must have the 'Submit Noncompeting Continuation' privilege. This privilege must be given by the project director to the authorizing official or a designee. Once all forms are complete, the application can be submitted to HRSA.

> **You will have two weeks from the date the application was due in Grants.gov for submission of the remaining information in HRSA EHBs. The new due date will be listed in HRSA EHBs.**

2.6 Submit Signed Face Page

After successful submission, the AO must print the face page of the application from the HRSA EHBs, sign it and mail it to HRSA at the address listed below:

HRSA Grants Application Center
Reference: Announcement Number: *<Provide HRSA Announcement Number>*
Reference: Grants.gov Tracking Number: *<Provide Your Grants.gov Tracking Number>*
910 Clopper Road, Suite 155 South
Gaithersburg, MD 20878

The face page must be received by HRSA within **5** business days from the date of submission in HRSA EHBs.

Once your signed face page is received by HRSA and saved with the application, you will receive an email receipt of application from HRSA.

🞐 **Face page must be printed from HRSA EHBs and not from Grants.gov application.**

3. Competing Application

3.1 Process Overview

Following is the process for submitting a competing application through Grants.gov:

1. HRSA will post all competing announcements on Grants.gov FIND (http://grants.gov/search/). Announcements are typically posted at the beginning of the fiscal year when HRSA releases its annual Preview, although program guidances are generally not available until later. For more information visit http://www.hrsa.gov/grants.
2. When program guidance is available, search for the announcement in Grants.gov Apply (http://www.grants.gov/Apply).
3. Download the application package and instructions from Grants.gov. The program guidance is also part of the instructions that must be downloaded.
4. Save a local copy of the application package on your computer and complete all the forms based on the instructions provided in the program guidance.
5. Submit the application package through Grants.gov. (Requires registration)
6. Track the status of your submitted application at Grants.gov until you receive a notification from Grants.gov that your application has been received by HRSA.
7. AO prints the application face page from the local copy, signs it and mails it to HRSA's Grant Application Center (GAC).
8. HRSA receives the signed face page and scans it into the system saving it with the electronic application.

3.2 Grantee Organization Needs to Register With Grants.gov (if not already registered) – See Appendix B

Grants.gov requires a **one-time** registration by the applicant organization. This is a three step process and should be completed by any organization wishing to apply for grant. If you do not complete this registration process you will not be able to submit an application. The registration process will require some time (anywhere from 5 business days to a month). Therefore, applicants or those considering applying at some point in the future should register immediately. Registration with Grants.gov provides the individuals from the organization the required credentials in order to apply.

If an applicant organization has already completed Grants.gov registration for another Federal agency, this section can be skipped.

For those applicant organizations still needing to register with Grants.gov, registration information can be found on the Grants.gov Get Started website

(http://www.grants.gov/GetStarted). To be able to successfully register in Grants.gov, it is necessary that you complete all of the following required actions:

- Obtain an organizational Data Universal Number System (DUNS) number
- Register the organization with Central Contractor Registry (CCR)
- Identify the organization's E-Business POC (Point of Contact)
- Confirm the organization's CCR "Marketing Partner ID Number (M-PIN)" password
- Register an Authorized Organization Representative (AOR)
    - o Obtain a username and password from the Grants.gov Credential Provider
    - o Register the username and password with Grants.gov
    - o Get authorized as an AOR by your organization

In addition, if an applicant does not have a Taxpayer Identification Number (TIN) or Employer Identification Number (EIN), allow for extra time. Beginning Oct. 30, 2005, the CCR also validates the EIN against Internal Revenue Service records, a step that will take one to two business days.

Please direct questions regarding Grants.gov registration to the Grants.gov Contact Center at Tel.: 1-800-518-4726. Contact Center hours of operation are Monday-Friday from 7:00 a.m. to 9:00 p.m. Eastern Time, excluding Federal holidays.

> **It is recommended that this registration process be completed at least two weeks prior to the submittal date of your organization's first Grants.gov submission.**

3.3 Apply through Grants.gov

3.3.1 Find Funding Opportunity

Search for announcements in Grants.gov **FIND** (http://grants.gov/search/) and select the announcement that you wish to apply for. Refer to the program guidance for eligibility criteria.

Please visit http://www.hrsa.gov/grants to read annual HRSA Preview.

> **All competing announcements should be available in Grants.gov FIND! When program guidance is release, announcements are made available in Grants.gov APPLY.**

3.3.2 Download Application Package

Download the application package and instructions. In order to view application package and instructions, you will also need to download and install the PureEdge Viewer (http://www.grants.gov/DownloadViewer). This small, free program will allow you to access, complete, and submit applications electronically and securely.

> **Please review the system requirements for PureEdge Viewer on the Grants.gov website.**

3.3.3 Complete Application

Complete the application using both the built-in instructions and the instructions provided in the program guidance. Ensure that you save a copy of the application on your local computer.

> ☐ **If you are applying for a competing continuation or a supplemental grant, ensure that you provide your 10-digit grant number (box 4b from NGA) in the Federal Award Identifier field (box 5b in SF424 or box 4 in SF424 R&R)**

Please direct questions regarding PureEdge to Grants.gov. Contact the Grants.gov Contact Center at Tel.: 1-800-518-4726. Contact Center hours of operation are Monday-Friday from 7:00 a.m. to 9:00 p.m. Eastern Time, excluding Federal holidays.

For assistance with program guidance related questions, please contact the program contact listed on the program guidance.

> ☐ **You can complete the application offline – you do not have to be connected to the Internet.**

3.3.4 Submit Application

The "Submit" button on the application package cover page will become active after you have downloaded the application package, completed all required forms, attached all required documents, and saved your application package. Click on the "Submit" button once you have done all these things and you are ready to send your completed application to Grants.gov.

Review the provided application summary to confirm that the application will be submitted to the program you wish to apply for. To submit, you will be asked to Log into Grants.gov. Once you have logged in, your application package will automatically be uploaded to Grants.gov. A confirmation screen will appear once the upload is complete. Note that a Grants.gov Tracking number will be provided on this screen. Please record this number so that you may refer to it for all subsequent help.

Please direct questions regarding application submission to the Grants.gov Contact Center at Tel.: 1-800-518-4726. Contact Center hours of operation are Monday-Friday from 7:00 a.m. to 9:00 p.m. Eastern Time, excluding Federal holidays.

> ☐ **You must be connected to the Internet and must have a Grants.gov username and password to submit the application package.**

3.3.5 Verify Status of Application

Once Grants.gov has received your submission, Grants.gov will send email messages to advise you of the progress of your application through the system. Over the next 24 to 48 hours, you should receive two emails. The first will confirm receipt of your application by the Grants.gov system ("Received"), and the second will indicate that the application has either been successfully validated ("Validated") by the system prior to transmission to the grantor agency or has been rejected due to errors ("Rejected with Errors").

In case of any errors, you must correct the application and resubmit it to Grants.gov. If you are unable to resubmit because the opportunity has since closed, **contact the Director of the Division of Grants Policy** via email at DGPClearances@hrsa.gov and

thoroughly explain the situation; include a copy of the "Rejected with Errors" notification.

You can check the status of your application(s) anytime after submission, by logging into Grants.gov using the black 'Applicants' link at the top of any page, and clicking on the 'Check Application Status' link.

If there are no errors, the application will be downloaded by HRSA. On successful download at HRSA, the status of the application will change to "Received by Agency" and you will receive an additional email from Grants.gov.

Once your application is received by HRSA, it will be processed to ensure that the application is submitted for the correct funding announcement, with the correct grant number (if applicable), and applicant/grantee organization. Upon this processing, which is expected to take up to two to three business days, HRSA will assign a unique tracking number to your application. This tracking number will be posted to the Grants.gov and the status of your application will be changed to "Agency Tracking Number Assigned". Note the HRSA tracking number and use it for all correspondence with HRSA.

> **It is recommended that you check the status of your application in Grants.gov until the status is changed to "Agency Tracking Number Assigned".**

3.4 Submit Signed Face Page

After successful submission in Grants.gov, the AO must print the face page of the application from Grants.gov, write the Grants.gov Tracking Number in Federal Entity Identifier field (box 5a in SF424 or box 4 in SF424 R&R), sign it and mail it to HRSA at the address listed below:

HRSA Grants Application Center
Reference: Announcement Number: *<Provide HRSA Announcement Number>*
Reference: Grants.gov Tracking Number: *<Provide Your Grants.gov Tracking Number>*
910 Clopper Road, Suite 155 South
Gaithersburg, MD 20878

The face page must be received by HRSA within **5** business days from the date of submission in Grants.gov.

Once your signed face page is received by HRSA and saved with the application, you will receive an email receipt of application from HRSA.

4. General Instructions for Application Submission

> **It is mandatory to follow the instructions provided in this section to ensure that your application can be printed efficiently and consistently for review.**
>
> **Failure to follow the instructions may make your application non-compliant. Non-compliant applications will not be given any consideration and the particular applicants will be notified.**

4.1 Narrative Attachment Guidelines

> □ **The following guidelines are applicable to both electronic and paper submissions (when allowed) unless otherwise noted.**

4.1.1 Font

Please use an easily readable serif typeface, such as Times Roman, Courier, or CG Times. The text and table portions of the application must be submitted in not less than 12 point and 1.0 line spacing. Applications not adhering to 12 point font requirements may be returned. Do not use colored, oversized or folded materials. For charts, graphs, footnotes, and budget tables, applicants may use a different pitch or size font, not less than 10 pitch or size font. However, it is vital that when scanned and/or reproduced, the charts are still clear and readable.

Please do not include organizational brochures or other promotional materials, slides, films, clips, etc.

4.1.2 Paper Size and Margins

For duplication and scanning purposes, please ensure that the application can be printed on 8 ½" x 11" white paper. Margins must be at least one (1) inch at the top, bottom, left and right of the paper. Please left-align text.

4.1.3 Names

Please include the name of the applicant and 10-digit grant number (if competing continuation, supplemental or noncompeting continuation) on each page.

4.1.4 Section Headings

Please put all section headings flush left in bold type.

4.1.5 Page Numbering
Electronic Submissions

For electronic submissions, applicants only have to number the electronic attachment pages sequentially, resetting the numbering for each attachment, i.e., start at page 1 for each attachment.

Do not number the standard OMB approved form pages.

Paper Submissions (When allowed)

Do not number the standard OMB approved forms. Please number each attachment page sequentially. Reset the numbering for each attachment. (Treat each attachment/document as a separate section.)

4.1.6 Allowable Attachment or Document Types
Electronic Submissions

The following attachment types are supported in HRSA EHBs. Even though grants.gov may allow you to upload any type of attachment, it is important to note that HRSA only accepts the following types of attachments:

.DOC - Microsoft Word
.RTF - Rich Text Format
.TXT - Text
.WPD - Word Perfect Document
.PDF - Adobe Portable Document Format
.XLS - Microsoft Excel

4.2 Application Content Order (Table of Contents)

When applications were submitted in paper, it was easy to direct the applicants to prepare a table of contents and make it as a part of the application. Applicants did not have any problem in preparing the package that included standard forms as well as attachments. All the pages were numbered sequentially. Preparation instructions were given in the program guidance. With the transition to electronic application receipt, this process has changed significantly. HRSA is using an approach that will ensure that regardless of the mode of submission (electronic or paper when exemptions are granted), all applications will look the same when printed for objective review.

HRSA uses two standard packages from Grants.gov.

SF 424 (otherwise known as 5161) – For service delivery programs
SF 424 R&R – For research and training programs (programs previously using the 398 or the 6025 and 2590 application packages)

For each package HRSA has defined a standard order of forms and that order is available within the program guidance. The program guidance may also provide applicants with explicit instructions on where to upload specific documents.

If you are applying on paper (when allowed), you must use the program guidance for the order of the forms and all other applicable guidelines.

4.3 Page Limit

HRSA prints your application for review regardless of whether it is submitted electronically or by paper (when allowed).

When your application is printed, the narrative documents may not exceed 80 pages in length unless otherwise stated in the program guidance. These narrative documents include the abstract, project and budget narratives, and any other attachments such as appendices, letters of support required as a part of the guidance. This 80 page limit does not include the OMB approved forms. Note that some program guidances may require

submission of OMB approved program specific forms as attachments. These attachments will not be included in the 80 page limit.

Applicants must follow the instructions provided in this section and ensure that they print out all attachments on paper and count the number of pages before submission.

> ☐ **Applications, whether submitted electronically or on paper, that exceed the specified limits will be deemed non-compliant. Non-compliant competing applications will not be given any consideration and the particular applicants will be notified. Non-compliant noncompeting applications will have to be resubmitted to comply with the page limits.**

5. Customer Support Information

5.1.1 Grants.gov Customer Support

Please direct ALL questions regarding Grants.gov to Grants.gov Contact Center at Tel.: 1-800-518-4726. Contact Center hours of operation are Monday-Friday from 7:00 a.m. to 9:00 p.m. Eastern Time, excluding Federal holidays.

Please visit the following support URL for additional material on Grants.gov website.

http://www.grants.gov/CustomerSupport

5.1.2 HRSA Call Center

For assistance with or using HRSA EHBs, call 877-GO4-HRSA (877-464-4772) between 9:00 am to 5:30 pm ET or email callcenter@hrsa.gov.

Please visit HRSA EHBs for online help. Go to:

https://grants.hrsa.gov/webexternal/home.asp and click on 'Help'

5.1.3 HRSA Program Support

For assistance with program guidance related questions, please contact the program contact listed on the program guidance. Do not call the program contact for technical questions related to either Grants.gov or HRSA EHBs.

6. FAQs

6.1 Software

6.1.1 What are the software requirements for using Grants.gov?

Applicants will need to download the PureEdge viewer. Grants.gov website provides the following information:

System Requirements:

For PureEdge Viewer to function properly, your computer must meet the following system requirements:

Windows 98, ME, NT 4.0, 2000, XP
500 Mhz processor
128 MB of RAM
40 MB disk space
Web browser: Internet Explorer 5.01 or higher, Netscape Communicator 4.5 - 4.8, Netscape 6.1, 6.2, or 7

If you do not have a Windows operating system, you will need to use a Windows Emulation program.

Please visit http://www.grants.gov/DownloadViewer for all details and any updates.

6.1.2 Why can't I download PureEdge Viewer onto my machine?

Depending on your organization's computer network and security protocols you may not have the necessary permissions to download software onto your workstation. Contact your IT department or system administrator to download the software for you or give you access to this function.

6.1.3 I have heard that Grants.gov is not Macintosh compatible. What do I do if I use only a Macintosh?

Grants.gov is aware of the issues facing Macintosh users who apply for Federal grants electronically. Grants.gov has provided the following response regarding this issue on its website at http://www.grants.gov/MacSupport:

> *Grants.gov recognizes that support to users of Non-Windows operating systems and the PureEdge Viewer is often required across a distinct segment of the grant applicant community. Although at this time, the PureEdge Viewer is only available for Windows based installs, Grants.gov offers support for Non-Windows platforms.*

> *Grants.gov is working with PureEdge in the development of a Non-Windows compatible viewer. PureEdge has committed to providing a platform independent viewer by November 2006. Information related to the Non-Windows compatible viewer will be posted to this webpage (http://www.grants.gov/MacSupport). Please bookmark this page and return at your convenience for more details.*

Grants.gov and NIH have partnered to provide free access to Citrix servers for Macintosh Users who are looking for an alternative to using PC emulation software with the PureEdge forms. A Citrix server connection allows Macintosh users to remotely launch a Windows session on their own machines by using the free Citrix client application. Applicants will need to download and install the free Citrix client application in order to work. This service is now available for use.

Grants.gov website states:

Beginning December 20, 2005, non-Windows users will be able to download and complete the PureEdge forms by taking advantage of the free Citrix server. Non-Windows users are also able to submit completed grant applications via the Citrix environment.

For details, please visit http://www.grants.gov/MacSupport

6.1.4 What are the software requirements for HRSA EHBs?

HRSA EHBs can be accessed over the Internet using Internet Explorer (IE) v5.0 and above and Netscape 4.72 and above. HRSA EHBs are 508 compliant.

IE 6.0 and above is the recommended browser.

HRSA EHBs use pop-up screens to allow users to view or work on multiple screens. Ensure that your browser settings allow for pop-ups.

In addition, to view attachments such as Word and PDF, you will need appropriate viewers.

6.1.5 What are the system requirements for using HRSA EHBs on a Macintosh computer?

Mac users are requested to download the latest version of Netscape for their OS version. It is recommended that Safari v1.2.4 and above or Netscape v7.2 and above be used.

Note that Internet Explorer (IE) for Mac has known issues with SSL and Microsoft is no longer supporting IE for Mac. HRSA EHBs do not work on IE for Mac.

In addition, to view attachments such as Word and PDF, you will need appropriate viewers.

6.2 Application Receipt

6.2.1 What will be the receipt date--the date the application is stamped as received by Grants.gov or the date the data is received by HRSA?

Competing Submissions:
The submission/receipt date will be the date the application is received by Grants.gov.

Noncompeting Submissions:

The submission/receipt date will be the date the application is submitted in HRSA EHBs.

6.2.2 When do I need to submit my application?

Competing Submissions:
Applications must be submitted to Grants.gov by 8 PM ET on the due date.

Noncompeting Submissions:
Applications must be submitted to Grants.gov by 8 PM ET on the due date.

Applications must be verified and submitted in HRSA EHBs by 5:00 PM ET on the due date. (2 weeks after the due date in Grants.gov) Refer to the program guidance for specific dates.

6.2.3 What emails can I expect once I submit my application? Is email reliable?

Competing Submissions:
When you submit your noncompeting application in Grants.gov, it is first received and validated by Grants.gov. Typically, this takes a few hours but it may take up to 48 hours during peak volumes. You should receive two emails from Grants.gov.

The first will confirm receipt of your application by the Grants.gov system ("Received"), and the second will indicate that the application has either been successfully validated ("Validated") by the system prior to transmission to the grantor agency or has been rejected due to errors ("Rejected with Errors").

Subsequently, the application will be downloaded by HRSA. This happens within minutes of when your application is successfully validated by Grants.gov and made available for HRSA to download. On successful download at HRSA, the status of the application will change to "Received by Agency" and you will receive another email from Grants.gov.

You will receive an additional email from HRSA once your signed face page is received and processed. This email serves as the official receipt for your application.

Because email is not reliable, you must check the respective systems if you do not receive any emails within the specified timeframes.

Noncompeting Submissions:
When you submit your noncompeting application in Grants.gov, it is first received and validated by Grants.gov. Typically, this takes a few hours but it may take up to 48 hours during peak volumes. You should receive two emails from Grants.gov.

Subsequently, the application will be downloaded by HRSA. This happens within minutes of when your application is successfully validated by Grants.gov and made available for HRSA to download. On successful download at HRSA, the status of the application will change to "Received by Agency" and you will receive another email from Grants.gov.

Subsequently, it is processed by HRSA to ensure that the application is submitted for the correct funding announcement, with the correct grant number and grantee organization. This may take up to 3 business days. At this point you will receive an email from HRSA confirming the successful receipt of your application and asking the PD and AO to review and resubmit the application in HRSA EHBs.

You will receive an additional email from HRSA once your signed face page is received and processed. This email serves as the official receipt for your application.

Because email is not reliable, you must check the respective systems if you do not receive any emails within the specified timeframes.

For more information refer to sections 2.4 and 2.5 in this guide

6.2.4 If a resubmission is required because of Grants.gov system problems, will these be considered "late"?

Competing Submissions:

No. But you must **contact the Director of the Division of Grants Policy** via email at DGPClearances@hrsa.gov and thoroughly explain the situation. Include a copy of the "Rejected with Errors" notification you received from Grants.gov.

Noncompeting Submissions:
No. But you must **contact the HRSA Call Center** at 877-GO4-HRSA (877-464-4772) between 9:00 am to 5:30 pm ET or email callcenter@hrsa.gov. You may be asked to provide a copy of the "Rejected with Errors" notification you received from Grants.gov.

6.3 Application Submission

6.3.1 How can I make sure that my electronic application is presented in the right order for objective review?
Follow the instructions provided in section 4.2 to ensure that your application is presented in the right order and is compliant with all the requirements.

6.4 Grants.gov
For a list of frequently asked questions and answers maintained by Grants.gov please visit the following URL:

http://www.grants.gov/GrantsGov_UST_Grantee/!SSL!/WebHelp/
GrantsGov_UST_Grantee.htm#index.html

Appendix B – Registering and Applying Through Grants.gov

Prepare to Apply through Grants.gov:
HRSA, in providing the grant community a single site to Find and Apply for grant funding opportunities, is requiring applicants for this funding opportunity to apply electronically through Grants.gov. By using Grants.gov you will be able to download a copy of the application package, complete it off-line, and then upload and submit the application via the Grants.gov site. You may not e-mail an electronic copy of a grant application to us.

Please understand that we will not consider additional information and/or materials submitted after your initial application. You must therefore ensure that all materials are submitted together.

Note: Except in rare cases, paper applications will NOT be accepted for this grant opportunity. If you believe you are technologically unable to submit an on-line application you MUST contact the Director of the Division of Grants Policy, at DGPClearances@hrsa.gov and explain why you are technologically unable to submit on-line. Make sure you specify the announcement number you are requesting relief for.   HRSA and its Grants Application Center (GAC) will only accept paper applications from applicants that received prior written approval.

In order to apply through Grants.gov the Applicant must register with Grants.gov. This is a three step process that must be completed by any organization wishing to apply for a grant opportunity. The registration process will require some time. Therefore, applicants or those considering applying at some point in the future should register **immediately**. Registration in Grants.gov does not require the organization to apply for a grant; it simply provides the organization the required credentials so that the organization may apply for a grant in the future. Registration is required only once.

REGISTRATION:
GET STARTED NOW AND COMPLETE THE ONE-TIME REGISTRATION PROCESS TO BEGIN SUBMITTING GRANT APPLICATIONS AS SOON AS YOU READ THIS.

You don't need to be registered to search or to begin selecting, downloading and completing grant applications. Registration is required to submit applications. Therefore, it is essential that your organization be registered prior to attempting to submit a grant application or your organization will not be able to do so. **Be sure to complete the process early as the registration process may take some time (anywhere from 5 days to 1 month).**

There are three steps to the registration process:

Step 1: Register your organization
Step 2: Register yourself as an Authorized Organization Representative
Step 3: Get authorized by your organization to submit grants

These instructions will walk you through the three basic registration steps. Additional assistance is available at Grants.gov at www.grants.gov. Individual assistance is available at http://www.grants.gov/Support or 1-800-518-4726. Grants.gov also provides a variety of support options through online Help including Context-Sensitive Help, Online Tutorials, FAQs, Training Demonstration, User Guide, and Quick Reference Guides.

Follow this checklist to complete your registration—

1. Register Your Organization

- Obtain your organization's Data Universal Number System (DUNS) number
- Register your organization with Central Contractor Registry (CCR)
- Identify your organization's E-Business POC (Point of Contact)

- Confirm your organization's CCR "Marketing Partner ID Number (M-PIN)" password

2. Register Yourself as an Authorized Organization Representative (AOR)
- Obtain your username and password
- Register your username and password with Grants.gov

3. Get Yourself Authorized as an AOR
- Contact your E-Business POC to ensure your AOR status
- Log in to Grants.gov to check your AOR status

The Grants.gov/Apply feature includes a simple, unified application process to enable applicants to apply for grants online. The information applicants need to understand and execute the steps is at http://www.grants.gov/GetStarted. Applicants should read the Get Started steps carefully. The site also contains registration checklists to help you walk through the process. HRSA recommends that you download the checklists and prepare the information requested before beginning the registration process. Reviewing information required and assembling it before beginning the registration process will save you time and make the process faster and smoother.

REGISTER YOUR ORGANIZATION
Before you can apply for a grant via Grants.gov, your organization must obtain a Data Universal Number System (DUNS) number and register early with the Central Contractor Registry (CCR).

Obtain your organization's DUNS number
A DUNS number is a unique number that identifies an organization. It has been adopted by the Federal government to help track how Federal grant money is distributed. Ask your grant administrator or chief financial officer to provide your organization's DUNS number.

-**How do you do it**? If your organization does not have a DUNS number, call the special Dun & Bradstreet hotline at 1-866-705-5711 to receive one free of charge.

- **How long will this take?** You will receive a DUNS number at the conclusion of the phone call.

Register your organization with CCR
The CCR is the central government repository for organizations working with the Federal government. Check to see if your organization is already registered at the CCR website. If your organization is not already registered, identify the primary contact who should register your organization.

When your organization registers with CCR, it will be required to designate an E-Business Point of Contact (E-Business POC). The designee authorizes individuals to submit grant applications on behalf of the organization and creates a special password called a Marketing Partner ID Number (M-PIN) to verify individuals authorized to submit grant applications for the organization.

-**How do you do it?** Visit the CCR website at http://www.ccr.gov. Check whether your organization is already registered or register your organization right online. Be certain to enter an MPIN number during this process as this is an optional field for the CCR registration but mandatory for Grants.gov.

- **How long will this take?** It may take a few days for you to collect the information needed for your organization's registration, but once you finish the registration process, you can move on to Step 2 the very next business day. Note it will take up to a month for the total registration- therefore this should be done as soon as possible.

GET AUTHORIZED as an AOR by Your Organization

The registration process is almost complete. All that remains is the final step — getting authorized. Even though you have registered, your E-Business POC must authorize you so Grants.gov will know that you are verified to submit applications.

- **Obtain your E-Business POC authorization**

After your Authorized Organizational Representative (AOR) profile is completed, your organization's E-Business POC will receive an email regarding your requested AOR registration, with links and instructions to authorize you as an AOR.

- **How do you do it?** Instruct your E-Business POC to login to Grants.gov at http://www.grants.gov/ForEbiz and enter your organization's DUNS number and M-PIN. They will select you as an AOR they wish to authorize and you will be verified to submit grant applications.

- **How long will this take?** It depends on how long it takes your E-Business POC to log in and authorize your AOR status. You can check your AOR status by logging in to Grants.gov at http://www.grants.gov/ForApplicants.

REGISTER YOURSELF as an Authorized Organization Representative (AOR)
Once the CCR Registration is complete, your organization is finished registering. You must now register yourself with Grants.gov and establish yourself as an AOR, an individual authorized to submit grant applications on behalf of your organization. There are two elements required to complete this step — both must be completed to move onto Step 3.

1. **Obtain your username and password**
In order to safeguard the security of your electronic information, and to submit a Federal grant application via Grants.gov, you must first obtain a username and password from the Grants.gov Credential Provider.

- **How do you do it**? Just register with Grants.gov's Credential Provider at http://www.grants.gov/Register1. You will need to enter your organization's DUNS number to access the registration form. Once you complete the registration form you will be given your username and you will create your own password.

- **How long will this take?** Same day. When you submit your information you will receive your username and be able to create your password.

2. **Register with Grants.gov**
Now that you have your username and password, allow about 30 minutes for your data to transfer from the Credential Provider, then you must register with Grants.gov to set up a short profile.

> **How do you do it?** Simply visit http://www.grants.gov/Register2 to register your username and password and set up your profile. Remember, you will only be authorized for the DUNS number which you register in your Grants.gov profile.

> **How long will this take?** Same day. Your AOR profile will be complete after you finish filling in the profile information and save the information at Grants.gov.

You have now completed the registration process for Grants.gov. If you are applying for a <u>new or competing continuation</u> you may find the application package through Grants.gov FIND. If you are filling out a <u>non-competing continuation</u> application you must obtain the announcement number through your program office, and enter this announcement number in the search field to pull up the application form and related program guidance. Download the required forms and enter your current grant number in the appropriate field to begin the non-competing continuation application which you will then upload for electronic submittal through Grants.gov. For continuation applications which require submittal of performance measures electronically, instructions are provided in the program guidance on how to enter the HRSA electronic handbooks to provide this information.

How to submit an electronic application to HRSA via Grants.gov/Apply

a. <u>Applying using Grants.gov.</u> Grants.gov has a full set of instructions on how to apply for funds on its website at <u>http://www.grants.gov/CompleteApplication</u>. The following provides simple guidance on what you will find on the Grants.gov/Apply site. Applicants are encouraged to read through the page entitled, "Complete Application Package" before getting started. See Appendix A for specific information.

b. <u>Customer Support</u>. The grants.gov website provides customer support via (800) 518-GRANTS (this is a toll-free number) or through e-mail at support@grants.gov. The customer support center is open from 7:00 a.m. to 9:00 p.m. Eastern time, Monday through Friday, except federal holidays, to address grants.gov technology issues. For technical assistance to program related questions, contact the number listed in the Program Section of the program you are applying for.

Timely Receipt Requirements and Proof of Timely Submission
a. Electronic Submission. All applications must be received by www.grants.gov/Apply by 8:00 P.M. Eastern Time on the due date established for each program.

Proof of timely submission is automatically recorded by Grants.gov. An electronic time stamp is generated within the system when the application is successfully received by Grants.gov. The applicant will receive an acknowledgement of receipt and a tracking number from Grants.gov with the

successful transmission of their application. Applicants should print this receipt and save it, along with facsimile receipts for information provided by facsimile, as proof of timely submission. When HRSA successfully retrieves the application from Grants.gov, Grants.gov will provide an electronic acknowledgment of receipt to the e-mail address of the AOR. Proof of timely submission shall be the date and time that Grants.gov receives your application.

Applications received by grants.gov, after the established due date and time for the program, will be considered late and will not be considered for funding by HRSA. HRSA suggests that applicants submit their applications during the operating hours of the Grants.gov Support Desk, so that if there are questions concerning transmission, operators will be available to walk you through the process. Submitting your application during the Support Desk hours will also ensure that you have sufficient time for the application to complete its transmission prior to the application deadline. Applicants using dial-up connections should be aware that transmission should take some time before Grants.gov receives it. Grants.gov will provide either an error or a successfully received transmission message. The Grants.gov Support desk reports that some applicants abort the transmission because they think that nothing is occurring during the transmission process. Please be patient and give the system time to process the application. Uploading and transmitting many files, particularly electronic forms with associated XML schemas, will take some time to be processed.

Note the following additional information regarding submission of all HRSA applications through Grants.gov:

•	You must submit all documents electronically, including all information typically included on the SF424 and all necessary assurances and certifications.
•	Your application must comply with any page limitation requirements described in this program announcement.
•	After you electronically submit your application, you will receive an automatic acknowledgement from Grants.gov that contains a Grants.gov tracking number. HRSA will retrieve your application from Grants.gov.

Online applications are required to submit ONLY one form in signed hard copy: the SF-424/5161 Face Sheet, since all other elements of the application have been captured and transmitted electronically. This face page should be sent to HRSA's Grants Application Center at:

	The HRSA Grants Application Center
	The Legin Group, Inc.
	Attn: [provide Grants.gov Tracking Number]
	Program Announcement No.
	 [provide HRSA announcement number]
	CFDA No. [provide the CFDA number]

910 Clopper Road, Suite 155 South
Gaithersburg, MD 20878
Telephone: 877-477-2123

Formal Submission of the Electronic Application
Applications completed online are considered formally submitted when the
Authorizing Official electronically submits the application to HRSA through
Grants.gov. However, to complete the submission requirements, a hard-copy of
the SF-424/5161 Face Sheet must be printed, signed, and submitted to the
HRSA Grants Application Center. For competitive applications, the SF-424/5161
must be printed from Grants.gov.

For an online application, the signed SF-424/5161 must be sent to the HRSA
GRANTS APPLICATION CENTER at the above address and received by HRSA
by no later than five days after the date of submission in Grants.gov.

Competitive applications will be considered as having met the deadline if: (1) the
application has been successfully transmitted electronically by your
organization's Authorizing Official through Grants.gov on or before the deadline
date and time, and (2) the signed SF-424/5161 Face Sheet is received by HRSA
no later than five days after submission in Grants.gov.

Performance Measures for Competitive Applications
Many HRSA guidances include specific data forms and require performance
measure reporting.   If the completion of performance measure information is
indicated in this guidance, successful applicants receiving grant funds will be
required, within 30 days of the Notice of Grant Award (NGA), to register in
HRSA's Electronic Handbooks (EHBs) and electronically complete the program
specific data forms that appear in this guidance. This requires the provision of
budget breakdowns in the financial forms based on the grant award amount, the
project abstract and other grant summary data, and objectives for the
performance measures.

Performance Measures for Non-Competing Continuation Applications
For applications which require submittal of performance measures electronically
through the completion of program specific data forms, instructions will be
provided both in the program guidance and through an e-mail, notifying grantees
of their responsibility to provide this information, and providing instructions on
how to do so.

APPENDIX C: MEMORANDA OF AGREEMENT – Required for HCCN Networks Only.

A fully executed MOA submitted with the application (as Attachment 4) should address the following:

   a.   Specific documentation for a methodology of collaborator/network member investment of resources including in-kind, staff, cash, etc.

   b.   Evidence that the members are exploring certain function(s) at a collaborative/shared/integrated level (as appropriate).

   c.   Evidence of long-term commitment (i.e., 3 to 5 years).

   d.   Health center and member board buy-in as evidenced by signatures of all CEOs and board chairs.

A MOA signed by all CEOs and Board Chairs of the network members should include or address, at a minimum, the following:

   1.   In the MOA, an applicant's governing board should explicitly certify or identify the following:

   a.   The collaborating health centers are participating in the development, or further development, of an EHR development project as defined above.

   b.   The collaborating health centers are participating in the development of an integrated EHR.

   c.   The mission of the network is to ensure access for the medically underserved, including the uninsured and underinsured.

   d.   The EHR development project is comprised of three or more health center members.

   e.   The provision of services/programs through the EHR development project will not result in the diminution of the level or quality of health services currently being provided to the medically underserved population.

   f.   An individual whose primary responsibility is the work plan and overall leadership of the network.

   2.   A description of the governance/decision-making of the network, including composition of boards/advisory committees. [NOTE: Health center collaborators must maintain a minimum of 51 percent control over the network.]

   a.   The MOA should describe how leadership of the activities will be managed, including identification of the individual with responsibility for overseeing the implementation of the work plan.

   b.   The MOA should provide clear roles and responsibilities for clinician and consumer involvement regarding the proposed work plan.

3.   A statement that establishes concrete commitment of resources from each of the collaborators to the development, or further development, of the EHR and the network or large multi-site health center (cash, annual dues, membership fees, full-time equivalents, in-kind resources, etc.). Indicate if commitment is annual, one-time, etc.

4.   A description of the EHR development project's goals, objectives, and timetable.

5.   A description of the EHR development project's membership policies (i.e., membership renewals, penalties, terminations, amendments).

APPENDIX D: Resources for Applicants

Federal Government Agencies/Organizations

Health Resources and Services Administration (HRSA)
http://www.hrsa.gov/healthit/
The Health Resources and Services Administration (HRSA), an agency of the U.S. Department of Health and Human Services, is the primary Federal agency for improving access to health care services for people who are uninsured, isolated or medically vulnerable.

Agency for Healthcare Research and Quality
http://healthit.ahrq.gov/
The mission of Agency for Healthcare Research and Quality is to improve the quality, safety, efficiency, and effectiveness of health care for all Americans.

Department of Veterans Affairs
http://www1.va.gov/vha_oi/
The goal of the Department of Veterans Affairs is to provide excellence in patient care, veterans' benefits and customer satisfaction.

Indian Health Service
http://www.ihs.gov/CIO/InfoTech_index.asp
The mission of the Indian Health Service is to raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level.

Office of the National Coordinator for Health Information Technology (ONC)
http://www.hhs.gov/healthit/
The Office of the National Coordinator for Health Information Technology provides leadership for the development and nationwide implementation of an interoperable health information technology infrastructure to improve the quality and efficiency of health care and the ability of consumers to manage their care and safety.

Health Alert Network (HAN)
http://www2a.cdc.gov/han/Index.asp
The network is a project being developed at the Centers for Disease Control and Prevention (CDC) as part of its Public Health Emergency Preparedness & Response Program. The project is intended to ensure communications capacity at all local and state health departments through full Internet connectivity and training. That capacity will ensure the ability to broadcast and receive health alerts at every level of the public health system.

Health Disparities Collaborative
http://www.healthdisparities.net
The Health Disparities Collaborative Web site is home for a community of learners who are committed to improving systems of health care. Using the methodology of the Planned Care Model and the Model for Improvement in the context of Community Oriented Primary Care, health centers are making a positive difference in the lives of hundreds of thousands of Americans.

National Committee on Vital and Health Statistics (NCVHS)
http://www.ncvhs.hhs.gov/
The NCVHS is the advisory body to HHS and Congress on health information policy. NCVHS has taken a critical leadership role in driving the creation of a National Health Information Network, including the creation of the report "Information for Health: A Strategy for Building a National Health Information Network," which was published in November 2001. The Chair of the committee's health information network workgroup is John R. Lumpkin, MD, MPH. The lead staff member to the workgroup is Mary Jo Deering, PhD.

National Electronic Disease Surveillance System (NEDSS)

http://www.cdc.gov/nedss/
The system is an initiative that promotes the use of data and information system standards to advance the development of efficient, integrated, and interoperable surveillance systems at federal, state and local levels. This broad initiative is designed to facilitate the electronic transfer of appropriate information from clinical information systems in the health care industry to public health departments, reduce provider burden in the provision of information, and enhance both the timeliness and quality of information provided.

National Immunization Program (NIP)
http://www.cdc.gov/nip/
The program is committed to promoting the development and maintenance of state- and community-based computerized registries that capture immunization information on all children. Working with the National Vaccine Advisory Committee (NVAC), NIP has identified minimum core immunization data elements that enable consistent data collection by immunization registry systems.

Public Health Information Network (PHIN)
http://www.cdc.gov/PHIN/
The network is a framework for crosscutting and unifying data streams for the early detection of public health issues and emergencies. PHIN is composed of five key components: detection and monitoring, data analysis, knowledge management, alerting and response. Through defined data and vocabulary standards and strong collaborative relationships, the Public Health Information Network will enable consistent exchange of response, health and disease tracking data among public health partners.

Industry & Trade Associations

American Health Information Management Association (AHIMA)
http://www.ahima.org/
The association represents the community of professionals engaged in health information management, providing support to members and strengthening the industry and profession. It represents more than 45,000 specially educated health information management professionals who work throughout the healthcare industry. These professionals serve the healthcare industry and the public by managing, analyzing and utilizing data vital for patient care-and making it accessible to healthcare providers when needed to diagnose, treat and care for patients.

American Medical Informatics Association (AMIA)
http://www.amia.org/
The association has a membership of individuals, institutions and corporations dedicated to developing and using information technologies to improve health care. AMIA was formed in 1990 by the merger of three organizations: the American Association for Medical Systems and Informatics, the American College of Medical Informatics, and the Symposium on Computer Applications in Medical Care. The 3,200 members of AMIA include physicians, nurses, computer and information scientists, biomedical engineers, medical librarians, and academic researchers and educators. AMIA is the official United States representative organization to the International Medical Informatics Association.

American Nursing Informatics Association
http://www.ania.org/
The organization provides a forum and networking opportunities for nurses working in healthcare informatics, facilitating the integration of data and knowledge to support care of patients and decision-making for nurses and other providers. The group focuses on integrating nursing science, computer science and information science to manage and communicate data and information in nursing practice.

Association of Medical Directors of Information Systems (AMDIS)
http://www.amdis.org/
The association is a forum for growth and development of chief medical information officers and other physicians entering positions of responsibility in medical informatics and information technology. AMDIS presents lessons learned from leaders in the field today, provides a body of information needed to be an effective information systems leader and acts as a vehicle to forge important industry connections.

College of Healthcare Information Management Executives (CHIME)
http://www.cio-chime.org/
The association's aims are to serve the professional needs of healthcare chief information officers and to advance the strategic application of information technology in innovative ways that improve the effectiveness of healthcare delivery. CHIME provides networking, education and career development while also supporting easy access to current IT trends, research and information pertaining to the use of IT in healthcare.

Healthcare Information and Management Systems Society (HIMSS)
http://www.himss.org
The association is focused on providing leadership for the optimal use of healthcare information technology and management systems by framing public policy and industry practices through initiatives in advocacy, education and professional development. Among the initiatives are a series of new programs to support and accelerate healthcare standards development, definition of an electronic medical record and involvement of the healthcare IT vendor community in building a minimum set of functions and features into IT software products.

National Association of Health Data Organizations (NAHDO)
http://www.nahdo.org/
The association is a membership organization dedicated to strengthening the nation's health information system. NAHDO serves as a broker of expertise for the development and

enhancement of statewide and national health information systems. NAHDO brings together a network of state, federal, and private sector technical and policy leaders and consultants to expand health systems development and shape responsible health information policies.

National Alliance for Health Information Technology (NAHIT)
http://www.nahit.org
The alliance is a diverse partnership of leaders from all healthcare sectors working to advance the adoption and implementation of healthcare information technology to achieve measurable improvements in patient safety, quality and efficiency. The alliance acts as a convener in the efforts to achieve consensus on IT standards and other important issues, bringing together senior executives to overcome barriers and accumulate a critical network of technical and intellectual knowledge and leadership.

Healthcare Foundations/Research-based Organizations

All Kids Count (AKC)
http://www.allkidscount.org/connections-akc.html
This project, funded by the Robert Wood Johnson Foundation, started in 1992 with the development and implementation of immunization registries. The current phase is one of communication and integration to foster integration/linkage of child health information systems, specifically including immunization registries and other systems that have both clinical and Public health importance. One of its major activities is AKC Connections, a collaboration of state and local health departments moving toward integration of health information systems such as immunization registries and screening initiatives for certain childhood problems.

California HealthCare Foundation
http://www.chcf.org/topics/index.cfm?topic=CL108
The California HealthCare Foundation is an independent philanthropy committed to improving the way health care is delivered and financed in California, and helping consumers make informed health care and coverage decisions. Formed in 1996, our goal is to ensure that all Californians have access to affordable, quality health care.

Center for Health Information Technology
http://www.centerforhit.org/
The center, a division of the American Academy of Family Physicians (AAFP), promotes and facilitates adoption and optimal use of health information technology among AAFP members and other office-based clinicians. Initial work is focused on overcoming barriers of high cost, complexity and lack of standardization, all of which stand in the way of small medical practices attempting to acquire and effectively use IT in their offices.

Certification Commission for Healthcare Information Technology
http://www.cchit.org/
The mission of Certification Commission for Healthcare Information Technology **is t***o accelerate the adoption of health information technology by creating an efficient, credible and sustainable product certification program.*

Connecting for Health
http://www.connectingforhealth.org/
Connecting for Health is a public-private collaborative of the Markle Foundation that will advance an interconnected, electronic national health information infrastructure by focusing on adopting national clinical data standards for interoperability, ensuring secure and private transmission of medical information and working to understand consumers' needs and expectations from an interconnected health information system.

The EHealth Initiative
http://www.ehealthinitiative.org/
This public-private sector collaborative effort for public health focuses on bringing about an interconnected electronic health information infrastructure by promoting the adoption of clinical data standards and interoperability. The initiative of more than 100 members includes involvement of the Centers for Disease Control and Prevention (CDC), the Centers for Medicare and Medicaid Services (CMS), public health agencies, providers, standards organizations, and health care IT suppliers. Among its aims is to develop and implement strategies to transmit electronic data of public health importance (for example lab results, microbiology results, orders, and chief complaint data) using interoperable standards and the CDC's National Electronic Disease Surveillance System (NEDSS).

National Center for Emergency Medicine Informatics
http://www.ncemi.org/
The not-for-profit center is focused on advancement of emergency medicine through the application of information technology. The organization is driven by the belief that the greatest advances in medicine over the next two decades will result from the application of the tools and principles of information science to the problems of clinical medicine. New developments

in informatics will drive advances in clinical care, medical administration, medical research, and medical education.

Public Health Informatics Institute
http://www.phii.org/
The Public Health Informatics Institute is a program of the Robert Wood Johnson Foundation whose goal is to foster collaboration among public health agencies in the conception, design, acquisition, and deployment of software tools in order to eliminate redundant efforts, speed up development processes and reduce costs. Current initiatives include defining common requirements and developing tools to exchange information on a)Defining Common Requirements-jointly sponsored with APHL, a group of 16 state and local public health laboratories have joined together to address the urgent need to update or acquire new public health laboratory information management systems to enhance bioterrorism preparedness. b) Developing The Exchange-a web-enabled tool to assist public health agencies in making effective IT investment decisions by rating vendor products and their capabilities. Partners: ASTHO, NACCHO, APHL, NAPHSIS, CSTE, APHCIO

APPENDIX E: HRSA REQUIRED PERFORMANCE MEASURE CATEGORIES DESCRIPTIONS

Performance Measure Category: Child Immunization

Description: % by age 2 years, with 4 DTaP, 3 OPV/IPV, 1XMMR, 3X HepB, 3X Hib (and Varicella)

Performance Measure Category: Diabetes Control

Description: % of patients with either Type 1 or Type 2 diabetes whose HBA1c is > 9%.