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**Supporting Statement  
The Health Center Program Forms  
0915-0285 Revision**

**A. JUSTIFICATION**

**1. Circumstances Making the Collection of Information Necessary**

The Health Resources and Services Administration (HRSA) is requesting a revision of OMB approval for forms that are used by several Bureau of Primary Health Care (BPHC) programs providing funding to serve medically underserved and vulnerable populations. The forms were previously approved under OMB number 0915-0285, Health Center Program Application Forms, and the current expiration date is September 30, 2016.

These forms are used to request funding under Section 330 of the Public Health Service (PHS) Act, as amended; make changes to scope of project; become designated as Health Center Program look-alikes; and report on grant-funded activities. The revisions include the addition of seven forms and changes to previously approved forms. All revisions are documented below.

Health centers (those entities funded under Public Health Service Act section 330 and Health Center Program look-alikes) deliver comprehensive, high quality, cost-effective primary health care to patients regardless of their ability to pay. Health centers are an essential primary care provider for America's most vulnerable populations. Health centers provide coordinated, comprehensive, and patient-centered primary and preventive health care. Nearly 1,400 health centers operate more than 9,800 service delivery sites that provide care in every U.S. State, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and the Pacific Basin.

The Health Center Program is administered by HRSA's Bureau of Primary Health Care (BPHC). BPHC uses the forms in this package to oversee the Health Center Program. Health Center Program-specific forms are critical to Health Center Program grant and non-grant award processes and for Health Center Program oversight. The purpose of these forms is to provide HRSA staff and objective review committee panels information essential for application evaluation, funding recommendation, approval, designation, and monitoring. These forms also provide HRSA staff with information essential for ensuring compliance with Health Center Program legislative and regulatory requirements. These application forms are used by existing health centers and other organizations to apply for various grant and non-grant opportunities, renew their grant or non-grant designation, and change their scope of project.

The Health Center Program projects using these include the following: New Access Points (NAP), Service Area Competition (SAC), Expanded Services and other supplemental funding opportunities, Non-Competing Continuation, Outreach and Enrollment (O&E), Quality Improvement, Capital Development, Health Center Planning, Primary Care Associations (PCA),

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National Cooperative Agreements (NCA), Native Hawaiian Health Care Improvement, Health Center Controlled Networks (HCCN), Look-Alikes, and Change in Scope (CIS).

## **2. Purpose and Use of Information Collection**

The purpose of these forms is to provide HRSA staff and objective review committee panels information essential for application evaluation, funding recommendation, approval, designation, and monitoring. These forms also provide HRSA staff with information essential for ensuring compliance with Health Center Program legislative and regulatory requirements. These application forms are used by existing health centers and other organizations to apply for various grant and non-grant opportunities, renew their grant or non-grant designation, and change their scope of project.

Health centers use a combination of the application and monitoring forms to apply for and/or report progress on one or more of the following various opportunities:

- NAP is a competitive application to receive support for new delivery sites to provide comprehensive primary and preventive health care services. NAPs can be either new starts that do not currently receive Health Center Program funding, or satellite sites of existing Health Center Program award recipients.
- SAC is a competitive application for existing and new Health Center Program applicants to receive funding to support comprehensive primary health care services for an announced underserved service area.
- Expanded Services funding supports increased access to comprehensive primary health care services at existing health center sites through expanded service hours, increased numbers of staff/providers, and increased availability of eligible services, including enabling, medical, oral health, behavioral health, pharmacy, and vision services.
- Supplemental funding opportunities provide funding to existing Health Center Program award recipients to expand services in priority areas, such as behavioral health, oral health, and substance abuse services, and responding to emerging health care crises such as Zika virus.
- Non-Competing Continuations are progress reports from Health Center Program award recipients to ensure they are meeting program requirements and expectations.
- O&E is funding for Health Center Program award recipients to expand current outreach and enrollment assistance activities and facilitate enrollment of eligible health center patients and service area residents into affordable health insurance coverage.
- Quality Improvement supplemental funding supports quality of care, access to services, and reimbursement opportunities for health centers by supporting the costs associated with enhancing quality improvement systems and becoming patient-centered medical homes.
- Capital Development funding opportunities provide funding for construction, renovation, repair, and/or improvement of health center service delivery sites.
- Health Center Planning funding opportunities provide support to organizations that are in the planning and development stages for a comprehensive primary health care center.

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- PCA cooperative agreements with state and regional organizations provide training and technical assistance to potential and existing health centers.
- NCA cooperative agreements provide funding to national organizations that help health centers and look-alikes meet program requirements and improve performance. NCAs also support Health Center Program development and conduct national analyses around legislatively-mandated special populations, vulnerable populations, and underserved communities.
- Native Hawaiian Health Care Improvement is a Congressional special initiative in support of the Native Hawaiian Health Care Systems to improve the provision of comprehensive disease prevention, health promotion, and primary care services to Native Hawaiians.
- HCCN is a competitive application for organizations that support health centers in achieving meaningful use of ONC-certified electronic health records, adopting technology-enabled quality improvement strategies, and engaging in health information exchange to strengthen the quality of care and improve patient health outcomes.
- Look-Alike applications support organizations seeking initial designation, renewal of designation, or re-certification as a Look-Alike. Look-Alikes must meet all Health Center Program requirements, but they do not receive grant funding.
- CIS requests are submitted by existing health centers to change the current approved scope of project related to services offered, sites, populations served, and other scope activities that require prior approval by HRSA.

Health centers use a combination of the following application and monitoring forms to apply for and/or report progress on one or more of the following various opportunities described above:

- **Form 1A: General Information Worksheet:** This form collects basic information on the applicant organization and the proposed project, including organization type, proposed service area, and patient and visit projections.
- **Form 1B: BPHC Funding Request Summary:** This form collects program specific project budget estimates, including funding for one-time costs for alteration/renovation and equipment, if permitted.
- **Form 1C: Documents on File:** This form collects the date of the last review or revision of key documents used by the health center governing board and staff for ensuring compliance with Health Center Program requirements.
- **Form 2: Staffing Profile:** This form identifies the number of direct hire FTEs for the proposed project and staff positions that are filled by contracted FTEs, to ensure adequate staffing capacity.
- **Form 3: Income Analysis:** This form identifies the estimated non-Federal revenues for the proposed project.
- **Form 3A: Look-Alike Budget Information:** This form collects projected expenses and revenues for look-alike applicants and designees.
- **Form 4: Community Characteristics:** This form identifies service area population and target population characteristics.
- **Form 5A: Services Provided:** This form identifies clinical and non-clinical services provided by the health center and the mode of service provision, ensuring compliance

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with Health Center Program required services.

- **Form 5B: Service Sites**: This form collects information on the health center site location, including address, contact information, and site characteristics (e.g., zip codes from which the majority of the patients reside, hours of operation).
- **Form 5C: Other Activities/Locations**: This form collects information on activities provided at a location other than a service site (e.g., home visits, hospital admitting).
- **Form 6A: Current Board Member Characteristics**: This form collects information on board members, including areas of expertise, years of service, and characteristics.
- **Form 6B: Request for Waiver of Governance Requirements**: This form is used to request a waiver of the patient majority governing board requirement. Only organizations seeking support for Migrant Health Centers, Health Care for the Homeless, and Public Housing Primary Care may request a waiver, as permitted by section 330 of the PHS Act.
- **Form 8: Health Center Agreements**: This form identifies when the applicant organization has an agreement with another organization to carry out a substantial portion of the proposed scope of project.
- **Form 9: Need for Assistance Worksheet**: This form collects specific data on core barriers to health care and other health and access indicators that determine the level of need in the proposed service area and target population.
- **Form 10: Emergency Preparedness Report**: This form is a checklist that collects information on the applicant organization's emergency preparedness and management plan.
- **Form 12: Organization Contacts**: This form collects contact information for the organization's Chief Executive Officer, Contact Person, Clinical Director, and Dental Director.
- **Clinical Performance Measures**: This form is aligned with the Uniform Data System (UDS) and collects information on specific clinical performance measures to be accomplished during the project period, including goals, baselines, methodology, key contributing and restricting factors, and major planned actions.
- **Financial Performance Measures**: This form is aligned with the UDS and collects information on specific financial performance measures to be accomplished during the project period, including goals, baselines, methodology, key contributing and restricting factors, and major planned actions.
- **Implementation Plan**: This form collects goals, action steps, focus areas, and related information to demonstrate that the applicant will be operational and compliant with Health Center Program requirements (for NAP, SAC, and certain supplemental funding opportunities).
- **Project Work Plan**: This form collects focus areas, goals, activities, and related information to demonstrate that the applicant will provide training and technical assistance in accordance with the Health Center Program requirements (for PCA and NCA).
- **Proposal Cover Page**: This form collects information on how proposed capital projects will address the needs of the community as well as the long-term impact of all projects. The form also requires applicants to explain how they plan to maintain improved

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access/services that will result from the project(s) within their existing operational budget/grant support.

- **Project Cover Page**: This form requires applicants to present a framework and explanation of all aspects of a specific capital project, including a detailed project description, need, management, response, timeline, and how funds will be used.
- **Equipment List**: This form collects a detailed equipment list to identify the equipment to be purchased with federal funding. Equipment type is categorized as clinical or non-clinical.
- **Other Requirements for Sites**: This form is a checklist that collects information on the site where construction or alteration/renovation will occur, regarding ownership, site control, and historic preservation issues. Responses determine additional federal requirements that must be met.
- **Funding Sources**: This form identifies all sources of funding that will be necessary to fund the overall project proposal to ensure successful implementation of large scale capital projects.
- **Project Qualification Criteria**: This form requires applicants to specifically address eligibility criteria for capital funding.
- **Outreach and Enrollment Supplemental**: This form collects information from applicants regarding how funding will be used to train O&E assistance workers, increase the number of individuals assisted by those workers, and help enroll individuals in affordable insurance coverage. Applicants will also describe the strategies to implement O&E activities.
- **Outreach and Enrollment Quarterly Progress Report**: This form collects performance information related to progress on O&E grants, including individuals assisted, individuals enrolled, and O&E assistance workers trained.
- **Checklist for Adding a New Service Delivery Site**: This form provides information related to the impact to the community and the population by the addition of a new service site to enable HRSA staff to determine whether the CIS should be approved.
- **Checklist for Deleting Existing Service Delivery Site**: This form provides information related to the impact to the community and the population by the deletion of a service site to enable HRSA staff to determine whether the CIS should be approved.
- **Checklist for Adding New Service**: This form provides information related to the impact to the community and the population by the addition of new service(s) to enable HRSA staff to determine whether the CIS should be approved.
- **Checklist for Deleting Existing Service**: This form provides information related to the impact to the community and the population by the deletion of service(s) to enable HRSA staff to determine whether the CIS should be approved.
- **Checklist for Adding a New Target Population**: This form provides information related to the impact to the community and the population by the addition of a new target population to enable HRSA staff to determine whether the CIS should be approved.
- **Expanded Services (formerly Increased Demand for Services)**: This form collects information from applicants regarding how supplemental funding will be used to expand needed services and increase the number of patients served. Applicants also describe how the expanded services will be compliant with Health Center Program requirements.

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- **Federal Object Class Categories (formerly Supplemental Line Item Budget)**: This form collects projected expenses and revenues for specific supplemental funding opportunities.
- **Checklist for Replacing Existing Service Delivery Site**: This form will no longer be used.
- **Verification Checklist**: This form will no longer be used.
- **EHR Readiness Checklist**: This form will no longer be used.

**1The following two sections describe the revisions from the last clearance package:**

**1. The following forms are new forms for this clearance package:**

- **Supplemental Information**: This form is a checklist that collects information on how funding will be used to increase the number of patients served, hire additional providers, and expand health center services. Applicants also confirm patient projections.
- **Summary Page**: This form is a checklist that provides a summary of critical application information pre-populated from the other forms and includes certifications for applicants to acknowledge Health Center Program requirements and expectations (for NAP and SAC).
- **Program Narrative Update**: This form collects performance information related to health center progress during the budget/designation period, including staffing changes, patients served, supplemental awards, and performance measures.
- **Substance Abuse Progress Report**: This form collects performance information related to progress on supplemental substance abuse service expansion awards.
- **HCCN Progress Report**: This form collects performance information related to progress on HCCN awards, including data collection from each participating health center in the HCCN project (number of participating health centers can range from a minimum of 10 to a maximum of over 50). The form must be completed once for each participating health center. This form was previously approved through OMB package 0915-0360 and revisions were made to include questions about HCCN requirements regarding Meaningful Use, Data Quality and Reporting, and Health Information Exchange.
- **HCCN Work Plan**: This form collects goals, activities, focus areas, and related information to demonstrate that the applicant will provide assistance to health centers in accordance with HCCN requirements. Since this is a consolidation of forms previously approved in package 0915-0360, there are two versions – one for continuing award recipients from fiscal year (FY) 2012/2013 that will collect only the final project progress and one for new applicants from FY 2016.
- **Zika Progress Report**: This form collects performance information related to progress on supplemental zika awards.

**2. This section identifies the revisions to previously cleared Health Center Program forms from the last clearance package.**

- **Form 1A**: Removed target population and provider information section, and rearranged

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sections on patients and visits to reduce applicant errors.

- **Form 1B:** Added notes to provide instructions. Removed Year 3, 4, and 5 columns.
- **Form 1C:** Minor text changes and added links to corresponding policy documents.
- **Form 2:** Removed salary information and federal support requested and added column for Contract/Agreement FTEs. Revised staff positions to align with data collected in the UDS report.
- **Form 3:** Revised to simplify reporting of projected income and patients. Fields collecting information on adjustments, net charges, and collection rate deleted.
- **Form 3A:** Removed “FQHC” from title, changed column name to “Budget Category”.
- **Form 4:** Text changes, added notes to provide instructions, removed four characteristics and added two: “Individuals Best Served in a Language Other Than English” and “Veterans.”
- **Form 5A:** Rows combined and text changes to simplify and align with legislative required and additional services.
- **Form 5B:** Revised and rearranged to more accurately describe the necessary information to be collected (e.g., site Medicare billing number status).
- **Form 5C:** No changes.
- **Form 6A:** Text changes to clarify fields. Added question about co-applicant boards for public agencies and notes to provide instructions.
- **Form 6B:** Text changes to clarify questions. Removed monthly meeting waiver request. Added notes to provide instructions.
- **Form 8:** Revised questions to clarify. Added notes to provide instructions. Removed governance checklist.
- **Form 9:** Text changes to split “Methodology Utilized/Data Source Description/Other” into “Data Source/Description” and “Methodology Utilized/Extrapolation Method.” Added prepopulated benchmarks and notes to provide instructions.
- **Form 10:** Removed “Annual” from title.
- **Form 12:** Added field for “Position Title” and note to explain pre-population.
- **Clinical Performance Measures:** Added progress field. Updated numerator, denominator, and performance measure descriptions for 15 performance measures, including replacing “Behavioral Health” with “Depression Screening and Follow-Up” and combining “Tobacco Use Assessment” and “Tobacco Cessation Counseling.” Added performance measure for “HIV Linkage to Care.”
- **Financial Performance Measures:** Added progress field. Deleted three audit-related performance measures, minor text changes to remaining two measures, and added one performance measure for “Grant Costs.”
- **Implementation Plan:** Minor text changes.
- **Project Work Plan:** Text changes to delete outdated goals.
- **Proposal Cover Page:** No changes.
- **Project Cover Page:** No changes.
- **Equipment List:** Deleted “Mobile Van” choice.
- **Other Requirements for Sites:** Revised questions to clarify.
- **Funding Sources:** No changes.
- **Project Qualification Criteria:** No changes.
- **O&E Supplemental:** No changes.

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- **O&E Progress Report**: Revised questions to clarify O&E assistance workers trained, individuals assisted, individuals enrolled, challenges, and strategies. Added notes to provide instructions.
- **Checklist for Adding a New Service Delivery Site**: Changes provide greater clarity of review criteria that must be addressed, ensure appropriateness and completeness of the CIS initial submission, and reduce the need for additional information.
- **Checklist for Deleting Existing Service Delivery Site**: Changes provide greater clarity of review criteria that must be addressed, ensure appropriateness and completeness of the CIS initial submission, and reduce the need for additional information.
- **Checklist for Adding New Service**: Changes provide greater clarity of review criteria that must be addressed, ensure appropriateness and completeness of the CIS initial submission, and reduce the need for additional information.
- **Checklist for Deleting Existing Service**: Changes provide greater clarity of review criteria that must be addressed, ensure appropriateness and completeness of the CIS initial submission, and reduce the need for additional information.
- **Checklist for Adding a New Target Population**: Changes provide greater clarity of review criteria that must be addressed, ensure appropriateness and completeness of the CIS initial submission, and reduce the need for additional information.
- **Expanded Services (formerly Increased Demand for Services)**: Revised questions to clarify how funding will be used to expand needed services and increase the number of patients served and to ensure applicant clarity on proposed changes to scope.
- **Federal Object Class Categories (formerly Supplemental Line Item Budget)**: No changes except the title.

### **3. Use of Improved Information Technology and Burden Reduction**

The data collection forms are completed by applicants or grantees using a web based data collection system that is completely integrated with HRSA Electronic Handbooks (EHBs). The HRSA EHB provides authentication and authorization services to all applicants.

Application data can be submitted using standard web browsers through a Section 508 compliant user interface. The system presents users with electronic forms that clearly communicate what is required and provide assistance in the form of clear notes and error messages. Usability features such as auto-calculation and pre-population of data from prior year applications based on business rules prevent redundant data entry. Users are able to work on the forms in part, save them online and return to complete them later. Programming rules automatically check the data entered on forms to reduce inaccuracies and increase the likelihood that the data submitted meets the legislative and programmatic requirements. Applicants are provided with a summary of what is complete and what is incomplete, along with links to navigate to the appropriate sections to fix the identified incomplete parts.

### **4. Efforts to Identify Duplication of Use of Similar Information**

The applicant information requested in these forms is unique to these Health Center Program initiatives and is not captured elsewhere. When applicants complete an application form, much



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of the information will be populated into later reporting and application forms to reduce duplicative manual data entry.

## **5. Impact on Small Businesses or Other Small Entities**

This activity does not have a substantial impact on small entities or small businesses.

## **6. Consequences of Collecting the Information Less Frequently**

If the information is not collected, the Bureau would be unable to make and/or properly monitor grant awards. The majority of the forms are completed only once every three years, to initiate each new project period. Noncompeting continuation or progress forms are collected within the project period for progress monitoring. The information collected is required in order to monitor the progress of the health centers and other awardees to ensure proper stewardship of federal funds and compliance with Section 330 Statute and Health Center Program requirements.

## **7. Special Circumstances Relating to the Guidelines in 5 CFR 1320.5**

The request fully complies with the regulation.

## **8. Comments in Response to the Federal Register Notice/Outside Consultation**

A 60-day Federal Register was published in the Federal Register on March 2, 2016 (Vol. 81, No. 41, pages 10875-10877). See <https://www.gpo.gov/fdsys/pkg/FR-2016-03-02/pdf/2016-04535.pdf>. No comments were received.

The forms were provided to the National Association of Community Health Centers (NACHC) for review of the materials regarding clarity and the estimate of annualized burden. The following individuals reviewed the forms and provided feedback:

National Association of Community Health Centers: 301-347-0400

Ted Henson, Director, Health Center Growth and Development; [thensen@nachc.com](mailto:thensen@nachc.com)

Shane Hickey, Senior Advisor, HIT Strategy and Innovation; [shickey@nachc.com](mailto:shickey@nachc.com)

Kathy McNamara, Associate Vice President, Clinical Affairs;  
[kmcnamara@nachc.com](mailto:kmcnamara@nachc.com)

Meg Meador, Director of Clinical Integration and Education; [mmeador@nachc.com](mailto:mmeador@nachc.com)

Cindy Thomas, Director, Leadership Training and Cooperative Agreement Management;  
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Sofia Warden, Director, Integration and Education (Cancer); [swarden@nachc.com](mailto:swarden@nachc.com)

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Gervean Williams, Director, Health Center Financial Training;  
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Overwhelmingly, the feedback from these external stakeholders indicates that the forms are clear, data elements are appropriate, and the allocation of time to be spent on the forms is reasonable. Based on comments received, instructions were refined and burden estimates were increased for a few forms.

### **9. Explanation of any Payment/Gift to Respondents**

Respondents will not receive any payments or gifts.

### **10. Assurance of Confidentiality Provided to Respondents**

No assurance of confidentiality is made to the applicants. These applications specify the reporting of aggregate data on users and the services they receive, in addition to descriptive information about each grantee and its operations and financial systems. Grantee level data are covered under the Freedom of Information Act.

### **11. Justification for Sensitive Questions**

There are no questions of a sensitive nature.

### **12. Estimates of Annualized Hour and Cost Burden**

The type of respondent for all forms includes organizations such as health centers and state or national technical assistance organizations.

Estimated annualized burden hours:

Form Name	Number of Respondents	Number of Responses per Respondent	Total Responses	Average Burden per Response (in hours)	Total Burden Hours
Form 1A: General Information Worksheet	1,700	1	1,700	1	1,700
Form 1B: BPHC Funding Request Summary	450	1	450	45/60	337.5

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Form 1C: Documents on File	1,000	1	1,000	30/60	500
Form 2: Staffing Profile	1,700	1	1,700	1	1,700
Form 3: Income Analysis	1,900	1	1,900	2.5	4,750
Form 3A: Look-Alike Budget Information	100	1	100	1	100
Form 4: Community Characteristics	1,000	1	1,000	1	1,000
Form 5A: Services Provided	1,700	1	1,700	1	1,700
Form 5B: Service Sites	1,200	1	1,200	45/60	900
Form 5C: Other Activities/Locations	1,000	1	1,000	30/60	500
Form 6A: Current Board Member Characteristics	1,000	1	1,000	30/60	500
Form 6B: Request for Waiver of Governance Requirements	100	1	100	1	100
Form 8: Health Center Agreements	600	1	600	45/60	450
Form 9: Need for Assistance Worksheet	500	1	500	4.5	2,250
Form 10: Emergency Preparedness Report	1,000	1	1,000	1	1,000
Form 12: Organization Contacts	1,000	1	1,000	30/60	500
Clinical Performance Measures	1,000	1	1,000	3.5	3,500

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Financial Performance Measures	1,000	1	1,000	1	1,000
Implementation Plan	900	1	900	3	2,700
Project Work Plan	200	1	200	5	1,000
Proposal Cover Page	400	1	400	1	400
Project Cover Page	400	1	400	1	400
Equipment List	400	1	400	1	400
Other Requirements for Sites	400	1	400	30/60	200
Funding Sources	400	1	400	30/60	200
Project Qualification Criteria	400	1	400	1	400
O&E Supplemental	1,200	1	1,200	1	1,200
O&E Progress Report	1,200	1	1,200	1	1,200
Checklist for Adding a New Service Delivery Site	700	1	700	1.5	1,050
Checklist for Deleting Existing Service Delivery Site	700	1	700	1	700
Checklist for Adding New Service	700	1	700	1	700
Checklist for Deleting Existing Service	700	1	700	1	700
Checklist for Adding a New Target Population	50	1	50	30/60	25
Expanded Services	1,400	1	1,400	1	1,400
Federal Object Class Categories	1,400	1	1,400	15/60	350
Supplemental Information (NEW)	2,000	1	2,000	30/60	1,000

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Summary Page (NEW)	1,700	1	1,700	15/60	425
Program Narrative Update (NEW)	900	1	900	4	3,600
Substance Abuse Progress Report (NEW)	300	4	1,200	1	1,200
Health Center Controlled Networks Progress Report (NEW)	93	1	93	25	2,325
Health Center Controlled Networks Work Plan (NEW)	93	1	93	5	465
Zika Progress Report (NEW)	20	4	80	1	80
Total	34,606		35,566		44,608

The burden estimates for the applications and forms were based on previous experience with these forms, efforts to streamline and automate data collected, and input from grantees using the EHB system and application forms.

#### Estimates of Annualized Cost Burden to Respondents

Type of Respondent	Total Burden Hours	Hourly Wage Rate	Total Respondent Costs
Medical and Health Services Managers <sup>1</sup>	44,608	\$45.43	\$2,026,541.44
Total	44,608		\$2,026,541.44

### 13. Estimates of other Total Annual Cost Burden to Respondents

Other than their time, there is no cost to respondents.

### 14. Annualized Cost to the Federal Government

The estimated annual cost to the government is approximately \$171,586 (2 GS-11, 2 GS-12, 2 GS-13, 2 GS-14 FTE's – 25% time of work) for reviewing the forms, and for processing and

<sup>1</sup> Wages for Medical and Health Services Managers are based on Bureau of Labor Statistics, U.S. Department of Labor, *Occupational Outlook Handbook, 2016-17 Edition*, Medical and Health Services Managers, at <http://www.bls.gov/ooh/management/medical-and-health-services-managers.htm>.

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providing notification to applicants.

The annual estimated cost for creating and modifying the forms in the electronic system (Electronic Handbooks, EHBs) is \$1,626,600. This includes: 1) \$1,191,000 for system development and enhancements, and 2) \$435,600 for project management and support (Project Managers: 2.1 FTEs, Team Lead: 0.25 FTE, support: 2.1 contractors).

#### **15. Explanation for Program Changes or Adjustments**

The OMB Inventory currently contains 44,825 burden hours for this activity. This request is for 44,608 total burden hours, for a decrease of 217 hours. The decrease is due to program adjustments resulting from streamlining and automating data collection and reducing duplication of information requested across projects.

For this clearance request, each form is being submitted separately to accurately reflect the number of respondents per form. This results in a large total number of responses as each form is submitted as a single entity. This request includes an increase in the total number of responses from 32,450 to 35,566 and increase of 3,116 responses. This is due to the increase in the number of Health Center Program award recipients.

#### **16. Plans for Tabulation, Publication, and Project Time Schedule**

There are no current plans to publish, tabulate, or manipulate information collected with these forms.

#### **17. Reason Display of OMB Expiration Date is Inappropriate**

The OMB number and expiration date will be displayed on every page of every form.

#### **18. Exceptions to Certification for Paperwork Reduction Act Submissions**

There are no exceptions to the certification.