

MCHCOM.COM Webcast

Maternal and Child Health Bureau

MCHB/DRTE
Overview of EHB
and a Guided Tour of
the Application Webcast

The Electronic Handbook Welcome Page

<https://grants.hrsa.gov/webexternal>

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Welcome

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For assistance with HRSA EHBs, contact HRSA Call Center at 877-Go4-HRSA/877-464-4772; 301-998-7373 or email CallCenter@HRSA.GOV or use the questions/comments link available on each page. HRSA Call Center hours are from 9:00 a.m. to 5:30 p.m. Eastern Time (E.T.), Monday through Friday.

HRSA Electronic Handbooks (EHBs) Overview

HRSA Electronic Handbooks (EHBs) are designed to streamline the grants application and administration process and enable applicants and grantee organizations to communicate with HRSA and conduct activities electronically. They provide all potential grantees a means to access competitive funding opportunities published as a part of the annual HRSA Preview. This system also allows applicants to submit applications electronically in a collaborative fashion. Existing grantees can manage their institutional data and perform post award activities on their grants such as submit noncompeting continuation applications and other similar deliverables.

HRSA EHBs can be accessed from anywhere on the Internet using just a standard web browser. Learn more about the [System Requirements](#).

Find and Apply!

One purpose of the HRSA EHBs is to provide the general public with a single source of program and application information related to the Agency's competitive grant offerings. The funding opportunities listed in this section have been traditionally published in the annual HRSA Preview. It contains a description of competitive and other grants programs scheduled for awards in the current and upcoming fiscal year.

Each funding opportunity is listed in a consistent format that is easy to follow and includes various options such as ability to apply online and download guidance. Updates published for a funding opportunity are also available. [Search Funding Opportunities](#).

Register Now!

The purpose of the registration process is to collect consistent information from all users, avoid collection of redundant information and uniquely identify each system user. All users who want to apply electronically or manage their grants electronically through the EHBs are required to register first. Before you begin the registration process, we request you to read the getting started guidelines for [New Applicants](#) and/or [Existing Grantees](#) based on your organization's relationship with HRSA. [Start the Registration Process](#).

Help

HRSA EHBs contain context sensitive, page sensitive and general help sections. You can browse specific topics or view all topics by clicking the Help link located on each page. For additional assistance, contact HRSA Call Center at 877-Go4-HRSA/877-464-4772; 301-998-7373 or email CallCenter@HRSA.GOV or use the questions/comments link available on each page. HRSA Call Center hours are from 9:00 a.m. to 5:30 p.m. Eastern Time (E.T.), Monday through Friday.



Registration Overview

- All users who require access to the application must register in the system
- Registration consists of 2 parts
 - 1. Create User Account
 - 2. Associate Account with Organization
- You will need your grant number

Create User Account: User Role

Registering Role and Organization	
* Role	<input type="radio"/> Authorizing Official (AO) <input type="radio"/> Business Official (BO) more information Read About Roles <input type="radio"/> Other Employee (Project Director AO Designee, Staff)
If your organization is an existing HRSA grantee, we strongly recommend that you enter your grant number to expedite your registration process.	
Grant Number (Example: A10 HP 01111)	T73 MC 04305 Enter Grant Number
<input type="button" value="Save and Continue"/>	

- During Registration You Must Select a Role
 - The Authorizing Official (AO) is the person responsible for signing the face page.
 - Other employees that need to access the application should select Other Employee during the registration process
- Enter your grant number to find your organization.

Add User Account To Organization

Registration

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Registration Status
Step 1 of 2: User account creation is complete . Step 2 of 2: User account affiliation to an organization record is not complete .

If your organization's name appears in the following list, it is already registered with HRSA. You must NOT attempt to re-register it. Use the organization name, address of your organization and AO name(s) to identify your organization. Also note that existing grantees must not create new organization records. Once you have identified your organization use the 'Add me to this Organization' button to associate your account with that organization.

Displaying 1-1 of 1

STEP 2 OF 2: ADD ACCOUNT TO AN ORGANIZATION – ORGANIZATION SEARCH RESULTS		
Search Parameters: Grant Number T73 MC 04305		
HCC		
Organization Address	12530 Parklawn Dr. Rockville, MD 20852	<input type="button" value="Add Me to this Organization"/> Click Here
AO Name	Jane Doe	
AO Name	John Smith	

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If your organization is not in the list you may refine your search or else click the 'Register New Organization' button to register your organization. Please note that adding duplicate organizations may delay funding of any award to your organization.

Welcome Page

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Applicant/Grantee EHB overview

Applicant/Grantee EHB provides all potential and existing grantees a means to conduct various activities electronically. Applicants can find and apply for competitive funding opportunities in a collaborative manner.

Existing grantees can manage their institutional data and perform post award activities on their grants such as submit noncompeting continuation applications and other similar deliverables.

HRSA EHBs can be accessed from anywhere on the Internet using just a standard web browser. Learn more about the System Requirements.

Manage Applications

Applicants can use the Funding Opportunities link to search for various competitive grants offered by HRSA. The funding opportunities listed in this section have been traditionally published in the annual HRSA Preview. Each funding opportunity is listed in a consistent format that is easy to follow and includes various options such as ability to apply online (for selected opportunities) and download guidance.

Applicants can use the View Applications link to view and edit the applications created by them. EHBs allow you to complete your application in part, save it and then return to complete and submit it at a later time. All your work-in-progress is stored in HRSA's secured environment. Once an application has been submitted, it can only be viewed.

The Peer Access link can be used by the owner of the application to share it with other individuals from the same organization in a secured manner. This allows applications to be created in a collaborative environment. Note that unless the creator of the application gives permission, users cannot view an application even if they are registered for the same organization.

Grants Portfolio

In order to get access to grant handbook for a particular grant, project directors are first required to add it to their portfolio using the [Add to Portfolio](#) link. Learn more about the Grant Registration Process.

Subsequently all other users from the same organization who need access to this grant need to request permissions from the project director. This additional registration process is required to ensure that only the right individuals from the organization have access to the organization's grant information.

The above process is applicable for each grant belonging to your organization.

Once a grant has been successfully added to your portfolio, you can access it's grant handbook using the [View Portfolio](#) link to perform various post award functions.



Accessing the Grant Portfolio

- The project director must add the grant to his or her profile
- Project director must approve requests for access to the grant portfolio by other members of the application
- Project Directors will need their notice of grant award in order to add the grant to their portfolio

Add to Portfolio (Project Director)

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Add to Portfolio

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Enter the criteria to be used to search the portfolio addition requests made by you. Once done, click on the "Search" button.

Fields marked with an asterisk(*) are required.

ENTER GRANT NUMBER AND IDENTIFY YOUR ROLE	
Click on steps to add a grant to portfolio for more instructions on how to add a grant to your portfolio.	
* <u>Grant Number</u> (Example: A10-HP-00350)	T73 MC 04305 Enter Grant #
* <u>Functional Role</u>	<input checked="" type="radio"/> Project Director <input type="radio"/> Other (Staff, Data submitter, etc.) Select Role

Add to Portfolio: Validated Project Director



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Add To Portfolio

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You are requesting to add this grant to your portfolio as a project director. As a security measure, you have to confirm some NGA information. Please enter these information as it appears on the NGA issued on the date specified and click on the "Continue" button to continue the process. Click on the "Cancel" button to return to the previous screen.

Verify Project Director Identity

T73MC04305: Leadership Education in Neurodevelopmental and Related Disabilities		
Project Director: Bob Smith		Status: Not Registered To Grant
Email: callcenter@hrsa.gov		Phone: (301)998.7373
Grantee: HRSA Call Center, Rockville, MD		
Your Selection		
Functional Role	Project Director	
Name Validation Status		
Project Director Name on NGA	Project Director Name on Profile	Status
Bob Smith	Bob Smith	Validated
* Issue Date for 5T73MC04305 (Item 1 on NGA. Format: mm/dd/yyyy)		
•CRS-EIN for 5T73MC04305 (Item 18 on NGA. Format: 1999999999x9 or x)		
Certification		
✓I, Bob Smith , certify that I am the project direct for grant.		

Enter Item 1 from NGA

Enter Item 18 from NGA

Cancel

Continue

Add to Portfolio: Proceed to View Portfolio



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Add To Portfolio

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Your Request to add the following grant to your portfolio as project director was successful.

ADDITION OF GRANT TO PORTFOLIO - RESULT

T73MC04305: Leadership Education in Neurodevelopmental and Related Disabilities

Project Director: Bob Smith

Status: Registered To Grant

Email: callcenter@hrsa.gov

Phone: (301)998.7373

Grantee: HRSA Call Center, Rockville, MD

Other User(s) from your organization have requested permission to add this grant to their portfolio. We suggest that you proceed to [Administer New User Results](#)

Proceed to Manage Grant

Proceed to View Portfolio

View Portfolio



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View Portfolio

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Following are the grants for which you have been registered either as a project director or an employee. Click on the "View/Manage" link to manage a grant.

Grants List			
T73MC04305: Leadership Education in Neurodevelopmental and Related Disabilities			Last Award Issued On: 8/3/2004
Project Period	7/1/1997 – 6/30/2007	Budget Period	7/1/2004 – 6/30/2005
CRS EIN	123456123456A1	Number of Support Years	8
Project Director	Bob Smith, Email: callcenter@hrsa.gov . Phone: 301.998.7373		View/Manage
Grant Contact	Paul Contact, Email: callcenter@hrsa.gov . Phone: 301.998.7373		
Program Contact	Sarah Program, Email: callcenter@hrsa.gov . Phone: 301.998.7373		



Grant Electronic Handbook (EHB)

Maternal and Child Health Bureau

- You will have access to Notice of Grant Awards for the past five years
- You will have access to required reports
- To access your MCHB progress report, click on Noncompeting Continuations

Grant EHB Overview

Grant Handbook
T73MC04305

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Overview

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HRSA Grant EHB Overview

Grant EHB provides the appropriate individuals a means to perform various post award activities such as submitting a noncompeting continuation application, and other deliverables. In order to get access to this handbook, users have to undergo an additional registration process that ensures that only the right individuals from the organization have access to grant data. It also allows project director to control the privileges of various users and delegate certain responsibilities to other users from the same organization.

Note that your left handside menu will change based on your privileges!

HRSA EHBs can be accessed from anywhere on the Internet using just a standard web browser. Learn more about the System Requirements

View Awards

You can use the [Last NGA](#) link to view the last NGA that was issued by HRSA. The [Award History](#) link gives a snap shot of all the awards that have been issued for the grant within the last 5 years. Awards are grouped by budget period, newest to oldest.

Administer Grant

This section provides the project director with the ability to perform administrative actions on the grant. The project director, or registered users with the appropriate privileges, may use:

- the New Users link to review requests from other employees within the organization who wish to add the grant to their portfolio. Requests can either be approved or disapproved. Notifications are sent to individuals to communicate the decisions.
- the Existing Users link to manage the privileges for all the users who have the grant in their portfolio. Using this feature the project director can control the granularity of access to the grant handbook. For example, award data for a grant may be protected from some users.

Deliverables

The deliverables section provides the project director with the ability to manage selected deliverables, which is a very important aspect of the post award activities. The project director, or registered users with the appropriate privileges, may use:

- Monitor Schedule link to monitor the schedule of deliverables. These may be upcoming deliverables or deliverables that are currently being worked on.
- the Noncompeting Continuations link to begin, edit and submit noncompeting continuation applications. Grantees will be prompted when their noncompeting continuation applications are due and if they are being accepted electronically!
- the Performance Report link to begin, edit and submit performance reports.
- the Other Deliverables link to begin, edit and submit other deliverables that do not fall in the general categories.

Start Noncompeting Continuation Application



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Noncompeting Continuations

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Following is the list of noncompeting continuation applications. To search through noncompeting continuation applications, click on the "Search" button.

NONCOMPETING CONTINUATION			
Noncompeting Continuation Application		Schedule Status: Not Started	
Type	Noncompeting Continuations	Due Date	03/05/2009
Available Date	10/01/2004	Delivery Tracking Number	N/A
Reporting Cycle	Budget Period Start Date	Reporting Period	6/30/2005
Online Submission	Yes (Preferred)	Deliverable Status	Not Started
Started by		Started On	Not Started

[Start Application](#)

Click Here to Start



Application Overview

- All section of an application must appear as completed in the status page before you can submit
- The deadline, announcement information, assigned Authorizing Official appear on the status page
- Click Update or the name of the section in the menu on the left to access the section

Status: Incomplete Application



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Status

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The table below shows the Status of the application. The application is currently Incomplete. The suggested next step is to Complete Application

STATUS OVERVIEW		
APPLICATION PROCESS STATUS		
Deadline	Mar 5 2005 5:00PM ET (You have 43 days to complete and submit the application.)	
Announcement Information	Original announcement posted on 01/05/2005..... View Details	
Assigned AO	N/A (No AO's have registered for your organization. Request AO)	
Creator	Bob Smith	
APPLICATION FORMS STATUS		
Section	Status	Action
Basic Information		
Applicant	NOT COMPLETE	Update
Project	NOT COMPLETE	Update
Budget Information		
Detailed Budget	NOT COMPLETE	Update
Consolidated Budget	NOT COMPLETE	Update
Budget Narrative	NOT COMPLETE	Update
Project Details		
Description	NOT COMPLETE	Update
Assurances and Certifications	NOT COMPLETE	Update
Checklist	NOT COMPLETE	Update
Appendices		
Biographical Sketches	NOT COMPLETE	Update
Letters of Support	NOT COMPLETE	Update
Funding Priority Requests	NOT COMPLETE	Update
Program Specific Information	NOT COMPLETE	Update
Appendices	NOT COMPLETE	Update
Total attachments for this application are: 0		

Applicant Section



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Applicant

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Please review the preloaded Applicant Information and Contact Information. You can edit any information. When you are done, click on the "Proceed to Project Information" button to go to next section. To save the information entered in this page, you are required to click on this button.

Fields Marked with an asterisk (*) are required.

APPLICATION ORGANIZATION INFORMATION																							
Applicant Organization Information																							
Organization Name	HRSA Call Center																						
* Type of Organization	Private Non-Profit																						
CRS Entity Identification Number	1- 12 - 123456789 - A - 1																						
Entity Identification Number	12 - 123456789																						
DUNS Number	89012345																						
<table border="1"> <thead> <tr> <th colspan="2">* Applicant Mailing Address (Required) more information</th> </tr> </thead> <tbody> <tr> <td>Mailstop Code (Internal Routing)</td> <td></td> </tr> <tr> <td>Division / Department Name</td> <td></td> </tr> <tr> <td colspan="2">Select an option (Street Address or PO Box Only or Rural Route)</td> </tr> <tr> <td><input checked="" type="radio"/> * Street Address</td> <td>12530 Parklawn Dr.</td> </tr> <tr> <td><input type="radio"/> * PO Box Only</td> <td></td> </tr> <tr> <td><input type="radio"/> * Rural Route</td> <td></td> </tr> <tr> <td>* City</td> <td>Rockville</td> </tr> <tr> <td>Urbanization</td> <td></td> </tr> <tr> <td>* State</td> <td>MD</td> </tr> <tr> <td>* Zip Code</td> <td>20852-0000</td> </tr> </tbody> </table>		* Applicant Mailing Address (Required) more information		Mailstop Code (Internal Routing)		Division / Department Name		Select an option (Street Address or PO Box Only or Rural Route)		<input checked="" type="radio"/> * Street Address	12530 Parklawn Dr.	<input type="radio"/> * PO Box Only		<input type="radio"/> * Rural Route		* City	Rockville	Urbanization		* State	MD	* Zip Code	20852-0000
* Applicant Mailing Address (Required) more information																							
Mailstop Code (Internal Routing)																							
Division / Department Name																							
Select an option (Street Address or PO Box Only or Rural Route)																							
<input checked="" type="radio"/> * Street Address	12530 Parklawn Dr.																						
<input type="radio"/> * PO Box Only																							
<input type="radio"/> * Rural Route																							
* City	Rockville																						
Urbanization																							
* State	MD																						
* Zip Code	20852-0000																						

Applicant Section: Contact Information

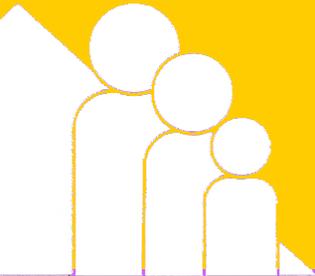
Contact Information				
*Project Director (PD)				
Select	Title of Position	Name	Phone	Email
<input type="radio"/>	Project Director	Bob Smith	(301) 998.7373	callcenter@hsra.gov
<input type="button" value="Add/Change PD"/> <input type="button" value="Update Information"/> <input type="button" value="Delete"/>				
* Business Official (BO)				
Select	Title of Position	Name	Phone	Email
<input type="radio"/>	Business Official	John Doe	(301) 998.7373	callcenter@hsra.gov
<input type="button" value="Add/Change BO"/> <input type="button" value="Update Information"/> <input type="button" value="Delete"/>				
* Single Point of Contact (SPOC)				
Select	Title of Position	Name	Phone	Email
<input type="radio"/>	Single Point of Contact	Mary Lamb	(301) 998.7373	callcenter@hsra.gov
<input type="button" value="Add/Change SPOC"/> <input type="button" value="Update Information"/> <input type="button" value="Delete"/>				
*Authorizing Official (AO)				
Select	Title of Position	Name	Phone	Email
<input type="radio"/>				
<input type="button" value="Add/Change AO"/> <input type="button" value="Update Information"/> <input type="button" value="Delete"/>				



Authorizing Official

Maternal and Child Health Bureau

- The person authorized by your organization to act for the applicant and to assume the obligations imposed by the Federal laws, regulations, requirements, and conditions that apply to grant applications or grant awards.



Authorizing Official (AO)

Maternal and Child Health Bureau

- The AO must register to access the system
- You must select the AO in the Applicant section in order to submit the application
- You can read more about the AO by accessing the help files within the system

Add/Change AO



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These are the current AO(s) with submit applications privilege. Please choose the person that you want to add as AO for this application and click on the "Add Selected Person as AO". If you do not find the name of the person you wish to add, click on the "Request A New AO" button. To return to the previous section, click on the "Go Back" button.

Fields Marked with an asterisk (*) are required.

CHOOSE PERSON TO ADD		
Select	Name	Email
<input type="radio"/>	Jane Doe AO	janedoe@hrsa.gov

Applicant Section: Contact Information

Contact Information				
*Project Director (PD)				
Select	Title of Position	Name	Phone	Email
<input type="radio"/>	Project Director	Bob Smith	(301) 998.7373	callcenter@hsra.gov
<input type="button" value="Add/Change PD"/> <input type="button" value="Update Information"/> <input type="button" value="Delete"/>				
* Business Official (BO)				
Select	Title of Position	Name	Phone	Email
<input type="radio"/>	Business Official	John Doe	(301) 998.7373	callcenter@hsra.gov
<input type="button" value="Add/Change BO"/> <input type="button" value="Update Information"/> <input type="button" value="Delete"/>				
* Single Point of Contact (SPOC)				
Select	Title of Position	Name	Phone	Email
<input type="radio"/>	Single Point of Contact	Jane Smith	(301) 998.7373	callcenter@hsra.gov
<input type="button" value="Add/Change SPOC"/> <input type="button" value="Update Information"/> <input type="button" value="Delete"/>				
*Authorizing Official (AO)				
Select	Title of Position	Name	Phone	Email
<input type="radio"/>	Director	Jane Doe	(301) 998.7373	callcenter@hsra.gov
<input type="button" value="Add/Change AO"/> <input type="button" value="Update Information"/> <input type="button" value="Delete"/>				

Project Section



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Project

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The following section is for project information. Note that certain data is preloaded from the saved profile information.

Add the districts that will be financially benefited by this project by clicking on the "Add" button. You may attach Abstract of Proposal and Project Summary. When you are done click on the "Project to Detailed Budget" button to move to the next section. To return to the previous section click on the "Go Back" button. This section will become complete only when "Proceed to Detailed Budget" Button is clicked.

Fields Marked with an asterisk (*) are required.

PROJECT INFORMATION				
* Title of Grant Program	Leadership Training in Neurodevelopmental Disorders			
Type of Application	Noncompeting Continuation			
* Date of Entire Proposed Project Period	FROM (MM/DD/YYYY)	07	01	2000
	TO (MM/DD/YYYY)	6	30	2007
Other Districts that Benefit Financially from this Application	Add Other Districts			
Project Abstract (Attachment)				
Current Attachment (Maximum One Attachment)				
File Name	File Size	Date Uploaded	Description	
<input type="button" value="Attach File"/>				
Project Summary (Attachment)				
Current Attachment (Maximum One Attachment)				
File Name	File Size	Date Uploaded	Description	
<input type="button" value="Attach File"/>				
<input type="button" value="Go Back"/>		<input type="button" value="Proceed to Detailed Budget"/>		

Detailed Budget



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Detailed Budget

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Provide the Detailed Budget for next Budget Period in this page. To add, delete or update an item, click on the respective "Add", "Delete" or "Update" buttons.

You can navigate to other parts of this page by choosing the part and clicking on the "Go" button or go to the next part by clicking on the "Save and Continue" below. To return to the previous section, click on "Go Back" button.

Fields Marked with an asterisk (*) are required.

NON TRAINEE EXPENSES – PERSONNEL							
Personnel (Do not list trainees)			Time/Effort		Dollar Amount Requested (omit cents)		
Select	Name	Title of Position	%	Hours per Week	Salary	Fringe Benefits	Total
<input type="button" value="Update"/> <input type="button" value="Delete"/> <input type="button" value="Add Personnel"/>			Subtotal				

Detailed Budget: Add Personnel



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These are the current personnel on record. Please choose the person that you want to add to the next budget period and proceed to enter the information about that person. If you do not find the name of the person you wish to assign this role, click on "Add New Person". To update a person, select the person and click on the "Update Selected Person Budget" button. To return to the previous section, click on the "Go Back" button.

Fields Marked with an asterisk (*) are required.

CHOOSE PERSON TO ADD		
Select	Name	Email
<input type="radio"/>	Jane Doe AO	janedoe@hrsa.gov
<input checked="" type="radio"/>	John Smith	callcenter@hrsa.gov

Detailed Budget: Other Non-Trainee Expenses



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Detailed Budget

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Provide the non trainee expenses for the person identified below. Click on the "Save and Continue" button to go to the main page. You are required to click on this button to save the information. To go back to the previous page, click on the "Go Back" button.

Fields Marked with an asterisk (*) are required.

PERSONNEL INFORMATION	
Prefix	
* Last Name	Smith ←
* First Name	John ←
Middle Initial	
Suffix	
Time/Effort	
* Percentage of Time Used	15 % ←
* Hours/Week	40 ←
Dollar Amount Requested (Omit Cents)	
* Salary	\$ 30000 ←
* Fringe Benefits	\$ 10000 ←

Go Back

Save and Continue

Detailed Budget



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Detailed Budget

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Provide the Detailed Budget for next Budget Period in this page. To add, delete or update an item, click on the respective "Add", "Delete" or "Update" buttons.

You can navigate to other parts of this page by choosing the part and clicking on the "Go" button or go to the next part by clicking on the "Save and Continue" below. To return to the previous section, click on "Go Back" button.

Fields Marked with an asterisk (*) are required.

NON TRAINEE EXPENSES – PERSONNEL								
Personnel (Do not list trainees)			Time/Effort		Dollar Amount Requested (omit cents)			
Select	Name	Title of Position	%	Hours per Week	Salary	Fringe Benefits	Total	
	John Smith	Director	30	15	\$30,000.00	\$10,000.00	\$40,000.00	
<input type="button" value="Update"/> <input type="button" value="Delete"/> <input type="button" value="Add Personnel"/>					Subtotal	\$30,000.00	\$10,000.00	\$40,000.00

Detailed Budget: Other Non-Trainee Expenses



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Detailed Budget

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Provide information regarding the other non trainee expenses in the following cost/expense section. You can add the equipments, supplies and other items by clicking on the corresponding "Add..." button. You can update or delete the equipments, supplies and other items by selecting and clicking the corresponding "Update" and "Delete" button.

You can navigate to other parts of this page by choosing the part and clicking on the "Go" button or go to the next part by clicking on the "Save and Continue" below. To return to the previous part, click on "Go Back" button.

Fields Marked with an asterisk (*) are required.

OTHER NON TRAINEE EXPENSES																															
Consultant Costs	\$ 25000																														
Contracts	\$ 0																														
Staff Travel	\$ 1000																														
<table border="1"> <thead> <tr> <th colspan="3">Equipment (Itemize)</th> </tr> <tr> <th>Select</th> <th>Equipment Description</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td colspan="3"> <div style="display: flex; justify-content: space-between;"> Update Delete </div> </td> </tr> <tr> <td colspan="2" style="text-align: right;">Total</td> <td>\$0.00</td> </tr> <tr> <td colspan="3" style="text-align: center;"> <input type="button" value="Add Equipment"/> </td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th colspan="3">Supplies (Itemize)</th> </tr> <tr> <th>Select</th> <th>Supplies Description</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td colspan="3"> <div style="display: flex; justify-content: space-between;"> Update Delete </div> </td> </tr> <tr> <td colspan="2" style="text-align: right;">Total</td> <td>\$0.00</td> </tr> <tr> <td colspan="3" style="text-align: center;"> <input type="button" value="Add Supplies"/> </td> </tr> </tbody> </table>		Equipment (Itemize)			Select	Equipment Description	Amount	<div style="display: flex; justify-content: space-between;"> Update Delete </div>			Total		\$0.00	<input type="button" value="Add Equipment"/>			Supplies (Itemize)			Select	Supplies Description	Amount	<div style="display: flex; justify-content: space-between;"> Update Delete </div>			Total		\$0.00	<input type="button" value="Add Supplies"/>		
Equipment (Itemize)																															
Select	Equipment Description	Amount																													
<div style="display: flex; justify-content: space-between;"> Update Delete </div>																															
Total		\$0.00																													
<input type="button" value="Add Equipment"/>																															
Supplies (Itemize)																															
Select	Supplies Description	Amount																													
<div style="display: flex; justify-content: space-between;"> Update Delete </div>																															
Total		\$0.00																													
<input type="button" value="Add Supplies"/>																															
<div style="display: flex; justify-content: space-between; width: 100%;"> <input type="button" value="Go Back"/> <input type="button" value="Save and Continue"/> </div>																															

Detailed Budget: Trainee Expenses



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Detailed Budget

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Provide information regarding the trainee expenses in the following section. You may attach the document that justifies these expenses.

You can navigate to other parts of this page by choosing the part and clicking on the "Go" button or go to the next section by clicking on the "Proceed to Consolidated Budget" button below. To save the information entered in this page, you are required to click on this button. To return to the previous part, click on the "Go Back" button.

TRAINEE EXPENSES			
Stipends			
Type of Stipends	Number Requested	Amount of Stipends	
Predoctoral	0	\$0	
Postdoctoral	0	\$0	
Other Requested: (Please Specify)	0	\$0	
Tuition and Fees			\$0
Trainee Travel			\$0
Justification for Expenses (Maximum one attachment)			
File Name	File Size	Date Uploaded	Description
<input type="button" value="Attach File"/>			
Indirect Costs			\$0

Not Required →

Consolidated Budget



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Consolidated Budget

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Provide consolidated budget estimates for all years of support requested. To add a new budget period, click on the "Add New Budget Period" button. To edit the costs in an existing budget period, select the corresponding budget period and click on the "Edit Budget Period". Only the last budget period can be deleted; to do this click on the "Delete Last Budget Period" button. You can navigate to other parts of this section by choosing the part and clicking on the "Go" button.

When you are done, click on the "Save and Continue" button to go to the next section. To return to the previous part, click on "Go Back" button.

TRAINEE EXPENSES		
Budget Estimates for All Years of Support Requested		
Direct/Indirect Costs First Budget	First Budget Period	Total
A. Personnel	\$40,000.00	\$40,000.00
Consultants Costs	\$25,000.00	\$25,000.00
Equipment Cost	\$0.00	\$0.00
Contract Cost	\$0.00	\$0.00
Supplies Cost	\$0.00	\$0.00
Travel Cost	\$1000.00	\$1000.00
Other Expenses	\$0.00	\$0.00
SubTotal Section A	\$66,000.00	\$40,000.00
B. Stipends	\$0.00	\$0.00
Trainee Tution Total	\$0.00	\$0.00
Trainee Travel Total	\$0.00	\$0.00
Subtotal Section B	\$0.00	\$0.00
C. Total Direct Costs	\$66,000.00	\$66,000.00
Subtotal of Section A & B		
D. Indirect Costs	\$0.00	\$0.00
E. Total Direct and Indirect Costs (Add C. and D)	\$66,000.00	\$66,000.00
<input type="button" value="Add New Budget Period"/>		Select Budget Period to Edit

Indirect Cost Requested	<input type="radio"/> Yes
	If Yes, at _____% rate (8% maximum)
	<input checked="" type="radio"/> No

Consolidated Budget: Funding Sources



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Consolidated Budget

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Enter the estimated funding from the different sources, for all years of support requested below. To edit the funding amount in an existing budget period, select the corresponding budget period and click on the "Edit Budget Period".

When you are done, click on the "Proceed to Budget Narrative" button to go to the next section. To return to the previous part, click on "Go Back" button.

FUNDING SOURCES		
Budget Estimates for All Years of Support Requested		
C. Estimated Funding	First Budget Period	Total
Federal (requested in this application)	\$66,000.00	\$66,000.00
Other Federal	\$0.00	\$0.00
Applicant Institution	\$0.00	\$0.00
State, Local/Other	\$0.00	\$0.00
Project Income	\$0.00	\$0.00
Total	\$66,000.00	\$66,000.00
Select Budget Period to Edit		⊕

Budget Narrative



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Budget Narrative

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Include a budget narrative as per the instructions provided in the application guidance.

To upload or update an existing Budget Narrative click the "Attach/Update" button. Once you have included the budget narrative, click the "Proceed to Project Description" button to go to the next section. To return to the previous section, click on "Go Back" button. This section will become complete only when "Proceed to Project Description" Button is clicked.

Fields marked with an asterisk (*) are required.

* BUDGET NARRATIVE				
Attachments (Maximum one attachment)				
Select	File Name	File Size	Upload Time	Description
	Budget Narrative.doc	90.5 KB	1/20/2005 11:15 AM	Descriptions are not required, but can be included.
		<input type="button" value="Update"/>	<input type="button" value="Delete"/>	
<input type="button" value="Go Back"/> <input type="button" value="Proceed to Project Description"/>				

This is where you attach your budget justification

Project Description



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Description

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To attach the description of your project details click the "Attach File " button. Once you have attached the description, click the "Proceed To Checklist" button to go to the next section. To return to the previous section, click on "Go Back" button. This section will become complete only when "Proceed To Checklist" Button is clicked

Fields marked with an asterisk (*) are required.

* DESCRIPTION				
Attachments (Maximum one attachment)				
Select	File Name	File Size	Upload Time	Description
	Description.doc	90.5 KB	1/20/2005 11:15 AM	Descriptions are not required, but can be included.

Update

Delete

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Proceed to Checklist

This is where you attach your
Project Narrative

Checklist



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Checklist

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Please review the following assurances and certifications carefully and certify each section. If one or more of the following are not met, check "NO" at the appropriate section and attach explanation.

When you are done, click on the "Proceed to Biographical Sketches" button. To save the information entered in this page, you are required to click on this button. To return to the previous section, click on the "Go Back" button. This section will become complete only when "Proceed to Biographical Sketches" Button is clicked.

ASSURANCES, CERTIFICATIONS AND OTHER REQUIREMENTS	
Type of Application	Noncompeting Continuation
A. Civil Rights	
Before an award is made, the applicant organization must have submitted, and had accepted by the DHHS Office for Civil Rights, an Assurance of Compliance Form HHS 690 in accordance with Title VI of the Civil Rights Act of 1964, P.L. 88-352. Pertinent DHHS regulations are found in 45 CFR Part 80. This provides that no person in the United States shall on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity receiving Federal financial assistance from DHHS.	
<input checked="" type="radio"/> Yes <input type="radio"/> No	
B. Handicapped Individuals	
Before an award is made, the applicant organization must have submitted, and had accepted by the DHHS Office for Civil Rights, an Assurance of Compliance Form HHS 690, in accordance with Sec. 504 of the Rehabilitation Act of 1973, P.L. 93-112, as amended (29 USC 794). This provides that no handicapped individual shall, solely by reason of the handicap, be excluded from participation in, be denied the benefits of, or be subject to discrimination under any program or activity receiving Federal financial assistance. Pertinent DHHS regulations are found in 45 CFR Part 84.	
<input checked="" type="radio"/> Yes <input type="radio"/> No	
C. Age Discrimination	
In accordance with Title III of the Age Discrimination Act of 1975, as amended, P.L. 94-135, 45 CFR Part 91, attention is called to the general rule that no person in the United States shall, on the basis of age, be excluded from participation in, be denied the benefit of, or be subjected to, discrimination under any program or activity receiving Federal financial assistance. The required assurance (Form HHS-690) must be on file with the Office for Civil Rights, Office of the Secretary, HHS, before a grant may be made.	

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Proceed to Biographical Sketches

Biographical Sketches



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Biographical Sketches

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Provide a biographical sketch for each key professional personnel contributing to the project. Each biographical sketch must be limited to two pages including publications. Include all degrees and certificates. When listing publications under Professional Experience, list authors in the same order as they appear in the article, the full title of the article, and the complete reference as it is usually cited in a journal.

When you are done, click on the "Proceed to Letter of Support" button to go to the next section. To return to the previous section, click on "Go Back" button. This section will become complete only when "Proceed to Letters of Support" Button is clicked.

BIOGRAPHICAL SKETCHES			
Attachments (Maximum 10 attachmentS)			
File Name	File Size	Date Uploaded	Description
<input type="button" value="Attach File"/>			

Only required for New Faculty

Letters of Support



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Letters of Support

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You may provide letters to support your application. Specific letters of support from the institution that assure continued support of grant funded activities at the end of the funding period; are favorably considered by reviewers. Letters of support should include information about the availability of GME funding for resident stipends, commitment on behalf of the institution to continue efforts initiated by grant funds, and assurance that the host institution will assist the program financially.

When you are done, click on the "Proceed to Funding Priority" button to go to the next section. To return to the previous page, click on "Go Back" button. This section will become complete only when "Proceed to Funding Priority" Button is clicked.

Letters of Support			
Attachments (Maximum 15 attachments)			
File Name	File Size	Date Uploaded	Description
<input type="button" value="Attach File"/>			

Funding Priority Request



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Funding Priority Requests

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You may attach any information regarding the 'Number of Disadvantaged/Underrepresented Minority Current Enrollees'. When you are done, click on the "Proceed to Review" button to go to the next section. To return to the previous page, click on "Go Back" button. This section will become complete only when "Proceed to Appendices" Button is clicked.

FUNDING PRIORITY REQUESTS			
Funding Priority			
Attachment(s) (Maximum One Attachment)			
File Name	File Size	Date Uploaded	Description
<input type="button" value="Attach File"/>			
Funding Preferences			
Attachment(s) (Maximum One Attachment)			
File Name	File Size	Date Uploaded	Description
<input type="button" value="Attach File"/>			
Special Considerations			
Attachment(s) (Maximum One Attachment)			
File Name	File Size	Date Uploaded	Description
<input type="button" value="Attach File"/>			

Status: Almost Completed Application



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Status

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The table below shows the Status of the application. The application is currently Incomplete. The suggested next step is to Complete Application

STATUS OVERVIEW		
APPLICATION PROCESS STATUS		
Deadline	Mar 5 2005 5:00PM ET (You have 43 days to complete and submit the application.)	
Announcement Information	Original announcement posted on 01/05/2005..... View Details	
Assigned AO	Jane Doe (The AO is responsible for submitting the application to HRSA. Reassign AO)	
Creator	Bob Smith	
APPLICATION FORMS STATUS		
Section	Status	Action
Basic Information		
Applicant	COMPLETE	Update
Project	COMPLETE	Update
Budget Information		
Detailed Budget	COMPLETE	Update
Consolidated Budget	COMPLETE	Update
Budget Narrative	COMPLETE	Update
Project Details		
Description	COMPLETE	Update
Assurances and Certifications	COMPLETE	Update
Checklist	COMPLETE	Update
Appendices		
Biographical Sketches	COMPLETE	Update
Letters of Support	COMPLETE	Update
Funding Priority Requests	COMPLETE	Update
Program Specific Information	NOT COMPLETE	Update
Appendices	COMPLETE	Update
Total attachments for this application are: 2		



Program Specific Information

Maternal and Child Health Bureau

- Program and performance data collected for reporting to Congress
- Program Specific Menu divided into 4 parts
 - Financial - Budget and expenditures divided in different ways
 - Program – Demographic forms and abstract
 - Performance Measures – National & Program
 - Additional Data Elements – Training Data
- Forms in the guidance make up the menu

Program Specific Information Section



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Maternal and child Health Bureau Program Specific Information Main Menu

- Main Menu
- Status Checker
- View/Print Version
- PHS 6025 Form

Main Menu		
Section	Status	Action
Financial Forms		
Form 1 – MCHB Budget Details	INCOMPLETE Details	Update
Form 2 – Project Funding Profile	INCOMPLETE Details	Update
Program Forms		
Form 6 – Maternal and Child Health Discretionary Grant Project Abstract	INCOMPLETE Details	Update
Performance Measures		
Performance Measure 07 -- The degree to which MCHB supported programs ensure family participation in program and policy activities.	INCOMPLETE Details	Update
Performance Measure 09 -- The percent of participants in MCHB long-term training programs who are from underrepresented groups.	INCOMPLETE Details	Update
Performance Measure 59 -- The percent of participants in MCHB long-term training programs who are from underrepresented groups.	INCOMPLETE Details	Update
Additional Data Elements		
Training Data Form -- MCH Training and Education Programs Data Form	INCOMPLETE Details	Update

Form 1: Budget Forms



Application Tracking # 00023038

Form 1

[Instructions](#)

Grant Number: T73MC04305

Fields Marked with an (*) are required

PROGRAM SPECIFIC FORMS
Financial Forms
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Form 2
Program Forms
Form 6
Performance Measures
Performance Measure 07
Performance Measure 09
Performance Measure 59
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Training Data Form
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PHS 6025 Form

MCH PROJECT BUDGET DETAILS FOR FY 2005		
* 1. MCHB GRANT AWARD AMOUNT (You must go to PHS 6025 Form to change this value)		\$ <u>66000</u>
* 2. UNOBLIGATED BALANCE (You must go to PHS 6025 Form to change this value)		\$ <u>0</u>
* 3. MATCHING FUNDS (Required: No) (You must go to PHS 6025 Form to change the values for 3A - 3E)		\$ <u>0</u>
A. Local Funds	\$ <u>0</u>	
B. State Funds	\$ <u>0</u>	
C. Program Income	\$ <u>0</u>	
D. Applicant/Grantee Funds	\$ <u>0</u>	
E. Other Funds	\$ <u>0</u>	
* 4. OTHER PROJECT FUNDS (Not included in 3 above)		\$ <u>44000</u>
A. Applicant/Grantee Funds (includes in-kind)	\$ 10000	} Enter Funds
B. State Funds	\$ 1000	
C. Local Funds	\$ 15000	
D. Other Funds (including private sector, e.g., Foundations)	\$ 10000	
E. Program Income (Clinical or Other)	\$ 8000	
5. TOTAL PROJECT FUNDS (Total lines 1 through 4)		\$ <u>110000</u>
6. FEDERAL COLLABORATIVE FUNDS (Source(s) of additional Federal funds contributing to the project)		
A. Other MCHB Funds		
1) SPRANS	\$ 1000	
2) CISS	\$	
3) SSDI	\$	
4) Abstinence Education	\$	

Form 1: Budget Forms (Continued)

MCH PROJECT BUDGET DETAILS FOR FY 2005			
5) Healthy Start	\$	1000	
6) EMSC	\$		
7) Traumatic Brain Injury	\$		
8) State Title V Block Grant	\$		
9) Other <input type="text"/>	\$		
10) Other <input type="text"/>	\$		
11) Other <input type="text"/>	\$		
B. Other HRSA Funds			
1) Bioterrorism	\$		
2) HIV/AIDS	\$		
3) Primary Care	\$		
4) Health Professions	\$		
5) Other	\$		
C. Other Federal Funds			
1) CMS	\$		
2) SSI	\$		
3) Agriculture (WIC/Other)	\$		
4) ACF	\$		
5) CDC	\$		
6) SAMHSA	\$		
7) NIH	\$		
8) Education	\$		
9) Other	\$		
1) Other	\$		
11) Other	\$		
7. TOTAL COLLABORATIVE FEDERAL FUNDS		\$ 2000	

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[Save](#)

Form 2: Budget Forms



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Form 2 
Grant Number: T73MC04305

[Instructions](#)

Fields Marked with an (*) are required

PROGRAM SPECIFIC FORMS
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Program Forms
Form 6
Performance Measures
Performance Measure 07
Performance Measure 09
Performance Measure 59
Additional Data Elements
Training Data Form
Other
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View/Print Version
PHS 6025 Form

Instructions						
The Budgeted values for FY 2005 must be edited from form 1						
Project Funding Profile						
	FY 2003		FY 2004		FY 2005	
	Budgeted	Expended	Budgeted	Expended	Budgeted	Expended
* 1. MCHB Grant Award Amount	\$	\$	\$	\$	\$ 66000	\$
* 2. Unobligated Balance	\$	\$	\$	\$	\$ 0	\$
* 3. Matching Funds	\$	\$	\$	\$	\$ 0	\$
* 4. Other Project Funds	\$	\$	\$	\$	\$ 44000	\$
* 5. Total Project Funds	\$ 0	\$ 0	\$ 0	\$ 0	\$ 110000	\$ 0
* 6. Total Collaborative Federal Funds	\$	\$	\$	\$	\$ 2000	\$
	FY 2006		FY 2007			
	Budgeted	Expended	Budgeted	Expended		
* 1. MCHB Grant Award Amount	\$	\$	\$	\$		
* 2. Unobligated Balance	\$ 0	\$	\$ 0	\$		
* 3. Matching Funds	\$ 0	\$	\$ 0	\$		
* 4. Other Project Funds	\$ 0	\$	\$ 0	\$		
* 5. Total Project Funds	\$	\$	\$	\$		
* 6. Total Collaborative Federal Funds	\$ 0	\$	\$ 0	\$		

Cancel

Save

Program Specific Information Section - Sample



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**Maternal and child Health Bureau
Program Specific Information Main Menu**

Your changes have been saved. To continue, select the desired Form from the menu.

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- Status Checker
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Financial Forms		
Form 1 – MCHB Budget Details	COMPLETE	Update
Form 2 – Project Funding Profile	COMPLETE	Update
Program Forms		
Form 6 – Maternal and Child Health Discretionary Grant Project Abstract	INCOMPLETE Details	Update
Performance Measures		
Performance Measure 07 -- The degree to which MCHB supported programs ensure family participation in program and policy activities.	INCOMPLETE Details	Update
Performance Measure 09 -- The percent of participants in MCHB long-term training programs who are from underrepresented groups.	INCOMPLETE Details	Update
Performance Measure 59 - The degree to which a training program collaborates with State Title V agencies, other MCH or MCH-related programs.	INCOMPLETE Details	Update
Additional Data Elements		
Training Data Form -- MCH Training and Education Programs Data Form	INCOMPLETE Details	Update

Performance Measure # 07



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Form 9 
Grant Number: T73MC04305

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Instructions

Performance Measure # 07

The degree to which MCHB supported programs ensure family participation in program and policy activities

Maximum Score: 18

To view this measure's detail sheet or data collection form, click [Detail Sheet](#). A hyperlink to the data collection form is placed at the end of the detail sheet.

Instructions

Objectives: Enter a numerical value in the Annual Performance Objectives for all years of your proposed grant at the time of application. For percentage performance measures, enter a value between 0 and 100. For scale-based performance measures, use the data collection form to determine your objectives.

Provisional/Final Data: Should you be awarded a grant, you will report provisional data against these objectives when you apply for a noncompeting continuation and final data after each grant year is completed.

Baseline Data: If your guidance requests baseline data, place these data in a note. For a scale-based measure, provide the breakdown of the scores for the elements from the data collection form and the total score in your note. For a percentage-based measure, provide the numerator, denominator, and indicator values in your note.

Tracking Project Performance Measures

Annual Objective and Performance Data	FY 2003	FY 2004	FY 2005	FY 2006	FY 2007
Annual Performance Objective	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Score	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Provisional or Final Data? <i>(Provisional indicates that the data are not complete and may be an estimate. Final indicates that the data are complete)</i>		<input type="text"/>			
Data Collection Form	View	Enter/Edit			

Cancel

Save

Performance Measure # 07

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Performance Measure #07

Instructions

The degree to which MCHB supported programs ensure family participation in program and policy. [Detail Sheet](#)
activities

Grant Number: T73MC04305 

Reporting Year: 2005

Fields marked with an (*) are required.

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Data Collection Form For Performance Measure # 07

Using a scale of 0-3, please rate the degree to which your grant program has included families into their program and planning activities.

- 0 = Not Met
- 1 = Partially Met
- 2 = Mostly Met
- 3 = Completely Met

Element	Score
*1. Family members participate on advisory committees or task forces and are offered training, mentoring and reimbursement.	2 
*2. Financial support (financial grants, technical assistance, travel, and child care) is offered for parent activities or parent groups.	2 
*3. Family members participate in the planning, implementation and evaluation of the program's activities.	2 
*4. Families members work with their professional partners to provide training (pre-service, in-service and professional development) to MCH/CSHCN staff and providers.	2 
*5. Family members are hired as paid staff or consultants to the program (a family member is hired for his or her expertise as a family member).	2 
*6. Family members of diverse cultures are involved in all of the above activities.	2 
* Are the Data Reported on this Form Provisional or Final? (Provisional indicates that the data are not complete and may be an estimate. Final indicates that the data are complete.)	<input checked="" type="radio"/> Final <input type="radio"/> Provisional

Total Score (possible 0-18) 12

Cancel

Save

Performance Measure # 07

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Form 9 
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Instructions

Performance Measure # 07

The degree to which MCHB supported programs ensure family participation in program and policy activities

Maximum Score: 18

To view this measure's detail sheet or data collection form, click [Detail Sheet](#). A hyperlink to the data collection form is placed at the end of the detail sheet.

Instructions

Objectives: Enter a numerical value in the Annual Performance Objectives for all years of your proposed grant at the time of application. For percentage performance measures, enter a value between 0 and 100. For scale-based performance measures, use the data collection form to determine your objectives.

Provisional/Final Data: Should you be awarded a grant, you will report provisional data against these objectives when you apply for a noncompeting continuation and final data after each grant year is completed.

Baseline Data: If your guidance requests baseline data, place these data in a note. For a scale-based measure, provide the breakdown of the scores for the elements from the data collection form and the total score in your note. For a percentage-based measure, provide the numerator, denominator, and indicator values in your note.

Tracking Project Performance Measures

Annual Objective and Performance Data	FY 2003	FY 2004	FY 2005	FY 2006	FY 2007
Annual Performance Objective	_____	_____	13	14	15
Score	_____	12	_____	_____	_____
Provisional or Final Data? <i>(Provisional indicates that the data are not complete and may be an estimate. Final indicates that the data are complete)</i>		Final			
Data Collection Form	View	Enter/Edit			

Cancel

Save

Performance Measure # 09



Application Tracking #
00023038

Form 9 
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Instructions

Performance Measure # 09

The percent of participants in MCHB long-term training programs who are from underrepresented groups.

To view this measure's detail sheet or data collection form, click [Detail Sheet](#). A hyperlink to the data collection form is placed at the end of the detail sheet.

Instructions

Objectives: Enter a numerical value in the Annual Performance Objectives for all years of your proposed grant at the time of application. For percentage performance measures, enter a value between 0 and 100. For scale-based performance measures, use the data collection form to determine your objectives.

Provisional/Final Data: Should you be awarded a grant, you will report provisional data against these objectives when you apply for a noncompeting continuation and final data after each grant year is completed.

Baseline Data: If your guidance requests baseline data, place these data in a note. For a scale-based measure, provide the breakdown of the scores for the elements from the data collection form and the total score in your note. For a percentage-based measure, provide the numerator, denominator, and indicator values in your note.

Tracking Project Performance Measures

Annual Objective and Performance Data	FY 2003	FY 2004	FY 2005	FY 2006	FY 2006
Annual Performance Objective	_____	_____	<input type="text"/>	<input type="text"/>	<input type="text"/>
Annual Indicator	_____	_____	_____	_____	_____
Numerator	_____	<input type="text"/>	_____	_____	_____
Denominator	_____	<input type="text"/>	_____	_____	_____
Provisional or Final Data? <i>(Provisional indicates that the data are not complete and may be an estimate. Final indicates that the data are complete)</i>		_____			
Data Collection Form		<input checked="" type="radio"/> Final <input type="radio"/> Provisional			

Cancel

Save

Performance Measure # 09



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Instructions

Performance Measure # 09

The percent of participants in MCHB long-term training programs who are from underrepresented groups.

To view this measure's detail sheet or data collection form, click [Detail Sheet](#). A hyperlink to the data collection form is placed at the end of the detail sheet.

Instructions

Objectives: Enter a numerical value in the Annual Performance Objectives for all years of your proposed grant at the time of application. For percentage performance measures, enter a value between 0 and 100. For scale-based performance measures, use the data collection form to determine your objectives.

Provisional/Final Data: Should you be awarded a grant, you will report provisional data against these objectives when you apply for a noncompeting continuation and final data after each grant year is completed.

Baseline Data: If your guidance requests baseline data, place these data in a note. For a scale-based measure, provide the breakdown of the scores for the elements from the data collection form and the total score in your note. For a percentage-based measure, provide the numerator, denominator, and indicator values in your note.

Tracking Project Performance Measures

Annual Objective and Performance Data	FY 2003	FY 2004	FY 2005	FY 2006	FY 2006
Annual Performance Objective	<input type="text"/>	<input type="text" value="50.0"/> 	<input type="text" value="50.0"/>	<input type="text" value="55.0"/>	<input type="text" value="60.0"/>
Annual Indicator	<input type="text"/>	<input type="text" value="46.7"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Numerator	<input type="text"/>	<input type="text" value="7000"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Denominator	<input type="text"/> 	<input type="text" value="15000"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Provisional or Final Data? <i>(Provisional indicates that the data are not complete and may be an estimate. Final indicates that the data are complete)</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Data Collection Form	<input type="radio"/> Final <input checked="" type="radio"/> Provisional				

Cancel

Save

Performance Measure # 59



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Instructions

Performance Measure # 59

The degree to which a training program collaborates with State Title V agencies, other MCH or MCH-related programs.
Maximum Score: 6
 To view this measure's detail sheet or data collection form, click [Detail Sheet](#). A hyperlink to the data collection form is placed at the end of the detail sheet.

Instructions

Objectives: Enter a numerical value in the Annual Performance Objectives for all years of your proposed grant at the time of application. For percentage performance measures, enter a value between 0 and 100. For scale-based performance measures, use the data collection form to determine your objectives.

Provisional/Final Data: Should you be awarded a grant, you will report provisional data against these objectives when you apply for a noncompeting continuation and final data after each grant year is completed.

Baseline Data: If your guidance requests baseline data, place these data in a note. For a scale-based measure, provide the breakdown of the scores for the elements from the data collection form and the total score in your note. For a percentage-based measure, provide the numerator, denominator, and indicator values in your note.

Tracking Project Performance Measures

Annual Objective and Performance Data	FY 2003	FY 2004	FY 2005	FY 2006	FY 2007
Annual Performance Objective	<input type="text"/>	<input type="text" value="3"/> 	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
Score	<input type="text"/>	<input type="text" value="3"/> 	<input type="text"/>	<input type="text"/>	<input type="text"/>
Provisional or Final Data? <i>(Provisional indicates that the data are not complete and may be an estimate. Final indicates that the data are complete)</i>		<input type="text" value="Provisional"/>			
Data Collection Form	View	Enter/Edit			

Cancel

Save

MCH Training and Education Programs Data Form



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MCH Training and Education Programs Data Form
Grant Number: T73MC04305

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2. Faculty and Staff Information 
3. Trainee Form (Long-Term Trainees ONLY)
4. Former Trainee Information (Long-Term Trainees ONLY)
5. Short-term (Less than 40 contact hours) and Medium-term (40 or more and less than 300 contact hours) Training Information
6. Technical Assistance/Collaboration
7. Continuing Education

Faculty and Staff Information



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Name	Personnel Type	Race	Ethnicity	Gender	Discipline	Degrees	Former MCHB Trainee?
------	----------------	------	-----------	--------	------------	---------	----------------------

Add Personnel

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Faculty and Staff Information

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HRSA
Health Resources and Services Administration

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U.S. Department of Health and Human Services
HRSA
Health Resources and Services Administration

Address <http://chengang-srvr2/dgis/ui/DGISMain.aspx?FormID=Faculty&mode=new> Go

Fields marked with an (*) are required.

Faculty and Staff Data Entry Form

* First Name	<input type="text"/>
Middle Initial	<input type="text"/>
* Last Name	<input type="text"/>
* Personnel Type	<input type="text" value="v"/>
* Race	<input type="text" value="v"/>
* Ethnicity	<input type="text" value="v"/>
* Gender	<input type="text" value="v"/>
Discipline	<input type="text"/>
Degrees	<input type="text"/>
* Former MCHB Trainee?	<input type="text" value="v"/>

Cancel Save

Faculty and Staff Information

U.S. Department of Health and Human Services
HRSA
Health Resources and Services Administration

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Microsoft Internet Explorer
Address: http://chengang-srvr2/dgis/ui/DGISMain.aspx?FormID=Faculty&mode=new

Fields marked with an (*) are required.

Faculty and Staff Data Entry Form	
*First Name	Tom
Middle Initial	
*Last Name	Jones
*Personnel Type	Faculty
*Race	American Indian or Alaska Native
*Ethnicity	Non Hispanic or Latino
*Gender	Male
Discipline	
Degrees	
*Former MCHB Trainee?	Yes

Cancel Save

Faculty and Staff Information



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MCH Training and Education Programs Data Form
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Name	Personnel Type	Race	Ethnicity	Gender	Discipline	Degrees	Former MCHB Trainee?
Tom Jones	Faculty	American Indian or Alaska Native	Non Hispanic or Latino	Male			Yes

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MCH Training and Education Programs Data Form



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MCH Training and Education Programs Data Form
1. CFDA Number: 93.99
2. Faculty and Staff Information
3. Trainee Form (Long-Term Trainees ONLY) ◀
4. Former Trainee Information (Long-Term Trainees ONLY)
5. Short-term (Less than 40 contact hours) and Medium-term (40 or more and less than 300 contact hours) Training Information
6. Technical Assistance/Collaboration
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Trainee Information (Long-Term Trainees Only)



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Name	Degree
------	--------

Add Trainee

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Trainee Information

U.S. Department of Health and Human Services
HRSA
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DGIS - Add Trainee - Microsoft Internet Explorer

Address http://chengang-srvr2/dgis/ui/DGISMain.aspx?FormID=Trainee&mode=new

Fields marked with an (*) are required.

Trainee Data Entry Form	
*First Name	Marcia
Middle Initial	
*Last Name	Brady
*Race	Asian
*Ethnicity	Hispanic or Latino
*Gender	Female
Address 1	
Address 2	
City	
State/Province	
Zip	
Country	United States
*Discipline(s) upon Entrance to the Program	Psychiatry
*Degree(s)	MD
*Position Title at Admission	Associate Professor
*Position Setting at Admission	Clinic
*Degree Program in which Enrolled	MPH
*Received Financial MCH support?	Yes
Amount	10000
Type	
Products Completed through the Project	<input type="checkbox"/> Manuscripts <input type="checkbox"/> Presentations <input type="checkbox"/> Monographs

Trainee Information (Long-Term Trainees Only)



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MCH Training and Education Programs Data Form – Trainee Information Form (Long-Term Trainees Only)

Grant Number: T73MC04305

Definition: Long-term trainees are those with greater than or equal to 300 contact hours within the training program who benefit from the training grant (both supported and non-supported trainees).

Total Number of Long-term Trainees Participating in the Training Program: 1

Name	Degree
Marcia Brady	MD

Add Personnel

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MCH Training and Education Programs Data Form



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MCH Training and Education Programs Data Form
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MCH Training and Education Programs Data Form
1. CFDA Number: 93.99
2. Faculty and Staff Information
3. Trainee Form (Long-Term Trainees ONLY)
4. Former Trainee Information (Long-Term Trainees ONLY)
5. Short-term (Less than 40 contact hours) and Medium-term (40 or more and less than 300 contact hours) Training Information
6. Technical Assistance/Collaboration
7. Continuing Education

Form Status Checker



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Maternal and child Health Bureau
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Program Specific Forms Status: **COMPLETE**

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Click PHS
6025 Page
to Review
and Submit

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Form 2 – Project Funding Profile	COMPLETE		Update
Program Forms			
Form 6 – Maternal and Child Health Discretionary Grant Project Abstract	COMPLETE		Update
Performance Measures			
Performance Measure 07	COMPLETE		Update
Performance Measure 09	COMPLETE		Update
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Training Data Form	COMPLETE		Update

Status: Completed Application



Application Tracking #
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- Review
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Status

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The table below shows the Status of the application. The application is currently Incomplete. The suggested next step is to Complete Application

STATUS OVERVIEW		
APPLICATION PROCESS STATUS		
Deadline	Mar 5 2005 5:00PM ET (You have 43 days to complete and submit the application.)	
Announcement Information	Original announcement posted on 01/05/2005..... View Details	
Assigned AO	Jane Doe (The AO is responsible for submitting the application to HRSA. Reassign AO)	
Creator	Bob Smith	
APPLICATION FORMS STATUS		
Section	Status	Action
Basic Information		
Applicant	COMPLETE	Update
Project	COMPLETE	Update
Budget Information		
Detailed Budget	COMPLETE	Update
Consolidated Budget	COMPLETE	Update
Budget Narrative	COMPLETE	Update
Project Details		
Description	COMPLETE	Update
Assurances and Certifications	COMPLETE	Update
Checklist	COMPLETE	Update
Appendices		
Biographical Sketches	COMPLETE	Update
Letters of Support	COMPLETE	Update
Funding Priority Requests	COMPLETE	Update
Program Specific Information	COMPLETE	Update
Appendices	COMPLETE	Update
Total attachments for this application are: 2		

Status: Submit Application



Application Tracking #
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Application Process
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Budget Information
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Review and Submission
- Review
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Submit

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The table below shows the Status of the application. The application is currently **Complete**. The suggested next step is to Submit the Application to HRSA

STATUS OVERVIEW		
APPLICATION PROCESS STATUS		
Deadline	Mar 5 2005 5:00PM ET (You have 43 days to complete and submit the application.)	
Announcement Information	Original announcement posted on 01/05/2005..... View Details	
Assigned AO	Jane Doe (The AO is responsible for submitting the application to HRSA. Reassign AO)	
Creator	Bob Smith	
APPLICATION FORMS STATUS		
Section	Status	Action
Basic Information		
Applicant	COMPLETE	Update
Project	COMPLETE	Update
Budget Information		
Detailed Budget	COMPLETE	Update
Consolidated Budget	COMPLETE	Update
Budget Narrative	COMPLETE	Update
Project Details		
Description	COMPLETE	Update
Assurances and Certifications	COMPLETE	Update
Checklist	COMPLETE	Update
Appendices		
Biographical Sketches	COMPLETE	Update
Letters of Support	COMPLETE	Update
Funding Priority Requests	COMPLETE	Update
Program Specific Information	COMPLETE	Update
Appendices	COMPLETE	Update
Total attachments for this application are: 2		
		Submit to HRSA



Status: Completed Application



Application Tracking
00023038

Application Preview

Overview
Review and Submission
- Review

Review

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The Application was successfully submitted to HRSA. You are required to mail a signed copy of the face page of this application to HRSA. Please mail the signed face page to the following address:

HRSA Grants Application Center
901 Russell Avenue
Suite 450
Gaithersburg, MD 20879

Print

FACE PAGE			
DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration Grant Application		Date Received	Grant Number
			T73MC04305 Application # 00023038
		CFDA No.	DUNS No.
		93.110	123456189
1. Title of Proposal			
Leadership Training in Neurodevelopmental Disorders			
2. Project Director' Information			
2a. Project Director		2b. Highest Degree	2c. Social Security No.
Name	Bob Smith		N/A
Position Title			
2d. Mailing Address		2e. E-Mail Address	callcenter@hrsa.gov
Organization Name		2f. Department	
12530 Parklawn Dr Rockville MD		2g. School or College	
2h. Telephone Number	(301)998.7373	2i. Fax	