

Behavioral Health Workforce ARPA Awards

How to use the online application portal

BHECN

BEHAVIORAL HEALTH
EDUCATION CENTER
OF NEBRASKA



**University of Nebraska
Medical Center**

1. Create a username & password

- On the homepage, select “My Account”

BEHAVIORAL HEALTH EDUCATION CENTER OF NEBRASKA

Home

My Account



Login to Complete an
Application or to Access
Judging Panel

Email Address *

e.schneider@unmc.edu

Welcome to the Behavioral Health Workforce ARPA Awards

Thank you for your interest in the [Behavioral Health Workforce ARPA Awards](#) program. through a competitive request for proposal process based on the four major categories, your organization/provider is eligible to apply for these awards which will be given on a quarterly basis.

- Then create a username and password

BEHAVIORAL HEALTH EDUCATION CENTER OF NEBRASKA

Home

My Account

Login or Create an Account

Login

Email Address *

e.schneider@unmc.edu

Password *

.....

[lost password?](#)

Create a New Account

Email Address *

e.schneider@unmc.edu

First Name *

2. Start an application

- On the homepage, scroll to the bottom and push “Start”

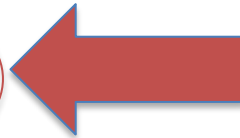
Before submitting an application, please follow these instructions:

1. Create an User Profile by selecting [My Account](#).
2. Download and complete the Budget Form Template. This is required for the Budget Information section.

Budget Form Template

3. Review the [Uniform Guidance listing of allowable costs](#) and the [BHECN Award Terms and Conditions](#).
4. Start an application.

Start



5. You may return to review your applications by selecting My Account> My applications. All started applications are saved incomplete until finalized. You may save your progress and return to complete the application at anytime before the session window closes.

If you have any questions or concerns, please contact BHECN_ARPA@unmc.edu

3. Select your awards program & manage who can help with your application

Home / My Applications / 014 - New Application

Behavioral Health Workforce ARPA Awards


Award Category → Applicant Information → Budget Information

Manage Collaborators

ARPA Awards Program

Which Behavioral Health Workforce ARPA Award program are you applying for? *

(select) ▼



- On the first page, you can allow additional people to help with your application by pushing “Manage Collaborators”
- Other people can edit and add to your submission, but only the Primary Applicant (the person who created the application) will be able to submit



4. Fill out the organizational information

- Most fields are required

[Home](#) / [My Applications](#) / [011 - Schneider, Erin](#)

Behavioral Health Workforce ARPA Awards

[Manage Collaborators](#)

[Award Category](#) → [Applicant Information](#) → [Budget Information](#) →

[Behavioral Health Workforce Projects for Students and Professionals Related to COVID](#) → [Terms and Conditions](#)

Organization Information

Main Organizational Contact (Project Lead) *

First name

Erin

Last name

Schneider

Organization Address *

Street Address

test



5. Fill out the budget information

What is your total budget request? *

Please note that indirect costs are not allowed.

200000

Please indicate the amount of money requested for each of the following categories (as applicable). *

- ☒ Personnel
- ☒ Fringe Benefits
- ☒ Travel
- ☐ Equipment
- ☒ Supplies
- ☐ Contractual
- ☐ Other

1. Select the budget categories applicable to your budget

2. Enter the cost for each category

3. Provide a justification for each cost

Personnel *

Total personnel costs

100

Budget Justification: *

Please list all personnel included on the application, including percentage of FTE and role of the staff person.

me



6. Complete the Budget Form Template

- Should you receive an Award, this form will be used to create your award sub-contract with UNMC
- Download and complete the form

RESEARCH & RELATED BUDGET - SECTION A & B, BUDGET PERIOD 1

* ORGANIZATIONAL DUNS:

* Budget Type: ☐ Project ☒ Subaward/Consortium

Enter name of Organization:

* Start Date: * End Date: Budget Period 1

4. Senior/Key Person

| Prefix | * First Name | Middle Name | * Last Name | Suffix | * Project Role | Base Salary (\$) | Cal. Months | Acad. Months | Sum. Months |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

- Then upload the form into the online application portal

Budget Form: *

Please upload the completed [Budget Form Template](#).

Choose File

No file chosen

Financial Point Of Contact

Who is the financial contact person for your organization should your award be funded?

7. Complete the questions for your specific award category

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Behavioral Health Workforce Projects for Students and Professionals Related to COVID → [Terms and Conditions](#)

Students and Professional Projects Related to COVID

What type of behavioral health workforce project are you proposing?

- ☐ Education program
- ☒ Recruitment/Retention program ([Clear Selection](#))
- ☐ Behavioral health workforce research

Describe your proposed project, including how it will work to recruit, and/or retain behavioral health professionals in Nebraska. Include how this will specifically address behavioral health impacts of the COVID-19 pandemic. *

8. Read and acknowledge the ARPA Awards Terms and Conditions

- These terms and conditions are related to Federal reporting requirements and UNMC-related sub-contracting

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Behavioral Health Workforce ARPA Awards

[Manage Collaborators](#)

[Award Category](#) → [Applicant Information](#) → [Budget Information](#) →

[Behavioral Health Workforce Projects for Students and Professionals Related to COVID](#) → [Terms and Conditions](#)

Terms and Conditions

Applicant acknowledges and accepts that State and Local Fiscal Recover Funds (SLFRF) awards are subject to the requirements set forth in the Uniform Guidance and guidance provided by the US Department of Treasury: <https://home.treasury.gov/policy-issues/coronavirus/assistance-for-state-local-and-tribal-governments/state-and-local-fiscal-recovery-funds/recipient-compliance-and-reporting-responsibilities>

☒ Yes, I acknowledge and accept that the Behavioral Health Workforce ARPA Awards (through SLFRF awards) are subject to the requirements set forth in the Uniform Guidance and guidance provided by the US Department of Treasury. ([Clear Selection](#))

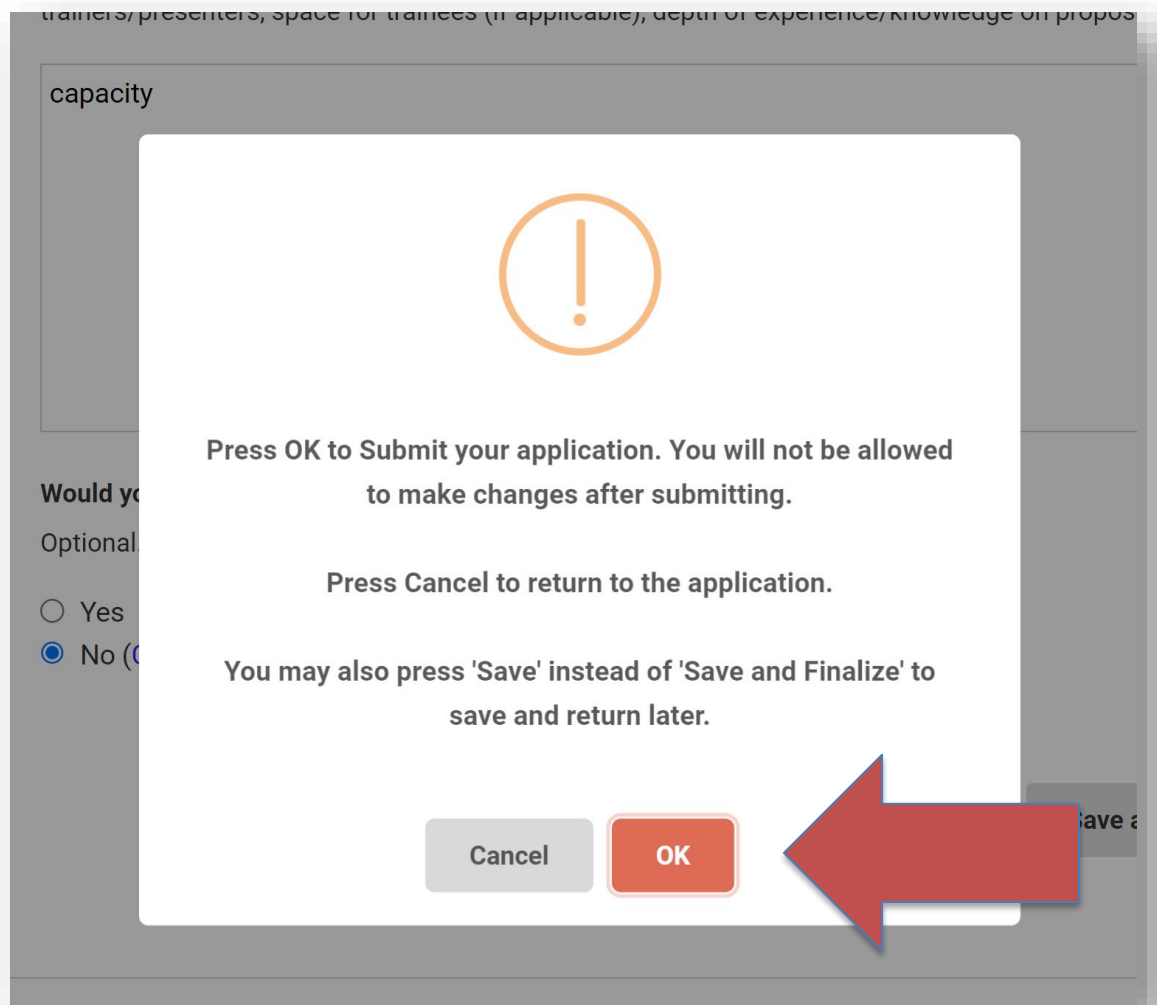
BHECN Award Terms and Conditions:

Please review the [BHECN Awards Terms and Conditions](#).

☒ I have read the BHECN Award Terms and Conditions that will be provided if we are awarded funding. ([Clear Selection](#))

9. Submit your application!

- Only the primary applicant (not the collaborators) can submit



A screenshot of a web application interface showing a confirmation dialog box. The dialog box is white with a gray border and contains an orange exclamation mark icon at the top. The text inside the dialog box reads: "Press OK to Submit your application. You will not be allowed to make changes after submitting." followed by "Press Cancel to return to the application." and "You may also press 'Save' instead of 'Save and Finalize' to save and return later." At the bottom of the dialog box are two buttons: "Cancel" (gray) and "OK" (orange). A large red arrow points from the right towards the "OK" button. In the background, parts of the application form are visible, including a section titled "Would you..." with radio buttons for "Yes" and "No (0)", and a section titled "Optional..." with a "Save and Finalize" button.

capacity

trainers/presenters, space for trainees (if applicable), depth of experience/knowledge on propos

Would you

Optional

☐ Yes

☒ No (0

Press OK to Submit your application. You will not be allowed to make changes after submitting.

Press Cancel to return to the application.

You may also press 'Save' instead of 'Save and Finalize' to save and return later.

Cancel OK

Save and Finalize

You will also receive a confirmation email that we have received your application

10. Have questions?

- Check out our frequently asked questions document on the Behavioral Health Workforce ARPA Awards webpage:
<https://www.unmc.edu/bhecn/about/about-bhecn-arpa.html>
- If you can't find an answer to your question, please direct all inquiries to BHECN_ARPA@unmc.edu

Thank you for your interest in the Behavioral Health Workforce Awards and best of luck on your application!