



# **TN-HRP Transformation & Extension Application Portal User Guidebook**

## Portal Navigation Overview

1. You can access the Tennessee Healthcare Resiliency Program’s Practice Transformation & Extensions Grant Application Portal [here](#).
2. For your first time accessing the portal, click on **“Register”** below “Are you new here?” as seen below:

**TN** Department of Health

**Healthcare Resiliency Program  
Practice Transformation &  
Extension Grant**

Are you new here?  
[Register](#)

Welcome to the  
HRP Transformation & Extension  
Grant Application Portal

Email \*

Password \*

Log In

Remember me      [Forgot your password?](#)

Already a user?  
[Log in using your credentials](#)

3. This will bring up the below screen. To register, complete all fields, select the **“I’m not a robot”** reCAPTCHA, and then click **“Submit”**.

HRP Transformation & Extension Grant Application Portal

Registration Form

**User Information**

First Name \*      Last Name \*

Mobile Phone \*      Work Phone \*

Email Address \*

Password \*      Confirm Password \*

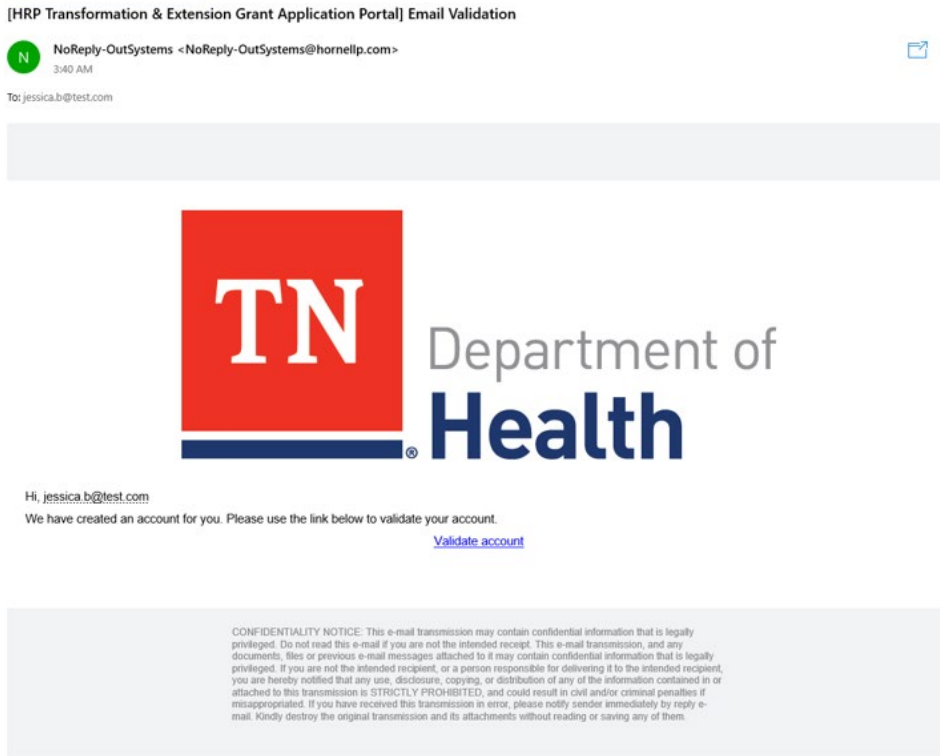
• At least 8 characters.  
• Must have at least one capital letter.

• Must have at least one numeric character.

I'm not a robot

Cancel      Submit

4. Once submitted, you will receive an email to validate your account. Simply click on the “Validate account” option in the email.



5. Once validated, return to the portal login screen, and enter your email and password, then select “Log In”.



## Creating a New Application

1. After you have logged in, you will be taken to the “My Applications” dashboard, which is where you will be able to submit new applications and can view the status of any previous submissions.
2. From this dashboard, to create a new application click the blue button labeled “New Application” on the top right of the screen.

My Applications

TDH's Healthcare Resiliency Practice Transformation and Extension Program competitive grants to eligible applicants with approved projects that improve and upgrade medical practices, technology and service delivery at acute care hospitals and long-term care facilities, and at other institutions, such as schools, that provide health and healthcare services.

[New Application](#)

ID	Entity Name	Entity Type	Project Name	Submitted On	Updated On	Status	Action
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3. This will take you to the application screen below:

Applications > Application Detail

Application: 12 [Cancel](#)

**IMPORTANT INFORMATION:** This application is for the Tennessee Department of Health's Healthcare Resiliency Program – Practice Transformation and Extension grant. This is not an application for the Capital Investments grant.

Please note that certain of the narrative responses have word limits.

1 Applicant Information

2 Part 1 - Community Need

3 Part 2 - Project Plan & Logic Model

4 Part 3 - Evaluation Plan, Part 4 - Sustainability, Part 5 - Budget

5 Part 6 - Supplementary Items

[Save As Draft](#) [Next](#)

**Entity Information**

Name of Entity As Registered With Secretary of State \*

Federal Tax ID Number \*

Entity Type \*

Select Type

Do you have a Unique Entity Identifier (UEI) number? \*

Please note, that if you do not already have a UEI number, a UEI number is required by Uniform Guidance in order to contract with this program. We recommend applying for this as soon as possible as there have been noted delays in receiving this.

Yes  No

Are you a licensed healthcare services provider or other service provider? \*

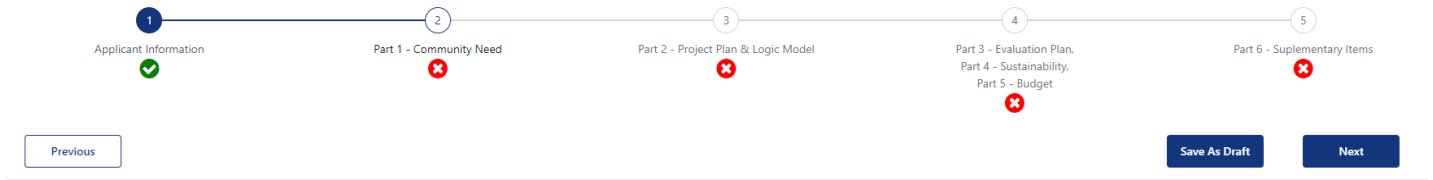
Healthcare Services Provider

Other Services

4. Fill out the information requested in each page of the form. You can choose “Save As Draft” as often as you would like and return to the form to complete at any time.

**\*Please be sure to “Save As Draft” before proceeding to the next page\*. If you proceed with an error, all data entered will be lost unless a draft was saved.**

- There are 5 pages to be completed before submission. You can move to the next page by selecting the blue **“Next”** button on the right and go back by clicking the white **“Previous”** button on the left. Once a page is fully completed, the section at the top will display a green check mark.



- If you do not complete a required field, it will highlight in red and give you an error message.

- Some items require a document to be attached.
  - Choose **“Drop a file here or browse,”** add a short document description, and click the button labeled **“Upload File”**.

**Supporting Documents Upload \***

Award Terms (19).pdf

Certificate of existence

Upload file

15 MB limit. Allowed types: .pdf,.doc,.docx,.xls,.xlsx,.zip.

- If you need to remove any documents after they have been uploaded, you may do so by clicking on the **trash can symbol** to the right of the document line.

**Supporting Documents Upload \***

Drop a file here or browse

Description

Upload file

15 MB limit. Allowed types: .pdf,.doc,.docx,.xls,.xlsx,.zip.

File	Description	Updated On	Action
Award Terms (19).pdf	Certificate of existence	29 Nov 2022 06:53 PM	

- After you have completed all required fields and uploaded all required documents, check the “I attest...” boxes after reading and agreeing to the terms and conditions at the bottom of the page as shown in the screenshot below.

I attest that the below statements are true and accurate to the best of my knowledge:

- This organization has no audit findings during the past 3 years, either governmental or independent audits, which may negatively impact this project or its sustainability. \*
- This organization does not foresee a change of ownership which may negatively impact this project or its sustainability. \*
- This organization is financially solvent and does not foresee changes in the financial solvency which may negatively impact this project or its sustainability. \*
- This organization does not have any outstanding Civil Monetary Penalties owed to the TDH. \*

- Next, please add a signature to the form. You may upload an electronic copy of your signature by clicking “**Upload**”, clicking the image box labeled “**Change**”, and browsing to the document. Or you can select by dragging and dropping the document in the box. Alternatively, you may draw a signature in the box by clicking “**Draw**” and tracing a drawing of your signature using your mouse or trackpad.

**Authorized Signature**

Please draw or upload your signature below. \*

[Draw](#)   [Upload](#)


Clear Signature

Cancel Save Draft Submit

**Authorized Signature**

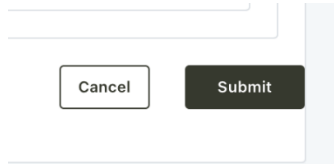
Please draw or upload your signature below. \*

[Draw](#)   [Upload](#)

  
Change

Cancel Save Draft Submit

10. Once the form has been signed, please click the **“Submit”** button. If the form is not completed and needs additional information, you may save the form as a draft and return to fill out the form later.



**\*Please note, selecting the “Save as draft” button will not submit your spending plan, and you will need to return to submit it.**

11. Once you have submitted the spending plan, you will be redirected to the “My Applications” tab where the status of the draft should now be “Under Review”.