

**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Health Resources and Services Administration  
GENERAL INFORMATION WORKSHEET**

**FOR HRSA USE ONLY**

Application Tracking Number	Grant Number

**1. Applicant Information**

Applicant Name			
Application Type		Existing Grantee	
Grant Number		UDS #	
Business Entity	<input type="checkbox"/> Private Nonprofit <input type="checkbox"/> Public Entity	Organization Type	

**2. Proposed Service Area**

2a. Service Area Designation	<input type="checkbox"/> Medically Underserved Area (ID#____) <input type="checkbox"/> Medically Underserved Population (ID#____) <input type="checkbox"/> MUA Application Pending (ID#____) <input type="checkbox"/> MUP Application Pending (ID#____) <input type="checkbox"/> None of the above <input type="checkbox"/> Serving Section 330 (G) - Migrant Health Centers <input type="checkbox"/> Serving Section 330 (H) - Homeless Health Centers <input type="checkbox"/> Serving Section 330 (I) - Public Housing Health Centers
2b. Target Population Type	<input type="checkbox"/> Urban <input type="checkbox"/> Rural

**2c. Target Population and Provider Information**

Target Population Information	CURRENT NUMBER	Projected at FULL CAPACITY
Total SERVICE AREA POPULATION		
Total TARGET POPULATION		
Total FTE Medical Providers		
Total FTE Dental Providers		
Total FTE Behavioral Health Providers		
Total FTE Substance Abuse Service Providers		

**Users and Encounters by Service Type**

SERVICE TYPE	CURRENT NUMBER		Projected at FULL CAPACITY	
	USERS	ENCOUNTERS	USERS	ENCOUNTERS
Total Medical				
Total Dental				
Total Mental Health				
Total Substance Abuse				

**Users and Encounters by Population Type**


POPULATION TYPE	(b) CURRENT NUMBER		Number at End of Yr1		(c) NUMBER AFTER 2 YEAR		NUMBER AT FULL CAPACITY		(d) CHANGE IN NEW USERS AFTER 2 YEARS (c-b)		(e) PERCENT CHANGE IN NEW USERS AFTER 2 YEARS (d/b) * 100	
	Users	Encounters	Users	Encounters	Users	Encounters	Users	Encounters	Users	Encounters	Users	Encounters
General Community												
Migrant/Seasonal Farmworkers												
Public Housing Residents												
Homeless Persons												
<b>TOTAL</b>												

### 3. Funding Preference

Indicate if the following preference is requested:

Sparsely Populated (persons/square mile: 7)

*Please attach evidence that supports your preference request (e.g., census bureau documentation)*

### 4. Funding Priority

Select priority type you are requesting below:

Multi-county (Must demonstrate that a minimum of 15 percent of the total target population will come from county(ies) other than the eligible high priority county) **(PI 2 Only)**

### 5. Target Population by County

County Name	Targeted County	Number From Total Target Population	Percent of Target Population
County A			
County B			
<b>Total</b>			

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0285. Public reporting burden for this collection of information is estimated to average 3 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 10-33, Rockville, Maryland, 20857.