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## PLANNING GRANT GENERAL INFORMATION WORKSHEET

Applicant Name:		Name of Contact Person:	
Mailing/Street Address:		Title:	
City, State, Zip:		Email:	
Phone:		Fax:	
Proposed Service Area (City(ies), State)			
All proposed COUNTIES within proposed service area:			
Relevant ZIP CODES within proposed service area:			
<b>PLEASE CHECK ONE ON EACH LINE:</b>			
<input type="checkbox"/> Private, Non Profit		<input type="checkbox"/> Public Entity	
<input type="checkbox"/> Medically Underserved Area (MUA)	<input type="checkbox"/> Medically Underserved Population (MUP)	<input type="checkbox"/> Applying for MUA/MUP	
<input type="checkbox"/> Urban	<input type="checkbox"/> Rural	<input type="checkbox"/> Sparsely Populated (persons/square mile:     )	
<b>PLEASE CHECK ALL THAT APPLY:</b>			
<input type="checkbox"/> Tribal Entity/Urban Indian	<input type="checkbox"/> Public Health Dept	<input type="checkbox"/> Hospital	<input type="checkbox"/> Faith-Based Org
		<input type="checkbox"/> Local Govt	<input type="checkbox"/> University
<b>CURRENT RECIPIENT OF BPHC FUNDING?</b>		<input type="checkbox"/> YES	<input type="checkbox"/> NO
		<b>IF YES, PLEASE CHECK ALL THAT APPLY:</b>	
<input type="checkbox"/> Section 330 Grantee (i.e., CHC, MHC, HCH, or PHPC)		<input type="checkbox"/> National Training/TA Cooperative Agreement	
<input type="checkbox"/> Primary Care Association	<input type="checkbox"/> Other, Please Describe:		Please Describe:
<b>PREFERENCE REQUESTED</b> <small>Must provide Census Bureau documentation as evidence that the ENTIRE proposed Service Area is sparsely populated (7 or fewer persons/sq.mi.)</small>			
Service Area is Sparsely Populated (persons/mile <sup>2</sup> :     )		<input type="checkbox"/> YES	<input type="checkbox"/> NO
		YEAR 1	
		<b>Total Federal Funding Requested</b>	<b>Total Project Budget</b>
<b>PURPOSE OF PLANNING GRANT APPLICATION: (PLEASE CHECK ALL THAT APPLY)</b>			
<input type="checkbox"/> Conducting a comprehensive needs assessment			
<input type="checkbox"/> Applying for MUA/MUP designation and/or other essential designations			
<input type="checkbox"/> Designing an appropriate health care service delivery model, based on the comprehensive needs assessment			
<input type="checkbox"/> Efforts to secure financial, professional, and technical assistance			

Increasing community involvement in the development and/or operational stages of a comprehensive health center

Developing linkages/building partnerships with other providers in the community