DEPARTMENT OF HEALTH AND HUMAN		FOR HRSA USE ONLY			
	SERVICES and Services Administration	Application Tracking Number		Grant Number	
SER	VICE SITES				
HRSA SITE ID #					
Name of Service Site		Service Site Type			
Location Type	//	Location Code			
Site Entity Type		Site Classification Type			
Site Operated by	[_] Applicant [_] Sub- recipient	[_] Contractor			
If Site is operated b below:	by Sub-recipient or Contractor p	please provide with the	e organization in	formation	
Organization					
Organization Name					
Address (Physical)					
Address (mailing)					
EIN					
View					
Date Site was Added			1		
to Scope (existing Grantees)	I I	Date Site will be Operational			
Date Site was	<u>, </u>		ļ		
Opened (existing grantees)					
Medicare Billing Number					
Medicaid Billing Number		Medicaid Pharmacy Billing Number			
Site Phone Number		Site Fax Number			
Physical Site Address		Site Mailing Address	/		
Congressional District		County Name			
Service Area Zipcodes		Service Area Census Tracts			
Service Area Population	[_] Urban [_] Rural				

Operational Schedule	[_] Full- Time	[_] Part- Time	Calendar Schedule	[_] Year- Round	[_] Seasonal
Total Hours of Operation when Patients will be Served per Week (include extended hours)			Months of Operation	From	То

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 1 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.