OMB No.: 0915-0285. Expiration Date: xx/xx/xxxx

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration CONTACT INFORMATION		FOR HRSA USE ONLY	
		Application Tracking Number	Grant Number
Medical Director			
Name			
Phone			
Email			
Dental Director			
Name			
Phone			
Email			
Contact Person			
Name			
Phone			
Email			

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 .5 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.