

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration FORM 1A: 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			
Organization Type (Please select one ONLY)	<input type="checkbox"/> Tribal <input type="checkbox"/> Private-Non Profit <input type="checkbox"/> Public		
Organization Characteristics	<input type="checkbox"/> Urban Indian <input type="checkbox"/> Faith based <input type="checkbox"/> Hospital <input type="checkbox"/> State government <input type="checkbox"/> City/County/Local Government or Municipality <input type="checkbox"/> University <input type="checkbox"/> Community based organization <input type="checkbox"/> Other If 'Other', please specify: _____		

2. Proposed Service Area

Applicants applying for Community Health funding should provide at least one designated service area ID being proposed to serve under an MUA or MUP.

2a. Service Area Designation (Use commas to separate multiple IDs)	<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"/> 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

GENERAL INFORMATION Refer to the guidance to accurately complete the below information.

2c. Target Population and Provider Information

Target Population Information	Current Number	Projected at End of Project Period
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		

Data reported below should not be duplicated for patients and visits.

Patients and Visits by Service Type

Service Type	Current Number		Projected at End of Project Period	
	Patients	Visits	Patients	Visits
Total Medical				

Total Dental				
Total Mental Health				
Total Substance Abuse				

Patients and Visits by Population Type

POPULATION TYPE	Current Number (b)		Number at End of Year 1		Number After Year 2		Number at End of Project Period	
	Patients	Visits	Patients	Visits	Patients	Visits	Patients	Visits
General Community								
Migrant/Seasonal Farm workers								
Public Housing Residents								
Homeless Persons								
TOTAL								

Note: The following sections are not applicable for New Access Point applications: Target Population by County.

3. Funding Preference

Indicate if the following preference is requested:

Sparsely Populated (persons/square mile:___)

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

4. Funding Priority

Select priority type you are requesting below:

Percent of Target Population at or below 100 percent of poverty to be served by the applicant exceeds 30 percent

Percent of Target Population at or below 100 percent of poverty:_____

Please attach evidence that the target population (in entire proposed NAP Service Area) at or below 100% of poverty exceeds 30 percent (e.g., census bureau documentation).

5. Target Population by County

County Name	Targeted County	Number From Total Target Population	Percent of Target Population
Total			

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.