DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration FORM 1A: GENERAL INFORMATION WORKSHEET	FOR HRSA USE ONLY	
	Application Tracking Number	#_____

1. Applicant Information:

Applicant Name	
Application Type	
Business Entity	
Organization Type	**[_]** Tribal **[_]** Urban Indian **[_]** Faith based **[_]** Hospital **[_]** State government **[_]** City/County/Local Government or Municipality **[_]** University **[_]** Community based organization

2. Proposed Service Area:

Applicants applying for section 330 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)** Find a MUA/MUP	**[_]** Medically Underserved Area (ID#___) **[_]** Medically Underserved Population (ID#___) **[_]** MUA Application Pending (ID#___) **[_]** MUP Application Pending (ID#___)
2b. Target Population Type	**[_]** Urban **[_]** Rural

3. Current Recipient of BPHC Funding **[_]** YES (see below) **[_]** NO

If YES, please check all that apply:

[_] Primary Care Association

[_] National Training/TA Cooperative Agreement (Please describe:_____

_____

[_] Other (Please describe:_____

_____

4. Purpose of Planning Grant Application (Please check all that apply):

[_] Conducting a comprehensive needs assessment.
[_] Applying for MUA/MUP designation and/or other essential designations.
[_] Designing an appropriate health care delivery model (based on the needs assessment)
[_] Efforts to secure financial, professional, and technical assistance.
[_] Developing linkages/building partnerships with other providers in the community.
[_] Increasing community involvement in the development and/or operational stages of a comprehensive health center.
[_] Other (please specify):_____

5. 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)

6. Funding Priority:

Select the priority type you are requesting below:

[_] The proposed service area for the Planning Grant funding has a poverty rate which is greater than the national poverty rate of 12.5% as determined by the Bureau of Census.

Poverty rate of service area:_____

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