

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Health Resources and Services Administration

Grantee Name:
Grantee Number:

CHECKLIST FOR ADDING A SITE (CHKLST003)

CIS Tracking Number:

Questions for Addition of Site

Site Name	Site has not been selected.	Site Address	
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***1. Why do you want to add the service site?**

- Needs assessment indicated a high need for services at this location.
Needs assessment completed on (mm/dd/yyyy):
- Community asked us to provide services and provided supporting needs data.
- An existing clinic is closing and we have an opportunity to continue those services in the area.
- Other (Describe in the space provided below):
(Maximum 3,000 Characters)
Maximum paragraph(s) allowed approximately: 3 (3000 character(s) remaining)

To upload supporting attachments, visit the 'Supporting Documents' section in this CIS Request.

***2. Describe how adding this site will benefit your health center and the patients it will serve? (Please provide a summary of one page or less.)**

(Maximum 3,000 Characters)
Maximum paragraph(s) allowed approximately: 3 (3000 character(s) remaining)

***2a. When do you plan to add the site?**

Effective date for site addition (mm/dd/yyyy):

***3. Information about target population to be served at the new service site**

3a. Number of patients to be served

(Format: 99)

3b. Percentage of patients below 200% of Federal Poverty Level

% (Format: 9 or 9.99)

3c. Percentage of uninsured patients

% (Format: 9 or 9.99)

***4. Will this site serve patients currently being served or targeted to be served by other health centers (funded FQHCs or FQHC Look-Alikes)?**

Yes No

4a. If Yes, provide below, the name and addresses of these health centers.

(Maximum 3,000 Characters)

Maximum paragraph(s) allowed approximately: 3 (3000 character(s) remaining)

4b If available, append a letter of cooperation and/or support from all other health centers' governing boards who currently serve patients that the proposed new site will also serve.

To upload supporting attachments, visit the 'Supporting Documents' section in this CIS Request.

Final action cannot be taken on your Change in Scope (CIS) request without careful consideration of the impact of this site on the operation of health centers currently serving patients that the proposed new site will also serve.

***5. Does your Board of Directors currently have representation from the area of the newly proposed site?**

Yes No

5a If No, describe how you plan to obtain Board representation from the new area.

(Maximum 3,000 Characters)

Maximum paragraph(s) allowed approximately: 3 (3000 character(s) remaining)

***6. Does the budget include any special grant, foundation or other funding that is time-limited, i.e., will only be available for 1 or 2 years?**

Yes No

6a If Yes, how will you support the site when these funds are no longer available? *(Please provide a summary of one page or less.)*

(Maximum 3,000 Characters)

Maximum paragraph(s) allowed approximately: 3 (3000 character(s) remaining)