

<p>DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration</p> <p>FORM 1C: DOCUMENTS ON FILE</p>	FOR HRSA USE ONLY	
	Grant Number	Application Tracking Number
MANAGEMENT AND FINANCE		DATE OF LATEST REVIEW/REVISION
Personnel Policies and Procedures, including related Conflict of Interest Policies and Procedures (Program Requirements 3, 9, 17, and 19)		
Data Collection and Management Information Systems (Clinical and Financial) Policies and Procedures (Program Requirements 8 and 15)		
Billing, Credit, and Collection Policies and Procedures (Program Requirement 13)		
Procurement Policies and Procedures, including related Conflict of Interest Policies and Procedures (Program Requirements 10, 12, and 19)		
Emergency Preparedness and Management Plan (Policy Information Notice 2007-15)		
Fee Schedule/Schedule of Charges (Program Requirements 7 and 13)		
Sliding Fee Discount Program Policies and Procedures (Program Requirement 7)		
Financial Management/Accounting and Internal Control Policies and Procedures (Program Requirements 10 and 12)		
SERVICES		DATE OF LATEST REVIEW/REVISION
HIPPA-Compliant Patient Confidentiality Policies and Procedures (Program Requirement 8)		
Clinical Protocols/Clinical Care Policies and Procedures (Program Requirements 2 and 8)		
Patient Grievance Policies and Procedures (Program Requirements 8 and 17)		
Quality Improvement and Quality Assurance Plan, including Incident Reporting System and Risk Management Policies (Program Requirement 8)		
Malpractice Coverage Plan—e.g., FTCA Coverage for deemed grantees (Program Requirement 8 and Policy Information Notice 2011-01: FTCA Health Center Policy Manual)		
Credentialing and Privileging Policies and Procedures (Program Requirement 3 and Policy Information Notices 2001-16 and 2002-22)		
After-Hours Coverage Policies and Procedures (Program Requirements 4 and 5)		

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	Grant Number	Application Tracking Number
Hospital Admitting Privileges Documentation (Program Requirement 6)		
GOVERNANCE	DATE OF LATEST REVIEW/REVISION	
Organizational/Board Bylaws, including board member Conflict of Interest Policies and Procedures (Program Requirements 17, 18, and 19)		
Co-Applicant Agreement, if a public organization (Program Requirement 17)		

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 hour 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.