

<p align="center"><b>DEPARTMENT OF HEALTH AND HUMAN SERVICES</b>  <b>Health Resources and Services Administration</b></p> <p align="center"><b>FORM 1A: GENERAL INFORMATION WORKSHEET</b></p>	<b>FOR HRSA USE ONLY</b>	
	Application Tracking Number	Grant Number

**1. Applicant Information**

Applicant Name			
Fiscal Year End Date			
Application Type		<del>Existing Grantee</del>	
Grant Number		<del>BHCMIS ID</del>	
Business Entity <i>(Select one)</i>	<input type="checkbox"/> Tribal <input type="checkbox"/> Urban Indian <input type="checkbox"/> Private, non-profit (non-Tribal or Urban Indian) <input type="checkbox"/> Public (non-Tribal or Urban Indian)		
Organization Type <i>(Select all that apply)</i>	<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 - Specify: _____		

**2. Proposed Service Area**

Applicants applying for Community Health [Center \(CHC\)](#) funding [in Section A of the SF-424A: Budget Information form](#) must [serve at least one MUA or MUP. Provide the IDs for all MUAs and/or MUPs within the service area proposed in this application. provide at least one designated service area ID under an MUA or MUP.](#)

<p>2a. <del>Target Population and Service Area Designation</del>  <a href="#">Select MUA/MUP</a>  <i>(Each ID must be a 5 digit integer. Use commas to separate multiple IDs.)</i>  <b><i>(Use commas to separate multiple IDs)</i></b>  <a href="#">Find an MUA/MUP</a></p>	<p>Select one or more population types:</p> <p><del><input type="checkbox"/> Serving Section 330(e) – Community Health Centers</del>  <del><input type="checkbox"/> Serving Section 330(g) – Migrant Health Centers</del>  <del><input type="checkbox"/> Serving Section 330(h) – Homeless Health Centers</del>  <del><input type="checkbox"/> Serving Section 330(i) – Public Housing Health Centers</del></p> <p>Select one or more MUA/MUP options, as applicable:</p> <input type="checkbox"/> Medically Underserved Area (MUA): ID# _____ <input type="checkbox"/> Medically Underserved Population (MUP): ID# _____ <input type="checkbox"/> MUA Application Pending: ID# _____ <input type="checkbox"/> MUP Application Pending: ID# _____
<p>2b. Service Area Type  <a href="#">(Choose Service Area Type)</a></p>	<input type="checkbox"/> Urban <input type="checkbox"/> Rural <input type="checkbox"/> Sparsely Populated - Specify population density by providing the number of people per square mile: _____ <i>(Provide a value ranging from 0.01 to 7.)</i>

2c. <del>Target Population and Provider Information</del> <a href="#">Patients and Visits</a>	<a href="#">Current Number</a>	<a href="#">Projected at End of Project Period</a>
<a href="#">Total Service Area Population</a>		
<a href="#">Total Target Population</a>		
–		
–		

<b>DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration</b>	<b>FOR HRSA USE ONLY</b>	
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Total FTE Medical Providers	—	—
Total FTE Dental Providers	—	—
Total FTE Behavioral Health Providers	—	—
Total FTE Substance Abuse Service Providers	—	—
Total FTE Enabling Service Providers		

**Patients and Visits by Service Type**

Service Type	Current Number		Projected at End of Project Period	
	Patients	Visits	Patients	Visits
Total Medical Services				
Total Dental Services				
Total Behavioral Health				
— Total Mental Health Services				
— Total Substance Abuse				
Total Enabling Services				

**Unduplicated Patients and Visits by Population Type**

**Patient Projection: How many unduplicated patients are projected to be served by December 31, 2018?**

Population Type	Current Number (b)UDS/Baseline Value		Number at End of Year 1 (b)		Number After Year 2 (c)		Projected by December 31, 2018 (January 1 – December 31, 2018) Number at End of Project Period (d)	
	Patients	Visits	Pati- ents	Visi- ts	Pati- ents	Visi- ts	Patients	Visits
<b>TOTAL</b>								
General Underserved Community (Includes all patients/visits not reported in the rows below.)								
Migratory and/or Seasonal Farm-Agricultural Workers and Families								
Public Housing Residents								
Homeless Persons/People Experiencing Homelessness								

**TOTAL**

**Patients and Visits by Service Type**

Service Type	UDS/Baseline Value	Projected by December 31, 2018
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**Patients and Visits by Service Type**

	<b>(January 1 – December 31, 2018)</b>			
	<u>Patients</u>	<u>Visits</u>	<u>Patients</u>	<u>Visits</u>
<u>Total Medical Services</u>				
<u>Total Dental Services</u>				
<u>Total Behavioral Health</u>				
<u>    Total Mental Health Services</u>				
<u>    Total Substance Abuse</u>				
<u>Total Enabling Services</u>				

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 [14N-3910-33](#), Rockville, Maryland, 20857.