

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration Form 5C: OTHER ACTIVITIES/LOCATIONS	FOR HRSA USE ONLY	
	Grant Number	Application Tracking Number

Note: For current grantees, the system will pre-populate this form.

Activity/Location Information	
Type of Activity (select one)	<input type="checkbox"/> Immunizations <input type="checkbox"/> Hospital Admitting <input type="checkbox"/> Medical Rounds <input type="checkbox"/> Home Visits <input type="checkbox"/> Health Fairs <input type="checkbox"/> Non-Clinical Outreach <input type="checkbox"/> Portable Clinical Care <input type="checkbox"/> Health Education <input type="checkbox"/> Other – Please Specify:
Frequency of Activity	
Description of Activity	
Type of Location(s) where Activity is Conducted	

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~~ 30 minutes 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-3910-29~~, Rockville, Maryland, 20857