DEPARTMENT OF HEALTH AND HUMAN SERVICES	FOR HRSA USE ONLY	
Health Resources and Services Administration ~~INCREASED DEMAND FOR~~EXPANDED SERVICES~~:~~ USE OF FUNDS	**Application Tracking Number**	**Grant Number**

Grantee Information

Maximum Eligible Amount:~~Grantee Name~~	_
Total Federal Requested Amount:~~Grantee City~~	_ ~~Grantee State~~
Service Types Selected:	

Budget Information

~~Requested Amount (from SF424 box# 15A)~~	~~Maximum Eligible Amount~~

1. Need

How will you address Describe the need to expand or begin providing the proposed service(s), and how this proposal will respond to the ~~for~~ health ~~services in the community and~~care needs of the target population (with reference to relevants), ~~including the needs of~~ special populations, demographic characteristics ~~(migrant and seasonal farm workers, people experiencing homelessness~~, and/or access to care/health status indicators~~residents of public housing) and the uninsured~~? (~~Explain within~~ 2,000 characters maximum – about one page)

2. Project Types

~~How do you plan to use IDS funds? (Check all that apply)~~

~~[ ] Increase health center staffing (i.e., full-time equivalents)~~
~~[ ] Extend hours of operations~~
~~[ ] Expand existing services~~
~~[ ] Other~~

~~If 'Other', please specify:~~

3. ~~Description~~Response

Describe the following:

1. An appropriate timeline for project implementation that demonstrates operational readiness within 120 days of award for the provision of new and expanded existing services.

(1,000 characters maximum – about half of a page)

2. How the health center will ensure that all proposed services are or will be integrated into the existing service delivery model.

(1,000 characters maximum – about half of a page)

3. How the health center will ensure that all proposed services are accessible without regard to ability to pay through a sliding fee discount program.

(1,000 characters maximum – about half of a page)

4. How the health center plans to ensure that all patients will have reasonable access to any proposed new ~~How will you implement the IDS project(s) in a manner that is appropriate and responsive to the identified community and target population health care needs? Include a description of the types of~~ services, as appropriate. ~~impacted as well as strategies/methods for expanding access to primary care services and increasing capacity. (Explain within 2000 characters)~~

(1,000 characters maximum – about half of a page)

5. If any services will be provided by a Formal Written Agreement (via Column II on Form 5A), describe how the health center maintains oversight over all services provided via contracts/agreements or sub-recipient arrangements in accordance with Health Center Program requirements. If services are not provided via Formal Written Agreement, indicate that this question is not applicable.

(1,000 characters maximum – about half of a page)

~~4.~~ Impact

Describe the following:
The~~How will the proposed IDS project(s)~~ impact of the proposed project, including the n~~umber of 1)~~proposed new patients, 2) existing patients with increased access to~~eeds for health~~ services (as applicable)~~, in the community~~ and 3) new providers. Include a detailed explanation for how the projections were calculated ~~target population as well as the uninsured?~~ (including data sources~~Explain within 2000 characters~~).

(2,000 characters maximum – about half of a page)

Patient Impact Questions ~~5. IDS Projections~~

1. As a direct result of this funding, how many NEW patients do you predict will access services at your health center?~~Total New Patients (Unduplicated)~~

~~Total New Uninsured Patients~~
~~Total Retained Jobs~~

		NEW Patients by Service Category (as applicable)					
		Enabling Services (EN)	**Medical Services (MS)**	**Oral Health Services (OH)**	**Behavioral Health Services (BH)**	**Pharmacy Services (PS)**	**Vision Services (VS)**

	NEW Patients by Service Category (as applicable)				
Projected NEW Patients					
Total NEW patients for all services	[Total calculated by EHB – must match the number the applicant entered for Question 1 above]				

1. **As a direct result of this funding, how many current/existing health center patients will access newly expanded services to which they did not previously have access?**

[Applicant enters whole number here]

		EXISTING Patients by Service Category (as applicable)			
		Enabling Services (EN)	**Oral Health Services (OH)**	**Behavioral Health Services (BH)**	**Pharmacy Services (PS)**	**Vision Services (VS)**
Projected EXISTING Patients					
Total EXISTING patients for all services	[Total calculated by EHB – must match the number the applicant entered for Question 2 above]				

New Patients by Population Type

Population Type	**NEW Patients Projected**
Total NEW Patients (from Q1)	[Prepopulated from response to Question 1 above]
• **General Underserved Community**	
• **Migratory and Seasonal Agricultural Workers**	
• **People Experiencing Homelessness**	
• **Public Housing Residents**	
Total NEW Patients by Population Type	[Total calculated by EHB – must match the number the applicant entered for Question 1 above]