

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
<b>Activity/Location Information</b>			
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 (max 600 characters)			
Description of Activity (max 600 characters)			
Type of Location(s) where Activity is Conducted			

Public Burden Statement: Health centers (section 330 grant funded and Federally Qualified Health Center look-alikes) deliver comprehensive, high quality, cost-effective primary health care to patients regardless of their ability to pay. . [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov) HYPERLINK  
 "https://sharepoint.hrsa.gov/sites/bphc/oppd/ED1/OMB%20Forms%20Approval%202020/paperwork@hrsa.gov" [42 U.S.C. 254b](#) HYPERLINK  
 "http://uscode.house.gov/view.xhtml?req=granuleid:USC-prelim-title42-section254b&num=0&edition=prelim"