

## Patient Target Details

OMB No.: 0915-0285. Expiration Date: XX/XX/20XX

Patient Target Details	
<b>Grant Number:</b> H80CSXXXXX	<b>Grantee Name:</b>
<b>Patient Target:</b>	
Resources	
Reviewer Change Request Comment	Action History
Patient Target Calculation	
Base Value: FY 2017 SAC Continuation Award	
FY 2018 SUD-MH Supplemental Award	
FY 2017 AIMS Supplemental Award	
Patient Target	
<input type="button" value="Request Update"/>	

### Patient Target Projections Revisions

Patient Target Projections Revision			
Note: Provide a justification for the value entered in the Proposed Projection field, including where evidence for the requested update can be found in the funded application. Email <a href="mailto:BPHCPatientTargets@hrsa.gov">BPHCPatientTargets@hrsa.gov</a> for guidance before submitting this request.			
Source	Reported Patient Projection	Proposed Projection	Justification
Base Value: FY 2017 SAC Continuation Award			
FY 2018 SUD-MH Supplemental Award			
FY 2017 AIMS Supplemental Award			
Patient Target			
<input type="button" value="Submit to HRSA"/>			

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. The Health Center Program application forms provide essential information to HRSA staff and objective review committee panels for application evaluation; funding recommendation and approval; designation; and monitoring. The OMB control number for this information collection is 0915-0285 and it is valid until XX/XX/XXXX. This information collection is mandatory under the Health Center Program authorized by section 330 of the Public Health Service (PHS) Act ([42 U.S.C. 254b](#)). 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 14N136B, Rockville, Maryland, 20857 or [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov).