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

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration

FOR HRSA USE ONLY

Grant Number

Application Tracking Number

Form 1A: GENERAL INFORMATION WORKSHEET

1. Applicant Information

Applicant Name	Will pre-populate from the Grants.gov application forms				
Fiscal Year End Date	Select from drop-down menu (e.g., January 31, March 31)				
Application Type	Will pre-populate from the Grants.gov application forms				
Grant Number	Will pre-populate from the Grants.gov application forms, if applicable				
Business Entity (Select one)	 Tribal Urban Indian Private, non-profit (non-Tribal or Urban Indian) Public (non-Tribal or Urban Indian) 				
Organization Type (Select all that apply)	 All Faith based Hospital State government City/County/Local Government or Municipality University Community based organization Other - Specify: 				

2. Proposed Service Area

Note: 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.

2a. Service Area Designation						
Select MUA/MUP (Each ID must be a 5 to 12 digits. Use commas to separate multiple IDs, without spaces.) Find an MUA/MUP (http://muafind.hrsa.gov/)	 Medically Underserved Area (MUA): ID# Medically Underserved Population (MUP): ID# MUA Application Pending: ID# MUP Application Pending: ID# 					

2b. Service Area Type									
Choose Service Area Type You must select Urban or Rural. If you select Rural, Sparely Populated may also be selected, if applicable.	 Urban F Urban Rural Sparsely Populated - Specify population density by providing the number of people per square mile:								
2c. Patients and Visits									
Unduplicated Patients and Visits by Population Type									
How many unduplicated patients are projected to be served by December 31, 2021? This projection is for calendar year 2021.)(
Refer to the Patient Target in the Service Area Announcement Table (SAAT) for the service area proposed in this application to ensure your total unduplicated patient projection meets eligibility requirements. The SAAT is available at the SAC/SAC-AA Technical Assistance web site.									
Population Type	UDS/Baseline Value		Projected by December 31, 2021 (January 1 – December 31, 2021)						
	Patients	Visits	Patients	Visits					
Total			Pre-populated from above						
General Underserved Community (Includes all patients/visits not reported in the rows below.)									
Migratory and Seasonal Agricultural Workers and Families									
Public Housing Residents									
People Experiencing Homelessness									
Patients and Visits by Service Ty	Patients and Visits by Service Type								
Service Type	UDS/Baseline Value		Projected by December 31, 2021 (January 1 – December 31, 2021)						
	Patients	Visits	Patients	Visits					
Total Medical Services									
Total Dental Services									
Behavioral Health Services									
Total Mental Health Services									
Total Substance U Disorder se Services									

Service Type	UDS/Baseline Value		Projected by December 31, 2021 (January 1 – December 31, 2021)	
	Patients	Visits	Patients	Visits
Total Vision Services				
Total Enabling Services				

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. <u>paperwork@hrsa.gov</u> HYPERLINK "https://sharepoint.hrsa.gov/sites/bphc/oppd/ED1/OMB%20Forms%20Approval%202020/paperwork@hrsa.gov" <u>42 U.S.C. 254b</u> HYPERLINK "http://uscode.house.gov/view.xhtml?req=granuleid:USC-prelim-title42-section254b&num=0&edition=prelim"