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

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

Activity/Location Information	
Type of Activity (select one)	[_] Immunizations [_] Hospital Admitting [_] Medical Rounds [_] Home Visits [_] Health Fairs [_] Non-Clinical Outreach [_] Portable Clinical Care [_] Health Education [_] Other – Please Specify:
Frequency of Activity (max 600 characters)	
Description of Activity (max 600 characters)	
Type of Location(s) where Activity is Conducted	