

<p align="center">DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration</p> <p align="center">Form 1A: GENERAL INFORMATION WORKSHEET</p>	FOR HRSA USE ONLY	
	Grant Number	Application Tracking Number

1. Applicant Information

Applicant Name	<i>Will pre-populate from the Grants.gov application forms</i>
Fiscal Year End Date	<i>Select from drop-down menu (e.g., January 31, March 31)</i>
Application Type	<i>Will pre-populate from the Grants.gov application forms</i>
Grant Number	<i>Will pre-populate from the Grants.gov application forms, if applicable</i>
Business Entity (Select one)	<input type="checkbox"/> Tribal <input type="checkbox"/> Urban Indian <input type="checkbox"/> Private, non-profit (non-Tribal or Urban Indian) <input type="checkbox"/> Public (non-Tribal or Urban Indian)
Organization Type (Select all that apply)	<input type="checkbox"/> All <input type="checkbox"/> Faith based <input type="checkbox"/> Hospital <input type="checkbox"/> State government <input type="checkbox"/> City/County/Local Government or Municipality <input type="checkbox"/> University <input type="checkbox"/> Community based organization <input type="checkbox"/> 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/)	<input type="checkbox"/> Medically Underserved Area (MUA): ID# _____ <input type="checkbox"/> Medically Underserved Population (MUP): ID# _____ <input type="checkbox"/> MUA Application Pending: ID# _____ <input type="checkbox"/> MUP Application Pending: ID# _____
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2b. Service Area Type

Choose Service Area Type

You must select Urban or Rural. If you select Rural, Sparsely Populated may also be selected, if applicable.

☐ Urban☐ Rural

☐ Sparsely Populated - Specify population density by providing the number of people per square mile: _____
(Provide a value ranging from 0.01 to 7.)

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 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 Use Disorder Services				
Total Vision Services				

Service Type	UDS/Baseline Value		Projected by December 31, 2021 (January 1 – December 31, 2021)	
	Patients	Visits	Patients	Visits
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. 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.