## **Patient Target Details**

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

Patient Target Details				
Grant Number: H80CSXXXXX	Grantee Name:	Patient Target:		
Resources				
Reviewer Change Request Comment		Action History		
Patient Target Calculation				
Base Value: FY 2017 SAC Continua	ation Award			
FY 2018 SUD-MH Supplemental A	ward			
FY 2017 AIMS Supplemental Award				
Patient Target				
		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			

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.