

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration Expanded Services (formerly Increased Demand for Services)	FOR HRSA USE ONLY		
	Grant Number		Application Tracking Number
	Maximum Eligible Amount:		Total Federal Requested Amount:
	Service Types Selected:		
Need Describe the need to expand or begin providing the proposed service(s), and how this proposal will respond to the health care needs of the target population (with reference to relevant special populations, demographic characteristics, and/or access to care/health status indicators). <i>(2,000 characters maximum – about one page)</i> [Applicant enters required response here]			
Response Describe the following:			
1. An appropriate timeline for project implementation that demonstrates operational readiness within 120 days of award for the provision of new and expanded existing services. <i>(1,000 characters maximum – about half of a page)</i> [Applicant enters required response here]			
2. How the health center will ensure that all proposed services are or will be integrated into the existing service delivery model. <i>(1,000 characters maximum – about half of a page)</i> [Applicant enters required response here]			
3. How the health center will ensure that all proposed services are accessible without regard to ability to pay through a sliding fee discount program. <i>(1,000 characters maximum – about half of a page)</i> [Applicant enters required response here]			
4. How the health center plans to ensure that all patients will have reasonable access to any proposed new services, as appropriate. Include details about any services or staff proposed under the Other Enabling Services category on Form 5A and/or the Staffing Impact Form. <i>(1,000 characters maximum – about half of a page)</i> [Applicant enters required response here]			
5. If any services will be provided by a Formal Written Agreement (via Column II on Form 5A), describe how the health center maintains oversight over all services provided via contracts/agreements or sub-recipient arrangements in accordance with Health Center Program requirements. If services are not provided via Formal Written Agreement, indicate that this question is not applicable.			

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[Applicant enters required response here]					
Impact					
Describe the following: The impact of the proposed project, including the number of 1) proposed new patients, 2) existing patients with increased access to services (as applicable), and 3) new providers. Include a detailed explanation for how the projections were calculated (including data sources). (2,000 characters maximum – about one page)					
[Applicant enters required response here]					
Existing Patient Impact					
1. Total Unduplicated Existing Patients: Enter the number of existing patients who will newly access SUD and/or mental health services.					
2. Existing Patients by Service Type: Enter the number of existing patients who will newly access each service below. Count each existing patient according to the service(s) they are expected to newly access. If an existing patient will newly access for each service accessed, should be counted once more than one service, they					
Enabling Services					
Medical Services					
Oral Health Services					
Mental Health Services					
Substance Use Disorder Services					
Pharmacy Services					
Vision Services					
New Patient Impact					

3. Total will access (new to the health center) who patients new : Enter the number of New PatientsUnduplicated the proposed service(s) as a result of Expanded Services funding.	
4. New Patients by Service Type. below will access each servicewho (new to the health center) patientsnew the number of : Enter Count each projected new patient according to the service(s) they are expected to access. If a new patient will access more than one service, theyfor should be counted once each service accessed.	
Enabling Services	
Medical Services	
Oral Health Services	
Mental Health Services	
Substance Use Disorder Services	
Pharmacy Services	
Vision Services	

New Patients by Population Type
Enter the total number of new unduplicated patients by Health Center Program ntered in response to Question . The total must equal the number of new unduplicated patients epopulation type3 above, if any. The information entered in the table below will be used to populate future Budget Period Progress Reports.

Pop Typeulation	NEW Patients Projected
Total NEW Patients (from Question #3)	[Prepopulated from response to Question by EHB 3 above]
• General Underserved Community	
• Migratory and Seasonal Agricultural Workers	
• People Experiencing Homelessness	
• Public Housing Residents	
Total NEW Patients by Population Type	[Calculated by EHB by adding patients in each type - must match the number entered for Question 3 above]

5.

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[illegible]

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. . paperwork@hrsa.gov HYPERLINK
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