

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration  <b>Project Overview Form</b>	<b>FOR HRSA USE ONLY</b>	
	<b>Grant Number</b>	<b>Application Tracking Number</b>

**Project Work Plan Section (include or hide as applicable to the NOFO)**

Project Work Plan				
<ul style="list-style-type: none"> <li>See the NOFO instructions to determine requirements.</li> <li>Describe as many activities as necessary to fully outline your project work plan.</li> <li>The project work plan should include activities over the period of performance.</li> </ul>				
Objective		Focus Area		
<ul style="list-style-type: none"> <li>TBD (objectives aligned with particular funding opportunity)                             <ul style="list-style-type: none"> <li>TBD (bullets based on each objective)</li> </ul> </li> </ul>		<ul style="list-style-type: none"> <li>TBD (focus area aligned with particular funding opportunity)                             <ul style="list-style-type: none"> <li>TBD (bullets based on each focus area)</li> </ul> </li> </ul>		
Service Category Examples	Activity Category Examples	Activity Subcategory Examples	Activity Description/ Time Frame/ Key Action Step(s)/ Key Person Responsible	Activity Progress Update (for NCC work plan only)
<ul style="list-style-type: none"> <li>General Primary Medical Care</li> <li>Mental Health</li> <li>Substance use disorder</li> <li>Oral health</li> <li>Vision</li> <li>Enabling</li> </ul>	<ul style="list-style-type: none"> <li>Increasing Workforce Capacity</li> </ul>	<ul style="list-style-type: none"> <li>Recruit and onboard personnel (direct hire and/or contracted)</li> </ul>		
		<ul style="list-style-type: none"> <li>Conduct training and professional development</li> </ul>		
		<ul style="list-style-type: none"> <li>Expand care delivery workflows, including new or enhanced referral arrangements</li> </ul>		
		<ul style="list-style-type: none"> <li>Expand use of telehealth</li> </ul>		
		<ul style="list-style-type: none"> <li>Provide in-person services</li> </ul>		
		<ul style="list-style-type: none"> <li>Other: Please specify (Up to 125 characters with spaces)</li> </ul>		
	<ul style="list-style-type: none"> <li>Increasing Organizational Capacity</li> </ul>	<ul style="list-style-type: none"> <li>Enhance telehealth infrastructure and integration</li> </ul>		
		<ul style="list-style-type: none"> <li>Enhance health information</li> </ul>		

		technology		
		<input type="checkbox"/> Purchase equipment and supplies		
		<input type="checkbox"/> Other: Please specify (Up to 125 characters with spaces)		
	<input type="checkbox"/> Enhancing Physical Infrastructure	<input type="checkbox"/> Add new site(s) (permanent or seasonal)		
		<input type="checkbox"/> Add mobile unit(s)		
		<input type="checkbox"/> Minor alteration/renovation (A/R)		
		<input type="checkbox"/> Other: Please specify (Up to 125 characters with spaces)		
	Other: Please specify	<input type="checkbox"/> Other: Please specify (Up to 125 characters with spaces)		

**Activities List Section (include or hide as applicable to the NOFO)**

<b>Work Plan Activity List</b>
<ul style="list-style-type: none"> <li>• Select at least two activities, but no more than five, for each focus area.</li> <li>• You must provide a description of the activity if you select “other” (up to 300 characters, including spaces).</li> <li>• In the Activity Selection Rationale field for each activity, describe how the activity addresses an unmet need or barrier.</li> </ul>
<b>Activity 1 TBD (aligned with particular funding opportunity)</b>
<ul style="list-style-type: none"> <li>• Example TBD (examples aligned with Activity 1)</li> <li>• Example TBD (examples aligned with Activity 1)</li> </ul>
<b>Activity 2 TBD (aligned with particular funding opportunity)</b>
<ul style="list-style-type: none"> <li>• Example TBD (examples aligned with Activity 2)</li> <li>• Example TBD (examples aligned with Activity 2)</li> </ul>
<b>Activity 3 TBD (aligned with particular funding opportunity)</b>
<ul style="list-style-type: none"> <li>• Example TBD (examples aligned with Activity 3)</li> <li>• Example TBD (examples aligned with Activity 3)</li> </ul>
<b>Activity 4 TBD (aligned with particular funding opportunity)</b>
<ul style="list-style-type: none"> <li>• Example TBD (examples aligned with Activity 4)</li> <li>• Example TBD (examples aligned with Activity 4)</li> </ul>

**Scope Section (include or hide as applicable to the NOFO)**

<b>Health Center Program Scope of Project</b>	
Review your current approved scope of project forms (5A, 5B, and 5C). Will a Scope Adjustment or Change in Scope request be necessary to any of these forms to align with your proposed project?	<b>Select One Option</b>
My health center's proposed activities will require a Scope Adjustment or Change in Scope request to modify Form 5A.	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Describe proposed changes to your Form 5A: Services Provided, and provide a timeline for requesting the necessary modifications.</b> (Up to 500 characters counting spaces)	
	<b>Select One Option</b>
My health center's proposed activities will require a Scope Adjustment or Change in Scope request to modify Form 5B.	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Describe proposed changes to your Form 5B: Service Sites, and provide a timeline for requesting the necessary modifications.</b> (Up to 500 characters counting spaces)	
	<b>Select One Option</b>
<b>Describe proposed changes to your Form 5C: Other Activities/Locations, and provide a timeline for requesting the necessary modifications.</b> (Up to 500 characters counting spaces)	
<b>Each [NOFO-specific] site included in your application must provide [NOFO-specific] services.</b>	
<input type="checkbox"/> By checking this box, I certify that [NOFO-specific] services are provided directly or by contract at all existing [NOFO-specific] sites described in my application. <input type="checkbox"/> By checking this box, I certify this application proposes to add [NOFO-specific] services (provided directly or by contract) at each new [NOFO-specific] site and/or each existing [NOFO-specific] site proposed in my application that does not currently provide such services.	

## Patient Estimate Section (include or hide as applicable to the NOFO)

New Patient Estimate	
Enter the number of estimated unduplicated new patients your health center will serve in calendar year 20## (patients who will be new to the health center) as a result of your project. <b>Note:</b> This number may be added to your H80 patient target if your funding continues beyond the period of performance.	
Enter the number of estimated [specify service type based on NOFO] patients your health center will serve in calendar year 20##.	
Enter the number of estimated [specify service type based on NOFO] patients your health center will serve in calendar year 20##.	
Assistance with Accessing Needed Follow-Up Services	
Enter your estimated number of [children and their families] that will be assisted with accessing appropriate follow-up services within 30 days.	

## Site Hours Section (include or hide as applicable to the NOFO)

Instructions
<ul style="list-style-type: none"><li>• The sites in the summary table below are those you selected on the Form 5B Select Site(s) From Scope page.</li><li>• If you need to add or remove a site, use the Form 5B Select Site(s) From Scope page to make changes.</li><li>• Sites referenced in your Project Narrative should match the sites listed below.</li><li>• Click on the [Update] link under Actions for each site to complete Site Information questions.</li><li>• Below the summary table, respond to questions about services that will be provided during your additional hours.</li></ul>

**A. Site Summary Table**

A1. Name of Service Delivery Site	A2. Service Delivery Site Address	A3. According to Form 5B at the time of NOFO release, this site is open this many hours per week:	A4. How many additional hours (not counting the number in A3) are you proposing this site will be open per week as a result of EH funding?	A5. The new Total Hours of Operation (A3 + A4) for this site per week as a result of EH funding will be:	Actions
<i>(Data from Form 5B: Select Site(s) from Scope)</i>	<i>(Data from Form 5B: Select Site(s) from Scope)</i>	<i>(Data from Form 5B: Select Site(s) from Scope)</i>			<i>Update</i>
<i>(Data from Form 5B: Select Site(s) from Scope)</i>	<i>(Data from Form 5B: Select Site(s) from Scope)</i>	<i>(Data from Form 5B: Select Site(s) from Scope)</i>			<i>Update</i>

**B. Briefly describe your plan for increasing hours. Include a timeline for key tasks/deliverables, including how many hours you plan to add within the first 6 months of award.  
(Response can be up to 3,000 characters with spaces, approximately 500 words)**

**C. What in-scope services, listed in Form 5A: Services Provided, will be available during your additional hours of operation?**

At least one response must be Yes.

C1. Medical	Yes <input type="checkbox"/> No <input type="checkbox"/>
C2. Dental	Yes <input type="checkbox"/> No <input type="checkbox"/>
C3. Mental Health	Yes <input type="checkbox"/> No <input type="checkbox"/>
C4. Substance Use Disorder	Yes <input type="checkbox"/> No <input type="checkbox"/>
C5. Vision	Yes <input type="checkbox"/> No <input type="checkbox"/>
C6. Enabling	Yes <input type="checkbox"/> No <input type="checkbox"/>

C7. Pharmacy	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Note:</b> You can use EH funding to change the way a service is offered, but you cannot start providing services that are NOT currently offered (for which no column is currently selected on Form 5A: Services Provided).	

### Topic Expertise Section (include or hide as applicable to the NOFO)

[NOFO-specific topic] Expertise	
Note how you plan to ensure the [NOFO-specific] expertise necessary to support [NOFO-specific] services. You may select Yes for one or both.	Select One Option for Each Item
My health center plans to enhance existing [NOFO-specific] expertise to support the practice transformations that will increase [NOFO-specific] services.	Yes <input type="checkbox"/> No <input type="checkbox"/>
My health center plans to hire or contract to increase [NOFO-specific] expertise to support the practice transformations that will increase [NOFO-specific] services.	Yes <input type="checkbox"/> No <input type="checkbox"/>

### Funding Request Verification Section (include or hide as applicable to the NOFO)

Federal Funding Request Summary	
Confirm the federal funding amounts listed in this application on the SF-424A, as summarized below, are accurate. If not, update the amounts on the SF-424A before confirming.	Select Yes to Confirm the Amount is Accurate
<b>Year 1 Federal Funding Request (SF-424A section A):</b> <i>Prepopulate total from Budget Information Form, Section A New or Revised Budget Federal column total</i>	Yes <input type="checkbox"/>
<b>Year 2 Federal Funding Request (SF-424A section E):</b> <i>Prepopulate total from Budget Information Form, Section E First Future Funding Year column total</i>	Yes <input type="checkbox"/>

Public Burden Statement: Health centers (section 330 grant funded and Federally Qualified Health Center look-alikes) are patient-directed organizations that deliver affordable, accessible, quality, and cost-effective primary health care services to patients and adjust fees based on income and family size. 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. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this information collection is 0915-0285 and it is valid until XX/XX/202X. 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 Information Collection Clearance Officer, 5600 Fishers Lane, Room 13N82, Rockville, Maryland, 20857 or [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov). Please see <https://www.hrsa.gov/about/508-resources> for the HRSA digital accessibility statement.