

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration PROJECT NARRATIVE UPDATE	FOR HRSA USE ONLY	
	Grant Number	Progress Report Tracking Number
Report the progress made from the beginning of your FY 20XX budget period until the date of the BPR submission; expected progress for the remainder of the budget period; and projected changes for the FY 20XX budget period.		

Organizational Capacity	
Discuss major changes, since the last budget period in the organization’s capacity that have impacted or may impact the progress of the funded project, including changes in:	
<ul style="list-style-type: none"> Staffing, including key vacancies 	1,000 character limit
<ul style="list-style-type: none"> Operations, including changes in policies and procedures 	1,000 character limit
<ul style="list-style-type: none"> Financial status, including the most current audit findings, as applicable 	1,000 character limit

Patient Capacity
<p>Referencing the % Change 20XX - 20XX Trend, % Change 20XX - 20XX Trend, and % Progress Toward Goal columns: Discuss negative trends in patient capacity, including factors that adversely affect patient trends, and plans for reaching the projected number of patients.</p> <p>Notes:</p> <ul style="list-style-type: none"> If you have experienced a negative trend in Patient Capacity, the system WILL require you to provide comments in the Patient Capacity Narrative column. 20XX–20XX Patient Number data are pre-populated from Table 3a in the UDS Report.

	20XX Patient Number	20XX Patient Number	20XX Patient Number	% Change 20XX-20XX Trend	% Change 20XX-20XX Trend	% Progress Toward Goal	Projected Number of Patients	Patient Capacity Narrative
Period of Performance: (Pre-populated from most recent Notice of Award)								
Total Unduplicated Patients								1,000 character limit
Notes: <ul style="list-style-type: none"> • If you have experienced a negative trend in Patient Capacity, the system WILL require you to provide comments in the Patient Capacity Narrative column. • The Projected Number of Patients values are pre-populated from the PTM using patient projections in the Service Area Competition (SAC) that initiated your current period of performance plus the patient projections from selected supplemental funding awarded after the start of the current period of performance. • The Projected Number of Patients values cannot be edited during the BPR submission. If these values are not accurate, provide an explanation in the Patient Capacity Narrative section. 								

	20XX Patient Number	20XX Patient Number	20XX Patient Number	% Change 20XX-20XX Trend	% Change 20XX-20XX Trend	% Progress Toward Goal	Projected Number of Patients	Patient Capacity Narrative
Period of Performance: (Pre-populated from most recent Notice of Award)								
Total Migratory and Seasonal Agricultural Workers								1,000 character limit
Total Homeless population								1,000 character limit
Total Residents of Public Housing								1,000 character limit
Notes: <ul style="list-style-type: none"> • If you have experienced a negative trend in Patient Capacity, the system WILL require you to provide comments in the Patient Capacity Narrative column. • The Projected Number of Patients values cannot be edited during the BPR submission. If these values are not accurate, provide an explanation in the Patient Capacity Narrative section. 								

	20XX Patient Number	20XX Patient Number	20XX Patient Number	% Change 20XX-20XX Trend	% Change 20XX-20XX Trend	% Progress Toward Goal	Projected Number of Patients	Patient Capacity Narrative
Period of Performance: (Pre-populated from most recent Notice of Award)								
Total Medical Services Patients								1,000 character limit
Total Dental Services Patients								1,000 character limit
Total Mental Health Services Patients								1,000 character limit
Total Substance Use Disorder Services Patients								1,000 character limit
Total Vision Services Patients								1,000 character limit
Total Enabling Services Patients								1,000 character limit

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 4 hours 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. Please see <https://www.hrsa.gov/about/508-resources> for the HRSA digital accessibility statement.