

<b>DEPARTMENT OF HEALTH AND HUMAN SERVICES</b> <b>Health Resources and Services Administration</b>  <b>Impact Form</b>	FOR HRSA USE ONLY	
	Grant Number	Application Tracking Number
<b>Instructions</b>		
<ul style="list-style-type: none"> <li>• See the NOFO for instructions on the information to include on this form.</li> <li>• For each item, paste the item language in the description field and then provide the requested information in the box provided.</li> </ul>		
<b>Item 1</b>		
<b>Item 1 Description</b> (1,000 characters with spaces maximum)		
<b>Item 1 Response</b> (1,000 characters with spaces maximum)		
<b>Item 2</b>		
<b>Item 2 Description</b> (1,000 characters with spaces maximum)		
<b>Item 2 Response</b> (1,000 characters with spaces maximum)		
<b>Item 3</b>		
<b>Item 3 Description</b> (1,000 characters with spaces maximum)		
<b>Item 3 Response</b> (1,000 characters with spaces maximum)		
<b>Item 4</b>		
<b>Item 4 Description</b> (1,000 characters with spaces maximum)		
<b>Item 4 Response</b> (1,000 characters with spaces maximum)		
<b>Item 5</b>		
<b>Item 5 Description</b> (1,000 characters with spaces maximum)		
<b>Item 5 Response</b> (1,000 characters with spaces maximum)		
<b>Item 6</b>		
<b>Item 6 Description</b> (1,000 characters with spaces maximum)		
<b>Item 6 Response</b> (1,000 characters with spaces maximum)		
<b>Item 7</b>		
<b>Item 7 Description</b> (1,000 characters with spaces maximum)		
<b>Item 7 Response</b> (1,000 characters with spaces maximum)		

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.