

<b>DEPARTMENT OF HEALTH AND HUMAN SERVICES</b> <b>Health Resources and Services Administration</b>  <b>FORM 5B: SITES</b>	FOR HRSA USE ONLY	
	Grant Number	Application Tracking Number

**Note:** This form will pre-populate for competing continuation applicants.

**New and Competing Supplement Applicants:** If you are requesting funding to target medically underserved populations (CHC), residents of public housing (RPH), or a homeless population (HP), you must propose at least one new Service Delivery site or Administrative/Service Delivery site with the Location Type as 'Permanent' and operating for at least 40 hours.

If you are proposing to serve ONLY migratory and seasonal agricultural workers (MSAW), you must propose at least one new Service Delivery site or Administrative/Service Delivery site with the Location Type as 'Permanent' or 'Seasonal' and operating for at least 40 hours.

**Site Qualification Criteria**

<p>1. Is the site an Admin-only site?</p> <p>If Yes, the site is an Admin-only site, select 'Not Applicable' for questions a through d below. If No, the site is a Service Delivery site, answer questions a through d Yes or No.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>a. Are/will health center visits be generated by documenting in the patients' records face-to-face contacts between patients and providers?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
<p>b. Do/will providers exercise independent judgment in the provision of services to the patient?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
<p>c. Are/will services be provided directly by or on behalf of the health center, whose governing board retains control and authority over the provision of the services at the location?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
<p>d. Are/will services be provided on a regularly scheduled basis (e.g., daily, weekly, first Thursday of every month)?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
<p>2. Is the site a Domestic Violence (Confidential) shelter?</p> <p>Select Yes for this question only if the site being added is a confidential site serving victims of domestic violence and the site address cannot be published due to the necessity to protect the location of the domestic violence shelter.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable

**Site Information**

Site Name		Site Physical Address (Ensure your address contains the appropriate unique suite, building, or other notation, if appropriate. If the address displayed does not contain this information, select Change Physical Location and update as appropriate)	
Site Type	<input type="checkbox"/> Administrative/Service Delivery Site <input type="checkbox"/> Service Delivery Site <input type="checkbox"/> Administrative Site	Site Phone Number	
Web URL			

**The following fields are required for "Service Delivery" and "Administrative/Service Delivery" site types:**

Location Type	<input type="checkbox"/> Permanent	Site Setting	<input type="checkbox"/> All Other Clinic Types
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Site Information			
	<input type="checkbox"/> Seasonal <input type="checkbox"/> Mobile <input type="checkbox"/> Intermittent		<input type="checkbox"/> Hospital <input type="checkbox"/> School
Date Site was Added to Scope	<b>Read-only for sites already in scope and disabled when adding a new site</b>	Site Operational Date	mm/dd/yyyy
FQHC Site Medicare Billing Number Status	<input type="checkbox"/> This site is neither permanent nor seasonal per CMS (i.e., does not require unique FQHC Medicare Billing Number) <input type="checkbox"/> Health center does not/will not bill under the FQHC Medicare system at this site <input type="checkbox"/> Number is pending; application for this site has been submitted to CMS <input type="checkbox"/> Application for this site has not yet been submitted to CMS <input type="checkbox"/> This site has a Medicare billing number	<b>FQHC Site Medicare Billing Number</b> (Required if 'This site has a Medicare billing number' is selected in 'FQHC Site Medicare Billing Number Status' field)	
FQHC Site National Provider Identification (NPI) Number (Optional field)		<b>Total Hours of Operation</b> (when patients will be served per week)	
Months of Operation			
Service Area Zip Codes			
		<b>Number of Intermittent Sites</b> (Required only for 'Intermittent Site' Type)	
Site Operated by	<input type="checkbox"/> Health Center/Applicant <input type="checkbox"/> Subrecipient <input type="checkbox"/> Contractor		
Subrecipient or Contractor Information			
(Required only if 'Subrecipient' or 'Contractor' is selected in 'Site Operated By' field)			
Subrecipient/Contractor Organization Name			
Subrecipient/Contractor Organization Physical Site Address			
Subrecipient/Contractor EIN			

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.