

Checklist for Form 5B Scope Adjustment

1. Provide a brief narrative explaining the rationale for and impact of the proposed change. Specifically address the following points based on the type of scope adjustment requested:

- **Addition or Deletion of Administrative Site:** Explain why your health center is adding or removing the administrative site from your health center's scope of project.
- **Location Type (change allowed only between Seasonal and Permanent):** Explain the need for the change (e.g., data related to decrease or increase in demand for services at the site, loss or gain of providers, patient survey results, etc.) and describe how patients will be impacted.
- **Service Area ZIP Codes:** Explain why your health center is changing the service area ZIP codes that this site is serving (e.g., does the health center's UDS patient origin data support that patients are coming from these new ZIP codes, is there need data related to decrease/shift in patient origin or influx of new patients, etc.).
- **Total Hours of Operation:** Explain the need for the change in this site's hours of operation (e.g., data related to decrease or increase in demand for services during specific hours/times at the site, loss or gain of providers, patient survey results, etc.) and describe how patients will be impacted.
- **Months of Operation:** Explain the need for the change in months of operation of this site (e.g., data related to decrease or increase in demand for services at the site during specific periods of the year, loss or gain of providers, patient survey results, etc.) and describe how patients will be impacted.
- **Subrecipient/Contractor Name, Organization Physical Address, and/or EIN:** For any of the three items above, explain why the current subrecipient's or contractor's organizational information has changed (i.e., name, address of headquarters, and/or EIN number).

Please Note: If your health center is proposing to change the "Site Operated by" status, this is considered a significant change in scope and must be submitted through the EHB Prior Approval Module with appropriate documentation. Please contact your Project Officer for more information.

(Character limit at 1,000 – one paragraph)

2. Provide the date this change will take effect.

Please note that once approved by BPHC, this change(s) will be reflected in your approved scope of project in EHB and must be implemented within 120 days of this approval.

[31-Oct-16]

Resource Links:

Scope of Project Webpage: <http://www.bphc.hrsa.gov/programrequirements/scope.html>

Form 5B Instructions:

<http://www.bphc.hrsa.gov/archive/about/requirements/scope/form5binstructions.pdf>

UDS Mapper: <http://www.udsmapper.org>

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 0.5 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.