Form 1A: General Information Worksheet

OMB No.: 0915-0285. Expiration Date: 9/30/2016

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration Form 1A: GENERAL INFORMATION WORKSHEET	FOR HRSA USE ONLY	
	Grant Number	Application Tracking Number

1. Applicant Information	
Applicant Name	*Will pre-populate from the Grants.gov application forms*
Fiscal Year End Date	*Select from drop-down menu (e.g., January 31, March 31)*
Application Type	*Will pre-populate from the Grants.gov application forms*
Existing Grantee	*Will pre-populate from the Grants.gov application forms*
Grant Number	*Will pre-populate from the Grants.gov application forms, if applicable*
Business Entity (Select one)	☐ Tribal ☐ Urban Indian ☐ Private, non-profit (non-Tribal or Urban Indian) ☐ Public (non-Tribal or Urban Indian)
Organization Type (Select all that apply)	☐ Faith based ☐ Hospital ☐ State government ☐ City/County/Local Government or Municipality ☐ University ☐ Community based organization ☐ Other - Specify: _____

2. Proposed Service Area	
Note: Applicants applying for Community Health Center (CHC) funding must serve at least one MUA or MUP. Provide the IDs for all MUAs and/or MUPs within your service area.	
2a. Service Area Designation	
Select MUA/MUP (Each ID must be a 5 digit integer. Use commas to separate multiple IDs.) Find an MUA/MUP (http://muafind.hrsa.gov/)	☐ Medically Underserved Area (MUA): ID# _____ ☐ Medically Underserved Population (MUP): ID# _____ ☐ MUA Application Pending: ID# _____ ☐ MUP Application Pending: ID# _____
2b. Service Area Type	
Choose Service Area Type	☐ Urban ☐ Rural ☐ Sparsely Populated - Specify population density by providing the number of people per square mile: _____ (Provide a value ranging from 0.01 to 7.)

2c. Patients and Visits				
Patients and Visits by Service Type				
Service Type	**UDS/Baseline Value**		**Projected by December 31, 2017 (January 1 – December 31, 2017)**	
	Patients	**Visits**	**Patients**	**Visits**
Total Medical Services				
Total Dental Services				
Behavioral Health Services				
Total Mental Health Services				
Total Substance Abuse Services				
Total Enabling Services				
Unduplicated Patients and Visits by Population Type				
Note: Refer to the Patient Target in the Service Area Announcement Table (SAAT) for the service area proposed in this application to ensure your total unduplicated patient projection meets eligibility requirements. The SAAT is available at the SAC-AA Technical Assistance web site (http://bphc.hrsa.gov/programopportunities/fundingopportunities/sac-aa/index.html).				
Population Type	**UDS/Baseline Value**		**Projected by December 31, 2017 (January 1 – December 31, 2017)**	
	Patients	**Visits**	**Patients**	**Visits**
Total				
General Underserved Community				
Migratory and Seasonal Agricultural Workers				
Public Housing Residents				
People Experiencing Homelessness				

Public Burden Statement: 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 project is 0915-0285. Public reporting burden for this collection of information is estimated to average .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 Reports Clearance Officer, 5600 Fishers Lane, Room 10-33, Rockville, Maryland, 20857.

Instructions

Data pertaining to Population Types, Target Population, and Provider Information will no longer be entered on this form.

1. Applicant Information

Complete all relevant information that is not pre-populated.

Grant numbers will pre-populate for competing continuation applicants.

Use the Fiscal Year End Date field to note the month and day in which the applicant organization's fiscal year ends (e.g., December 31) to help HRSA know when to expect the audit submission in the Federal Audit Clearinghouse (https://harvester.census.gov/facweb/default.aspx/).

Applicants may check only one category in the Business Entity section. An applicant that is a Tribal or Urban Indian entity and also meets the definition for a public or private entity should select the Tribal or Urban Indian category.

Applicants may select one or more categories for the Organization Type section.

2. Proposed Service Area

2a. Service Area Designation

Applicants applying for CHC funding MUST serve at least one Medically Underserved Area (MUA) or Medically Underserved Population (MUP).

Select the MUA and/or MUP designations for the proposed service area and enter the identification number(s).

For inquiries regarding MUAs or MUPs, visit the Shortage Designation web site (http://www.hrsa.gov/shortage) or call 1-888-275-4772 (option 1 then option 2), or contact the Shortage Designation Branch at sdb@hrsa.gov or 301-594-0816.

2b. Service Area Type

Select the type (urban, rural, or sparsely populated) that describes the majority of the service area. If sparsely populated is selected, provide the number of people per square mile (values must range from .01 to 7). For information about rural populations, visit the Office of Rural Health Policy's web site (http://www.hrsa.gov/ruralhealth/policy/definition_of_rural.html).

2c. Patients and Visits

General Guidance for Patient and Visit Numbers:

When providing the count of patients and visits within each service type category, note the following (see the UDS Manual (http://bphc.hrsa.gov/datareporting/reporting/2014udsmanual.pdf) for detailed information):

A visit is a documented face-to-face contact between a patient and a provider who exercises independent judgment in the provision of services to the individual. To be included as a visit, services rendered must be paid for by the applicant organization and documented in the patient's record.

A patient is an individual who had (current data) or is projected to have (projected data) at least one visit in the referenced year.

Since a patient must have at least one documented visit, the number of patients cannot exceed the number of visits.

Applicants with more than one service site must report aggregate data for all sites in the proposed project.

Baseline value data will pre-populate from the most recent UDS report for competing continuation applicants. If UDS data does not accurately reflect current numbers (e.g., due to additional funding received, change in scope, or shifting service area characteristics such as influx of new populations), indicate the accurate current data and describe the discrepancy between UDS and current data in Item 3 of the *NEED* section of the Project Narrative.

A new or competing supplement applicant should report baseline values based on services the applicant is currently providing in the proposed service area (report annualized data) or, if not currently operational in the service area, report baseline values as zero.

Note: A competing supplement applicant should only include in the baseline values patients/visits occurring in the proposed service area that are **not** included in the applicant's most recent current UDS report.

Patients and Visits by Service Type:

1. New or competing supplement applicants: Provide the number of current patients and visits within each service type category. **An individual who receives multiple types of services should be counted once for each service type** (e.g., an individual who receives both medical and dental services should be counted once for medical and once for dental).

2. Project the number of patients and visits anticipated within each service type category by December 31, 2017 (January 1 – December 31, 2017). In general, HRSA does not expect the number of patients and visits to decline over time. Competing supplement applicants should not include patients served through current Health Center Program funding.

3. To maintain consistency with the patients and visits reported in UDS, do not report patients and visits for vision or pharmacy services or services outside the proposed scope of project. Refer to the Scope of Project (http://bphc.hrsa.gov/programrequirements/scope.html) policy documents.
   Note: The Patients and Visits by Service Type section does not have a row for total numbers since an individual patient may be included in multiple service type categories (i.e., a patient should be counted once for each service type received).

Unduplicated Patients and Visits by Population Type:

The population types in this section do NOT refer only to the requested funding categories (i.e., CHC, MHC, HCH, and/or PHPC). An applicant applying for only CHC funding (General Underserved Community) may still have patients/visits reported in the other population type categories. **All patients/visits that do not fall within the Migratory and Seasonal Agricultural Workers, Public Housing Residents, or People Experiencing Homelessness categories must be included in the General Underserved Community category**.

1. New or competing supplement applicants: Provide the number of current unduplicated patients and visits for each population type category. **Across all population type**

categories, an individual can only be counted once as a patient. Competing continuation applicants: Provide the number of visits across the population type categories; current patients will pre-populate from the 2014 UDS data.

2. To maintain consistency with the patients and visits reported in UDS, do not report patients and visits for pharmacy services or services outside the proposed scope of project. Refer to the Scope of Project (http://bphc.hrsa.gov/programrequirements/scope.html) policy documents.

3. Project the **total** number of unduplicated patients and visits within each population type category to be served by December 31, 2017 (January 1 – December 31, 2017). Note: The unduplicated patient projection must be at least 75% of the Patient Target in the SAAT.

   HRSA will use the number of patients projected in the Total row for the Patients Projected by December 31, 2017 column of this section to determine compliance with Eligibility Requirement 3a . Further, if a health center is unable to meet this total unduplicated patient projection (along with other patient projections for supplemental funding awarded during the project period such as FY 2015 Expanded Services) by December 31, 2017, funding for the service area may be reduced.

   Do **not** include any new patients projected to be served through supplemental funding awarded after June 1, 2015 (e.g., the FY 2015 Expanded Services (ES) application) in your unduplicated patient projection. HRSA will add the new patient commitment from such supplemental awards to the total projected unduplicated patients from this FY 2016 SAC-AA application to determine the updated Patient Target for the service area.

Review the SAAT Patient Target and the Summary of Funding for Patient Target reduction details to ensure that the Patient Target and funding request are aligned. Other resources are available at the SAC-AA Technical Assistance web site (http://bphc.hrsa.gov/programopportunities/fundingopportunities/sac-aa/index.html).