

<b>DEPARTMENT OF HEALTH AND HUMAN SERVICES</b> <b>Health Resources and Services Administration</b>  <b>Federal Budget Information Table</b>	FOR HRSA USE ONLY			
	Grant Number		Application Tracking Number	
	Maximum Eligible Amount:		Total Federal Requested Amount:	
	Service Types Selected:			

*From the list below, select the service categories that are proposed for expansion through the Expanded Services funding opportunity. Note that applicants may propose to use no more than 20 percent of the Expanded Services funding to increase the availability of new and/or existing enabling services. Applicants must propose to use at least 80 percent of the Expanded Services funding to expand access to one or more of the remaining service categories. Applicants are required to demonstrate throughout the Expanded Services application an increase in staff/providers as well as new and/or existing patients for each service category selected for expansion. Expanded Services applications must demonstrate an overall increase in new patients.*

Federal Budget Information					
Areas of Expansion	Service Category	Federal Funds Requested	Percentage % of Total ES Funds [auto-calculated in EHB]	Federal Funds Requested for Equipment	If you requested to use Federal funds for Equipment in Year 1, describe how you will use those funds in future years for non-equipment purposes
	<b>Enabling Services (EN)</b>				
	• Case Management				
	• Eligibility Assistance				
	• Health Education				
	• Outreach				
	• Transportation				
	• Translation				
	• Additional Enabling/Supportive Services (e.g., support access to legal services/legal aid)				
	<b><u>TOTAL Enabling Services</u></b>				
	<b>Medical Services (MS)</b>				
	<b>Oral Health Services (OH)</b>				
	<b>Behavioral Health Services (BH)</b>				
	<b>Pharmacy Services (PS)</b>				
	<b>Vision Services (VS)</b>				
	<b><u>TOTAL All Services</u></b>				

**Continue to Part 2 of the Federal Budget Information Table Form on the next page →**

## Form 5A Changes

Review the currently approved Form 5A for your organization (by clicking the hyperlink). Are modifications necessary to ensure that the services that you will be proposing for expansion are recorded accurately on your Form 5A? If yes, describe the proposed changes below.

Yes or  No

**Note the following guidelines:**

- *Changes to Form 5A are NOT REQUIRED. Applicants may propose to use Expanded Services funding to support the expansion of existing services in scope.*
- *Applicants should NOT propose changes to Form 5A that are not relevant to the Expanded Services proposal. All Form 5A changes must be detailed in the Project Narrative.*
- *Applicants are required to verify that new services have been implemented within 120 days of award. Health centers should NOT propose new services if they will not meet the 120-day implementation deadline.*

[If yes, applicants enter brief narrative response here]

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

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 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 Reports Clearance Officer, 5600 Fishers Lane, Room 10-33, Rockville, Maryland, 20857.