

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration Summary Verification Form	FOR HRSA USE ONLY		
	Grant Number		Application Tracking Number
	Maximum Eligible Amount:		Total Federal Requested Amount:
	Service Types Selected:		

Total number of New Patients projected to access care as a result of Expanded Services funding by December 31, 2017:	[prepopulated, read-only]
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To make changes, visit the [Patient Impact Form](#).
Note: Calendar Year 2017 Uniform Data System (UDS) Reports are expected to reflect the patient projection increase included in this application. Future funding may be reduced if UDS data demonstrate that projections are not met.

Maximum amount of Federal funding eligible to be requested per year:	[prepopulated, read-only]
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Total Federal funding requested per year for the Expanded Services proposal:	[prepopulated, read-only]
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To make changes, visit the [Federal Budget Information Table](#) and the [SF-424 Budget Form](#), as needed.

Summary of changes to Form 5A: Services proposed in the Expanded Services application

The table below indicates the services on Form 5A that were **added or modified** in this ES application. Services that are currently in-scope and that do not require modification as part of the Expanded Services proposal are not listed here. [Click here](#) to view the full list of ALL services included in your organization’s approved scope of project.

Changes to Form 5A are NOT REQUIRED. Applicants may propose to use Expanded Services funding to support the expansion of existing services in scope.

Note: Within 120 days of award, health centers will be required to verify that the Form 5A changes summarized below have been implemented. Health centers should NOT propose new services if they will not meet the 120-day implementation deadline. Applications proposing to expand services through an equipment purchase in Year 1 that will not begin provision of a new service until Year 2 of the project must submit a Change in Scope request to add the service to scope closer to the time that provision of the new service will begin.

If the proposed updates listed below are not correct, visit [Form 5A](#) (by clicking on the hyperlink) and make changes as needed.

[THE SAMPLE SUMMARY OF FORM 5A CHANGES BELOW IS FOR DEMONSTRATION PURPOSES ONLY]

REQUIRED SERVICES	Currently Approved Form 5A			Updated Form 5A		
Service Type	Column I (Direct – Health Center Pays)	Column II (Formal Written Contract – Health Center Pays)	Column III (Formal Referral – Health Center DOES NOT pay)	Column I (Direct – Health Center Pays)	Column II (Formal Written Contract – Health Center Pays)	Column III (Formal Referral – Health Center DOES NOT pay)
Immunizations	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Well Child Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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Have all necessary changes to Form 5A been captured in the Expanded Services application? <i>Note: Form 5A modifications that are not included in the ES application will require submission of a Change in Scope request post-award to ensure that the Form 5A accurately reflects the services to be provided as part of the ES-funded project.</i>			
<input type="checkbox"/> Yes or <input type="checkbox"/> No			
Will the Expanded Services project be implemented at one or more health center sites included in the applicant organization's currently approved scope on Form 5B?			
<input type="checkbox"/> Yes or <input type="checkbox"/> No			

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.