

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration		FOR HRSA USE ONLY	
		Grant Number	Application Tracking Number
Form 1A: GENERAL INFORMATION WORKSHEET			
1. Applicant Information			
Applicant Name	<i>Will pre-populate from the Grants.gov application forms</i>		
Fiscal Year End Date	<i>Select from drop-down menu (e.g., January 31)</i>		
Application Type	<i>Will pre-populate from the Grants.gov application forms</i>		
Existing Grantee	<i>Will pre-populate from the Grants.gov application forms</i>		
Grant Number	<i>Will pre-populate from the Grants.gov application forms</i>		
Business Entity <i>(select one)</i>	<input type="checkbox"/> Tribal <input type="checkbox"/> Urban Indian <input type="checkbox"/> Private, non-profit (non-Tribal or Urban Indian) <input type="checkbox"/> Public (non-Tribal or Urban Indian)		
Organization Type <i>(select all that apply)</i>	<input type="checkbox"/> Faith based <input type="checkbox"/> Hospital <input type="checkbox"/> State government <input type="checkbox"/> City/County/Local Government or Municipality <input type="checkbox"/> University <input type="checkbox"/> Community based organization <input type="checkbox"/> Other - Specify: _____		
2. Proposed Service Area			
2a. Service Area Type			
Choose Service Area Type <i>(select all that apply)</i>	<input type="checkbox"/> Urban <input type="checkbox"/> Rural <input type="checkbox"/> Sparsely Populated - Specify population density by providing the number of people per square mile: _____ (Provide a value ranging from 0.01 to 7)		
NOTE: For the Patients and Visits by Service Type Section			
<ul style="list-style-type: none"> The UDS/Baseline Values for dental patients and visits will pre-populate from 2014 UDS data. Provide total projected dental patients and related visits for calendar year 2017 (by December 31, 2017). Total projected dental patients include: (1) existing dental patients that will continue to receive dental services in 2017, (2) existing health center patients not currently receiving dental services who will receive these services in 2017, and (3) new patients (new to the health center) who will receive these services in 2017. 			

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2b. Patients and Visits

Patients and Visits by Service Type

Service Type	UDS/Baseline Value		Projected by December 31, 2017	
	Patients	Visits	Patients	Visits
Total Medical Services	N/A	N/A	N/A	N/A
Total Dental Services	<i>Will pre-populate with 2014 UDS data from Table 5, Line 19(c).</i>	<i>Will pre-populate with 2014 UDS data from Table 5, Line 19(b).</i>		
Behavioral Health Services				
Total Mental Health Services	N/A	N/A	N/A	N/A
Total Substance Abuse Services	N/A	N/A	N/A	N/A
Total Enabling Services	N/A	N/A	N/A	N/A

NOTE: For the Unduplicated Patients and Visits by Population Type Section

- In the table below, report ONLY the NEW dental patients (new to the health center) and related visits as a result of the OH project for the year ending December 31, 2017.
- There is no minimum required value for the new unduplicated patient projection. Patient projections should be reasonable based on the identified needs of the patient population and service area.

Unduplicated Patients and Visits by Population Type

Population Type	UDS/Baseline Value		Projected by December 31, 2017	
	Patients	Visits	Patients	Visits
Total	N/A	N/A		
General Underserved Community (include all patients/visits not reported in rows below)	N/A	N/A		
Migratory and Seasonal Agricultural Workers	N/A	N/A		
Public Housing Residents	N/A	N/A		
People Experiencing Homelessness	N/A	N/A		

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.