

External Scope Adjustment Questions – Sites (Form 5B)



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>