

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
<b>1. Applicant Information</b>			
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: _____		
<b>2. Proposed Service Area</b>			
<b>NOTE(s):</b> Applicants applying for Community Health Center funding must serve at least one MUA or MUP. Provide the IDs for all MUAs and/or MUPs within your service area.			
<b>2a. Service Area Designation</b>			
Select MUA/MUP (Each ID must be a 5 digit integer. Use commas to separate multiple IDs, without spaces) <a href="#">Find an MUA/MUP</a>	Select one or more MUA/MUP options, as applicable:  <input type="checkbox"/> Medically Underserved Area (MUA): ID#_____ <input type="checkbox"/> Medically Underserved Population (MUP): ID#_____ <input type="checkbox"/> MUA Application Pending: ID#_____ <input type="checkbox"/> MUP Application Pending: ID#_____		
<b>2b. Service Area Type</b>			
Choose Service Area Type <i>(select one)</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)		

## 2c. Patients and Visits

### Patients and Visits by Service Type

Service Type	UDS/Baseline Value		Projected by December 31, 2018 (January 1 - December 31 2018)	
	Patients	Visits	Patients	Visits
Total Medical Services	N/A	N/A		
Total Dental Services	N/A	N/A		
Behavioral Health Services				
Total Mental Health Services	N/A	N/A		
Total Substance Abuse Services	N/A	N/A		
Total Enabling Services	N/A	N/A		

### Unduplicated Patients and Visits by Population Type

Population Type	UDS/Baseline Value		Projected by December 31, 2018 (January 1 - December 31 2018)	
	Patients	Visits	Patients	Visits
Total	N/A	N/A		
General Underserved Community (Include all patients and visits not reported in the 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.