HRSA
Health Resources & Services Administration

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration **Summary Page**	FOR HRSA USE ONLY	
	Grant Number	**Application Tracking Number**

1) Select your applicant type:	Select One Option:
I am a satellite applicant (I am a current Health Center Program award recipient with an H80 grant).	[ ]
I am a new applicant (not an H80 award recipient), and I am **not** a look-alike.	[ ]
I am a new applicant (not an H80 award recipient), and I am a designated look-alike.	[ ]

2) I am proposing the following sites, which will be open within 120 days of award:

These are the NAP proposed sites and service area. If changes are required, revisit Form 5B.

Site Name	Physical Street Address for Site	Service Site Type	Location Type	Hours per Week	Service Area Zip Codes

[ ] By checking this box, I certify that all sites described in my application are included on Form 5B (as summarized above) **and** that all sites included on Form 5B (as summarized above) will be open and operational within 120 days of receipt of the Notice of Award.

3) The Unmet Need Score (UNS) is the aggregate objective assessment of unmet need based on the service area zip codes entered on Form 5B (out of 100 points). The UNS converted score represents up to 20 points of the 30 available points in the Need section.

Unmet Need Score: *Auto-Calculated in EHB*
UNS Converted Score: *Auto-Calculated in EHB*

[ ] By checking this box, I understand that the UNS converted score (out of 20 points) will be included as part of my NAP application overall score and I acknowledge that the service area ZIP codes used to calculate the Unmet Need Score are accurate (as listed above and on Form 5B). In addition, I understand that these zip codes correspond to ZCTAs to determine the UNS.

NOTE: Use the UNS Workbook on the NAP TA website to determine the ZCTAs for your proposed service area (enter your Form 5B service area zip codes), view the unmet need data associated with each ZTCA, and see how that data composes the service area UNS.

4) Total number of unduplicated patients projected to be served in calendar year 2020 (by December 31, 2020) entered on Form 1A:

[ ] By checking this box, I acknowledge that the health center will be held accountable for meeting this NAP unduplicated patient projection in calendar year 2020. For new applicants, this becomes your Patient Target. For satellite applicants, this figure will be added to your Patient Target.

5) I am requesting the following types of Health Center Program funding:					
This is the NAP Federal funding request. If changes are required, revisit Form 1A and/or Form 1B.					
Type of Health Center Funding	**Operational funds for Year 1 (a)**	**Operational funds for Year 2 (b)**	**Funding Population % for Year 2 (c)**	**CY 2020 Patient Projection (d)**	**Federal Dollars per Patient (e=b/d)**
Community Health Centers			*Auto-Calculated in EHB*		*Auto-Calculated in EHB*
Health Care for the Homeless			*Auto-Calculated in EHB*		*Auto-Calculated in EHB*
Migrant Health Centers			*Auto-Calculated in EHB*		*Auto-Calculated in EHB*
Public Housing Primary Care			*Auto-Calculated in EHB*		*Auto-Calculated in EHB*
One-time Funding					
Total					

6) I am requesting one-time funding in Year 1 for the following type of project:
If changes are required, revisit Form 1B.

[_] N/A
[_] Minor alteration/renovation without equipment
[_] Minor alteration/renovation with equipment
[_] Equipment Only

7) Total number of full time equivalent (FTE) staff:
This is this proposed FTE staff for the NAP project. If changes are required, revisit Form 2.

8) Certifications

[_] By checking this box, I certify that:
- The main purpose of this NAP project is to provide comprehensive primary medical care for all underserved individuals in the targeted service area or population.
- I have consulted with appropriate State and local government agencies, and health care providers regarding the need for the health services to be provided at the proposed NAP site(s).

9) Compliance

[_] By checking this box, I acknowledge that, in accordance with Section 330(e)(1)(B):
- My health center must maintain compliance with all Health Center Program requirements.
- I must address areas of noncompliance within the timeframes specified in applicable conditions.
- If I am a new start applicant or a look-alike with unresolved conditions on my Notice of Look-alike Designation related to Health Center Program requirements, I must submit a Compliance Achievement Plan within 120 days of Notice of Award which outlines steps the health center will take to meet the Health Center Program requirements.

Instructions for Summary Page

The Summary Page is used to verify key application data used by HRSA when reviewing the NAP applications. Content will be pre-populated from the Program Specific Forms. If the pre-populated data appear incorrect, verify that the pertinent data provided in the Program Specific Forms (1A, 1B, 2, and 5B) were entered correctly.

Proposed NAP site(s) and service area zip codes will pre-populate from Form 5B: Service Sites. If funded, you will be held accountable for verifying ALL proposed sites are open and operational within 120 days of Notice of Award. Use this section of the form to verify that the correct sites have been proposed, the correct service area zip codes have been proposed, and all proposed sites have street addresses. The zip codes listed on Form 5B (service and administrative/service delivery sites only) will be used to determine the NAP service area, UNS, and priority points. Zip codes entered for administrative-only sites will not be considered when determining the UNS and priority points.

The UNS automatically calculates a standardized unmet need score that represents the aggregate unmet need across all proposed service area zip codes. The UNS is worth up to 20 points in your overall application score. Carefully review your service area zip codes and corresponding UNS for accuracy. More information on UNS can be found on the NAP Technical Assistance website.

The total number of unduplicated patients projected to be served in 2020 (January 1 – December 31, 2020) will be pre-populated from Form 1A: General Information Worksheet. If funded, you will be held accountable for meeting the **unduplicated** patient projection (from the Total line under Unduplicated Patients and Visits by Population Type on Form 1A: General Information Worksheet) and any future or other supplemental funding patient commitments by December 31, 2020. HRSA will use 2020 UDS data to assess achievement of your patient target. Use this section of the form to verify that the total number of unduplicated patients projected to be served is realistic and appropriate based on the proposed NAP project.

Note that the population funding percentages (i.e., percentage of funding requested for CHC, MHC, HCH, and/or PHPC) will be based on operational funds requested for Year 2 and will therefore not include any one-time funding requested. The system will automatically calculate the population funding percentages and federal dollars per patient. The federal dollars per patient is calculated by dividing the federal dollar amount requested by the projected number of unduplicated patients projected to be served in 2020 by population type entered on Form 1A. Use this section of the form to verify that each year of the NAP funding request is appropriately budgeted by population type and reasonable for the number of patients projected to be served.

You must certify that:
- You have double-checked all information provided to ensure accuracy, including the UNS.
- The main purpose of your NAP project is to provide comprehensive primary medical care for all underserved individuals in the targeted service area or population.
- You have consulted with appropriate State and local government agencies and health care providers regarding the need for the health services to be provided at the proposed NAP site(s).

You will be held accountable for:

- Having **all proposed sites** (from Form 5B) open and operational within 120 days of Notice of Award.
- Meeting the calendar year 2020 **unduplicated patient projection** (from Form 1A) by December 31, 2020.

Submitting a Compliance Achievement Plan within 120 days of Notice of Award which outlines steps you will take to meet the Health Center Program requirements (if you are a new applicant or a look-alike with unresolved conditions on your Notice Look-alike Designation related to Health Center Program requirements).