DEPARTMENT OF HEALTH AND HUMAN SERVICES **Health Resources and Services Administration** **FORM 5B: SERVICE SITES**	**FOR HRSA USE ONLY**	
	Grant Number	Application Tracking Number

Site Qualification Criteria

1. Is the site an "admin-only" site? If Yes, the site is an 'Admin-only' site, select 'Not Applicable' for questions 'a' to 'd' below. If No, the site is a Service Delivery site, answer questions 'a' to 'd' Yes or No.	[_] Yes [_] No
a. Are/will health center encounters be generated by documenting in the patients' records face-to-face contacts between patients and providers?	[_] Yes [_] No [_] Not Applicable
b. Do/will providers exercise independent judgment in the provision of services to the patient?	[_] Yes [_] No [_] Not Applicable
c. Are/will services be provided directly by or on behalf of the grantee, whose governing board retains control and authority over the provision of the services at the location?	[_] Yes [_] No [_] Not Applicable
d. Are/will services be provided on a regularly scheduled basis (e.g., daily, weekly, first Thursday of every month)?	[_] Yes [_] No [_] Not Applicable
2. Is the site a Domestic Violence (Confidential) shelter? Select 'Yes" for this question only if the site being added is a confidential site serving victims of domestic violence and the site address cannot be published due to the necessity to protect the location of the domestic violence shelter.	[_] Yes [_] No [_] Not Applicable

Site Information

Site Name		Site Physical Address (Please ensure your address contains the appropriate unique suite, building, or other notation, if appropriate. If the address displayed does not contain this information, please select Change Physical Location and update as appropriate)	
Site Type	[_] Administrative/Service Delivery Site [_] Service Delivery Site [_] Administrative Site	Site Phone Number	
Web URL			

The following fields are required for "Service Delivery" and "Administrative/Service Delivery" site types:

Location Type	[_] Permanent [_] Seasonal [_] Mobile [_] Migrant Voucher [_] Intermittent	Site Setting	[_] All Other Clinic Types [_] Hospital [_] School

Site Information			
Date Site was Added to Scope	mm/dd/yyyy	Site Operational Date	mm/dd/yyyy
FQHC Site Medicare Billing Number Status	[_] This site is neither permanent nor seasonal per CMS (i.e., does not require unique FQHC Medicare Billing Number) [_] Health center does not/will not bill under the FQHC Medicare system at this site [_] Number is pending; application for this site has been submitted to CMS [_] Application for this site has not yet been submitted to CMS [_] This site has a Medicare billing number	FQHC Site Medicare Billing Number (Required if 'This site has a Medicare billing number' is selected in 'FQHC Site Medicare Billing Number Status' field)	
FQHC Site National Provider Identification (NPI) Number (Optional field)		Total Hours of Operation (when patients will be served per week)	
Months of Operation			
Service Area Zip Codes			
Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type)		Number of Intermittent Sites (Required only for 'Intermittent Site' Type)	
Site Operated by	[_] Health Center/Applicant [_] Contractor [_] Subrecipient		
Subrecipient or Contractor Information (Required only if 'Subrecipient or Contractor' is selected in 'Site Operated By' field)			
Subrecipient/Contractor Organization Name			
Subrecipient/Contractor Organization Physical Site Address			
Subrecipient/Contractor EIN			

Alert(s) displayed when Form 5B is optional:

"This form is not applicable to you as the following are true in Form 1B of this application:

• You have answered 'No' to the add Permanent or Mobile site proposal.
• You have not requested one-time funding for alteration/renovation."

Section(s) displayed when Form 5B is applicable:

Scenario 1: IF the applicant selects 'Yes' to the 'Are you proposing to add a mobile site or permanent site in this application?' question in Form 1B

"Proposed Sites" section is displayed along with the **Add New Site** button. This shall be a required section when it is displayed.

NOTE(s) Displayed:

• *Select "Add New Site" to add a new permanent or mobile site, as indicated on Form 1B.*
• *When adding a new site, the service area zip code(s) and site address zip code must be within the following list: XXXXX, XXXXX, XXXXX. This list represents the service area zip code(s) as of the release date of the OH Funding Opportunity.*

Scenario 2: IF the applicants requests for any alteration/renovation one-time funds use in Form 1B

"Existing Sites in Scope" section is displayed along with the **Pick Site from Scope** button. This shall be a required section when it is displayed.

NOTE(s) Displayed:

• *Select a site from your current Scope since you indicated one-time use of funds for alteration/renovation in Form 1B.*

If any of the scenarios above are not met, then the system shall not display the related section/notes on this form. If both scenarios are applicable, then the system shall display both sections/notes.