

Form 5B: Service Sites

OMB No.: 0915-0285. Expiration Date: 9/30/2016

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

Note: This form will pre-populate for competing continuation applicants.

If you are proposing to serve Community Health Centers, Public Housing Health Centers or Homeless Health Centers with or without Migrant Health Centers, you must propose at least one new Service Delivery site or Administrative/Service Delivery site with the Location Type as 'Permanent' and operating for at least 40 hours.

If you are proposing to serve only Migrant Health Centers, you must propose at least one new Service Delivery site or Administrative/Service Delivery site with Location Type as 'Permanent' or 'Seasonal' and operating for at least 40 hours.

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.	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Are/will health center encounters be generated by documenting in the patients' records face-to-face contacts between patients and providers?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
b. Do/will providers exercise independent judgment in the provision of services to the patient?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
d. Are/will services be provided on a regularly scheduled basis (e.g., daily, weekly, first Thursday of every month)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable

Site Information

Site Name		Site Physical Address (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)
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Site Information			
Site Type	<input type="checkbox"/> Administrative/Service Delivery Site <input type="checkbox"/> Service Delivery Site <input type="checkbox"/> Administrative Site	Site Phone Number	
Web URL			
Note: The following fields are required for "Service Delivery" and "Administrative/Service Delivery" site types:			
Location Type	<input type="checkbox"/> Permanent <input type="checkbox"/> Seasonal <input type="checkbox"/> Mobile <input type="checkbox"/> Migrant Voucher <input type="checkbox"/> Intermittent	Site Setting	<input type="checkbox"/> All Other Clinic Types <input type="checkbox"/> Hospital <input type="checkbox"/> School <input type="checkbox"/> Tribal
Date Site was Added to Scope	Read-only for sites already in scope and disabled when adding a new site	Site Operational Date	mm/dd/yyyy
FQHC Site Medicare Billing Number Status	<input type="checkbox"/> This site is neither permanent nor seasonal per CMS (i.e., does not require unique FQHC Medicare Billing Number) <input type="checkbox"/> Health center does not/will not bill under the FQHC Medicare system at this site <input type="checkbox"/> Number is pending; application for this site has been submitted to CMS <input type="checkbox"/> Application for this site has not yet been submitted to CMS <input type="checkbox"/> 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)	
Site Information			
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	<input type="checkbox"/> Health Center/Applicant <input type="checkbox"/> Contractor <input type="checkbox"/> 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	

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 10-29, Rockville, Maryland, 20857.

Instructions

Competing continuation applicants: The application should reflect only the current scope of project. Therefore, this form will be pre-populated and cannot be modified. Changes in sites require prior approval through a Change in Scope request submitted in EHB. If the pre-populated data does not reflect recently approved scope changes, click the **Refresh from Scope** button to display the latest scope of project.

Note: In order for this form to accurately pre-populate, competing continuation applicants must select **Continuation** for Box 2 and provide the grant number for Box 4 on the SF-424. **Failure to apply in this manner will result in delayed EHB application access.**

New and competing supplement applicants must complete Form 5B: Service Sites based only on the scope of project for the proposed service area.

- If the project is funded, sites listed on this form will be considered to be in the approved scope of project, regardless of what is described or detailed elsewhere in the application.
- Refer to the Scope of Project (<http://bphc.hrsa.gov/programrequirements/scope.html>) policy documents and resources for details pertaining to defining and changing scope (i.e., sites, service area zip codes, target population).

Provide requested data for each proposed service site. Competing supplement applicants may select sites from their current scope, but must also propose **at least one** new full-time, permanent¹ service or service/administrative site located in the new service area.

Zip codes entered in the Service Area Zip Codes field must be those where at least 75 percent of the current patients within the service area reside. Refer to the SAAT (<http://bphc.hrsa.gov/programopportunities/fundingopportunities/sac-aa/index.html>) to determine the zip codes where the majority of patients reside. **Zip codes entered in this field will determine compliance with Eligibility Requirement 3b.**

Note: Sites described in the Project Narrative that are not listed on Form 5B will not be considered by the Objective Review Committee when reviewing and scoring the application.

¹ MHC-only applicants may propose at least one full-time seasonal rather than permanent site to meet this criterion.