

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration PROPOSAL COVER PAGE	FOR HRSA USE ONLY	
	Grant Number	Application Tracking Number

Applicant Information

1. Applicant is a:

- School-based health center WITH a sponsoring facility that meets the definition of a school-based health center under section 2110(c)(9)(A) of the Social Security Act and is administered by a sponsoring facility (as defined in section 2110(c)(9)(B) of the Social Security Act).
- Sponsoring facility OF a school-based health center that meets the definition of a school-based health center under section 2110(c)(9)(A) of the Social Security Act and is administered by a sponsoring facility (as defined in section 2110(c)(9)(B) of the Social Security Act).

2. Sponsoring Facility type is a:

- Community Health Center
- Public Health Department
- Hospital
- Non-profit Health Care Agency
- Local Educational Agency
- A program administered by the Indian Health Service or the Bureau of Indian Affairs or operated by Indian Tribe or a Tribal Organization

3. Is the applicant organization currently an existing Health Center Program award recipient or look-alike?

- Yes No
- If 'Yes' please provide the H80 or LAL number: _____ (e.g., H80CS12345; LALCS12345)
- Note: The answer to this question does not impact eligibility.

Project Narrative

1) Need
 Respond to all items listed in this section of the Project Narrative in the NOFO. Organize your response with numbers that correspond to the NOFO items.

Maximum 8,000 characters counting spaces:

2) Response

In sections 2a, 2b, and 2c below, respond to all items listed in this section of the Project Narrative in the NOFO, with specific reference to mental health services (response 2a), substance abuse services (response 2b), and childhood obesity-related services (response 2c). Organize your responses with numbers that correspond to the NOFO items.

2a. Response for Mental Health Services

Maximum 3,000 characters counting spaces:

2b. Response for Substance Abuse Services

Maximum 3,000 characters counting spaces:

2c. Response for Childhood Obesity-Related Services

Maximum 3,000 characters counting spaces:

3) Service Impacts

Respond to all items listed in this section of the Project Narrative in the NOFO. Organize your response with numbers that correspond to the NOFO items.

Maximum 8,000 characters counting spaces:

3a. How many unduplicated patients are served annually at the SBHC?

4) Resources and Capabilities

Respond to all items listed in this section of the Project Narrative in the NOFO. Organize your response with numbers that correspond to the NOFO items.

Maximum 8,000 characters counting spaces:

5) Funding Preference

I certify that the SBHC serves a large population of:

- Children eligible for medical assistance under the state Medicaid plan under title XIX of the Social Security Act or under a waiver of such plan, or
- Children eligible for child health assistance under the state child health plan under title XXI of the Social Security Act.

NOTE: The response to this question determines eligibility for the funding preference.

Yes No

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 14N-39, Rockville, Maryland, 20857.