

<b>DEPARTMENT OF HEALTH AND HUMAN SERVICES</b> <b>Health Resources and Services Administration</b>  <b>Form 1A: GENERAL INFORMATION WORKSHEET</b>		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., February 28)</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>2a. Service Area Type</b>			
Choose Service Area Type <i>(select all that apply)</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)		
<b>2b. Target Population and Provider Information</b>			
<b>Target Population</b>	<b>Current Number</b>	<b>Projected by December 31, 2017</b>	
Total Service Area Population	N/A	N/A	
Total Target Population	N/A	N/A	
<b>Provider Information</b>	<b>Current Number</b>	<b>Projected by December 31, 2017</b>	
Total FTE Medical Providers	N/A	N/A	
Total FTE Dental Providers	N/A	N/A	

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Total FTE Behavioral Health Providers	<b>Current Number</b>	<b>Projected by December 31, 2017</b>		
Total FTE Mental Health Providers				
Total FTE Substance Abuse Services Providers				
Total FTE Enabling Services Providers				
<p><b>NOTE: For the Patients and Visits by Service Type Section</b></p> <ul style="list-style-type: none"> <li>Projected values must include the number of patients that will receive substance abuse services from January 1, 2017 – December 31, 2017, who are: <ul style="list-style-type: none"> <li>Current patients who will continue to receive substance abuse services;</li> <li>Existing patients not currently receiving substance services that will receive substance abuse services as a direct result of this funding; and</li> <li>New patients that will receive substance abuse services as a direct result of this funding.</li> </ul> </li> <li><b>The Substance Abuse Services patient and visit projections must be greater than baseline.</b></li> </ul>				
<b>2c. Patients and Visits</b>				
<b>Patients and Visits by Service Type</b>				
Service Type	UDS/Baseline Value		Projected by December 31, 2017	
	Patients	Visits	Patients	Visits
Total Medical Services	N/A	N/A	N/A	N/A
Total Dental Services	N/A	N/A	N/A	N/A
Behavioral Health Services				
Total Mental Health Services	<i>Will pre-populate with 2014 UDS data</i>	<i>Will pre-populate with 2014 UDS data</i>		
Total Substance Abuse Services	<i>Will pre-populate with 2014 UDS data</i>	<i>Will pre-populate with 2014 UDS data</i>		
Total Enabling Services	<i>Will pre-populate with 2014 UDS data</i>	<i>Will pre-populate with 2014 UDS data</i>		

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**NOTE: For the Unduplicated Patients and Visits by Population Type Section**

- **Do not include patients already served by the health center in the projected values.**
- *Projected values should include ONLY the number of patients new to the health center who are projected to receive substance abuse services as a direct result of Substance Abuse Service Expansion supplement funding from January 1, 2017 – December 31, 2017. No minimum value is required.*
- *Patient projections from this section will be added to the applicant's overall Patient Target, if funded.*

**Unduplicated Patients and Visits by Population Type**

Population Type	UDS/Baseline Value		Projected by December 31, 2017	
	Patients	Visits	Patients	Visits
Total	<i>Will pre-populate with 2014 UDS data</i>	<i>Will pre-populate with 2014 UDS data</i>		
General Underserved Community (all patients/visits not reported in below rows below)	<i>Will pre-populate with 2014 UDS data</i>	<i>Will pre-populate with 2014 UDS data</i>		
Migratory and Seasonal Agricultural Workers	<i>Will pre-populate with 2014 UDS data</i>	<i>Will pre-populate with 2014 UDS data</i>		
Public Housing Residents	<i>Will pre-populate with 2014 UDS data</i>	<i>Will pre-populate with 2014 UDS data</i>		
People Experiencing Homelessness	<i>Will pre-populate with 2014 UDS data</i>	<i>Will pre-populate with 2014 UDS data</i>		

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.