



Scope Certification

OMB No.: 0915-0285. Expiration Date: 3/31/2023

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration	FOR HRSA USE ONLY	
	LAL Number	Application Tracking Number
1. Scope of Project Certification – Services – select only one option below		
<input type="checkbox"/> By checking this option, I certify that I have reviewed my Form 5A: Services Provided and it accurately reflects all services and service delivery methods included in my current approved scope of project.		
<input type="checkbox"/> By checking this option, I certify that I have reviewed my Form 5A: Services Provided and it requires changes that I have submitted through the change in scope process.		
2. Scope of Project Certification – Sites – select only one option below		
<input type="checkbox"/> By checking this option, I certify that I have reviewed my Form 5B: Service Sites and it accurately reflects all sites included in my current approved scope of project.		
<input type="checkbox"/> By checking this option, I certify that I have reviewed my Form 5B: Service Sites and it requires changes that I have submitted through the change in scope process.		
3. 120 Day Compliance Achievement Plan Certification		
<input type="checkbox"/> By checking this box, I certify that if my organization is noncompliant with any Health Center Program requirements, in accordance with Section 330(e)(1)(B), I will submit for HRSA's approval within 120 days of release of the Notice of Look-Alike Designation (NLD) a Compliance Achievement Plan to come into compliance. I acknowledge that areas of noncompliance will be documented through the carryover of any unresolved, existing condition(s) from the current designation period and/or the placement of new condition(s) on the designation based on the review of this application. I also acknowledge that all conditions on my designation must be addressed within the timeframes and by the due dates specified on my Health Center Program NLD and that the Compliance Achievement Plan I submit must align with such timelines.		
4. Uniform Data System (UDS) Report Certification		
<input type="checkbox"/> By checking this box, I certify that I have reviewed the UDS Resources , including the most recent UDS Manual and understand that my organization will be required to report data on patients, services, staffing, and financing annually. I also acknowledge that failure to submit a complete report by the specified deadline may result in conditions or restrictions being placed on the Health Center Program designation.		

Public Burden Statement: Health centers (section 330 grant funded and Federally Qualified Health Center look-alikes) deliver comprehensive, high quality, cost-effective primary health care to patients regardless of their ability to pay. The Health Center Program application forms provide essential information to HRSA staff and objective review committee panels for application evaluation; funding recommendation and approval; designation; and monitoring. The OMB control number for this information collection is 0915-0285 and it is valid until 3/31/2023. This information collection is mandatory under the Health Center Program authorized by section 330 of the Public Health Service (PHS) Act ([42 U.S.C. 254b](#)). Public reporting burden for this collection of information is estimated to average 30 minutes 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 14N136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov.

Instructions

Scope of Project: Sites and Services

To ensure an accurate scope of project, certify that:

- Form 5A: Services Provided accurately reflects all services and service delivery methods included in the current scope of project OR Form 5A: Services Provided requires changes that **you have already submitted** through the change in scope process.
- Form 5B: Service Sites accurately reflects all sites included in the current scope of project OR Form 5B: Service Sites requires changes that **you have already submitted** through the change in scope process.

120 Day Compliance Achievement Plan Certification

Certify that if your organization is designated and is noncompliant with any Health Center Program requirements, within 120 days of release of your NLD, you will submit a Compliance Achievement Plan which outlines a plan to meet the Health Center Program requirements within the timeframes required by the conditions on your NLD.

Uniform Data System (UDS) Report Certification

Certify that you have reviewed the UDS Resources and that your organization will report required data annually and if your organization fails to submit a report by the deadline, it may result in a condition and or restriction placed on your designation.