



Project Overview Form

OMB No.: 0915-0285. Expiration Date: 4/30/2026

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration PROJECT OVERVIEW FORM	FOR HRSA USE ONLY	
	Grant Number	Application Tracking Number

Instructions

- The sites in the summary table below are pulled from those you selected on the Form 5B Select Site(s) From Scope page.
 - If you need to add or remove a site, please open Form 5B Select Site(s) From Scope to make changes.
 - Sites referenced in your Project Narrative should match the sites listed in the summary table below.
 - Click on the [Update] link under Actions for each site to complete Site Information questions.
- Below the summary table, respond to questions about services that will be provided during your additional hours.

A. Site Summary Table

A1. Name of Service Delivery Site	A2. Service Delivery Site Address	A3. According to Form 5B at the time of NOFO release, this site is open this many hours per week:	A4. How many additional hours (not counting the number in A3) are you proposing this site will be open per week as a result of EH funding?	A5. The proposed new Total Hours of Operation for this site per week as a result of EH funding will be:	Actions
<i>(Data from Form 5B: Select Site(s) from Scope)</i>	<i>(Data from Form 5B: Select Site(s) from Scope)</i>	<i>(Data from Form 5B: Select Site(s) from Scope)</i>			Update
<i>(Data from Form 5B: Select Site(s) from Scope)</i>	<i>(Data from Form 5B: Select Site(s) from Scope)</i>	<i>(Data from Form 5B: Select Site(s) from Scope)</i>			Update

B. Describe your plan for increasing hours in a short narrative. Include a timeline for key tasks/deliverables, including how many hours you plan to add within the first 6 months of award.

(Response can be up to 3,000 characters with spaces, approximately 500 words)

C. What in-scope services, listed in Form 5A: Services Provided, will be available during your additional hours of operation?

At least one response must be Yes.

C1. Medical	Yes <input type="checkbox"/> No <input type="checkbox"/>
C2. Dental	Yes <input type="checkbox"/> No <input type="checkbox"/>
C3. Mental Health	Yes <input type="checkbox"/> No <input type="checkbox"/>
C4. Substance Use Disorder	Yes <input type="checkbox"/> No <input type="checkbox"/>
C5. Vision	Yes <input type="checkbox"/> No <input type="checkbox"/>
C6. Enabling	Yes <input type="checkbox"/> No <input type="checkbox"/>
C7. Pharmacy	Yes <input type="checkbox"/> No <input type="checkbox"/>

Note: You can use EH funding to change the way a service is offered, but you cannot propose to start providing services that are NOT currently offered (for which no column is currently selected on Form 5A: Services Provided).

D. Service Delivery Method Scope Changes

Review your current approved Form 5A: Services Provided. If you plan to use EH funding to change the service delivery method for any service, you will need to submit a Change In Scope request outside of this EH application.

D1. My health center's proposed activities will require a Change in Scope or Scope Adjustment request to modify Form 5A: Services Provided.	Yes <input type="checkbox"/> No <input type="checkbox"/>
D2. If you responded Yes, describe the proposed changes to your Form 5A: Services Provided and provide a timeline for requesting the necessary modifications. (Response can be up to 500 characters with spaces, approximately 125 words)	

E. New Patient Estimate

E1. Enter the number of estimated unduplicated new patients your health center will serve in 2025 (patients who will be new to the health center in 2025) as a result of your EH project.

Note: This number may be added to your H80 patient target if your EH funding continues beyond the 2-year period of performance.

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 4/30/2026. 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 45 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

Site Summary Table

- You will use the Site Summary Table in this form to show how many new operating hours per week you plan to add to each selected site.
- Columns A1, A2, and A3 of the table will pull information from Form 5B: Select Site(s) from Scope. Fill out that form before you work on this form.
- You will enter answers for A4 and A5. Click the **Update** link under **Actions** for each site to enter information in A4 and A5.
- In A4, enter the additional number of hours the site will be open per week.
- In A5, enter the new total number of hours the site will be open per week once you add the additional hours. You will add the number in column A3 to the number in column A4 and enter the sum into column A5.

The rest of the form is about your overall project. You will answer the questions once with information across all sites where additional hours are proposed.

- Section B: Describe your plan to increase hours. Include a timeline for key tasks and how many hours you plan to add within the first 6 months.
- Section C: Select 'yes' for the service categories that will be offered during your additional hours. Select 'no' for service categories that will not be offered during your additional hours. **Reminder:** You cannot start a new service with EH funding.
- Section D: Select 'yes' if you plan to change the service delivery method of any service and describe your planned changes. You must submit a Change in Scope request outside of this application. Select 'no' if you do not plan to change the service delivery method of any service.

Section E: Enter the estimated number of unduplicated new patients your health center will serve in 2025 as a result of the EH funding. Count each estimated new patient only once, even if some new patients are expected to receive both mental health and medical

services, for example. This number may be added to your H80 patient target if your EH funding continues beyond the 2-year period of performance.