



# Form 5C: Other Activities/Locations

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration  Form 5C: OTHER ACTIVITIES/LOCATIONS		FOR HRSA USE ONLY	
		Grant Number	Application Tracking Number
<b>Activity/Location Information</b>			
Type of Activity (select one)	<input type="checkbox"/> Immunizations <input type="checkbox"/> Hospital Admitting <input type="checkbox"/> Medical Rounds <input type="checkbox"/> Home Visits <input type="checkbox"/> Health Fairs <input type="checkbox"/> Non-Clinical Outreach <input type="checkbox"/> Portable Clinical Care <input type="checkbox"/> Health Education <input type="checkbox"/> Other – Please Specify:		
Frequency of Activity (max 600 characters)			
Description of Activity (max 600 characters)			
Type of Location(s) where Activity is Conducted			

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](mailto:paperwork@hrsa.gov).

## Instructions

### Competing continuation applicants:

This form will pre-populate from your current scope of project and cannot be modified through this application. For this form to accurately pre-populate, when you complete the SF-424 in Grants.gov, select **Continuation** for box 2 and provide your grant number for box 4. **Failure to correctly complete the SF-424 may result in delayed HRSA Electronic Handbooks (EHBs) application access.**

Changes in other activities/locations require prior approval through a Change in Scope request submitted in EHBs. If the pre-populated data do not reflect recently approved changes, click the **Refresh from Scope** button in EHBs to display the latest scope of project. Refer to the [Scope](#)

[of Project](#) documents and resources for details about defining and changing your scope.

**New and competing supplement applicants:**

Complete this form for other activities/locations (e.g., home visits, health fairs) based only on the scope of project included in this application for the proposed service area. List only activities/locations that:

- 1) Do not meet the definition of a service delivery site,
- 2) Are conducted on an irregular timeframe/schedule, and/or
- 3) Offer a limited activity from within the full complement of health center activities in the scope of project.<sup>1</sup>

If your application is funded, only the other activities/locations on this form will be in your approved scope of project, regardless of what is described elsewhere in your application.

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<sup>1</sup> Refer to [Scope of Project](#) for more information.