



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

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration FORM 5B: SERVICE SITES	FOR HRSA USE ONLY	
	Grant Number	Application Tracking Number

Notes:

- Form 5B is only required if you are proposing to add a new school-based service delivery site.
- The addition of a service delivery site located at a school is required if you do not currently operate school-based service site(s) where you will implement your proposed SBSE project.
- If you are proposing a mobile unit, the mobile unit is the service site. For the site address, include the address where the mobile unit is parked, which may be an existing administrative or service site in your H80 scope, the school, or another location. Do not list the locations where the mobile unit will travel to provide health care services. If you are proposing to provide services to schools using an existing mobile unit, do not enter the mobile unit in Form 5B as a new site. Instead, select the existing mobile site from scope on the “Pick Site from Scope” page.
- Because SBSE funds are intended to increase access to school-based services in your existing service area, as of the NOFO release date, you may not expand your service area through this application. Note the following requirements:
 - The zip code of the Site Physical Address (where the school-based service site will be located or where a new mobile unit will be parked) must be included in your current service area, based on the Service Area Zip Codes listed across all current sites in scope (on Form 5B).
 - All Service Area Zip Codes listed for any proposed new site(s) must be included in your existing service area, based on the Service Area Zip Codes listed across all current sites in scope (on Form 5B).

Site Qualification Criteria

1. Is the site an Admin-only site? If Yes, the site is an Admin-only site, select ‘Not Applicable’ for questions a through d below. If No, the site is a Service Delivery site, answer questions a through d Yes or No.	Yes	No	
a. Are/will health center visits be generated by documenting in the patients’ records face-to-face contacts between patients and providers?	Yes	No	Not Applicable
b. Do/will providers exercise independent judgment in the provision of services to the patient?	Yes	No	Not Applicable
c. Are/will services be provided directly by or on behalf of the grantee, whose governing board retains control and authority over the provision of the services at the location?	Yes	No	Not Applicable
d. Are/will services be provided on a regularly scheduled basis (e.g., daily, weekly, first Thursday of every month)?	Yes	No	Not Applicable

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2. Is the site a Domestic Violence (Confidential) shelter? Select Yes for this question only if the site being added is a confidential site serving victims of domestic violence and the site address cannot be published due to the necessity to protect the location of the domestic violence shelter.		Yes	No	Not Applicable
Site Information				
Site Name		Site Physical Address (Ensure your address contains the appropriate unique suite, building, or other notation, if appropriate. If the address displayed does not contain this information, select Change Physical Location and update, as appropriate)		
Site Type	Administrative/Service Delivery Site Service Delivery Site Administrative Site	Site Phone Number		
Web URL				
The following fields are required for "Service Delivery" and "Administrative/Service Delivery" site types:				
Location Type	Permanent Seasonal Mobile Migrant Voucher Intermittent	Site Setting	All Other Clinic Types Hospital School	
Date Site was Added to Scope	N/A	Site Operational Date mm/dd/yyyy		

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FQHC Site Medicare Billing Number Status	<p>This site is neither permanent nor seasonal per CMS (i.e., does not require unique FQHC Medicare Billing Number)</p> <p>Health center does not/will not bill under the FQHC Medicare system at this site</p> <p>Number is pending; application for this site has been submitted to CMS</p> <p>Application for this site has not yet been submitted to CMS</p> <p>This site has a Medicare billing number</p>	FQHC Site Medicare Billing Number (Required if 'This site has a Medicare billing number' is selected in 'FQHC Site Medicare Billing Number Status' field)	
FQHC Site National Provider Identification (NPI) Number (Optional field)		Total Hours of Operation (when patients will be served per week)	
Months of Operation			
Service Area Zip Codes			
Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type)	N/A	Number of Intermittent Sites (Required only for 'Intermittent Site' Type)	N/A
Site Operated by	Health Center/Applicant	Subrecipient	Contractor
Subrecipient or Contractor Information (Required only if 'Subrecipient' or 'Contractor' is selected in 'Site Operated By' field)			
Subrecipient/Contractor Organization Name			
Subrecipient/Contractor Organization Physical Site Address			
Subrecipient/Contractor EIN			

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 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 14N136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov.