



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

<b>DEPARTMENT OF HEALTH AND HUMAN SERVICES</b> <b>Health Resources and Services Administration</b>  <b>Scope Overview Form</b>	<b>FOR HRSA USE ONLY</b>	
	<b>Grant Number</b>	<b>Application Tracking Number</b>
<b>Health Center Program Scope of Project</b> Access the technical assistance materials on the <a href="#">Scope of Project webpage</a> and use the <a href="#">BPHC Contact Form</a> to contact H80 program monitoring staff for guidance in determining if a scope adjustment or change in scope will be necessary. You can also review <a href="#">PAL 2020-01: Telehealth and Health Center Scope of Project</a> for more information on telehealth and scope of project. You can view a read-only copy of your Form 5A on the next screen.		
Evaluate your current scope of project in light of your proposed project. If your scope requires changes based on your proposed project, select "Yes", summarize the change(s), and provide a timeline for making the necessary request(s).	<b>Select One Option</b>	
My health center's proposed activities will require a Scope Adjustment or Change in Scope request to modify Form 5A: Services Provided.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Describe proposed changes to your Form 5A: Services Provided, and provide a timeline for requesting the necessary modifications.</b> (Up to 500 characters counting spaces).		
	<b>Select One Option</b>	
My health center's proposed activities will require a Scope Adjustment or Change in Scope request to modify Form 5B: Service Sites.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Describe proposed changes to your Form 5B: Service Sites, and provide a timeline for requesting the necessary modifications.</b> (Up to 500 characters counting spaces)		
	<b>Select One Option</b>	
My health center's proposed activities will require a Scope Adjustment or Change in Scope request to modify Form 5C: Other Activities/Locations.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Describe proposed changes to your Form 5C: Other Activities/Locations, and provide a timeline for requesting the necessary modifications.</b> (Up to 500 characters counting spaces)		



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 14N-39, Rockville, Maryland, 20857.