HRSA
Health Center Program

Form 1A: General Information Worksheet

DEPARTMENT OF HEALTH AND HUMAN SERVICES **Health Resources and Services Administration** **FORM 1A: GENERAL INFORMATION WORKSHEET**	FOR HRSA USE ONLY	
	Grant Number	**Application Tracking Number**

1. Applicant Information	
Applicant Name	*Will pre-populate from the Grants.gov application forms*
*Fiscal Year End Date	*Select from drop-down menu (e.g., January 31, March 31)*
Application Type	*Will pre-populate from the Grants.gov application forms*
Grant Number	*Will pre-populate from the Grants.gov application forms, if applicable*
If you are a designated look-alike, enter your LAL number	
*Business Entity (Select one option that aligns with the type entered in SAM.gov)	[_] Tribal [_] Urban Indian [_] Private, non-profit (non-Tribal or Urban Indian) [_] Public (non-Tribal or Urban Indian)
*Organization Type	[_] Community based organization [ ] Faith based [_] Hospital [_] City/County/Local Government or Municipality [_] State government [_] University [_] Other - Specify: _____

2. Proposed Service Area
Note: Applicants applying for Community Health Center (CHC) funding in Section A of the SF-424A: Budget Information form must serve at least one MUA or MUP. Provide the IDs for all MUAs and/or MUPs within the service area proposed in this application.

2a. Service Area Designation	
*Select MUA/MUP (Each ID must be 5 to 12 digits. Use commas to separate multiple IDs, without spaces.) Find an MUA/MUP (https://data.hrsa.gov/tools/shortage-area/mua-find)	[_] Medically Underserved Area (MUA): ID#____ [_] Medically Underserved Population (MUP): ID#____ [_] MUA Application Pending: ID#____ [_] MUP Application Pending: ID#____

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2b. Service Area Type	

*Choose Service Area Type
Select Urban or Rural. If you select Rural, you may also select Sparsely Populated, if applicable.
	[_] Urban
	[_] Rural
	    [_] Sparsely Populated - Provide the number of people per square mile: _____
	    (Provide a value ranging from 0.01 to 7.)

2c. Patients and Visits

Unduplicated Patients and Visits by Population Type

*How many unduplicated patients do you project to serve at your proposed site(s) in 2026 (January 1, 2026 – December 31, 2026)?	

Population Type	**Projected by December 31, 2026 (January 1 – December 31, 2026)**	
	Patients	**Visits**
Total	*Pre-populated from above*	
General Underserved Community (Includes all patients/visits not reported in the rows below.)		
Migratory and Seasonal Agricultural Workers and Families		
Public Housing Residents		
People Experiencing Homelessness		

Patients and Visits by Service Type

Service Type	**Projected by December 31, 2026 (January 1 – December 31, 2026)**	
	Patients	**Visits**
Total Medical Services		
Total Dental Services		
Behavioral Health Services		
Total Mental Health Services		
Total Substance Use Disorder Services		
Total Vision Services		
Total Enabling Services		

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

This form collects general information about your organization and proposed project. Some of the data you enter in this form will appear in other forms in your application.

1. **Applicant Information**

   - Select the Fiscal Year End Date for your organization's fiscal year (e.g., January 31).

   - If you are a designated look-alike, enter your LAL number.

   - Check one category in the Business Entity section. Make sure it aligns with the type entered in SAM.gov.

     o If you are a Tribal or Urban Indian entity, always select the Tribal or Urban Indian category.

   - You may select more than one Organization Type.

2. **Proposed Service Area**

   a. Service Area Designation

   - To find out if all or part of your service area is located in a designated MUA or MUP, see https://data.hrsa.gov/tools/shortage-area/mua-find or https://data.hrsa.gov/tools/shortage-area/by-address.

   - Click on the MUA and/or MUP check box(es) for your proposed service area and enter the identification number(s).

   - You must enter at least one MUA and/or MUP if you are applying for Community Health Center (CHC) funding (as noted in Section A of the SF-424A: Budget Information Form). If you provide only a pending MUA/MUP, it must be approved before NAP awards are made or we will not fund your application.

   - If you are requesting funding for special populations only (MHC, HCH, and/or PHPC), MUA/MUP is not required.

   - To learn more about MUAs and MUPs, see What Is Shortage Designation? or email sdb@hrsa.gov.

   b. Service Area Type

   - Select the type (urban or rural) that describes the majority of the proposed service area. For information about rural areas, review Defining Rural Population.

- HRSA will use your selection as urban or rural in the NAP application to inform distribution of awards. See Section V.2 in the NOFO for more information.

- If rural is selected, you may choose sparsely populated and provide the number of people per square mile (values must range from .01 to 7).

    o For the sparsely populated priority points, we use the Am I Rural? tool to see if your site address zip code is located in a level 3 or 4 frontier and remote (FAR) area.

c. Patients and Visits

General Guidance for Patient and Visit Numbers: When projecting the number of patients and visits for each service type and population type, note the following:

- Base your projections on the proposed NAP project only. Provide combined data for all NAP service sites.

    o Do not include patients or visits for services outside the proposed NAP scope of project.

    o Do not include patient projections included in other Health Center Program funding applications (such as service expansion).

    o Do not include current patients reported in UDS, if you are a current Health Center Program (H80) award recipient.

    o If you are a look-alike (LAL) applicant, include your current patients in your patient projections. See Section V.2 in the NOFO for how your projections impact LAL priority points.

- A visit:

    o Occurs between an individual[1] patient and a licensed or credentialed provider who exercises independent professional judgment in providing services.

    o Can be in-person or virtual.[2]

    o Must be documented and paid for by your organization (Form 5A: Services Provided, Columns I and/or II).

- A patient is someone projected to have at least one visit in 2026 (Projected by December 31, 2026).

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[1] Except for behavioral health, which may have a group visits.
[2] A virtual visit must have real-time communication between a provider and a patient who are not located in the same place.

- Since a patient must have at least one visit, the number of patients cannot be more than the number of visits.

- See the UDS Manual for reporting details about patients, visits, and services.

- Make your projections consistent throughout the application.

- Do not include patients and visits for pharmacy services.

Unduplicated Patients and Visits by Population Type:

1. Answer the question: How many unduplicated patients do you project to serve at your proposed site(s) in calendar year 2026 (January 1 through December 31, 2026)?

   - Your projection should be achievable based on your proposed NAP project.

   - If you are new start or LAL applicant, this number will be your patient target. If you are a satellite applicant, we may add this number to your patient target if NAP funding continues beyond the 1-year period of performance. See the SAC TA webpage for patient target resources.

2. The total number of unduplicated patients projected in CY 2026 (January 1 through December 31, 2026) will appear in the Population Type table from your answer to the question above. Project the **total** number of visits in 2026 (based on the total patients). Then enter the projected numbers of patients and visits for each population type. **Across all population types, a person can only be counted once as a patient.**

   Note: The population types in this section do not refer only to the requested funding types in Section A of the SF-424A: Budget Information Form. For example, if you are applying for only CHC funding (General Underserved Community), you may still enter projected patients experiencing homelessness. All patients/visits that do not fall in Migratory and Seasonal Agricultural Workers and Families, Public Housing Residents, or People Experiencing Homelessness must be included in the **General Underserved Community.**

Patients and Visits by Service Type: A person who receives multiple types of services should be counted once for each service type. For example, someone who receives both medical and dental services should be counted once for medical and once for dental. This section does not have a row for total numbers since a patient may be included in more than one service type category.

1. Enter the number of patients and visits projected for each service type in 2026 (January 1 through December 31, 2026).

2. To be eligible for NAP, the number of projected medical patients must be greater than the number of projected patients for each of the other service types.