Form 5B: Service Sites

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

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
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		Physical Site 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	*Read-only for sites already in scope and disabled when adding a new site*	Site Operational Date	mm/dd/yyyy
FQHC Site Medicare Billing Number Status	[_] This site is neither permanent nor seasonal per CMS (i.e., does not require unique FQHC Medicare Billing Number) [_] Health center does not/will not bill under the FQHC Medicare system at this site [_] Number is pending; application for this site has been submitted to CMS [_] Application for this site has not yet been submitted to CMS [_] This site has a Medicare billing number	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			
Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type)		Number of Intermittent Sites (Required only for 'Intermittent Site' Type)	
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	
Service Area Zip Code (Include only those from which the majority of the patient population will come)	
Service Area Zip Codes	

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 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.

Instructions

You will complete the following steps for each proposed NAP site. To add a new site to your NAP application, first you'll answer the site qualification questions. The last question asks if the site is a domestic violence shelter. Select "yes" only if we cannot publish the street address to protect patients who have experienced intimate partner violence.

Then you'll enter the site name, a valid street address, and select if it's a fixed site or mobile unit.

Next, select from your list of sites to enter the required details for each NAP site where services will be provided:

- Location type (permanent, seasonal, or mobile unit)

- Site Operational Date (aim within 120 days of award)

- Total hours of operation per week

- Months of Operation

- Who will operate the site (if you will have a subrecipient or contractor, provide their details)

- Service area zip codes (used to calculate the Unmet Need Score)

All applicants must propose at least one site that will operate for at least 40 hours per week (full-time). This site must provide in-person primary medical care as its main purpose.

New start and look-alike applicants must propose a full-time, fixed site (not mobile).

- If you apply for only MHC funding, this site may be permanent or seasonal.

- If you apply for any other type of funding (CHC, HCH, PHPC), this site must be permanent, operating year-round.

Satellite applicants must propose a full-time service delivery site. This site can be fixed or mobile.

- If you apply for only MHC funding, this site may be permanent, seasonal, or mobile.

- If you apply for any other type of funding (CHC, HCH, PHPC), this site may be permanent or mobile, operating year-round.

In addition to your full-time primary care site, you may propose other full-time, part-time, seasonal, or mobile sites. Proposed sites must meet the definition of a service site according to [PIN 2008-01: Defining Scope of Project and Policy for Requesting Changes](#) (PDF).

For your application to be eligible, a proposed site cannot be located in the same building as any site already in the approved scope of project of any Health Center Program award recipient or look-alike[1]. However, if you are a current look-alike, you can and should include all site(s) in your approved scope of project, as well as any new proposed sites.

For your service area, include the zip codes for the area served by each site (where most of your patients will come from). Your service area for the NAP project includes zip codes for all proposed service sites (all 5B forms), and should be consistent with the Project Narrative, Form 4, and the Service Area Map and Table.

The zip codes you enter on Form 5B will also be used to determine your UNS and priority points. See Section V.2 in the NOFO for more information about priority points. The UNS for each service area zip code entered on Form 5B makes up the overall UNS for the application. The UNS is worth up to 20 points of the application score. Use the [UNS Map Tool](#) to explore need data as you define your service area.

If funded, only the sites included on Form 5B will be part of your approved scope of project.

Note*:* You must certify on the Summary Page Form that you plan to open ALL sites included on Form 5B within 120 days of Notice of Award.

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[1] You may not propose a site that:
- Relocates, replaces, or merges sites already in your scope of project.
- Is waiting to be verified operational through an active Change in Scope request or a funded Health Center Program award at the time of application.