



Summary Page

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration SUMMARY PAGE	FOR HRSA USE ONLY	
	Grant Number	Application Tracking Number
Service Area		
1. What is the Service Area Announcement Table (SAAT)* identifying information for the service area that you are proposing to serve?	Service Area ID #: _____ Service Area City, State: _____, _____	
Patient Projection		
2. What is the total unduplicated patient projection for calendar year 2024? Note: If changes are required, revisit Form 1A.	<i>Will pre-populate from the patient projection for calendar year 2024 in the Unduplicated Patients and Visits By Population Type section of Form 1A</i>	
3. What is the Patient Target from the Service Area Announcement Table (SAAT) for the proposed service area?		
4. Percent of the service area Patient Target proposed to be served in calendar year 2024. Note: This value must be at least 75 percent for the application to be considered eligible for funding.	<i>Will auto-calculate in EHBs</i>	
5. <input type="checkbox"/> By checking this box, I acknowledge that in addition to the total unduplicated patient projection made on Form 1A (see item 2 above), HRSA will track progress made toward the additional patient projections for any other funding awarded within my period of performance that can be monitored by December 31, 2023 (i.e., patient commitments from awarded applications, if any).		
Federal Request for Health Center Program Funding		
6. I am requesting the following types of Health Center funding: Note: Compare these values with those on the Service Area Announcement Table (SAAT) to ensure that you are proposing to serve all currently targeted populations and maintain the funding distribution. If changes are required, revisit the SF-424A, Section A.		
Funding Type	Funding Requested	
Community Health Centers – CHC-330(e)	<i>Will pre-populate from the SF-424A, section A</i>	
Health Care for the Homeless – HCH-330(h)	<i>Will pre-populate from the SF-424A, section A</i>	
Migrant Health Centers – MHC-330(g)	<i>Will pre-populate from the SF-424A, section A</i>	

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration SUMMARY PAGE		FOR HRSA USE ONLY			
		Grant Number		Application Tracking Number	
Funding Type			Funding Requested		
Public Housing Primary Care – PHPC-330(i)			<u>Will pre-populate from the SF-424A, section A</u>		
Total Note: Ensure this value does not exceed the Total Funding listed in the Service Area Announcement Table (SAAT) for the service area. If a funding reduction is required based on the patient projection (value between 75 and 94.9 percent in item 4 above), this figure should be lower than the value in the SAAT. See the Summary of Funding section of the NOFO for details.			<u>Will pre-populate from the SF-424A, section A</u>		
Scope of Project: Sites and Services					
7. I am proposing the following site(s): (New applicants and competing supplement applicants only) Note: If changes are required, revisit Form 5B.					
Site Name	Site(s)	Site Physical Street Address	Service Site Type	Location Type	Service Area Zip Code(s)
<u>Will pre-populate from Form 5B: Service Sites</u>					
8. Sites Certification (New and competing supplement applicants only) <input type="checkbox"/> By checking this box, I certify that all sites described in my application are included on Form 5B (as summarized above) and that all sites included on Form 5B (as summarized above) will be open and operational within 120 days of release of the Notice of Award (NoA).					
9. Scope of Project Certification – Services (Competing continuation applicants only) – <i>select only one option below</i>					
<input type="checkbox"/> By checking this option, I certify that I have reviewed my Form 5A: Services Provided and it accurately reflects all services and service delivery methods included in my current approved scope of project.					
<input type="checkbox"/> By checking this option, I certify that I have reviewed my Form 5A: Services Provided and it requires changes that I have submitted through the change in scope process.					
10. Scope of Project Certification – Sites (Competing continuation applicants only) – <i>select only one option below</i>					
<input type="checkbox"/> By checking this option, I certify that I have reviewed my Form 5B: Service Sites and it accurately reflects all sites included in my current approved scope of project.					
<input type="checkbox"/> By checking this option, I certify that I have reviewed my Form 5B: Service Sites and it requires changes that I have submitted through the change in scope process.					

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration SUMMARY PAGE	FOR HRSA USE ONLY	
	Grant Number	Application Tracking Number
11. 120 Day Compliance Achievement Plan Certification		
<input type="checkbox"/> By checking this box, I certify that if my organization is noncompliant with any Health Center Program requirements, in accordance with Section 330(e)(1)(B), I will submit for HRSA's approval within 120 days of release of the Notice of Award (NoA) a Compliance Achievement Plan to come into compliance. I acknowledge that areas of noncompliance will be documented through the carryover of any unresolved, existing condition(s) from the current period of performance and/or the placement of new condition(s) on the award based on the review of this application. I also acknowledge that all conditions on my award must be addressed within the timeframes and by the due dates specified on my Health Center Program NoA(s) and that the Compliance Achievement Plan I submit must align with such timelines.		
12. Uniform Data System (UDS) Report Certification		
<input type="checkbox"/> By checking this box, I certify that I have reviewed the UDS Resources , including the most recent UDS Manual and understand that my organization will be required to report data on patients, services, staffing, and financing annually. I also acknowledge that failure to submit a complete report by the specified deadline may result in conditions or restrictions being placed on the Health Center Program award.		
13. Applicants for HCH and PHPC Funding: Supplement and Not Supplant Certification (New and competing supplement applicants only)		
<input type="checkbox"/> Not Applicable. My organization is submitting a competing continuation application, or submitting a new or competing supplement application, but the organization is NOT requesting HCH and/or PHPC funding on the SF-424A.		
<input type="checkbox"/> By checking this box, I certify that my organization will utilize HCH and/or PHPC grant funding to supplement and not supplant, the expenditures of the health center and the value of in-kind contributions for the delivery of services to these populations.		
Describe, with specific examples, how you will utilize the requested federal funds to add new or expand existing services to individuals experiencing homelessness and/or residents of public housing within your service area, as well as how this is an increase or expansion of the services your organization was providing previously for these populations. (maximum 1,000 characters)		

* The SAAT is available at the SAC/SAC-AA Technical Assistance webpage.

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.

Instructions

This form enables you to verify key application data. If pre-populated data appear incorrect, verify that the data on the SF-424A and Forms 1A: General Information Worksheet and 5B: Service Sites were entered correctly.

Service Area

Enter the proposed service area identification number (ID), city, and State, as indicated in the [Service Area Announcement Table](#) (SAAT).

Patient Projection

The total number of unduplicated patients projected to be served in calendar year (CY) 2024 (January 1 through December 31, 2024) will pre-populate from Form 1A: General Information Worksheet. Enter the Patient Target for the proposed service area from the [SAAT](#). The percentage of patients to be served in CY 2024 will auto-calculate. **Applications with an auto-calculated percentage below 75 percent will be deemed ineligible.**

Federal Request for Health Center Program Funding

To ensure eligibility, the total Health Center Program funding request must not exceed the Total Funding available in the [SAAT](#) for the proposed service area. Additionally, ensure that the funding requested for each population type aligns with the values in the [SAAT](#). If the unduplicated patient projection on Form 1A General Information Worksheet is less than 95 percent of the [SAAT](#) Patient Target (see the auto-calculated percentage of patients to be served in CY 2024 from Item 4 in the Patient Projection section of this form), ensure the annual Health Center Program funding request is adjusted based on Table 1 in the NOFO. If the total Health Center Program funding request is reduced, funding requested for each targeted population (e.g., CHC, MHC) must maintain the same distribution as in the [SAAT](#).

Note: If a required funding reduction based on the unduplicated patient projection is not made in the application, HRSA will make the funding reduction before issuing the award.

Scope of Project: Sites and Services

New or competing supplement applicants: To ensure continuity of services in areas already being served by the Health Center Program, you must certify that **all sites** described in the application are included on Form 5B: Service Sites and will be open and operational within 120 days of receipt of the NoA.

Competing continuation applicants: To ensure an accurate scope of project, certify that:

- Form 5A: Services Provided accurately reflects all services and service delivery methods included in the current scope of project OR Form 5A: Services Provided requires changes that **you have already submitted** through the change in scope process.
- Form 5B: Service Sites accurately reflects all sites included in the current scope of project OR Form 5B: Service Sites requires changes that **you have already submitted** through the change in scope process.

120 Day Compliance Achievement Plan Certification

Certify that if your organization is funded and is noncompliant with any Health Center Program requirements, within 120 days of release of your NoA, you will submit a Compliance Achievement Plan which outlines a plan to meet the Health Center Program requirements within the timeframes required by the conditions on your NoA.

Uniform Data System (UDS) Report Certification

Certify that you have reviewed the UDS Resources and that your organization will report required data annually and if your organization fails to submit a report by the deadline, it may result in a condition and or restriction placed on your award.

Applicants for HCH and PHPC Funding: Supplement and Not Supplant Certification

If you are a new or competing supplement applicant requesting funding to serve for Health Care for the Homeless (HCH) and/or Public Housing Primary Care (PHPC) in Section A of the SF-424A, you must attest that you will utilize this funding to supplement, and not supplant, the expenditures of the health center and the value of in-kind contributions for the delivery of services to these populations. Provide supporting narrative information in the, as well.

If you are submitting a competing continuation application or submitting a new or competing supplement application, but NOT requesting HCH and/or PHPC funding on the SF-424A, Not Applicable will be auto-populated.