HRSA
Health Resources & Services Administration

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

Fields with * are required.

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*
* Business Entity	[ ] Tribal [ ] Urban Indian [ ] Private, non-profit (non-Tribal or Urban Indian) [ ] Public (non-Tribal or Urban Indian)
* Organization Type (Select all that apply)	[ ] Faith based [ ] Hospital [ ] State government [ ] City/County/Local Government or Municipality [ ] University [ ] Community based organization [ ] Other If 'Other' please specify: _____ (maximum 100 characters)

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 an integer that is at least 5 but not greater than 12 digits. Use commas to separate multiple IDs, without spaces) **Find an MUA/MUP** ⧉	[ ] Medically Underserved Area (MUA) ID #____ [ ] Medically Underserved Population (MUP) ID #____ [ ] Medically Underserved Area Application Pending ID #____ [ ] Medically Underserved Population Application Pending ID #____

2b. Service Area Type	
* Choose Service Area Type You must select Urban or Rural. If you select Rural, Sparely Populated may also be selected, if applicable.	[_] Urban [_] Rural [_] Sparsely Populated - Specify population density by providing 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 are projected to be served by December 31, 2020?

Population Type	Projected by December 31, 2020 (January 1 – December 31, 2020)	
	Patients	**Visits**
Total		
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, 2020 (January 1 – December 31, 2020)	
	Patients	**Visits**
Total Medical Services		
Total Dental Services		
Behavioral Health Services		
Total Mental Health Services		
Total Substance Use Disorder Services		
Total Enabling Services		

Instructions for Form 1A: General Information Worksheet

1. **Applicant Information**

   - Complete all relevant information that is not pre-populated.
   - Use the Fiscal Year End Date field to note the month and day in which your organization's fiscal year ends (e.g., January 31) to help HRSA know when to expect the audit submission in the Federal Audit Clearinghouse, available at https://harvester.census.gov/facweb/default.aspx/.

- Check only one category in the Business Entity section. If you are a Tribal or Urban Indian entity and meet the definition for a public or private entity, select the Tribal or Urban Indian category.
- You may select one or more categories for the Organization Type section.

2. **Proposed Service Area**

2a. Service Area Designation
- If you are applying for CHC funding, you MUST serve at least one Medically Underserved Area (MUA) or Medically Underserved Population (MUP). If you are requesting funding for special populations only (e.g., MHC, HCH, and/or PHPC), this is not required.
- Select the MUA and/or MUP designation(s) for the proposed service area and enter the identification number(s).
- 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.
- For more information regarding MUAs or MUPs, visit the Shortage Designation website at https://bhw.hrsa.gov/shortage-designation/what-is-shortage-designation or email sdb@hrsa.gov.

2b. Service Area Type
- Select the type (urban or rural) that describes the majority of the service area. If rural is selected, you may further choose sparsely populated, if applicable, and provide the number of people per square mile (values must range from .01 to 7). Sparsely populated is an optional field and will not be used to calculate priority points. For information about rural populations, visit the Office of Rural Health Policy's website at http://www.hrsa.gov/ruralhealth/policy/definition_of_rural.html.

2c. Patients and Visits

Ensure that patient and visit projections are:
- Realistic and appropriate based on the proposed NAP project.
- Consistent with the RESPONSE section of the Project Narrative and other parts of the application.

When determining patient and visit projections, note the following definitions and guidelines (see the UDS Manual for detailed information):
- Base your patient projections on the proposed NAP site(s) only (i.e., do not include sites outside the proposed scope of project). Report aggregate data for all service sites in the proposed project.
- A visit is a face-to-face contact between a patient and a licensed or credentialed provider who exercises independent judgment in providing services. To be counted as a visit, services must be paid for by your organization (Form 5A: Services Provided, Columns I and/or II) and documented in a chart that stays in the possession of the health center.
- Baseline values for patients and visits are prepopulated as N/A.
- For purposes of your NAP patient projection, a patient is an individual who is projected to have at least one visit in 2020 (projected data).
- Since a patient must have at least one documented visit, the number of patients cannot exceed the number of visits.

Unduplicated Patients and Visits by Population Type:

The population types in this section do NOT refer only to the requested funding categories 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 have patients/visits reported in the other population type categories. **All patients/visits that do not fall within the Migratory and Seasonal Agricultural Workers and Families, Residents of Public Housing, or the People Experiencing Homelessness categories must be included in the General Underserved Community category.**

1. Project the number of unduplicated patients to be served in 2020 (January 1 through December 31, 2020). This value will pre-populate in the corresponding cell within the table below. To maintain consistency with the patients and visits reported in UDS, do not include patients and visits for pharmacy services or other services outside the proposed scope of project.

    New patient projections should be reasonable and achievable since, if funded, HRSA will hold you accountable for serving the projected number of patients in 2020. If you are a new start applicant, this number becomes the Health Center Program (H80) grant patient target. If you are a satellite applicant, HRSA will add this number to your current patient target. Failure to achieve this projection by December 31, 2020 may result in a funding reduction when your service area is next competed through SAC. See the Patient Target FAQs for more information.

2. The total number of unduplicated patients projected in 2020 (January 1 through December 31, 2020) will pre-populate from Item 1 above. Project the corresponding **total** number of visits in 2020 (January 1 through December 31, 2020). Then categorize these projected numbers for each population type category. **Across all population type categories, an individual can only be counted once as a patient.**

Patients and Visits by Service Type:

1. Project the number of patients and visits anticipated within each service type category in 2020 (January 1 through December 31, 2020). If you are a satellite applicant, include only the new patients you propose to serve via the proposed NAP project.

2. To maintain consistency with the patients and visits reported in UDS, do not include patients and visits for vision or pharmacy services or other services outside the proposed scope of project.

3. Because the main purpose of the NAP project must be the provision of comprehensive primary medical care, the number of projected medical patients must be greater than the number of projected patients within each of the other service types.

    Note: The Patients and Visits by Service Type section does not have a row for total numbers since an individual patient may be included in multiple service type categories (i.e., a single patient should be counted as a patient for each service type received).