



OMB No.: 0915-0285. Expiration Date: 1/31/2020

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration		FOR HRSA USE ONLY	
Form 5C: Other Activities/Locations		Grant Number	Application Tracking Number
Activity/Location Information			
Type of Activity	Immunizations Hospital Admitting Medical Rounds Home Visits Health Fairs Non-Clinical Outreach Portable Clinical Care Health Education Other – Please Specify: _____ (maximum 100 characters)		
Frequency of Activity (max 600 characters)			
Description of Activity (max 600 characters)			
Type of Location(s) where Activity is Conducted (max 600 characters)			

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.

Instructions for Form 5C: Other Activities/Locations (as applicable)

Provide requested data for other activities/locations (e.g., home visits, health fairs). List only activities/locations that:

- Do not meet the definition of a service site;¹
- Are conducted on an irregular timeframe/schedule; and/or
- Offer a limited activity from within the full complement of health center activities in the scope of project.²

¹ See [PIN 2008-01: Defining Scope of Project and Policy for Requesting Changes](#).

² Refer to the [Scope of Project](#) technical assistance page for more information.