



Health Resources & Services Administration

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration Form 5B: Service Sites	FOR HRSA USE ONLY	
	Grant Number	Application Tracking Number

Note: If you are requesting funding to target the general underserved community (CHC), residents of public housing (PHPC), or people experiencing homelessness (HCH), you must propose at least one new Service Delivery site or Administrative/Service Delivery site with the Location Type as 'Permanent' and operating for at least 40 hours.

If you are proposing to serve ONLY migrant and seasonal agricultural workers (MHC), you must propose at least one new Service Delivery site or Administrative/Service Delivery site with the Location Type as 'Permanent' or 'Seasonal' and operating for at least 40 hours.

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.	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Are/will health center visits be generated by documenting in the patients' records face-to-face contacts between patients and providers?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
b. Do/will providers exercise independent judgment in the provision of services to the patient?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
d. Are/will services be provided on a regularly scheduled basis (e.g., daily, weekly, first Thursday of every month)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable



Health Resources & Services Administration

Site Information			
Site Name		Site Physical Address (Ensure your address contains the appropriate unique suite, building, or other notation, if appropriate. If the address displayed does not contain this information, please select Change Physical Location and update as appropriate)	
Site Type	<input type="checkbox"/> Administrative/Service Delivery Site <input type="checkbox"/> Service Delivery Site <input type="checkbox"/> Administrative Site	Site Phone Number	
Web URL			
Note: The following fields are required for “Service Delivery” and “Administrative/Service Delivery” site types:			
Location Type	<input type="checkbox"/> Permanent <input type="checkbox"/> Seasonal <input type="checkbox"/> Mobile <input type="checkbox"/> Migrant Voucher <input type="checkbox"/> Intermittent	Site Setting	<input type="checkbox"/> All Other Clinic Types <input type="checkbox"/> Hospital <input type="checkbox"/> School
Date Site was Added to Scope	N/A	Site Operational By	



Health Resources & Services Administration

<p>FQHC Site Medicare Billing Number Status</p>	<p><input type="checkbox"/> This site is neither permanent nor seasonal per CMS (i.e., does not require unique FQHC Medicare Billing Number)</p> <p><input type="checkbox"/> Health center does not/will not bill under the FQHC Medicare system at this site</p> <p><input type="checkbox"/> Number is pending; application for this site has been submitted to CMS</p> <p><input type="checkbox"/> Application for this site has not yet been submitted to CMS</p> <p><input type="checkbox"/> This site has a Medicare billing number</p>	<p>FQHC Site Medicare Billing Number</p> <p>(Required if This site has a Medicare billing number is selected in FQHC Site Medicare Billing Number Status field)</p>	
<p>FQHC Site National Provider Identification (NPI) Number (Optional field)</p>		<p>Total Hours of Operation (When patients will be served per week)</p>	
<p>Months of Operation</p>			
<p>Service Area Zip Codes</p>			
<p>Number of Contract Service Delivery Locations (Required only for Migrant Voucher Screening Site Type)</p>		<p>Number of Intermittent Sites (Required only for Intermittent Site Type)</p>	
<p>Site Operated by</p>	<p><input type="checkbox"/> Health Center/Applicant <input type="checkbox"/> Contractor <input type="checkbox"/> Subrecipient</p>		
<p>Subrecipient or Contractor Information (Required only if Subrecipient or Contractor is selected in Site Operated By field)</p>			
<p>Subrecipient/Contractor Organization Name</p>			
<p>Subrecipient/Contractor Organization Physical Site Address</p>			
<p>Subrecipient/Contractor EIN</p>			

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 5B: Service Sites

Complete Form 5B for each proposed NAP site¹ and provide the following required data:

- Site address (must be a verifiable street address);
- Location type (permanent, seasonal, or mobile unit);
- Site Operational Date (must be within 120 days of award);
- Total hours of operation per week;
- Service area zip codes; and
- Subrecipient or contractor information, if applicable.

You must propose **at least one** full-time (40 hours or more per week), permanent service delivery site that provides comprehensive primary medical care as its main purpose.² A permanent site is a fixed building location that provides services year-round. Subsequent service sites may be part-time, seasonal, etc.

If you are proposing to serve only migratory and seasonal agricultural workers, you may propose a full-time seasonal (instead of permanent) service delivery site that operates at least 40 hours per week and provides comprehensive primary medical care as its main purpose.

Proposed NAP sites must not 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.³ This is an eligibility criterion.

Include the zip codes for the area served by the site on each Form 5B. The zip code of the site address must be included in the service area zip codes on Form 5B. Your entire service area for the NAP project (as described on Form 4 and in the Project Narrative) should be represented by the consolidation of all zip codes across all proposed service sites (all 5B forms). The zip codes listed in the Service Area Zip Codes field for service and administrative/service delivery sites on Form 5B will be used to determine the NAP service area, UNS, and priority points. See Section V.2 in the NAP NOFO for more information about priority points.

If the NAP project is funded, only the site information included on Form 5B will be considered to be in the approved scope of project, regardless of what is described or detailed elsewhere in the application.

For additional instructions for each field of Form 5B, see the [NAP Technical Assistance website](#). In the Site Qualification Criteria, indicate if the site is a Domestic Violence site (e.g., emergency shelter). Select “yes” for this question only if the site serves victims of domestic violence and the street address cannot be published to protect the confidentiality of the precise location.

Note: You must certify on the Summary Page Form that ALL sites included on Form 5B will be open and operational within 120 days of Notice of Award.

¹ Proposed service sites must meet the definition of a service site according to [PIN 2008-01: Defining Scope of Project and Policy for Requesting Changes](#).

² Current Health Center Program look-alikes must add all sites into H80 scope within 120 days through a change in scope request if all sites are not added through the FY19 NAP application.

³ A current Health Center Program look-alike may propose the site(s) currently included in its Health Center Program look-alike scope of project, as well as new site(s).