



Form 5B: Service Sites

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: This form will pre-populate for competing continuation applicants.

New and Competing Supplement Applicants: 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

Site Information

Site Name		Site Physical Address	
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Site Information			
		(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	<input type="checkbox"/> Administrative/Service Delivery Site <input type="checkbox"/> Service Delivery Site <input type="checkbox"/> Administrative Site	Site Phone Number	
Web URL			
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	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	<input type="checkbox"/> This site is neither permanent nor seasonal per CMS (i.e., does not require unique FQHC Medicare Billing Number) <input type="checkbox"/> Health center does not/will not bill under the FQHC Medicare system at this site <input type="checkbox"/> Number is pending; application for this site has been submitted to CMS <input type="checkbox"/> Application for this site has not yet been submitted to CMS <input type="checkbox"/> This site has a Medicare billing number	FQHC Site 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			
Service Area Zip Codes			
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	<input type="checkbox"/> Health Center/Applicant <input type="checkbox"/> Subrecipient <input type="checkbox"/> Contractor		
Subrecipient or Contractor Information			

Site 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	

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

General Notes

- **Competing continuation applicants:** These forms will be pre-populated and cannot be modified to ensure that they reflect the current scope of project. Changes in services, sites, and other activities/locations require prior approval through a Change in Scope request submitted in HRSA EHBs. If the pre-populated data do not reflect recently approved scope changes, click the **Refresh from Scope** button in HRSA EHBs to display the latest scope of project.

Note: In order for forms to accurately pre-populate, you must correctly complete the SF-424 in Grants.gov by selecting **Continuation** for Box 2 and providing the grant number for Box 4. **Failure to apply in this manner may result in delayed HRSA EHBs application access.**

- **New or competing supplement applicants:** Complete these forms based only on the scope of project included in this application for the proposed service area.
- If the application is funded, only the services, sites, and other activities/locations listed on these forms will be in the approved scope of project, regardless of what is described elsewhere in the application.
- Refer to the [Scope of Project](#) documents and resources for details pertaining to defining and changing scope (i.e., services, sites, service area zip codes, target population).

Provide requested data, including a **verifiable street address**, for each proposed service site.

New or competing supplement applicants: You must propose **at least one new** full-time permanent service delivery, or administrative/service delivery site,¹ located in the proposed service area.

Competing supplement applicants: After proposing **at least one new** full-time permanent service delivery site² located in the proposed service area, current sites in scope may be selected to the extent that they will provide services to the proposed new patients.

¹ MHC-only applicants may propose at least one full-time seasonal rather than permanent site.

² MHC-only applicants may propose at least one full-time seasonal rather than permanent site.

Zip codes entered in the Service Area Zip Codes field for service delivery sites and administrative/service delivery sites³ will **determine compliance with Eligibility Requirement 3b and therefore must** include: 1) a combination of [SAAT](#) zip codes where zip code patient percentages total at least 75 percent, or 2) all [SAAT](#) zip codes for the proposed service area, if the sum of all zip code patient percentages is less than 75 percent. Zip codes entered for administrative-only sites will not be considered when determining eligibility.

Note: Sites described in the Project Narrative that are not listed on Form 5B will not be considered for compliance with the eligibility requirements or by the Objective Review Committee when reviewing and scoring the application.

³ HRSA considers service area overlap when making funding determinations for new and competing supplement applicants if zip codes are proposed on [Form 5B: Service Sites](#) beyond those listed in the [SAAT](#). For more information about service area overlap, refer to [Policy Information Notice 2007-09](#).