



Form 5C: Other Activities/Locations

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration Form 5C: OTHER ACTIVITIES/LOCATIONS		FOR HRSA USE ONLY	
		Grant Number	Application Tracking Number
Activity/Location Information			
Type of Activity (select one)	<input type="checkbox"/> Immunizations <input type="checkbox"/> Hospital Admitting <input type="checkbox"/> Medical Rounds <input type="checkbox"/> Home Visits <input type="checkbox"/> Health Fairs <input type="checkbox"/> Non-Clinical Outreach <input type="checkbox"/> Portable Clinical Care <input type="checkbox"/> Health Education <input type="checkbox"/> Other – Please Specify:		
Frequency of Activity (max 600 characters)			
Description of Activity (max 600 characters)			
Type of Location(s) where Activity is Conducted			

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 for other activities/locations (e.g., home visits, health fairs). List only activities/locations that 1) do not meet the definition of a service delivery site, 2) are conducted on an irregular timeframe/schedule, and/or 3) offer a limited activity from within the full complement of health center activities in the scope of project.¹

¹ Refer to [Scope of Project](#) for more information.