



Summary Page

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration SUMMARY PAGE	FOR HRSA USE ONLY	
	Grant Number	Application Tracking Number
Service Area		
1. What is the identification number in the Service Area Announcement Table of the service area that you are proposing to serve?	Service Area ID #: <input type="text"/> Service Area City, State: <input type="text"/> , <input type="text"/>	
Patient Projection		
2. What is the total number of unduplicated patients projected to be served by December 31, 2021? Note: If changes are required, revisit Form 1A.	<i>Will pre-populate from the Unduplicated Patients and Visits By Population Type section of Form 1A</i>	
3. What is the Patient Target from the Service Area Announcement Table for the proposed service area?		
4. Percent of the service area Patient Target proposed to be served by December 31, 2021. (This projection is for calendar year 2021.) Note: The value must be at least 75 percent for the application to be considered eligible for funding.	<i>Will auto-calculate in EHB</i>	
5. <input type="checkbox"/> By checking this box, I acknowledge that in addition to the total unduplicated patient projection made on Form 1A (see item 2 above), I will also meet the additional patient projections for any other funding awarded within my project period that can be monitored by December 31, 2021 (i.e., patient commitments from awarded applications, if any).		
Federal Request for Health Center Program Funding		
6. I am requesting the following types of Health Center funding: Note: Compare these values with those on the Service Area Announcement Table to ensure that you are proposing to serve all currently targeted populations and maintain the funding distribution. If changes are required, revisit the SF-424A, Section A.		
Funding Type	Funding Requested	
Community Health Centers – CHC-330(e)	<i>Will pre-populate from the SF-424A, section A</i>	
Health Care for the Homeless – HCH-330(h)	<i>Will pre-populate from the SF-424A, section A</i>	
Migrant Health Centers – MHC-330(g)	<i>Will pre-populate from the SF-424A, section A</i>	

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Public Housing Primary Care – PHPC-330(i)		<i>Will pre-populate from the SF-424A, section A</i>			
Total Note: Ensure this value does not exceed the total annual federal request for funding under the Health Center Program that is available for the service area from the Service Area Announcement Table (Total Funding column). If a funding reduction is required based on the patient projection (value between 75 and 94.9 percent for item 4 above), this figure should be lower than the value in the Service Area Announcement Table. See the Summary of Funding section of the NOFO for details.		<i>Will pre-populate from the SF-424A, section A</i>			
Scope of Project: Sites and Services					
7. I am proposing the following new site(s): (New applicants and competing supplement applicants only) Note: If changes are required, revisit Form 5B.					
Site Name	New Site or Site Currently in Scope	Site Physical Street Address	Service Site Type	Location Type	Service Area Zip Code(s)
8. Sites Certification (New applicants and competing supplement applicants only)					
<input type="checkbox"/> By checking this box, I certify that all sites described in my application are included on Form 5B (as summarized above) and that all sites included on Form 5B (as summarized above) will be open and operational within 120 days of receipt of the Notice of Award.					
9. Scope of Project Certification – Services (Competing continuation applicants only) – <i>select only one below</i>					
<input type="checkbox"/> By checking this option, I certify that I have reviewed my Form 5A: Services Provided and it accurately reflects all services and service delivery methods included in my current approved scope of project.					
<input type="checkbox"/> By checking this option, I certify that I have reviewed my Form 5A: Services Provided and it requires changes that I have submitted through the change in scope process.					
10. Scope of Project Certification – Sites (Competing continuation applicants only) – <i>select only one below</i>					
<input type="checkbox"/> By checking this option, I certify that I have reviewed my Form 5B: Service Sites and it accurately reflects all sites included in my current approved scope of project.					
<input type="checkbox"/> By checking this option, I certify that I have reviewed my Form 5B: Service Sites and it requires changes that I have submitted through the change in scope process.					

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11. 120 Day Compliance Achievement Plan Certification		
<input type="checkbox"/> By checking this box, I certify that if my organization is noncompliant with any Health Center Program requirements, in accordance with Section 330(e)(1)(B), I will submit for HRSA's approval within 120 days of receipt of the Notice of Award (NoA) a Compliance Achievement Plan to come into compliance. I acknowledge that areas of noncompliance will be documented through the carryover of any unresolved, existing condition from the current project period and/or the placement of new condition(s) on the award based on the review of this application. I also acknowledge that all conditions on my award must be addressed within the timeframes and due dates specified on my Health Center Program NoA(s) and that the Compliance Achievement Plan I submit must align with such timelines.		

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 14-N39, Rockville, Maryland, 20857.

Instructions

This form enables you to verify key application data. If pre-populated data appear incorrect, verify that the pertinent data in the SF-424A and [Forms 1A: General Information Worksheet](#) and [5B: Service Sites](#) were entered correctly.

Service Area

Enter the proposed service area identification number (ID), city, and State, as indicated in the [SAAT](#).

Patient Projection

The total number of unduplicated patients projected to be served in 2021 (January 1 through December 31, 2021) will pre-populate from Form 1A: General Information Worksheet. Enter the Patient Target for the proposed service area from the [SAAT](#). The percentage of patients to be served in 2021 will auto-calculate. **Applications with an auto-calculated percentage below 75 percent will be deemed ineligible.**

Federal Request for Health Center Program Funding

To ensure eligibility, the total Health Center Program funding request must not exceed the Total Funding available in the [SAAT](#) for the proposed service area. Additionally, ensure that the funding requested for each population aligns with the values in the [SAAT](#). If the unduplicated patient projection on [Form 1A General Information Worksheet](#) is less than 95 percent of the [SAAT](#) Patient Target, ensure the annual Health Center Program funding request is adjusted based on the auto-calculated percentage of patients to be served in calendar year 2021 from the Patient Projection section of this form. If the total Health Center Program funding request is reduced, funding requested for each targeted population (e.g., CHC, MHC) must maintain the same distribution as in the [SAAT](#).

Note: If a required funding reduction based on the unduplicated patient projection is not made in the application, HRSA will make the funding reduction before issuing the award.

Scope of Project: Sites and Services

New or competing supplement applicants: To ensure continuity of services in areas already being served by the Health Center Program, you must certify that **all sites** described in the application are included on Form 5B: Service Sites and will be open and operational within 120 days of receipt of the NoA.

Competing continuation applicants: To ensure an accurate scope of project, certify that:

- Form 5A: Services Provided accurately reflects all services and service delivery methods included in the current scope of project OR Form 5A: Services Provided requires changes that **you have already submitted** through the change in scope process.
- Form 5B: Service Sites accurately reflects all sites included in the current scope of project OR Form 5B: Service Sites requires changes that **you have already submitted** through the change in scope process.

120 Day Compliance Achievement Plan Certification

Certify that if your organization is funded and is noncompliant with any Health Center Program requirements, within 120 days of receipt of your NoA, you will submit for HRSA approval a Compliance Achievement Plan which outlines a plan to meet the Health Center Program requirements within the timeframes required by the conditions on your NoA.