



Form 5C: Other Activities/Locations

OMB No.: 0915-0285. Expiration Date: 3/31/2023

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration Form 5C: OTHER ACTIVITIES/LOCATIONS		FOR HRSA USE ONLY	
		LAL 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: Health centers (section 330 grant funded and Federally Qualified Health Center look-alikes) deliver comprehensive, high quality, cost-effective primary health care to patients regardless of their ability to pay. The Health Center Program application forms provide essential information to HRSA staff and objective review committee panels for application evaluation; funding recommendation and approval; designation; and monitoring. The OMB control number for this information collection is 0915-0285 and it is valid until 3/31/2023. This information collection is mandatory under the Health Center Program authorized by section 330 of the Public Health Service (PHS) Act ([42 U.S.C. 254b](#)). Public reporting burden for this collection of information is estimated to average 30 minutes 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 14N136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov.

Instructions

General Notes

- This form will be pre-populated and cannot be modified, to ensure it reflects the current scope of project. Changes in services, sites, and other activities/locations require prior approval through a Scope Adjustment or 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 the HRSA EHBs to display the latest scope of project.
- 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).
- Data will pre-populate from your official scope of project. This form includes activities/locations that: 1) do not meet the definition of a service 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 included within the scope of project. Refer to PIN 2008-01: [Defining Scope of Project and Policy for Requesting Changes](#) for more details.