



Scope Certification

OMB No.: 0915-0285. Expiration Date: 1/30/2020

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration Scope Certification	FOR HRSA USE ONLY	
	Look-Alike Number	Application Tracking Number
1. Scope of Project Certification - Services – Select only one below		
<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.		
2. Scope of Project Certification - Sites – Select only one below		
<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.		
3. 120 Day Implementation 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 Look-Alike Designation (NLD) 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 designation period and/or the placement of new condition(s) on the designation based on the review of this application. I also acknowledge that all conditions on my designation must be addressed within the timeframes and due dates specified on my Health Center Program NLD(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 14N-39, Rockville, Maryland, 20857.

Instructions for the Scope Certification Form

This form requires three certifications. First, certify that the scope of project for services (including service delivery methods) is accurate, as presented on Form 5A: Services Provided in the RD application. Second, certify that the scope of project for sites is accurate, as presented on Form 5B: Service Sites in the RD application. **If you cannot certify the accuracy of Form 5A and/or Form 5B, you must certify that you have submitted a Change in Scope (CIS) request to HRSA to correct the presented information.** Third, you must certify that your organization will submit a Compliance Achievement Plan within 120 days of receipt of the NLD if any areas of noncompliance are documented.