



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

<b>DEPARTMENT OF HEALTH AND HUMAN SERVICES</b> <b>Health Resources and Services Administration</b>  <b>Project Overview Form</b>	<b>FOR HRSA USE ONLY</b>					
	<b>Grant Number</b>			<b>Application Tracking Number</b>		
<b>Health Center Program Operational Grant (H80) Number</b>						
Provide your Health Center Program H80 grant number (Example H80CS00001): _____ You must provide an active H80 grant number to successfully submit this application to HRSA.						
<b>Visits</b>						
Provide the number of face-to-face clinic (in-person) and virtual visits for the following services for 2020 (aligned with your UDS report). Your 2019 data will be prepopulated based on your H80 grant number. Percentages will auto-calculate.						
Service Type	2019			2020		
	Number of Face-to-Face Clinic Visits	Number of Virtual Visits	Percentage of Virtual Visits (%)	Number of Face-to-Face Clinic Visits	Number of Virtual Visits	Percentage of Virtual Visits (%)
Total Medical Services						
Total Dental Services						
Total Mental Health Services						
Total Substance Use Disorder Services						
Total Vision Services						
Total Other Professional Services						
Total Enabling Services						



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<b>Health Center Program Scope of Project</b> <b>Note:</b> You can view your scope of project in the Approved Scope section of your H80 grant folder in EHBs. Review <a href="#">PAL 2020-01: Telehealth and Health Center Scope of Project</a> for more information.		
Evaluate your current scope of project in light of your proposed project. If your scope requires changes based on your proposed project, select "Yes", summarize the change(s), and provide a timeline for making the necessary request(s). Access the technical assistance materials on the <a href="#">Scope of Project webpage</a> and contact your H80 project officer for guidance in determining if a scope adjustment or change in scope will be necessary.	<b>Select One Option</b>	
My health center's proposed activities will require a Scope Adjustment or Change in Scope request to modify Form 5A: Services Provided.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Describe proposed changes to your Form 5A: Services Provided, and provide a timeline for requesting the necessary modifications.</b> (Up to 500 characters counting spaces).		
	<b>Select One Option</b>	
My health center's proposed activities will require a Scope Adjustment or Change in Scope request to modify Form 5B: Service Sites.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Describe proposed changes to your Form 5B: Service Sites, and provide a timeline for requesting the necessary modifications.</b> (Up to 500 characters counting spaces)		
	<b>Select One Option</b>	
My health center's proposed activities will require a Scope Adjustment or Change in Scope request to modify Form 5C: Other Activities/Locations.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Describe proposed changes to your Form 5C: Other Activities/Locations, and provide a timeline for requesting the necessary modifications.</b> (Up to 500 characters counting spaces)		



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](mailto:paperwork@hrsa.gov).