



## Form 5B Scope Accuracy Worksheet

### Purpose

This worksheet facilitates scope accuracy conversations between health centers and their project officer. When completing this document and reviewing the information with your project officer, you can evaluate the accuracy of your Form 5B: Service Sites (Form 5B), specifically targeting areas that may require a Formal Change in Scope (CIS) or Scope Adjustment request. It includes two sections: a *Form 5B Accuracy Worksheet* and a *Formal CIS or Scope Adjustment Assessment Table*.

### Worksheet Instructions

- Locate your Form 5B and, if applicable, all documentation related to subrecipient- and contractor-operated sites, including Form 8: Health Center Agreements from your most recent Service Area Competition (SAC) or Renewal of Designation (RD) application.

Take the following steps to locate your Form 5B:

- Log into the HRSA Electronic Handbooks (EHB)
- Click on the "Grants" Tab
- Find the H80 awardee or look-alike number and on the right side, select "Grant Folder"
- On the left side under "Approved Scope," click "Sites"
- As you complete the worksheet, have appropriate administrative health center staff and/or clinical staff present to review sites currently listed on Form 5B.
- Complete all steps of the *Form 5B Accuracy Worksheet*. Use the "Notes" section of each step to record answers, action items, or questions. Review the *Formal CIS or Scope Adjustments Assessment Table* and input information in the applicable boxes for each service site that needs a formal CIS or scope adjustment.
- Discuss the information entered in the *Form 5B Accuracy Worksheet* and *Formal CIS or Scope Adjustments Assessment Table* with your project officer for guidance on potential changes to your Form 5B.
- Submit CIS requests and scope adjustments as needed.

### Resources

- [Instructions for Form 5B: Service Sites](#)
- [Health Center Program Compliance Manual](#)
- [BPHC Scope of Project Webpage](#)

# Form 5B: Service Sites Accuracy Checklist

## Step 1: Confirm Service Sites and Operational Status

### STEP 1A: DO EACH OF YOUR FORM 5B SITE(S) MEET THESE CRITERIA?

HRSA defines service sites as locations where all of the following conditions are met:

- Health center visits are generated by documenting in the patients' records face-to-face contacts between patients and providers;
- Providers exercise independent judgment in the provision of services to the patient;
- Services are provided directly by or on behalf of the health center, whose governing board retains control and authority over the provision of the services at the location;
- Services are provided on a regularly scheduled basis (e.g., daily, weekly, first Thursday of every month). However, there is no minimum number of hours per week that services must be available at an individual site.

If any sites on your Form 5B do not meet the above criteria, list the names of the sites in the “Notes” section, and talk to your project officer about removing the sites from scope:

Notes:

### STEP 1B: CONFIRM SITE(S)

If there are any locations where you deliver services as part of your health center scope of project that meet the site definition, **but are not** currently listed on your Form 5B, list the locations in the “Notes” section, and discuss adding them to Form 5B with your project officer.

Notes:

### STEP 1C: OPERATIONAL STATUS

Are any of the sites on your Form 5B no longer open and operational? This includes [temporary sites added due to emergencies](#).

**If YES**, list the sites in the “Notes” section and discuss deleting them from Form 5B with your project officer.

**If NO**, skip to [Step 2](#).

Notes:

## Step 2: Subrecipient-Operated Sites

**SUBRECIPIENT DEFINITION:** Per 45 CFR 75.2, a non-Federal entity that receives a subaward from a pass-through entity to carry out part of a Federal program but does not include an individual that is a beneficiary of such program. A subrecipient may also be a recipient of other Federal awards directly from a Federal awarding agency. Characteristics which would lend support to the classification of the non-Federal entity as a subrecipient include when the non-Federal entity:

1. Determines who is eligible to receive what Federal assistance;
2. Has its performance measured in relation to whether objectives of a Federal program were met;
3. Has responsibility for programmatic decision making;
4. Is responsible for adherence to applicable Federal program requirements specified in the Federal award;
5. In accordance with its agreement, uses the Federal funds to carry out a program for a public purpose specified in authorizing statute, as opposed to providing goods or services for the benefit of the pass-through entity. (45 CFR 75.2)

### STEP 2A: SUBRECIPIENT-OPERATED SITES

Do you have sites operated by a subrecipient?

If **UNSURE**, record your questions in the “Notes” section, and discuss the questions with your project officer to clarify whether you have subrecipient-operated sites.

If **NO**, skip to [Step 3](#).

If **YES**, answer the following questions and record your answers in the “Notes” section:

Have you verified that the subrecipient-operated site(s) meets all the criteria of a service site (See [Step 1A](#))?

If a subrecipient-operated site(s) does not meet the site criteria, list the site(s) in the “Notes” section and talk to your project officer about deleting the site(s) from Form 5B.

Notes:

### STEP 2B: SUBRECIPIENT SITES OPERATED BY ANOTHER HEALTH CENTER

If the subrecipient organization is also a health center (awardee or look-alike), is the site listed in your scope of project **and** the subrecipient’s scope of project?

If **UNSURE**, record your questions in the “Notes” section, and discuss the questions with your project officer.

If **NO**, skip to [Step 3](#).

If **YES**, address the following in the “Notes” section:

Explain why the site is listed in both scopes of project.

Explain how each health center allocates staff, services, billing, and patients at the site to each health center’s scope of project.

Notes:

### Step 3: Contractor-Operated Sites

**CONTRACT DEFINITION:** A contract is used for the purpose of obtaining goods and services needed to carry out the project or program under a Federal award. It does not include a legal instrument, even if the health center considers it a contract, when the substance of the transaction meets the definition of a Federal award or subaward. Characteristics of a contract are when the contractor:

1. Provides the goods and services within normal business operations;
2. Provides similar goods or services to many different purchasers;
3. Normally operates in a competitive environment;
4. Provides goods or services that are ancillary to the operation of the Federal program; and,
5. Is not subject to compliance requirements of the Federal program as a result of the relationship (although similar requirements may apply for other reasons, including as a result of contractual provisions).(45 CFR 75.2 and 45 CFR 75.351)

#### STEP 3A: CONTRACTOR-OPERATED SITES

Do you have any sites operated by a contractor?

**If UNSURE**, record your questions in the “Notes” section, and discuss the questions with your Project Officer.

**If NO**, skip to [Step 4](#).

**If YES**, answer each question and record answers in the “Notes” section:

Have you verified that the contractor-operated site(s) meets all the criteria of a service site? (See [Step 1A](#)).

If a contractor-operated site(s) does not meet the site criteria, list it in the “Notes” section and talk to your project officer about deleting the site(s) from scope.

Notes:

#### STEP 3B: CONTRACTED SITES OPERATED BY ANOTHER HEALTH CENTER

If the contractor is also a health center (awardee or look-alike), is this site listed in your scope of project **and** the contractor’s scope of project?

**If UNSURE**, record your questions in the “Notes” section, and discuss the questions with your project officer.

**If NO**, skip to [Step 4](#).

**If YES**, address the following in the “Notes” section:

Explain why the site is listed in both scopes of project.

Explain how each health center allocates staff, services, billing, and patients at the site to each health center's scope of project.

Notes:

#### **Step 4: Identification of Suites, Floors, and Other Unique Physical Site Location Information**

Do you have sites located within a larger building or campus?

**If UNSURE**, record your questions in the "Notes" section, and discuss the questions with your project officer.

**If NO**, skip to the [Formal CIS or Scope Adjustments Assessment Table](#).

**If YES**, address the following in the "Notes" section:

If the site has a suite, office, or other unique identifier, did you provide this information as part of the physical address (e.g., 123 Main St. Suite A)?

If the site does not have a unique identifier (e.g., sites within schools and shelters), did you provide the standardized physical address (e.g., 123 Main St.)?

If you need to add suite(s), office number(s), or other unique identifiers, consult your project officer on how to reflect this information on your Form 5B.

Notes:

## Formal CIS or Scope Adjustment Assessment Table

- Use the following table to identify site information that may require either a Formal CIS or a Scope Adjustment.
  - Review each field name to ensure accurate information for **each** Form 5B site.
  - Indicate which site(s) need(s) updates in the appropriate row.
  - Note the necessary changes in the “Notes” column.
  - Consult with your project officer on any action items, questions, or notes in the *Formal CIS or Scope Adjustments Assessment Table*, and then submit Formal CIS or Scope Adjustment requests as needed.
- Self-Update fields are not included in this table. You may submit updates to these fields without HRSA-approval using the **Self-Update module in EHB**.
- See [Form 5B: Service Sites Instructions](#) for a comprehensive list of 5B fields, including the fields that are self-updates.

Form 5B Section	Ensure this information is accurate	Update Type (Scope Adjustment or Formal CIS)	Site(s) that need updating	Notes (Completed by health center as needed)
<b>Physical Site Address</b>	Street Address City, State, ZIP (or urbanization code if Puerto Rico)	<p>You may not change the physical address through a Scope Adjustment.</p> <p><b>Please note why the address changed and contact your HRSA Health Center Program project officer for more information on next steps to correct an address or determine if a site needs to be added or deleted.</b></p>		

Form 5B Section	Ensure this information is accurate	Update Type (Scope Adjustment or Formal CIS)	Site(s) that need updating	Notes (Completed by health center as needed)
<b>Site Type</b>	<p>Multiple Choice Options:</p> <ul style="list-style-type: none"> <li>• Service Delivery Site</li> <li>• Administrative/Service Delivery Site</li> <li>• Administrative Site</li> </ul>	<p>You may change between “Service Delivery Site” type and “Service Delivery/Administrative Site” type without HRSA approval via the Self-Update module.</p> <p>You cannot change between “Administrative Site” type and the other site types.</p> <p>Instead, you must change the site type by submitting a “Scope Adjustment Change in Scope” request to delete the existing administrative site and a Formal CIS request to add the site with the new site type.</p>		

Form 5B Section	Ensure this information is accurate	Update Type (Scope Adjustment or Formal CIS)	Site(s) that need updating	Notes (Completed by health center as needed)
<b>Location Type</b>	Multiple Choice Options: <ul style="list-style-type: none"> <li>• Permanent</li> <li>• Seasonal</li> <li>• Mobile</li> <li>• Migrant Voucher Screening</li> <li>• Intermittent</li> </ul>	<p>You may submit a Scope Adjustment request if a site changes from Permanent to Seasonal or vice versa.</p> <p>For changes between any other “Location Type” you must submit a Formal CIS request to delete the existing site and another Formal CIS request to add the site with the new location type.</p>		
<b>Total Hours of Operation (per week)</b>		Scope Adjustment		
<b>Service Area ZIP Codes</b>	One or more 5-digit ZIP codes	Scope Adjustment		



Form 5B Section	Ensure this information is accurate	Update Type (Scope Adjustment or Formal CIS)	Site(s) that need updating	Notes (Completed by health center as needed)
<b>Site Operated by</b>	Multiple Choice Options: <ul style="list-style-type: none"> <li>• Health Center/Applicant</li> <li>• Subrecipient</li> <li>• Contractor</li> </ul>	You cannot change the "Site Operated by" field.  HRSA considers this a significant change in scope. You must submit this change through the EHB Prior Approval module with appropriate documentation. <b>Contact your HRSA project officer for more information.</b>		
<b>Subrecipient or Contractor Information</b>	Organization Name, Address and Employee Identification Number (EIN) Required if you selected Contractor or Subrecipient in the previous field	Scope Adjustment		