

<p align="center"><b>DEPARTMENT OF HEALTH AND HUMAN SERVICES</b>  <b>Health Resources and Services Administration</b></p> <p align="center"><b>FORM 1A: GENERAL INFORMATION WORKSHEET</b></p>	<b>FOR HRSA USE ONLY</b>	
	Application Tracking Number	Grant Number
<b>1. Applicant Information</b>		
Applicant Name		
Fiscal Year End Date		
Application Type	Existing Grantee	
Grant Number	BHCMIS ID	
Business Entity	<input type="checkbox"/> Tribal <input type="checkbox"/> Urban Indian <input type="checkbox"/> Private, non-profit (non-Tribal or Urban Indian) <input type="checkbox"/> Public (non-Tribal or Urban Indian)	
Organization Type	<input type="checkbox"/> Faith based <input type="checkbox"/> Hospital <input type="checkbox"/> State government <input type="checkbox"/> City/County/Local Government or Municipality <input type="checkbox"/> University <input type="checkbox"/> Community based organization <input type="checkbox"/> Other - Specify: _____	
<b>2. Proposed Service Area</b>		
Applicants applying for Community Health funding must provide at least one designated service area ID under an MUA or MUP.		
2a. Target Population and Service Area Designation (Use commas to separate multiple IDs) <a href="#">Find a MUA/MUP</a>	Select one or more population types: <input type="checkbox"/> Serving Section 330(e) - Community Health Centers <input type="checkbox"/> Serving Section 330(g) - Migrant Health Centers <input type="checkbox"/> Serving Section 330(h) - Homeless Health Centers <input type="checkbox"/> Serving Section 330(i) - Public Housing Health Centers  Select one or more MUA/MUP options, as applicable: <input type="checkbox"/> Medically Underserved Area (MUA): ID# _____ <input type="checkbox"/> Medically Underserved Population (MUP): ID# _____ <input type="checkbox"/> MUA Application Pending: ID# _____ <input type="checkbox"/> MUP Application Pending: ID# _____	
2b. Service Area Type	<input type="checkbox"/> Urban <input type="checkbox"/> Rural <input type="checkbox"/> Sparsely Populated - Specify population density by providing the number of people per square mile: _____	
<b>2c. Target Population and Provider Information</b>	<b>Current Number</b>	<b>Projected at End of Project Period</b>
Total Service Area Population		
Total Target Population		
Total FTE Medical Providers		
Total FTE Dental Providers		
Total FTE Behavioral Health Providers		
Total FTE Substance Abuse Service Providers		
Total FTE Enabling Service Providers		

<b>Patients and Visits by Service Type</b>				
Service Type	Current Number		Projected at End of Project Period	
	Patients	Visits	Patients	Visits
Total Medical				
Total Dental				
Total Behavioral Health				
Total Substance Abuse				
Total Enabling Services				

<b>Patients and Visits by Population Type</b>												
Population Type	Current Number (b)		Number at End of Year 1		Number After Year 2 (c)		Number at End of Project Period		Change in New Users After 2 Years (d) = (c-b)		Percent Change in New Users After 2 Years (e) = (d/b)*100	
	Patients	Visits	Patients	Visits	Patients	Visits	Patients	Visits	Patients	Visits	Patients	Visits
General Community												
Migrant/Seasonal Farm Workers												
Public Housing Residents												
Homeless Persons												
<b>TOTAL</b>												

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 10-33, Rockville, Maryland, 20857.