

<b>DEPARTMENT OF HEALTH AND HUMAN SERVICES</b> <b>Health Resources and Services Administration</b>  <b>FORM 1A: GENERAL INFORMATION WORKSHEET</b>	<b>FOR HRSA USE ONLY</b>		
	Application Tracking Number		
<b>1. Applicant Information</b>			
Applicant Name			
Application Type		Existing Grantee	
Grant Number		BHCNIS 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) <input type="checkbox"/> For Profit		
Organization Type (Select all that apply)	<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 If 'Other', please specify: _____		
<b>2. Target Audiences</b>			
Indicate the target audience you are planning to serve?	<input type="checkbox"/> Health Centers Serving Special Populations <input type="checkbox"/> Health Centers Serving Children in Schools <input type="checkbox"/> Health Centers Serving Disadvantaged Populations <input type="checkbox"/> Health Centers Seeking Capital Financing <input type="checkbox"/> Health Centers Serving Underserved Communities and Vulnerable Populations		

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.