

<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

**1. Applicant Information**

Applicant Name	
Application Type	
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 (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: _____
Are you a current recipient of BPHC funding?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If current recipient of BPHC funding, explain funding received.	

**2. Proposed Service Area**

2a. Service Area Zip Codes	
2b. Service Area Census Tracts (as applicable)	
2c. Target Population Type	<input type="checkbox"/> Urban <input type="checkbox"/> Rural

**3. Target Population**

Indicate the population(s) you are planning to serve?	<input type="checkbox"/> General Community <input type="checkbox"/> Migrant/Seasonal Farmworkers <input type="checkbox"/> Homeless Persons <input type="checkbox"/> Public Housing Residents
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**4. Funding Priorities**

4a. Indicate if the following priority is requested:	<input type="checkbox"/> The entire proposed service area has seven or less people per square mile as determined by the Bureau of Census.  Persons/square mile: _____  <b><i>Please attach evidence that supports your priority request (e.g., U.S. Census Bureau Data)</i></b>
4b. Indicate if the following priority is requested:	

The proposed service area for the Planning Grant funding has a poverty rate which is greater than the national poverty rate of 14.3% as determined by the Bureau of Census.

Poverty rate of service area: \_\_\_\_\_%

***Please attach evidence that supports your priority request (e.g., census bureau documentation)***

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.