



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

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration Project Overview Form	FOR HRSA USE ONLY	
	Grant Number	Application Tracking Number

Work Plan

- See the [H8F Example Activities](#) for the complete list of the prepopulated activity options in EHBs.
- Click on “Add New” in EHBs to open the list of activity options for each category.
- Select activities under one or more categories to describe your planned 2-year H8F activities.
- You may write in self-defined activities under “Other” for each category.
- To propose to use funds for activities dating back to January 31, 2020, select “Other” under one or more appropriate categories and provide a detailed description.

Category	Activity
COVID-19 Vaccination Capacity	
COVID-19 Response and Treatment Capacity	
Maintaining and Increasing Capacity	
Recovery and Stabilization	
Infrastructure: Minor Alteration/Renovation (A/R), Mobile Units, and Vehicles	

Health Center Program Scope of Project

Review your current approved Form 5A: Services Provided. Will a Scope Adjustment or Change in Scope request be necessary to ensure that all proposed services are accurate on your Form 5A?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Review your current Form 5B: Service Sites. Will a Scope Adjustment or Change in Scope request be necessary to ensure that all proposed sites are accurate on your Form 5B?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Review your current Form 5C: Other Activities/Locations. Will a Scope Adjustment or Change in Scope request be necessary to ensure that all proposed activities/locations are on your Form 5C?	Yes <input type="checkbox"/> No <input type="checkbox"/>

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 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 14N136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov.