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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Proposed Collection: Public Comment Request;

Information Collection Request Title: Health Center Program Forms - OMB No. 0915-0285 - Revision

AGENCY: Health Resources and Services Administration (HRSA), Department of Health and Human Services.

ACTION: Notice.

SUMMARY: In compliance with the requirement for opportunity for public comment on proposed data collection projects of the Paperwork Reduction Act of 1995, HRSA announces plans to submit an Information Collection Request (ICR), described below, to the Office of Management and Budget (OMB). Prior to submitting the ICR to OMB, HRSA seeks comments from the public regarding the burden estimate, below, or any other aspect of the ICR.

DATES: Comments on this ICR should be received no later than **[INSERT DATE 60 DAYS AFTER DATE OF PUBLICATION IN THE *FEDERAL REGISTER*]**.

ADDRESSES: Submit your comments to paperwork@hrsa.gov or mail the HRSA Information Collection Clearance Officer, Room 13N82, 5600 Fishers Lane, Rockville, Maryland 20857.

FOR FURTHER INFORMATION CONTACT: To request more information on the proposed project or to obtain a copy of the data collection plans and draft instruments, email paperwork@hrsa.gov or call Samantha Miller, the HRSA Information Collection Clearance Officer, at (301) 443-3983.

SUPPLEMENTARY INFORMATION:

Information Collection Request Title: Health Center Program Forms, OMB No. 0915-0285 -Revision

Abstract: The Health Center Program, administered by HRSA, is authorized under Section 330 of the Public Health Service Act (42 U.S.C. 254b). Health centers are patient-directed organizations that deliver affordable, accessible, quality, and cost-effective primary health care services to patients regardless of their ability to pay. Nearly 1,400 health centers operate more than 16,200 service delivery sites that provide primary health care to more than 32 million people in every U.S. state, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and the Pacific Basin. HRSA uses forms for new and existing health centers and other entities to apply for various grant and non-grant opportunities, renew grant and non-grant designations, report progress, and change their scope of project.

Need and Proposed Use of the Information: Health Center Program-specific forms are necessary for award processes and oversight of the Health Center Program and other relevant programs. These forms provide HRSA staff and merit review panels with the information essential for application evaluation, funding recommendation and approval, designation, and monitoring. These forms also provide HRSA staff with information essential for evaluating compliance with Health Center Program statutory and regulatory requirements. The current forms will expire April 30, 2026, and this input will be used to inform edits and updates to the Health Center Program’s information collection and reporting. HRSA intends to make several changes to its forms.

HRSA will modify the following forms to update and clarify data currently being collected:

Form Number/Name	Description of Modifications
Form 1A: General Information Worksheet	Updated response options and text; aligned classification to the current process; removed the visit-count field
Form 2: Staffing Profile	Moved to full time equivalent counts; standardized staffing categories
Form 3: Income Analysis	Question updates with targeted adds/removals
Form 5A: Services Provided	Updated labels and categories of services
Form 5B: Sites	Modified fields collecting site information
Form 6A: Current Board Member Characteristics	Removed patient board member characteristics section
Form 12: Organization Contacts	Consolidated contact information; kept two key contacts
Checklist for Adding a Service to Scope	Revised checklist statements and questions

Form Number/Name	Description of Modifications
Checklist for Adding a Service Site to Scope	Revised checklist statements and questions
Checklist for Deleting a Service from Scope	Revised checklist statements and questions
Checklist for Deleting a Service Site from Scope	Revised checklist statements and questions
Health Center Controlled Networks Progress Report	Clarified and updated objectives; reduced the total number of objectives
Impact Form	Streamlined form to request generic information based on the Notice of Funding Opportunity
Native Hawaiian Health Care Improvement Act (NHHCIA) Non-Competing Continuation (NCC) Clinical Performance Measures	Minor language updates; no content changes
NHHCIA NCC Financial Performance Measures	Minor language updates; no content changes
NHHCIA NCC Income Analysis Form	Question updates with targeted adds/removals
Project Cover Page	Minor language updates; no content changes
Project Narrative Update	Minor language updates; no content changes
Project Qualification Criteria	Removed 3 questions
Project Work Plan	Updated to indicate which questions are for Primary Care Associations versus new technology add-on payments; minor language updates
Quality Improvement Fund (QIF) Evaluative Measures Report	Minor language updates; no content changes
QIF Progress Report	Minor language updates; no content changes
QIF Project Plan Form	Converted to a generic form usable across funding opportunities; updated questions
Summary Page (Service Area Competition)	Aligned special medically underserved population terminology with statute; minor language updates
Summary Page (New Access Point)	Aligned special medically underserved population terminology with statute; minor language updates

HRSA will add the following forms necessary for data collection and change in scope requests to simplify the process:

- Grant Number form
- Checklist for Replacing a Service Site in Scope
- Checklist for Adding a Transitional Care in Carceral Setting Site to Scope
- Checklist for Form 5B Scope Adjustment
- Checklist for Form 5A Scope Adjustment
- QIF Transitions in Care for Justice-Involved Populations Progress Report

HRSA will remove the following forms to further streamline information collected by HRSA

and reduce burden:

- Applicant Qualification Criteria Form
- Checklist for Adding a New Target Population
- Environmental Information and Documentation
- Form 3A: Look-Alike Budget Information
- Form 4: Community Characteristics
- Form 5C: Other Activities/Locations
- Fiscal Year 2020 Ending the HIV Epidemic Primary Care HIV Prevention PCHP Progress Reporting
- HRSA EHBs Action Plan
- Patient Impact Form
- Patient Target and Calculations
- Progress Report—Non-Capital Investments
- Project Overview Form
- Project Plan

Likely Respondents: Health Center Program award recipients (those funded under section 330 of the Public Health Service Act) and Health Center Program look-alikes, state and national technical assistance organizations, and other organizations seeking funding.

Burden Statement: Burden in this context means the time expended by persons to generate, maintain, retain, disclose, or provide the information requested. This includes the time needed to review instructions; to develop, acquire, install, and utilize technology and systems for the purpose of collecting, validating and verifying information, processing and maintaining information, and disclosing and providing information; to train personnel and to be able to respond to a collection of information; to search data sources; to complete and review the collection of information; and to transmit or otherwise disclose the information. The total annual burden hours estimated for this ICR are summarized in the table below.

Total Estimated Annualized Burden Hours:

Form Name	Number of Respondents	Number of Responses Per Respondent	Total Responses	Average Burden Per Response (hours)	Total Burden Hours
Capital Semi-Annual Progress Report	500	2	1,000	1.00	1,000.00
Checklist for Adding a Service to Scope	386	1	386	2.00	772.00

Form Name	Number of Respondents	Number of Responses Per Respondent	Total Responses	Average Burden Per Response (hours)	Total Burden Hours
Checklist for Adding a Service Site to Scope	551	1	551	2.00	1,102.00
Checklist for Deleting a Service from Scope	421	1	421	2.00	842.00
Checklist for Deleting a Service Site from Scope	466	1	466	2.00	932.00
Equipment List	130	1	130	0.50	65.00
Federal Object Class Categories Form	500	1	500	0.25	125.00
Financial Performance Indicators (loan guarantee)	5	1	5	1.00	5.00
Form 1A: General Information Worksheet	1,370	1	1,370	0.75	1,027.50
Form 1B: Funding Request Summary	900	1	900	0.75	675.00
Form 1C: Documents on File	1,460	1	1,460	0.50	730.00
Form 2: Staffing Profile	1,370	1	1,370	1.00	1,370.00
Form 3: Income Analysis	1,370	1	1,370	1.00	1,370.00
Form 5A: Services Provided	1,428	1	1,428	0.25	357.00
Form 5B: Sites (previously "service sites")	1,428	1	1,428	0.25	357.00
Form 6A: Current Board Member Characteristics	1,370	1	1,370	1.00	1,370.00
Form 6B: Request for Waiver of Board	1,370	1	1,370	1.00	1,370.00

Form Name	Number of Respondents	Number of Responses Per Respondent	Total Responses	Average Burden Per Response (hours)	Total Burden Hours
Member Requirements					
Form 8: Health Center Agreements	1,370	1	1,370	1.00	1,370.00
Form 12: Organization Contacts	970	1	970	0.50	485.00
Funding Sources	130	1	130	0.50	65.00
FY 2022 Accelerating Cancer Screening Progress Report	29	1	29	1.50	43.50
Grant Number form	400	1	400	0.25	100.00
HCCN Progress Report	50	1	50	0.50	25.00
Health Center Program Progress Report	130	1	130	1.00	130.00
HRSA Loan Guarantee Program Application	5	1	5	1.00	5.00
Impact Form (old name: Expanded Services Patient Impact)	400	1	400	1.00	400.00
NHHCIA NCC Clinical Performance Measures	5	1	5	1.50	7.50
NHHCIA NCC Financial Performance Measures	5	1	5	0.50	2.50
NHHCIA NCC Income Analysis Form	5	1	5	0.15	0.75
NHHCIA Sample Project Work Plan	2	1	2	0.15	0.30
Operational Plan	350	1	350	2.00	700.00
Other Requirements for Sites	130	1	130	0.50	65.00

Form Name	Number of Respondents	Number of Responses Per Respondent	Total Responses	Average Burden Per Response (hours)	Total Burden Hours
Participating Health Centers List	90	1	90	1.00	90.00
Project Cover Page	130	1	130	1.00	130.00
Project Narrative Update	1325	1	1,325	4.00	5,300.00
Project Qualification Criteria	130	1	130	0.50	65.00
Project Work Plan	508	1	508	4.00	2,032.00
Proposal Cover Page	130	1	130	1.00	130.00
QIF Evaluative Measures Report	54	2	108	1.50	162.00
QIF Progress Report	25	12	300	1.50	450.00
QIF Transitions in Care for Justice-Involved Populations Progress Report	54	10	540	1.50	810.00
QIF Project Plan Form	100	1	100	1.00	100.00
Summary Page (New Access Point)	500	1	500	1.00	500.00
Summary Page (Service Area Competition)	360	1	360	0.50	180.00
Checklist for Replacing a Service Site in Scope	250	1	250	1.50	375.00
Checklist for Adding a Transitional Care in a Carceral Setting Site to Scope	50	1	50	1.00	50.00
Checklist for Form 5B Scope Adjustment	1695	1	1,695	0.50	847.50

Form Name	Number of Respondents	Number of Responses Per Respondent	Total Responses	Average Burden Per Response (hours)	Total Burden Hours
Checklist for Form 5A Scope Adjustment	1875	1	1,875	0.50	937.50
Total			27,597		28,903.05

HRSA specifically requests comments on: (1) the necessity and utility of the proposed information collection for the proper performance of the agency’s functions, (2) the accuracy of the estimated burden, (3) ways to enhance the quality, utility, and clarity of the information to be collected, and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

Maria G. Button,

Director, Executive Secretariat.

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