

Put your letterhead here

TO: *Name of your Project Officer*

FROM: *Name of your contact person*
Name of your health center

DATE: **XXX**

RE: **Request to add a temporary site(s) to our BPHC scope of project in response to the COVID-19 emergency**

Name of your health center is writing to add a temporary site to our BPHC scope of project. This temporary site has been added in response to the COVID-19 national and public health emergency. Below is the information requested in [PAL 2014-15](#) to establish a temporary site during an emergency.

Name of Health Center: _____

Health Center Representative

Name: _____

Email address: _____

Phone number: _____

Add a brief statement (no more than one to two sentences) on how the health center, the target population, and/or a medically underserved population have been impacted by the COVID-19 emergency.

Description of Emergency Response activity:

- *Give a brief description of the emergency response activities (e.g., COVID-19 testing).*
- Address of temporary site: _____
- The date emergency response activities at the site were initiated: _____

Name of your health center assures that each of the following requirements is met regarding this temporary location:

1. Services provided by health center staff at such locations are on a temporary basis.
2. This temporary site(s) is within our health center's service area or neighboring counties, parishes, or other political subdivisions adjacent to our service area.
3. Services provided by health center staff are within the approved scope of project.
4. All activities of health center staff are conducted on behalf of the health center.