

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration		FOR HRSA USE ONLY		
		Grant Number	Application Tracking Number	
Form 1B: FUNDING REQUEST SUMMARY				
Provide the requested operational funding by health center program type for Year 1. Enter one-time funding request separately below. For informational purposes, refer to Section A – Budget Summary in Budget Information form to view the Total Federal Funds requested for Year 1.				
Federal Funds Requested: Based on a 12-month Budget for each Budget Period				
Type of Health Center	Program	Year 1	Year 2	
		Operational	Operational <i>Will pre-populate from Budget Summary</i>	Funding Population Percentage <i>Will auto-calculate in EHB</i>
Community Health Centers	CHC-330(e)		Pre-populated	Auto-Calculated
Health Care for the Homeless	HCH-330(h)		Pre-populated	Auto-Calculated
Migrant Health Centers	MHC-330(g)		Pre-populated	Auto-Calculated
Public Housing Primary Care	PHPC-330(i)		Pre-populated	Auto-Calculated
Total Operational Costs			Pre-populated	Auto-Calculated
One-Time Funding			N/A	N/A
Total Federal Funding Request <i>Will auto-calculate in EHB</i>				N/A
NOTE: If you indicate below that you are requesting one-time funds, the system will require you to complete the applicable equipment and/or alteration/renovation forms. After providing information in one-time funding forms, if you choose to update the selected option displayed below, the system will delete information from all one-time funding forms that are no longer applicable.				
One-time funds will be used for:				
<input type="checkbox"/> Equipment only <input type="checkbox"/> Minor alteration/renovation with equipment <input type="checkbox"/> Minor alteration/renovation without equipment <input type="checkbox"/> N/A				
NOTE: If you indicate below that you are proposing a new site, the system will require you to complete Form 5B. After providing new site information in Form 5B, if you choose to update the selected option displayed below from Yes to No, the system will delete all information from Form 5B.				
Are you proposing to add a mobile site or permanent site in this application?				
<input type="checkbox"/> Yes <input type="checkbox"/> No				