



Health Resources & Services Administration

OMB No.: 0915-0285. Expiration Date: 1/31/2020

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| DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration Form 1B: Funding Request Summary | FOR HRSA USE ONLY | |
| | Grant Number | Application Tracking Number |
| | | |

NOTES:

- Before completing Form 1B, the SF-424A: Budget Information form must be completed.
- The Total Federal Funding Request for Year 1 on Form 1B must match the Total Federal Funds requested for Year 1 on the SF-424A. Go to Section A – Budget Summary in [Budget Information](#) form to edit the Total Federal Funds requested for Year 1.
- The one-time funding request on Form 1B must total the Equipment and Construction (minor A/R) line items on the SF-424A. Go to Section B – Budget Categories in [Budget Information](#) form to edit the Federal funds requested for Equipment and Construction (minor A/R).
- Go to Section E – Budget Estimates Of Federal Funds Needed For Balance Of The Project in [Budget Information](#) form to edit the Total Federal Funds requested for Year 2.

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 |



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NOTES:

- If you select 'N/A' below, the following forms will not be available in your application: Equipment List, A/R Project Cover Page, and Other Requirements for Sites.
- If you select 'Equipment only' below, you must include the equipment amount in the equipment line item in Section B – Budget Categories on the [Budget Information](#) form and complete the Equipment List form.
- If you select 'Minor alteration/renovation with equipment' below, you must include the minor A/R amount in the construction line item and the equipment amount in the equipment line item in Section B – Budget Categories on the [Budget Information](#) form and complete the Equipment List form, A/R Project Cover Page, and Other Requirements for Sites form.
- If you select 'Minor alteration/renovation without equipment' below, you must include the minor A/R amount in the construction line item in Section B – Budget Categories on the [Budget Information](#) form and complete the A/R Project Cover Page and Other Requirements for Sites form

One-Time Funding Request

Indicate below if you are requesting one-time funding in year 1 for equipment and/or minor alteration/renovation (A/R).

One-time funds will be used for:

- N/A
- Minor alteration/renovation without equipment
- Minor alteration/renovation with equipment
- Equipment only

NOTE: If you indicate that you are requesting one-time funds, the system will require you to complete the applicable equipment and/or minor A/R forms. After providing required information in the relevant one-time funding forms, if you change the selected option above, the system will **delete** information from all one-time funding forms that are no longer applicable.

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 14-N39, Rockville, Maryland, 20857.

Instructions for Form 1B: BPHC Funding Request Summary

Form 1B collects the funding request for the NAP application. The maximum amount of funding in Year 1 is \$650,000; any one-time funding requested for equipment or minor A/R (up to \$150,000) is included in this amount. You can request up to \$650,000 for operations in Year 2. Before completing Form 1B, you must complete the SF-424A: Budget Information Form. See Section IV.2.iii in the NAP NOFO for instructions on completing the SF-424A. The SF-424A is the official budget request. Therefore, if you receive a NAP award, only one-time funding as indicated on the SF-424A will be included. The one-time funding information entered on Form 1B: BPHC Funding Request Summary must be consistent with the request on the SF-424A.

For the Year 1 operational funding column, enter operational budget information by funding category (CHC, MHC, HCH, and/or PHPC). Only the types of health center programs selected in the Budget Summary (Section A) of the SF-424A will be available in Form 1B. Next, enter any one-time funds requested for minor alteration/renovation and/or equipment (up to



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\$150,000). The one-time funding request on Form 1B must be consistent with the federal request for equipment and/or construction in Section B on the SF-424A. The budget for Year 2 on Form 1B will be pre-populated from data that you entered in the Federal Resources (Section E) of the SF-424A.

You cannot modify the pre-populated data on this form. If changes are required, go to the appropriate section of the SF-424A to make changes. A link to the SF-424A is provided for navigation to the appropriate budget sections.

If you are requesting one-time funding for equipment and/or minor A/R, indicate if the one-time funds are for: 1) equipment only; 2) minor A/R with equipment; or 3) minor A/R without equipment. See Appendix D of the NAP NOFO for instructions on equipment and minor A/R requirements.