

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

Note the following when completing this form:

- Before completing Form 1B, the SF-424A: Budget Information form must be completed.
- Go to Section A – Budget Summary in Budget Information form to edit the Total Federal Funds requested, not to exceed \$300,000.
- Go to Section B – Budget Categories in Budget Information form to edit the Federal funds requested for Equipment and Construction (minor A/R).

OHI Funding Request

Will pre-populate from Budget Information form, Section A

- 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.
- If you select 'Activities other than minor A/R and equipment' below, the following forms will not be available in your application: Equipment List, A/R Project Cover Page, and Other Requirements for Sites. Select 'Activities other than minor A/R and equipment' only if you are not also proposing equipment and/or minor A/R.

OHI Funding Activities

Indicate below if you are requesting funding for equipment and/or minor alteration/renovation (A/R).

Funds will be used for:

- Equipment only
- Minor alteration/renovation with equipment
- Minor alteration/renovation without equipment
- Activities other than minor A/R and equipment

NOTE: Based on your selection, the system will require you to complete the applicable equipment and/or minor A/R forms. After providing required information in the relevant forms, if you change the selected option above, the system will **delete** information from all forms that are no longer applicable.



Are you proposing to add a new service delivery site within your current service area through this application?

Yes

No

NOTE: If you select "Yes" above to indicate that you are proposing a new site, the system will require you to complete Form 5B: Service Sites. If you change your selected option from "Yes" to "No" after completing Form 5B: Service Sites, the system will **delete** all new site information from Form 5B.

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 14N-39, Rockville, Maryland, 20857.