OMB No.: 0915-0285. Expiration Date: 06/30/2029

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

Note the following when completing this form:

- The Federal Funding Request below should match the Total Federal Funds requested on the SF-424A.
- The one-time funding request below totals the Equipment and Construction (minor A/R) federal line items on the SF-424A.

Federal Funding Request	

One-time Funding Request

You indicated on the Budget Information form, Section B that you are requesting one-time funding for:

- ○ N/A (no funding requested for equipment or minor A/R)
- ○ Equipment (no minor A/R)
- ○ Minor alteration/renovation with equipment
- ○ Minor alteration/renovation without equipment

One-time funding request for minor A/R and equipment:

NOTE:

- If no funding is requested for equipment or minor A/R in the *Budget Information form*, you will not use the following forms in your application: Equipment List, A/R Project Cover Page, and Other Requirements for Sites.
- If 'Equipment (no minor A/R)' is indicated above, you must complete the Equipment List form.
- If 'Minor A/R with equipment' is indicated above, you must complete the Equipment List, A/R Project Cover Page, and Other Requirements for Sites forms.
- If 'Minor A/R without equipment' is indicated above, you must complete the A/R Project Cover Page and Other Requirements for Sites forms.

Based on your one-time funding request, you are required to complete the applicable equipment and/or minor A/R forms.