

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

Public Burden Statement: Health centers (section 330 grant funded and Federally Qualified Health Center look-alikes) are patient-directed organizations that deliver affordable, accessible, quality, and cost-effective primary health care services to patients and adjust fees based on income and family size. The Health Center Program application forms provide essential information to HRSA staff and objective review committee panels for application evaluation; funding recommendation and approval; designation; and monitoring. 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 information collection is 0915-0285 and it is valid until 06/30/2029. This information collection is mandatory under the Health Center Program authorized by section 330 of the Public Health Service (PHS) Act (**42 U.S.C. 254b**). Public reporting burden for this collection of information is estimated to average 0.75 hours 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 Information Collection Clearance Officer, 5600 Fishers Lane, Room 13N82, Rockville, Maryland, 20857 or paperwork@hrsa.gov. Please see <https://www.hrsa.gov/about/508-resources> for the HRSA digital accessibility statement.