

<b>DEPARTMENT OF HEALTH AND HUMAN SERVICES</b>  <b>Health Resources and Services Administration</b>  <b>FORM 1B: FUNDING REQUEST SUMMARY</b>	<b>FOR HRSA USE ONLY</b>	
	<b>Grant Number</b>	<b>Application Tracking Number</b>
<p>Note the following when completing this form:</p> <ul style="list-style-type: none"> <li>The Federal Funding Request below should match the Total Federal Funds requested on the SF-424A.</li> <li>The one-time funding request below totals the Equipment and Construction (minor A/R) federal line items on the SF-424A.</li> </ul>		
Federal Funding Request		
<b>One-time Funding Request</b>		
<p>You indicated on the Budget Information form, Section B that you are requesting one-time funding for:</p> <p style="margin-left: 40px;">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</p> <p>One-time funding request for minor A/R and equipment:</p>		
<p><b>NOTE:</b></p> <ul style="list-style-type: none"> <li>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.</li> <li>If 'Equipment (no minor A/R)' is indicated above, you must complete the Equipment List form.</li> <li>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.</li> <li>If 'Minor A/R without equipment' is indicated above, you must complete the A/R Project Cover Page and Other Requirements for Sites forms.</li> </ul> <p><i>Based on your one-time funding request, you are required to complete the applicable equipment and/or minor A/R forms.</i></p>		

Public Burden Statement: Health centers (section 330 grant funded and Federally Qualified Health Center look-alikes) deliver comprehensive, high quality, cost-effective primary health care to patients regardless of their ability to pay. 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. The OMB control number for this information collection is 0915-0285 and it is valid until 04/30/2026. 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 45 minutes 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 14N136B, Rockville, Maryland, 20857 or [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov).