

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
Instructions		
<ul style="list-style-type: none"> • Before you complete this form, you must complete your Budget Information form (SF-424A). • Go to Section A – Budget Summary of your SF-424A to edit the Total Federal Funds requested for year 1 (up to \$600,000). • Equipment and minor alteration/renovation (A/R) costs are only allowable in year 1 and must not exceed \$250,000. • Go to Section B – Budget Categories of your SF-424A to edit the Total Federal funds requested for Equipment and Construction (minor A/R). 		
BHSE Federal Funding Request	<i>Will prepopulate from Budget Information Form, Section A</i>	
<ul style="list-style-type: none"> • If you select 'Equipment only' (no minor A/R) below, you must include the equipment amount in the Equipment line item in Section B – Budget Categories of your SF-424A and complete the Equipment List form. • If you select 'Minor A/R 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 of your SF-424A and complete the following forms: Equipment List, A/R Project Cover Page, and Other Requirements for Sites. • If you select 'Minor A/R without equipment' below, you must include the minor A/R amount in the Construction line item in Section B – Budget Categories of your SF-424A and complete the A/R Project Cover Page and Other Requirements for Sites forms. • 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. 		
Equipment and Minor A/R Funding		
Indicate below if you are requesting BHSE funding in year 1 for equipment and/or minor A/R.		
One-time funds will be used for:		
<input type="checkbox"/> Equipment (no minor A/R) <input type="checkbox"/> Minor A/R with equipment <input type="checkbox"/> Minor A/R without equipment <input type="checkbox"/> N/A (no funding requested for equipment or minor A/R)		
<p>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the selected option above, the system will delete information from all equipment and minor A/R funding forms that are no longer applicable.</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 3/31/2023. 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.