



OMB No.: 0915-0285. Expiration Date: 03/31/2023

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

Notes:

- Before completing Form 1B, the SF-424A: Budget Information form must be completed.
- Go to Section A – Budget Summary in the Budget Information form to edit the Total Federal Funds requested for year 1, not to exceed \$350,000 if proposing a new school-based service site or \$250,000 if proposing expansion of services at existing site(s) only.
- One-time funding for equipment and minor alteration/renovation (A/R) costs are only allowable in Year 1 and must not exceed \$150,000. Go to Section B – Budget Categories in the Budget Information form to edit the Federal funds requested for Equipment and Construction (minor A/R).

SBSE Federal Funding Request	<i>Will prepopulate from Budget Information Form, Section A</i>
-------------------------------------	---

- If you select 'Equipment only' (no minor A/R) below, you must include an 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 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 on the Budget Information form **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 on the Budget Information form, **and** complete the A/R Project Cover Page and Other Requirements for Sites form.
- 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.

One-time Funding

Indicate below if you are requesting SBSS funding in year 1 for equipment and/or minor alteration/renovation (A/R).

One-time funds will be used for:

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

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 one-time funding forms that are no longer applicable.

Are you proposing to add a new school-based service site in this application?

- Yes
- No

If yes, are you proposing a new mobile unit? Note that a mobile unit is one site, even if services are provided at multiple schools.

- 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 with information about your new proposed school-based service site(s), the system will **delete** all information from Form 5B.

Are you proposing to expand services at an existing school-based service site in scope?

- Yes
- No

If yes, are you proposing to use an existing mobile unit at school(s)?

- Yes
- No

Note: If you select “Yes” above to indicate that you are proposing to expand services at an existing site in scope, the system will require you to pick sites from scope on the next form. If you change your selected option from “Yes” to “No” after picking your sites from scope, the system will **delete** the list of selected sites.

Enter the name of the school district(s) where your school-based service expansion will occur:

You must include School Commitment Documentation for each proposed school-based service site.

By checking this box, I certify that this application includes School Commitment Documentation (School Commitment Letter or MOU) for each proposed school-based service site included in the application).

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.