



# Form 1B: Funding Request Summary

OMB No.: 0915-0285. Expiration Date: 4/30/2026

<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>

Note the following when completing this form:

- Before completing Form 1B, the SF-424A: Budget Information form must be completed.
- The NAP Federal Funding Request below matches the Total Federal Funds requested on the SF-424A. Go to Section A – Budget Summary in the Budget Information form to edit the Total Federal Funds requested, not to exceed \$650,000.
- The one-time funding request below totals the Equipment and Construction (minor A/R) federal line items on the SF-424A. Go to Section B – Budget Categories in the Budget Information form to edit the federal funds requested for Equipment and Construction (minor A/R).

NAP Federal Funding Request

*Will pre-populate from Budget Information form, Section A*

### One-time Funding Request

You indicated on the Budget Information form, Section B that you are requesting NAP 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

NAP one-time funding request for minor A/R and equipment: *Amount will pre-populate from Budget Information form, Section B*

### NOTE:

- If no funding is requested for equipment or minor A/R in the *Budget Information form*, the following forms will not be available 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.

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<ul style="list-style-type: none"> <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, 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 Budget Information Form to remove the equipment or construction line items, the system will <b>delete</b> information from all forms that are no longer applicable.</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 4/30/2026. 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).

## Instructions

You will need to complete the SF-424A: Budget Information Form before this form. See the Budget section of the NAP NOFO for the SF-424A instructions. This form will pre-populate based on responses in your SF-424A. We use this form to make sure you do not ask for more than \$650,000. If you need to make changes, click on the link to the SF-424A in EHBs. If you are requesting one-time funding, this form will make sure your application includes the forms you need.

## NAP Funding Request

Your NAP funding request pre-populates from the SF-424A, Section A. It can be up to \$650,000. If you request one-time funding for equipment or minor alteration/renovation (A/R), that's included in the \$650,000. You'll have to edit the SF-424A if you entered more than \$650,000.

## One-time Funding Request

Based on your SF-424A, Section B, EHBs will select one checkbox for you. Review the selection to make sure it is correct.

- If you did not request one-time funding, N/A will be selected.

- If you request one-time funding, the form will indicate one of the following:
  - Equipment only (no minor A/R)
  - Minor A/R with equipment
  - Minor A/R without equipment

If the checkbox is not correct, go back to the SF-424A and edit Section B.

Then you will see your one-time funding request, which is the total for equipment and minor A/R from the SF-424A, Section B. Your one-time funding request cannot exceed \$250,000. If this form shows that the total is higher than \$250,000, edit the SF-424A. If you receive a NAP award, it will only include the one-time funding entered on the SF-424A equipment and construction lines.

Based on your one-time funding request, you will complete the equipment list and/or minor A/R forms. See the [NAP TA webpage](#) for instructions on the required forms. If you revisit the SF-424A and delete the amount in the construction line, the A/R forms will be deleted. If you revisit the SF-424A and delete the amount in the equipment line, the equipment list form will be deleted.