

OMB No.: 0915-0285. Expiration Date: 3/31/2023

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Form 1B: Funding Request Summary

FOR HRSA USE ON	LY
Grant Number	Application Tracking Number

Note the following when completing this form:

- 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, not to exceed \$2,000,000.
- Go to Section B Budget Categories in the Budget Information form to edit the Federal funds requested for Equipment and Construction (minor A/R), not to exceed \$400,000.

An example Form 1B: Funding Request Summary is available on the QIF-MH technical assistance webpage.

QIF-MH Federal	[Will pre-populate from Budget Information form, Section A]
Funding Request	[11.11 pro populato nom Zuagot momatom isim, contain,

H80 Validation

- Provide your Health Center Program H80 grant number (Example H80CS00001).
- You must provide an active H80 grant number to successfully submit this application to HRSA. Reminder: This is an
 eligibility criterion.

Enter your H80 grant	[Validate H80 number]
number:	• 11 1111 1111



Equipment and Minor Alternation/Renovation Funding

- Indicate if you are requesting QIF-MH funds for equipment purchases, minor alteration/renovation work, both of these, or neither of these.
- If you select 'Equipment (no minor A/R)' below, you must include the 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 Equipment List form, A/R Project Cover Page, and Other Requirements for Sites form.
- 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.

Indicate below if you are requesting QIF-MH funding for:
[□] Equipment (no minor A/R)
[□] Minor alteration/renovation with equipment
[□] Minor alteration/renovation 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 forms. After providing required information in the relevant forms, if you change the selected option above, the system will delete information from all forms that are no longer applicable.

Public Burden Statement: 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 project is 0915-0285. Public reporting burden for this collection of information is estimated to average 1 hour 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 14N-39, Rockville, Maryland, 20857.