

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration Equipment List (as applicable)	FOR HRSA USE ONLY	
	Grant Number	Application Tracking Number

Instructions

Equipment costs entered here should be consistent with those provided in the Budget Narrative and SF-424A Budget Information Form and should reflect the total federal cost of equipment only. Equipment means tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost which equals or exceeds \$5,000. Equipment that does not meet the \$5,000 threshold should be considered supplies and should not be entered on this form. Up to \$250,000 in award funding may be requested for equipment.

Type	Description	Unit Price	Quantity	Total Price
<input type="checkbox"/> Clinical <input type="checkbox"/> Non Clinical				
<input type="checkbox"/> Clinical <input type="checkbox"/> Non Clinical				
<input type="checkbox"/> Clinical <input type="checkbox"/> Non Clinical				
<input type="checkbox"/> Clinical <input type="checkbox"/> Non Clinical				
<input type="checkbox"/> Clinical <input type="checkbox"/> Non Clinical				
TOTAL FEDERAL COST OF EQUIPMENT				

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.