



OMB No.: 0915-0285. Expiration Date: 1/31/2020

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

Note: Equipment costs entered here should be consistent with those provided in the Budget Narrative attachment. 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 the lesser of the capitalization level established by the non-federal entity for financial statement purposes, or \$5,000. Equipment that does not meet the \$5,000 threshold should be considered Supplies and would not be entered on this form.

Type	Description	Unit Price	Quantity	Total Price
Clinical				
Non Clinical				
Clinical				
Non Clinical				
Clinical				
Non Clinical				
Clinical				
Non Clinical				
Clinical				
Non Clinical				
TOTAL				

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.