



**FY 2021 Health Center Program Service Expansion -  
School-Based Service Sites (SBSS)  
Application Forms Blank Sample**

**YEAR 1 EQUIPMENT LIST FORM**

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

<b>DEPARTMENT OF HEALTH AND HUMAN SERVICES</b> <b>Health Resources and Services Administration</b> <b>Equipment List (as applicable)</b>	<b>FOR HRSA USE ONLY</b>	
	<b>Grant Number</b>	<b>Application Tracking Number</b>
<b>Instructions</b>		
<b>Notes:</b>		
<ul style="list-style-type: none"> <li>Equipment costs are only allowable in Year 1 and, combined with minor A/R costs, must not exceed \$150,000.</li> <li>The total equipment costs entered here must equal those requested in the federal equipment line of the SF-424A Form Section B – Budget Categories, and the Budget Narrative.</li> <li>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.</li> <li>Equipment that does not meet the \$5,000 threshold should be considered supplies and should not be entered on this form.</li> </ul>		

Fields with \* are required

*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				

*Type	* Description	*Unit Price (\$)	*Quantity	Total Price
<input type="checkbox"/> Clinical				
<input type="checkbox"/> Non Clinical				
<b>TOTAL</b>			Calculated in EHBs	Calculated in EHBs

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 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 14N136B, Rockville, Maryland, 20857 or [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov).

**Instructions for Completing the Equipment List Form**

Complete the Equipment List Form if you requested SBSS funding for equipment in year 1. If you did not request equipment funding, you do not need to complete this form.

1. To be classified as equipment, the items must:
  - a. Be moveable (i.e., readily shifted from place to place) that are non-expendable (i.e., even if they are moved, they will still remain intact or whole), tangible personal property having a useful life of more than one year (i.e. something you own or lease that will last beyond year 1).
  - b. Have a unit price that is at least \$5,000. Costs that are less than \$5,000 per unit should be listed as Supplies on the Federal Object Cost Categories Form (row e).
  - c. Mobile units and telehealth infrastructure are considered equipment.
2. Items identified on this form should align with your budget information (budget narrative and the equipment line in Section B of the SF-424A) and items identified in the Response section of your Project Narrative.
3. Indicate if the equipment is clinical or non-clinical, both types are allowable.