

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

FEDERAL OBJECT CLASS CATEGORIES FORM

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration Federal Object Class Categories Form	FOR HRSA USE ONLY		
	Grant Number	Application Tracking Number	Maximum Funding Request Amount

Notes:

- Enter federal and non-federal expenses by object class category for all proposed SBSS activities and purchases for Year 2.
- Federal costs should only reflect SBSS funds; do not include other federal awards.
- Annual total federal request amount (sum of all object class categories) may not exceed \$200,000.
- Equipment and Alteration/Renovation costs cannot be requested in Year 2.
- Total federal costs presented on this form must equal the total federal new or revised budget costs on section E of the SF-424A Budget Information Form.
- Costs entered here should be consistent with Year 2 costs in the Budget Narrative attachment.

Fields with * are required

*Budget Categories			
Object Class Category	Federal	Non-Federal	Total
a. Personnel			<i>Calculated by EHBs</i>
b. Fringe Benefits			<i>Calculated by EHBs</i>
c. Travel			<i>Calculated by EHBs</i>
d. Supplies			<i>Calculated by EHBs</i>
e. Contractual			<i>Calculated by EHBs</i>
f. Other			<i>Calculated by EHBs</i>
g. Total Direct Charges (sum of a-f)	<i>Calculated by EHBs</i>		<i>Calculated by EHBs</i>
h. Indirect Charges			<i>Calculated by EHBs</i>
i. Total Budget Specified in this Application (sum of g - h)	<i>Calculated by EHBs</i>	<i>Calculated by EHBs</i>	<i>Calculated by EHBs</i>

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](https://www.uscourts.gov/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.