



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

FORM 1B: FUNDING REQUEST SUMMARY

OMB No.: 0915-0285. Expiration Date: 03/31/2023

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration Form 1B: Funding Request Summary	FOR HRSA USE ONLY	
	Grant Number	Application Tracking Number

Fields with * are required

Notes:

- Before completing Form 1B, the SF-424A: Budget Information Form (hereafter Budget Information Form) must be completed.
- The Total Federal Funding Request for Year 1 on Form 1B must match the Total Federal Funds requested for Year 1 on the Budget Information Form. If necessary, go to Section A – Budget Summary in the Budget Information Form to edit the Total Federal Funds requested for Year 1, not to exceed \$200,000.
- The one-time funding request on Form 1B must total the combined value of the Equipment and Construction (minor A/R) line items on the Budget Information Form (not to exceed \$150,000). If necessary, go to Section B – Budget Categories in the Budget Information Form to edit the Federal funds requested for Equipment and Construction (minor A/R).
- Equipment and Construction (minor A/R) costs are only allowable in Year 1 and must not exceed \$150,000.
- Go to Section E – Budget Estimates of Federal Funds Needed for Balance of the Project in the Budget Information Form to edit the Total Federal Funds requested for Year 2 (listed as First in Section E).



SBSS Federal Funding Request	<i>Will prepopulate from Budget Information Form, Section A (year 1 total)</i>
<p>Notes:</p> <ul style="list-style-type: none">• 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.• If you select 'Equipment only' below, you must:<ul style="list-style-type: none">○ Include a funding request 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 alteration/renovation with equipment' below, you must:<ul style="list-style-type: none">○ Include a minor A/R funding request amount in the Construction line item in Section B – Budget Categories on the Budget Information Form,○ Include a funding request amount in the Equipment line item in Section B – Budget Categories on the Budget Information Form, and○ Complete the following forms: Equipment List, A/R Project Cover Page, and Other Requirements for Sites.• If you select 'Minor alteration/renovation without equipment' below, you must:<ul style="list-style-type: none">○ Include a minor A/R funding request 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.	
<p>* One-Time Funding Request</p> <p>Indicate below if you are requesting one-time funding in Year 1 for equipment and/or minor alteration/renovation (A/R). Select the most applicable option for your total project.</p>	
<p>One-time funds will be used for:</p> <p><input type="checkbox"/> Equipment only</p> <p><input type="checkbox"/> Minor alteration/renovation with equipment</p> <p><input type="checkbox"/> Minor alteration/renovation without equipment</p> <p><input type="checkbox"/> N/A (no one-time funding requested)</p> <p>Note: If you indicate that you are requesting one-time funds, the system will require you to complete the applicable equipment and/or minor A/R forms. After providing required information in the relevant one-time funding forms, if you change the selected option above, the system will delete information from all one-time funding forms that are no longer applicable.</p>	



*** Are you proposing to add a new service delivery site in this application?**

Yes

No

Note: If you select “Yes” above to indicate that you are proposing a new site, the system will require you to complete Form 5B: Service Sites. If you change your selected option from “Yes” to “No” after completing Form 5B with information about your new proposed school-based service site(s), the system will **delete** all information from Form 5B.

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 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.