

<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>

**Instructions**

Equipment costs entered here should be consistent with those provided in the Budget Narrative and SF-424A Budget Information Form. 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.

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				
<b>TOTAL</b>				

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 4/30/2026. 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).