

<b>DEPARTMENT OF HEALTH AND HUMAN SERVICES</b> <b>Health Resources and Services Administration</b>  <b>FORM 1B: BPHC FUNDING REQUEST SUMMARY</b>	<b>FOR HRSA USE ONLY</b>	
	Application Tracking Number	Grant Number

**Note:** These values are populated from the standard application budget forms. Any update to the standard application budget form requires an update in program-specific project budget estimation.

**FEDERAL FUNDS REQUESTED: BASED ON A 12-MONTH BUDGET FOR EACH BUDGET PERIOD**

Type of Health Center	Program	Year 1		Year 2	Year 3	Year 4	Year 5
		Operational	One-Time	Operational	Operational	Operational	Operational
Community Health Center	CHC-330(e)						
Migrant Health Center	MHC-330(g)						
Health Care for the Homeless	HCH-330(h)						
Public Housing Primary Care	PHPC-330(i)						
Total Federal Funding Request							
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 .5 hours 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 10-33, Rockville, Maryland, 20857.