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| **DEPARTMENT OF HEALTH AND HUMAN SERVICES**  **Health Resources and Services Administration   EQUIPMENT LIST** | | **FOR HRSA USE ONLY** | | | | | | | |
| Application Tracking Number | |  | | Grant Number | |  | | |
| Project Number | |  |  | Project Type | | |  |
| Project Title | |  | | | | | |
| **List of Equipment** | | | | | | | | | |
| **Type** | **Description** | | **Unit Price** | | | | **Quantity** | | **Total Price** |
| **[\_]** Clinical  **[\_]** Non Clinical  **[\_]** Mobile Van |  | |  | | | |  | |  |
| **[\_]** Clinical  **[\_]** Non Clinical  **[\_]** Mobile Van |  | |  | | | |  | |  |
| **[\_]** Clinical  **[\_]** Non Clinical  **[\_]** Mobile Van |  | |  | | | |  | |  |
| **[\_]** Clinical  **[\_]** Non Clinical  **[\_]** Mobile Van |  | |  | | | |  | |  |
| **[\_]** Clinical  **[\_]** Non Clinical  **[\_]** Mobile Van |  | |  | | | |  | |  |
| **Total** | | | | | | |  | |  |