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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**  |  |  |