

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
<input type="checkbox"/> Clinical <input type="checkbox"/> Non Clinical <input type="checkbox"/> Mobile Van				
<input type="checkbox"/> Clinical <input type="checkbox"/> Non Clinical <input type="checkbox"/> Mobile Van				
<input type="checkbox"/> Clinical <input type="checkbox"/> Non Clinical <input type="checkbox"/> Mobile Van				
<input type="checkbox"/> Clinical <input type="checkbox"/> Non Clinical <input type="checkbox"/> Mobile Van				
<input type="checkbox"/> Clinical <input type="checkbox"/> Non Clinical <input type="checkbox"/> Mobile Van				
Total				