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

**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 | Operational | Funding Population Percentage | Operational | Operational | Operational |
| Community Health Centers      | CHC-330(e)  |             |             |                               | \$0.00      | \$0.00      | \$0.00      |
| Health Care for the Homeless  | HCH-330(h)  |             |             |                               | \$0.00      | \$0.00      | \$0.00      |
| Migrant Health Centers        | MHC-330(g)  |             |             |                               | \$0.00      | \$0.00      | \$0.00      |
| Public Housing Primary Care   | PHPC-330(i) |             |             |                               | \$0.00      | \$0.00      | \$0.00      |
| Total Operational Costs       |             |             |             |                               | \$0.00      | \$0.00      | \$0.00      |
| One-Time Funding              |             |             |             |                               | \$0.00      | \$0.00      | \$0.00      |
| Total Federal Funding Request |             |             |             |                               | \$0.00      | \$0.00      | \$0.00      |

One-time funds will be used for:

Equipment only

Minor alteration/renovation with equipment

Minor alteration/renovation without equipment

N/A

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 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 10-33, Rockville, Maryland, 20857