

<b>DEPARTMENT OF HEALTH AND HUMAN SERVICES</b>  <b>Health Resources and Services Administration</b>  <b>EQUIPMENT LIST</b>	<b>FOR HRSA USE ONLY</b>		
	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				
<b>Total</b>				