

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				

OMB No.: 0915-0285. Expiration Date: XX/XX/20XX

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 4014N-393, Rockville, Maryland, 20857