



Health Resources & Services Administration

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

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

**NOTES:**

- **Before completing Form 1B, the SF-424A: Budget Information form must be completed.**
- The form to edit the Total Federal Funds requested for Year 1. [Budget Information](#) Total Federal Funding Request for Year 1 on Form 1B must match the Total Federal Funds requested for Year 1 on the SF-424A. Go to Section A – Budget Summary in
- form to edit the Federal funds requested for Equipment and Construction (minor A/R). [Budget Information](#) The one-time funding request on Form 1B must total the Equipment and Construction (minor A/R) line items on the SF-424A. Go to Section B – Budget Categories in
- form to edit the Total Federal Funds requested for Year 2. [Budget Information](#) Go to Section E – Budget Estimates Of Federal Funds Needed For Balance Of The Project in

**Federal Funds Requested: Based on a 12-month Budget for each Budget Period**

Type of Health Center	Year 1		Year 2	
	Operational	Operational	Operational <i>Will pre-populate from Budget Summary</i>	Funding Population Percentage <i>Will auto-calculate in EHB</i>
Community Health Centers			Pre-populated	Auto-Calculated
Health Care for the Homeless			Pre-populated	Auto-Calculated
Migrant Health Centers			Pre-populated	Auto-Calculated
Public Housing Primary Care			Pre-populated	Auto-Calculated
Total Operational Costs		<i>Will auto-calculate in EHB</i>	Pre-populated	Auto-Calculated



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		Grant Number	Application Tracking Number
<b>Form 1B: FUNDING REQUEST SUMMARY</b>			
One-Time Funding		N/A	N/A
Total Federal Funding Request	<i>Will auto-calculate in EHB</i>	<i>Will auto-calculate in EHB</i>	N/A

**NOTES:**

- If you select 'A' below, the following forms will not be available in your application: Equipment List, A/R Project Cover Page, and Other Requirements for Sites.'N/
- If you select 'Equipment only' below, you must include the equipment amount in the equipment line item in and complete the Equipment List form. form [Budget Information](#) Section B – Budget Categories on the
- If you select 'Minor alteration/renovation with equipment' below, you must include the minor A/R amount in the construction line item and the equipment amount in the equipment line item in and complete the Equipment List form, A/R Project Cover Page, and Other Requirements for Sites form. form [Budget Information](#) Section B – Budget Categories on the
- If you select 'Minor alteration/renovation without equipment' below, you must include the minor A/R amount in the construction line item in and complete the A/R Project Cover Page and Other Requirements for Sites form form [Budget Information](#) Section B – Budget Categories on the

**One-Time Funding Request**

Indicate below if you are requesting one-time funding in year 1 for equipment and/or minor alteration/renovation (A/R).

**One-time funds will be used for:**

- N/A
- Minor alteration/renovation without equipment
- Minor alteration/renovation with equipment
- Equipment only

**NOTE:** information from all one-time funding forms that are no longer applicable. ~~delete~~ If you indicate that you are requesting one-time funds, the system will require you to complete the applicable equipment and/or minor A/R forms. After providing required information in the relevant one-time funding forms, if you change the selected option above, the system will

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HYPERLINK "<https://sharepoint.hrsa.gov/sites/bphc/oppd/ED1/OMB%20Forms%20Approval%202020/paperwork@hrsa.gov>" [42 U.S.C. 254b](#)  
HYPERLINK "<http://uscode.house.gov/view.xhtml?req=granuleid:USC-prelim-title42-section254b&num=0&edition=prelim>"