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| <b>DEPARTMENT OF HEALTH AND HUMAN SERVICES</b><br><br><b>Health Resources and Services Administration</b><br><br><b>FUNDING SOURCES</b> | <b>FOR HRSA USE ONLY</b>    |                     |                        |                       |
|                                                                                                                                         | Application Tracking Number |                     | Grant Number           |                       |
|                                                                                                                                         | Project Number              |                     | Project Type           |                       |
|                                                                                                                                         | Project Title               |                     |                        |                       |
| <b>Funding Sources Information</b>                                                                                                      |                             |                     |                        |                       |
| Applicant Name                                                                                                                          |                             |                     |                        |                       |
| 1. Total Project Cost (From cell 16a of Budget form)                                                                                    |                             |                     |                        |                       |
| 2. Federal grant requested (From cell 17c of Budget form)                                                                               |                             |                     |                        |                       |
| <b>3. Other Funding Sources</b>                                                                                                         |                             |                     |                        |                       |
|                                                                                                                                         | Amount Secured (a)          | Amount Expected (b) | Amount Forthcoming (c) | Total (d = a + b + c) |
| 3a. State Grants                                                                                                                        |                             |                     |                        |                       |
| 3b. Local Funding                                                                                                                       |                             |                     |                        |                       |
| 3c. Other Federal Funding                                                                                                               |                             |                     |                        |                       |
| 3d. Private/Third Party Funding                                                                                                         |                             |                     |                        |                       |
| 3e. Other Project Financing                                                                                                             |                             |                     |                        |                       |
| <b>Total Other Funding Sources</b>                                                                                                      |                             |                     |                        |                       |

Public Burden Statement: Health centers (section 330 grant funded and Federally Qualified Health Center look-alikes) deliver comprehensive, high quality, cost-effective primary health care to patients regardless of their ability to pay. The Health Center Program application forms provide essential information to HRSA staff and objective review committee panels for application evaluation; funding recommendation and approval; designation; and monitoring. The OMB control number for this information collection is 0915-0285 and it is valid until XX/XX/XXXX. This information collection is mandatory under the Health Center Program authorized by section 330 of the Public Health Service (PHS) Act ([42 U.S.C. 254b](#)). Public reporting burden for this collection of information is estimated to average 30 minutes 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 14N136B, Rockville, Maryland, 20857 or [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov).