

<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>
<p>Note the following when completing this form:</p> <ul style="list-style-type: none"> <li>• Before completing Form 1B, the SF-424A: Budget Information form must be completed.</li> <li>• Go to Section A – Budget Summary in the Budget Information form to edit the Total Federal Funds requested, not to exceed \$1,000,000.</li> <li>• Go to Section B – Budget Categories in the Budget Information form to edit the federal funds requested for Equipment, not to exceed \$250,000.</li> </ul>		
QIF-TJI Federal Funding Request	<i>[Will pre-populate from Budget Information form, Section A]</i>	
<p><b>H80 Validation</b></p> <ul style="list-style-type: none"> <li>• Provide your Health Center Program H80 grant number (for example, H80CS00001).</li> <li>• You must provide an active H80 grant number to successfully submit this application to HRSA. Reminder: This is an eligibility criterion.</li> </ul>		
Enter your H80 grant number:	[Validate H80 number]	
<p><b>Equipment Funding</b></p> <ul style="list-style-type: none"> <li>• Indicate if you are requesting QIF- TJI funds for equipment purchases.</li> <li>• If you select 'Equipment' below, you must include the equipment amount in the equipment line item in Section B – Budget Categories on the SF424A: Budget Information form <b>and</b> complete the Equipment List form.</li> <li>• If you select 'N/A' below, the Equipment List form will not be available in your application.</li> </ul>		
<p>Indicate below if you are requesting QIF-TJI funding for equipment:</p> <p><input type="checkbox"/> Equipment  <input type="checkbox"/> N/A (no funding requested for equipment)</p>		
<p><b>NOTE:</b> Based on your selection, the system will require you to complete the applicable forms. After providing required information in the relevant forms, if you change the selected option above, the system will <b>delete</b> information from all forms that are no longer applicable.</p>		

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 14N-39, Rockville, Maryland, 20857.