

**FY 2021 National Hypertension Control Initiative Supplemental Funding for
Health Centers (NHCI-HC)**

YEAR 1 EQUIPMENT LIST FORM (as applicable)

- If you did not request funding for equipment costs in Section B of the SF-424, then the Equipment List Form does not apply to you.
- This list is specific to year 1. A separate Equipment List Form is completed for year 1, year 2, and year 3.
- List the proposed equipment purchases that year 1 funding will support, as applicable. Report year 2 and year 3 proposed equipment purchases separately in the corresponding Equipment Lists.
- The sum of equipment costs for all three years may not exceed \$150,000, and must align with the equipment costs in Section B of the SF-424, and equal those requested in the year one federal equipment line of the Budget Narrative.
- Equipment means tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost that equals or exceeds the lesser of the capitalization level established by the non-federal entity for financial statement purposes, or \$5,000.
- Equipment that does not meet the \$5,000 threshold should be considered supplies and should not be entered on this form.
- For detailed instructions, refer to the guidance document.

OMB No.: 0915-0285. Expiration Date: 3/31/2023

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration Equipment List (as applicable)		FOR HRSA USE ONLY		
		Grant Number	Federal Requested Amount	
Type	Description	Unit Price	Quantity	Total Price
<input type="checkbox"/> Clinical				
<input type="checkbox"/> Non Clinical				
<input type="checkbox"/> Clinical				
<input type="checkbox"/> Non Clinical				
<input type="checkbox"/> Clinical				
<input type="checkbox"/> Non Clinical				
<input type="checkbox"/> Clinical				
<input type="checkbox"/> Non Clinical				

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Type	Description	Unit Price	Quantity	Total Price
<input type="checkbox"/> Clinical				
<input type="checkbox"/> Non Clinical				
			TOTAL	

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.