

**FY 2019 Health Center Controlled Networks (HCCN)
Sample SF-424A: Budget Information (Non-Construction Programs)
Sections A and B**

Refer to Section 5.1 of HRSA’s SF-424 Two-Tier Application Guide ([http://www.hrsa.gov/grants/apply/applicationguide/sf424programspecificappguide.pdf](http://www.hrsa.gov/grants/apply/applicationguide/sf424programsspecificappguide.pdf)) and Section IV.2.iii of the FY 2019 HCCN Notice of Funding Opportunity (HRSA-19-011) for instructions.

OMB No.: 4040-0006 Expiration Date: 01/31/2020

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration				FOR HRSA USE ONLY		
FORM SF-424A: BUDGET INFORMATION				Grant Number		Application Tracking Number
Section A – Budget Summary. Enter the information below for the first year of the three year project period.						
Grant Program Function or Activity	CFDA Number	Estimated Unobligated Funds		New or Revised Budget		
		Federal	Non- Federal	Federal	Non- Federal	Total <i>will auto-calculate in EHB</i>
Health Center Controlled Networks	93.224	N/A	N/A		N/A	
Total <i>will auto-calculate in EHB</i>					N/A	
Section B – Budget Categories. Enter the information below for each year of the three year project period.						
Object Class Categories	Federal		Non-Federal		Total <i>will auto-calculate in EHB</i>	
Personnel			N/A			
Fringe Benefits			N/A			
Travel			N/A			
Equipment*			N/A			
Supplies*			N/A			
Contractual			N/A			
Construction	N/A		N/A			
Other			N/A			
Total <i>will auto-calculate in EHB</i>			N/A			

*Reminder: HCCN funding may not be utilized to purchase equipment or supplies for use at the health center level or any other individual health center operational costs.