

| <b>DEPARTMENT OF HEALTH AND HUMAN SERVICES</b><br><b>Health Resources and Services Administration</b><br><br><b>BUDGET (SF-424C)</b>  |  | FOR HRSA USE ONLY  |  |                                 |  |
|---|--|--------------------|--|---------------------------------|--|
|   |  | Grant Number       |  | Application Tracking #          |  |
|   |  | Project Tracking # |  | Project Type                    |  |
|   |  | Project Title      |  |                                 |  |
| <b>Note(s):</b> For each cost classification listed below, enter a positive whole number in the columns Total Cost (a) and Costs Not Allowable for Participation (b). If you do not wish to provide total costs for a cost classification, enter 0. |  |                    |  |                                 |  |
| Serial Number   | Cost Classification  | Total Cost (a)     | Cost Not Allowable for Participation (b) | Total Allowable Costs (c = a-b) |  |
| *1  | Administrative and legal expenses  |                    |  |                                 |  |
| *2  | Land, structures, rights-of-way, appraisals, etc.  |                    |  |                                 |  |
| *3  | Relocation expenses and payments   |                    |  |                                 |  |
| *4  | Architectural and engineering fees   |                    |  |                                 |  |
| *5  | Other architectural and engineering fees   |                    |  |                                 |  |
| *6  | Project inspection fees  |                    |  |                                 |  |
| *7  | Site Work  |                    |  |                                 |  |
| *8  | Demolition and removal   |                    |  |                                 |  |
| *9  | Construction   |                    |  |                                 |  |
| *10   | Equipment  |                    |  |                                 |  |
| *11   | Miscellaneous  |                    |  |                                 |  |
| 12  | SUBTOTAL (sum of lines 1-11) <input type="button" value="Calculate"/>                          |                    |  |                                 |  |
| *13   | Contingencies  |                    |  |                                 |  |
| 14  | SUBTOTAL (sum of lines 12 and 13) <input type="button" value="Calculate"/>                     |                    |  |                                 |  |
| 15  | Project (program) income   |                    |  |                                 |  |
| 16  | TOTAL PROJECT COSTS <input type="button" value="Calculate"/>                                   |                    |  |                                 |  |
| *17   | Federal assistance requested <input type="button" value="Calculate Federal Percentage Share"/> |                    |  |                                 |  |

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 information collection is 4040-0008. The time required to complete this information collection is estimated to average 2 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 537-H, Washington DC 20201, Attn: PRA Reports Clearance Officer.