OMB No.: 0915-0285. Expiration Date: 1/30/2020

| **DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration** SF-424A: BUDGET INFORMATION | **FOR HRSA USE ONLY** |
| --- | --- |
| **Grant Number** | **Application Tracking Number** |
|  |  |
| **Budget Information** |

| **Section A – Budget Summary** |
| --- |
| **Grant Program Function or Activity** | **CFDA Number** | **Estimated Unobligated Funds** | **New or Revised Budget** |
| **Federal** | **Non-Federal** | **Federal** | **Non-Federal** | **Total**[auto-calculated in EHB] |
| Community Health Centers  | 93.224 | N/A | N/A |  |  |  |
| Health Care for the Homeless  | 93.224 | N/A | N/A |  |  |  |
| Migrant Health Centers | 93.224 | N/A | N/A |  |  |  |
| Public Housing | 93.224 | N/A | N/A |  |  |  |
| **Total** [auto-calculated in EHB] |  |  |  |

| **Section C – Non-Federal Resources**  |
| --- |
| **Grant Program Function or Activity** | **Applicant** | **State** | **Local** | **Other** | **Program Income** | **Total**[auto-calculated in EHB] |
| Community Health Centers  |  |  |  |  |  |  |
| Health Care for the Homeless  |  |  |  |  |  |  |
| Migrant Health Centers |  |  |  |  |  |  |
| Public Housing |  |  |  |  |  |  |
| **Total** [auto-calculated in EHB] |  |  |  |  |  |  |

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 10-33, Rockville, Maryland, 20857.