

# SF-424A: Budget Information

Refer to Section 5.1 of HRSA's SF-424 Two-Tier Application Guide (<http://www.hrsa.gov/grants/apply/applicationguide/sf424programspecificappguide.pdf>) and Section IV.2.iii of the notice of funding opportunity (NOFO) for instructions.

OMB No.: 4040-0006 Expiration Date: 03/31/2023

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration  FORM SF-424A: BUDGET INFORMATION				FOR HRSA USE ONLY		
				Grant Number	Application Tracking Number	
<b>Section A – Budget Summary</b>						
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>
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			
<b>Total</b> <i>will auto-calculate in EHB</i>						
<b>Section B – Budget Categories</b>						
Object Class Categories	Federal	Non-Federal	Total <i>will auto-calculate in EHB</i>			
Personnel						
Fringe Benefits						
Travel						
Equipment						
Supplies						
Contractual						
Construction						
Other						

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Total Direct Charges <i>will auto-calculate in EHB</i>						
Indirect Charges						
<b>Total</b> <i>will auto-calculate in EHB</i>						
Section C – Non-Federal Resources						
Grant Program Function or Activity	Applicant	State	Local	Other	Program Income	Total <i>will auto-calculate in EHB</i>
Community Health Centers						
Health Care for the Homeless						
Migrant Health Centers						
Public Housing						
<b>Total</b> <i>will auto-calculate in EHB</i>						
Section D – Forecasted Cash Needs (optional)						
	1 <sup>st</sup> Quarter	2 <sup>nd</sup> Quarter	3 <sup>rd</sup> Quarter	4 <sup>th</sup> Quarter	Total 1 <sup>st</sup> Year <i>will auto-calculate in EHB</i>	
<b>Federal</b>						
<b>Non-Federal</b>						
<b>Total</b> <i>will auto-calculate in EHB</i>						
Section E – Budget Estimates of Federal Funds Needed for Balance of Project (not applicable to new applicants)						
Grant Program	Future Funding Periods (Years)					
	First	Second	Third	Fourth		
Community Health Centers			N/A	N/A		
Health Care for the Homeless			N/A	N/A		
Migrant Health Centers			N/A	N/A		
Public Housing			N/A	N/A		
<b>Total</b> <i>will auto-calculate in EHB</i>			N/A	N/A		

<b>DEPARTMENT OF HEALTH AND HUMAN SERVICES</b> <b>Health Resources and Services Administration</b>  <b>FORM SF-424A: BUDGET INFORMATION</b>	<b>FOR HRSA USE ONLY</b>	
	<b>Grant Number</b>	<b>Application Tracking Number</b>
<b>Section F – Other Budget Information</b>		
<b>Direct Charges</b>		
<b>Indirect Charges</b>		
<b>Remarks</b>		

Public Burden Statement: Health centers (section 330 grant funded and Federally Qualified Health Center look-alikes) deliver comprehensive, high quality, cost-effective primary health care to patients regardless of their ability to pay. The Health Center Program application forms provide essential information to HRSA staff and objective review committee panels for application evaluation; funding recommendation and approval; designation; and monitoring. The OMB control number for this information collection is 0915-0285 and it is valid until 3/31/2023. This information collection is mandatory under the Health Center Program authorized by section 330 of the Public Health Service (PHS) Act ([42 U.S.C. 254b](#)). 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 14N136B, Rockville, Maryland, 20857 or [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov).

**Instructions for completing the SF-424A**

- In Section A, Budget Summary, enter the budget on separate rows for each population type (CHC, MHC, HCH, PHPC) for which you are requesting funding. The federal amount refers to only the SAC funding requested, not all federal funding that you receive. Estimated Unobligated Funds are not applicable for this NOFO. **Funding must be requested and will be awarded consistent with the distribution of funds across population types**, as indicated in the [SAAT](#).
- In Section B, Budget Categories, enter an object class category (line item) budget for Year 1 of the 3-year period of performance. The amounts for each category in the federal and nonfederal columns, as well as the totals, should align with the Budget Narrative.
- In Section C, when providing Non-Federal Resources by funding source, include non-SAC federal funds supporting the proposed project in the “other” category. Program Income must be consistent with the Total Program Income (patient service revenue) presented on Form 3: Income Analysis.
- In Section E, provide the federal funds requested for Year 2 in the First column and Year 3 in the Second column, entered on separate rows for each proposed type of Health Center Program funding (CHC, MHC, HCH, and/or PHPC). The Third and Fourth columns must remain \$0.

The Consolidated Appropriations Act, 2021 (P.L. 116-260), Division H, § 202 states, “None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II.” See Section 5.1.iv Budget – Salary Limitation of HRSA’s [SF-424 Two-Tier Application Guide](#) for additional information. Note that these or other salary limitations may apply in the following fiscal years, as required by law.