HRSA Health Center Program

SF-424A: Budget Information

Refer to HRSA's SF-424 Two-Tier Application Guide (PDF) and the notice of funding opportunity (NOFO) for instructions.

OMB No.: 4040-0006 Expiration Date: 2/28/2025

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

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 *will auto-calculate in EHBs*
Community Health Center (CHC)	93.224	N/A	N/A			
Migratory and Seasonal Agricultural Workers (MSAW)	93.224	N/A	N/A			
Homeless Population (HP)	93.224	N/A	N/A			
Residents of Public Housing (RPH)	93.224	N/A	N/A			
Total *will auto-calculate in EHBs*						

Section B – Budget Categories

Object Class Categories	Federal	Non-Federal	Total *will auto-calculate in EHBs*
Personnel			
Fringe Benefits			
Travel			
Equipment			
Supplies			
Contractual			
Construction			
Other			

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Total Direct Charges *will auto-calculate in EHBs*			
Indirect Charges			
Total *will auto-calculate in EHBs*			

Section C – Non-Federal Resources						
Grant Program Function or Activity	**Applicant**	**State**	**Local**	**Other**	**Program Income**	**Total** *will auto-calculate in EHBs*
Community Health Center (CHC)						
Migratory and Seasonal Agricultural Workers (MSAW)						
Homeless Population (HP)						
Residents of Public Housing (RPH)						
Total *will auto-calculate in EHBs*						

Section D – Forecasted Cash Needs (optional)					
	1st Quarter	**2nd Quarter**	**3rd Quarter**	**4th Quarter**	**Total 1st Year** *will auto-calculate in EHBs*
Federal					
Non-Federal					
Total *will auto-calculate in EHBs*					

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 Center (CHC)				N/A
Migratory and Seasonal Agricultural Workers (MSAW)				N/A
Homeless Population (HP)				N/A

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Residents of Public Housing (RPH)					N/A
Total *will auto-calculate in EHBs*					N/A
Section F – Other Budget Information					
Direct Charges					
Indirect Charges					
Remarks					

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 4040-0006. 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 the HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov.

Instructions

- Section A – Budget Summary: Under New or Revised Budget, in the Federal column, enter the funding request for each population type (CHC, MSAW, HP, RPH) for which you are requesting funding. Enter each on a separate row.
    - Only enter your SAC federal funding request in the Federal column, not all federal funding that you receive.
    - Leave the Estimated Unobligated Funds columns blank.
    - **Funding must be requested and will be awarded consistent with the distribution of funds across population types within the service area**, as indicated on the SAAT.
- Section B – Budget Categories: Enter an object class category (line item) budget for Year 1 of your period of performance, broken out by federal and non-federal funding. The amounts listed in each box and totals should align with the Budget Narrative.
- Section C – Non-Federal Resources: Enter all non-SAC federal funds supporting the proposed project in the “other” category. The total must match the Non-Federal Total in Section A.
    - Provide non-federal funding amounts for each population type you request SAC federal funding for (CHC, MSAW, HP, RPH) in Section A. Enter each in a separate row.
    - If you apply for HP or RPH funding, you must use this funding to supplement, and not supplant, the expenditures of the health center and the value of in-kind contributions for the delivery of services to these populations. This section should reflect the funding you currently use to serve the homeless population and/or residents of public housing.
    - Program Income should match the Total Program Income (patient service revenue) presented on Form 3: Income Analysis (PDF).
- Section D – Forecasted Cash Needs: Leave this section blank.

- Section E – Budget Estimates of Federal Funds Needed for Balance of Project: Enter the federal funds requested for future funding periods (years) on separate rows for each proposed type of Health Center Program funding (CHC, MSAW, HP, RPH).
    - **4-year period of performance:** Enter Year 2 in the First column, Year 3 in the Second column, and Year 4 in the Third column. The Fourth column must remain $0.
    - **New applicants can only be granted a 1-year period of performance and should leave this section blank.**
- Section F – Other Budget Information (if applicable): Explain amounts for individual object class categories that may appear to be out of the ordinary in Direct Charges. Enter the type of indirect rate (provisional, predetermined, final, fixed, or de minimis) that will be in effect during the period of performance in Indirect Charges.

See HRSA's SF-424 Two-Tier Application Guide (PDF) for information about salary limitations and funding restrictions.