

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 <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			
Total						<i>will auto-calculate in EHB</i>

Section B – Budget Categories

Object Class Categories	Federal	Non-Federal	Total <i>will auto-calculate in EHB</i>
Personnel			
Fringe Benefits			
Travel			
Equipment			
Supplies			
Contractual			
Construction			
Other			
Total Direct Charges <i>will auto-calculate in EHB</i>			
Indirect Charges			
Total			<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						
Total <i>will auto-calculate in EHB</i>						

Section D – Forecasted Cash Needs (optional)

	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter	Total 1 st Year <i>will auto-calculate in EHB</i>
Federal					
Non-Federal					
Total <i>will auto-calculate in EHB</i>					

Section E – Budget Estimates of Federal Funds Needed for Balance of Project

Grant Program	Future Funding Periods (Years)			
	First	Second	Third	Fourth
Community Health Centers		N/A	N/A	N/A
Health Care for the Homeless		N/A	N/A	N/A
Migrant Health Centers		N/A	N/A	N/A
Public Housing		N/A	N/A	N/A
Total <i>will auto-calculate in EHB</i>		N/A	N/A	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 HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N-39, Rockville, Maryland, 20857.

Instructions for the SF-424A

When completing the SF-424A: Budget Information Form:

- 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 NAP funding requested, not all federal funding that you receive. Estimated Unobligated Funds are not applicable for this NOFO.
- In Section A and B, enter only the federal NAP funding requested in the Federal columns.
- In Section B, Budget Categories, enter an object class category (line item) budget for Year 1. The amounts for each category in the federal and nonfederal columns, as well as the totals, should align with the Budget Narrative.
- In Year 1 only, up to \$150,000 may be requested for equipment (enter on the Equipment row in Section B) and/or minor alteration/renovation (enter on the Construction row in Section B). The SF-424A is the official budget request. If a NAP grant is awarded, the maximum amount of one-time funding HRSA will award is the amount indicated on the SF-424A. The one-time funding information entered on Form 1B: BPHC Funding Request Summary must be consistent with the request on the SF-424A.
- In Section C, when providing Non-Federal Resources by funding source, include non-NAP 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, entered on separate rows for each proposed type of Health Center Program funding (CHC, MHC, HCH, and/or PHPC). The maximum amount that may be requested cannot exceed \$650,000. The Second, Third, and Fourth columns must remain \$0.