

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 EHBs</i>
Community Health Centers	93.527	N/A	N/A			
Health Care for the Homeless	93.527	N/A	N/A			
Migrant Health Centers	93.527	N/A	N/A			
Public Housing	93.527	N/A	N/A			
Total						<i>will auto-calculate in EHBs</i>

Section B – Budget Categories

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

Section C – Non-Federal Resources

Grant Program Function or Activity	Applicant	State	Local	Other	Program Income	Total <i>will auto-calculate in EHBs</i>
Community Health Centers						
Health Care for the Homeless						
Migrant Health Centers						
Public Housing						
Total <i>will auto-calculate in EHBs</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 EHBs</i>
Federal					
Non-Federal					
Total <i>will auto-calculate in EHBs</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	N/A
Health Care for the Homeless	N/A	N/A	N/A	N/A
Migrant Health Centers	N/A	N/A	N/A	N/A
Public Housing	N/A	N/A	N/A	N/A
Total <i>will auto-calculate in EHBs</i>	N/A	N/A	N/A	N/A

Section F – Other Budget Information

Direct Charges	
Indirect Charges	
Remarks	

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 30 minutes 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.