APPLICATION FOR					Version 7/03			
FEDERAL ASSISTANCE		2. DATE SUBMITTED		Applicant Identifier				
1. TYPE OF SUBMISSION: Application	Preapplication	3. DATE RECEIVED BY STATE		State Application Identifier				
Construction	Construction	4. DATE RECEIVED BY FEDERAL AGEN		Federal Identifier				
X Non-Construction	Non-Construction							
5. APPLICANT INFORMATION Legal Name:			Organizational Unit	:				
			Department:					
Organizational DUNS:			Division:					
Address:			Name and telephone number of person to be contacted on matters					
Street:			involving this application (give area code) Prefix: First Name:					
City:			Middle Name					
County:			Last Name					
-								
	Cip Code		Suffix:					
Country:			Email:	: 				
6. EMPLOYER IDENTIFICATIO	ON NUMBER (EIN):		Phone Number (giv	e area code)	Fax Number (give area code)			
8. TYPE OF APPLICATION:			7. TYPE OF APPI	ICANT: (See back of form for A	pplication Types)			
Ne	w Continuation	Revision	State					
If Revision, enter appropriate letter		Kevision	Other (specify)					
(See back of form for description of	letters.)							
Other (specify)			9. NAME OF FEDI	ERAL AGENCY:				
10. CATALOG OF FEDERAL DO	MESTIC ASSISTANCE NUMBER:		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:					
TITLE (Name of Program):								
Public Health and Social Services Emergency Fund		_						
12. AREAS AFFECTED BY PROJ	ECT (Cities, Counties, States, etc.):							
13. PROPOSED PROJECT Start Date:	Ending Date:		a. Applicant	NAL DISTRICTS OF:	b. Project			
15. ESTIMATED FUNDING:				ON SUBJECT TO REVIEW BY S				
	_		ORDER 12372 H	PROCESS?				
a. Federal	\$			THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372				
b. Applicant	\$	-	PI	PROCESS FOR REVIEW ON				
c. State	\$	-	D.	ATE:				
d. Local	\$	-	b. NO. PROGRAM IS NOT COVERED BY E.O. 12372					
e. Other	\$	-		OR PROGRAM HAS NOT BEEN SELECTED BY				
f. Program Income	\$			TATE FOR REVIEW CANT DELINQUENT ON ANY	Y FEDERAL DEBT			
g. TOTAL	\$	-	Yes. If	"Yes," attach an explanation.	No.			
DOCUMENT HAS BEEN DULY	WLEDGE AND BELIEF, ALL DA AUTHORIZED BY THE GOVEI	RNING BODY OF THE APPLI						
ATTACHED ASSURANCES IF a. Authorized Representative	THE ASSISTANCE IS AWARDE	D.						
Prefix	First Name		М	iddle Name				
Last Name			Sı	ffix				
b. Title			c.	c. Telephone Number (give area code)				
d. Signature of Authorized Represe	entative		e.	Date Signed				
L								

BUDGET INFOR	MATION Non-Construc	tion Programs				Approval No. 0348-00	
SECTION A - BUDGET	SUMMARY						
Grant Program	Catalog of Federal	Estimated Unobligated Fund	ds	New or Revised Budget			
	Domestic Assistance Number (b)	Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)	
1		\$0	\$0				
2							
3.							
l.							
5. TOTALS		\$0	\$0				
ECTION B - BUDGET	CATEGORIES						
GRANT PROGRAM, FUNCTION OR ACTIVITY						Total (5)	
6. Object Class Categories			(3)	(4)	(5)		
a. Personnel						\$0.0	
b. Fringe Benefits						\$0.0	
c. Travel						\$0.0	
d. Equipment						\$0.0	
e. Supplies						\$0.0	
f. Contractual						\$0.0	
g. Construction						\$0.0	
h. Other						\$0.0	
i. Total Direct Char	rges (sum of 6a - 6h)					\$0.0	
j. Indirect Charge						\$0.0	
k. TOTALS (sum o	f 6i and 6j)					\$0.0	
. Program Income							

SECTION C - NON-FEDERAL RESOURCES						
(a) Grant Program		(b) Applicant	(c) State	(d) Other Resources	(e) TOTALS	
8.					\$0	
9.						
10.						
11.						
12. TOTALS (sum of lines 8-11)		\$0	\$0	\$0	\$0	
SECTION D - FORECASTED CASH NEEDED						
13. Federal	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	
14. NonFederal						
15. TOTAL (sum of lines 13 and 14)						
SECTION E - BUDGET ESTIMATES OF FEDERAL F	UNDS NEEDED FOR BALAN	ICE OF THE PROJECT				
		FUTURE FUNDING PERIODS (YEARS)				
Grant Program		(b) First	(c) Second	(d) Third	(e) Fourth	
					\$0.00	
17.					\$0	
18.					\$0	
19.					\$0	
20. Totals (sum of lines 16-19)					\$0.00	
SECTION F - OTHER BUDGET INFORMATION (Attach additional Sheets if Necessary)						
21. Direct Charges:						
22. Indirect Changes:		Prelimary Indirect Cost	Rate			
23. Remarks:						

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## **INSTRUCTIONS FOR THE SF-424A**

Public reporting burden for this collection of information is estimated to average 180 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0044), Washington, DC 20503.

## PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

#### **General Instructions**

This form is designed so that application can be made for funds from one or more grant programs. In preparing the budget, adhere to any existing Federal grantor agency guidelines which prescribe how and whether budgeted amounts should be separately shown for different functions or activities within the program. For some programs, grantor agencies may require budgets to be separately shown by function or activity. For other programs, grantor agencies may require a breakdown by function or activity. Sections A, B, C, and D should include budget estimates for the whole project except when applying for assistance which requires Federal authorization in annual or other funding period increments. In the latter case, Sections A, B, C, and D should provide the budget for the first budget period (usually a year) and Section E should present the need for Federal assistance in the subsequent budget periods. All applications should contain a breakdown by the object class categories shown in Lines a-k of Section B.

#### Section A. Budget Summary Lines 1-4 Columns (a) and (b)

For applications pertaining to a *single* Federal grant program (Federal Domestic Assistance Catalog number) and *not requiring* a functional or activity breakdown, enter on Line 1 under Column (a) the Catalog program title and the Catalog number in Column (b).

For applications pertaining to a *single* program *requiring* budget amounts by multiple functions or activities, enter the name of each activity or function on each line in Column (a), and enter the Catalog number in Column (b). For applications pertaining to multiple programs where none of the programs require a breakdown by function or activity, enter the Catalog program title on each line in *Column* (a) and the respective Catalog number on each line in Column (b).

For applications pertaining to *multiple* programs where one or more programs *require* a breakdown by function or activity, prepare a separate sheet for each program requiring the breakdown. Additional sheets should be used when one form does not provide adequate space for all breakdown of data required. However, when more than one sheet is used, the first page should provide the summary totals by programs.

## Lines 1-4, Columns (c) through (g)

*For new applications*, leave Column (c) and (d) blank. For each line entry in Columns (a) and (b), enter in Columns (e), (f), and (g) the appropriate amounts of funds needed to support the project for the first funding period (usually a year).

For continuing grant program applications, submit these forms before the end of each funding period as required by the grantor agency. Enter in Columns (c) and (d) the estimated amounts of funds which will remain unobligated at the end of the grant funding period only if the Federal grantor agency instructions provide for this. Otherwise, leave these columns blank. Enter in columns (e) and (f) the amounts of funds needed for the upcoming period. The amount(s) in Column (g) should be the sum of amounts in Columns (e) and (f).

For supplemental grants and changes to existing grants, do not use Columns (c) and (d). Enter in Column (e) the amount of the increase or decrease of Federal funds and enter in Column (f) the amount of the increase or decrease of non-Federal funds. In Column (g) enter the new total budgeted amount (Federal and non-Federal) which includes the total previous authorized budgeted amounts plus or minus, as appropriate, the amounts shown in Columns (e) and (f). The amount(s) in Column (g) should not equal the sum of amounts in Columns (e) and (f).

Line 5 - Show the totals for all columns used.

## **Section B Budget Categories**

In the column headings (1) through (4), enter the titles of the same programs, functions, and activities shown on Lines 1-4, Column (a), Section A. When additional sheets are prepared for Section A, provide similar column headings on each sheet. For each program, function or activity, fill in the total requirements for funds (both Federal and non-Federal) by object class categories.

Line 6a-i - Show the totals of Lines 6a to 6h in each column.

Line 6j - Show the amount of indirect cost.

**Line 6k** - Enter the total of amounts on Lines 6i and 6j. For all applications for new grants and continuation grants the total amount in column (5), Line 6k, should be the same as the total amount shown in Section A, Column (g), Line 5. For supplemental grants and changes to grants, the total amount of the increase or decrease as shown in Columns (1)-(4), Line 6k should be the same as the sum of the amounts in Section A, Columns (e) and (f) on Line 5.

**Line 7** - Enter the estimated amount of income, if any, expected to be generated from this project. Do not add or subtract this amount from the total project amount, Show under the program

## **INSTRUCTIONS FOR THE SF-424A** (continued)

narrative statement the nature and source of income. The estimated amount of program income may be considered by the Federal grantor agency in determining the total amount of the grant.

## Section C. Non-Federal Resources

**Lines 8-11** Enter amounts of non-Federal resources that will be used on the grant. If in-kind contributions are included, provide a brief explanation on a separate sheet.

**Column (a)** - Enter the program titles identical to Column (a), Section A. A breakdown by function or activity is not necessary.

**Column (b)** - Enter the contribution to be made by the applicant.

**Column (c)** - Enter the amount of the State's cash and in-kind contribution if the applicant is not a State or State agency. Applicants which are a State or State agencies should leave this column blank.

**Column (d)** - Enter the amount of cash and in-kind contributions to be made from all other sources.

**Column (e)** - Enter totals of Columns (b), (c), and (d).

**Line 12** - Enter the total for each of Columns (b)-(e). The amount in Column (e) should be equal to the amount on Line 5, Column (f), Section A.

## Section D. Forecasted Cash Needs

Line 13 - Enter the amount of cash needed by quarter from the grantor agency during the first year.

**Line 14** - Enter the amount of cash from all other sources needed by quarter during the first year.

Line 15 - Enter the totals of amounts on Lines 13 and 14.

# Section E. Budget Estimates of Federal Funds Needed for Balance of the Project

**Lines 16-19** - Enter in Column (a) the same grant program titles shown in Column (a), Section A. A breakdown by function or activity is not necessary. For new applications and continuation grant applications, enter in the proper columns amounts of Federal funds which will be needed to complete the program or project over the succeeding funding periods (usually in years). This section need not be completed for revisions (amendments, changes, or supplements) to funds for the current year of existing grants.

If more than four lines are needed to list the program titles, submit additional schedules as necessary.

**Line 20** - Enter the total for each of the Columns (b)-(e). When additional schedules are prepared for this Section, annotate accordingly and show the overall totals on this line.

## Section F. Other Budget Information

**Line 21** - Use this space to explain amounts for individual direct object class cost categories that may appear to be out of the ordinary or to explain the details as required by the Federal grantor agency.

**Line 22** - Enter the type of indirect rate (provisional, predetermined, final or fixed) that will be in effect during the funding period, the estimated amount of the base to which the rate is applied, and the total indirect expense.

Line 23 - Provide any other explanations or comments deemed necessary.