

**Supplemental Budget Request (SBR) Application**

**Instructions:** States must complete the application using the suggested format and instructions below for the projects/activities for which the state is seeking funding. This application is to be combined with a completed SF-424 and an SF-424A covering all projects/activities.

<b>Unemployment Insurance Supplemental Budget Request Abstract</b>		
<b>State Name:</b>		
<b>Total Funds Requested for All Projects:</b>		
<b>Name, Title, and Address of Grant Notification Contact (<i>Typically the State Workforce Agency Administrator</i>)</b> <b>Name:</b> <b>Title:</b> <b>Address:</b>		
<b>Name, E-Mail Address, and Phone Number of SBR Project or Fiscal Manager</b> <b>Name:</b> <b>E-Mail Address:</b> <b>Telephone Number:</b>		
<b>Provide the following information for each project (<i>add additional rows as needed</i>):</b>		
<b>Project Name</b>	<b>Total Cost of Project</b>	<b>Proposed Completion Date</b>

<b>Project Description</b>
<b>Project Timeline</b>

<b>Description of Costs</b>			
<b>State Agency Staff Costs:</b>			
<b>Type of Position</b>	<b>Total Hours</b>	<b>Cost Per Hour</b>	<b>Total</b>
<b>Contract Staff Costs:</b>			
<b>Type of Position</b>	<b>Total Hours</b>	<b>Cost Per Hour</b>	<b>Total</b>
<b>Hardware, Software and Telecommunications Equipment:</b>			
<b>Item Description</b>	<b>Cost Per Item</b>	<b>Quantity</b>	<b>Total</b>
<b>Other Costs:</b>			
<b>Item</b>	<b>Cost</b>	<b>Explanation</b>	

## **SBR APPLICATION SECTION INSTRUCTIONS**

**Amount of Funding Request for this Project:** Provide the total amount of funds requested for all projects.

**State Contact(s):** Provide name, telephone number, and e-mail address of the individuals - Grant Notification contact and SBR Project/Fiscal Manager for any questions we may have relating to this proposal.

**Project Name:** Provide the name of the proposed project.

**Project Description:** Provide a brief description of the projects/activities for which the state seeking funding.

**Project Timeline:** Provide a list of the dates and the milestones for this projects/activities.

**Description of Costs:** Provide an explanation of all costs for the projects/activities.

- **State Agency Staff Costs:** Use the table format provided in this attachment to request state staff to support project implementation.
- **Contract Staff Costs:** Use the table format provided in this attachment to request contract staff to support project implementation.
- **Hardware, Software, and Telecommunications Equipment:** Provide an itemized list of hardware, software, and telecommunications equipment including the cost per item and the number of each item requested. A description of each item must provide any information needed to identify the specific item and a description of the size and capacity of each item if applicable.
- **Other Costs:** Identify each item of cost not covered elsewhere and provide the expected cost per item. The need for each item must be explained.