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.

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

Project Description
Project Timeline

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

SECTION INSTRUCTIONS

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

Amount of Funding Request for this Project: Provide the total amount of funds requested in this individual project.

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

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 project.

Description of Costs: Provide an explanation of all costs included in the project.

- **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:** Identify each item of cost not covered elsewhere and provide the expected cost per item. The need for each item must be explained.