



Investments Supporting Partnerships in Recovery Ecosystems (INSPIRE) Initiative

Tips on Completing Your Project Budget and Standard 424 Forms

Part 1: Tips for Completion – SF424A:

- Section A: List grant program (ARC INSPIRE); list federal and non-federal estimated obligation of funds in columns C and D (do not include any information in columns E or F); list total of ARC and match funds.
- Section B: Funding should be broken out by budget category (program income does not apply).
- Ensure that all rows and columns add up correctly to bring you to the final total requested over the project lifecycle (as also stated in section 18, line g, of your [SF424](#)).

BUDGET INFORMATION - Non-Construction Programs

OMB Approval No 0348-0044

SECTION A - BUDGET SUMMARY						
Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. ARC INSPIRE	Leave Blank	\$ ARC Funds	\$ Match Funds	\$	\$	\$ \$ 0.00
2.			\$		\$	0.00
3.						0.00
4.						0.00
5. Totals		\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

SECTION B - BUDGET CATEGORIES									
6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)				
	(1)	(2)	(3)	(4)					
a. Personnel	ARC Funds	Match Funds	Leave Blank		Budget Category Totals Go Here				
b. Fringe Benefits									
c. Travel									
d. Equipment									
e. Supplies									
f. Contractual									
g. Construction									
h. Other									
i. Total Direct Charges (sum of 6a-6h)						0.00	0.00	0.00	0.00
j. Indirect Charges									
k. TOTALS (sum of 6i and 6j)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00				

7. Program Income	\$	\$	\$	\$	\$ 0.00
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Standard Form 424A (Rev. 7-97)
Prescribed by OMB Circular A-102

Part 2: Tips for Completion – SF424A:

- Section C: List non-ARC matching funds (by entity and amount).
- Section D: List forecasted cash needs over the lifecycle of the project.
- Section E and F: Not applicable (do not fill in).

SECTION C - NON-FEDERAL RESOURCES					
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS	
8. ARC - name of matching funds source	\$	\$	\$	\$	
9. ARC - name of matching funds source	\$				
10. etc.	\$				
11.	\$				
12. TOTAL (sum of lines 8-11)	\$	\$	\$	\$	
SECTION D - FORECASTED CASH NEEDS					
	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	\$ \$	\$	\$	\$	\$
14. Non-Federal	\$				
15. TOTAL (sum of lines 13 and 14)	\$ \$	\$	\$	\$	\$
SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT					
(a) Grant Program	FUTURE FUNDING PERIODS (Years)				
	(b) First	(c) Second	(d) Third	(e) Fourth	
LEAVE THIS SECTION BLANK	\$	\$	\$	\$	
18.					
19.					
20. TOTAL (sum of lines 16-19)	\$	\$	\$	\$	0.00
SECTION F - OTHER BUDGET INFORMATION					
21. Direct Charges: LEAVE THIS SECTION BLANK			22. Indirect Charges:		
23. Remarks:					

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Part 3: Tips for Completion – SF424

- Section 11: The Catalog of Federal Domestic Assistance Number is 23.002; Title is INSPIRE
- Section 17: ARC INSPIRE projects are anywhere from one to three years. Planning grants are typically 12 to 18 months. Implementation projects can be up to three years. Ensure that your ARC funding request is representative of the entire project duration.
- Section 18: Ensure that your federal (ARC), applicant, state, local, or other funding (all considered match) total correctly, AND are reflective of what is in Section B of the SF424A.
- Section 19: Do not select anything, as this does not apply to INSPIRE grants.

Application for Federal Assistance SF-424	
16. Congressional Districts Of:	
* a. Applicant	* b. Program/Project
Attach an additional list of Program/Project Congressional Districts if needed.	
	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
17. Proposed Project:	
* a. Start Date:	* b. End Date:
18. Estimated Funding (\$):	
* a. Federal	
* b. Applicant	
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?	
<input type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <input type="text"/> .	
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/> c. Program is not covered by E.O. 12372.	
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If "Yes", provide explanation and attach	
	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)	
<input type="checkbox"/> ** I AGREE	
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.	
Authorized Representative:	
Prefix:	* First Name:
Middle Name:	
* Last Name:	
Suffix:	
* Title:	
* Telephone Number:	Fax Number:
* Email:	
* Signature of Authorized Representative:	* Date Signed:
Completed by Grants.gov upon submission.	Completed by Grants.gov upon submission.