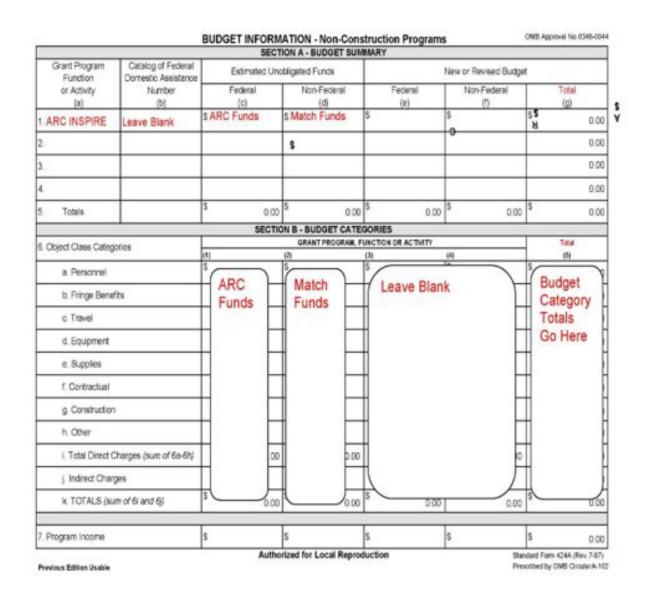


Investments Supporting Partnerships in Recovery Ecosystems (INSPIRE) Initiative

Tips on Completing Your Project Budget and Standard 424 Forms

Part 1: Tips for Completion - SF424A:

- <u>Section A:</u> 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.
- <u>Section B</u>: 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).



Part 2: Tips for Completion - SF424A:

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

	SECT	ION C - NON-FEDERAL R			
(a) Grant Program		(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS
ARC - name of matching funds source		\$	\$	s	\$
ARC - name of matching funds source		\$			
10.etc.		\$			
11.		\$			
12. TOTAL (sum of lines 8-11)		s	\$	s	\$
		ION D - FORECASTED C			
	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)	\$	\$	\$	s	s
SECTION E - BUDGET ESTIMA	ATES OF FEDERAL FUNDS N	EEDED FOR BALANCE			
(a) Grant Program		FUTURE FUNDING PERIODS (Years)			
		(b) First	(c) Second	(d) Third	(e) Fourth
LEAVE THIS SECTION BLANK		\$	\$	s	s
18.					
19.					
20. TOTAL (sum of lines 16-19)		\$	\$	s	\$ 0.00
	SECTIO	ON F - OTHER BUDGET II			
21. Direct Charges: LEAVE THIS SECTION BL	22. Indirect Charges:				
23. Remarks:	Auti	horized for Local Reprodu	ction	Standard Form 424A (Rev. 7-97) P:	non 2

Part 3: Tips for Completion - SF424

- <u>Section 11</u>: 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
- <u>Section 18</u>: 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.					
	Add Attachment Delete Attachment 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 Exe	ucutive Order 12372 Process?				
a. This application was made available to the State under the Executive Order 12372 Process for review on					
b. Program is subject to E.O. 12372 but has not been selected by the State for review.					
c. Program is not covered by E.O. 12372.					
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)					
Yes No					
If "Yes", provide explanation and attach					
	Add Attachment Delete Attachment 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)					
* I AGREE	0.5. Gode, Title 216, Section 1991)				
** 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: * Fir	st Name:				
Middle Name:					
* Last Name:					
Suffix:					
* Title:					
* Telephone Number: Fax Number:					
* Email:					
* Signature of Authorized Representative: Completed by Grants.	gov upon submission. * Date Signed: Completed by Grants.gov upon submission.				