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**U.S. Small Business Administration**



***Your Small Business Resource***

**Office of Women's Business Ownership**

» Annual Budget Summary Tutorial

OWBO- revised 6-08



# Budget Application Procedure

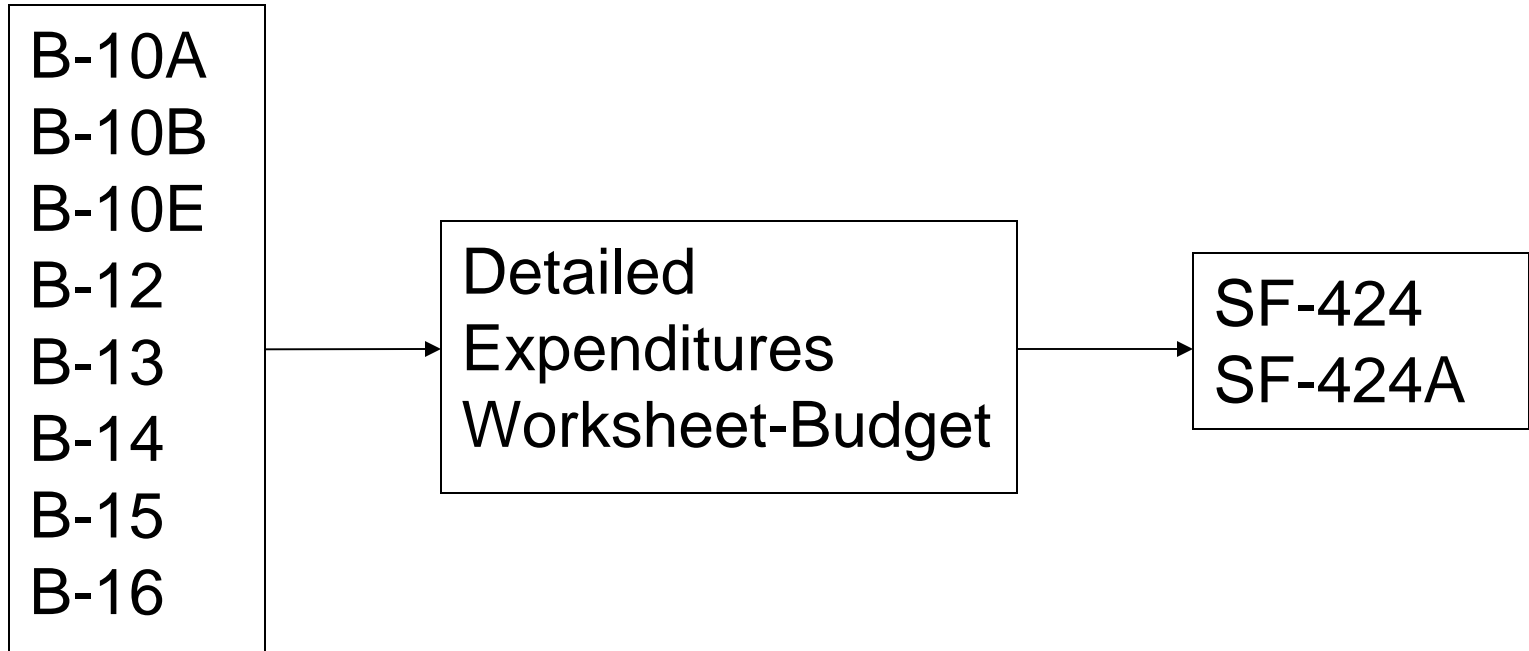


# Purpose

- In order to receive **Federal funding** *it is the responsibility of the recipient organization* to submit details explaining their **budget**.
- This process is completed through the following forms, explained in detail on the following slides.



# Forms/Worksheets- An Outline



# Managing Your Grant Paperwork

- In order to process your grant paperwork, *all forms must be filled out correctly.*
- This tutorial will explain, in detail, what each document is for and how to fill it out correctly.
- If you come across any sections that do not seem applicable to you, please call your DOTR (district office technical representative) or Program Manager in OWBO.



# Worksheets- An Explanation

- Budget Detail Worksheet for a Twelve Month Period
  - B-10A → Key Personnel Information
  - B-10B → Non-Key Personnel Information
  - B-10E → Fringe Benefits of All Personnel
  - B-12 → Indirect Costs (Overhead and General and Administrative)



# Worksheets- An Explanation (cont'd)

- Budget Detail Worksheet for a Twelve Month Period
  - B-13→Travel Details
  - B-14→ Supply Costs (Major Expenses and Generalized Basic Expenses)
  - B-15→Contractual Details
  - B-16→ Other Expenses



# Forms- An Explanation

- SF-424- Application of Recipient Organization for Federal Assistance
- SF-424A- Budget Information (Non-Construction Programs)





# Detailed Expenditures Worksheet

For the Approval of the Twelve  
Month Budget



# Direct Cost Worksheets

B-10A, B-10B, B-10E, B-13, B-14,  
B-15, B-16



## ANNUAL BUDGET SUMMARY DETAILED EXPENDITURES WORKSHEET\*

Award NO.: \_\_\_\_\_  
Period Covered: \_\_\_\_\_ through \_\_\_\_\_

**SUBMIT WITH SF-424, SF-424A and SF-272**

**AWARD RECIPIENTS MAY NOT INCUR COSTS IN A NON-APPROVED COST CATEGORY.**

\*for the approval of the 12 month budget

Direct Cost					
*Please be aware that these numbers should come from the appropriate worksheet					
	Federal	Non-Federal	In-Kind	Program Income	Total
<b>Personal Services</b> - Taken from the B-10A and B-10B	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Fringe Benefits</b> - Taken from the B-10E	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Travel</b> - Taken from the B-13	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Supplies</b> - taken from the B-14	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Contractual</b> - Taken from the B-15	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Other</b> - Taken from the B-16	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>TOTAL DIRECT COST</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
Indirect Cost					
<b>Overhead</b> - Taken from the B-12	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>General and Administrative</b> - Taken from the B-12	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>TOTAL INDIRECT COSTS</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>TOTAL EXPENDITURES</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>



This is your Notice of Award Number

Make sure you put the date—one year period.

## ANNUAL BUDGET SUMMARY DETAILED EXPENDITURES WORKSHEET\*

Award NO.: \_\_\_\_\_  
Period Covered: \_\_\_\_\_ through \_\_\_\_\_

**SUBMIT WITH SF-424 and SF-424A**

**AWARD RECIPIENTS MAY NOT INCUR COSTS IN A NON-APPROVED COST CATEGORY.**

\*for the approval of the 12 month budget

Important: Use indicated worksheets for listing your detailed costs

		Direct Cost				
		<i>these numbers should come from the appropriate worksheet</i>				
		Non-Federal	In-Kind	Program Income	Total	
<b>Personnel Services</b> - Taken from the B-10A and B-10B	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
<b>Fringe Benefits</b> - Taken from the B-10E	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
<b>Travel</b> - Taken from the B-13	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
<b>Supplies</b> - Taken from the B-14	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
<b>Contractual</b> - Taken from the B-15	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
<b>Other</b> - Taken from the B-16	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
<b>TOTAL DIRECT COST</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
		Indirect Cost				
<b>Overhead</b> - Taken from the B-12	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
<b>General and Administrative</b> - Taken from the B-12	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
<b>TOTAL INDIRECT COSTS</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>TOTAL EXPENDITURES</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	



# Personnel Services

B-10A (Key Personnel Only)

B-10B (Non-Key Personnel Only)



**B-10A**  
**BUDGET DETAIL WORKSHEET**  
**FOR TWELVE MONTH PERIOD**  
**ALL CHANGES MUST BE PRE-APPROVED, IN WRITING**  
**KEY PERSONNEL**

Award NO. \_\_\_\_\_  
 Period Covered \_\_\_\_\_ through \_\_\_\_\_

**How is the budgeted total required calculated?**  
 Take the annual salary, divide by 12 to get the monthly salary, multiply that by the number of months covered by the pay request, and then multiply by the percentage of time the person actually spends on the WBC project.

NAME, JOB DESCRIPTION, START DATE/END DATE	ANNUAL SALARY RATE*	MONTHS	PERCENT TIME	TOTAL REQUIRED	CUMULATIVE AMOUNT REQUIRED			
					FEDERAL	NON-FED	IN-KIND	PROG. INC.
Mary Smith, Project Director	\$69,000.00	3	100.00%	\$17,250.00	\$0.00	\$0.00	\$0.00	\$0.00
Jane Doe, Trainer	\$24,000.00	3	60.00%	\$3,600.00	\$0.00	\$0.00	\$0.00	\$0.00
				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>SUBTOTALS</b>					\$0.00	\$0.00	\$0.00	\$0.00
<b>GRAND TOTAL</b>						\$0.00		

**Calculation: Annual rate of 24,000 X 3 X 60% = \$3,600**

Essentially, this is supplemental to the Detailed Expenditure Worksheet. Be sure to list each of the key personnel who gets paid out of grant funds—name, title, annual salary rate, number of months, percentage of time, and amount to be paid from this award. **This is for the duration of the project or the year. You MUST submit a up-to-date version of this worksheet any time you have personnel changes.**

\*must be approved in advance



**NOTE:** Same as B-10A but for **NON-KEY** personnel (those who contribute less than 50% to the project)

**B-10B**

BUDGET DETAIL WORKSHEET  
FOR TWELVE MONTH BUDGET PERIOD

CHANGES MUST BE PRE-APPROVED, NON-CONSTRUCTION PROGRAMS

NON-KEY PERSONNEL ONLY → LESS THAN 50% TO PROJECT

Award NO. \_\_\_\_\_  
Period Covered \_\_\_\_\_ through \_\_\_\_\_

NAME, JOB DESCRIPTION, START DATE/END DATE	ANNUAL SALARY RATE <sup>A</sup>	MONTHS	PERCENT TIME	TOTAL REQUIRED	CUMULATIVE AMOUNT REQUIRED			
					FEDERAL	NON-FED	IN-KIND	PROG. INC.
	\$0.00	0	0.00%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
			0.00%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
			0.00%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
			0.00%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
			0.00%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
			0.00%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
			0.00%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
			0.00%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00



# Fringe Benefits

B-10E (All Personnel)





**B-10E**  
**BUDGETED FRINGE BENEFITS WORKSHEET**  
**FOR TWELVE MONTH BUDGET PERIOD**

ALL CHANGES MUST BE PRE-APPROVED, NON-CONSTRUCTION PROGRAMS

ALL PERSONNEL

Award NO. \_\_\_\_\_  
 Period Covered \_\_\_\_\_ through \_\_\_\_\_

FRINGE BENEFITS				CUMULATIVE AMOUNT REQUIRED			
TYPE /DESCRIPTION (ie health, dental, long term, disability)	AMOUNT	RATE	TOTAL	FEDERAL	NON-FED	III-KIND	PROG. IHC.
			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
				\$0.00	\$0.00	\$0.00	\$0.00
				\$0.00	\$0.00	\$0.00	\$0.00
				\$0.00	\$0.00	\$0.00	\$0.00
			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>SUBTOTALS</b>				\$0.00	\$0.00	\$0.00	\$0.00
<b>GRAND TOTAL</b>				\$0.00			

List all Fringe Benefits specific to the period covered by this request. Fringe benefits should be based on actual known costs or an established formula. Fringe benefits are for the personnel listed in Personnel Services category and only for the percentage of time devoted to the project.



# Travel

B-13



TRAVEL DETAIL WORKSHEET  
FOR TWELVE MONTH BUDGET PERIOD

transportation and total cost. Please then complete the form of expenditure! Per diem and/or meals - not allowed for travel in service area.

Dates should be recorded in chronological order.

Award NO. \_\_\_\_\_

Period Covered \_\_\_\_\_ through \_\_\_\_\_

**Travel**

**Within Service Area (as defined in notice of award)**

NUMBER	DATE	NAME (if more than one, please list)	DESTINATION	PURPOSE	MODE OF TRANSPORTATION	TOTAL
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
<b>TOTAL</b>						\$0.00

Please be sure to fill out all fields completely. Note: This travel worksheet is for destinations ***within the service area***, as defined in your notice of award.

\*Should more room be needed please attach an additional sheet



Dates should be recorded in chronological order.

Outside Service Area (as defined in notice of award)						
NUMBER	DATE	NAME (if more than one, please list)	DESTINATION	PURPOSE	MODE OF TRANSPORTATION	TOTAL
14						
15						
16						
17						
18						
19						\$0.00
20						
21						
22						
23						
24						
25						
<b>TOTAL</b>						\$0.00

Please be sure to fill out all fields completely. Note: This travel worksheet is for destinations ***outside the service area***, as defined in your notice of award.

\* Should more room be needed please attach an additional sheet



# Supplies

B-14



Note: Please keep all receipts.

B-14

BUDGETED SUPPLY COSTS WORKSHEET  
FOR TWELVE MONTH BUDGET PERIOD

ALL CHANGES MUST BE PRE-APPROVED, NON-CONSTRUCTION PROGRAMS

Award NO. \_\_\_\_\_  
Period Covered \_\_\_\_\_ through \_\_\_\_\_

It is required that you select an item type from the drop down menu and provide a general description of the supplies purchased.

SUPPLIES					
CONSUMABLE OFFICE SUPPLIES					
DESCRIPTION	TOTAL				
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
SUPPLIES	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Office Supplies	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Software	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Training Material	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Computer	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Computer-Parts	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Furniture	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
SUBTOTALS		\$0.00	\$0.00	\$0.00	\$0.00
GRAND TOTAL		\$0.00			
COMPUTER EQUIPMENT					
DESCRIPTION	TOTAL				
SUBTOTALS		\$0.00	\$0.00	\$0.00	\$0.00
GRAND TOTAL		\$0.00			

List items by type (office supplies, postage, training materials, copying paper, and expendable equipment items costing LESS THAN \$5,000) and show description. Generally, supplies include any materials that are expendable or consumed during the course of the project.



Again, it is required that you select a description from the drop-down menu.

34	<b>OFFICE EQUIPMENT</b>						
35	<b>DESCRIPTION</b>	<b>TOTAL</b>	<b>FED</b>	<b>NON-FED</b>	<b>IN-KIND</b>	<b>PROG. NO.</b>	
36	<div style="border: 1px solid black; padding: 2px;">             SUPPLIES              -              Office Supplies              Software              Training Material              Computer              Computer-Parts              Furniture           </div>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
43	<b>SUBTOTALS</b>		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
44	<b>GRAND TOTAL</b>		\$0.00				
45							
46	<b>OTHER</b>		<b>CUMULATIVE AMOUNT REQUIRED</b>				
47	<b>DESCRIPTION</b>	<b>TOTAL</b>	<b>FEDERAL</b>	<b>NON-FED</b>	<b>IN-KIND</b>	<b>PROG. NO.</b>	
48		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
49		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
50		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
51		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
52		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
53		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
54		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
55	<b>SUBTOTALS</b>		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
56	<b>GRAND TOTAL</b>		\$0.00				
57							
58	<b>TOTAL OF ALL SUPPLIES</b>		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
59							



# Contractual

B-15





**B-15**  
**CONTRACTUAL DETAIL WORKSHEET**  
**FOR TWELVE MONTH BUDGET PERIOD**  
**ALL CHANGES MUST BE PRE-APPROVED**

Award NO. \_\_\_\_\_  
 Period Covered \_\_\_\_\_ through \_\_\_\_\_

DATE	COMPANY NAME	PURPOSE*	DESCRIPTION*	FORM OF EXPENDITURE			
				FEDERAL	NON-FED	III-KIND	PROG. INC.
<b>SUBTOTALS</b>				\$0.00	\$0.00	\$0.00	\$0.00
<b>GRAND TOTAL</b>				\$0.00			

Provide company or person name and description of the product or service provided by the contract (to include consultants).

\*Should more room be needed please attach an addition sheet



# Other

## B-16



	A	B	C	D	E	F
1	<b>B-16</b>					
2	OTHER ITEMS WORKSHEET					
3	FOR TWELVE MONTH BUDGET PERIOD					
4						
5	Award NO. _____					
6	Period Covered _____ through _____					
7						
8	<b>ITEM TYPE</b>	<b>DESCRIPTION</b>			<b>EXPENDITURE</b>	
					<b>IN-KIND</b>	<b>PROG. INC.</b>
9	-		\$0.00	\$0.00	\$0.00	\$0.00
10	Rent		\$0.00	\$0.00	\$0.00	\$0.00
11	Telephone		\$0.00	\$0.00	\$0.00	\$0.00
12	Janitorial		\$0.00	\$0.00	\$0.00	\$0.00
13	Accounting		\$0.00	\$0.00	\$0.00	\$0.00
14	Administrative		\$0.00	\$0.00	\$0.00	\$0.00
15	Advertisement		\$0.00	\$0.00	\$0.00	\$0.00
16	Printing		\$0.00	\$0.00	\$0.00	\$0.00
17						
18			\$0.00	\$0.00	\$0.00	\$0.00
19			\$0.00	\$0.00	\$0.00	\$0.00
20			\$0.00	\$0.00	\$0.00	\$0.00
21	<b>SUBTOTALS</b>		\$0.00	\$0.00	\$0.00	\$0.00

It is required that you select an item type from the drop-down menu.

List the items (e.g., rent, telephone, janitorial, accounting, etc.) by major type and be sure to include a description. For example, provide the square footage and the cost per square foot for rent, or provide a monthly rental cost and how many months to rent.



# Total Indirect Cost Worksheets

B-12



# Overhead

B-12



**B-12**  
**BUDGET DETAIL WORKSHEET**  
**FOR TWELVE MONTH BUDGET PERIOD**

ALL CHANGES MUST BE PRE-APPROVED, NON-CONSTRUCTION PROGRAMS

\*If you do not have an indirect rate agreement from a cognizant agency then you will not input any indirect costs\*

Award NO. \_\_\_\_\_

Period Covered \_\_\_\_\_ through \_\_\_\_\_

**Indirect**  
**Cost Rate**      **0%**

This rate is always the same.

INDIRECT COSTS							
OVERHEAD				CUMULATIVE AMOUNT REQUIRED			
DESCRIPTION	AMOUNT	RATE	TOTAL	FEDERAL	NON-FED	III-KIND	PROG. IIC.
		0.00%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		0.00%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		0.00%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		0.00%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		0.00%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		0.00%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		0.00%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>SUBTOTALS</b>				\$0.00	\$0.00	\$0.00	\$0.00
<b>GRAND TOTAL</b>				\$0.00			

Give detailed information.  
Note: Must be consistent with approved budget.



# General and Administrative

B-12



GENERAL AND ADMINISTRATIVE				CUMULATIVE AMOUNT REQUIRED			
DESCRIPTION	AMOUNT	RATE	TOTAL	FEDERAL	NON-FED	III-KIND	PROG. INC.
			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>SUBTOTALS</b>				\$0.00	\$0.00	\$0.00	\$0.00
<b>GRAND TOTAL</b>				\$0.00			

Give detailed information.  
Note: Must be consistent with approved budget.

\*must be approved in advance

**Does this organization have a definitized approved rate package across the board for all grants/cooperative agreements/contracts?**

Choose one: YES

If your answer is "yes", provide name of approving audit agency and date and attach a copy of the rate approval, (a fully executed, negotiated agreement).

Name of Audit Agency: \_\_\_\_\_

Date: \_\_\_\_\_

**NOTE:** All costs approved on this budget must meet the tests of necessity, reasonableness, allowability, and allocability in accordance with applicable cost principles applicable to this award. All costs charged to this project are subject to audit. Recipients are responsible to insure proper management and financial accountability of federal funds to preclude future costs disallowances.

All categories must be supported by narrative justification.





# Standard Form 424

OWBO- revised 6-08



**APPLICATION FOR  
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	2. DATE SUBMITTED	Applicant Identifier
			3. DATE RECEIVED BY STATE	State Application Identifier
			4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION				
Legal Name:			Organizational Unit:	
			Department:	
Organizational DUNS:			Division:	
Address: Street:			Name and telephone number of person to be contacted on matters involving this application (give area code)	
			Prefix:	First Name:
City:			Middle Name	
County:			Last Name	
State:		Zip Code	Suffix:	
Country:			Email:	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): □□-□□□□□□□□			Phone Number (give area code)	Fax Number (give area code)
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>			7. TYPE OF APPLICANT: (See back of form for Application Types) Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program):    □□-□□□□			9. NAME OF FEDERAL AGENCY:	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:	
13. PROPOSED PROJECT Start Date:    Ending Date:			14. CONGRESSIONAL DISTRICTS OF: a. Applicant    b. Project	
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$	. <sup>00</sup>	a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:	
b. Applicant	\$	. <sup>00</sup>	b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$	. <sup>00</sup>	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$	. <sup>00</sup>	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$	. <sup>00</sup>	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input type="checkbox"/> No	
f. Program Income	\$	. <sup>00</sup>		
g. TOTAL	\$	. <sup>00</sup>		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix		First Name		Middle Name
Last Name			Suffix	
b. Title			c. Telephone Number (give area code)	
d. Signature of Authorized Representative			e. Date Signed	



Check NON

Do not write in this area

# APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION:  
Application

Construction  
 Non-Construction

Pre-application

Construction  
 Non-Construction

2. DATE SUBMITTED	Applicant Identifier
3. DATE RECEIVED BY STATE	State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

## 5. APPLICANT INFORMATION

Legal Name:	Organizational Unit:	
	Department:	
Organizational DUNS:	Division:	
Address:	Name and telephone number of person to be contacted on matters involving this application (give area code)	
Street:	Prefix:	First Name:
City:	Middle Name	
County:	Last Name	
State:	Zip Code	Suffix:
Country:	Email:	

This is the project director

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

□□-□□□□□□□□

Phone Number (give area code)

Fax Number (give area code)

8. TYPE OF APPLICATION:

New     Continuation     Revision

If Revision, enter appropriate letter(s) in box(es)  
(See back of form for description of letters.)

Other (specify)

7. TYPE OF APPLICANT: (See back of form for Application Types)

Other (specify)

9. NAME OF FEDERAL AGENCY:

If submitting an option year budget, check "continuation". For other revisions, check "revision" and add a brief description of the change, e.g., budget adjustment.



This number is the Catalog of Federal Assistance for the Office of Women's Business Ownership

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

59-043

TITLE (Name of Program):

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):

13. PROPOSED PROJECT

Start Date:

Ending Date:

15. ESTIMATED FUNDING:

a. Federal	\$	WBC grant	.00
b. Applicant	\$	Cash match	.00
c. State	\$	Other cash	.00
d. Local	\$	Other cash	.00
e. Other	\$	Other cash and in-kind	.00
f. Program Income	\$	Program income	.00
g. TOTAL	\$	Add it up	.00

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Business training & counseling center for women

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant

b. Project

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. Yes.  THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO PROCESS FOR DATE:

b. No.  PROGRAM IS  OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

Your congressional district, if it is different, the district where the project is located

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

Yes If "Yes" attach an explanation.  No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative

Prefix

First Name

Middle Name

Last Name

Suffix

b. Title

c. Telephone Number (give area code)

d. Signature of Authorized Representative

e. Date Signed

Make sure you answer this

Amounts must correspond to the amounts on the 424A, Section 6

# Standard Form 424-A

OWBO- revised 6-08



**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		Total (g)
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	
1		\$	\$	\$	\$	\$
2						
3						
4						
5. Totals		\$	\$	\$	\$	\$

Section B - Budget Categories					
Object Class Categories	Grant Program, Function or Activity				Total (h)
	(1)	(2)	(3)	(4)	
a. Personnel	\$	\$	\$	\$	\$
b. Fringe Benefits					
c. Travel					
d. Equipment					
e. Supplies					
f. Contractual					
g. Consultants					
h. Other					
i. Total Direct Charges (sum of 6a-6h)					
j. Indirect Charges					
k. Totals (sum of 6i and 6j)					
7. Program Income	\$	\$	\$	\$	\$

Section C - Non-Federal Resources				
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) Totals
8.	\$	\$	\$	\$
9.				
10.				
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
16.	\$	\$	\$	\$
17.				
18.				
19.				
20. Total (sum of lines 16-19)	\$	\$	\$	\$

Section F - Other Budget Information	
21. Direct Charges	22. Indirect Charges
23. Remarks	

**Instructions for the SF-424A**

Public Reporting Burden for this collection of information is estimated to average 3.0 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. 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 Columns (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).

**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.

**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 (a) 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.

**Lines 6a-6j**—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 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 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.

# 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. <b>OWBO</b>	<b>59-043</b>	\$	\$			
2.						
3.						
4.						
5. <b>Totals</b>		\$	\$			

Under Grant Program Function or Activity, write "OWBO" and under Catalog of Federal Assistance, put 59-043.

Remember that **Column (1) is Federal Money**, **Column (2) is Non-Federal Cash**, **Column (3) is In Kind Contributions** (the dollar value of things you would normally pay for that is donated—anything from space to computers to paperclips), and **Column (4) is Program Income** (money you make from tuition, selling things, etc.).

## Section B - Budget Categories

6. Object Class Categories	Grant Program, Function or Activity				Total (5)
	(1) <span style="color: red;">Federal</span>	(2) <span style="color: red;">Non-Federal</span>	(3) <span style="color: red;">In-Kind Value</span>	(4) <span style="color: red;">Program Income</span>	
a. Personnel	\$	\$	\$	\$	\$
b. Fringe Benefits					
c. Travel					
d. Equipment					
e. Supplies					
f. Contractual					
g. Consultants					
h. Other					
i. Total Direct Charges (sum of 6a-6h)					
j. Indirect Charges					
k. <b>Totals</b> (sum of 6i and 6j)					
7. Program Income	\$	\$	\$	\$	\$

Federal \$ + Non-Fed \$ + In Kind Value + Prog. Inc. \$ = Total

Previous Edition