# Sample Budget: Match Not Required[1]

Cost Sharing/Match Required?: No

On row 1 input: **FOA# - Federal** (e.g. SM-18-005 – Federal)

Enter the **CFDA #** from the 1st page of the FOA

Complete only this column **Federal (e)**

Use the "New or Revised Budget" section for **Continuation Application**

All totals in the circles must match

Note: Section A Total **must equal** Section B Total

**BUDGET INFORMATION - Non-Construction Programs**

OMB Approval No. 4040-0006
Expiration Date 06/30/2014

## 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. SM-18-006 - Federal | 93.243 | | | $247,500.00 | | $247,500.00 |
| 2. | | | | | | $0.00 |
| 3. | | | | | | $0.00 |
| 4. | | | | | | $0.00 |
| 5. Totals | | $0.00 | $0.00 | $247,500.00 | $0.00 | $247,500.00 |

Section A Total

## SECTION B - BUDGET CATEGORIES

| 6. Object Class Categories | GRANT PROGRAM, FUNCTION OR ACTIVITY | | | | Total |
| --- | --- | --- | --- | --- | --- |
| | (1) SM-18-006 - Federal | (2) | (3) | (4) | (5) |
| a. Personnel | $80,000.00 | | | | $80,000.00 |
| b. Fringe Benefits | $30,000.00 | | | | $30,000.00 |
| c. Travel | $21,000.00 | | | | $21,000.00 |
| d. Equipment | $28,000.00 | | | | $28,000.00 |
| e. Supplies | $7,000.00 | | | | $7,000.00 |
| f. Contractual | | | | | $0.00 |
| g. Construction | | | | | $0.00 |
| h. Other | $81,500.00 | | | | $81,500.00 |
| i. Total Direct Charges ( sum of 6a-6h ) | $247,500.00 | | | | $247,500.00 |
| j. Indirect Charges | | | | | $0.00 |
| k. TOTALS ( sum of 6i and 6j ) | $247,500.00 | | | | $247,500.00 |
| 7. Program Income | | | | | $0.00 |

Section B Total

Standard From 424A (Rev. 7-97)
Prescribed by OMB Circular A-102

SAMHSA
Substance Abuse and Mental Health Services Administration

# Sample Budget: Match Not Required

Cost Sharing/Match Required?: <u>No</u>

Section C is not applicable (match not required)

| SECTION C - NON-FEDERAL RESOURCES | | | | |
|---|---|---|---|---|
| (a) Grant Program | (b) Applicant | (c) State | (d) Other Sources | (e) TOTALS |
| 8 .   SM-18-006 - Federal | | | | $0.00 |
| 9 . | | | | $0.00 |
| 10 . | | | | $0.00 |
| 11 . | | | | $0.00 |
| 12. TOTAL (sum of lines 8-11) | $0.00 | $0.00 | $0.00 | $0.00 |

All totals in the circles should match (sections A, B, D) [2]

| SECTION D - FORECASTED CASH NEEDS | | | | | |
|---|---|---|---|---|---|
| | Total for 1st Year | 1st Quarter | 2nd Quarter | 3rd Quarter | 4th Quarter |
| 13. Federal | $247,500.00 | $61,875.00 | $61,875.00 | $61,875.00 | $61,875.00 |
| 14. Non-Federal | $0.00 | | | | |
| 15. TOTAL ( sum of lines 13 and 14 ) | $247,500.00 | $61,875.00 | $61,875.00 | $61,875.00 | $61,875.00 |

Section D is for the Continuation year federal funding only (match not required).

Show funds allocation per quarter.

| 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 .   SM-18-006 - Federal | | | | |
| 17 . | | | | |
| 18 . | | | | |
| 19 . | | | | |
| 20. TOTAL ( sum of lines 16-19 ) | | | | |

Do not fill out for the Continuation application

| SECTION F - OTHER BUDGET INFORMATION | |
|---|---|
| 21. Direct Charges: | 22. Indirect Charges: |
| 23. Remarks: | |

Section F is optional

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