River Valley
Health & Dental
*Your Center for Care*

471 Hepburn Street
(Hepburn Plaza)
Williamsport, PA 17701

October 22, 2020

Dear Mr. Wright,

Susquehanna Community Health & Dental Clinic, Inc. (SCH&DC) is respectfully submitting a request for prior approval on a carryover of unobligated funds totaling **$336,588** at May 31, 2020 for portions of funding awards that were added to our 330 funding (Grant No: H80CS24159).

The supplemental funding award was issued on September 13, 2018 (3 H80CS24159-07-05) for supplemental funding for the Fiscal Year 2018 Expanding Access to Quality Substance Use Disorder and Mental Health Services (SUD-MH) for the period of September 1, 2018 to August 31, 2019 in the amount of $326,000. At the end of the Fiscal Year 2020 grant cycle ending May 31, 2020, the organization carried an unobligated balance of **$86,002** for which we are respectfully requesting a carryforward for. This amount includes funds that were remaining from the Fiscal Year 2019 grant cycle carryforward approval, which had totaled $273,589, for which a portion of those projects were delayed to the COVID-19 pandemic.

The carryover funds would be used in the following manner:

- Continued support of the contract with Tele-Psychiatry provider for expanded services at 16 hours per week
- Continued payroll costs associated with the Patient Transportation Driver position
- Continued payroll costs associated with the Patient Navigator position
- Trauma-Informed training for staff

Within the budget period SCH&DC utilized funds in the following manner:

- Coordinated with the Lycoming County Health Improvement Coalition (LCHIC) and Lycoming County Coroner's Office to increase awareness surrounding Mental Health issues, specifically Suicide Prevention.
- Purchased a minivan for patient transport
- Paid for 9 months of the provider EHR license
- Paid for the vehicle insurance for the minivan
- Purchased an integrated vitals machine for the SUD-MH exam room
- Contracted with a Tele-Psychiatry provider for expanded services
- Contracted with transportation agency for patient transportation barriers

- Paid for payroll costs associated with the patient transportation driver

The supplemental funding award was issued on August 12, 2019 (6 H80CS21459-08-03) for the Fiscal Year 2019 Health Center Quality Improvement one-time grant supplement for the period of August 12, 2019 through August 11, 2020 in the amount of $116,096. At the end of the Fiscal Year 2020 grant cycle ending May 31, 2020, the organization carried an unobligated balance of **$1,519** for which we are respectfully requesting a carryforward for.

The carryover funds would be used in the following manner:

- To purchase medical supplies to support the expanded services offered in express care

Within the budget period SCH&DC utilized funds in the following manner:

- Purchased a Retinavue scanner to increase patient compliance with Diabetic Retinopathy screenings to improve clinical outcomes
- Leased Accuvax equipment to improve immunization workflows within the office
- Purchased Cavitrons for dental hygiene to improve the patient experience throughout the hygiene visit by allowing for improved cleaning techniques
- Purchased A1C testing kits to improve screening compliance
- Purchased integrated vitals machines to reduce data transposition errors by improving the quality of data being entered in the EHR
- Purchased a third-party HIPAA risk assessment tool to improve organizational compliance
- Ran a quality improvement project on improved vaccine compliance for Gardasil and Prevnar
- Contracted with an organization for a 340B third-party audit to improve organizational compliance
- Contracted with EHR vendor for the PRAPARE form implementation to improve clinical documentation with regards to social determinants of health

The supplemental funding award was issued August 1, 2019 (3 H80CS24159-08-02) for the Fiscal Year 2019 Integrated Behavioral Health Services supplemental funding award for the period of September 1, 2019 through August 31, 2020 in the amount of $167,000. At the end of the Fiscal Year 2020 grant cycle ending May 31, 2020, the organization carried an unobligated balance of **$93,178** for which we are respectfully requesting a carryforward for.

The carryover funds would be used in the following manner:

- Continue contract with acupuncturist for alternative treatment options for patients

- Provider payroll costs to support expanded express care services, including behavioral health services to ensure appropriate access to care
- Continued payroll costs associated with the LPN Clinical Care Gaps position
- Continued payroll costs associated with the Medical Assistant position for behavioral health services

Within the budget period SCH&DC utilized funds in the following manner:

- Contract with acupuncturist, which was delayed due to COVID-19 pandemic
- Paid for training conferences to improve the behavioral health integration into primary care/community settings
- Purchased naloxone to have onsite and hand out to patients with controlled substances to aid in opioid overdose reversal
- Purchased training platform to provide quarterly CEUs surrounding mental health and substance use disorders to providers
- Paid for payroll costs associated with the LPN Clinical Care Gaps position as well as the Medical Assistant for behavioral health services

The supplemental funding award was issued September 12, 2019 (3 H80CS24159-08-06) for the Oral Health Infrastructure supplemental funding for the period of September 1, 2019 through May 31, 2021 in the amount of $300,000. At the end of the Fiscal Year 2020 grant cycle ending May 31, 2020, the organization carried an unobligated balance of **$81,413** for which we are respectfully requesting a carryforward for.

The carryover funds would be used in the following manner:

- To complete the proposed minor alteration/renovation proposed in the initial budget that was delayed due to the COVID-19 pandemic
- To pay for the remaining 2 months of EHR costs proposed in the initial budget
- To purchase supplies for the new equipment room proposed in the initial budget that was delayed due to the COVID-19 pandemic

Within the budget period SCH&DC utilized funds in the following manner:

- Paid for EHR costs for 10 months as proposed in the initial budget
- Purchased Dental equipment as proposed in the initial budget

The supplemental funding award was issued August 26, 2019 (6 H80CS24159-08-05) for the Expanding Access to Quality Substance Use Disorder and Mental Health Services supplemental funding for the period of September 1, 2019 through August 31, 2020 in the amount of

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$151,000. At the end of the Fiscal Year 2020 grant cycle ending May 31, 2020, the organization carried an unobligated balance of **$74,476** for which we are respectfully requesting a carryforward for.

The carryover funds would be used in the following manner:

- Pay for salary costs associated with the coordinator of the program
- Pay for salary costs associated with the providers performing SUD programming related duties

Within the budget period SCH&DC utilized funds in the following manner:

- Paid for salary costs associated with the coordinator of the program
- Paid for salary costs associated with the providers performing SUD programming related duties

Respectfully Submitted,

James Yoxtheimer
President & CEO

Max Houseknecht, Jr.
Chief Financial Officer

# Susquehanna Community Health & Dental Clinic, Inc.
## Budget Justification - Unobligated Funds Carryforward

| Item | Grant Supplement Identification | CarryForward @ 05/31/2020 |
|---|---|---|
| **PERSONNEL** | | |
| Patient Transportation Driver | FY18 SUD-MH Funding | $ 16,334.00 |
| Patient Navigator | FY18 SUD-MH Funding | $ 31,789.00 |
| Medical Assistant | FY19 IBHS Funding | $ 12,402.00 |
| LPN Clinical Care Gaps | FY19 IBHS Funding | $ 3,056.00 |
| Provider for Expanded Services in Express Care | FY19 IBHS Funding | $ 27,220.00 |
| Clinical Program Coordinator (SUD-MH-MAT) | FY20 SUD-MH Ongoing Funding | $ 17,913.00 |
| Provider salaries for SUD-MAT | FY20 SUD-MH Ongoing Funding | $ 46,563.00 |
| | **TOTAL PERSONNEL** | **$ 155,277.00** |
| **FRINGE BENEFITS** | | |
| | **TOTAL FRINGE BENEFITS** | **$ -** |
| **EQUIPMENT** | | |
| | **TOTAL EQUIPMENT** | **$ -** |
| **SUPPLIES** | | |
| Medical supplies to support expanded services in express care | FY19 Quality Improvement Funding | $ 1,519.00 |
| General Dental Supplies (991 visits @ approximately $5.93 per visit) | FY19 OHI Funding | $ 5,875.00 |
| Certified Electronic Health Record Subscription Costs | FY19 OHI Funding | $ 7,500.00 |
| | **TOTAL SUPPLIES** | **$ 14,894.00** |
| **CONTRACTUAL** | | |
| Contract for Tele-Psychiatry Provider to continue expanded services (16 Hours/Week @ $197.50/hr totaling 32.5 weeks) | FY18 SUD-MH Funding | $ 26,996.00 |
| Trauma-Informed Training for Staff | FY18 SUD-MH Funding | $ 5,733.00 |
| Trauma-Informed Training for Staff | FY20 SUD-MH Ongoing Funding | $ 10,000.00 |
| Contract with Acupuncturist to continue services that aid in pain management and combatting withdrawl from opioid symptoms | FY19 IBHS Funding | $ 50,500.00 |
| | **TOTAL CONTRACTUAL** | **$ 93,229.00** |
| **OTHER** | | |
| Maintenance, Insurance, and Fuel for Minivan to support patient transportation | FY18 SUD-MH Funding | $ 5,150.00 |
| | **TOTAL OTHER** | **$ 5,150.00** |
| **MINOR ALTERATION/RENOVATION** | | |
| Completion of Minor A/R proposed in the initial budget that was delayed due to COVID-19 pandemic | FY19 OHI Funding | $ 68,038.00 |
| | **TOTAL MINOR A/R** | **$ 68,038.00** |
| | **TOTAL GRANT DOLLARS** | **$ 336,588.00** |

## BUDGET INFORMATION - Non-Construction Programs

### SECTION A - BUDGET SUMMARY

| Grant Program Function or Activity (a) | Catalog of Federal Domestic Assistance Number (b) | Estimated Unobligated Funds | | New or Re | |
|---|---|---|---|---|---|
| | | Federal (c) | Non-Federal (d) | Federal (e) | Non- |
| 1. FY18 SUD-MH Fundi | 93.224 | $ 86,002.00 | $ | $ | $ |
| 2. FY19 IBHS Funding | 93.224 | 93,178.00 | | | |
| 3. FY19 OHI Funding | 93.224 | 81,413.00 | | | |
| 4. FY19 QI Funding | 93.224 | 1,519.00 | | | |
| 5. Totals | | $ 262,112.00 | $ 0.00 | $ 0.00 | $ |

### SECTION B - BUDGET CATEGORIES

| 6. Object Class Categories | GRANT PROGRAM, FUNCTION OR ACTIVITY | | | |
|---|---|---|---|---|
| | (1) FY18 SUD-MH Fundin | (2) FY19 IBHS Funding | (3) FY19 OHI Funding | FY19 OHI |
| a. Personnel | $ 48,123.00 | $ 42,678.00 | $ | $ |
| b. Fringe Benefits | | | | |
| c. Travel | | | | |
| d. Equipment | | | | |
| e. Supplies | | | 13,375.00 | |
| f. Contractual | 32,729.00 | 50,500.00 | 0.00 | |
| g. Construction | | | 68,038.00 | |
| h. Other | 5,150.00 | | | |
| i. Total Direct Charges *(sum of 6a-6h)* | 86,002.00 | 93,178.00 | 81,413.00 | |
| j. Indirect Charges | | | | |
| k. TOTALS *(sum of 6i and 6j)* | $ 86,002.00 | $ 93,178.00 | $ 81,413.00 | $ |
| | | | | |
| 7. Program Income | $ | $ | $ | $ |

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| SECTION C - NON-FEDERAL RESOURCES | | | |
|---|---|---|---|
| (a) Grant Program | (b) Applicant | (c) State | (d) Othe |
| 8. | $ | $ | $ |
| 9. | | | |
| 10. | | | |
| 11. | | | |
| 12. TOTAL *(sum of lines 8-11)* | $ 0.00 | $ 0.00 | $ |

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

| SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PR | | | |
|---|---|---|---|
| (a) Grant Program | FUTURE FUNDING PERIODS | | |
| | (b) First | (c) Second | (d) |
| 16. | $ | $ | $ |
| 17. | | | |
| 18. | | | |
| 19. | | | |
| 20. TOTAL *(sum of lines 16-19)* | $ 0.00 | $ 0.00 | $ |

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

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## INSTRUCTIONS FOR THE SF-424A

Public reporting burden for this collection of information is estimated to average 180 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0044), Washington, DC 20503.

**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 Column (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).

*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 (1) 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.

**Line 6a-i** - 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 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.

**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

| SECTION A - BUDGET SUMMARY | | | | | |
|---|---|---|---|---|---|
| Grant Program Function or Activity (a) | Catalog of Federal Domestic Assistance Number (b) | Estimated Unobligated Funds | | New or Re | |
| | | Federal (c) | Non-Federal (d) | Federal (e) | Non- |
| 1. FY20 SUD-MH Ongo | 93.224 | $ 74,476.00 | $ | $ | $ |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. Totals | | $ 74,476.00 | $ 0.00 | $ 0.00 | $ |

| SECTION B - BUDGET CATEGORIES | | | | |
|---|---|---|---|---|
| 6. Object Class Categories | GRANT PROGRAM, FUNCTION OR ACTIVITY | | | |
| | (1) FY20 SUD-MH Ongoin | (2) | (3) | |
| a. Personnel | $ 64,476.00 | $ | $ | $ |
| b. Fringe Benefits | | | | |
| c. Travel | | | | |
| d. Equipment | | | | |
| e. Supplies | | | | |
| f. Contractual | 10,000.00 | | | |
| g. Construction | | | | |
| h. Other | | | | |
| i. Total Direct Charges *(sum of 6a-6h)* | 74,476.00 | 0.00 | 0.00 | |
| j. Indirect Charges | | | | |
| k. TOTALS *(sum of 6i and 6j)* | $ 74,476.00 | $ 0.00 | $ 0.00 | $ |
| | | | | |
| 7. Program Income | $ | $ | $ | $ |

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| SECTION C - NON-FEDERAL RESOURCES | | | |
|---|---|---|---|
| (a) Grant Program | (b) Applicant | (c) State | (d) Othe |
| 8. | $ | $ | $ |
| 9. | | | |
| 10. | | | |
| 11. | | | |
| 12. TOTAL *(sum of lines 8-11)* | $ 0.00 | $ 0.00 | $ |

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

| SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PF | | | |
|---|---|---|---|
| (a) Grant Program | FUTURE FUNDING PERIODS | | |
| | (b) First | (c) Second | (d) |
| 16. | $ | $ | $ |
| 17. | | | |
| 18. | | | |
| 19. | | | |
| 20. TOTAL *(sum of lines 16-19)* | $ 0.00 | $ 0.00 | $ |

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

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**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 Column (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).

*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 (1) 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.

**Line 6a-i** - 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 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.

**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.