

**U. S. DEPARTMENT OF HOMELAND SECURITY
FEDERAL EMERGENCY MANAGEMENT AGENCY
BUDGET INFORMATION-CONSTRUCTION PROGRAMS**

*See reverse for instructions
and Paperwork Burden
Disclosure Notice*

*O.M.B. No. 1660-0025
Expires November 30, 2007*

1. NAME OF APPLICANT		2. FEDERAL IDENTIFICATION NUMBER	
3. CFDA NUMBER	4. BUDGET (Check one) <input type="checkbox"/> NEW <input type="checkbox"/> REVISED	Budget Period (Month, Day, Year) Beginning Date: _____ Ending Date: _____	5. Grant Program, Functions, Activity
COST CLASSIFICATION	a. Total Cost	b. Cost Not Allowable	c. Total Allowable Cost (Column a-b)
6. Administrative expense	\$	\$	\$
7. Preliminary expense	\$	\$	\$
8. Land, structures, right-of-way	\$	\$	\$
9. Architectural engineering basic fees	\$	\$	\$
10. Other architectural engineering fees	\$	\$	\$
11. Project inspection fees	\$	\$	\$
12. Land development	\$	\$	\$
13. Relocation expense	\$	\$	\$
14. Relocation payments to individuals and businesses	\$	\$	\$
15. Demolition and removal	\$	\$	\$
16. Construction and project improvement	\$	\$	\$
17. Equipment	\$	\$	\$
18. Miscellaneous	\$	\$	\$
19. SUBTOTAL (Sum of lines 6-18)	\$	\$	\$
20. Contingencies	\$	\$	\$
21. SUBTOTAL (Line 19 minus line 20)	\$	\$	\$
22. Project (program) income	\$	\$	\$
23. TOTAL PROJECT (Subtract #22 from #21)	\$	\$	\$
24. Federal assistance requested, calculations as follows: Multiply allowable costs from line 23c, by the (Federal Participation Percentage Approved by FEMA). Enter resulting Federal share in block 25. Enter eligible costs from line 23c x _____ %			25. Federal share \$
26. SIGNATURE			DATE

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 17.2 hours per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing, reviewing, and submitting the form. You are not required to respond to this collection of information unless it displays a valid OMB control number. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing this burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC, 20472, Paperwork Reduction Project (1660-0025). **NOTE: Do not send your completed form to this address.**

INSTRUCTIONS

1. Enter the name of the State that is requesting Federal funds.
2. Enter the employer identification number of applicant as assigned by the Internal Revenue Service.
3. Enter the Catalog of Federal Domestic Assistance Number assigned to the program under which assistance is requested.
4. Mark the appropriate box.
5. Enter the program for which Federal funds are being requested.

Cost Classification

(a) Total Cost. If this is an application for a "New" project, enter the total estimated cost of each of the items on lines 1 through 19 (as applicable). If this application entails a change to an existing award, enter eligible amounts approved under the previous award.

(b) Cost Not Allowable. If this is an application for a "New" project, enter that portion of the cost of each item in column (a) which is not allowable for Federal assistance. If the application entails a change to an existing award, enter the adjustment (+ or -) to the previously approved costs from column (a) reflected in this application.

(c) Total Allowable Cost. This is the net of column (a) and (b).

6. Enter estimated amounts needed to cover administrative expenses.
7. Enter the dollar amount needed to prepare the land for construction or for open space use. This item is not used to report in the SLA EOC program.
8. Enter amount directly associated with the acquisition of land, existing structures, and related right-of-way.
9. Enter estimated basic fees for architectural engineering related to construction.
10. Enter amounts for other architectural engineering service, such as surveys, tests, soil brings, etc.
11. Enter construction monitoring, engineering inspections, and audit or construction and related programs.
12. This line will not be used.
13. Enter the dollar amounts needed to provide relocation advisory assistance, and the net amounts for replacement (last resort) housing.
14. Enter the estimated amount of relocation payments to be made to displaced persons, business concerns and non-profit organizations for moving expenses and replacement housing.
15. Enter the gross salaries and wages of employees for the grantee who will be directly engaged in performing demolition or removal of structures from developed land.
16. Enter the amounts for the actual construction of, addition to or restoration of a facility. Also include in this category the amount of project improvements.
17. Enter estimated cost of office, shop, laboratory, safety equipment, etc. to be used at the facility.
18. Enter estimated miscellaneous costs. All indirect costs are to be reported here.
19. Total of lines 6 through 18.
20. This line will not be used.
21. This line will not be used if there is no entry in line 20.
22. Enter the estimated amount of program income to be earned during the grant/cooperative agreement period.
23. Subtract line 22 from line 21.
24. Enter the percentage of Federal share.
25. Enter the amount of Federal share (derived by multiplying the total allowable project costs from line 23, column "c" by the Federal percentage share approved by FEMA).
26. Enter the name and signature of the preparer and date.