

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 2013

| | | | |
|--|--|--|---|
| 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 |

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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 data needed, and completing, and submitting the form. This collection of information is required to obtain or retain benefits. You are not required to submit 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 the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street SW, Washington, DC 20472-3100, and Paperwork Reduction Project (1660-0025). **NOTE: Do not send your completed form to this address.**