

10 Year R&R Subaward Budget (Fed/Non-Fed) Attachment(s) Form

Instructions: On this form, you will attach the 10 Year R&R Subaward Budget (Fed/Non-Fed) files for your grant application. Complete the subawardee budget(s) in accordance with the 10 Year R&R (Fed/Non-Fed) budget instructions. Please remember that any files you attach must be a PDF document.

[Click here to extract the 10 Year R&R Budget \(Fed/Non-Fed\) Attachment](#)

Important: Please attach your subawardee budget file(s) with the file name of the subawardee organization. Each file name must be unique.

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|---------------------------------|----------------------|----------------|-------------------|-----------------|
| 1) Please attach Attachment 1 | <input type="text"/> | Add Attachment | Delete Attachment | View Attachment |
| 2) Please attach Attachment 2 | <input type="text"/> | Add Attachment | Delete Attachment | View Attachment |
| 3) Please attach Attachment 3 | <input type="text"/> | Add Attachment | Delete Attachment | View Attachment |
| 4) Please attach Attachment 4 | <input type="text"/> | Add Attachment | Delete Attachment | View Attachment |
| 5) Please attach Attachment 5 | <input type="text"/> | Add Attachment | Delete Attachment | View Attachment |
| 6) Please attach Attachment 6 | <input type="text"/> | Add Attachment | Delete Attachment | View Attachment |
| 7) Please attach Attachment 7 | <input type="text"/> | Add Attachment | Delete Attachment | View Attachment |
| 8) Please attach Attachment 8 | <input type="text"/> | Add Attachment | Delete Attachment | View Attachment |
| 9) Please attach Attachment 9 | <input type="text"/> | Add Attachment | Delete Attachment | View Attachment |
| 10) Please attach Attachment 10 | <input type="text"/> | Add Attachment | Delete Attachment | View Attachment |

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 4040-0001. The time required to complete this information collection is estimated to average 1 hour per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer