

In the funding matrix below, the applicant must list each program or program component for which HUD funding is requested. The applicant must also submit the completed matrix with the application for federal financial assistance.

[illegible]

## Public Reporting Act Statement

The public reporting burden for this collection of information is estimated to average 0.5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of information. Comments regarding the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to: U.S. Department of Housing and Urban Development, Office of the Chief Data Officer, R, 451 7th St SW, Room 8210, Washington, DC 20410-5000. Do not send completed HUD 424-M forms to this address. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid OMB control number. The Department of Housing and Urban Development is authorized to collect this information under the authority cited in the Notice of Funding Opportunity for this grant program. The information you provide will only be used to identify HUD funding for which you are applying under an application for federal financial assistance. This form must be submitted if you are applying for multiple programs or program components in a single application submission. This information is required to obtain the benefit sought in the grant program. This information will not be held confidential and may be made available to the public in accordance with the Freedom of Information Act (5 U.S.C. §552).

## Instructions for the HUD-424-M

This form should only be used to identify HUD funding for which you are applying under an application for federal financial assistance. This form must only be submitted if you are applying for multiple programs or program components in a single application submission.

### Item Number Instructions

Enter the following information:

|                            |                                                                                                                                                                                                       |
|----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Grant Program</b>       | The HUD funding programs or program components under which you are applying.                                                                                                                          |
| <b>HUD Share</b>           | Check the program requirements.<br>Enter the amount of HUD funds you are requesting in your application.                                                                                              |
| <b>Matching Funds</b>      | Enter the amount of funds or cash equivalent<br>or in-kind contributions being contributed to meet the project or program matching requirement.                                                       |
| <b>Other Federal Share</b> | Enter the amount of other Federal funds being used to implement your program of activities.                                                                                                           |
| <b>State Share</b>         | Enter the amount of funds or cash equivalent<br>or in-kind services the State is providing to help implement your project or program of activities.                                                   |
| <b>Local/Tribal Share</b>  | Enter the amount of funds or cash equivalent or in-kind services from<br>your local/tribal government is providing to help implement your project or program of activities.                           |
| <b>Other Funds</b>         | Enter the amount of other sources of private, non-profit, foundation or other funds or cash<br>equivalent or in-kind services being provided to help implement your project or program of activities. |
| <b>Program Income</b>      | Enter the amount of program income you expect to generate over the life of your award.                                                                                                                |
| <b>Total</b>               | Enter the total of each row.                                                                                                                                                                          |
| <b>Grand Totals</b>        | Enter the total of each column.                                                                                                                                                                       |