



April 15, 2009

**United States
Department of
Agriculture**

Food and
Nutrition
Service

3101 Park
Center Drive
Alexandria, VA
22302-1500

Mr. Marcell Jones, WIC Director
Arkansas WIC Program
Freeway Medical Building
5800 West 10th, Suite 810
Little Rock, AR 72204-1703

Dear Mr. Jones:

On February 17, 2009, President Obama signed into law P. L. 111-5, the American Recovery and Reinvestment Act of 2009 (ARRA). ARRA provides \$100 million to establish, improve, or administer management information systems (MIS) for the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC Program), to include changes necessary to meet new legislative or regulatory requirements. We initially discussed our approach in the March 13, 2009 memorandum "Implementation Plan for WIC Technology Funding Provided by the American Recovery and Reinvestment Act of 2009 (ARRA). Included among these activities is the use of electronic benefits transfer (EBT) in the WIC Program.

Consistent with ARRA, Section 17(h)(10)(B)(ii) of the Child Nutrition Act of 1966, 42 USC 1786(h)(10)(B)(ii), and established technology priorities as outlined in the March 2006 update of the "WIC Electronic Benefit Transfer (EBT) System Development, Implementation and Expansion – 5 Year Plan", the Food and Nutrition Service (FNS) will make available ARRA funding to WIC State agencies that have existing cooperative agreements with FNS for EBT projects as follows:

- Current WIC State agencies that are implementing EBT projects and that demonstrate a need for additional funds for development, implementation and evaluation of their projects. This includes WIC State agencies that have reached statewide EBT implementation. Funds may be used for activities related to implementation of an electronic cash value voucher (CVV) to be in compliance with the WIC food package regulations. Eligible WIC State agencies: Chickasaw Nation, Kentucky, Michigan, Nevada, New Mexico, Texas, and Wyoming.
- Current WIC State agencies that are in various stages of EBT project planning but were not fully funded at the time of initial award or those WIC State agencies seeking to cover a shortfall in EBT project funds. Eligible WIC State agencies: Arkansas, Florida, Virginia, and Wisconsin. Funds may be used to conduct feasibility studies and paper cost analyses, hire a planning contractor, or undertake other beneficial planning activities.

Other EBT Activities

In addition, all State agencies identified above may apply for ARRA funds to conduct activities that would further FNS' goals to standardize EBT operations and facilitate the expansion of EBT nationwide. These activities could include, but are not limited to, the development of a State Universal Product Code prototype system, development of WIC EBT training materials, or other EBT developmental work.

FNS is also interested in a demonstration or pilot implementation of a universal MIS-EBT interface specification that would eventually emerge as a standard for all State MIS and EBT systems. The goal is to standardize common functions such as EBT account set up, transmission of participant or

household demographics, and balance information requests. We specifically want to develop this standard for use with the modern systems recently designed or in development that are often considered as transfers and utilize programming techniques such as web services. We also see this interface standard as a way to facilitate competition and reduce time and cost to migrate to EBT. A draft specification will be provided by FNS to facilitate this effort. An existing EBT operational WIC State agency may apply or may request funds to work with a new EBT WIC State agency.

Required Documents to be Submitted to FNS

Allocation of ARRA funds will be based on the merits of the updated budgets and funding requests received. In accordance with the priorities and goals of the ARRA and FNS, funding will be given to those requests presenting the most immediate need for funds necessary for the ongoing development and operation of EBT projects. **To be considered for these funds, the following information must be submitted to Johanna Eckley at FNS (Johanna.eckley@fns.usda.gov) no later than May 11, 2009:**

- A revised *total* project budget broken out by line item, by fiscal year
- A budget narrative that supports the budget amounts requested. (The budget questionnaire checklist in Attachment 1 “Budget Narrative Checklist” may be used to assist with creating the budget, but it does not need to be submitted to FNS.)
- Identification of the scope of changes that significantly impact the project.
- A revised timeline as needed.
- SF-424, Application for Federal Assistance
- SF-424A, Budget Information

Reporting Guidelines

Funding received under ARRA is subject to specific reporting requirements for tracking and reporting separately from other WIC Program funds. Reporting requirements will include project expenditures, obligations, and progress/status reports. “Current Recovery Act Reporting Requirements” (Attachment 2) provides additional information on potential reporting requirements. However, please note the reporting requirements guidance has not been finalized by the Office of Management and Budget (OMB). For more information, please see OMB Federal Register Notice dated April 1, 2009, soliciting comments on proposed ARRA reporting requirements at <http://edocket.access.gpo.gov/2009/pdf/E9-7317.pdf>. We will provide further information as it becomes available.

If there are any questions regarding this announcement, please contact Johanna Eckley at 703-605-0797 or via email at johanna.eckley@fns.usda.gov.

PATRICIA DANIELS
Director
Supplemental Food Programs Division

LAEL LUBING
Director
Grants Management Division

IDENTICAL LETTER SENT TO

Melinda Newport
Director, Nutrition Services
The Chickasaw Nation
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Ada, OK 74820-1548

Dave Crockett
WIC Manager
Nevada WIC Program
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Janet Moran, R.D., M.S.
Wyoming WIC Program Section Chief
Community and Rural Health Division
Department of Health
6101 Yellowstone Road, Suite 510
Cheyenne, WY 82002-0050

Budget Narrative Checklist – This checklist will assist you in completing the budget narrative portion of the application. Please review the checklist to ensure the items below are addressed in the budget narrative. It does **not** need to be returned to FNS.

	YES	NO
Personnel		
Did you include all key employees paid for by this grant under this heading?		
Are employees of the applicant's organization identified by name and position title?		
Did you reflect the current yearly salary as a percentage of time to be devoted to the project?		
Travel		
Are travel expenses itemized? For example origination/destination points, number and purpose of trips, number of staff traveling, mode of transportation and cost of each trip.		
Are the Attendee Objectives and travel justifications included in the narrative?		
Is the basis for the lodging estimates identified in the budget? For example include excerpt from travel regulations.		
Equipment		
Is the need for the equipment justified in the narrative?		
Are the types of equipment, unit costs, and the number of items to be purchased listed in the budget?		
Is the basis for the cost per item or other basis of computation stated in the budget?		
Supplies		
Are the types of supplies, unit costs, and the number of items to be purchased reflected in the budget?		
Is the basis for the costs per item or other basis of computation stated?		
Contractual		
Are the products to be acquired or the professional services to be funded described in the budget?		
Has the justification for the need to contract or subgrant been included in the budget?		
For professional services, are the hours to be devoted to the project and the amounts to be charged to the project clearly stated?		
Is the methodology on how the applicant determined the contractual costs included in the budget?		
Are there sole-source contracts listed under this heading? If so, has sufficient information been provided in order to approve the use of a single source?		
Other		
Consultant Svcs. – Are all instances in which consultant services would be required listed in the budget?		
Consultant Svcs. – Is the need for consultant services justified in the budget?		
For all other line items listed under the "Other" heading, list all items to be covered under this heading along with the methodology on how the applicant derived the costs to be charged to the program.		
Indirect Costs		
Is the amount requested based upon a rate approved by a Federal Agency? If yes, is a copy of the negotiated rate agreement must be provided along with the application?		
If no negotiated agreement exists, the basis and the details of the indirect costs to be requested should also be reflected in the budget?		

CURRENT RECOVERY ACT REPORTING REQUIREMENTS

(These requirements are subject to change by the Office of Management and Budget (OMB)).

Contents of Report: These reports will include the following data elements, as prescribed in the Recovery Act and relating implementing guidance:

- 1) Total amount of recovery funds received from FNS for this project.
- 2) Amount of recovery funds received that were obligated and expended for this project.
- 3) A detailed listing of all activities under this project for which recovery funds were obligated and expended, including:
 - a. Name of the project.
 - b. Description of the project.
 - c. An evaluation of the completion status of the project.
 - d. An estimate of the number of job created and the number of the jobs retained by the project.
- 4) In addition the Recovery Act requires certain information regarding subcontracts and subawards. This information is expected to include:
 - a. The name and location of the entity receiving the funds including the primary location where performance will occur (City and Congressional District)
 - b. Amount received by each entity, and a title which describes the purpose of the award.
 - c. A unique identifier of the entity receiving the award and the parent entity of the recipient, if the entity is owned by another entity. This is likely to be a DUNS number, which may be obtained free of charge. Information on obtaining this number can be found at www.duns.com/us/duns_update/. Entities may also be required to register with the Central Contract Registration (CCR) database. The CCR is the primary registrant database for the U.S. Federal Government. Information for obtaining CCR registration can be found at www.ccr.gov.
 - d. Estimates of the number of jobs created and/or retained due to the receipt of Recovery Act funds.

Reporting Timeframes: As required by Section 1512 of the Recovery Act, recipients of these funds will be required to report this information **10 days after the end of each calendar quarter**.

Please note that other terms and conditions may apply. Further guidance will be issued by FNS when final reporting requirements are issued by OMB.

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name:		Organizational Unit:	
Address (give city, county, State, and zip code):		Name and telephone number of person to be contacted on matters involving this application (give area code)	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		7. TYPE OF APPLICANT: (enter appropriate letter in box) <input type="checkbox"/>	
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>		9. NAME OF FEDERAL AGENCY:	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): _____ TITLE: _____		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date	Ending Date	a. Applicant	b. Project
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:	
b. Applicant	\$.00	DATE _____	
c. State	\$.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
d. Local	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
e. Other	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
f. Program Income	\$.00	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input type="checkbox"/> No	
g. TOTAL	\$.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative		b. Title	c. Telephone Number
d. Signature of Authorized Representative		e. Date Signed	

INSTRUCTIONS FOR THE SF-424

Public reporting burden for this collection of information is estimated to average 45 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 (0348-0043), 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.

This is a standard form used by applicants as a required facesheet for preapplications and applications submitted for Federal assistance. It will be used by Federal agencies to obtain applicant certification that States which have established a review and comment procedure in response to Executive Order 12372 and have selected the program to be included in their process, have been given an opportunity to review the applicant's submission.

- | Item: | Entry: | Item: | Entry: |
|-------|---|-------|--|
| 1. | Self-explanatory. | 12. | List only the largest political entities affected (e.g., State, counties, cities). |
| 2. | Date application submitted to Federal agency (or State if applicable) and applicant's control number (if applicable). | 13. | Self-explanatory. |
| 3. | State use only (if applicable). | 14. | List the applicant's Congressional District and any District(s) affected by the program or project. |
| 4. | If this application is to continue or revise an existing award, enter present Federal identifier number. If for a new project, leave blank. | 15. | Amount requested or to be contributed during the first funding/budget period by each contributor. Value of in-kind contributions should be included on appropriate lines as applicable. If the action will result in a dollar change to an existing award, indicate <i>only</i> the amount of the change. For decreases, enclose the amounts in parentheses. If both basic and supplemental amounts are included, show breakdown on an attached sheet. For multiple program funding, use totals and show breakdown using same categories as item 15. |
| 5. | Legal name of applicant, name of primary organizational unit which will undertake the assistance activity, complete address of the applicant, and name and telephone number of the person to contact on matters related to this application. | 16. | Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process. |
| 6. | Enter Employer Identification Number (EIN) as assigned by the Internal Revenue Service. | 17. | This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans and taxes. |
| 7. | Enter the appropriate letter in the space provided. | 18. | To be signed by the authorized representative of the applicant. A copy of the governing body's authorization for you to sign this application as official representative must be on file in the applicant's office. (Certain Federal agencies may require that this authorization be submitted as part of the application.) |
| 8. | Check appropriate box and enter appropriate letter(s) in the space(s) provided:

-- "New" means a new assistance award.

-- "Continuation" means an extension for an additional funding/budget period for a project with a projected completion date.

-- "Revision" means any change in the Federal Government's financial obligation or contingent liability from an existing obligation. | | |
| 9. | Name of Federal agency from which assistance is being requested with this application. | | |
| 10. | Use the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested. | | |
| 11. | Enter a brief descriptive title of the project. If more than one program is involved, you should append an explanation on a separate sheet. If appropriate (e.g., construction or real property projects), attach a map showing project location. For preapplications, use a separate sheet to provide a summary description of this project. | | |

BUDGET INFORMATION - Non-Construction Programs

OMB Approval No. 0348-0044

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		Total (g)
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	
1.		\$	\$	\$	\$	\$
2.						
3.						
4.						
5. Totals		\$	\$	\$	\$	\$

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY					Total (5)
	(1)	(2)	(3)	(4)	(5)	
a. Personnel	\$	\$	\$	\$	\$	\$
b. Fringe Benefits						
c. Travel						
d. Equipment						
e. Supplies						
f. Contractual						
g. Construction						
h. Other						
i. Total Direct Charges (sum of 6a-6h)						
j. Indirect Charges						
k. TOTALS (sum of 6i and 6j)	\$	\$	\$	\$	\$	\$
7. Program Income	\$	\$	\$	\$	\$	\$

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SECTION C - NON-FEDERAL RESOURCES

	(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS
8.		\$	\$	\$	\$
9.					
10.					
11.					
12. TOTAL (sum of lines 8-11)		\$	\$	\$	\$

SECTION D - FORECASTED CASH NEEDS

	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	\$	\$	\$	\$	\$
14. Non-Federal					
15. TOTAL (sum of lines 13 and 14)	\$	\$	\$	\$	\$

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT

	(a) Grant Program	FUTURE FUNDING PERIODS (Years)			
		(b) First	(c) Second	(d) Third	(e) Fourth
16.	\$	\$	\$	\$	\$
17.					
18.					
19.					
20. TOTAL (sum of lines 16-19)	\$	\$	\$	\$	\$

SECTION F - OTHER BUDGET INFORMATION

21. Direct Charges:	22. Indirect Charges:
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23. Remarks:

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

INSTRUCTIONS FOR THE SF-424A (continued)

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.