

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

*See reverse for Paperwork
 Burden Disclosure Notice*

Page ____ of ____ pages

*O.M.B. No. 1660-0025
 Expires July 31, 2007*

1. PROGRAM AGENCY AND ORGANIZATION ELEMENT TO WHICH REPORT IS SUBMITTED		2. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED		3. RECIPIENT ORGANIZATION (Name and complete address, including zip code)	
4. EMPLOYER IDENTIFICATION		5. RECIPIENT ACCOUNT NUMBER OR I.D. NO.		6. BUDGET PERIOD (Month, Day, Year) Beginning Date _____ Ending Date _____	7. Mark x in Appropriate Box <input type="checkbox"/> New Budget <input type="checkbox"/> Revised Budget Enter Grant Number in Box 2 above Date of Budget Revision: _____
8. FEDERAL RATE SHARING (%) _____		(%)	(%)	(%)	(%) TOTAL
9. PROGRAM ACRONYM _____ CFDA NUMBER _____					
Object Class	a. Personnel				
	b. Fringe Benefits				
	c. Travel				
	d. Equipment				
	e. Supplies				
	f. Contractual				
	g. Construction				
	h. Other				
	i. Total Direct Charges (10a to 10h)				
	j. Indirect Charges				
	k. Total (Sum of 10i & 10j)				
Source	l. Federal Share				
	Non-Federal Resources:				
	m. Applicant				
	n. State				
	o. Local				
	p. Other Sources				
q. Total (Sum of 10l to 10p)					
Income	r. Program Income				
Indirect Cost	s. Detail on Indirect Cost				
	Type of Rate (mark "X" in one box) <input type="checkbox"/> Provisional-Final <input type="checkbox"/> Predetermined <input type="checkbox"/> Fixed with Carry-Forward Rate: _____ % Total Amount of Indirect Cost: _____ Base: _____				
11. Signature of Authorizing Official		12. Name and Title (Type or print)		13. Telephone Number (Area code, Number and Extension)	Date Report Submitted

Paperwork Burden Disclosure Notice

Public reporting burden for this form is estimated to average 9.7 hours per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing, reviewing, and submitting the form. You may send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, U.S. Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472. You are not required to respond to this collection of information unless a valid OMB control number appears in the upper right corner of this form. **Please do not send your completed form to the above address.**

INSTRUCTIONS

1. Enter FEMA.
2. Enter grant or cooperative agreement identifier.
3. Enter the name of the recipient to receive assistance.
4. Enter the number assigned to the recipient by the Internal Revenue Service. This number should be the same as the the number reported in item 6 of the applicant's Application for Federal Assistance, SF 424.
5. Enter recipient account number or identification number.
6. Enter the beginning and ending dates for the budget period submitted for approval.
7. Mark the appropriate box for budget submission and date of budget revision.
8. Enter Federal rate of sharing percentage.
9. Enter each program acronym and CFDA number in the horizontal columns. Columns are to be used to report by Program.
10. Enter the estimated amounts for:
 - 10a. Personnel costs.
 - 10b. Fringe benefits.
 - 10c. Travel.
 - 10d. Equipment to be purchased. Note: Rented or leased equipment amounts are listed in Other, Item (h).
 - 10e. Expendable supplies.
 - 10f. Contractual costs.
 - 10g. Minor construction or renovation costs.
 - 10h. Rent, reproduction, telephone, rented/leased equipment, janitorial and security services, etc.
 - 10i. Enter the sum of items 10a through 10h.
 - 10j. Enter amount for the indirect charges (applicant must include a copy of the approved indirect cost agreement with the application).
 - 10k. Enter the sum of items 10i and 10j.
- 10l. Federal Share. Enter the Federal share amount.
- 10m. Non-Federal Resources. Enter the non-Federal amounts in items 10m through 10p that are being contributed by:
 - 10m. The applicant.
 - 10n. The State.
 - 10o. The local government.
 - 10p. Sources other than State or local governments.
- 10q. Enter the sum of 10l through 10p.
- 10r. Enter the amount of program income. Report income expected to be generated during the grant period.
- 10s. Provide the details on type of rate, the rate or rates that are in effect during the funding period, the amount of base the rate is to be applied and the total amount of indirect costs. If additional space is required to provide an explanation, attach a schedule. Note: Each time a FEMA Form 20-20 is submitted, the applicant is to attach the most recent negotiated Indirect Cost Agreement.
11. The individual's signature who has the responsibility for the submission of the budget data.
12. Type or print the authorizing official's name and title.
13. Telephone Number. Type or print the authorizing official's telephone number. Date Report Submitted. Enter the date of submission.