

CONSUMER ASSISTANCE
NH REVISED SF-424
SUBMITTED MARCH 19, 2013

Application for Federal Assistance SF-424	
16. Congressional Districts Of:	
* a. Applicant: <input type="text" value="NH-002"/>	b. Program/Project: <input type="text" value="NH-All"/>
Attach an additional list of Program/Project Congressional Districts if needed.	
<input type="text"/>	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
17. Proposed Project:	
* a. Start Date: <input type="text" value="05/01/2013"/>	* b. End Date: <input type="text" value="04/30/2014"/>
18. Estimated Funding (\$):	
* a. Federal	<input type="text" value="5,777,077.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="5,777,077.00"/>
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?	
<input type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <input type="text"/>	
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input checked="" type="checkbox"/> c. Program is not covered by E.O. 12372.	
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If "Yes", provide explanation and attach	
<input type="text"/>	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)	
<input checked="" type="checkbox"/> ** I AGREE	
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.	
Authorized Representative:	
Prefix: <input type="text"/>	* First Name: <input type="text" value="Alexander"/>
Middle Name: <input type="text" value="K."/>	
* Last Name: <input type="text" value="Feldvebel"/>	
Suffix: <input type="text"/>	
* Title: <input type="text" value="Deputy Commissioner"/>	
* Telephone Number: <input type="text" value="(603) 271-2261"/>	Fax Number: <input type="text" value="(603) 271-1406"/>
* Email: <input type="text" value="Alexander.Feldvebel@ins.nh.gov"/>	
* Signature of Authorized Representative: <input type="text" value="Completed by Grants.gov upon submission."/>	* Date Signed: <input type="text" value="Completed by Grants.gov upon submission."/>

BUDGET INFORMATION - Non-Construction Programs

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. Consumer Assistance Partnership Exchange	93.525	\$ 5,777,077.00	\$	\$	\$	\$ 5,777,077.00
2.						
3.						
4.						
5. Totals		\$ 5,777,077.00	\$	\$	\$	\$ 5,777,077.00

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1)	(2)	(3)	(4)	
	Consumer Assistance Partnership Exchange				
a. Personnel	\$ 24,552.00				\$ 24,552.00
b. Fringe Benefits	4,947.00				4,947.00
c. Travel	38,586.00				38,586.00
d. Equipment	500.00				500.00
e. Supplies					
f. Contractual	5,690,120.00				5,690,120.00
g. Construction					
h. Other	18,372.00				18,372.00
i. Total Direct Charges (sum of 6a-6h)	\$ 5,777,077.00				\$ 5,777,077.00
j. Indirect Charges					
k. TOTALS (sum of 6i and 6j)	\$ 5,777,077.00				\$ 5,777,077.00
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	\$ 5,777,077.00	\$ 731,225.00	\$ 1,848,003.00	\$ 2,065,187.00	\$ 1,132,662.00
14. Non-Federal	\$				
15. TOTAL (sum of lines 13 and 14)	\$ 5,777,077.00	\$ 731,225.00	\$ 1,848,003.00	\$ 2,065,187.00	\$ 1,132,662.00

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:	
23. Remarks:	

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