

CONSUMER ASSISTANCE  
NH REVIEWED SF 424  
SUBMITTED MAY 8, 2013

Application for Federal Assistance SF-424

16. Congressional Districts Of:

\* a. Applicant

b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

\* a. Start Date:

\* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="5,372,682.00"/>
* 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="5,372,682.00"/>

\* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

a. This application was made available to the State under the Executive Order 12372 Process for review on

b. Program is subject to E.O. 12372 but has not been selected by the State for review.

c. Program is not covered by E.O. 12372.

\* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)

Yes  No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

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)

\*\* 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:  \* First Name:

Middle Name:

\* Last Name:

Suffix:

\* Title:

\* Telephone Number:

Fax Number:

\* Email:

\* Signature of Authorized Representative:

\* Date Signed:

**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	\$ 5,372,682.00	\$	\$	\$	\$ 5,372,682.00
2.						
3.						
4.						
<b>5. Totals</b>		\$ 5,372,682.00	\$	\$	\$	\$ 5,372,682.00

**SECTION B - BUDGET CATEGORIES**

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1)	(2)	(3)	(4)	
Consumer Assistance Partnership Exchange					
<b>a. Personnel</b>	\$ 18,414.00	\$	\$	\$	\$ 18,414.00
<b>b. Fringe Benefits</b>	1,408.00				1,408.00
<b>c. Travel</b>	38,586.00				38,586.00
<b>d. Equipment</b>	500.00				500.00
<b>e. Supplies</b>					
<b>f. Contractual</b>	5,293,100.00				5,293,100.00
<b>g. Construction</b>					
<b>h. Other</b>	20,674.00				20,674.00
<b>i. Total Direct Charges (sum of 6a-6h)</b>	5,372,682.00				\$ 5,372,682.00
<b>j. Indirect Charges</b>					\$
<b>k. TOTALS (sum of 6i and 6j)</b>	\$ 5,372,682.00	\$	\$	\$	\$ 5,372,682.00
<b>7. Program Income</b>	\$	\$	\$	\$	\$

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	\$ 5,372,682.00	\$ 96,927.00	\$ 2,015,750.00	\$ 2,161,934.00	\$ 1,096,071.00
14. Non-Federal	\$				
15. TOTAL (sum of lines 13 and 14)	\$ 5,372,682.00	\$ 96,927.00	\$ 2,015,750.00	\$ 2,161,934.00	\$ 1,096,071.00

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:	