OMB Approval No. 2501-0017

(Exp. 03/31/2005)

Name and Address of Applicant:

Category — **Detailed Description of Budget (for full grant period)**

1. Personnel (Direct Labor)	**Estimated Hours**	**Rate per Hour**	**Estimated Cost**	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income
Position or Individual											
Total Direct Labor Cost											

2. Fringe Benefits	**Rate (%)**	**Base**	**Estimated Cost**	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income
Total Fringe Benefits Cost											

3. Travel

3a. Transportation - Local Private Vehicle	**Mileage**	**Rate per Mile**	**Estimated Cost**	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income
Subtotal - Trans - Local Private Vehicle											

form **HUD-424-CBW** (02/12/2002)