

**Community Outreach Partnership Centers Program**  
**Budget** (Applicant should duplicate this first page as necessary)

**U.S. Department of Housing and Urban Development**  
 Office of Policy Research and Development

OMB Approval No. 2528-0180  
 (exp. 6/30/2009)

Functional Category	Year 1		Year 2		Year 3		Total	
	Federal \$	Match \$	Federal \$	Match \$	Federal \$	Match \$	Federal \$	Match \$
Name of First Category								
Direct Labor								
Fringe Benefit								
Materials								
Travel								
Equipment								
Consultants								
Subcontracts								
Other Direct Costs								
Indirect Costs								
<b>Subtotal</b>								
Name of Category								
Direct Labor								
Fringe Benefit								
Materials								
Travel								
Equipment								
Consultants								
Subcontracts								
Other Direct Costs								
Indirect Costs								
<b>Subtotal</b>								
Name of Category								
Direct Labor								
Fringe Benefit								
Materials								
Travel								
Equipment								
Consultants								
Subcontracts								
Other Direct Costs								
Indirect Costs								
<b>Subtotal</b>								

The information collection requirements contained in this notice of funding availability and application kit will be used to rate applications, determine eligibility, and establish grant amounts for the Community Outreach Partnership Centers (COPC) program. Total public reporting burden for collection of this information is estimated to average 80 hours. This includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The information submitted in response to the notice of funding availability for the COPC program is subject to the disclosure requirements of the Department of Housing and Urban Development Reform Act of 1989 (Pub.L. 101-235, approved December 15, 1989, 42 U.S.C. 3545). The agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.

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**Budget**

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Functional Category	Year 1		Year 2		Year 3		Total	
	Federal \$	Match \$	Federal \$	Match \$	Federal \$	Match \$	Federal \$	Match \$
Name of Category								
Direct Labor								
Fringe Benefit								
Materials								
Travel								
Equipment								
Consultants								
Subcontracts								
Other Direct Costs								
Indirect Costs								
<b>Subtotal</b>								
Name of Category								
Direct Labor								
Fringe Benefit								
Materials								
Travel								
Equipment								
Consultants								
Subcontracts								
Other Direct Costs								
Indirect Costs								
<b>Subtotal</b>								
Name of Category								
<b>Planning and Management</b>								
Direct Labor								
Fringe Benefit								
Materials								
Travel								
Equipment								
Consultants								
Subcontracts								
Other Direct Costs								
Indirect Costs								
<b>Subtotal</b>								
<b>Grand Total of all Categories</b>								