## Appendix A Scope of Work, Sub-Grants, and Annual Budget

As part of this grant agreement, you are required to provide a description of how you will spend the grant funds in compliance with the specific purpose as stated in the Appropriations Act ("Scope of Work"). You are also required to submit information related to any potential sub-grants and a budget for the grant funds. Please attach additional sheets as necessary.

1. Organization:	
2. Grant ID:	
3. Scope of Work, Objectives, Results, Performance Measures:	
Recipient shall detail below how the organization will spend the grant funds in compliance with the specific purpose(s) as stated in the Appropriations Act. The description should include objectives to be achieved, expected results and performance measures. The description should also include anticipated timing of those objectives, expected results and any services provided.	
Objective(s):	
Expected Results:	
Performance Measure(s):	

4. Sub-grants:							
a. Does the Recipient anticipate that	it will sub-grant or pas	ss down any funds to	)	Y	'es		No
another organization?							
If yes, answer the following:							
b. Name of Sub-recipient	c. Program Name	9	d. An	nount to	o Sul	o-re	cipient
5. Budget:			41		- 4: ?	- I	
Below are general expenditure descript grant award. Please provide a breakdo							
The following budget is for the time peri	od beginning (	) and endin	g (		)		
EXPENDITURE DESCRIP	PTION		Δ	MOUN	ΙT		
Employee Expenses (e.g. program rel	ated staffing).						
Services and Contract Expenses (e.g telephone, data, lease related expense							
Goods (e.g. supplies and equipment) E	expenses						
Administration Expenses (e.g. overhemanagement)	ead & project						
Other Expenses (e.g. related charges above and described by recipient)	not assigned						
Total Beginning Balance of the Proje	ect Fund						
Provide a breakdown of estimated e	xpenses for each ca	tegory below or as	an atta	achme	nt.		
Please note, you will sign off on this app	endix as part of execu	ting the Grant Agree	ement (0	Contrad	ct).		
Printed Name	Title						
Signature	Date						

OSBM SCIF Appendix A Effective: 1/2022