

**UI Supplemental Budget Request Grant Application for  
Additional Administrative Funding to Support State’s Ongoing CARES Act Programs**

**Instructions:** States must submit a separate UI SBR Grant Activity Abstract document using the suggested format and instructions below for each SBR Funding Opportunity for which the state is seeking funding. Refer to Sections 4.a.v., 4.b.v., 4.c.v., and 4.d.v. of this UIPL for additional instruction.

<b>UI SBR Grant Activity Abstract</b>	
<b>State Name:</b>	
<b>Total Funds Requested for All SBR Grant Activities:</b>	
<b>Name, Title, and Address of Grant Notification Contact (<i>Typically the State Workforce Agency Administrator</i>)</b> <b>Name:</b> <b>Title:</b> <b>Address:</b>	
<b>Name, E-Mail Address, and Phone Number of Grant Project or Fiscal Manager</b> <b>Name:</b> <b>E-Mail Address:</b> <b>Telephone Number:</b>	
<b>Provide the following information for each grant activity (<i>add additional rows as needed</i>):</b>	
<b>Description of Allowable Grant Activity</b>	<b>Expected Activity Outcomes</b>

## UI SBR Grant Activity Application Instructions

**State Name:** Provide the name of the applicant state carrying out the SBR activity.

**Amount of Funding Request for this Activity:** Provide the total amount of funds requested for all activities under this SBR.

**Grant Notification Contact:** Provide the name, title, and address for the Authorized Representative for the grant.

**Grant Project or Fiscal Manager:** Provide name, telephone number, and e-mail address of the individual who can answer any questions relating to the proposal.

**Description of Allowable Grant Description:** Provide a brief description of each activity for which the state is seeking funding and explain how it aligns with the ongoing administration of the identified CARES Act program in the participating state.

**Expected Activity Outcomes:** Identify the expected outcomes resulting from each proposed grant activity.