

Minnesota Department of Health
HIV/STD Projects

Project Budget Narrative

(10 point value combined Project Budget and Project Budget Narrative)

- A. Please present a brief justification for the budget items requested. Include an explanation of how costs were determined. If more space is required, attach another sheet. Keep in mind that this is a 12-month budget.

List Project/Track Name and Target/Client Population(s):

1. **Salaries:** Indicate for each position the name and title, the full time equivalent on this project, the expected rate of pay, and the total amount for a 12-month period. State each staff person's salary per year. Funds can be used for salary of staff members directly involved in the proposed project (planning, developing, delivering, or evaluating). Salaries should be based on qualifications and experience.

"Full time equivalent" (or FTE) is defined as the percentage of time a person will work on the proposed project. To calculate the FTE, divide the hours the person will work by the standard number of work hours, which is 40 hours per week, 174 hours per month, or 2,088 hours per year. For example, a person who works 20 hours per week on this project is a 0.5 FTE ($20/40 = 0.5$).

Example: .50 FTE Health Educator, \$40,000 per year x 12-months = \$ 20,000

2. **Fringe:** All other costs, except for compensation, for full- or part-time employees of the applicant agency with project responsibilities, except those funded from administrative costs. These may, but do not have to, include: employer portion of FICA and Medicare, medical and dental insurance, long-term disability insurance, life and accidental death and dismemberment insurance, workers compensation insurance, and unemployment insurance. State each staff person's fringe per year.
3. **Travel and Subsistence:** All costs related to the transportation of project employees for approved project activities. Client travel is reported under "Other" expenses. Mileage should be calculated at a maximum of the current IRS allowable amount. Only in-state travel should be calculated here.
4. **Supplies:** All project costs related to the purchase of items with a cost of less than \$5,000. **NOTE:** All Track 1, 2 and 3 projects **MUST** have a budgeted line item for condoms & lube. This requirement does not apply to Track 4 proposals. Examples of other supplies: office supplies (paper products, clips, pencils), copying costs, brochures and educational material, computer, software, client incentives, etc. **NOTE:** If you provide incentives such as gift cards, list the value of each incentive, the number to be distributed and the total value. The maximum value of an incentive instrument is limited to \$50.00 with one instrument disbursed per individual per occurrence. You will be required to have a policy for control of incentives.
5. **Contractual Services:** If you plan to hire independent contractors for specific services on a fee basis, please indicate: (1) the name(s) of the contractor(s) or consultant(s); (2) the dollar amount(s); (3) the specific expense line items; and, (4) the service(s) being

provided. Please use additional pages if necessary. **NOTE:** Sub-contracts require prior written approval by the MDH.

6. **Equipment:** Itemize all costs of equipment that has a purchase price above \$5,000, is tangible, and has a useful life of more than one year. Note: Please contact Peter Carr by e-mail at Peter.Carr@state.mn.us if equipment costs are proposed.
7. **Other:** All project cost items, not included in the previous definitions must be specified here. Examples: office phone, cell phone, internet access, postage, refreshments, advertising, translation/interpretation costs, costs associated with staff training. It is highly recommended to plan for approximately \$1,000 per 1.0 FTE for staff training and out of state travel expenses. Out of state travel will require prior approval by the State's Authorized Representative on a case by case basis during the grant agreement period and pending availability of grant agreement funds.

NOTE: If you are a community based testing site, do not include HIV testing kits or laboratory processing costs (see Track 1 Overview).

8. **Subtotal:** (no narrative required for this line)

9. **Administrative Costs:**

This line is not to exceed 17% of the total of the proposed expenses.

Administrative Costs are defined as costs that represent the expenses of doing business that are not easily identified with a particular grant, contract, project, function, or activity but are necessary for the general operation of the organization and the conduct of activities it performs. Examples: accounting, human resources, general agency administration, and costs to operate and maintain facilities (including occupancy).

Describe what kinds of administrative costs are expected. Administrative expenses will not be provided to other government agencies or universities.

Note: If awarded funding, an "Administrative/Indirect Cost Allocation for HIV/STD Prevention Projects" Form will need to be completed along with the agency's W-9 form.

10. **Total:** (no narrative required for this line)

- B. If funding from other sources has been secured, or will be requested to support this project, please indicate: (1) the dollar amount; (2) the source of these funds; and, (3) when a final decision regarding the funding requests is expected.

Amount Requested	Source	Status	Date of Expected Response

- C. Please estimate the total project budget necessary to maintain this project from January 1, 2013 through December 31, 2014 (2 year budget). Consider planning for competitive salaries, cost of living increases, fringe rate increases, and inflation during year two (2).
- D. Describe if applicable, any "in-kind" contribution your agency will provide to support this project.