

Attachment 16

Instructions for Completion of Budget Forms for Solicitations – HRI Funding (Part B)

Ryan White Part B Emerging Communities – Peer Service Pilot, Rochester Region, New York RFA #24-0007

Applicants may access the Excel file to be used for submission of the budget by downloading it at:
<http://www.healthresearch.org/funding-opportunities>

Page 1 - Summary Budget

- A. This page is linked to the other pages of the budget. The amount requested for each major category should auto-populate as you complete the budget forms. These include:
1. Salaries
 2. Fringe Benefits
 3. Supplies
 4. Travel
 5. Equipment
 6. Miscellaneous (includes Space, Telecommunications and Other)
 7. Subcontracts/Consultants
 8. Indirect Costs
- B. The column labeled Third Party Revenue should only be used if a grant-funded position on this contract generates revenue. Please indicate how the revenue generated by this grant will be used in support of the proposed project. For example, if you have a case manager generating \$10,000 in revenue and the revenue will be used to cover supplies, the \$10,000 should be listed in the supplies line in the Third-Party Revenue column.

Page 2- Salaries

Please include **all salaried and hourly positions** for which you are requesting reimbursement on Page 2A. **In-kind positions** should be listed on Page 2B of the Excel spreadsheet using the instructions on Page 2B of the Excel budget forms.

Please refer to the instructions regarding the information required in each column.

These instructions are provided at the top of each column. Following is a description of each column in the personal services category:

- **Enter the number of pay periods per Year in Cell H3**
- **Enter the number of hours in a full-time work week in Cell H4**

Column A: For each position, indicate the title of the position.

Column B: Indicate the incumbent's name. If a position is vacant, please indicate "TBD" (to be determined).

Column C: For each **salaried** position, indicate the total annual salary being budgeted for 12 months regardless of funding source. For **hourly** positions, enter the hourly rate for the employee being budgeted for regardless of funding source.

Column D: For each **salaried** position, **enter the # of Pay Periods Funded** on THIS Contract ONLY. For each **hourly** position, enter the **# of hours** to be worked per Week on this contract ONLY.

Column E: For each **salaried** position, **enter the % of Effort Funded** on THIS Contract ONLY. For each **hourly** position, **enter the # of weeks funded** on this contract ONLY.

COLUMN F: This column is formula driven and is the amount requested for the individual staff position. Any calculation differences should be shown in Column L.

Column H: Enter the number of hours worked per week for the employee being budgeted for, regardless of funding source.

Column J: Show anticipated use of revenue generated by this contract.

Column K: Includes administrative staff salaries supported by this contract whose positions are not directly related to patient care.

Column L - Enter any notes to support the amount requested in column F.

The Total Amount Requested from the AIDS Institute at the bottom of Columns F will be carried forward to page 1 (the Summary Budget).

Page 3 - Fringe Benefits and Position Descriptions

On the top of page 3, please fill in the requested information on fringe benefits based on your latest audited financial statements. Also, please indicate the amount and rate you are requesting for fringe benefits in this proposed budget. If the rate requested in this proposal exceeds the rate in the financial statements, a brief justification should be attached.

The bottom of the page is for position descriptions. For each position, please indicate the title (consistent with the title shown on page 2, personal services) and a brief description of the duties of the position related to the proposed program/project. Additional pages may be attached if necessary.

Page 3A – Additional area for Position Descriptions

Page 4 – **Supplies, Travel and Equipment** - Please refer to the instructions regarding the information required in each section.

Page 5 – **Miscellaneous (Telecommunications, Space and Other)** - Please refer to the instructions regarding the information required in each section.

Page 6 –Subcontracts/Consultant/ Indirect Costs

Please indicate any services for which a subcontract or consultant will be used. Include an estimated cost for these services.

Indirect costs are limited to 10% per the Ryan White Guidance for Part B Direct Service Providers Attachment. All applicants may charge up a de minimus rate of up to 10% of modified total direct costs. Applicants with a Federally Approved rate greater than 10% may request a rate of up to 10%.

Page 7 - Budget Justification

Please provide a narrative justification for each item for which you are requesting reimbursement. (Do not include justification for personal services/positions, as the position descriptions on page 3 and 3A serve as this justification.) The justification should describe the requested item, the rationale for requesting the item, and how the item will benefit the proposed program/project. **The budget justification should not exceed two (2) pages in total.**