**Applicant Name:**

**Applicant is required to use this Budget Narrative Template and the provided excel CHRC Budget Templates (see Schedule 1 Overall Project Cost and Schedule 2 CHRC Funding Request).**

**Grant funds cannot be used for: the purchase or lease of major equipment; construction projects; support of clinical trials; medical devices or drugs that have not received approval from the appropriate federal agency; or lobbying and political activity. Funds may not be used in contravention of the CHRC’s Standard Grant Agreement.**

CHRC grant funds should **not** pay for activities already covered by other sources. Accordingly, the CHRC requires applicants to disclose other sources of funding that may partially or wholly support activities in their grant proposals. This includes any other state, federal, local, or private grant, as well as anticipated revenues, including Medicaid, Medicare, Health Services Cost Review Commission (HSCRC), Maryland Department of Health (MDH), etc. CHRC funds should supplement and not supplant other sources of funding. As indicated in the RFA, **duplication of funding is prohibited**.

The CHRC will closely examine grant applications for potential duplicate funding, including an assessment of the applicant’s request for indirect costs. Applicants may not request direct funding for any activities that are typically included in the organization’s indirect cost pool/indirect rate. The CHRC will accept an indirect rate of **up to 15%** (unless the applicant qualifies for a higher indirect rate pursuant to Md. Code Ann., State Finance and Procurement § 2-208(c)), while also requiring applicants to describe activities to be covered within their indirect rate.

**Notes**

1) There will be several calculations in your budget templates (Schedule 1 and Schedule 2) that do not require any action on your part.

2) **New rows can only be inserted within the Personnel Salary and Contractual expense categories** shown on the CHRC Budget Templates (Schedule 1 and Schedule 2). Ensure formulas are picking up all numbers input into any new rows that are added on the budget templates.

**Sustainability**

The CHRC fully expects that grantees will braid in other sources of funding to ensure the long-term sustainability of projects and programs seeded with CHRC funding and continues to encourage grantees to leverage CHRC dollars to secure funding from other sources for the purpose of program sustainability. Proposals that have the potential to generate reductions in avoidable hospital utilization should be noted in the sustainability section of the proposal. Please comment on the potential or likelihood that cost savings  
or retained revenue will be re-invested to support the project after initial CHRC grant funding has been expended. The CHRC is proud that over 75% of its grants have been sustained at least one year or more after the initial grant funding has been expended.

**Organization Name/Entity Current Fiscal Year Total Budget**

Provide in the **Schedule 1 Budget Template** the organization name and the organization’s total current fiscal year budget. **There is no action required on your part to input the same information in the** **Schedule 2 Budget Template as this information will automatically carry over when you complete Schedule 1.**

**Revenues/Total Project Cost**

Provide in the **Budget Templates** **(Schedule 1 and Schedule 2)** all project revenue sources for each year in the requested funding period. Details on what needs to be input in these schedules are outlined below.

**Schedule 1 Overall Project Cost Template:** In the **Revenue/Total Project Cost top section** of the Schedule 1 template, input the CHRC grant funding amount requested and any other types of anticipated revenue amounts (patient/program revenues/income collected, other grant/funding support, organization match, etc.) for each year in the requested funding period that will fund the overall project cost.

In the **Line-Item Expense budget section** following the Revenue/Total Cost section, provide the line-item expense details for each year in the requested funding period. The total project cost amount in the Revenues/Total Project Cost section must match the Overall Total Project Cost amount in the line-item expense detailed budget. **There is no action required on your part to input information in the CHRC Overall Budget Request column as this information will automatically carry over when you complete Schedule 2.**

**Schedule 2 CHRC Funding Request Template: There is no action required on your part to input information for the CHRC grant funding amount requested and other types of revenue amounts that were input on Schedule 1 as this information will automatically carry over when you complete Schedule 1.** The CHRC grant funding revenue award amount requested needs to match the CHRC grant budgeted expenses.

Provide in this **Budget Narrative Template** in the text box below a brief description of anticipated revenue (patient/program revenues/income collected, other grant/funding support, organization match, etc.) for each year in the requested funding period that will fund the overall project cost.

**Personnel Salaries**

Provide in the **Schedule 2** **CHRC Funding Request** **Budget Template** salary dollars and Full Time Equivalent (FTE) details by position type for **only** W-2 employees. Contractual positions should not be included in the salary section but would be included as a line item in the Contractual section. Salary expenses should include all forms of compensation to W-2 employees including services and/or training related to this grant, should not be duplicated by indirect costs, and should be netted by any other revenue sources (i.e., Other Grants, Medicare, Medicaid, etc.).

Provide in this **Budget Narrative Template** in the text box below the salary cost and related FTEs by **position type** along with a brief description of work to be performed by each position type. Identify any anticipated salary increases during the life of the grant (i.e., 3% COLA raises in years 2 and 3).

Complete the table below to show the breakout of FTEs by position type, type of support provided to this grant program, and an indication of the number of FTEs already hired and number of FTEs that still need to be hired. Insert additional rows in table as needed.

In Example 1 below, 6 individuals are assumed to work as a Community Health Worker, the position is budgeted for 5 FTEs (i.e., 4 full-time and 2 part-time individuals), and all 6 individuals will provide direct patient care services to the grant program. In Example 2 below, 1 individual is assumed to work as a Program Manager, the position is budgeted for 0.5 FTEs (i.e., 1 part-time), and will provide support to the grant program.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Position Type | Type of Support Provided | Total Program FTEs | | FTEs Hired to date | | FTEs to be hired |
| Example 1 – Community Health Worker | Direct Patient Care | 5 | | 2 | | 3 |
| Example 2 – Program Manager | Other Grant Support | 0.5 | 0.5 | | 0 | |
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**Personnel Fringe Benefits**

Provide in the **Schedule 2** **CHRC Funding Request** **Budget Template** a fringe benefits amount of up to 25% of overall personnel salaries. The fringe benefits percentage of overall personnel salaries of W-2 employees is automatically calculated on the Budget Template.

If the applicant requests **more than 25% of salary costs for fringe benefits**, the applicant will be required to provide a compelling rationale for exceeding this amount in this **Budget Narrative Template** in the text box below and provide other supporting documentation.

**Equipment/Furniture/IT & Telecom/Minor Infrastructure Improvements/Vehicle(s)**

Provide in the **Schedule 2** **CHRC Funding Request** **Budget Template** the applicable line items associated with any Equipment, Furniture, IT & Telecom, Minor Infrastructure Improvements, and/or Vehicle(s) costs (purchase or rental costs not included in indirect costs rate).

Provide in this **Budget Narrative Template** in the text box below a brief description of any Equipment, Furniture, IT & Telecom Renovations, and/or Vehicle(s) costs with an explanation for the use of the item(s) to be purchased with grant funding in support of this project. Expenses budgeted in this category should align to one of the five-line items on the budget template: 1) Equipment, 2) Furniture, 3) IT & Telecom, 4) Minor Infrastructure Improvements, and 5) Vehicle(s).

**Supplies**

Provide in the **Schedule 2** **CHRC Funding Request** **Budget Template** the overall supply costs to be used during the grant period. The supply costs do not need to be listed on separate line items in the Budget Template.

In this **Budget Narrative Template** in the text box below, list out all supply types and related costs and provide an explanation for each supply type.

**Travel/Mileage/Parking**

Provide in the **Schedule 2** **CHRC Funding Request** **Budget Template** on separate line items the total costs for program participants and for applicant employees.

In this **Budget Narrative Template** in the text below, identify costs and reasons for travel that are applicable to grant specific activities for program participants and employees providing services under the grant (i.e., attending health fairs, community events, services provided under grant etc.).

**Staff Trainings/Development**

Provide in the **Schedule 2** **CHRC Funding Request** **Budget Template**, the overall staff trainings/development costs. These costs do not need to be listed on separate line items in the Budget Template.

In this **Budget Narrative Template** in the text box below, identify the type of training, position types that will receive the training, and costs related to the training. Explain how this training will benefit the project. This category includes travels costs related to employee training including employee certifications required to provide services under the grant and employee travel related costs (lodging, meals, transportation, parking, etc.) to conferences, training sessions, etc. Expenses budgeted in this category **should exclude salaries** paid to employees attending the training, as those amounts **should be included in the Personnel Salary expenses section of the budget**.

**Contractual**

In the **Schedule 2** **CHRC Funding Request** **Budget Template** on separate line items, list contractual arrangements over $5,000 and the related costs. For contractual arrangements less than $5,000, input costs in All Other Contractual Arrangements < $5K line items. This section should not include W-2 employees of the applicant.

In this **Budget Narrative Template** for each contract more than $5,000, identify each individual vendor/contractor, the cost of the total contract, and a brief description of what type of service the contract is providing.

|  |  |  |
| --- | --- | --- |
| Individual Vendor/Contractor | Total Cost | Description of Service Contract Being Provided |
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**Program Marketing Related Expenses**

Provide in the **Schedule 2** **CHRC Funding Request** **Budget Template**, the overall program marketing related costs. These costs do not need to be listed on separate line items in the Budget Template.

In this **Budget Narrative Template** in the text box below, list out all marketing related costs (i.e., marketing, advertising, promotional materials/communications/ handouts related to the grant program, etc.) and provide an explanation for each marketing related cost type.

**Other Expenses**

Provide in the **Schedule 2** **CHRC Funding Request** **Budget Template**, the overall other costs.

In this **Budget Narrative Template** in the text below, identify in sufficient detail any other expenses that do not fit in any of the other direct expense categories outlined above. Expenses associated with employee background checks and finger printing (if applicable) should be included in this category.

**Indirect Costs**

Indirect costs are for activities or services that may benefit more than one project. **Examples of indirect costs include utilities, insurance, rent, audit and legal expenses, equipment rental, and administrative staff.** The applicant should have internal controls in place to ensure expenses reported in the direct costs categories are not a duplication of reported indirect costs.

Provide in the **Schedule 2** **CHRC Funding Request** **Budget Template** indirect costs amount of up to 15% of overall direct costs. The indirect costs percentage of overall direct costs is automatically calculated on the Budget Template (direct costs = total costs minus indirect costs).

The CHRC will closely examine grant applications for potential duplicate funding, including an assessment of the applicant’s request for indirect costs. Applicants may not request direct funding for any activities that are typically included in the organization’s indirect cost pool/indirect rate. The CHRC will accept an indirect rate of **up to 15%** of direct costs related to the grant program (unless the applicant qualifies for a higher indirect pursuant to Md. Code Ann., State Finance and Procurement § 2-208(c)), while also requiring applicants to describe activities to be covered within their indirect rate.

Please provide in the table below types (dollar breakdown not required) of expenses included in your indirect costs request. **Any Indirect Costs associated with staffing expenses should include the name of the position type.** Insert additional rows in the table as needed.

Administrative Staff positions that are typically included in indirect costs are clerical, accounting, compliance, human resources, general IT, Senior level positions of the organization, (CEO, Executive Director, Medical Director, Operations leader, etc.), etc. **Any Administrative Staff positions not included in the indirect cost rate but are included in the budget as salaries,** **must perform duties directly required by the grant. Applicant must have controls to document time spent on the grant and the positions should not already be included in the indirect costs.**

|  |
| --- |
| Categories of Indirect Costs (list out position type for staffing costs) |
| Example 1 - Utilities |
| Example 2 - Rent |
| Example 3 – Audit and Legal |
| Example 4 – Rental of Equipment (list the type of equipment on separate rows) |
| Example 5 – Administrative Staff (list the type of positions on separate rows) |

**Individuals to be Served for Overall Grant Period**

Provide in the **Schedule 2** **CHRC Funding Request** **Budget Template** the overall unduplicated individuals to be served (new patients only) under this CHRC grant program. **There is no action on your part to input the total cost per unduplicated individuals to be served. This will automatically be calculated in the budget template.**

Provide in the **Schedule 2** **CHRC Funding Request** **Budget Template** the overall number of existing patients to be served (existing patients receiving new services) under this CHRC grant program. **There is no action on your part to input the total cost per existing patients to be served (existing patients receiving new services). This will automatically be calculated in the budget template.**

**There is no action on your part to input the overall number of new and existing patients to be served and the total cost per overall number of new and existing patients to be served. This will automatically be calculated in the budget template.**