# Budget Forms

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# Instructions for Budget Justification

Read the budget justification instructions prior to completing the budget justification form.

## Salaries

Funds can be used for salary of staff members directly involved in the proposed program (planning, developing, evaluation, delivering or supporting) and supported by proper time tracking documentation. Salary expenses not supported by time tracking documentation may be included in the indirect line if these unsupported salaries were included on the Indirect Cost Questionnaire form and approved by MDH.

For each proposed funded position, list the position/title, the full time equivalent (FTE), annual salary, hourly salary, total salary requesting, and justification.

## Fringe Benefits

All other costs, except for compensation, for full- or part-time employees proposed in the budget. These may, but are not required to include: employer portion of FICA and Medicare, medical and dental insurance, long-term disability insurance, life and accidental.

Provide a breakdown of what your fringe rate includes in the justification area. If fringe rate differs by employee provide the breakdown for each employee.

**Example:**

6.20 % - FICA

1.45% - Medicare

3.00% - Retirement

12.35% - Insurance

23.00% - Total

## Travel and Subsistence

List the expected travel costs for staff working on the grant, including, mileage, parking, hotel, and meals. Mileage should be calculated at the current IRS allowable amount. Funds cannot be used for out-of-state travel without prior written approval from MDH. Client travel is reported under Other Expenses.

**Example:**

Mileage is requested for travel to meetings.

Mileage: 1,000/miles X 0.535/per mile = $535

## Supplies

All program costs related to the purchase of items with a cost of less than $5,000 must be itemized (examples: condoms & lube, office supplies, postage, copying costs, brochures & educational material, computer, software).

**Example:**

Condoms: 10/boxes @ $70/per box = $700

Brochures and Educational Materials: $1,000/brochures @ $0.25/each = $250

Computer for Program Manager: 1 computer @ $800 = $800

## Contractual

Applicants must identify any subcontracts that will occur as part of carrying out the duties of this grant program as part of the Contractual budget line item in the proposed budget. The use of contractual services is subject to State review and may change based on final work plan and budget negotiations with selected grantees.

Applicant responses must include:

* Anticipated contractor/consultant’s name (if known) or selection process to be used
* Description of services to be contracted
* Length of time the services will be provided
* Specific expense line items
* Total amount to be paid to contractor

## Equipment

All equipment with a purchase price greater than $5,000 that is tangible, and has a useful life of more than one year must be itemized. These costs must be approved by MDH prior to purchase.

## Other Expenses

All program cost items, not included in the previous definitions must be specified (Examples: cell phone, refreshments, advertising, translation/interpretation costs, staff training, and incentives).

 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.

## Subtotal

Sum of lines above (salaries, fringe benefits, travel and subsistence, supplies, contractual, equipment, other expenses).

## Indirect Costs

Indirect costs include costs for activities, goods or services that benefit more than one program and cannot be traced to a specific program. These costs are often allocated across an entire agency and multiple programs.

The following are examples that could be included in indirect costs:

* A portion of the total cost of the organization’s annual audit.
* A portion of the organization’s monthly printer/copier lease and maintenance fees, when an internal system does not allow service to be tracked by program.
* A portion of the organization’s administrative support, accounting or human resources, when an internal system does not allow time to be tracked by program.
* A portion of the organization’s occupancy costs, when it is not feasible or reasonable to calculate by program.

In contrast, administrative costs are expenses not directly related to delivering grant objectives, but necessary to support a particular grant program. These are items that, while general expenses, can be attributed and appropriately tracked to specific awards. These items should be included in the grantee budget as direct expenses in the appropriate lines (salaries, fringe benefits, travel and subsistence, supplies, contractual, equipment, other expenses). They **should not** be included in the indirect line.

The following are examples of administrative costs that should be included in direct lines of the budget:

* A portion of the organization’s monthly printer/copier lease and maintenance fees, calculated by tracking how many jobs were coded to the grant program and applying a percentage based on usage.
* A portion of the organization’s administrative support, accounting or human resources, calculated by tracking time spent by staff on the grant program.
* A portion of the organization’s occupancy costs, calculated by applying a square footage cost total to the amount of physical space used for grant program management and activities.

The total allowed for indirect costs can be charges up to your federally approved indirect rate, or up to a maximum of 10%. If the applicant will be using a Federally Negotiated Indirect Cost Rate, you will need to submit with your application your most current federally approved indirect rate. Indirect Cost will not be provided to other government agencies or universities.

## Total

Sum of lines subtotal and indirect lines above.

# Budget Justification Form

Agency Name:
Program Name:
Agency Address:
Agency Contact:
 Email:
 Phone:
Budget Period:

## Salaries:

**Staff Person 1**

Position/Title:

Full time equivalent (FTE):

Annual salary:

Hourly Salary:

Justification:

Total salary requesting: $

**Staff Person 2**

Position/Title:

Full time equivalent (FTE):

Annual salary:

Hourly Salary:

Justification:

Total salary requesting: $

**Staff Person 3**

Position/Title:

Full time equivalent (FTE):

Annual salary:

Hourly Salary:

Justification:

Total salary requesting: $

**Staff Person 4**

Position/Title:

Full time equivalent (FTE):

Annual salary:

Hourly Salary:

Justification:

Total salary requesting: $

**Staff Person 5**

Position/Title:

Full time equivalent (FTE):

Annual salary:

Hourly Salary:

Justification:

Total salary requesting: $

**Staff Person 6**

Position/Title:

Full time equivalent(FTE):

Annual salary:

Hourly Salary:

Justification:

Total salary requesting: $

**Total Salaries $**

## Fringe Benefits

Fringe Rate Breakdown

**Total Fringe Benefits $**

## Travel and Subsistence

In state travel requested $
In-state travel justification:

Out-state travel requested $
Out-state travel justification

**Total Travel and Subsistence $**

## Supplies

Supplies Justification:

**Total Supplies $**

## Contractual

Contractual Justification:

**Total Contractual $**

## Equipment

Equipment justification:

**Total Equipment $**

## Other Expenses

Other expenses justification:

**Total Other Expenses $**

## Subtotal

Sum of lines 1-7 above (salaries, fringe benefits, travel and subsistence, supplies, contractual, equipment, other expenses).

**Subtotal $**

## Indirect Costs

Indirect cost rate: \_\_\_%

**Total indirect (multiply subtotal amount by indirect cost rate) $**

## Total

Sum of subtotal and indirect line above.

**Total. $**

# Budget Summary Form

This form should be used to show the total requested budget for the applicant’s proposed grant-funded activities for each program. The total in each category should reflect the total of that category from the corresponding Budget Justification Form. Please enter zero (0) in the Total Proposed Amount column if no grant funds will be expended in a line item.

Agency Name:
Program Name:
Agency Address:
Agency Contact:
 Email:
 Phone:
Budget Period:

| **Line Item** | **Total Proposed Amount** |
| --- | --- |
| 1. **Salaries**
 | **$** |
| 1. **Fringe Benefits**
 | **$** |
| 1. **Travel and Subsistence**
 | **$** |
| 1. **Supplies**
 | **$** |
| 1. **Contractual**
 | **$** |
| 1. **Equipment**
 | **$** |
| 1. **Other Expenses**
 | **$** |
| 1. **Subtotal** (sum of lines 1 through 7)
 | **$** |
| 1. **Indirect Costs** (your federally approved rate, or maximum of 10%, multiplied by line 8)
 | **$** |
| 1. **Total** (sum of line 8 + line 9)
 | **$** |

**In-Kind Agency Contribution:**

Describe in-kind contribution your agency will provide to support this program. There is no minimum or maximum to your in-kind contribution.

# Indirect Cost Questionnaire

## Background

Applicants applying for a grant from the Minnesota Department of Health (MDH) may request an indirect rate to cover costs that cannot be directly attributed to a specific grant program or budget line item. This allowance for indirect costs are a portion of any grant awarded, not in addition to the grant award.

It is important to know the difference between administrative type costs and indirect costs before completing this form. Please refer to budget justification instructions for more detailed information on indirect costs.

## Instructions

Fill in the applicant’s legal name, check the appropriate box, and return this form and any additional required documents as part of your application.

* 1. If the applicant is not going to request any indirect costs, the applicant should check the first box and return the form as part of their application.
	2. If the applicant has a federally approved indirect rate, the applicant should check the second box, follow the instructions listed, and return the form as part of their application.
	3. If the applicant does not have a federal approved indirect rate, AND is planning to claim indirect costs, the applicant should check the third box, fill in the rate being requested, and list the expenses being included in the indirect cost pool. **The maximum indirect rate an applicant can request from MDH is 10%.**

Applicant’s Legal Name:
Program Name:

[ ] 1. **Not applicable:** No charges to the grant program listed above are for indirect costs.

[ ] 2. **Federally approved indirect cost rate agreement**

A federally negotiated rate is to be charged against all grant programs. Attach a copy of the federally approved Indirect Cost Rate Agreement covering the current federal fiscal year.

[ ] 3. **No federally approved indirect cost rate – requesting up to 10% maximum**

Up to 10% of the direct expenses in the budget for the grant program listed above can be used for indirect costs per CFR Part 200 - Uniform Administrative Requirements, Costs Principles, and Audit Requirements for Federal Awards, and per MDH policy for state funds.

The applicant agency is requesting a rate of \_\_\_\_% for the grant program listed above.

Per MDH Policy, list the types of costs included in the applicant’s indirect costs below