Minnesota Department of Health

# Budget Detail and Justification

2024 Long COVID Network & Capacity Building Grants

**Instructions:** The budget detail and justification should include all anticipated expenses ***in the first year of the grant period***. Each budget category should be completed. If you do not anticipate expenses in one or more budget categories, please list the total amount as $0.00. Budgets may be revised (with approval from the grant manager) later if anticipated expenses change. Grantees will submit a yearly budget to MDH.

Grantees will be required to use at least 10% of their grant award on evaluating their project. Indicate throughout each section if/where there are costs related to evaluation activities.

Please review the related content in the full Request for Proposals at [2024 Long COVID Network & Capacity Building Grants: Request for Proposals (www.health.state.mn.us/diseases/longcovid/funding/2024grants.html)](https://www.health.state.mn.us/diseases/longcovid/funding/2024grants.html).

## Grant Application Information

|  |  |
| --- | --- |
| **Organization Name:** | Click or tap here to enter text. |
| **Annual Award Amount\*:** | $Enter dollar amount |

\* Organizations must request one annual amount of funding that does not vary from year to year. For example, if an applicant requests $100,000 annually and is fully funded, that applicant would receive $300,000 over the course of the three-year grant cycle. Funding is contingent upon availability and satisfactory grantee performance.

|  |  |
| --- | --- |
| **Budget Contact Name:** | Click or tap here to enter text. |
| **Title:** | Click or tap here to enter text. |
| **Email:** | Click or tap here to enter text. |
| **Phone:** | Click or tap here to enter text. |

## Salary and Fringe

*Applicants are required to dedicate at least 0.5 FTE staff time to the grant activities, including participation in the grantee network and to serve as primary contact with MDH. Specify any staff time that will contribute to evaluation activities on a separate line. Additional rows can be added or deleted, if needed.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Staff name & position** | **Position Justification** | **Full-time equivalent (FTE)** | **Salary charged to grant** | **Fringe %** | **Total (Salary + Fringe)** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | $ Enter amount |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | $ Enter amount |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | $ Enter amount |

|  |  |
| --- | --- |
| **Annual Salary and Fringe Total:** | $ Enter Amount |

## Contractual Services

*List the services you expect to contract out, the subcontractor or consultant’s name (if known), scope of work, the length of time the services will be provided, and the total amount you expect to pay. Supplies and travel should be included, if applicable. Itemize equipment rented or leased for the project. Copies of contract agreements with contractors must be submitted the Grant Manager.*

*Specify any contracts that will be used for evaluation activities on a separate line. Additional rows can be added or deleted, if needed.*

|  |  |  |
| --- | --- | --- |
| **Contractor** | **Description of service and timeframe** | **Total (dollars)** |
| Contractor | Click or tap here to enter text. | $ Enter amount |
| Contractor | Click or tap here to enter text. | $ Enter amount |

|  |  |
| --- | --- |
| **Annual Contractual Services Total:** | $ Enter Amount |

## Travel

*Explain your expected in-state and/or out-of-state travel costs, including mileage, hotel, and meals. If program staff will travel, itemize the costs, frequency, and the nature of the travel. Refer to the RFP for guidance around reimbursement rates. Specify any travel expenses that will contribute to evaluation activities on a separate line. Additional rows can be added or deleted, as needed.*

|  |  |
| --- | --- |
| **Description of travel** | **Total (dollars)** |
| Click or tap here to enter text. | $ Enter amount |

|  |  |
| --- | --- |
| **Annual Travel Total:** | $ Enter Amount |

## Supplies

*Briefly explain the expected costs for items and services you will purchase to run the program. These costs may include program/work plan supplies, postage or mailing, copies for training materials or handouts, phone service and equipment, and computer or internet expenses. Other expenses may include food or snacks for programming/events. Generally, supplies include items that are consumed during the course of the project, equipment and items such as additional rent for program space, participant transportation, participant training and other* ***direct*** *costs as needed. Specify any supplies that will be used for evaluation activities on a separate line. Additional rows can be added or deleted, if needed.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Description of supplies** | **Quantity** | **Unit cost** | **Total (dollars)** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | $ Enter amount |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | $ Enter amount |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | $ Enter amount |

|  |  |
| --- | --- |
| **Annual Supplies and Expenses Total:** | $ Enter Amount |

## Other Expenses

*Describe any other allowable expected grant-related costs that do not fit any other line item.* ***Expenses in this line must be directly related to the program activities and linked to an activity in the work plan.*** *Examples include staff training, media expenses, childcare for participants during programming/events, or participant stipends. Specify any other expenses that will be used for evaluation activities on a separate line. Additional rows can be added or deleted, if needed.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Description of expenses** | **Quantity** | **Unit cost** | **Total (dollars)** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | $ Enter amount |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | $ Enter amount |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | $ Enter amount |

|  |  |
| --- | --- |
| **Annual Supplies and Expenses Total:** | $ Enter Amount |

## Subtotal

*Enter the subtotal of expenses from all budget categories.*

|  |  |
| --- | --- |
| **Salary and Fringe:** | $ Enter Amount |
| **Contractual Services:** | $ Enter Amount |
| **Travel:** | $ Enter Amount |
| **Supplies:** | $ Enter Amount |
| **Other expenses:** | $ Enter Amount |
| **Subtotal:** | $ Enter Amount |

## Indirect Costs

*Indirect costs are defined as “expenses of doing business that cannot be directly attributed to a specific grant program or budget line item. The costs are often allocated across an entire agency and multiple programs.” Examples of indirect costs include a portion of the organization’s total depreciation costs or a portion of the total cost of the organization’s accounting system.* ***MDH policy caps indirect costs at either a grantee’s federally negotiated indirect cost rate (NICRA) or up to 10 percent****, as applied to a grant’s total direct costs. Grantees who wish to charge indirect at a federally negotiated rate must be able to provide a copy of the federal rate agreement. Please provide the indirect cost percent and calculate the corresponding dollar amount. Explain in a few sentences how you arrived at this percentage or how the calculations were derived.*

|  |
| --- |
| **Describe costs included in indirect cost pool below (if no federally negotiated rate)** |
| Click or tap here to enter text. |

### Indirect cost calculation

|  |  |
| --- | --- |
| **Indirect Cost Percent:** | Enter Percent. |
| **Indirect Cost:** | $ Enter Amount |

## Award Funds Total

|  |  |
| --- | --- |
| **Subtotal:** | $ Enter Amount |
| **Indirect Costs:** | $ Enter Amount |
| **Grant Total:**  **(Subtotal + Indirect Cost)** | $ Enter Amount |

### Evaluation

*Add up the costs above from lines that specified evaluation-related expenses. The total evaluation costs should be at least 10% of the annual award for Year 1.*

|  |  |
| --- | --- |
| **Total evaluation costs:** | $ Enter Amount |