

Exhibit D Budget Justification

Today's Date:

Complete for the period budget of:

MDH Grant Program Name:	<input type="text"/>		
Applicant Agency:	<input type="text"/>		
Name of Contact Person for Budget:	<input type="text"/>		
Phone Number:	<input type="text"/>	FAX:	<input type="text"/>
Email Address:	<input type="text"/>		
Budget Period:	<input type="text"/>		

BUDGET FORM INSTRUCTIONS FOR APPLICATIONS

1. Complete this form for each budget period listed
2. Use whole dollar amounts, no decimals
3. Complete a separate budget justification for each grant year
4. Be sure to double check your calculations as errors could result in a delay in executing a grant agreement.

1. Salary and Fringe: For each proposed funded position, list the title, the full time equivalent based on 2,080 hrs./year, the expected rate of pay, fringe rate (%), total annual salary and fringe, and the percent of each position being charged to the grant. Failure to provide the requested detail for each position may result in a delayed grant agreement. Please refer to Page _____ for an example of how to show the salary/fringe expenses. Be sure to include a breakdown of your FICA costs in the justification area below.

JUSTIFICATION:

Item Description	Salary	Fringe	Sub Total	FTE	Total

Fringe Breakdown:

Total Fringe Benefits

Salary and Fringe Total Amount

2. Contractual Services: List the services that are expected to be contracted out, the contractor's or consultant's name, whether the contractor is non-profit or for-profit, the length of time the services will be provided, and the total amount expected to be paid. Supplies and travel of contractor should be included, if applicable. Itemize equipment rented or leased for the project.

Justification

Contractual Item Description	Total Amount
Contractual Services Total Amount	

3. Travel: Explain the expected instate travel costs, including mileage, parking, hotel, and meals. If program staff will travel, itemize the costs, frequency, and the nature of the travel. Be sure to use the current IRS mileage rate and the appropriate meals amount referenced on. Travel costs are not to exceed rates established in the Commissioner's Plan: (effective (_____)). Rate \$_____ <http://www.mmd.admin.state.mn.us/commissionersplan.htm>

Justification:

Travel Item Description	Total Amount
Travel Total Amount	

4. Supplies and Expenses: Explain the expected costs for items and services that will be purchased to run the grant program. Include telephone expenses that are part of this proposal; cell phones and new telephone equipment to be purchased, if applicable. Estimate postage if part of the project. List printing and copying costs necessary for the project (other than occasional copying on an office copy machine). List office and program supplies and expendable equipment such as training materials, curriculum, and software. Generally, supplies include items that are consumed during the project, equipment under \$5,000 and items such as rent for program space, participant transportation, participant training and other direct costs as needed.

Justification:

Supplies and Expenses Item Description	Total Amount
Total Amount Supplies and Expenses	

5. Other: Briefly describe any expenses that do not fit in any other category. Examples include incentives, gift cards, and staff training etc.

Justification:

Other Item Description

Total Amount

Other Item Description	Total Amount
Other Total Amount	

6. SUBTOTAL (sum of lines 1 through 5):

SUBTOTAL AMOUNT

7. Indirect Costs: If applicable, enter the indirect cost rate below. In the box to the right, enter the amount of indirect costs being requested. Maximum indirect rate is 10% of line 6, Subtotal of Direct Expenses.

Indirect Cost Rate:

Total Indirect

8. TOTAL (sum of line 6 + line 7)

Proposed Total Amount

Exhibit E

Budget Summary

BUDGET FORM INSTRUCTIONS FOR APPLICATIONS

1. This form is used to capture the summarized information from the Budget Justification Form.
2. The Total Proposed Amount should match the Budget Justification amount request above.
3. Complete this form for each budget period listed
4. Complete a separate budget justification for each grant year
5. **Be sure to double check your calculations as errors could result in a delay in executing a grant agreement.**
6. *Use whole numbers, do not use decimals*

Complete this form for each budget period	
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MDH Grant Program Name:	
Applicant Agency:	
Name of Contact Person for Budget:	
Phone Number:	
FAX Number:	
Email Address:	

Line Item	Total Proposed Amount
1. Salary and Fringe	
2. Contractual Services	
3. Travel Expenses	
4. Supplies and Expenses	
5. Other Expenses	
6. Subtotal (sum of lines 1 through 5)	
7. Indirect Costs (Maximum of 10% of line 6)	
8. TOTAL (sum of line 6 + line 7)	

Budget Summary Instructions

This form should be used to show the total requested budget for the applicant's proposed grant-funded activities for each period of the program. The budget should include funding necessary in each category for each year of the grant. 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.

Enter the following items on the top portion of the Budget Summary Form:

- Name of MDH Grant Program for which the application is being submitted.
- Legal name (Fiscal/Operating) of applicant agency applying for grant funds.
- Name of the contact person for questions regarding the budget being submitted.
- Telephone number for the contact person for the budget.
- Fax number of the contact person for the budget.
- E-mail address of the contact person for the budget.

1. **Salary and Fringe:** The total amount of grant funds that will be used during each time to cover salary/fringe benefits. Add the "Salary and Fringe" amounts from each of the Budget Justification forms together and enter that sum here.
2. **Contractual Services:** The total amount of grant funds the applicant plans to spend on contractual services. Add the "Contractual Services" amounts from each of the Budget Justification forms together and enter that sum here.
3. **Travel:** The total amount of grant funds that the applicant plans to spend on travel. Add the "Travel" amounts from each of the Budget Justification forms together and enter that sum here.
4. **Supplies and Expenses:** The total amount of grant funds that the applicant plans to spend on supplies and expenses. Add the "Supplies and Expenses" amounts from each of the Budget Justification forms together and enter that sum here.
5. **Other:** The total amount of grant funds that the applicant plans to spend on items that are not listed above. Add the "Other" amounts from each of the Budget Justification forms together and enter that sum here.
6. **Subtotal:** The sum of lines 1 through 5.
7. **Indirect Costs:** The total amount of grant funds that the applicant plans to spend for indirect costs. Indirect costs can be up to an applicant's federally approved indirect rate, or up to a maximum of 10%, without a federally approved indirect rate, multiplied by the direct expenses in the budget (line 6 of this form). This amount should match the sum of all the indirect costs on the Budget Justification Forms.
8. **Total:** The sum of lines 6 and 7.