Minnesota Department of Health

# Form F: SSP RFP Budget Forms

1. Budget Justification Instructions
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## Notes:

Submit a 12-month budget (Jan. 1, 2024 – Dec. 31, 2024) for each project your agency is proposing. A separate budget justification and summary is required for each project your agency is applying for. Funded agencies will submit budgets to MDH for years two and three for approval each year according to the timeline set in the grant agreement.

If awarded funds under this RFP, your agency will qualify for public health pricing for purchasing test kits. Please allocate test kits costs as listed below:

* INSTI HIV-1/HIV-2 test: $13.00 per test and $77.00 for controls, shipping cost included.
* OraQuick ADVANCE HIV Test: $8.00/per test and $25.00 for controls, shipping cost included.

Incentives are allowable under these programs but not required.

MDH will cover the cost of biohazard collection services for MDH-funded harm reduction programs.

**Indirect costs are allowed up to a maximum of 10%.**

## Budget Justification (Form F1) Instructions

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

### 3. 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. 655/per mile = $655

### 4. Supplies

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

**Example:**

Syringes: 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 or other items, 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.

**Indirect costs are allowed up to a maximum of 10% of the budget subtotal.**

### Total

Sum of lines subtotal and indirect lines above.

Form F1: Budget Justification Form

Maximum **10** points

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

1. 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: $**

1. Fringe Benefits

Fringe Rate Breakdown

**Total fringe benefits: $**

1. Travel and Subsistence

In state travel requested: $  
In-state travel justification:

Out-state travel requested: $  
Out-state travel justification:

**Total travel and subsistence: $**

1. Supplies

Supplies justification:

**Total supplies: $**

1. Contractual

Contractual justification:

**Total contractual: $**

1. Equipment

Equipment justification:

**Total equipment: $**

1. Other Expenses

Other expenses justification:

**Total other expenses: $**

1. Subtotal

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

**Subtotal: $**

1. Indirect Costs

Indirect cost rate: \_\_\_% (maximum of 10%)

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

1. Total

Sum of subtotal and indirect line above.

**Total: $**

## Form F2: Budget Summary Form

Maximum **5** points

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** (maximum of 10%, multiplied by line 8) | **$** |
| 1. **Total** (sum of line 8 + line 9) | **$** |

## Form F3: Indirect Cost Questionnaire

### Background

Applicants applying for a grant from 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 is a portion of any grant awarded, not in addition to the grant award.

It is important to know the difference between administrative 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.

* If the applicant is not going to request any indirect costs, the applicant should check the first box below and return the form as part of their application.
* If the applicant is planning to claim indirect costs, the applicant should check the second 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%.

### Questionnaire

**Applicant’s legal name:**  
**Program name:**

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

**Indirect cost rate – requesting up to 10% maximum** *(complete questions 1 and 2 below)*

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.

1. The applicant agency is requesting a rate of \_\_\_\_% for the grant program listed above.
2. Per MDH Policy, list the types of costs included in the applicant’s indirect costs below: