Form G: INSTRUCTIONS AND EXAMPLES FOR A CATEGORICAL BUDGET JUSTIFICATION

NOTE: All applications must include a categorical budget justification for the project year budget period.

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| **A. PERSONNEL** |  | **(Total)** |
| **[List each position with a brief job description of 50 words or less. For each position listed, multiply the monthly salary or wages by the percentage of personnel time by the number of months which the salary is to be paid from this budget.]** | | |
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| **Example:**  **Executive Director (Gonzales)**  **$3,200/monthly X 5% X 12 = $1920**  **Oversees all program activities. Ensures compliance with contract requirements. Provides program/financial information to the Board of Directors. Acts as agency personnel director and public spokesperson. Supervises Program Manager.** | **1,920** |  |
| **Bookkeeper (Jones)**  **$1,500/monthly X 10% X 12 = $1800**  **Performs full charge bookkeeping duties. Inputs transaction data and produces general ledger, income/expense statements and balance sheets. Maintains and produces payroll. Checks invoices for accuracy and prepares them to be approved for payment. Prepares accounts payable.** | **1,800** |  |
| **Clinic Nurse (Donnelly)**  **$3,200/monthly X 100% X 12 = $38,400** | **38,400** |  |
| **Works in cooperation with CARE clinic medical personnel and UTMB staff in providing primary medical care for persons living with HIV. Provides medical case management to clients. Provides supervision for clinic aide and daily functions of the clinic.**  **Program Manager (Watson)**  **$2,580/monthly X 40% X 12 = $12,384**  **Supervises all HIV Services activities: Provides staff training, as needed; coordinates HIV Services programming; designs and maintains data collection system; prepares all required program reports; evaluates staff performance and conducts quality assurance.** | **12,384** |  |
| **HIV Case Manager (McDade)**  **$2,375/monthly X 100% X 12 = $28,500**  **Provides case management services to rural HIV-positive residents of Jones, Hays, Delgado counties through face-to-face client contact and phone contact. Conducts needs assessments with the clients and updates needs assessment on a regular basis. Establishes linkages with social services providers and medical providers to ensure clients have a medical home. Makes appropriate referrals for services, and collects and maintains accurate program data.** | **28,500** |  |
| **HIV Case Manager (Vacant)**  **$2,375/monthly X 100% X 12 = $28,500**  **Provides bilingual case management services to rural HIV-positive Spanish speaking residents of Miller, Bend, Gonzales and Montemayor counties through face-to-face client contact and phone contact. Conducts needs assessments with the clients and updates needs assessment on a regular basis. Establishes linkages with social services providers and medical providers to ensure clients have a medical home. Makes appropriate referrals for services, and collects and maintains accurate program data.** | **28,500** |  |
| **Auxiliary Services Coordinator (New position) (attach Job description)**  **$2,375/monthly X 100% X 12 = $28,500**  **Oversee all activities and day care at the ART Community Center facility, stock the food pantry, keep facility organized, maintain records of client participation and usage of the facility, serve hot lunches, order and pickup groceries for the food pantry. Assist Case Managers with reporting and filing of client information** | **28,500** |  |
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| **B. FRINGE BENEFITS** |  | **(Total)** |
| **[Itemize the cost of fringe benefits paid for employees, including employer contributions for Social Security, retirement, insurance and unemployment compensation. Fringe benefits requested must represent the actual benefits paid for employees.]** | | |
| **Example:**  **FICA: 0.765 x $101,604 =**  **Insurance: $2,160 x 3.55 FTEs =**  **Worker's Comp: rate x salaries = $**  **Unemployment: rate x salaries = $** | **7,773**  **7,668**  **$**  **$** |  |
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| **C. STAFF TRAVEL** |  | **(Total)** |

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| **[Budget the projected costs of transportation, lodging, meals, and related expenses for official staff business travel conducted in carrying out the contract. Out of state travel is only allowed with pre-approval from the DSHS. NOTE: Grantees who do not have written travel reimbursement policies must use DSHS travel reimbursement rates as follows: $.55/mile, $36/day meals, $85/day lodging.]** | | |
| **Example:**  **Mileage for Case Managers in service area:**  **$0.55/mile X 441.8 miles/mo. X 12 months - $2,916** | **2,916** |  |
| **Expenses for 3 staff members to attend Texas HIV/STD Conferences:**  **Airfare @ $175 X 3 staff = $525**  **Lodging @ $85 X 4 days X 3 staff = $1020**  **Meals @ $36 X 4 days X 3 staff = $432** | **1,977** |  |
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| **D. EQUIPMENT** |  | **(Total)** |
| **[Equipment is defined as tangible nonexpendable personal property with an acquisition cost of $5,000 or more and a useful life of more than one year. Equipment includes firearms regardless of the acquisition cost, and the following controlled assets with an acquisition cost of $500 or more: desktop and laptop computers, non-portable printers and copiers, emergency management equipment, communication devices and systems, medical and laboratory equipment, and media equipment.** **Prior written approval from the DSHS is required before grantee may acquire equipment. List each item, describe and explain use.]** | | |
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| **E. SUPPLIES** |  | **(Total)** |
| **[This category is for the costs of materials and supplies necessary to carry out the project. It includes general office supplies, janitorial supplies, and any equipment, not on the exception list above with a purchase price, including freight, of less than $5000 or less per item.]** | | |
| **Example:**  **General office supplies - $100 mo x 12 mo** | **1,200** |  |
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| **F. CONTRACTUAL** |  | **(Total)** |
| **[DEFINITION: Whenever the applicant intends to delegate part of the activities identified in the scope of work to a third party, the cost of providing these activities is recorded in this category. Travel by these individuals should be included in this category if they are delivering client services. Contracts for administrative services are not included in this category; they are properly classified in the Other category.**  **If the applicant enters into grant contracts with sub recipients or procurement contracts with vendors, the documents will be in writing and will comply with the requirements specified in the General Provisions for Department of State Health Services Grant Contracts available online at http://*www.dshs.state.tx.us/grants/docs.shtm* or by calling CSCU at 512-458-7470.**  **If an applicant plans to enter into a contract which delegates a substantial portion of the scope of the project, i.e., $25,000 or 25% of the applicant’s funding request whichever is greater, the applicant must submit justification to DSHS and receive prior written approval from DSHS before entering into the contract.]** | | |
| **G. OTHER** |  | **(Total)** |
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| **[DEFINITION: All other allowable direct costs not listed in any of the above categories are to be included in this category. Some of the major costs that should be budgeted in this category are:**  **\* contracts for administrative services;**  **\* space and equipment rental;**  **\* utilities and telephone expenses;**  **\* data processing services;**  **\* printing and reproduction expenses;**  **\* postage and shipping;**  **\* contract clerical or other personnel services;**  **\* janitorial services;**  **\* exterminating services;**  **\* security services;**  **\* insurance and bonds;**  **\* equipment repairs or service maintenance agreements;**  **\* books, periodicals, pamphlets, and memberships;**  **\* advertising;**  **\* registration fees;**  **\* patient transportation;**  **\* training costs, speaker’s fees and stipends.** |  |  |
| **H. TOTAL DIRECT COSTS** |  | **(Total)** |
| **[Enter the total of A - G above]** | | |
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| **I. INDIRECT COSTS** |  | **(Total)** |
| **[A copy of the current negotiated indirect cost rate must be attached, if applicable.]** | | |
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| **J. TOTAL BUDGET** |  | **(Total)** |

**MAI funds are limited to outreach and education expenses only. Based on the above budget provide the breakdown for outreach and education.**

Outreach Services Amount:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Education Amount:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_