

## Fiscal Year 2019 Health Center Controlled Networks (HCCN) Budget Narrative Sample

A detailed justification is required for all items within each category for which funds are requested.

- The sample budget narrative below should be used only as a reference.
- Object class totals should be consistent with those presented in Section B of the SF-424A.
- The budget request should reflect the federal HCCN funding only; do not provide costs to be supported through other sources of funding.

Refer to the Budget Narrative instructions found in Section IV.2.iv of the FY 2019 Health Center Controlled Networks Notice of Funding Opportunity (HRSA-19-011).

Budget Line Item	Year 1: August 1, 2019- July 31, 2020 Federal Expenses Only	Year 2: August 1, 2020- July 31, 2021 Federal Expenses Only	Year 3: August 1, 2021- July 31, 2022 Federal Expenses Only
<b>PERSONNEL</b> – List each staff member who will be supported by HCCN funding. Provide the name (if possible), position title, and federal expenses for annual salary.			
Administration			
IT Support			
Training Staff			
Quality Improvement and Reporting Staff			
Other Staff			
<b>TOTAL PERSONNEL</b>			
<b>FRINGE BENEFITS</b> – List the components that comprise the fringe benefit rate (e.g., health insurance, taxes, unemployment insurance, life insurance, retirement plan, tuition reimbursement). The fringe benefits should be directly proportional to the portion of personnel costs allocated for the HCCN project.			
X% FICA			
X% Health Insurance Coverage			
X% Retirement Plan			
X% Unemployment Tax Insurance			
X% Disability & Group Life			
<b>TOTAL FRINGE BENEFITS @ XX% of TOTAL PERSONNEL</b>			

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<p><b>TRAVEL</b> – List expenses associated with travel for staff to attend or lead HCCN-related meetings, trainings, and workshops. List travel costs categorized by local and long distance travel. For local travel, include the mileage rate, number of miles, reason for travel, and staff/board members traveling. Long distance travel must include registration fees, cost for transportation, lodging, and per diem for each trip.</p>			
<p>HCCN staff travel to Participating Health Centers for on-site trainings and facilitation: One day trip to lead a workshop on Y: Airfare @\$XXX + Per Diem @ \$XX/day + Ground Transportation @ \$XX/day Two day/one night trip to lead a training on Z: Airfare @ \$XXX + Hotel @ \$XXX/day + Per Diem @ \$XX/day + Ground Transportation @ \$XX/day</p>			
<p>HCCN staff travel to XXX Conference: Three day/two night trip: Airfare @ \$XXX + Hotel @ \$XXX/day + Per Diem @ \$XX/day + Ground Transportation @ \$XX/day</p>			
<p>Local Travel (XXX miles @ \$.XX per mile) for [insert purpose(s)]</p>			
<p><b>TOTAL TRAVEL</b></p>			
<p><b>EQUIPMENT</b> – Identify the cost per item and justify the need for each piece of equipment to carry out the proposed project. Equipment includes moveable items that are non-expendable, tangible personal property having a useful life of more than 1 year and an acquisition cost that equals or exceeds \$5,000. <b>Reminder:</b> HCCN funding may not be utilized to purchase equipment for use at the health center level or any other individual health center operational costs.</p>			
<p>Network Fiber Optics Upgrade</p>			
<p>Network-Level Servers to support EHR data integration for Participating Health Centers (X units x \$XX per unit)</p>			



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Network-Level EHR Software Upgrade to improve standardized workflows and reduce provider burden			
<b>TOTAL EQUIPMENT</b>			
<p><b>SUPPLIES</b> – List the items necessary for implementing the proposed project, separating items into two categories: office supplies (e.g., paper, pencils) and educational supplies (e.g., brochures). <u>NOTE:</u> Equipment that does not meet the \$5,000 threshold listed above should be included here (e.g., computers, software).  <b>Reminder:</b> HCCN funding may not be utilized to purchase supplies for use at the health center level or any other individual health center operational costs.</p>			
Office Supplies (\$XX per month x 12 months)			
Training Materials (\$Y per fact sheet x ZZZ fact sheets)			
<b>TOTAL SUPPLIES</b>			
<p><b>CONTRACTUAL SERVICES</b> – Include sufficient detail to justify contractual costs. Provide a clear explanation as to the purpose of each contract, how the costs were estimated, and the specific contract deliverables. A summary of contracts/agreements must be included in Attachment 7 if any new or revised contracts/agreements have been developed. Each HCCN is responsible for ensuring that its organization has in place an established and adequate procurement system with fully developed written procedures for awarding and monitoring contracts.</p>			
Privacy & Security Risk Assessment to ensure shared data is HIPAA compliant (\$XXX flat fee per year)			
Reporting and Evaluation Consultant to aid in data collection and performance improvement (\$XXX @ hour x XX hours)			
Health Information Exchange Consultant to support Participating Health Centers in information sharing and care coordination			
<b>TOTAL CONTRACTUAL</b>			
<p><b>OTHER</b> – Include all costs that do not fit into any other category and provide an explanation of each cost (e.g., audit, legal counsel). Include sufficient detail to justify each item.</p>			

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Audit Services (\$XXX flat fee for yearly audit)			
Video Conferencing Telecommunication \$XX per month x 12 months			
<b>TOTAL OTHER</b>			
<b>TOTAL DIRECT CHARGES</b> (Sum of all TOTAL Expenses rows above (i.e., Personnel, Fringe Benefits, Travel, Equipment, Supplies, Contractual, and Other)			
<b>INDIRECT CHARGES</b> – Include approved indirect cost agreement in Attachment 8, as applicable.			
X.XX% Indirect Rate (includes utilities and accounting services)			
<b>TOTAL</b> (Total of TOTAL DIRECT CHARGES and INDIRECT CHARGES above)			