

FY 2016 Health Center Controlled Networks: Budget Justification Narrative Outline

- Use this document as a reference. This outline does not provide a complete budget justification.
- A detailed justification is required for all items within each category for which funds are requested. Additional narrative may be provided in a subsequent section following the object class category table.
- Object class totals should be consistent with those presented in Section B of the SF-424A.
- Refer to the Budget Justification Narrative instructions found in section IV.2.iv of the FY 2016 Health Center Controlled Networks Funding Opportunity Announcement (HRSA-16-010).

Budget Line Item	Year 1: August 1, 2016 to July 31, 2017 Federal Expenses Only	Year 2: August 1, 2017 to July 31, 2018 Federal Expenses Only	Year 3: August 1, 2018 to July 31, 2019 Federal Expenses Only
PERSONNEL – Include budget details for each staff position. Corresponds to Attachment 6: Staffing Plan.			
Administration			
Implementation Staff			
IT Support/Training Staff			
Quality Improvement & Reporting Staff			
Other Staff			
TOTAL PERSONNEL			
FRINGE BENEFITS			
FICA @ X.XX%			
Medical @ X%			
Retirement @ X%			
Dental @ X%			
Unemployment and Workers Compensation @ X%			
Disability @ X%			
TOTAL FRINGE			
TRAVEL			
Local Travel (XXX miles @ \$.XX per mile) for [insert purpose(s)]			
Travel to Participating Health Centers for on-site training and facilitation; X trips @ \$XXX per person x 1 HCCN staff (Cost breakdown: 3 hotel nights @ \$XXX per night x 1			

Budget Line Item	Year 1: August 1, 2016 to July 31, 2017 Federal Expenses Only	Year 2: August 1, 2017 to July 31, 2018 Federal Expenses Only	Year 3: August 1, 2018 to July 31, 2019 Federal Expenses Only
HCCN staff x X trips; \$XXX air/train fare x 1 HCCN staff x X trips; \$XXX per diem and other incidental costs (parking, taxis) x 1 HCCN staff x X trips)			
TOTAL TRAVEL			
EQUIPMENT - Include items of moveable equipment that cost \$5,000 or more and with a useful life of one year or more.			
Network Fiber Optics Upgrade			
Network-Level Servers to support EHR data integration for Participating Health Centers (X units x \$XX per unit)			
Network-Level EHR Software Upgrade to ensure alignment with Meaningful Use Level 3 requirements			
TOTAL EQUIPMENT			
SUPPLIES			
Office Supplies (\$YY per month x 12 months)			
Training Materials (\$Y per fact sheet x ZZZ fact sheets)			
TOTAL SUPPLIES			
CONTRACTUAL SERVICES - Include detailed justification. Summaries of contracts must be included in Attachment 7.			
Privacy & Security Risk Assessment to ensure shared data is HIPAA compliant (\$XXX flat fee per year)			
Reporting and Evaluation Consultant to ensure that data for measuring progress toward goals is accurately tracked and reported (\$XXX @ hour x XX hours)			

Budget Line Item	Year 1: August 1, 2016 to July 31, 2017 Federal Expenses Only	Year 2: August 1, 2017 to July 31, 2018 Federal Expenses Only	Year 3: August 1, 2018 to July 31, 2019 Federal Expenses Only
Health Information Exchange Consultant to help Participating Health Centers implement new information exchanges and use data they generate			
TOTAL CONTRACTUAL			
OTHER - Include detailed justification. Federal funding CANNOT support grant-writing, fundraising, or lobbying costs.			
Audit Services (\$XXX flat fee for yearly audit)			
Video Conferencing Telecommunication \$XX per month x 12 months			
TOTAL OTHER			
TOTAL DIRECT CHARGES (Sum of all TOTAL Expenses rows above (e.g., Personnel, Fringe Benefits, Travel))			
INDIRECT CHARGES - Include approved indirect cost agreement as Attachment 10, as applicable.			
X.XX% Indirect Rate (includes utilities and accounting services)			
TOTALS (Total of TOTAL DIRECT CHARGES and INDIRECT CHARGES above)			

Additional Narrative Justification

- Include detailed justifications for line items above, as needed.
- For the second and third budget years, the additional justification narrative should highlight the changes from the preceding year.