

ANNUAL CERTIFICATION SAMPLE BUDGET NARRATIVE

The sample line-item budget narrative shown below is provided as a broad outline. A detailed line-item budget narrative is required for all items within each category for the upcoming certification period. An itemization of revenues and expenses is necessary.

REVENUE	CERTIFICATION PERIOD
REVENUE – Consistent with information presented in Form 3: Income Analysis.	
APPLICANT ORGANIZATION	
STATE FUNDS	
LOCAL FUNDS	
FEDERAL FUNDING (break out by source — e.g., HUD, CDC)	
OTHER SUPPORT	
PROGRAM INCOME (fees, third party reimbursements, and payments generated from the projected delivery of services)	
TOTAL REVENUE	
EXPENSES: Object class totals should be consistent with those presented in Form 3A: Look-Alike Budget Information.	
PERSONNEL	
ADMINISTRATION	
MEDICAL STAFF	
DENTAL STAFF	
BEHAVIORAL HEALTH STAFF	
MENTAL HEALTH SERVICES	
SUBSTANCE ABUSE SERVICES	
ENABLING STAFF	
OTHER STAFF	
TOTAL PERSONNEL	
FRINGE BENEFITS	
FICA @ X.XX%	
Medical @ X%	
Retirement @ X%	
Dental @ X%	
Unemployment & Workers Compensation @ X%	

REVENUE	CERTIFICATION PERIOD
Disability @ X%	
TOTAL FRINGE @ X%	
TRAVEL	
Patient Travel: \$X x X,XXX uninsured visits and enabling service appointments	
Provider Training: 2 trainings in QI/QA @ \$X per person x 2 FTEs 5 hotel nights @ \$X per night x 2 FTEs x 2 trainings	
Outreach (X,XXX miles @ \$0.XX per mile)	
TOTAL TRAVEL	
Patient Travel: \$XXX,XXX uninsured visits and enabling service appointments	
Provider Training: 2 trainings in QI/QA @ \$X per person x 2 FTEs 5 hotel nights @ \$X per night x 2 FTEs x 2 trainings	
Outreach (X,XXX miles @ \$0.XX per mile)	
TOTAL TRAVEL	
EQUIPMENT – Include items of moveable equipment that cost \$5,000 or more and with a useful life of one year or more.	
Ultrasound Machine	
3 Dental Chairs @ \$X,XXX each	
TOTAL EQUIPMENT	
SUPPLIES	
4 Laptop Computers @ \$X each	
Office Supplies (\$X per month x 12 months)	
Printing Costs (\$X.XX per brochure x 4 brochures x X,000 copies)	
Medical Supplies (\$X.XX per visit x X,XXX visits)	
Dental Supplies (\$X.XX per visit x X,XXX visits)	
TOTAL SUPPLIES	
CONTRACTUAL – Include sufficient detail to justify costs.	
Pharmacy Services (\$X per contract)	
Laboratory Services (\$X per sample x X,XXX samples)	
Housekeeping Services (\$X per month x 12 months)	
Ophthalmology Services (\$X per patient x XXX patients)	

REVENUE	CERTIFICATION PERIOD
Waste Removal (\$X per month x 12 months)	
TOTAL CONTRACTUAL	
OTHER – Include detailed justification.	
EHR Provider Licenses \$X each	
Staff Recruitment – newspaper and Internet posting	
Audit Services with HIJ Firm	
Membership Dues (specify membership organization and cost per each)	
Property Insurance	
Repairs and Maintenance - not covered by warranty (\$X per month x 12 months)	
Rent (\$X per month x 12 months)	
TOTAL OTHER	
TOTAL DIRECT CHARGES (Sum of TOTAL Expenses)	
INDIRECT CHARGES – Include approved indirect cost rate.	
X% Indirect Cost Rate (includes utilities and accounting services)	
TOTALS (Total of TOTAL DIRECT CHARGES and INDIRECT CHARGES)	

Additional Budget Justification: